

**DESCRIPTION OF PRESCRIPTION WAITING TIME AT THE
OUTPATIENT DEPOSITS USING ELECTRONIC PRESCRIPTIONS AT
UOBK (SPECIAL ORGANIZATIONAL UNIT) OF DR SLAMET GARUT
REGIONAL HOSPITAL**

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ABSTARCT

Pharmacy services in hospitals play an important role in ensuring patient safety and service quality. One key indicator of pharmaceutical service quality is prescription wait time. According to Minister of Health Regulation No. 129 of 2008, the maximum wait time for non-compounded prescriptions is 30 minutes. Dr. Slamet Garut Regional Hospital has implemented an electronic prescription system to improve service efficiency; however, concerns remain regarding prescription processing times. This quantitative descriptive study aimed to analyze wait times for non-compounded electronic prescriptions in the outpatient pharmacy unit of UOBK Dr. Slamet Garut Regional Hospital. Data were collected through direct observation of 100 non-compounded electronic prescriptions over three days in June 2025. Wait times were measured from prescription receipt to medication dispensing and analyzed using descriptive statistics. The results showed an average wait time of 96.53 minutes, ranging from 66.07 to 121.03 minutes per day, significantly exceeding the national standard. Contributing factors included limited staffing, high patient volume during peak hours, and suboptimal performance of the electronic prescription system. These findings indicate that electronic prescriptions alone are insufficient to improve service efficiency without adequate human resources and system support. Therefore, comprehensive evaluation, workforce strengthening, and workflow improvements are needed to achieve national service standards.

Keywords: *Prescription Waiting Time, Electronic Prescription, Pharmaceutical Services, Minimum Service Standards, Dr. Slamet Garut Regional General Hospital*

INTRODUCTION

Pharmaceutical Services are direct services provided to patients regarding pharmaceutical preparations, with the aim of achieving specific outcomes to improve patients' quality of life (Adhyka et al., 2023). Standards for Pharmaceutical Services in Hospitals include standards for Clinical Pharmacy Services (Lestari et al., 2025). A hospital is a healthcare institution that provides comprehensive individual healthcare services, including inpatient, outpatient, and emergency care. Hospitals are required to submit Pharmaceutical Services reports through a hierarchical chain to the district/city health office, the provincial health office, and the Ministry of Health in accordance with applicable laws and regulations (Tiara, 2023).

Hospital accreditation, hereinafter referred to as "Accreditation," is recognition of the quality of a hospital's services, following an assessment that the hospital has met the Accreditation Standards. Accreditation Standards are guidelines that specify the performance levels hospitals must achieve to improve the quality of care and patient safety (Awaludin et al., 2022). Among the components of hospital accreditation is the assessment of pharmaceutical service quality standards, one of which is the timeliness of dispensing and compounding

medications, as this waiting time is a key requirement for hospital accreditation. Accreditation itself is a prerequisite for hospitals to collaborate with the National Health Insurance Agency (BPJS); without accreditation, hospitals cannot partner with BPJS (Perceka et al., 2022).

The process of prescribing medications to patients is sometimes prone to errors, whether in diagnosis or prescribing. Therefore, the healthcare sector recognizes the importance of implementing changes to reduce medication errors, one of which is through the adoption of an electronic prescription system (Purwaningsih et al., 2025). Electronic prescribing is an intervention aimed at improving the quality of care with a focus on patient safety, utilizing a hospital management information system (HMIS) that connects physicians, pharmacies, pharmacy managers, and the finance department. The objectives of electronic prescribing include reducing prescribing errors, expediting refills, minimizing the need for manual data entry, improving efficiency, and reducing wait times (Listina, 2024).

Wait times are one of the key indicators in the minimum standards for pharmacy services in hospitals. This factor plays a crucial role in shaping the patient experience, as unreasonably long wait

times can trigger dissatisfaction that may potentially affect patient loyalty to the hospital. Furthermore, waiting times for prescription services help shape patients' perceptions of service quality, particularly within the pharmacy department, which is a vital component of the hospital's healthcare system (Nisa, 2025).

