

REVIEW OF OUTPATIENT REGISTRATION SERVICE SYSTEM

(TPPRJ) AT BATARAGURU COMMUNITY HEALTH CENTER

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ABSTRACT

Registration is a service procedure to obtain the identity of a patient who comes to the Community Health Center.

This study aims to review the implementation of outpatient registration services at the Bataraguru Community Health Center in 2025. The method used is qualitative research with a phenomenological approach and data collection techniques using interviews and observations. The results of this study on the human aspect, the medical records unit still requires medical records officers with civil servant status. In the method aspect, the SOP for using the E-Puskesmas Application is not yet available so that it still uses the old registration flow. In the materials aspect, the internet network connection and server are sometimes problematic so that it can hinder service time when registering patients. In the machine aspect, the number of computers and printers is currently sufficient in the medical records and registration unit, in addition, the condition of the computers and printers is good and can be used and there are no problems during use. In the money aspect, the budget for the needs of medical recorders and registration officers is already available. Suggestions are to add a Wi-Fi network and re-evaluate the E-Puskesmas application server.

Registration is a service procedure to obtain the identity of a patient who comes to the Puskesmas. This research aims to review the implementation of outpatient registration services at the Bataraguru Health Center in 2025. The method used is using qualitative research with a phenomenological approach and data collection techniques using interviews, and observations. The results of this study on the human aspect, in the medical record unit still need medical record officers with civil servant status. In the method aspect, there is no sop for the use of the E-Puskesmas Application so that it still uses the old registration flow. In terms of materials, internet network connections and servers are sometimes problematic so that they can hinder service time when registering patients. In the machine aspect, the number of computers and printers is sufficient at the moment in the medical record and registration unit, besides that the condition of the computer and printer is good and can be used and there are no problems at the time of use. In the money aspect, the budget for the needs of medical recorders and registration officers already exists.

Suggestions for adding Wi-fi networks and re-evaluating the E-Puskesmas application server.

INTRODUCTION

Healthcare is a crucial pillar of national development because it directly impacts public health. In primary healthcare facilities such as community health centers (Puskesmas), outpatient registration is the initial gateway that determines the smooth flow of subsequent medical services. The registration process not only records patient identity but also regulates service flow, minimizes administrative errors, and ensures accurate patient data recording. Poorly organized registration can lead to service delays, decreased patient satisfaction, and even hinder the multi-level referral process. Therefore, the effectiveness of the registration system is a crucial indicator in assessing the quality of healthcare services at Puskesmas (Iim Al Imron & Sri Rejeki, 2024; Sabela Hasibuan, 2020; Afrioza & Baidillah, 2021).

Field observations indicate that various obstacles remain in outpatient registration services, including at the Bataraguru Community Health Center. A preliminary study conducted in February 2025 showed that patients often forget to bring their medical ID cards, the internet connection is

unstable, and medical records staff are still limited

Some are juggling multiple duties. Furthermore, facilities and infrastructure do not fully support the digitalization of services, while the e-Puskesmas application lacks a specific standard operating procedure (SOP), resulting in the registration process still using outdated procedures. This situation creates inefficiency and dissatisfaction among patients. Similar phenomena have been found in previous studies highlighting network issues, limited staffing, and a lack of digital system socialization (Sesty et al., 2025; Aringgi Al Pasya Darwis, 2022; Azhar Fadiyah & Gunawan, 2021).

This research is highly urgent considering that registration services are one of the initial points of interaction between patients and healthcare facilities. With the digital transformation policy for healthcare services, including the implementation of the E-Puskesmas application, the registration process is expected to be faster, more transparent, and more efficient. However, technical obstacles such as network disruptions, limited facilities, and suboptimal human resource readiness are actually inhibiting factors. If these issues are not addressed immediately, they will reduce public trust in public services and hinder the achievement of minimum service standards at Puskesmas. Therefore, this research is urgently needed to provide an empirical overview of the implementation of outpatient registration services. The results are expected to serve as evaluation material and the basis for formulating policies to improve service quality (Widayanti et al., 2023; Kurniawati & Kusumawardhani, 2023; Listawati et al., (2025).

