



## Improving Health Service Quality Management in Hospitals (Literature Study)

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### ABSTRACT

Hospitals as the main goal of overcoming public health complaints should try to provide best quality services to patients from all walks of life. For this reason, it is necessary to have service quality management as a process of optimizing the implementation of health activities according to established health service standards. The research method used is a literature study method related to a series of activities related to the collection of library data regarding improving the quality management of health services in hospitals that are sourced from research journals that will be read, written, and then the data will be processed. Quality management of health services in hospitals can be improved by paying attention to aspects of fulfilling hospital accreditation according to established standards, fulfilling hospital minimum service standards, implementing management functions in health programs such as BPJS Kesehatan, as well as analysing integrated quality management (TQM) and based on ISO 9001:2015

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### INTRODUCTION

The evolution and equity of an increasingly growing and futuristic economy will increase the needs and encouragement of the community for quality and affordable health services in accordance with the ability of the community to be able to provide comfort and improve their quality of life. In Law Number 23 of 1992 concerning health, it is explained that health development aims to increase awareness, willingness, and ability to live healthy for all levels of society in order to achieve overall public health status. This is in line with the discussion in this journal, namely health services in hospitals which are one of the steps to achieve public health degrees.

Hospitals are the main destination for medical referrals, especially on the issue of healing and rehabilitation of individual health. One of the expectations of health consumers is that the quality of services offered by hospitals can result in patient satisfaction. Because the quality provided by health institutions will be a reflection of evidence of a nation's concern for its citizens. Stevenson (2009) and

Muhardi (2007) argue that customer satisfaction that is not achieved will have an impact on hospital capacity.

According to Law No. 36 of 2009 concerning health, it is explained that health is a healthy condition, both physically, mentally, spiritually and socially which allows everyone to live socially and economically productive. Hospital is a health service institution that provides individual health services as well as providing inpatient, outpatient and emergency services. The hospital's obligation is to provide safe, quality, non-discriminatory, and effective health services by prioritizing the interests of patients in accordance with hospital service standards. Hospital service standards are applied by taking into account professional standards, service standards for each health worker, standard operating procedures, professional code of ethics and hospital code of ethics (Perkemenkes 4 of 2018).

There are 4 learning models, namely 4D: Define, design, develop & disseminate. This model is commonly used in educational services which is then adopted by researchers to be used in improving the performance of hospital institutions to achieve good quality health services. This learning model

can also be used to increase the work capacity of an institution in improving the quality of its health services.

Health services, of course, are still the rights of citizens (UU No.23/1992). However, rights here do not mean that they are obtained for free, but mean that the available health services will be easily accessible, of good quality, and at a cost that is paid by all levels of society.

Hospitals should always be responsive to changes that occur quickly so that they immediately anticipate them in accordance with the wishes and needs of the community by always referring to customer satisfaction reports. The current community pressure is to get health services that are easy, fast and convenient, which in the end can provide satisfaction in the treatment results according to the disease they are suffering from. Therefore, the hospital as an institution in the field of public health services is increasingly urged to provide better health services.

The presence of public services is an effort by the state to complete the basic needs and civil rights of every community for goods, services and administrative services provided by public service providers in Indonesia who entrust the state to fulfill the basic needs of every citizen for their welfare.

WHO (World Health Organization) regarding e-health number WHA (World Health Assembly Resolution on e-health) number 58.28 of 2005, WHO encourages every country to plan and implement e-health services in the health sector. E-health is a growing field of science and is a blend of knowledge between medical informatics, public health and business. E-health refers to health services and the provision of health information sent via the internet and technology.

## METHOD

The methodology used in this research is a literature study method related to a series of activities related to the collection of library data regarding improving the quality management of health services in hospitals that are sourced from research journals that will be read and recorded and then the data is processed (Zed, 2008) :3). This method has 4 (four) main characteristics that will affect the nature and work of a study. These characteristics include:

- a. In the form of text, researchers deal directly with text or numerical data and not direct knowledge from the field or eyewitnesses in the form of events, people or others.
- b. It is ready to use, meaning that researchers are not going anywhere except dealing directly with source materials that are already available in the library.
- c. Sourced from the second hand, meaning that the researcher obtained the material from the second hand and not the original data from the first hand in the field

Not limited by space and time. Researchers are dealing with static or fixed information, meaning that whenever it comes and goes the data will not change because it is already dead data stored in written records (text, numbers, images, tape or film).