Hospital healthcare services are expected to meet established minimum service standards (Yulanda et al., 2024). One indicator for assessing whether pharmacy services meet these standards is the waiting time for prescription services. The waiting time for non-compounded prescriptions is ≤ 30 minutes with a 100% achievement target, while for compounded prescriptions it is ≤ 60 minutes with the same target (Suci & Herliza, 2025). However, in reality, at Dr. Slamet Garut Regional General Hospital, prescription service wait times still do not meet the minimum hospital standards. The hospital pharmacy at Dr. Slamet Garut Regional General Hospital has transitioned from manual prescriptions (prescription forms) to electronic prescriptions.

METHODS

This study is a quantitative descriptive study, with data collected directly (concurrently). The data used in this study are primary data derived from

prescriptions received at the outpatient pharmacy at a specified time. The population in this study consists of all prescriptions at the outpatient pharmacy using the electronic prescription system at the UOBK of Dr. Slamet Garut Regional General Hospital. The total number of prescriptions in March 2025 was 7,482. The study was conducted in June 2025 at the UOBK of Dr. Slamet Garut Regional General Hospital.

RESULT AND DISCUSSION

1. Result

This study was conducted to determine the waiting times for outpatient prescription services using electronic prescriptions at the Pharmacy Department of Dr. Slamet Garut Regional General Hospital. Data were collected in June 2025, with a sample size of 100 electronic prescriptions from outpatient patients.

Table 1. Number of Electronic Prescriptions from Non-Compounded Outpatient Patients at the UOBK Depot of Dr. Slamet Garut Regional General Hospital

Date	Number of Recipes	Percentage (%)
June 18 th 2025	35	35%
June 19 th 2025	35	35%
Juni 20 th 2025	30	30%
Amount	100	100%

The table above shows that the number of electronic prescriptions for non-prescription outpatients at the UOBK depot at Dr. Slamet Garut Regional Hospital during the three-day period, June 18-20, 2025, was 100.

Table 2. Waiting Time for Electronic Prescription Services for Non-Prescription Outpatients at the UOBK Depot at Dr. Slamet Garut Regional Hospital

Date	Number of Recipes	Waiting Time (Minutes)	Average Wait Time (Minutes)
June 18 th 2025	35	4.236	121,03
June 19 th 2025	35	3.447	99,08
June 20 th 2025	30	1.970	66,07
Amount	100	9.653	96,53

Based on Table 2 above, the research results for the waiting time for electronic prescription services for non-compounded outpatients at the UOBK Depot, Dr. Slamet Garut Regional Hospital, show that the average daily waiting time is 96.53 minutes.

Table 3. Comparison of Non-compounded Prescription Service Waiting Time with Hospital Standard Operating Procedures (SPM)

Number of Recipes	Waiting Time (Minutes)	Average Wait Time (Minutes)	Minister of Health Regulation No. 129 of 2008

100	9.653 Menit	96,53 Menit	≤ 30 menit
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Based on Table 3, the comparison of waiting time for non-compound prescription services with Hospital SPM is still far below the standard, namely the waiting time for non-compound prescription services at UOBK RSUD dr. Slamet Garut reached 96.53 minutes, while the standard of Minister of Health Regulation No. 129 of 2008 for non-compound prescription services is ≤ 30 minutes.

2. Discussion

The results of the study show that the average waiting time for outpatient prescription services using electronic prescriptions at the UOBK of Dr. Slamet Garut Regional General Hospital is 96.53 minutes, which is more than three times the minimum service standard set by Minister of Health Regulation No. 129 of 2008—namely, ≤ 30 minutes for non-compounded prescriptions. This data was consistent across the three days of observation, with the shortest wait time recorded on June 20, 2025, at 66.07 minutes, while the longest was on June 18, 2025, at 121.03 minutes.

