



Evaluation of Minimum Service Standards for Pharmacy Waiting Time in Outpatient Services at RSUD Patut Patuh Patju Gerung

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Received: January 10, 2026

Revised: February 23, 2026

Accepted: March 02, 2026

Published: March 07, 2026

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DOI: [10.56566/thrive.v3i1.645](https://doi.org/10.56566/thrive.v3i1.645)

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Abstract: Pharmaceutical services in hospitals are crucial in ensuring the quality of healthcare delivery. One key performance indicator is waiting time in prescription services, which directly impacts patient satisfaction and compliance. This study evaluates the implementation of Minimum Service Standards (SPM) related to pharmacy waiting time in outpatient services at RSUD Patut Patuh Patju Gerung. The research employed a descriptive cross-sectional design, collecting 100 prescriptions (June–July 2025) to assess compliance with national standards. Findings indicate that the average waiting time for non-compounded prescriptions was 62.6 minutes (SD 33.8) and compounded prescriptions 63.9 minutes (SD 37.9), both exceeding the stipulated SPM (≤ 30 minutes for non-compounded, ≤ 60 minutes for compounded). These results highlight operational inefficiencies and resource constraints affecting compliance. The study concludes by recommending improvements in staffing, workflow optimization, and adoption of digital systems to enhance pharmaceutical service performance.

Keywords: Pharmaceutical services; Minimum service standards; Waiting time; Outpatient pharmacy; Hospital management.

Introduction

Pharmaceutical services are an integral component of hospital healthcare systems, contributing significantly to the achievement of effective and efficient patient care (Ahmed & TANZIMUR RAHMAN TAMIM, 2025; Luan et al., 2025). These services encompass a wide range of activities, including medication procurement, storage, distribution, and clinical pharmacy practices. Timely and accurate provision of medications not only supports optimal therapeutic outcomes but also plays a crucial role in preventing medication errors (De Los Santos et al., 2025). In addition, the quality of pharmaceutical services has a direct impact on patient safety and treatment continuity (Agudelo et al., 2025; Bilousova, 2025).

Efficient pharmaceutical management can enhance patient satisfaction by reducing waiting times and

ensuring medication availability. In Indonesia, pharmaceutical services in hospitals are regulated by the Ministry of Health through established national policies. One of the key regulatory frameworks is the Minimum Service Standards (Standar Pelayanan Minimal/SPM). These standards function as benchmarks for evaluating the quality and performance of pharmaceutical services. Compliance with SPM is essential to ensure consistency and accountability in hospital service delivery. Therefore, continuous monitoring and evaluation of pharmaceutical services based on SPM are necessary to improve healthcare quality and patient-centered care (Becerril-Moreno et al., 2025; Darawong, 2025).

Waiting time for pharmacy services has been recognized as a critical performance indicator in healthcare institutions. It reflects the efficiency of pharmaceutical workflows and the effectiveness of service management within hospitals (Becerril-Moreno

How to Cite:

Farwanti, Z., Aprian, L., & Pomeistia, M. (2026). Evaluation of Minimum Service Standards for Pharmacy Waiting Time in Outpatient Services at RSUD Patut Patuh Patju Gerung. *THRIVE Health Science Journal*, 3(1), 1–6. <https://doi.org/10.56566/thrive.v3i1.645>

et al., 2025; Fares et al., 2025). Excessive delays in dispensing medications may reduce patient satisfaction and increase the likelihood of patient complaints. Prolonged waiting times can also hinder treatment adherence, particularly among outpatients with chronic conditions. In addition, long queues at pharmacy units may lead to overcrowding and discomfort in waiting areas (Alshaikhmubarak et al., 2025; Khalil et al., 2025). These conditions can negatively affect patients' perceptions of overall hospital service quality. From an operational perspective, extended waiting times often indicate inefficiencies in staffing, prescription processing, or medication availability (Stuhec, 2025).

