



Implementation of Standard Operating Procedures for Patient Care

Umar Sako¹, Zulkarnain Lababa¹

¹Public Administration Study Program, Faculty of Social Sciences, University of Muhammadiyah Gorontalo, 96212, Indonesia

*Corresponding Author: Umar Sako

Email: usbaderan@umgo.ac.id



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Abstract

This study aims to determine the application of standard operating procedures for patient care in the emergency room of dr. MM. Dunda Limboto, Gorontalo District. The research method used is a qualitative research approach with descriptive research type. The results showed that the Application of Standard Operating Procedures (SOP) for Patient Services in the IGD RSUD dr. MM. In general, Dunda Limboto Gorontalo District has not been implemented optimally. This can be seen from the 7 SOP indicators, only 4 have been implemented properly. As for the results of the research on these indicators are: 1) the procedure for registering patients in the ER has not been running optimally, 2) the procedure for receiving patients in the patient reception room has not been optimally carried out, 3) The doctor prepares for the examination including: Patient preparation, tools, washing hands and wearing PPE, the results of the study found that this procedure was carried out well, 4) The doctor carried out the examination including: history taking, physical examination and checking the patient's vital signs, supporting examinations, had not been carried out properly, 5) The doctor determined the diagnosis meanwhile, it has been carried out properly, 6) The doctor determines the treatment and medical action on the patient, this procedure has been carried out in accordance with the SOP, and 7) The doctor observes and evaluates the results of treatment or action, this procedure has been carried out in accordance with the existing SOP.

Introduction

As an institution that aims to provide personal health services, hospitals provide services that include both inpatient and outpatient care, as well as emergency services. One of the most crucial units that handles the first patient upon admission to the hospital is the Emergency Room (IGD), where this ER directly provides services to patients who experience the threat of death (mortality) and the occurrence of abnormal body functions as a whole (Permenkes, 2010).

As a unit that provides the first service when a patient enters, the ER is expected to be able to provide services quickly and precisely in dealing with patients experiencing emergencies as well as life threats and the occurrence of disabilities (Law of the Republic of Indonesia, 2009).

As a unit that deals directly with patients from the start, the Emergency Room is expected to provide the best service so that it will ultimately provide a papacy for patients and their families. This patient satisfaction will be realized if the services provided by the ER are in accordance with what is expected, namely the speed in service, handling is done correctly and done at the right time (Komunda & Osarenkhoe, 2012). In addition, the goals of the services provided will be achieved if they are also supported by good personnel (HR) and are able to implement the hospital's vision and mission, namely complete service.

In general, people who visit service centers, including hospitals, need good service. In the concept of public service, the community is the focus of the main goal in service (Denhardt & Denhardt, 2015). The public's high expectations for the services provided by hospitals sometimes do not match their expectations. This can be seen by the existence of a long and convoluted path that must be passed by the community in obtaining the expected service. In fact, in some of the existing service concepts, it is the priority of the service line that is focused not on the process (Den Hertog et al., 2010).

Community satisfaction with the good services provided by the hospital will have an impact on the value of the hospital in society (Bakan et al., 2014; Swain & Kar, 2018). If the services provided do not satisfy the people who receive the services, of course this will have a negative impact on the services provided, and similarly, if the community is satisfied with the services provided, it will certainly have an impact on the selling value of the hospital.

