

CHAPTER VI

CONCLUSIONS

This chapter contains of the conclusions based on the result obtained from the research and the suggestions to the further research.

6.1 Conclusions

Based on the results obtained from data processing and analysis that have been conducted in previous chapter, it can be concluded that:

1. Based on the observation of 94 samples in outpatient installation, the average of waiting time experienced by patients is 72 minutes 59 seconds. There are 4 waiting activities such as waiting before register, waiting for checkup and consultation, waiting to take drugs, and waiting to pay at the cashier.
2. Based on the identification of value added and non-value added activities using Value Added Assessment (VAA) method, it is known that the number of activities on the outpatient service flow are 36 activities, consist of 28 value added activities, 6 necessary but non value added activities, and 2 non value added activities.
3. Based on the identification of risk priority using Failure Mode and Effect Analysis (FMEA) method, several improvements have been given such as Standard Operating Procedures (SOP) of doctors presence and poster of registration method. Moreover, non value added activities were eliminated, it reduced the waiting time by 15 minutes, so the waiting time for outpatient services become 57 minutes 59 seconds which comply the waiting time standard of outpatient service according to the Decree of the Minister of Health No 129/2008. The waiting time can be reduced about 20.78%.

6.2 Suggestions

The suggestion of this research for the further research are as follows.

1. The identification of waste have to be conducted in each polyclinics because literally each polyclinics have different nurses and doctors, so the waste that occur among the polyclinics are different.
2. The number of the polyclinics need to be limited and the study can be carried out at certain polyclinics to make sure that distribution of time will be more accurate. For example a study only conducted at cardiac polyclinic, so the waiting time only considered the patients of cardiac polyclinic.
3. The observation can be carried out in other installations such as medical record installation, inpatient installation, emergency installation, pharmaceutical installation, and others.
4. The implementation and evaluation of the proposed improvements that have been presented can be carried out to see immediate result of the improvements.