## RESULT AND DISCUSSION

Service is the key to success in various businesses or activities that offer services. If the customer is satisfied, the feedback expected by the service provider is the customer's

willingness to show interest in giving a good impression received from the service provider to other parties, in another sense promoting the good service received in order to attract more customers.

Hospitals play the most significant role. Not all hospitals provide excellent customer service. To measure how well hospitals serve patients, the quality of health services is very important. Indicators of the reliability of doctors who come on time to work, indicators of responsiveness of officers giving greetings, indicators of officers on standby, indicators of assurance that officers have fully complied with the rules, indicators of guaranteeing officers' empathy in dealing with patients according to their needs, and indicators of guaranteeing physical evidence of cleanliness and neatness of the environment need to be improved again.

In terms of public health services, it is very important to design a quality management model for health services because people's access to health care has a significant impact on how well the organization of a hospital performs. Hospital construction can take advantage of good health services. Governance, human resources, infrastructure, finance, planning, and measurement strategies are the minimum criteria/thresholds.

The six aspects are described with indicators in accordance with existing normative criteria (benchmarking), which include sustainable, acceptable and reasonable, achievable, achievable, understandable, and appropriate/appropriate. There are two main variables that affect the model: (a) internal variables (quality, processes, and systems) and (b) external variables (environmental, OSH, social and cultural). The stages of development that the model goes through are (a) defining, (b) designing, (c) developing, and (d) desiminating.

According to Herjanto (2008: 394), there are five dimensions that must be considered related to service quality, namely:

1. Reliability: Able to realize the services offered accurately and quickly.
2. Responsive: Willing to help patients and provide services that are in line with patient (customer) expectations.
3. Real form: Such as physical facilities, equipment, and personal appearance.
4. Assurance: Knowledge, attitude, and ability of hospital staff in demonstrating trust, confidence, and courtesy.
5. Empathy: Individualized services offered to patients

### Hospital Accreditation Improvement

Three concepts in providing services in hospitals generally are input, process and output. The service input is how the hospital provides facilities and infrastructure, provides medical personnel such as midwives, doctors, nurses, nurses and other medical personnel complete with STR (Surat Tanda Registrasi) and practice permits. The service process is the provision of services from the hospital according to standard provisions. The service output is related to how to achieve the hospital's minimum service standards. In order to be able to accept the three concepts of service delivery in hospitals, hospital accreditation must be carried out.

Good quality creates a better perception of hospital services, especially in the eyes of patients, which in turn can lead to an increase in the use of hospital services, so that income increases. Hospital accreditation in Indonesia is used as an assessment of hospital compliance with accreditation standards.

The general purpose of accreditation is to find out the extent to which the fulfillment of the standards determined by hospitals in Indonesia is, so that the quality of hospital services can be relied upon. Improving the quality of hospital services is crucial, because the hospital is an institution that provides the most critical and dangerous services in the service system and its operating targets concern the human soul (Kusbaryanto, 2010: 86).

### **Integrated Quality Management System According to ISO 9001:2015**

Patient needs are influenced by the quality of health services provided by the hospital as a service provider. Some patients and their accompanying families, such as the example at Budi Mulia Bitung Hospital, were not satisfied with the services provided. Complaints include long service times, unfriendly service staff, which results in a gap between real life conditions and expected conditions. Researchers measure the management quality of Budi Mulia Bitung Hospital using TQM (Seven tools).

Researchers are based on the basic principles of an integrated quality management system according to ISO 9001: 2015 including customer focus (customer focus) by measuring customer satisfaction and ensuring a balance between customer satisfaction and other parties (Rundle, 2015). In this aspect, at Budi Mulia Bitung Hospital, there are still obstacles to adjusting SOPs for new employees, there are specialist doctors who are often not on time with the promised service schedule, waiting times for taking drugs are long due to lack of staff in the pharmacy department, and the patient waiting room is cramped.

