

ANALYSIS OF THE QUALITY OF HEALTH SERVICES IN THE UNIT CUT NYAK DHIEEN REGIONAL GENERAL HOSPITAL (RSUD) INSTALLATION

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Abstract

This research discusses the quality of health services in the emergency installation unit of Cut Nyak Dhien Regional Hospital. This research aims to determine the quality and analyze the quality of health services in the Emergency Installation Unit of Cut Nyak Dhien Regional Hospital which consists of indicators of structure (input), process and outcome. . This research used a survey research method with a quantitative descriptive method which was carried out in the Emergency Installation Unit of Cut Nyak Dhien Regional Hospital with a sampling method using the accidental sampling method so that a sample of 50 patients was obtained. The results of this study show that the quality of health services in the ER unit is viewed from the structural aspect (Input) which includes the ability of staff, availability of equipment, availability of medicines, completeness of supporting facilities, access to the ER care unit and patient comfort, which is included in the quality category. These results indicate that the quality of the health service structure in the ER unit is in the good category with the resources owned by the ER unit in line with patient expectations. The quality of health services in the ER unit is reviewed from process aspects which include: interpersonal relationships, speed of service, health checks, officer explanations, and record keeping are included in the quality category. These results indicate that the quality of the health service process in the ER unit is in the good category with the interaction between ER staff and patients being well established and meeting the standard service criteria in line with the expectations of patients as service recipients. The quality of service in the ER unit is viewed from the outcome aspect which includes the satisfaction of ER unit patients after receiving services in the quality category. The loyalty of patient visits to the ER unit can be seen from patients who feel satisfied in receiving health services in the ER unit so that after the patient receives the service they will give a positive response and recommend their family to check their health condition and get emergency services at the Cut Nyak Dhien RSUD ER Unit because they feel satisfied. with the service provided. Good achievement of this outcome aspect cannot be separated from good quality structures and processes. There are suggestions and recommendations for the Cut Nyak Dhien Regional Hospital, especially the Emergency Room Unit, to maintain and continue to improve the quality of service from the structural, process and outcome aspects in realizing the Vision and Mission of the Cut Nyak Dhien Regional Hospital to become a world standard hospital.

Keywords: Process Aspects, Room Comfort, Quality of Health Services

INTRODUCTION

Hospitals as one of the health service facilities have a very strategic role in efforts to accelerate the improvement of the health status of the Indonesian people. Nowadays, this role is increasingly demanded due to changes in the epidemiology of disease, changes in the socio-economic structure of society for services that are of higher quality, professionalism and able to meet the needs and desires of patients. These demands are getting heavier in the face of the 21st century which is just around the corner, where the era of globalization, one of the implications of which is the liberalization of health services. Hospitals as one of the health facilities that provide health services to the community have a very strategic role in accelerating improvements in the level of public health. Therefore, hospitals are required to provide quality services in accordance with established standards and need to maintain the quality of their services. The coverage and quality of hospital services can be seen from several indicators, one of which is the coverage of the number of inpatient and outpatient visits as well as the emergency department.

While Indonesian hospitals should be preparing to improve themselves to welcome the openness of the world that is just around the corner, recently complaints about health services at hospitals have been increasing. In reality, these complaints always revolve around the indifference of health workers in hospitals to patient complaints. Patients, even if they are incapacitated and require absolute services from the hospital that treats them, should still have their rights protected as customers. It is no longer the time for hospitals to consider patients as a biological system (living/dead disabled patients) who must adapt only to the biological system, but also to a psycho-social system. The complexity of patients requires hospitals to also pay attention to the psycho-social system in meeting patient needs and desires. Empathy and caring for patients are simpler things than technology, but they have the biggest impact on hospital services.

