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Improving The Quality of Public Poly Services At Bintaro Woman and Children Clinic Jagakarsa

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Abstract

The quality of healthcare services is a crucial factor in improving community well-being. The General Clinic of Bintaro Woman and Children Clinic Jagakarsa must ensure that its service quality meets national standards.To identify strategies for improving the quality of services at the clinic.This study employed a qualitative approach using observation and interviews with seven informants, consisting of three patients, two doctors, and two non-medical staff. Data were analyzed using the Miles & Huberman technique, which includes data reduction, presentation, and conclusion drawing.Compliance with hand hygiene before patient contact was generally good; however, there were instances of negligence after removing personal protective equipment (PPE). PPE use adhered to policy, but glove usage was inconsistent, particularly when handling pediatric patients. Patient identification was carried out through document verification, although reliance on verbal communication alone sometimes reduced accuracy. Patient satisfaction was generally positive regarding registration, procedures, and service specifications, but complaints were raised about long waiting times, high costs, and unfriendly receptionist service.Routine training, policy reinforcement, regular evaluation, and improvements in time efficiency and cost transparency are necessary to enhance service quality and patient satisfaction.

Keywords: *Service Quality, Strategies, Healthcare Facilities.*

INTRODUCTION

Health services are a very important sector for the welfare of the community. The quality of services in healthcare facilities, such as clinics and hospitals, greatly affects patient satisfaction and health levels. Clinics, as one of the health facilities that are often used by the community to get basic medical services, must ensure that their services meet high quality standards. Regulation of the Minister of Health of the Republic of Indonesia Number 30 of 2020 states that health facilities such as independent practice places of doctors, clinics, health centers, hospitals, health laboratories, and UTDs must measure and evaluate the quality of their health services based on quality indicators. Articles 3 and 4 of the regulation highlight the importance of compliance with hand hygiene practices, proper use of personal protective equipment, accurate patient identification, and patient satisfaction as key indicators in maintaining and improving the quality of service.

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An empirical observation and initial interviews with several patients at the Bintaro Women and Children's Clinic Jagakarsa General Polyclinic, located at Jalan Raya Jagakarsa No. 7, RT. 7/RW. 4, Jagakarsa, Jagakarsa District, South Jakarta City, Special Capital Region of Jakarta 12620, revealed several findings, including: general complaints of long waiting times before receiving medical care, as observed from patient queue data and the average time patients spent in the waiting room. Furthermore, several patients complained that non-medical personnel provided less than satisfactory service. This phenomenon is a condition that needs to be addressed by healthcare providers.

The quality of healthcare services is defined as the level of service provided to individuals and the community that supports optimal health outcomes, as stipulated in Regulation of the Minister of Health of the Republic of Indonesia Number 30 (2022). This care must fulfill patient rights and obligations, while complying with service standards and incorporating the latest scientific advances. (Ulumiyah, 2018) also defines the quality of healthcare services as the extent to which services are provided in accordance with established standards. In addition, Azwar (1996) observed that the quality of health services must be assessed from the perspective of service users, service providers, and quality assurance or supervisory bodies.

METHODS

The research conducted has passed an ethical review No.10.191.B/KEPK-FKMUMN/VII/2024. The research method used in this study is a qualitative method. Qualitative method as a research procedure that produces descriptive data in the form of written or spoken words from observable people or behaviors. This qualitative method is used because of several considerations, namely the qualitative method is more able and easy to adjust when dealing with multiple realities, this method presents the essence of the relationship between the researcher and the respondent directly and this method is more sensitive so that it can adjust and sharpen a lot of mutual influence on the value patterns faced by the researcher. The application of a qualitative approach with consideration of the possibility of data obtained in the field is in the form of data in the form of facts that need to be analyzed in depth. Therefore, a qualitative approach will encourage the achievement of more in-depth data, especially with the involvement of researchers themselves in the field.

Qualitative research where the role of the researcher is as a key instrument in collecting data, and interpreting data. Data collection tools usually use direct observation, interviews, document studies. While the validity and reliability of the data use triangulation using inductive methods, the results of qualitative research emphasize more on meaning than generalization. Qualitative research is used if the problem is not yet clear, to find out the hidden meaning, to understand social interaction, to develop theories, to ensure the correctness of the data and to research the history of development. Given that this study aims to understand and interpret various phenomena that exist or that exist in reality as a characteristic of qualitative research, the research design is as follows:

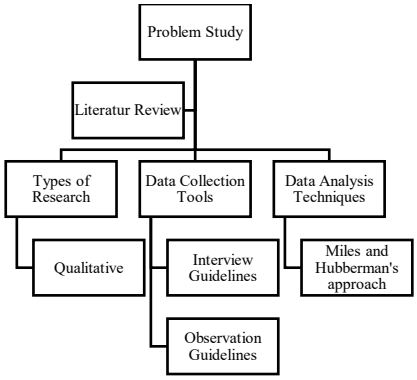


Figure 1. Research Design

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Meanwhile, the conceptual framework obtained is referring to the Regulation of the Minister of Health of the Republic of Indonesia Number 30 (2022), namely:

