

Overview of Waiting Times for Prescription Services for Outpatients at Bungi Community Health Center

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A B S T R A C T

Abstracts waiting time for prescription services for outpatients at the Bungi Community Health Center. The research design used was descriptive with an observational approach, where the sample consisted of 93 outpatient prescriptions consisting of 72 non-concocted prescriptions and 21 concocted prescriptions. Data collection was carried out using the direct observation method using a time recording sheet from the time the patient submitted the prescription to receiving the medication

PENDAHULUAN

Pharmaceutical services are a minimum requirement for hospitals and are integral to a patient-centered healthcare system. One of the minimum hospital service standards for pharmaceutical services is the waiting time for both non-compounded and compounded medications in the pharmacy (Ministerial Decree of the Republic of Indonesia, 2019).

Prescription waiting time is one of the components that determines the quality of pharmaceutical services in community health centers. According to the Minimum Service Standards (SPM) in the health sector, the ideal waiting time for non-compounded prescriptions is no more than 10 minutes, and for compounded medications no more than 30 minutes. However, in reality, various factors can influence the achievement of these standards (Fitriani, R., & Prasetyo, Y. 2019).

Describes the waiting time for prescription services for outpatients at the Bungi Health Center Pharmacy Installation. Researchers want to conduct further research to calculate the average waiting time for prescription services for outpatients at the Bungi Health Center Pharmacy Installation. This is in accordance with the Minimum Service Standards required by the Minister of Health Decree No. 129/Menkes/SK/II/2008.

Pharmaceutical services are direct and responsible services provided to patients related to pharmaceutical preparations, with the aim of achieving definitive results to improve the patient's quality of life through pharmaceutical preparations, including drugs, drug ingredients, traditional medicines, and cosmetics (Karuniawati, 2016).

Waiting time is the time a patient waits for a prescription medication at the pharmacy. Waiting time for pharmaceutical services is divided into two categories: waiting time for finished (non-compounded) medications and waiting time for compounded medications. Several factors influence prescription wait time, including the number of pharmacists, service flow, drug availability, information technology systems, and the level of congestion at the community health center. Excessive wait times can lead to patient dissatisfaction, reduce trust in healthcare facilities, and potentially disrupt the patient's treatment process (Haryati, 2018).

Health services at community health centers (Puskesmas) play a strategic role in providing basic healthcare to the community. One crucial service is prescription services at the pharmacy, particularly for outpatients. This service is an indicator of health care quality because it is directly related to patient satisfaction (Juwita, 2021).

METHOD

Research Type

This type of research is descriptive with a quantitative method using surveys or interviews, questionnaires and observations regarding drug information services for outpatients at the Bungi Community Health Center pharmacy installation.

Research Period

This study was conducted at the Bungi Community Health Center in July 2025.

Population

The population in this study was all outpatients who filled prescriptions during the study period at the Bungi Community Health Center. The sample in this study was outpatients who received prescription services at the Bungi Community Health Center pharmacy and patients who filled prescriptions directly after examinations at the outpatient clinic (72 patients who came during the data collection period were observed), inpatients who received prescription services, and emergency patients who were treated in the Emergency Department (ER).

Data Collection Techniques

The data in this study were collected directly by the researcher at the Bungi Community Health Center in Baubau City:

- Measuring patient waiting time from the time the prescription was received until the medication was dispensed.
- Collecting data on patient satisfaction with waiting times and pharmacy services.

Data Analysis Techniques

The data will be analyzed descriptively and quantitatively using frequency distributions, averages, and prescription service speed categories. Data will be presented in tables, diagrams, and narratives to illustrate prescription service wait times and the factors influencing them.

Results and Discussion

Table 1 Number of Prescriptions and Waiting Time for Prescription Service

Prescription type	Sample size	Percentage	Average waiting time (minutes)
Non-mixed	72	77,42%	< 10
mixed	21	22,58%	< 10
Total	72	100%	< 10

Source: Primary Data, 2025

The percentage of compounded and non-compounded prescriptions was obtained for compounded prescriptions, as many as 21 prescriptions had met the minimum service standards at the Hospital with a percentage of 100%, while for non-compounded prescriptions, 72 prescriptions had met the minimum service standards at the Bungi Health Center, prescription services with a percentage of 100%.