In general, patient dissatisfaction that is most often expressed in relation to the attitudes and behavior of hospital staff includes: delays in doctor and nurse services, doctors who are difficult to find, doctors who are less communicative and informative, the length of the admission process, and the order and cleanliness of the hospital environment. . Attitudes, behavior, speech, indifference, friendliness of staff, and ease of obtaining information and communication rank high in perceptions of hospital patient satisfaction. It is not uncommon for patients/families to feel that the outcome is not in line with their expectations and feel quite satisfied because they are served with an attitude that respects their feelings and dignity. So the relationship and interaction between health workers and patients will greatly determine the level of patient satisfaction with the quality of service at the hospital (Suryawati, 2006: 177). Poor management and health services provided by hospitals to patients result in losses for both the hospital and the patient. A certain mechanism is needed that does not harm each other between providers and users of health services. The importance of controlling the quality of health services is closely related to human life, so the quality of the services provided must really be considered. According to Gaspersz (2006:1) quality is everything that is able to fulfill the desires or needs of customers (meeting the needs of customers). The superiority of a product is measured through the level of customer satisfaction. The quality of health services is largely determined by patient needs that can be met and received on time, so health service providers must be able to meet patient expectations. Two things that influence the quality of services are expected services and perceived services. If perceived services are in accordance with expected services then health services can be said to be of high quality and service users will be satisfied.

Patient satisfaction can be influenced by the quality of health services provided by the hospital to its providers, where the quality of health services for patients means empathy,

respect and responsiveness to their needs. Therefore, the quality of health services in hospitals is important because it is seen from the reciprocity that will be obtained by the hospital itself. Assaf (2009:1) quality service is "customer-oriented service, available, accessible, adequate, affordable, controllable". To fulfill this, a system is needed that regulates it so that the expected service can be achieved according to Assaf (2009:79), that: system theory states that every simple system consists of three components: input, process, and output. The three components above were further explained by Dr. Donabedian as structure (input), process, and outcome (output)". To assess the quality of health services.

Donabedian introduced three well-known quality measures, namely structure (input), process, outcome" (Assaf, 2009: 7). He encouraged health organizations to look at all three measures as a whole. Health organizations to look at all three measures as a whole. "The quality measures proposed by Donabedian are in principle the same as those recommended by WHO" (Pohan, 2003:69).

Therefore, the hospital service system which refers to social and humanitarian services must be supported by an integrated communication system throughout the hospital. This development is especially important in efforts to strengthen the overall image of the hospital. One of the causes of the problem of dissatisfied patients/hospital visitors is that the delivery of health program promotions with incorrect communication will reduce the intent of the program itself. These things cannot be said to be small problems, but they are often overlooked because the image of hospitals as community services is still poorly understood by hospital personnel themselves, so hospitals must pay attention to the quality of services provided to patients as a whole as a system by providing excellent service and professional from the aspects of structure (input), process, outcome.

From the facts that have been mentioned, it can be further confirmed how important and important the role of patient satisfaction is in determining the dynamics and success of service businesses such as hospitals. To create customer satisfaction, it is necessary to provide quality customer service.

The importance of providing customer service in a service business is reinforced by experts and researchers such as Davidow and Uttal in their book entitled Total Customer Service, saying (Yoeti, 1996:72):

When a core service or product is designed without customer service in mind, the task of producing outstanding service becomes virtually impossible"

If translated freely, the meaning is as follows: "If a particular product or service is created without paying attention to customer service, then the efforts to produce that product or service will be in vain. "Customer service means nothing more than providing direction or instructions to employees, especially those who have direct contact with customers, on how to behave, as well as providing assistance when necessary. From the several research abstracts above, it can be further confirmed how important the meaning and role of customer service is to customers in fulfilling customer satisfaction for the success of the hospital's vision and mission. That in health services, service to customers is not directly related to the clinical service process itself, but is more related to the elements that have an influence on the clinical service. In other words, service to customers is more related to the way clinical services are delivered. The patient dissatisfaction that is most often expressed in relation to the attitudes and behavior of hospital staff includes: delays in doctor and nurse services, doctors being difficult to find, doctors who are less communicative and informative, the length of the admission process, and the order and cleanliness of the hospital environment. Attitudes, behavior, speech, indifference, friendliness of staff, and ease of obtaining information and communication rank high in perceptions of patient

satisfaction.