Services in every hospital, especially in dr. MM. Dunda Limboto is certainly expected to be carried out effectively in every service activity provided to the community or patients seeking treatment. This is because because the hospital's main service focus is related to a person's life, the effectiveness in every activity carried out in handling patients is of course the priority. This will have an impact on the effectiveness of the application of standard operating procedures for health services in Dr. RSUD. MM. Dunda Limboto. At Dr. Hospital. MM. Dunda Limboto, the thing that should be done in improving the quality of its services is to make all changes and improvements to every thing related to organizational activities, both in terms of standard operating procedures and the quality of services provided. In this case, there are several categories of standard operating procedures for health services so that the quality of service in hospitals can be categorized as good, namely as follows; (1) There is an increase in quality in terms of production, adaptability and survival, as well as service satisfaction at the RSUD as a manifestation of the effectiveness criteria which refers to the success of the organization in improving its services; (2) The existence of preparation, implementation and implementation of SOP (standard Operational Procedure) in accordance with the flow of hospital documents; (3) The existence of utilization for every supporting factor of the organization in improving the quality of service in RSUD Dr. MM. Dunda Limboto as in terms of utilizing the quality of specialist workers, utilizing financing in improving quality, utilizing materials and various types of materials needed, utilizing the speed of advances in computer technology, and utilizing the company's quality management responsibilities.

In another perspective, a hospital can be said to have been running well if the hospital has followed the rules or regulations contained in Law Number 44 of 2009 concerning Hospitals. In this regulation, hospitals are expected to be able to provide services based on the principles of Pancasila, based on human principles and values, upholding ethics and professionalism, principles of expediency, justice, equality of rights and non-discrimination, protection of patient safety and social functions.

In the process of administering services carried out by the Hospital, it is expected that the aims of; (1) Make it easier for the community to access health services; (2) Provide protection for patient safety, the community, the hospital environment and human resources in the hospital; (3) Improve the quality and maintain hospital service standards; (4) Provide legal certainty to patients, communities, human resources and hospitals.

The system, procedure or service mechanism in the Emergency Room at the dr. MM. Dunda Limboto are: (1) The registration officer registers patients, (2) Doctors / Nurses / Midwives receive patients in the patient reception room, (3) Doctors prepare for examinations including: Patient preparation, tools, washing hands and wearing PPE, (4) Doctors perform The

examination includes: anamnesis, physical examination and checking the patient's vital signs, supporting examinations, (5) The doctor determines the provisional diagnosis, (6) The doctor determines the treatment and medical action on the patient and (7) The doctor observes and evaluates the results of the treatment or action.

The results of initial observations made found that the services to patients provided by doctors and nurses on duty were not fully in accordance with the SOPs that should be. Where in points 1 and 2 related to registration and acceptance of patients in the ER it has not been carried out maximally. It can be seen that registration is still done manually, facilities and infrastructure related to registration and acceptance activities are not in accordance with what they should be. Furthermore, in point 4 of the SOP where the doctor conducts an examination which includes anamnesis, physical examination and checks the patient's vital signs and supporting examinations have not been carried out thoroughly. It can be seen that every patient who is included in the recording of history, disease and other matters related to patient data is not filled in completely in the observation sheet so that this is a little difficult for service officers in directing patients to the appropriate room.

Methods

This research is included in the type of qualitative research, namely a description of the data using words and or sentences. This approach aims to understand a social situation, event, role, interaction and group. This study uses a descriptive research approach that is to describe and describe the facts in accordance with the problem being studied related to the focus of the study.

Primary Data Source

Primary data is data obtained or collected directly in the field by the person conducting the research. Primary data is also called original data or new data. In this study, the sources of data were the Head of the Room 1 person, Doctor 2 people, Nurse 3 people, Employees 3 people, Community 1 person.

Secondary Data Source

Secondary data in this case is a complement taken from other sources, meaning that it uses sources that were not previously defined but are needed in the problems discussed, the profile of the research location, the state of facilities and infrastructure.

To obtain data in this study, data collection procedures were used. First, observation, which is this step taken to find out in more detail and clearly about the object to be studied, by conducting an in-depth observational study related to the context of the problem. Second, the interview in this study was conducted by conducting direct question and answer with all informants selected based on the needs in this study. Third, Documentation, namely collecting data from non-visual sources in the form of documents or archives and recordings that have relevance to the data requirements needed.

