

# An Evaluation of Application Use in Outpatient Reservation at Bunda Thamrin RSU Medan

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DOI: <https://doi.org/10.52403/ijrr.20240254>

## ABSTRACT

Hospitals need to implement a management system that is oriented towards patient satisfaction. The hospital has an outpatient registration system which aims to register patients and manage patient data for treatment until they are discharged from the hospital. This research is a qualitative descriptive study with research subjects or informants consisting of 7 informants including the head of the medical service installation, the person in charge of the medical record service and the online reservation officer. In this study data analysis was carried out by triangulating sources, techniques and time and continued with reduction. data, presenting data and drawing conclusions. The research results show that the planning process for using the application in outpatient reservations at Hospital Bunda Thamrin Medan has gone well, but the results are still not optimal, which can be seen from the number of registered patients and the number of patients taking the queue. In conclusion, the use of the application in outpatient reservations at Hospital Bunda Thamrin Medan has gone well.

**Keywords:** Application use, Patient reservations, Outpatient care

## INTRODUCTION

Health is a human right that the government must pay attention to. Health itself is not just free from disease, but a condition of physical,

mental and social well-being that allows everyone to live a productive life (Martiana, 2020). A hospital is a health service institution that provides complete individual health services providing inpatient, outpatient and emergency services (Government Regulation Number 47, 2021). According to PP no. 47 of 2021 Health services provided by public hospitals include: a. medical services and medical support; b. nursing and midwifery services; c. pharmaceutical services; and D. supporting services. Hospitals as large service institutions are required to be able to provide good public health services, this is because there is a lot of competition and if they do not pay attention to these demands it will be difficult to maintain their continuity (Rahmawati, 2018).

The hospital has an outpatient registration system which aims to register patients and manage data on patients who receive treatment until they are discharged from the hospital (Zalfa, 2021). Rapid developments and intense competition in society in the field of health services require hospitals as agencies that provide health services to continue to improve the quality of services (Zebua, 2018). A very simple and fast outpatient registration reception service is one of the efforts to improve the quality of service to patients which will influence patient satisfaction (Yuni, 2021).

The outpatient registration/reservation place has the function or role of being the first service provider received by the patient or their family so that the quality of service will be assessed whether the quality of service is good or bad at the outpatient reception place (Suvisii, 2018).

In general, the problem with hospital registration services is that waiting queues for patient registration are convoluted and require waiting hours in queues, which is a challenge that is difficult to overcome in public service activities (Esa, 2021).

At this time the government is creating a new system, namely an online registration system, with this system it is hoped that it will make it easier for patients to register for treatment. The online registration system can be obtained via the hospital website and can also be downloaded via the Play Store (Nanda et al, 2020). Online patient registration aims to make it easier for patients to register themselves or their family members without having to queue and wait a long time (Hendra, 2022).

The subjects in this research were Hospital Bunda Thamrin Medan. Hospital Bunda Thamrin Medan is a privately owned general hospital (RSU) and is a type C hospital located in the Medan City area, North Sumatra. This hospital provides services in the health sector which are supported by doctor services and supported by other medical facilities.

Hospital Bunda Thamrin Medan has a vision to become a leading hospital in providing quality health services, especially for neuro and vascular cases, pain management and kidney case services at the national level. Meanwhile, the mission of Hospital Bunda Thamrin Medan is to provide fast, precise, measurable, affordable and safe services as well as following the latest technological developments and providing quality services, especially for neuro and vascular cases, pain

management, kidney case services with an integrated system and organization.

Along with technological developments, it is hoped that it will be able to solve the problem of crowds in outpatient reservation rooms. Hospital Bunda Thamrin Medan is trying to minimize existing problems by implementing an online reservation system as a solution to the problem of patients piling up in the registration room. Online registration is a multi-user application with web-based technology that allows it to be used by more than one user at the same time (Wahyuni, 2022).

The online outpatient reservation system at Hospital Bunda Thamrin Medan aims to improve the quality of service, make it easier and increase patient satisfaction, which also has an impact on making outpatient reservation services effective and efficient. From the explanation of the background above and the results of the pre-survey conducted by the researcher, the researcher is interested in conducting research with the title "Evaluation of the Use of Applications in Reserving Outpatients at Hospital Bunda Thamrin Medan."

## **LITERATURE REVIEW**

### **2.1. Definition of Evaluation**

Evaluation has related meanings, each referring to the application of several value scales to the results of policies and programs. In general, evaluation can be equated with interpretation (appraisal), giving numbers (rating) and assessment (assessment) words that express efforts to analyze policy results in terms of units of value. In a more specific sense, evaluation is concerned with the production of information regarding the value or benefits of policy results. When policy results in fact have value, this is because these results contribute to the goals or targets, in this case it is said that the policy or program has achieved a meaningful level of performance, which means that policy

problems are made clear or resolved (Dunn, 2018).