Patient satisfaction can be influenced by the quality of health services provided by the hospital to its providers, where the quality of health services for patients means empathy, respect and responsiveness to their needs. Therefore, the quality of health services in hospitals is important because it is seen from the reciprocity that will be obtained by the hospital itself. Based on data from the Directorate General of Medical Services Development of the Ministry of Health, the number of hospitals in Indonesia is 1,319, consisting of 1,033 RSUs with a total of 33,094,000 visits to RSUs, while data on visits to emergency rooms is 4,402,205 (13.3% of the total number of visits in RSU), of the total number of emergency room visits, 12.0% came from referral patients (Kepmenkes No. 856, 2009).

The Emergency Department (IGD) is a hospital unit that provides first care to patients. This unit is led by a duty doctor with expert and experienced doctors in handling PGD (Emergency Services), who then, if necessary, will refer patients to certain specialist doctors. The Ministry of Health has issued a policy regarding Hospital Emergency Installation Standards (IGD) as stated in the Decree of the Minister of Health of the Republic of Indonesia Number 856 of 2009 to regulate the standardization of emergency services in hospitals.

The Emergency Department is a 24-hour front service that must be served quickly and professionally by the arrival of patients from various levels of emergency. Patients who enter the hospital emergency room certainly need fast and appropriate help. Therefore, there needs to be standards in providing emergency services in accordance with their competence and abilities so that they can guarantee emergency treatment with the right treatment and the right service time, namely the time needed to serves patients/processes from the time the patient enters the ER until the patient is taken to the treatment room/goes home.

Cut Nyak Dhien Regional Hospital is a health service institution that is determined to provide services according to community needs and supports the achievement of Cut Nyak Dhien, the Province and a Healthy Indonesia by improving complete health services in accordance with the Vision and Mission of the Daya Cut Nyak Dhien Regional General Hospital based on quality service. excellence and customer/patient satisfaction, became a place for researchers to conduct research with the title Analysis of the Quality of Health Service Management in the Emergency Unit of Cut Nyak Dhien Regional Hospital.

Based on data from emergency room health services at Cut Nyak Dhien Regional Hospital in 2015-2017, it shows that there was a decrease in the number of patients in 2015 by 8367 patients, in 2016 by 6072 patients, and in 2017 by 5960 patients.

Patients will be satisfied if the service they receive is at least the same as or exceeds the patient's expectations. Meanwhile, dissatisfaction will arise if the results do not meet the patient's expectations. Therefore, in an effort to increase trust and fulfill patients' hopes and wishes as well as accommodate patient complaints or complaints, the Public Relations and Marketing section of Cut Nyak Dhien Regional Hospital prioritizes service to patients/customers through the "prime service" program. And to implement it, facilities are needed, namely hospital customer service. Apart from that, Customer Service can be an instrument in optimizing the resources owned by Cut Nyak Dhien Regional Hospital in order to improve the quality of quality health services in accordance with good service quality standards by paying attention to various indicators, including structure (input), process and outcome.

MATERIAL AND METHODS

This research uses a survey research method with a quantitative descriptive method carried out in the Emergency Installation Unit of Cut Nyak Dhien Regional Hospital. The results of the research will be described to explain the variables studied, namely research on the quality of health services consisting of structure (input), process and outcome indicators, which will be carried out for 2 months, namely October to November 2023.