In the aspect of leadership (leadership), hospital leadership consists of 3 levels, namely director, deputy director in charge of 2 fields and each field in charge of several sub-fields. Then in the aspect of engagement of people (involvement of all employees), hospital employees are involved in hospital accreditation and coordination meetings. In the process approach, the quality of the Budi Mulia Bitung Hospital process is measured through the approach taken from the time the patient enters until the patient leaves the hospital, the available facilities, supporting services, and an atmosphere that provides a sense of security and peace.

And finally, the aspect of evidence-based decision making (evidence-based decision making) was found in the field through interviews conducted by the PMKP (Quality Improvement and Patient Safety) committee and a survey from the BPJS called the Walk Trough Audit (WTA) then processed and analyzed the data so as to obtain evidence for decision making.

### **Implementation of Service Management Functions for BPJS-Health Participants**

In connection with this service management, which is a system of organizing science and art in planning, coordinating, and completing various service activities in the context Implementation of Service Management Functions for BPJS-Health Participants of achieving predetermined service goals, the target is customer satisfaction. In order to apply services to both internal and external customers, the service provider must strive to refer to customer satisfaction.

The service management functions include planning functions, implementation functions, and supervisory functions as well as management functions in services to BPJS Health participants. Planning is one of the managerial

activities that have an important role in determining the effectiveness of an activity, including service activities.

Through planning, we can find out what we want to achieve, how to achieve it, and who is responsible for achieving the goals that have been set together. Planning has 2 dimensions, namely goals and plans. Goals are targets or results to be achieved by the organization while plans are the preparation of strategies to achieve goals.

The mission and strategy (planning) of the hospital is to provide good service to patients in this case include BPJS Health participants, namely realizing hospital minimum service standards (SPM), patient and family satisfaction, providing facilities and infrastructure, fulfilling the availability of medical personnel, provide services according to the standards that have been set. In realizing this plan, the hospital seeks to provide operational support facilities for medical services, and also ensures that health workers who serve patients have evidence of legal practice and are competent in their fields. Implementation is the process of implementing a plan that has been prepared in such a way. Implementation is an effort to move each agency party to work with self-awareness in achieving the goals that have been set effectively, in this case what is needed is leadership. The indicator of the plan that is actually realized is the output of the implementation. The output in question is the achievement of the desired goal.

Supervision is a process of implementation that is being carried out according to a predetermined plan. Hospital service standards need to be monitored periodically for their implementation. Assembled monitoring/supervision is the extent to which the service has met the standards as well as the consistency and development efforts to provide good service. If deviations are found, then the service provider must quickly follow up so that the process and service implementation remains under control to produce services according to agreed standards. Supervision can also predict various problems that arise so that efforts are needed so that public service management can continue to be carried out properly.

### **Improvement of Hospital Management Information System (SIM-RS)**

Information systems and technology have developed quite rapidly. A company, organization, or person today needs an information system to process data and/or receive information quickly, accurately, and conveniently. One of the six building blocks or key elements of a country's health system is the health information system. Hospitals in Indonesia have faced many problems with patient data and information, staff, schedules, medical records, pathways, drugs, care, finances, quantity and efficiency of staff members, and rooms.

These problems include data entry and search processes, which can be time consuming if the system never uses the computer. The satisfaction of hospital management information system users is positively and significantly influenced by the quality of the system, the quality of the information provided, and the quality of service received by the users of the information system. To maintain and improve these qualities related to the quality of health services, hospitals must record and report in the form of a Hospital Management Information System or also known as SIMRS.

In Indonesia, Law no. 44 of 2009 concerning hospitals that each hospital must carry out recording and reporting of all hospital management activities which is referred to as the Hospital Management Information System (SIMRS). So that

each hospital must operate SIMRS in an open source manner as per the decree of the Minister of Health No. 82 of 2013 concerning SIMRS. SIMRS helps in finding out analytical data quickly which is then used to support regulatory policies at the center for example BPJS management, knowing the data on the most common diseases in the community, and other related data that can be used as guide data in decision making (Directorate General of Health and Health, 2017).

