

Analysis of the Flow of Registration of Bpjs Outpatient Igd Patients to Improve Service Quality at Rsud Bandung Kiwari

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ABSTRACT

The number of BPJS patients at Bandung Kiwari Hospital has increased, and this needs to be considered in the quality of service. Often related to payment, the patient has been explained in detail the terms of payment at Bandung Kiwari Hospital but at the end, the patient does not comply with the terms of payment at the hospital this is a factor that becomes an obstacle, and makes the registration service process more delayed. The purpose of this study was to determine how the flow of registration of outpatient BPJS patients in the emergency room improves service quality at Bandung Kiwari Hospital. The research method used is a descriptive analysis method with a quantitative approach with 100 respondents, the majority aged 20-45 years. Primary data was collected through questionnaires, while secondary data through direct observation. The results showed that 84% of respondents agreed with the quality of registration services provided by officers to patients. The research instruments used stationery, mobile phones, and interview guidelines. Based on the Hospital SPO for emergency room registration for BPJS participants, it is explained that the patient must bring an identity card (KTP / KK / BPJS and the identity of the person in charge), but there are still patients/people in charge who forget or do not bring identity at all, besides that the hospital is lacking in conveying information to patients so that there are still patients lacking information for BPJS registration who must register with the BPJS.

INTRODUCTION

Hospitals are a type of health facility that organizes comprehensive individual health services that provide emergency, outpatient, and inpatient installation services. As a public institution, hospitals are required to be able to support the most comprehensive health information with correct data and continue to improve service quality standards to meet the expectations of service users (Kemenkes RI, 2020). Health services are actions taken individually or collectively in an agency or organization aimed at preventing and treating disease/and improving the health of individuals, groups, or communities. By providing good quality products or services that will result in the fulfillment of the expectations desired by customers. In an effort to improve the quality of health services, every healthcare facility is obliged to consistently and continuously improve the quality of its services, both internally and externally. In determining service quality, there are 5 indicators, namely reliability (reliability), responsiveness, assurance, empathy, and tangibles (Kotler et al, 2020). One of the health services provided at the hospital is emergency services (IGD). The emergency department (IGD) is a health service delivery unit located within the hospital to carry out initial actions for patients. For patients with serious illness or trauma that can endanger their lives (Permenkes RI, 2018). Outpatient care is a place where patient admissions are the first service gateway in a healthcare facility. Some patients choose to receive treatment at healthcare facilities by considering a comfortable patient reception area and helpful staff. In addition to supporting facilities, patient reception officers must understand patient flow, medical record file flow, and patient reception procedures so that officers can provide appropriate and fast service and information (Pujilestari Intan et al., 2024). Social Security Organisation (BPJS) is one type of social protection designed to ensure that every member can fulfill their basic needs. From the aspect of participation, in 2020 the number of participants reached 222.4 million people or 82.33% of the total population of Indonesia. Various conveniences are available, such as how easy it is to find out information related to JKN-KIS, how fast and simple it is to register, the ease of paying contributions, the ease of receiving coverage at health facilities, and the ease of submitting complaints and getting solutions (Indonesia, 2020).

Based on preliminary studies conducted from 07 May 2024 to 09 May 2024, the flow of registration of outpatient BPJS patients at the Emergency Room of Bandung Kiwari Hospital is in accordance with the existing Standard Operating Procedures (SOP). But there are still inhibiting factors, patients who do not understand the terms of payment at the Emergency Room of the Bandung Kiwari Hospital. If the patient includes an emergency condition, it can be covered or covered by BPJS, while patients with non-emergency conditions cannot be covered by BPJS or pay independently. However, at the time of payment, the patient did not accept that the patient was categorized as a non-emergency patient and was required to pay independently or could not be covered by BPJS. In addition, there are patients who still forget to bring their identity when they go to the emergency room, so this hampers services at the hospital. Bandung Kiwari Hospital shows that BPJS IGD patients experience a few obstacles related

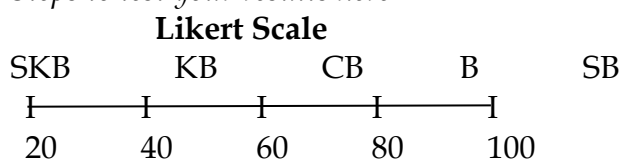
to registration services, this reduces the quality of service in the hospital due to lack of employee communication and information from the hospital. So the Bandung Kiwari Hospital to add facilities such as pamphlets regarding the flow of BPJS patient registration and also the payment terms in this hospital so that patients can see firsthand what the registration flow and payment terms are, and to improve the quality of service in this hospital again.