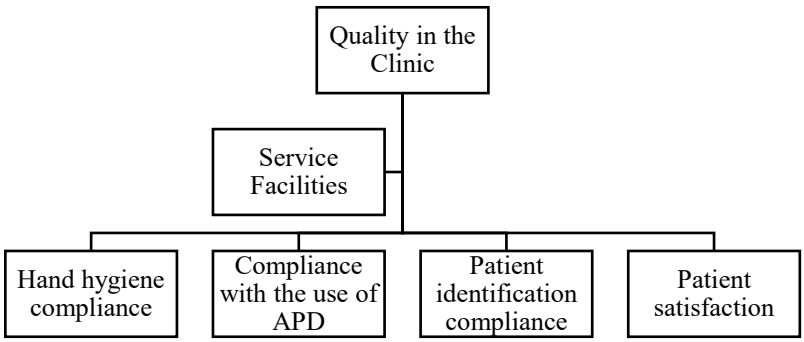


Figure 2. Research Concept Framework determines Quality Improvement Strategy
Source: Regulation of the Minister of Health of the Republic of Indonesia Number 30 (2022)

The Miles & Huberman analysis technique has 3 streams of activity, which are as follows: Data reduction is a process of selection, concentration of simplification, abstracting information and transforming coarse data obtained from field results. Then the researcher will select or sort the data to be coded where the final conclusion can be described and verified. This data reduction occurs continuously throughout the study; The presentation of data in this context is a collection of information that has been compiled and the possibility of drawing conclusions and drawing conclusions. Drawing conclusions. Drawing conclusions is part of an activity carried out to find out the results of the data that has been taken and the research that has been carried out. Research Results

Based on the observation results, it was found that nurses and doctors at the Bintaro Women and Children Clinic Main Clinic consistently practiced hand hygiene before contact with patients, either by washing their hands with soap and water or using 60-80% alcohol. However, there are some non-compliance where doctors do not wash their hands or use antiseptics after removing Personal Protective Equipment (PPE) such as gloves. After contact with the patient's environment, most medical personnel perform hand hygiene, although there are some who do not comply with this procedure.

Compliance with the use of PPE is quite good among medical and non-medical personnel in this clinic. However, the presence of some doctors who do not use gloves when treating pediatric patients suggests that there is still room for improvement in terms of compliance with health protocols, especially in certain situations. In addition, cleaners who do not always use gloves and masks are a special concern because they also play an important role in keeping the clinic environment sterile and safe.

Patient identity identification is done correctly and systematically, which is an important step in ensuring the safety and accuracy of treatment. Although most of the officers have done well with visual and verbal communication, there are still some who do not look at patients or only communicate verbally.

Based on the results of interviews with three patients at the Bintaro Woman and Children Clinic Jagakarsa Main Clinic, it was found that the registration requirements were generally easy, but some patients felt that the waiting time was too long. These clinic systems, mechanisms, and procedures are considered adequate and satisfactory by all patients. However, there were complaints about the completion time which was considered long by one patient, while the other two felt that the completion time was good

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enough. Regarding the cost, one patient felt that the rate was a little expensive, while the other felt that the cost was in accordance with the services received. The specifications of the type of services provided by this clinic meet the expectations of all patients, especially in terms of pregnancy examinations. The competence of the implementers was also rated as good, with patients feeling satisfied and their questions answered well by doctors. However, there were few complaints about the behavior of the front desk or receptionist which was considered less friendly by the two patients. The handling of complaints, suggestions, and inputs at this clinic is considered adequate, with a clearly visible suggestion box. Finally, the facilities and infrastructure of the clinic are considered good by all patients. From these interviews, it can be seen that although the clinic service is generally satisfactory, there are several areas such as waiting time, cost, and the behavior of the receptionist that require more attention to improve patient satisfaction.

RESULTS

Hand hygiene is one of the most effective measures in preventing the spread of infections in healthcare facilities. According to the World Health Organization (WHO), good hand hygiene can prevent healthcare-related infections. WHO also establishes five important moments for hand hygiene, namely: before contact with the patient, before performing aseptic procedures, after exposure to the patient's body fluids, after contact with the patient, and after contact with the patient's surroundings (World Health Organization, 2009).

Adherence to hand hygiene is influenced by a variety of factors, including the knowledge and attitude of medical personnel, the availability of hand hygiene facilities, and supervision and feedback from management. Research shows that ongoing training and education, as well as strict supervision, can improve hand hygiene compliance among medical personnel.

Hand Hygiene Before Contact with Patients has the results of research that nurses and doctors perform hand hygiene before contact with patients consistently. WHO states that hand hygiene before contact with patients is an important step to prevent disease transmission. Hand Hygiene After Contact with Patients has the results of research that hand hygiene is carried out after contact with patients, but there is negligence after using PPE. Hand hygiene after contact with the patient and after removing PPE is essential to prevent cross-contamination (Erika et al., 2024). The implementation of hand hygiene before aseptic procedures is well done. Aseptic procedures require strict hand hygiene to maintain sterility and prevent infections (Kunang & Sulistianingsih, 2023). Hand hygiene after exposure to the patient's body fluids is generally carried out, but there is negligence after the use of PPE. According to the CDC, hand hygiene after exposure to bodily fluids is an important step in breaking the chain of infection transmission (Centers for Disease Control and Prevention (CDC), 2020). Most medical personnel adhere to this procedure, although there are some who do not. Contact with the patient's environment can be a source of infection transmission, so hand hygiene after contact with the patient's environment is very important (Carolina & Frisilia, 2024; Sinurat et al., 2024).