Hospital Management Information System (SIM-RS) is an integrated system starting from data collection, data processing, information presentation, and delivery of information needed for hospital activities. SIMRS is a system for collecting data, analyzing it, and presenting it. The information needed for the organization's activities must be analyzed, summarized, and communicated. In the sense that it is a communication information technology system that processes and integrates the entire flow of hospital service processes in the form of a network of coordination, reporting, and administrative procedures to obtain information in accordance with the provisions of the legislation.

The demand for health data is very complex, so information systems play a very significant and influential role in health services. By using the right information technology, this will streamline the service process and save management costs. The hospital information system is currently being used under the name "PILAR" since 2017.

The hospital information system has subsystems in the form of outpatient registration module, inpatient and emergency room, assembly module, indexing module, coding, analysis reporting module, filing module, obstetric ward module, pediatric ward module, ICU module. However, the polyclinic service module has not been equipped with polyclinic services which consist of polyclinic services for children, lungs, internal medicine, surgery, dentistry, obstetrics, psychiatry, ENT, eye services so that polyclinic services are still carried out manually, patient examinations are documented manually, SIMRS operations are not yet available. determined regarding the response time from registration services to the availability of medical record documents as an indicator of the quality of medical record documents for both new and old patient services.

It can be said that the performance of the medical record SIM seen from the human aspect has not been fully fulfilled because the implementation of the medical record SIM has not run smoothly. Based on the organizational aspect, it can be concluded that the performance of the medical record SIM has not been fully fulfilled. The distribution of medical record SIMs has not gone well. The effectiveness of SIMRS in hospitals is highly dependent on management support for the adoption of SIMRS medical records, which also encourages officers to use the system.

In the application of a medical record SIM, there must be encouragement or motivation to officers, both from management and from fellow officers in implementing SIMRS in hospitals. Judging from the technological aspect, the implementation of the medical record SIM has not run smoothly, judging from the quality of information, system quality, and service quality, there are still some that have not been fulfilled. In terms of service quality, for the response time system, if the network is problematic, the patient waits 5 to 7 minutes. If the server is down, the patient is directed by officers to the destination poly. The data input process will be carried out after the network improves, where the officer will work twice, namely manually recording into the outpatient register book and then to the system.

At the level of user acceptance, the implementation of SIMRS continues to experience obstacles and obstacles.

Ongoing operational and administrative problems made it difficult to successfully adopt SIMRS. Currently there are SIMRS in Indonesian hospitals, but officials have not made full use of it because they are still not sure how to use the system as a whole. The average level of expertise of the three hospital IT officers is lower than the average in terms of implementation or implementation, with 66.7% of them having a low level of knowledge and 33.3% having a good level. Especially for the IT department, hospitals are expected to replace medical personnel according to their profession. To provide further information to officers regarding medical records, seminars, workshops, and training related to medical records are held.

Hospitals in Indonesia are a clear indication that the country's health information system is ineffective. This fact shows how difficult it is to obtain health data, demonstrating the importance of providing fast, precise and accurate health information. The most important component in relation to management information systems is skills. It is recommended that hospitals periodically carry out SIMRS education and training programs and mandate that their human resources attend education/training.

SIMRS must also be evaluated periodically so that the processing of data and information issued will be accurate and timely. Information system evaluation is an effort to understand the actual situation including the achievements of activities and follow-up actions which can then be arranged in order to improve the course of SIMRS implementation. One of the evaluation methods according to Yusof (2008) is in the form of the HOT-Fit Model by comprehensively monitoring the system by placing important aspects in the information system.

This important aspect includes the human aspect regarding the use of the system, such as if the hospital wants to buy an echocardiography device, the director must first check the SIMRS to find out how many patients are diagnosed with heart disease so that the purchase of the device will be useful and not waste budgeting costs. this aspect also includes user satisfaction because the user is the one who understands the best and the bad about the SIMRS road and whether the results of the information that comes out are according to the needs of the user.