METHODOLOGY

The research method is a part that defines the techniques or approaches that will be used in research. The research method used is a descriptive method with a quantitative approach. Descriptive research is research intended to investigate circumstances, situations, or other events, the results of which are presented in the form of a research report (Sugiono, 2015). The quantitative approach is research that uses statistical data analysis and instrument-based data collection to investigate certain populations or samples and random sampling (Balaka, 2022). The method of data collection involves 100 respondents with a majority of 20-45 years, for primary data collection through a questionnaire with a Likert scale guide calculating the final results according to the criteria and then interviewing 1 registration officer. Secondary data through direct observation conducted in April - May 2024 at Bandung Kiwari Hospital. The use of research instruments includes interview guidelines with supporting tools for mobile phones as a means of recording the results of interviews and collecting data in the form of filling out questionnaires.

RESEARCH RESULT

Steps to test your results here



Description:

Table 1. Index Interval Categories

SCORE RANGE	CRITERIA
0 - 20%	VERY POOR
21 - 40%	LESS GOOD
41 - 60%	GOOD ENOUGH
61 - 80%	GOOD
81 - 100%	VERY GOOD

1. Results of questionnaire distribution

Table 2. Index Interval Categories

No	Index	Index Interval Categories
1	0% - 19,99%	Strongly Disagree
2	20% - 39,99%	Disagree
3	40% - 59,99%	Undecided
4	60% - 79,99%	Agree
5	80 - 100%	Strongly Agree

Table 3. Results of the Registration Service Quality Questionnaire Distribution

No. Item	Aspect	Indicator	Percentage Aspect
1	Reliability	An efficient and computerized system	84% (Strongly Agree)
2	Responsiveness	The provision of emergency room patient registration services is fast and effective	84% (Strongly Agree)
3	Empathy	Information conveyed about the registration process is clear	85% (Strongly Agree)
4	Assurance	Patients get safe, effective, and timely care	83% (Strongly Agree)
5	Tangibles	Patients are satisfied with receiving registration services	83% (Strongly Agree)

Based on Table 2, it can be concluded that patients already agree with the quality of emergency registration services provided by officers to patients and patients are very satisfied with receiving these registration services, it can be seen from the reliability aspect (reliability) with the 84% category, the responsiveness aspect with the 84% category, the empathy aspect with the 85% category, the assurance aspect with the 83% category, and the tangibles aspect with the 83% category.