The data was processed using a Microsoft Excel computer and then presented in the form of a research master table. Then a frequency distribution table was prepared to analyze the data accompanied by a narrative. To calculate the percentage of values in each frequency distribution by:

$$P = \frac{f}{n} \times 100 \%$$

Information :

P = Percentage

F = Frequency of patient answers

n = Number of Informants

RESULTS

3.1. Room Comfort

Table 1. Table 13 Room Comfort in the Emergency Room Unit

Numbers	Assessment Category	Score (x)	Frequency (f)	Total (f.x)	Percentage (%)
1.	Very Not Good	1	0	0	0
2.	Not Good	2	0	0	0
3.	Good	3	25	75	50
4	Very good	4	25	100	50
Total			50	175	100
Average				3,50	

Table 1. Shows respondents' responses regarding the comfort of the ER unit room with a very good rating of 50% or with 25 respondents and a good category of 50% or with a total of 25 respondents. This shows that the emergency room care service facilities provide comfort for emergency room patients. The criteria for a comfortable emergency room unit were obtained from an interview with the head of the emergency room unit who said that "I think the issue of patient comfort in the emergency room has been very much better, especially since the renovation of the room is very spacious and the facilities are complete according to emergency service standards."

The statement from the head of the ER unit is in line with patient B's statement, who said that "There is no doubt about the comfort in the ER room, especially since the building is new and has been renovated so it is more spacious and makes anyone who visits feel comfortable."

The results of observations in the emergency room unit showed that the patient waiting room was spacious and cool with air conditioning, mattresses for lying down, clean and cool and there was a garden and courtyard in the middle of the hospital.

Based on the description above, it can be concluded that the comfort of the ER unit meets patient needs and meets ER service standards. The condition of the emergency room unit with its spacious, clean and cool rooms makes patients feel at home and comfortable even though they

sometimes take turns getting service. The quality of emergency services for emergency room patients in the emergency room unit at Cut Nyak Dhien Regional Hospital is seen from the structural aspect (input), namely the human or physical resources owned by the emergency room unit which include: staff capabilities, equipment, maintenance, availability of medicines, completeness of supporting facilities, access to the emergency room unit and comfort of the emergency room unit.

The overall response of respondents to the structural aspect (input) can be seen from the table below. The overall response is assessed from the structural aspect (Input). With an average value of respondents' answers of 3.47 which shows that the structural aspect (Input) is included in the quality category with an answer range of 3-<4.

Table 2. Summary of Respondents' Responses for All Structural Aspects in the ER Unit

Numbers	Indicator	Average answers Respondent
1.	Ability of Emergency Room Officer	3.54
2.	Emergency care equipment	3.42
3.	Emergency unit medicines	3.48
4.	Completeness of emergency room facilities	3.44
5.	Location of the ER Unit Room	3.42
6.	Comfort of the ER unit	3.50
Total		20.80
Average		3.47

These results indicate that the quality of the service structure in the ER unit is in the good category because the resources owned by the ER unit are in accordance with service standards and meet patient expectations. Adequate resources will make it easier for health workers to carry out their duties as health service providers. Good quality ER services can possibly improve the ER service process better. Structural components can indirectly influence the patient care service process in the ER unit. Structure has an effect on increasing or reducing the possibility of good performance on the quality of service institutions.

The structural aspect indicator (Input) with the highest value is the ability of officers, in this case doctors and nurses and registration officers. The ability of the staff in carrying out emergency room services is considered good by emergency room patients, their expertise in terms of service is very skilled. With the training obtained by emergency room officers, they can be applied in providing emergency services. The capabilities of staff in the emergency room unit need to be maintained or further improved to further improve the quality of service.

The structural aspect indicator with the second ranking is regarding emergency care medicines where the medicines used in emergency care according to emergency room patients are very good, healing is faster than the medicines used previously. ED patient satisfaction can be seen from their responses regarding emergency care medicines which is quite high.

The structural aspect indicator with the third ranking is regarding the completeness of facilities for emergency room patients. The completeness of the facilities in the emergency room unit meets standards where there are quite a lot of chairs for patients. ER patients are greatly helped by the facilities provided by the ER unit, the availability of chairs and a comfortable patient waiting room. Patients with emergency rooms do not need to be afraid of queuing for emergency services.