Data analysis intends on behalf of organizing data, the data collected is a lot and consists of field notes and researcher comments, pictures, photos, documents, reports, and others. According to Miles and Huberman (in Sugiyono, 2012), suggesting that activities in qualitative data analysis are carried out interactively and take place continuously until complete, so that the data is saturated. Activities in data analysis, namely (1) data reduction, (2) data display, and (3) conclusion drawing/verification.

Results and Discussion

This study aims to determine how the application of standard operating procedures for patient care in the emergency department of RSUD dr. MM. Dunda Limboto, Gorontalo Regency.

This section will describe the analysis of research results from the data obtained. As for the things discussed, namely: (1) Registration officers register patients, (2) Doctors / Nurses / Midwives receive patients in the patient reception room, (3) Doctors prepare for examinations including: Patient preparation, tools, washing hands and wearing PPE, (4) The doctor conducts an examination including: anamnesis, physical examination and checks the patient's vital signs, supporting examinations, (5) The doctor determines a provisional diagnosis, (6) The doctor determines the treatment and medical action on the patient and (7) The doctor observes and evaluates the results of the treatment or action.

During the initial observations, there were 3 problems that were found, namely: (1) Incomplete patient data recorded at the time of admission to the ER, making it difficult for officers to direct patients to the treatment room, (2) Not recording the results of examinations by doctors completely so that officers needed to extract information. more about the problems of the patient and (3) Inadequate facilities in the emergency room.

To answer the research problems obtained through the results of these observations, indicators from the SOPs applied in the emergency room are used which serve as guidelines in the implementation of services to patients. The discussion for each indicator is as follows:

Registration Officer Registers Patients

The first line that starts the SOP for patient care in the emergency room of RSUD dr. M. M. Dunda Limboto is patient registration. When the patient first comes to or is escorted by the patient's family, the thing to do is register. Patient registration is carried out by the duty officer whose mechanism has been regulated by the head of the room.

Based on the results of research through interviews and direct observation, it was found that the patient registration procedure in the ER had not run optimally, where from the results of the interview it was found that registration was still done manually, there was a registration place that was not in accordance with hospital SOPs and the registration system was not optimal. causing confusion for the patient's family when arriving at the ER.

Doctor/Nurse/Midwife Accepts Patients in the Patient's Reception Room

The procedure for receiving patients in the patient reception room by doctors/nurses/midwives is the second procedure performed by the ER after registration. This procedure is related to other activities that will be carried out by the doctor/nurse/midwife to the patient later.

Based on the results of the study through interviews and direct observation, it was found that the procedure for doctors/nurses/midwives to receive patients in the patient reception room was not optimally carried out. Where the results of the research conducted it was found that the procedure had not been carried out properly, then that the procedure could not be carried out due to the constraints of existing facilities in the emergency room so that there was hope from the community to be improved again.

The doctor prepares for the examination including: Patient preparation, tools, washing hands and wearing PPE

The third procedure of the SOP in the ER is that the doctor prepares for an examination which includes: preparation of the patient to be observed, the tools used to make observations, the hygiene activities that must be carried out related to hand washing and personal safety equipment worn.

Based on the results of the study through interviews and direct observation, it was found that the procedure for the doctor to prepare for the patient examination which included preparing the patient, tools, washing hands and wearing PPE had been carried out quite well, namely by

following the suitability of triage from the patient and the examination was carried out according to the procedure because it was supported by facilities and adequate infrastructure.

Doctors perform examinations including: anamnesis, physical examination and checking the patient's vital signs, supporting examinations

This procedure involves activities that must be carried out by doctors in conducting examinations which include anamnesis, physical examination of the patient and the patient's vital signs as well as other supporting examinations related to what the patient is complaining about.

Based on the results of the study through interviews and direct observation, it was found that the doctor carried out an examination which included: anamnesis, physical examination and checking the patient's vital signs and supporting examinations had not been carried out properly. Where from the results of interviews conducted, it was found that there were records made by doctors that were not carried out in detail, causing obstacles to the tasks that must be carried out by nurses.