Then the organizational aspect, such as involving SIMRS users in determining the input, process, and output so that it is in line with the wishes and needs of the user. If there is SIMRS development, users are given retraining so that the implementation of SIMRS can be optimized and beneficial for any party. Then on the technology aspect, the SIRS vendor needs to distribute a guidebook so that users make it easier for users to know and maximize any functions and features listed in SIMRS, avoid the risk of errors and know how to solve problems related to SIMRS. In addition to these 3 aspects, for evaluation materials, it is also determined from the harmony of the relationship as a determining factor for the success of managing an information system (Supriyono, 2016).

### **Analysis of Total Quality Management (TQM) in Hospital Services**

TQM (Total Quality Management) or integrated quality management is defined as a combination of every function of the company into a holistic philosophy (as a whole) which is formed based on the concept of quality, teamwork (cooperation), productivity, and customer satisfaction (Ishikawa in Pawitra, 1993).

According to Ariani (1999; 25) TQM is the application of quantitative methods and human resources (HR) to improve

management in terms of providing raw materials and services for an agency such as a hospital, all processes in hospitals at a certain level related to customer needs that are fulfilled in the future. now and in the future.

The purpose of implementing TQM is to excel in global competition by providing the best quality. To be able to provide the best quality, continuous improvement efforts are needed for human capabilities, processes, and the environment, namely by applying TQM (Tjiptono & Diana, 2004). According to Russell and Taylor (in Fitriani 2008; 22-23) TQM emphasizes quality includes a holistic organization from suppliers to customers and emphasizes management's commitment to receive continuous company instructions to excel in all product and service components that play a role in customers.

TQM principles include customer satisfaction, respect for everyone, fact-oriented service management, and continuous improvement. Meanwhile, Russell and Taylor put forward the principles of TQM (Total Quality Management) namely customer-oriented (customer-oriented), leadership (leadership), strategy planning (strategic planning), employee responsibility (involvement of everyone), continuous improvement (continuous improvement), cooperation (cooperation), statistical methods (use of statistical methods), training and education (education and training).

The components in TQM have ten main elements (Goetsch and Davis, 1994) including customer focus, obsession with quality, using a scientific approach, long-term commitment, teamwork, continuous improvement, education and training, controlled freedom, uniformity of purpose, and the participation and empowerment of medical personnel/employees.

According to Soeharso Hardjosoedarmo (1996:40) for the successful implementation of TQM in hospitals, it is necessary to pay attention to the stages starting from instilling a quality philosophy, guiding management and displaying quality leadership, making system changes to be more conducive, providing education, training, and empowerment. medical personnel at the relevant hospital.

### Hospital Minimum Service Standard Data Management

The 21 indicators of hospital MSS are prepared referring to the Regulation of the Minister of Health of the Republic of Indonesia number 129/Menkes/SK/II/2008 concerning Minimum Service Standards for Hospitals, namely:

1. Emergency services
2. Outpatient services
3. Inpatient services
4. Surgical services
5. Delivery and perinatology services
6. Intensive service
7. Radiology services
8. Clinical pathology laboratory services
9. Medical rehabilitation services
10. Pharmacy services
11. Nutrition services
12. Blood transfusion service
13. Service for poor families
14. Medical record service
15. Waste management
16. Management administration services
17. Ambulance/hearing service
18. Funeral Service
19. Laundry service
20. Hospital facilities maintenance services
21. Infection Control Prevention

The flow of hospital SPM data collection is like the example at Panembahan Senopati Hospital Bantul that the flow starts from:

1. The Head of Quality and Clinical Audit Section wrote to all units regarding the schedule and format of the SPM RS report
2. Clinic admin/quality staff collects the data needed to prepare conventional SPM unit reports
3. Clinic admin/quality staff input data into Microsoft Excel
4. Clinic admin/quality staff process MSS report data using Microsoft Excel
5. The clinic admin/quality staff sends the SPM report data to the unit quality coordinator via email
6. The unit quality coordinator processes and analyzes the results of the SPM report according to the format from the Head of the Quality and Clinical Audit Section
7. Unit quality coordinator sends the unit SPM report to the Head of Quality and Clinical Audit Section in hardcopy form
8. Head of Quality and Clinical Audit Section validates the completeness of the unit's SPM report
9. Head of Quality and Clinical Audit Section combined 21 MSS reports
10. The Head of Quality and Clinical Audit Section utilizes the SPM RS report