Previous research studies have shown that various healthcare facilities in Indonesia still face similar problems. Sesty et al., (2025) at Ernaldi Bahar Hospital reported obstacles such as internet network disruptions and difficulties in searching medical records. Ningsih & Suryani, (2023) found that the quality of patient registration significantly influenced patient satisfaction levels at Bandung City Regional General Hospital. Aringgi Al Pasya Darwis, (2022) at the Ciputat Timur Community Health Center also found obstacles such as a lack of standard operating procedures (SOPs) and limited staff. However, most previous studies focused on quantitative analysis, while this study uses a qualitative approach with an analysis of the 5M aspects (*Man, Method, Material, Machine, Money*). Furthermore, previous research was mostly conducted in hospitals, while this study specifically examines community health centers as primary health care facilities (FKTP). This gap is what this study aims to fill (Astuti et al., 2020; Salsiani Sinta & Sulistiawan, 2022).

Based on the results of the research conducted, it was found that the *human* aspect indicates the need for additional medical record staff with appropriate competencies, the *method* aspect indicates the absence of SOPs for using E-Puskesmas, the *material* aspect highlights internet network and server problems, the *machine* aspect indicates the availability of sufficient computers and *printers*, while the *money* aspect has been allocated but is still limited. The novelty of this research is the application of a phenomenological approach with 5M analysis to review the outpatient registration system at the Bataraguru Community Health Center. With this approach, this study is able to provide an in-depth understanding of the obstacles and potential solutions in registration services. Therefore, the purpose of this study is to review the implementation of the outpatient registration service system comprehensively and provide practical recommendations to improve the effectiveness and quality of health services (Sugiyono, 2020; Saputro et al., 2022; Kuntoro & Istiono, 2017).

METHOD

This study used a qualitative approach with a phenomenological method, aiming to deeply understand the experiences and perceptions of staff regarding the implementation of outpatient registration services. The data used were both primary and secondary. Primary data were obtained through in-depth interviews and direct observation of the registration process at the Bataraguru Community Health Center, while secondary data came from official documents, medical records, and relevant regulations.

The population in this study was all staff involved in the outpatient registration process at the Bataraguru Community Health Center. Three informants were selected from this population: two registration officers and one head of the medical records unit, who served as data triangulator. Informants were selected using purposive sampling, which is a deliberate selection of samples based on the knowledge, experience, and direct involvement of informants in the registration service system.

This research was conducted at the Bataraguru Community Health Center, Baubau City, with implementation time between April and June 2025. Data collection techniques were carried out in three ways, namely in-depth interviews using interview guidelines, observation with a checklist of registration activities, and documentation studies of relevant archives and administrative data.

To strengthen the results, interviews were also recorded using a voice recorder, and each field finding was supported by systematic field notes.

The research instruments included an interview guide containing a list of open-ended questions, observation sheets to assess aspects of people, methods, materials, machines, and money, as well as stationery and a voice recorder. These instruments were designed to capture comprehensive information regarding the flow and obstacles of outpatient registration services.

Data analysis techniques were conducted qualitatively using an interactive model, encompassing data reduction, data presentation, and conclusion drawing. Data reduction was achieved by summarizing important information according to the research focus. Data presentation was done in narrative and tabular form to facilitate interpretation. Conclusions were drawn by verifying findings based on source and technique triangulation. Data validity was maintained through source triangulation and reconfirmation with informants to ensure the validity of the information obtained.

RESULTS & DISCUSSION

This study examines the outpatient registration service system at Bataraguru Community Health Center through a 5M analysis (*Man, Method, Machine, Material, Money*) using a phenomenological approach. Each aspect is analyzed based on observations, interviews, and documentation, then linked to theory and previous research to identify strengths, weaknesses, and recommendations for improvement.