DISCUSSION

Pharmaceutical services are an integral part of the healthcare system and play a crucial role in ensuring the availability and rational use of medicines. One indicator of pharmaceutical service performance is the waiting time for prescription services, which is the time from when a patient presents a prescription at the counter to receiving the prepared medication. This study was conducted to assess the waiting time for prescription services for outpatients at the Bungi Community Health Center (Puskesmas Bungi), with the aim of evaluating the effectiveness and efficiency of pharmaceutical services provided to the community.

Prescription service wait times at the Bungi Community Health Center meet the standards set by the Indonesian Ministry of Health. According to Minister of Health Decree No. 129/Menkes/SK/II/2008 and Ministerial Regulation No. 30 of 2019, the maximum waiting time for non-compounded prescriptions is 10 minutes, while for compounded prescriptions it is 10 minutes. In this study, the total sample observed included 72 non-compounded prescriptions and 21 compounded prescriptions, with the average wait times for both categories meeting the established standards. This shows that pharmaceutical services at the Bungi Community Health Center have been running effectively and efficiently, in accordance with the Minimum Service Standards (SPM) indicators.

The study results showed that of the 72 prescriptions analyzed, 21 were compounded (22.58%) and 72 were non-compounded (77.42%). Non-compounded prescriptions generally have shorter wait times because the medications are already available in finished form, requiring only

prescription verification, collection, and labeling before being dispensed to the patient. Conversely, compounded prescriptions require additional processes such as manual weighing, mixing, and compounding, which lengthens the service time. This aligns with the characteristics of pharmaceutical services in primary healthcare facilities, where resource constraints often hinder the provision of prompt and optimal service.

Based on the minimum service standards (SPM) established by the Ministry of Health, the wait time for non-compounded prescriptions should not exceed 10 minutes, while for compounded prescriptions, the wait time should not exceed 10 minutes. This study found that the majority of non-compounded prescriptions were successfully completed in less than 10 minutes, indicating a relatively good pharmaceutical service performance.

The pharmaceutical technicians at Bungi Community Health Center also play a crucial role in determining the speed of service. A limited staffing system coupled with a high workload can lead to delays in prescription fulfillment. Furthermore, if there is no clear division of tasks between prescription receipt, compounding, and medication dispensing, waiting times will be longer. Therefore, a clear division of roles and functions, as well as additional pharmacists at certain times, such as mornings or Mondays, when the business is typically busier, are essential to ensure smooth service delivery.

Fast and accurate prescription service not only impacts patient satisfaction but also reflects the overall quality of healthcare services. Patients tend to be satisfied if they don't have to wait too long to receive their medication. In the long term, this also increases public trust in the healthcare facility. Therefore, improving prescription wait times should be a priority in efforts to improve service quality at the Bungi Community Health Center, especially in the era of the National Health Insurance (JKN), which demands efficient and standardized services.

This study also showed that the majority of patients were unaware of the standard waiting times for prescription services. They tended to be passive and simply accepted whatever time it took to receive their medication. This indicates that patient education about their rights in healthcare, including ideal waiting times, still needs improvement. With education, patients will be more proactive, and pharmaceutical services will be more motivated to provide services according to established standards.

Overall, the picture of prescription wait times for outpatients at the Bungi Community Health Center indicates that although services are running quite well, several aspects still need improvement to achieve optimal service standards. By making improvements in terms of management, human resources, infrastructure, and queuing systems, it is hoped that pharmaceutical services at the Bungi Community Health Center can provide higher satisfaction to patients, and reflect fast, accurate, and high-quality health services.

CLOSING

Based on the results of the study on the description of waiting times for prescription services for outpatients at the Bungi Community Health Center, it can be concluded that waiting times for prescription services at the community health center still vary depending on the type of prescription received. Of the 93 prescriptions studied, 72 prescriptions (77.42%) were non-compounded prescriptions and 21 prescriptions (22.58%) were compounded prescriptions. Most non-compounded prescriptions could be completed in less than 15 minutes, in accordance with the minimum service standards (SPM) set by the Ministry of Health, which is ≤ 15 minutes. Meanwhile, compounded prescriptions required longer waiting times, some of which exceeded the standard waiting time for compounded prescriptions, which is 30 minutes.

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