The purpose of evaluation is to improve the quality of the program, provide justification or use of existing resources in activities to provide satisfaction in work and examine everything that has been planned. According to Yuliansyah, (2019) said that the objectives of evaluation include:

- a. As a tool for improving and planning future programs.
- b. To improve the allocation of financial resources, resources and management now and in the future.
- c. Improving the implementation and factors that influence the implementation of a program by re-planning a program through activities to re-check the relevance of the program in terms of continuous small changes and measuring progress on planned targets (Yuliansyah, 2019).

## 2.2. Types of Evaluation

In general, evaluation is divided into 3 types, namely:

### 1. Evaluation at the planning stage

The word evaluation is often used in the planning stage in order to try to select and determine the priority scale for various alternatives and possibilities for achieving previously set goals. For this reason, various techniques are needed that can be used by planners. One thing that should be considered in this connection is that the methods used in selecting priorities are not always the same for every situation, but differ according to the nature of the problem itself. (Kasim, 2018)

### 2. Evaluation at the implementation stage

At this stage, evaluation is an analysis activity to determine the level of progress of the implementer compared to the plan. There is a difference between evaluation according to this definition and monitoring/control. Monitoring assumes that the goals to be achieved are appropriate and the project is

planned to achieve these goals. Monitoring looks at whether the project implementation is in accordance with the plan, and is appropriate to achieve the objectives, whether the objectives have changed, whether the achievement of the project results will solve the development problems that are intended to be solved. Evaluation also considers external factors that influence the success of the project, whether helping or hindering. (Kasim, 2018)

### 3. Evaluation at the implementation results stage

Here the meaning of evaluation is almost the same as the meaning at the implementing stage, only the difference that is assessed and analyzed is no longer the level of progress of the implementation compared to the plan, but the results of the implementation compared to the plan, namely whether the impact produced by the implementation of the activity is in accordance with the objectives achieved. (Kasim, 2018).

## 2.3. Hospital Theory

According to WHO (World Health Organization), a hospital is an integral part of a social and health organization with the function of providing complete (comprehensive) services, healing (curative) and preventing disease (preventive) to the community. The hospital is also a training center for health workers and a medical research center.

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 47 of 2021 concerning the Implementation of the Hospital Sector, a hospital is a health service institution that provides comprehensive individual health services providing inpatient, outpatient and emergency services (Permenkes, 2021).

Based on Government Regulation Number 47 of 2021 concerning the Implementation of the Hospital Sector, Hospitals have the following functions and duties:

1. The task of the hospital is to provide complete individual health services.
  2. Providing treatment and health recovery services in accordance with hospital service standards.
  3. Maintaining and improving individual health through comprehensive second and third level health services according to medical needs.
  4. Organizing education and training for human resources in order to increase capabilities in providing health services.
  5. Carrying out research and development as well as screening of technology in the health sector in the context of improving health services by paying attention to the ethics of science in the health sector (Permenkes, 2021).
- e. Subspecialist medical services consist of at least 2 (two) subspecialist services out of 4 (four) basic subspecialties which include subspecialty services in the specialties of surgery, internal medicine, child health, and obstetrics and gynecology.
  - f. Dental and oral specialist medical services consist of at least 3 (three) services including oral surgery, conservation/endodontics and orthodontics services.

#### 2.4. Class B Hospital

Type B Hospital is a hospital that is able to provide broad specialist and limited subspecialty medical services. Class B general hospitals are general hospitals that have at least 200 (two hundred) beds, while type B special hospitals are special hospitals that have 75 (seventy five) beds. Services provided by Class B General Hospitals include at least:

- 1) Medical services include:
  - a. Emergency services must be provided 24 hours a day continuously.
  - b. Basic specialist medical services, including internal medicine, child health, surgery, and obstetrics and gynecology services.
  - c. Supporting specialist medical services, including anesthesiology, radiology, clinical pathology, anatomical pathology and medical rehabilitation services.
  - d. Other specialist medical services, numbering at least 8 (eight) services out of 13 (thirteen) services which include eye services, ear nose throat, nerves, heart and blood vessels, skin and genitals, mental medicine, lungs, orthopedics, urology, surgery neurology, plastic surgery, and forensic medicine.
- 2) Pharmaceutical services, including management of pharmaceutical preparations, medical devices and consumable medical materials, and clinical pharmacy services.
- 3) Nursing and midwifery services, including nursing care and midwifery care.
- 4) Clinical support services, including blood banking services, intensive care for all age groups and types of disease, nutrition, sterilization of instruments and medical records.
- 5) Non-clinical supporting services, including laundry/linen services, catering/kitchen services, facilities engineering and maintenance, waste management, warehouses, ambulances, information and communication systems, corpse storage, fire prevention systems, medical gas management, and clean water management.
- 6) Inpatient services must be equipped with the following facilities:
  - a. The number of class III treatment beds is at least 30% (thirty percent) of all beds for government-owned hospitals.
  - b. The number of class III treatment beds is at least 20% (twenty percent) of all beds for private hospitals.
  - c. The number of intensive care beds is 5% (five percent) of all beds for government-owned hospitals and private hospitals.

## 2.5. Class C Hospital

Class C hospitals are hospitals that are able to provide limited subspecialty medical services. There are four types of specialist services provided, namely internal medicine services, surgical services, child health services, and obstetrics and gynecology services. Class C public hospitals are public hospitals that have at least 100 (one hundred) beds. Meanwhile, class C special hospitals are special hospitals which has a minimum number of 25 (twenty five) beds. Services provided by Class A General Hospitals include at least:

- 1) Medical services, including:
  - a. Emergency services must be provided 24 hours a day continuously.
  - b. General medical services include basic medical services, oral medical services, maternal and child health, and family planning.
  - c. Basic specialist medical services include services in child health, surgery, obstetrics and gynecology.
  - d. Supporting specialist medical services, namely anesthesiology, radiology and clinical pathology services.
  - e. Dental and oral specialist medical services, consisting of at least 1 (one) service.
- 2) Pharmaceutical services, including management of pharmaceutical preparations, medical devices and consumable medical materials, and clinical pharmacy services.
- 3) Nursing and midwifery services; includes nursing care and midwifery care.
- 4) Clinical support services; includes blood bank services, intensive care for all age groups and types of disease, nutrition, instrument sterilization and medical records.
- 5) Non-clinical support services; including laundry/linen services, catering/kitchen services, facilities engineering and maintenance, waste management, warehouses, ambulances, information and

communication systems, corpse handling, fire prevention systems, medical gas management, and clean water management.

- 6) Inpatient services that must be equipped with facilities:
  - a. The number of Class III treatment beds is at least 30% (thirty percent) of all beds for government-owned hospitals.
  - b. The number of Class III treatment beds is at least 20% (twenty percent) of all beds for private hospitals.
  - c. The number of intensive care beds is 5% (five percent) of all beds for government-owned hospitals and private hospitals.

## METHODS

This type of research is qualitative descriptive research. Qualitative descriptive research is to describe or describe the phenomenon of health problems that occur in society or within certain communities (Notoatmodjo, 2018).

The research subject is where the variables are attached. The research subject is the place where the data for the research variables are obtained. The subject can also be defined as a person or informant who can provide information related to the problem to be researched (Arikunto, 2018). The subjects or informants in this research were the head of the medical records installation, the person in charge of the medical records service, the online reservation officer, and patients at Bunda Thamrin Hospital in Medan who used the online registration reservation facility for outpatient care.

According to Sugiyono (2018) a research object is an attribute or characteristic or value of a person, object or activity that has certain variations determined by the researcher to be studied and then drawn conclusions. The object of this research is the use of applications in outpatient reservations at Bunda Thamrin Hospital Medan.

**Table 1. Operational Definition of Variables**

Variable	Definition	Measuring instrument
Planning	Evaluation planning in application method on line in patient medical reservations road at Bunda Thamrin RSU Medan.	Structured Interview
HR needs	Evaluation concerns manpower that job owned by hospital in implementation online method of reservation patients seeking outpatient treatment at the RSU Mother Thamrin Medan.	Structured Interview
Facilities and infrastructure	Evaluation towards facilities, infrastructure Which owned by hospital for support implementation application online method of reservation patients seeking outpatient treatment at the RSU Mother Thamrin Medan.	Structured Interview

To test the validity of the data, in this research the author used triangulation so that the resulting data is valid data for research. (Moleong, 2018). Triangulation in credibility testing is defined as checking data from various sources in various ways, and at various times. Thus there is triangulation of sources, triangulation of data collection techniques, and time. (Sugiyono, 2018).

#### 1) Source Triangulation

To test the credibility of the data, this is done by checking data that has been obtained through several sources. The data obtained was analyzed by researchers to produce a conclusion, then agreement (member check) was requested with three data sources (Sugiyono, 2018).