Human Aspect (Human/Officer)

The quality of registration services is significantly influenced by the availability of staff, their competence, and their attitude and discipline. Observations indicate that the number of staff is sufficient to serve patients, that staff are competent in mastering registration procedures, and that staff are friendly and responsive. Staff also arrive on time and always wear work identification, enhancing patient confidence in the service provided. This indicates that, in terms of human resources, the community health center is relatively ready to handle patient registration.

Table 1. Observation Results on *Human Aspects*

No	Aspect	Evaluation Criteria	Yes	No	Notes
1	Number of officers	Enough to serve patients	✓		Adequate
2	Officer competencies	Mastering registration procedures	✓		Of
3	Attitudes and behavior	Friendly, polite, responsive	✓		Of
4	Discipline	Arrive on time, wearing identification	✓		Of

Source: Primary Data, 2025

These results align with the findings of Ningsih & Suryani (2023) that the quality of administrative staff is closely related to patient satisfaction with healthcare services. A friendly, polite, and professional attitude will increase patient trust. However, interviews revealed limited digital literacy among staff, particularly in optimally operating the E-Puskesmas application. This finding aligns with research by Azhar Fadiyah & Gunawan (2021), which emphasized the importance of human resource training to keep pace with developments in technology-based health information systems. Therefore, the human resource aspect is quite good, but digital competency development is still needed.

Method Aspect (Work Method/Procedure)

Work procedures are an important factor that determines the effectiveness of registration services. Observations show that the registration process for both new and existing patients is clear and easy to understand. Existing patient data is also easy to find, streamlining the service process. BPJS patient referral procedures are carried out according to regulations, demonstrating staff adherence to regulatory standards. However, a major weakness lies in the queuing system, which is still a combination of manual and digital, making it less than fully efficient.

Table 2. Observation Results on *the Method Aspect*

No	Aspect	Evaluation Criteria	Yes	No	Notes
1.	New patient registration flow is clear and easy to understand.		✓		Of
2	Fast old patient registration flow, data easy to find		✓		Of

3	Queue system	Manual or digital and orderly	ȳ	Manual and digital
4	Referral or BPJS procedures are carried out according to the rules		ȳ	Of

Source: Primary Data, 2025

The absence of a specific SOP for the use of the E-Puskesmas application is an obstacle to creating uniform procedures. This can lead to differences in work methods between staff, potentially leading to administrative errors. This finding aligns with Aringgi Al Pasya Darwis (2022), who emphasized that SOPs are a crucial instrument in maintaining consistent registration services. Widayanti et al. (2023) also added that the existence of SOPs is not merely a formality, but rather a practical guideline that ensures an efficient and accountable workflow. Therefore, even though the flow is already running well, the need for standard SOPs remains urgent.

Machine Aspect (Equipment/Technology)

The availability of technological resources plays a significant role in supporting registration services. Observations indicate that computers, printers, and scanners are available and functioning properly. The electronic registration system is being used efficiently, and patient data is being backed up securely and regularly. This demonstrates the readiness of technology to support the digitalization of services.

Table 3. Observation Results on *Machine Aspects*

No	Aspect	Evaluation Criteria	Yes No ȳ	Notes
1	Computer / PC	Available and working well		Of
2	Electronic registration system	Used well and efficiently ȳ ȳ		Of
	Printer, scanner, dll 3	Available and functioning normally		Manual and digital
4	Data backup systems	Safe and orderly	ȳ	Of

Source: Primary Data, 2025

However, challenges remain with the stability of the internet network, which frequently experiences disruptions. This results in delays in patient data input, especially during high visit volumes. This situation is similar to research by Sesty et al. (2025), which found that network disruptions are a major obstacle to the implementation of digitalized services. Therefore, strengthening network infrastructure is a priority to ensure optimal utilization of available technological resources.

Material Aspects (Forms/Documents/Resources)

Material aspects also play a crucial role in smooth administration. Observations indicate that registration forms are sufficiently available and easily accessible. Patient information is recorded completely and accurately, and information brochures on procedures and services are readily available to patients. This demonstrates the health center's attention to document and information completeness.