Table 4. Approval scale range of BPJS IGD patient registration service quality

Final Result

$$= \text{Total score} / Y \times 100$$

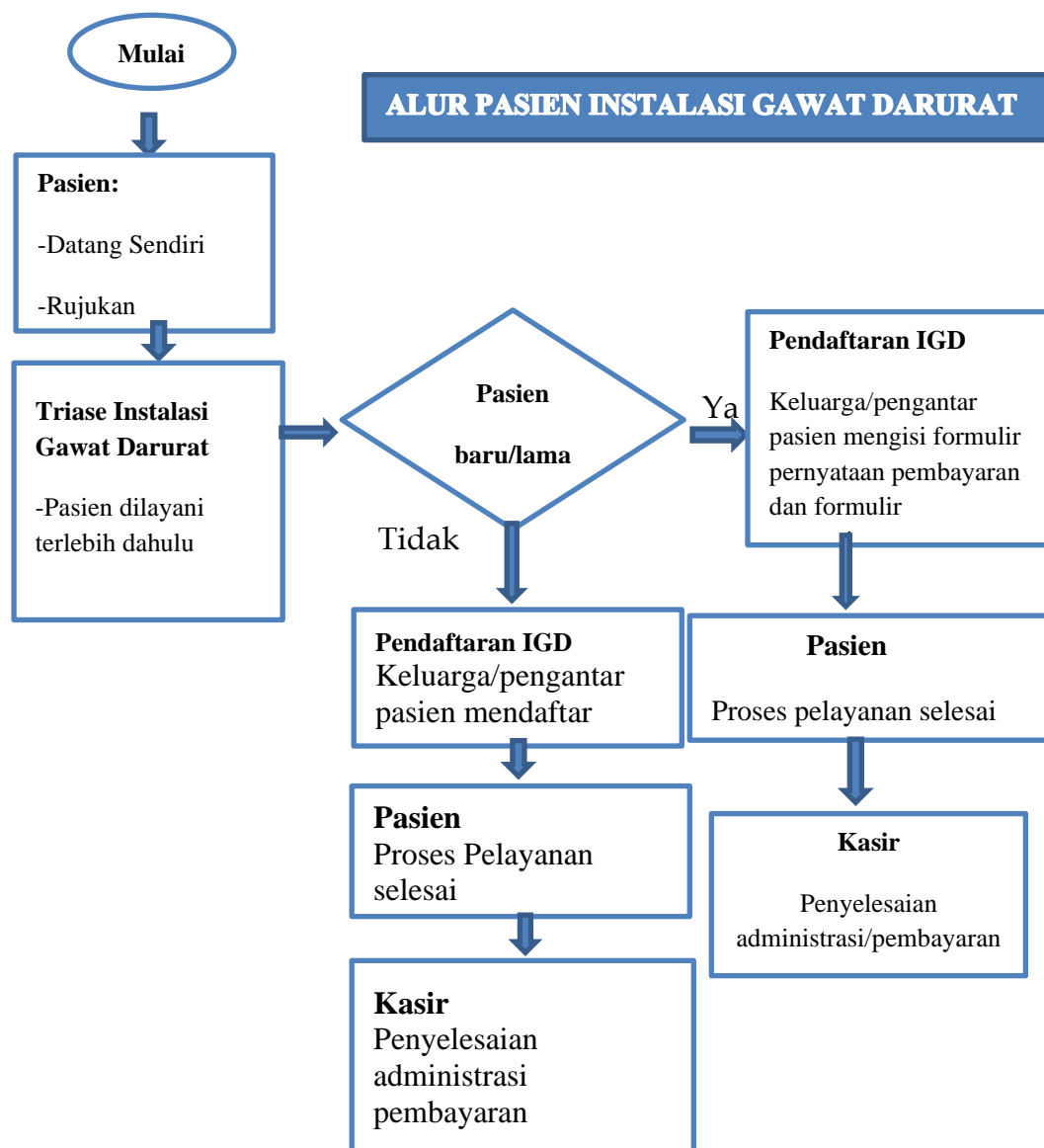
$$= 422 / 500 \times 100$$

$$= 84\% \text{ in the category 'strongly agree/improve/like'}$$

Based on Table 4, it can be concluded that as many as (84%) of respondents agree with the quality of registration services provided by registration officers to BPJS IGD patients at Bandung Kiwari Hospital. Efforts to improve service quality in

order to add facilities such as pamphlets regarding the flow of registration and payment terms that apply in this hospital so that new patients can see directly.

Flowchart of BPJS emergency room patient registration



Gambar 1. Alur Pendaftaran

2. Flow of implementation of BPJS emergency room patient registration

- The first patient arrives directly directed by security to triage the emergency room, after which the person in charge of the patient is directed to register with the emergency room registration by being given a patient screening card to indicate that the patient is (An Adult / Child / Pregnant woman).
- The person in charge of the patient gives the screening card and identity to the registration officer then the officer will ask whether he has been treated or not and ask about complaints.

- c. If the patient has already been treated, the officer will ask for the patient's full name and date of birth to be checked in the SIMRS system whether the data provided by the patient is correct or not.
- d. If the patient has never been treated or is a new patient, the officer will ask for identities such as identity cards, family cards, or BPJS.
- e. The officer will give 2 forms, namely a general consent form and a statement form related to payment terms whether the patient will use general payment, BPJS, and so on.
- f. After the person in charge has completed filling out the form the officer will explain how the payment terms in the emergency room and, the patient can use BPJS seen from the emergency or not. If the patient is serious it can be covered by BPJS while the patient is not in an emergency it cannot use BPJS or includes independent payment.