#### 2) Engineering Triangulation

To test the credibility of the data, this is done by checking the data against the same source using different techniques. For example, checking data can be done through interviews, observation, documentation. If the data credibility testing technique produces different data, the researcher carries out further discussions with the data source in question to ensure which data is considered correct (Sugiyono, 2018).

#### 3) Time Triangulation

Data collected using interview techniques in the morning when the sources are still fresh,

will provide more valid data and therefore more credible. This can then be done by checking with interviews, observation or other techniques in different times or situations. If the test results produce different data, it is carried out repeatedly until certainty in the data is found (Sugiyono, 2018).

Qualitative research data was obtained from various sources, using various data collection techniques (triangulation) and carried out continuously, resulting in high data variations. The data analysis technique used in this research uses the Miles and Huberman model. According to Miles and Huberman in the book Sugiyono (2018), data analysis in qualitative research is carried out while data collection is taking place, and after completing data collection within a certain period. Activities in qualitative data analysis are carried out interactively and continue continuously until completion, so that the data is saturated.

## RESULTS AND DISCUSSION

### 4.1. General Description of Research

#### Informants

In this research, the informants who were interviewed were 7 informants consisting of 1 person from the medical service installation, 1 person in charge of medical record services and 5 online reservation officers.

Table 2. General Data of Research Informants					
No	Status	Age	Type	Education	Long
Informant	Informant		Sex		Work
Informant	Head of Installation	42 Years	Woman	S2	11 years old
1	Service				
	Medic				
Informant	Insurer	45 Years	Woman	S2	13 years old
2	Answer				
	Service				
	Medical record				
Informant	Officer	35 years old	Woman	S1	5 years
3	Reservation				
	Online (1)				
Informant	Officer	35 years old	Woman	S1	12 years old
4	Reservation				
	Online (2)				
Informant	Officer	35 years old	Woman	S1	12 years old
5	Reservation				
	Online (3)				
Informant	Officer	34 Years	Woman	S1	10 years
6	Reservation				
	Online (4)				
Informant	Officer	56 Years	Woman	S1	10 years
7	Reservation				
	Online (5)				

Table 2 explains the informants who participated in this research. From the table it can be seen that all of the informants were female, with the highest age being 56 years and the lowest 34 years, with the highest education being Masters and the lowest education being S1 and the longest working period being 13 year and the lowest for 5 years.

#### 4.3. Evaluation of the Planning Process for Using Applications in Patient Reservations.

This study aims to evaluate the use of applications in outpatient reservations at Bunda Thamrin Hospital Medan, where the main things that will be examined in this research are starting from planning evaluation, evaluation human resource needs, evaluation of facilities and infrastructure, budget evaluation, evaluation of standard procedures and evaluation of obstacles to using applications in outpatient reservations at Bunda Thamrin Hospital Medan.

In every use of the system, a planning process is always carried out to maximize the implementation process, as well as the planning process for using the application in outpatient reservations at Bunda Thamrin

Hospital, Medan, where before implementation, planning is first carried out so that later what the organization wants can be achieved. In the online outpatient registration service at RSU Bunda Thamrin Medan, planning has been carried out in advance according to the results of interviews conducted with informants in this research about how the hospital plans for online outpatient registration services now and in the future. , where the informant said that:

Informant 1 stated: "The planning has been carried out and is already running"

Informant 2 stated: "Currently online registration has been implemented and for future planning it is possible after an evaluation has been carried out first, because so far its use has gone well"

Informant 3 stated: "It went well" The same answer was also given by informants 4, 5, 6, 7 who said that the planning had gone well.

Furthermore, the planning must include the objectives of the plan, whether the plan is in accordance with the hospital's vision and mission, where in this research the planning carried out by Bunda Thamrin Hospital Medan is in accordance with the hospital's vision and mission, namely to make the

hospital a leader in providing health services. Quality. The following are the results of the

informant interview answer matrix in this research which can be seen in table 4.2 below:

**Table 3. Interview Results Matrix Concerning the Application Usage Planning Process**

No	Question	Informant's Answer	Conclusion
	According to How about you hospital planning for service online registration current outpatients and in the future ?	Informant 1: The planning Already done And Already walk Informant 2: Currently for registration on line Already applied And For planning in the future Possible after done evaluation moreover formerly, Because So far it has been used goes well Informant 3: Walk with Good Informant 4: Already running well Informant 5: The planning it's been running well and has been implemented	Process planning method on line in reservation patient treatment road at RSU mother Thamrin Terrain has been done previously and when This method on line in patient reservations treatment road Already walk And the planning is done in accordance with the vision and mission House Sick Where House Sick always try For improve quality service to