Technological limitations and inadequate coordination between clinical and pharmacy units may further contribute to service delays. Therefore, waiting time serves as an important indicator for identifying gaps in pharmaceutical service delivery. In Indonesia, pharmacy service performance is regulated by the Ministry of Health through national service standards (Almodovar et al., 2025; Morillo Verdugo et al., 2025). The Ministry of Health stipulates that the waiting time for non-compounded prescriptions should not exceed 30 minutes. For compounded prescriptions, the maximum acceptable waiting time is set at 60 minutes (Bloom et al., 2025). These standards aim to ensure timely access to medications and improve patient-centered care. Compliance with the stipulated waiting time standards is essential for maintaining service quality and patient trust. Consequently, regular monitoring and evaluation of pharmacy waiting times are necessary to support continuous quality improvement in hospital pharmaceutical services (Bloom et al., 2025; Johnstone et al., 2025a).

RSUD Patut Patuh Patju Gerung, as a regional public hospital, faces increasing demands from patients, particularly in outpatient services. The hospital is required to comply with SPM standards, yet preliminary evidence suggests persistent challenges in meeting waiting time requirements. Factors such as human resource availability, prescription volume, and

operational efficiency may contribute to prolonged delays (Almodovar et al., 2025; Bloom et al., 2025). Therefore, this study aims to evaluate the implementation of SPM on pharmacy waiting times in outpatient services at RSUD Patut Patuh Patju Gerung. By analyzing waiting time data and comparing it with SPM benchmarks, this research provides insight into service gaps and offers recommendations for improving pharmaceutical service performance.

Method

This study employed a descriptive quantitative research design with a cross-sectional approach (Almohanna et al., 2025; Slater & Hasson, 2025). Participants/Sample: The study population consisted of outpatient prescriptions served at RSUD Patut Patuh Patju Gerung. A total of 100 prescriptions (89 non-compounded and 11 compounded) were selected through purposive sampling. Instruments: Observation sheets (Lembar Pengumpulan Data/LPD), digital timers, and documentation tools were used. Data Collection: Prescription waiting times were measured directly, from submission to dispensing (Anaman-Torgbor et al., 2025). Data Analysis: Data were processed using Microsoft Excel to calculate averages, standard deviations, minimum, and maximum values. Results were compared with the SPM benchmarks defined by the Ministry of Health (Dubale et al., 2025; Nobahar et al., 2025).

Result and Discussion

Key Findings

Of 100 prescriptions observed, 89 (89%) were non-compounded and 11 (11%) were compounded. The mean waiting time for non-compounded prescriptions was 62.6 minutes (SD 33.8), while compounded prescriptions averaged 63.9 minutes (SD 37.9) (Astiena et al., 2022; Shapovalova, 2025).

Table 1. Prescription Service Waiting Time

Prescription Type	Number of Prescriptions	Percentage (%)	SPM Standard	Average Waiting Time (minutes)	Std. Deviation	Compliance
Non-compounded	89	89%	≤ 30	62.6	33.8	Not Met
Compounded	11	11%	≤ 60	63.9	37.9	Not Met

The findings indicate that outpatient pharmacy services at RSUD Patut Patuh Patju Gerung did not fully comply with the Minimum Service Standards (SPM). The observed waiting times for pharmaceutical services

exceeded the thresholds established by the Ministry of Health (Stoll & Weidmann, 2025; Wang et al., 2025). Both non-compounded and compounded prescriptions were dispensed beyond the stipulated maximum waiting

times. This condition reflects inefficiencies in the pharmacy service workflow. Prolonged waiting times suggest potential limitations in human resources or service capacity. Inadequate staffing levels may contribute to delays during peak outpatient hours. Additionally, high prescription volumes can overwhelm existing pharmacy infrastructure. Limited availability of medications may further prolong the dispensing process (Dewi Ginting et al., 2025; Wang et al., 2025).