DISCUSSION

1. Aspects of Service Quality for BPJS Emergency Room Patients

According to (Arani, 2006), service quality is the level of perfection expected and controlled to meet customer needs. And also, there are five indicators of service quality, among others:

a. Reliability

Reliability is the company's ability to provide services that are reliable, accurate, consistent, and as promised. Based on the frequency of respondents from the service quality aspects of the BPJS IGD patient registration system, it can be seen that 38 patients chose strongly agree (45%), 46 patients chose to agree (44%), and 16 patients chose neutral (11%), all respondents expressed their agreement. Likert scale calculations show that BPJS IGD patients agree with more efficient and computerized registration services in improving the quality of registration services with an interval value category of 84% (strongly agree).

b. Responsiveness

Responsiveness is the ability to provide services to consumers/patients quickly and swiftly as well as hear and resolve customer complaints. Based on the frequency of respondents from the aspect of service quality, officers are fast and effective in providing registration services for BPJS IGD patients, it can be seen that 37 patients chose strongly agree (44%), 48 patients chose agree (45%), 14 people chose neutral (10%), and 1 person chose to disagree (0.71%), all respondents expressed their agreement. Likert scale calculations show that BPJS IGD patients agree with the provision of fast and effective registration services to patients with an interval value category of 84% (strongly agree).

c. Assurance

Guarantee is the ability, politeness, and trustworthy nature of the employees owned by the employee. Based on the frequency of respondents from the aspect of service quality, patients have received safe, effective, and timely care, it can be seen that 36 patients chose to strongly agree (43%), 41 patients chose to agree (40%), 21 patients chose neutral (15%), and 2 patients chose to disagree (1%), all respondents expressed their agreement. Likert scale calculations show that BPJS IGD patients agree on the quality of IGD services by providing safe, effective, and timely care to patients with an interval value category of 83% (strongly agree).

d. Empathy

Empathy is giving personal attention and is given to consumers or customers by understanding the wishes of these consumers. Based on the frequency of respondents from the aspect of service quality, registration officers have clearly provided information about the registration process to patients, it can be seen that 43 patients chose strongly agree (51%), 37 patients chose to agree (35%), 17 patients chose neutral (12%), and 3 patients chose disagree (2%), all respondents expressed their agreement. Likert scale calculations can show that BPJS IGD patients agree on the quality of service of registration officers in providing registration process information to patients with an interval value category of 85% (strongly agree).

e. Tangibles

Direct Evidence is the appearance of facilities, and adequate equipment to provide services to consumers or customers Based on the frequency of respondents from the aspect of service quality, patients are satisfied with receiving registration services provided by registration officers, it can be seen that 42 patients chose strongly agree (50%), 35 patients chose agree (33%), 21 patients chose neutral (15%), 1 patient chose disagree (0.72%), and 1 patient chose strongly disagree (0.24%), all respondents expressed their agreement. Likert scale calculations show that BPJS IGD patients agree with the quality of registration services and patients are very satisfied with the services provided by registration officers with an interval value category of 83% (strongly agree).

Based on the results of the questionnaire on the quality of registration services for BPJS IGD patients at Bandung Kiwari Hospital with 100 respondents through the Likert scale guide, 84% of respondents agreed with the quality of service provided by registration officers to patients.

2. Flow of Implementation of BPJS Emergency Room Patient Registration

Standard Operating Procedures (SPO) is a system designed to facilitate, tidy up, and organize the work. SPO is made so that procedures are carried out chronologically to help complete an effective job (Triutomo & Pradana, 2022). Meanwhile, flow is a sequence of stages that are easily understood by patients in the form of schemes or charts (Dokumen et al., 2019). Based on the results of direct field observations, the flow of registration of BPJS IGD patients has been in accordance with the SPO provided by the hospital and the registration officer has mastered the flow.

CONCLUSIONS AND RECOMMENDATIONS

Based on the information provided, it can be concluded that the registration procedure for outpatient BPJS patients in the emergency room is in accordance with the existing Standard Operating Procedures (SPO), but there are still some obstacles, such as patients who still do not understand the terms of payment at Bandung Kiwari Hospital. This results in the registration officer having to explain again in detail even though it has been explained before which will take time. And there are still patients/families who do not carry identification. Efforts made by the hospital are to socialize to patients regarding patient identity that must be present or complete such as KTP or other identification, because it is very important for the process of inputting patient data and procedures for registering BPJS patients in the emergency room. For further researchers, suggestions that can be given regarding the flow of registration of BPJS patients in order to improve service quality are expected further researchers to study more sources and references in order to reduce the obstacles that exist in the process of registration services for BPJS IGD patients.

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