Variations in waiting times can be influenced by several factors, including fluctuations in patient volume, the

availability of pharmacy staff at the time, and the efficiency of workflow processes. For example, on June 18, 2025, in addition to a relatively high number of prescriptions, there may also have been technical issues such as disruptions in the electronic prescription system or delays in the prescription verification process by pharmacists.

Although the implementation of an electronic prescription system could, in theory, reduce wait times by enabling real-time transmission of prescriptions from physicians to pharmacy facilities, the results of this study indicate that this technology has not yet been fully optimized. Based on observations and the literature (Dina, 2024), the main causes of delays may include: limitations in human resources—the number of pharmacy staff is not proportional to the volume of prescriptions, especially during peak hours, leading to a buildup of service queues. Technical issues with the electronic prescription system—such as slow data access speeds or the need for manual confirmation due to incomplete prescription information. Inefficient workflows—including suboptimal task distribution, so that steps such as prescription verification, medication retrieval, and dispensing do not run in parallel. Medication availability—when

medications are not available in the dispensing area, staff must retrieve them from the pharmacy warehouse, increasing wait times.

Compared to previous studies, such as (Sriwijaya et al., 2022) research at Dr. T.C. Hillers Maumere Regional General Hospital, these delays are not uncommon, particularly in hospitals with high patient volumes and limited human resources. Even in hospitals with either manual or electronic prescription systems, non-technological factors such as human resource management and workflow are the primary determinants of service speed.

The implications of these findings are quite significant. Waiting times that far exceed standards have the potential to reduce patient satisfaction, disrupt treatment continuity, and, in the long term, affect the hospital's reputation. Therefore, in addition to maintaining the electronic prescription system, a comprehensive evaluation of the efficiency of pharmacy service business processes is necessary. Optimization can be achieved by increasing pharmacy staff during peak hours, improving the speed and integration of information systems, ensuring adequate medication stock in the warehouse, and providing regular training to enhance skills in using the electronic prescription system.

With these measures, it is hoped that wait times can be reduced to levels close to or in line with national standards, so that pharmacy services at Dr. Slamet Garut Regional General Hospital can be more responsive, effective, and focused on patient satisfaction (Putri et al., 2023). This demonstrates that several factors can influence waiting times, such as staffing shortages, suboptimal information systems, and high workloads—particularly during peak hours. Furthermore, although an electronic prescription system has been implemented, it has not yet fully accelerated the prescription fulfillment process in the outpatient pharmacy. The electronic prescription system can speed up service if supported by efficient workflows and optimal technological infrastructure (Holo et al., 2023).

Overall, the results of this study can serve as a basis for evaluating the Pharmacy Department at Dr. Slamet Garut Regional General Hospital in improving the effectiveness of its services—whether through optimizing human resources, improving information systems, or providing training on the use of electronic prescriptions—to ensure compliance with minimum service standards (Wikandari, 2021). Based on the results of the waiting time calculations, the delays at the outpatient pharmacy of Dr. Slamet Garut

Regional General Hospital were caused by several factors, namely: prescriptions arriving at the pharmacy simultaneously, insufficient human resources, and issues with the SIMRS system due to system overload or slowness.

CONCLUSION

Based on the results of the study, it can be concluded that: The average waiting time for non-compounded prescription services was 96.53 minutes, with the longest recorded waiting time being 9,653 minutes. This indicates that prescription services have not yet met the Minimum Service Standards (SPM) established by Ministry of Health Regulation No. 129 of 2008, which stipulate a maximum waiting time of ≤ 30 minutes. The implementation of the electronic prescription system at the Pharmacy Department of Dr. Slamet Garut Regional General Hospital has not yet been fully effective in reducing service wait times. This is influenced by various factors, such as a shortage of pharmacy staff, high workloads during peak hours, and suboptimal use of the electronic information system. Furthermore, the presence of extreme data points or outliers—such as a waiting time exceeding 210 minutes—highlights the need for rigorous data validation to improve the accuracy and reliability of service

evaluations. Overall, the results of this study indicate the need to evaluate and optimize the electronic prescription system to support improvements in the quality of hospital pharmacy services.

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