The structural aspect indicator with the fourth ranking is the patient's assessment of adequate emergency room service equipment, where the equipment used is in accordance with sterilization standards. Tools that have been used for patients are then sterilized at the CSSD

unit or the tool sterilization center at Cut Nyak Dhien Regional Hospital.

The sixth ranked structural aspect indicator is the location of the emergency room unit. The location of the ER unit for patients is very good because it is at the front when the patient enters the hospital, so that every patient visiting the hospital can easily get access to the ER and the ER service is also open 24 hours so that ER patients can get services if needed.

3.2. Overall Results of Process Aspects in the Emergency Unit

Table 3. Recapitulation of Respondents' Responses for All Process Aspects in the ER Unit

Numbers	Indicator	Average answers Respondent	Quality rating
1.	Interpersonal Relations	3.30	5
2.	Speed of Service	3.28	3
3.	Medical examination	3.44	1
4.	Officer's Explanation	3.32	2
5.	Recording	3.28	4
Total		16.22	Quality Category
Average		3.32	

Based on table 3, the total number of respondents' responses regarding the process aspect with the average respondent's answer being 3.32, which shows that from the process aspect, the services provided to ER patients are of high quality with a range of quality categories (3-<4).

The quality of emergency services in the emergency room unit at Cut Nyak Dhien Regional Hospital is in the good category because of the interaction and sense of kinship between emergency room staff and emergency room patients. Emergency room patients receiving services from officers are closely related to service. The results of the emergency service process are one of the hopes of being able to increase ED patient satisfaction regarding the quality of service so that it can provide changes in health status for ED patients.

The process indicator that is the highest assessment is the health examination. Health examinations for emergency room patients are considered to be in the good category because the medical procedures given to patients are based on the results of patient examinations and in accordance with service standards, so that the services provided to patients are in line with patient expectations, this is the assessment of the achievement of improving service quality. In the emergency room service standard, patients are given services based on the results of the examination and then medical action is taken according to the level of emergency.

The second ranking process indicator is the officer's explanation. The explanation given by officers to emergency room patients in the form of education helps patients to maintain a healthy lifestyle and pay more attention to their daily health conditions. With complete accreditation, the patient education process is also good. Every patient receiving emergency services in the ER unit will be given education according to their health condition based on the results of the examination. The education and explanations given by officers during medical procedures make emergency room patients quickly understand the instructions given by officers.

The process indicator with the third rank of process aspect assessment is interpersonal relationships. The patients feel comfortable with the health workers in the ER because the staff in providing services apart from providing education about the patient's health condition, also provide a sense of empathy for the patient so that an emotional connection is created between the patient and the ER staff. The feeling of family is felt in every process of health services provided. The language used is adjusted to the origin of the patient, who is sometimes not fluent in Indonesian. Officers with the same ethnicity as the patient provide input or explanations to the patient so that the patient is able to understand the officer's wishes and vice versa, the patient understands what the officer conveys so that the service can be of higher quality.

The fourth ranked process indicator is service speed. The speed of service in the ER unit is influenced by various factors and one of them is human resources or officers in the ER unit. In providing emergency services, emergency room staff provide quality services in accordance with emergency service standards so that patients receive quality services in accordance with expectations.

The fifth ranked process indicator is recording. Record keeping for ER patients is considered good because the records are in the form of integrated progress note sheets, education sheets and the condition of the patient's examination results which are recorded well by the staff and this is seen directly by the ER patients. In addition to manual recording, inputting via the SIRS (Hospital Information System) computer is also carried out every day and is directly integrated with the hospital reporting center or Evaporation (Evaluation and Reporting) unit. So each unit or section already knows the number of visits they receive. Patients feel that they are satisfied because they feel they have received maximum attention from the staff by recording their identity and from the service process and medical procedures they receive.