Suboptimal coordination between outpatient clinics and the pharmacy unit can also affect service timeliness (Suwanti et al., 2025). These delays have important implications for patient satisfaction. Waiting time is widely recognized as a key determinant of perceived service quality in healthcare settings. Extended waiting periods may lead to patient frustration and dissatisfaction. Such dissatisfaction can negatively influence patients' trust in hospital services. Furthermore, long waiting times may discourage patients from adhering to prescribed treatment regimens (Jørgensen et al., 2025; Kalola et al., 2025). From a quality assurance perspective, non-compliance with SPM standards indicates the need for service improvement. Continuous evaluation of pharmacy service performance is therefore essential. Implementing workflow optimization strategies may help reduce waiting times. Strengthening human resource management can also improve service efficiency. The use of information technology systems may streamline prescription processing. Overall, addressing waiting time issues is critical to enhancing the quality of outpatient pharmacy services at RSUD Patut Patuh Patju Gerung (Johnstone et al., 2025b; Torroba-Sanz et al., 2026).

Compared with similar hospitals, the waiting times observed in this study are relatively higher. This finding indicates a performance gap in outpatient pharmacy services at RSUD Patut Patju Gerung. Previous studies have reported shorter waiting times under comparable service conditions (Kang, 2026; Rani et al., 2026), (Kang, 2026) reported average waiting times of 38.7 minutes for non-compounded prescriptions and 41.0 minutes for compounded prescriptions. In their study, the waiting time for compounded prescriptions met the Minimum Service Standards (SPM). These findings demonstrate that compliance with SPM is achievable with appropriate service management. Meanwhile, (Nwanosike et al., 2026; Rocha et al., 2026) found average waiting times of 25 minutes for non-compounded prescriptions.

The same study reported an average waiting time of 36 minutes for compounded prescriptions. Both prescription categories in that study were within the stipulated standards. In comparison, the results of the present study indicate longer waiting times across

prescription types. This suggests that RSUD Patut Patju Gerung faces greater operational challenges than similar healthcare facilities (Pinto et al., 2026). One possible contributing factor is the higher volume of outpatient prescriptions. Limited human resources may also exacerbate service delays. Inefficient allocation of pharmacy staff can lead to workload imbalances during peak hours. Additionally, the absence of systematic prescription screening may slow down dispensing processes. Literature indicates that improving staffing ratios can significantly reduce pharmacy waiting times (Hoff et al., 2026; Kracht et al., 2026).

The implementation of prescription screening systems has been shown to enhance workflow efficiency. Furthermore, the adoption of digital pharmacy management tools can streamline prescription processing (Dong et al., 2026; Intarti et al., 2024). These technological interventions support better coordination and reduce manual workload. Therefore, strategic improvements in resource allocation and service systems are required. Such efforts are essential to enhance compliance with SPM standards and improve overall pharmacy service performance.

Conclusion

This study concludes that outpatient pharmacy services at RSUD Patut Patuh Patju Gerung have not met the national Minimum Service Standards for waiting times. The average waiting time was 62.6 minutes for non-compounded and 63.9 minutes for compounded prescriptions, both exceeding the required standards. These findings highlight the need for targeted improvements in staffing, workflow processes, and digital system adoption to ensure timely prescription services and improve patient satisfaction. The researcher expresses sincere gratitude to RSUD Patut Patuh Patju Gerung for granting permission and providing the opportunity to conduct this study. Appreciation is also extended to the hospital management for their support throughout the research process. The researcher gratefully acknowledges all healthcare staff who assisted during data collection. Special thanks are conveyed to the patients who willingly participated in this study. Their cooperation and contribution were essential to the successful completion of this research.

Acknowledgments

I would like to convey my appreciation to all parties who have been involved in the research and writing the manuscript before published on this journal.

Author Contributions

All authors work together in carrying out each stage of research and writing the manuscript.

Funding

This research received no external funding.

Conflicts of Interest

The authors declare no conflict of interest.

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