In accordance with the results of the interview, it can strengthen the findings of the research conducted through initial observations, namely that the results of the examination by the doctor are not completely recorded so that the officer needs to extract further information about the problem from the patient. This happens because the records or notes given by the doctor are not done in detail.

The Doctor Determines the Provisional Diagnosis

This procedure is related to the provisional determination of the patient's disease or complaints by the examining doctor. This is done to expedite the process of directing the patient to the treatment room to be addressed as well as an analysis of what the patient is suffering from.

Based on the results of research conducted through interviews and observations, it was found that in relation to the procedure the doctor determined the provisional diagnosis had been carried out properly. This procedure is carried out in accordance with the SOP that has been determined and must be carried out in the hospital emergency room.

The Doctor Determines the Treatment and Medical Action on the Patient

This procedure is related to how a doctor in the ER determines treatment and medical actions on patients after initial observation (Eisenberg et al., 2005). This procedure is carried out to speed up the process of administering drugs according to patient complaints and appropriate medical action in handling complaints from these patients.

Based on the results of research conducted through interviews and observations related to the doctor's procedures for determining treatment and medical actions to patients have been carried out in accordance with existing SOPs or in other words this procedure is in accordance with what should be done by doctors on duty in the ER room of the Regional General Hospital. dr. M. M. Dunda Limboto, Gorontalo Regency.

The Doctor Observes and Evaluates the Results of Treatment or Action

This procedure is related to the implementation of observation and evaluation of treatment or actions that have been carried out at the beginning of the examination. This activity will greatly affect the next medical action. If the patient is considered to have fertilization, then he will only be directed to the next treatment room. However, if the observations made do not have any impact on the patient, then there will be a special handler for the patient so that it will automatically increase the patient's time for treatment in the ER.

Based on the results of research conducted through interviews and observations related to the doctor's procedure of observing and evaluating the results of treatment and action, researchers can conclude that this procedure has been carried out in accordance with existing SOPs. Where this procedure by the examining doctor has been carried out with the concepts of diagnosis and evaluation of the condition of the patient who is undergoing treatment and action.

Tambunan (2013) suggests that standard operating procedures are guidelines that contain standard operating procedures that exist within an organization that are used to ensure that all decisions and actions, as well as the use of process facilities are carried out by people within the organization that are members of the organization to run effectively and efficiently, consistently, standards and systematically.

Based on the theory presented by Tambunan (2013), it can be concluded that the application of standard operating procedures in the Emergency Room at the dr. M. M. Dunda Limboto, Gorontalo Regency, has not been implemented properly. This is because of the seven aspects of the procedure in the SOP, only 4 are able to be carried out effectively, consistently, standardized and systematically.

Conclusion

Based on the results of research and discussions that have been carried out in the previous chapter, it can be concluded that the Application of Standard Operating Procedures (SOP) for Patient Services in the IGD of RSUD dr. MM. Dunda Limboto, Gorontalo Regency in general, has not been implemented optimally, this can be seen from the 7 SOP indicators, there are only 4 that have been implemented properly while the indicators are: (1) The registration officer registers patients, the results of the study found that the patient registration procedure in the ER had not run properly. maximum, (2) Doctors/Nurses/Midwives receive patients in the patient reception room, the results of the study found that the procedure for doctors/nurses/midwives receiving patients in the patient reception room has not been optimally carried out, and (3) Doctors carry out examinations including: history taking, physical examination and examining the patient's vital signs, investigations, the results of the study found that this procedure had not been carried out properly. While the indicators that have gone well are: (1) The doctor prepares for the examination including: Patient preparation, tools, washing hands and wearing PPE, the results of the study found that this procedure was carried out well, (2) The doctor determined a provisional diagnosis, the results of the study found that this procedure has been carried out properly, (3) The doctor determines the treatment and medical action on the patient, the results of the study found that this procedure has been carried out in accordance with the SOP, and (4) The doctor observes and evaluates the results of the treatment or action, the results of the study found that this procedure carried out in accordance with existing SOPs.

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