For services that have not reached the indicator standard, the unit quality coordinator makes a follow-up quality improvement plan using the PDCA Cycle (Plan, Do, Check, Action) in order to meet the minimum service standards. Preparation of a follow-up plan is an evaluation activity carried out by the service unit at Panembahan Senopati Hospital Bantul and top management is needed as part of the management cycle at the supervision stage.

The supervisory function is closely related to the planning, organizing, and implementing functions. Through the supervisory function, the standard of program success that has been determined in the form of targets can be compared with the results that have been achieved. If there are deviations that occur, action must be taken immediately, detected early, prevented, and controlled by the leadership (Susetyo Herlambang & Arita Murwani, 2012).

### CONCLUSIONS AND RECOMMENDATION

The hospital's obligation is to provide safe, quality, anti-discriminatory, and effective health services prioritizing the interests of patients in line with hospital service standards whose implementation takes into account professional standards, service standards for each health worker, standard operating procedures, professional codes of ethics, and hospital code of ethics (Perkemenkes 4, 2018). The quality of good hospital services creates a better perception of hospital services, especially in the eyes of patients, which in turn can lead to an increase in the use of hospital services, so that income increases.

In this regard, it is necessary to pay attention to the fulfillment of hospital accreditation according to established standards; fulfillment of hospital minimum service standards (SPM RS); improvement of hospital management system; implementation of the function of planning, implementing, supervising health programs such as BPJS-Health; Improved quality management of health services by using the concept

of integrated quality management according to ISO 9001:2015 which pays attention to aspects of leadership, involvement of all employees, process approach, and evidence-based decision making;

As well as improving the quality management of health services by using Total Quality Management (TQM) analysis or also called integrated quality management of health services by paying attention to aspects that focus on consumers, leadership, strategic planning, involvement of everyone, continuous improvement, collaboration, use of methods statistics, education and training.