3.3. Recapitulation Results of Respondents' Responses to the Service Quality of the Emergency Room Unit at Cut Nyak Dhien Regional Hospital

Table 4. Recapitulation Results of Respondents' Responses to the Service Quality of the Cut Nyak Dhien Regional Hospital Emergency Room Unit

Numbers	Sub Variable	Average () Overall Respondents' responses	Category
1	Structure (<i>Input</i>)	3,27	quality
2	Process	3,32	quality
3	<i>Outcome</i>	3,74	quality

Based on table 22 are the results of the assessment of the quality of health services carried out in the emergency room unit at Cut Nyak Dhien Regional Hospital which was reviewed from the aspects of structure (Input), process and outcome. The outcome assessment (= 3.74) obtained better results compared to the process aspect (= 3.32) and the process aspect assessment was better than the structure or input aspect (= 3.27).

These results can be concluded that a good structure will improve good processes, and from good processes it will improve good results. The results seen are patient satisfaction in the ER unit. This is in line with Donabedian (1980:81) who explains that structural characteristics tend to influence the health service process so that its quality can be reduced or improved. Likewise, changes in the service process, including variations in service quality, will influence service outcomes, namely changes in improving health services in the ER unit and patient satisfaction.

With the results of research regarding the quality of health services in the emergency room unit at Cut Nyak Dhien Regional Hospital, it shows that there is still a need to improve the quality of services by making improvements to get maximum results. One effort to reduce variation is a standardized service procedure.

The highest quality of service from the structural aspect is the ability of the staff because patients feel that the skills and expertise of the staff in providing health services are able to speed up the healing process of the illness they are experiencing. Meanwhile, the lowest assessment from the structural aspect was the speed of service and recording in the emergency room unit, where for patients there were still patients who felt slow in receiving services even though the staff had maximized the speed of service and recording time every day. The highest quality of service in the process aspect is the health examination carried out by the emergency

room unit staff, this is considered good because before the medical action is given it is always based on the results of the examination and patient complaints so that the health services provided are in accordance with the patient's needs and expectations. Meanwhile, the aspect of the process that received the lowest rating was interpersonal relations, which the patient considered to be the presence of health workers who provided service that was less than friendly and the reception of patients who sometimes reprimanded the patient's family when they entered the emergency room in a bad manner.

CONCLUSION

Based on the results of the overall description of the research on the Quality of Health Services in the Emergency Unit of Cut Nyak Dhien Regional Hospital, it can be concluded that:

- The quality of health services in the ER unit is viewed from the structural aspect (Input) which includes the ability of staff, availability of equipment, availability of medicines, completeness of supporting facilities, access to the ER care unit and patient comfort included in the quality category. These results indicate that the quality of the health service structure in the ER unit is in the good category with the resources owned by the ER unit in line with patient expectations. Adequate resources make it easier for ER unit officers to provide maximum health services for ER patients which indirectly affects the process of providing higher quality health services.
- The quality of health services in the ER unit is reviewed from process aspects which include: interpersonal relationships, speed of service, health checks, officer explanations, and record keeping are included in the quality category. These results indicate that the quality of the health service process in the ER unit is in the good category with the interaction between ER staff and patients being well established and meeting the standard service criteria in line with the expectations of patients as service recipients. Good quality service processes can influence the trust of emergency room patients in the performance of staff so that good and quality service results are obtained.
- The quality of service in the ER unit is reviewed from the outcome aspect which includes the satisfaction of ER patients after receiving services in the quality category. The loyalty of patient visits to the ER unit can be seen from the loyalty of visits that feel satisfied in receiving health services in the ER unit so that after the patient receives the service they will give a positive response and recommend their family to check their health condition and get emergency services at the Cut Nyak Dhien RSUD ER Unit because they feel satisfied with the service provided. Good achievement of this outcome aspect cannot be separated from good quality structures and processes.

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