From the results of research and supporting theories, it can be interpreted that compliance with hand hygiene at Bintaro Woman and Children Clinic Jagakarsa is generally good, but there are still some areas that need to be improved, especially related to hand hygiene after the use of PPE and contact with the patient's environment. Recommendations for improvement include training and re-education on the importance of hand hygiene, increased supervision, and the provision of adequate hand hygiene facilities at each service point.

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Based on observations conducted from July 31 to August 3, 2024 at Bintaro Woman and Children Clinic Jagakarsa, it was found that generally medical personnel use Personal Protective Equipment (PPE) in accordance with clinic standards. Nurses and doctors are seen wearing appropriate medical clothing, gloves, and masks while handling patients. However, there are some inconsistencies in the use of PPE. Some doctors do not wear gloves when handling pediatric patients, and some environmental cleaners do not wear gloves and masks when performing their duties.

The use of PPE is an important step in protecting medical personnel and patients from the risk of infection. According to the Centers for Disease Control and Prevention (CDC), the proper use of PPE is part of an important infection prevention strategy in healthcare facilities. PPE includes masks, gloves, face shields, and gowns, which serve to protect healthcare workers from exposure to bodily fluids, microorganisms, and harmful materials (Centers for Disease Control and Prevention, 2020).

Research shows that compliance with the use of PPE is influenced by a variety of factors, including adequate training, awareness of infection risks, and oversight from management. High compliance with the use of PPE can reduce the risk of infection and improve the safety of patients and medical personnel (Istigfari & Dwiantoro, 2022).

Nurses and doctors generally use PPE according to clinical standards, such as medical clothing, gloves, and masks. According to the CDC, the proper use of PPE by medical personnel is essential to protect against exposure to infections (Centers for Disease Control and Prevention, 2020).

There are some doctors who do not use gloves when handling pediatric patients. The use of gloves is part of infection control protocols to prevent cross-contamination and protection against exposure to bodily fluids (World Health Organization, 2009).

Some environmental cleaners do not use gloves and masks. Cleaners should also use PPE to protect themselves from exposure to environmental contaminants and to reduce the risk of spreading infections (Ardiansyah et al., 2023; Gunawan et al., 2023; Sari et al., 2022).

From the results of the research and supporting theories, it can be interpreted that compliance with the use of PPE at Bintaro Woman and Children Clinic Jagakarsa is generally in accordance with the standards, but there are several areas that need improvement, especially in the use of gloves and protective equipment by doctors and cleaners. Recommendations for improvement include retraining on the use of PPE, stricter supervision, and the provision of adequate PPE in each service and hygiene area.

Based on the results of interviews, patients generally stated a good level of satisfaction with the services provided. The patient enrollment requirements are considered quite straightforward, and most patients are satisfied with the systems, mechanisms, and procedures implemented. The service turnaround time is considered adequate by most patients, although there are some complaints related to the waiting time which is considered long. The cost or rate of the service is assessed according to the service provided, although some patients find the cost a little expensive.

From the results of the research and supporting theories, it can be interpreted that the level of patient satisfaction at Bintaro Woman and Children Clinic Jagakarsa is generally positive. However, there are some areas that need to be improved, such as faster lead times, reduced costs where possible, and improved communication and executor behavior. Recommendations for improvement include evaluating and improving the registration process, improving training for staff on good communication, and more efficient management of wait times and costs.

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CONCLUSION

Based on the results of observations and research conducted at Bintaro Woman and Children Clinic Jagakarsa, several main conclusions can be drawn regarding the quality of clinic services, including: Hand hygiene is an important aspect in maintaining hygienic standards and preventing infections. Research shows that hand hygiene before and after contact with patients is carried out consistently, although there are some omissions after the use of personal protective equipment (PPE). The use of PPE in clinics is generally in accordance with policy, but there are some cases where the wearing of gloves is inconsistent, especially when handling pediatric patients. The patient identification process at the clinic was carried out well, including identity document verification. However, there are some cases where communication with the patient is only done verbally, which can reduce the accuracy of identification.; Patient satisfaction is generally positive, patients are satisfied with the registration requirements, systems, mechanisms, and service specifications. However, some patients complain of long waiting times and expensive fees. Improvements in these areas, especially in terms of time efficiency and cost transparency, would be very beneficial.

SUGGESTION

For academics, it is recommended to conduct further research on the impact of training and policies on clinical procedure compliance.; For practitioners, it is necessary to ensure that staff training on hand hygiene, PPE use, and patient communication is carried out on an ongoing basis. Training programs should be updated regularly in accordance with the latest developments in health standards and guidelines.

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