Table 4. Observation Results on Material Aspects (Forms/Documents/Resources)

Assessment Criteria	Aspect No. 1	Availability of registration forms	Of	No Notes
Sufficient and easily accessible	2	Patient information Completely and accurately recorded	ȳ	Enough
3	Information brochures available regarding the flow and services	Source: Primary Data, 2025	ȳ	Good
			ȳ	Of

These findings align with the opinion of Aringgi Al Pasya Darwis (2022), who emphasized that complete medical record documentation is a fundamental aspect of healthcare delivery. However, in the digital era, brochure-based information needs to be complemented by digital media to facilitate patient access. This aligns with research by Kurniawati & Kusumawardhani (2023), who emphasized that technology-based information delivery can increase the transparency of healthcare services.

Money (Budget) Aspect

Budget availability is a key factor in service sustainability. Observations indicate that funding for human resources, IT systems, and consumables is available and deemed adequate. These funds cover staff training, software and hardware procurement, and the purchase of paper, ink, and forms

Table 5. Observation Results on the *Money* (Budget) Aspect

No	Aspect	Evaluation Criteria	Yes	No	Notes
1	Budget for HR	Available for training & honorarium	√		Adequate
2	Budget for IT systems	Covers software, hardware, maintenance	√		Adequate
3	Consumables budget Enough for forms, ink, paper		√		Adequate

Source: Primary Data, 2025

However, funding for internet network maintenance and software updates remains limited, hampering the sustainability of digital systems. This finding aligns with Salsiani Sinta & Sulistiawan (2022), who emphasized that budget constraints often hinder the optimization of information technology-based services. Therefore, even with available funds, more effective financial management strategies are needed to ensure funds are used according to priority needs.

Overall, the results of this study indicate that the outpatient registration system at the Bataraguru Community Health Center has been running quite well in terms of man, material, machine, and money. The most prominent obstacles are in the method and technological infrastructure aspects, namely the lack of SOPs for the use of E-Puskesmas and internet network disruptions. Therefore, recommendations that can be proposed include the development of standard SOPs, increasing digital literacy of officers through training, and strengthening network infrastructure. These recommendations are consistent with research by Widayanti et al., (2023) and Saputro et al., (2022) which emphasize the importance of digital-based healthcare governance in improving the quality of primary care.

CLOSING

The results of the study on the outpatient registration service system at the Bataraguru Community Health Center indicate that the service has generally been running quite well, although there are still several obstacles that need to be improved. Based on the results of observations of 18 assessment aspects in the five 5M categories (*Man, Method, Machine, Material, Money*), all aspects received a positive rating with an indicator of "Yes" (100%). In the *man* aspect, the number of staff, competence, attitude, and discipline were deemed adequate to support the smooth administration of registration. The *method* aspect shows that the registration flow for new and existing patients is clear, and the BPJS referral procedure is carried out according to regulations, although the queuing system is still a combination of manual and digital. The *machine* aspect shows the availability of computers, printers, scanners, and a data backup system that are functioning well, although sometimes hampered by internet connection.

Material aspects indicated that registration forms were sufficiently available, patient information was accurately recorded, and service information brochures were provided. Meanwhile, in terms of *finance*, the budget for human resources, IT systems, and consumables was deemed adequate and supported service operations. Thus, this study addressed the stated objectives, namely reviewing the effectiveness of the outpatient registration service system by emphasizing the need to develop e-Puskesmas standard operating procedures (SOPs), improve staff digital literacy, and strengthen network infrastructure.

A limitation of this study is that it was conducted at only one health facility, the Bataraguru Community Health Center, so the results cannot be generalized to all community health centers in Baubau City or other regions. Furthermore, the number of research informants was limited to three people, resulting in limited perspective variation. Technical constraints were also encountered in the form of limited observation time and internet network disruptions that occasionally hampered the interview and data collection process. Therefore, future research is expected to involve more community health centers and respondents, use broader triangulation methods, and expand the scope of analysis to obtain a more comprehensive picture of the implementation of the outpatient registration system.

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