## REFERENCES

- Abror, A., & Heri. A. Analisis Pelayanan Rumah Sakit Umum Daerah Kota Depok. Program Studi Keuangan dan Perbankan Jurusan Akuntansi. Politeknik Negeri Jakarta.
- Adhi, S. N., & Kori P. N. Manajemen Data Standar Pelayanan Minimal Rumah Sakit. *Jurnal Rekam Medis dan Informasi Kesehatan*, 3(2): 53-61. DOI: <https://doi.org/10.31983/jrmik.v3i2.6288>
- Ahmad, Muchtar. Analisis Manajemen Mutu Terpadu (TQM) dalam Pelayanan Rumah Sakit
- Bakobat, H., Magdalena, W., & Jacky S. B. S. 2021. Analisis Manajemen Mutu Terpadu di Rumah Sakit Budi Mulia Bitung. *Jurnal EMBA*, 9(4): 622-631
- Dewi, W. S., Daniel G., & Rumondang, G. 2021. Evaluasi Sistem Informasi Manajemen Rumah Sakit Di Instalasi Rekam Medis RSUP H. Adam Malik Dengan Metode Human Organization Technology Fit (HOT-FIT) Tahun 2019. *Jurnal Ilmiah Perekam dan Informasi Kesehatan Imelda*, 6(1): 73-82
- Erfan Effendi. Pengaruh Kinerja Manajemen Mutu, Manajemen Pemasaran dan Audit Internal terhadap Akreditasi Pelayanan Rumah Sakit Swasta di Pekanbaru. *Jurnal kompetitif*, 7(2)
- Frastuti M., Muhni P., & Dwi R. 2018. Perbandingan Pengaruh Kinerja Manajemen Mutu, Manajemen Pemasaran dan Audit Internal terhadap Akreditasi Pelayanan Rumah Sakit Swasta di Palembang dan Pekanbaru. *Journal of Applied Business Administration*, 2(2): 278-293
- Hade, Sandriani. 2019. Analisis Penerapan Sistem Informasi dan Manajemen Rumah Sakit Dalam Upaya Peningkatan Pelayanan Kesehatan di RSUD Andi Makkasau Parepare. Parepare: Jurnal Unpar
- Hajrah. 2022. Manajemen Kualitas Pelayanan Rumah Sakit Umum Daerah Batara Siang Kabupaten Pangkep. *Jurnal Kaizen*, 1(1)
- Hakim, Kusuma. Anggi Restu Perdana. 2021. Implementasi Sistem Informasi Manajemen Rumah Sakit Umum Kota Prabumulih. Prabumulih: Jurnal Pengabdian Teknik dan Sains.
- Machmud, Rizanda. 2018. Manajemen Mutu Pelayanan Kesehatan. *Jurnal Kesehatan Masyarakat*, 2(2): 186-190
- Mellatul Husni & Deni Maisa Putra. 2019. Analisis Implementasi Sistem Informasi Manajemen Rumah Sakit (SIM-RS) pada Unit Kerja Rekam Medis di RSUANALISIS IMPLEMENTASI 'Aisyiyah Padang. *Jurnal Kesehatan Lentera 'Aisyiyah*, 1(1)
- Muhammad Sidiq. 2018. Penerapan Sistem Informasi Manajemen di Rumah Sakit Putri Hijau Medan. *Jurnal Ilmiah Kesehatan*, 17(2)
- Nova Jusma Sari & Niska Ramadani. Penerapan Sistem Informasi Manajemen Rumah Sakit Ditinjau dari Aspek Pendidikan dan Pengetahuan Petugas. *STIKes Muhammadiyah Kuningan. Jurnal Manajemen Informasi Kesehatan*.
- Nujannah, R., Andi N. A., & Muhammad I. 2017. Manajemen Pelayanan bagi Peserta BPJS Kesehatan di RSUD Syech Yusuf Kabupaten Gowa. *Jurnal Administrasi Publik*, 3(1): 64-78
- Nur Hidayah. Model Manajemen Mutu Terpadu Pelayanan Kesehatan untuk Pengembangan Rumah Sakit Umum Daerah Kota Makassar. *Jurnal Administrasi Publik*, 5(1)
- Pujhastuti, Antik, dkk. 2021. Penerapan Sistem Informasi Manajemen Rumah Sakit dalam Mendukung Pengambilan Keputusan Manajemen. *Sukoharjo: Jurnal Manajemen Kesehatan Indonesia*.
- Puspitasari, N., Adhistya Erna P., & Hanung A. Analisis Penerapan Sistem Informasi Manajemen Rumah Sakit Menggunakan Metode UTAUT dan TTF. *JNTETI*, 2(4)
- Putra, Deni Maisa & Dila Vadriasmu. 2020. Analisis Penerapan Sistem Informasi Manajemen Rumah Sakit (SIMRS) di TPPERJ Menggunakan Metode Utaut di RS TK.III DR. Reksodiwiryo Padang. Padang: *Administrasi & Health Information of Journal*.
- Suryantoko, Agnes I, Achmad Faisol. 2020. Penerapan Sistem Informasi Manajemen Rumah Sakit Guna Meningkatkan Mutu Pelayanan Di RUMKITAL Marinir Cilandak. *Jurnal Manajemen Dan Administrasi Rumah Sakit Indonesia*, 4(2)
- Suryantoko, dkk. 2020. Penerapan Sistem Informasi Manajemen Rumah Sakit Guna Meningkatkan Mutu Pelayanan di RUMKITAL Marinir Cilandak. *Cilandak: Jurnal Manajemen dan Administrasi Rumah Sakit Indonesia*.
- Susilo, Beny Binarto Budi, Kahbib Mustofa. 2020. Evaluasi Penerapan Sistem Informasi Manajemen Rumah Sakit (SIMRS) di RSUD Praya Kabupaten Lombok Tengah Nusa Tenggara Barat. NTB: *Journal of Information Systems for Public Health*.