**4.4. Evaluation of Human Resource Needs for Application Use**

In using the application for outpatient reservations at RSU Bunda Thamrin Medan, the hospital requires human resources in accordance with needs and also human resources who have the ability and expertise in the appropriate fields to carry out their work. At Bunda Thamrin General Hospital, Medan, the human resources for using the outpatient reservation application are adequate in terms of the number of human resources and also have adequate capabilities. This is in accordance with the results of the interview answers conducted by researchers with research informants with the question how many officers are currently available for online registration. outpatients, the answer from the informant was:

- Informant 1 stated: "36 employees"
- Informant 2 stated: "Currently there are 36 people in total"
- Informant 3 stated: "There are 36 officers in the register section."
- Informants 4, 5, 6, and 7 also stated the same thing, where the number of officers in the online registration of outpatients at RSU Bunda Thamrin Medan was 36 people.

As for the distribution itself, officers are divided based on the abilities and expertise of each employee. This is also reinforced by the statement given by informant 6 which states "the distribution is carried out according to the expertise of each employee and is further divided based on the employee's work shift." Where the officers in the online outpatient registration section have abilities according to their respective fields in accordance with the answer given by informant 7 who stated "yes, the placement of officers is adjusted to their field, so that the work results obtained are maximum".

**4.5. Evaluation of Obstacles in Using Applications in Outpatient Reservations at RSU Bunda Thamrin Medan**

Constraints can usually provide more of a picture of the existing system carried out now so that it can help planners and decision makers to see opportunities and threats that will occur. In the application itself, the use of the application in outpatient reservations at RSU Bunda Thamrin Medan did not experience significant problems, this is in accordance with the answers from informants who were interviewed who said that the obstacles in using the application in

reservations for outpatients at RSU Bunda Thamrin Medan that often occur are namely from the patient's side, such as a device that does not support the application, the device memory is full and they don't understand how to operate the application.

These results are in line with research conducted by Febriana (2022) which stated that the obstacles to the outpatient registration system at RSJD Dr. RM Soedjarwadi, Central Java Province, is for patients where the patient/patient's family does not understand the registration flow and procedures, this problem causes patients to be confused about the process or how the online registration flows.

Lack of socialization from the hospital and patient conditions that are difficult to understand, unstable signals and a lack of community adaptation to the new system have resulted in many patients still persisting with the direct registration system. There are still many patients who are willing to come early to get an early queue number. The patient's absence without confirmation results in an increase in the registration officer's workload because they have to delete the registration history and results in wastage of paper printed out as proof of registration

## CONCLUSIONS

Research with the title evaluation of the use of applications in outpatient reservations at Bunda Thamrin Hospital Medan has been completed. The conclusions are as follows:

1. The planning process for using the application in outpatient reservations at Bunda Thamrin Hospital Medan has been going well, but the results are still not optimal, which can be seen from the number of registered patients and the number of patients taking the queue.
2. The need for human resources in using applications in outpatient reservations at Bunda Thamrin Hospital Medan has been met and human resources have

appropriate capabilities in their respective fields.

3. The facilities and infrastructure for using the application for outpatient reservations at Bunda Thamrin Hospital Medan have been well met.
4. The budget for using the application for outpatient reservations at Bunda Thamrin Hospital Medan is found at the beginning of planning where costs are needed to fulfill facilities and infrastructure and also when carrying out system maintenance.
5. Standard operational procedures for using applications in outpatient reservations at Bunda Thamrin Hospital Medan are running well.
6. Obstacles in using the application for outpatient reservations at RSU Bunda Thamrin Medan occur when patients use the application for outpatient reservations at RSU Bunda Thamrin Medan.

## Declaration by Authors

**Acknowledgement:** None

**Source of Funding:** None

**Conflict of Interest:** The authors declare no conflict of interest.

## REFERENCES

1. Arikunto, S. 2018. Research Procedures: A Practical Approach. Jakarta: Rineka Cipta.
2. Dunn, WN 2018. Public Policy Analysis: An Integrated Approach (Sixth Edition) New York: Routledge.
3. Esa, S. 2021. Implementation of the Online Registration Application Service System at Dr. Central General Hospital. Sardjito Yogyakarta. Update Dimensions. Journal of Policy Innovation.
4. Febriana, DW Qotimah, NEK 2022. Evaluation of the Outpatient Online Registration System at RSJD Dr. RM Soedjarwadi, Central Java Province. Proceedings of the 2022 National Health Information Seminar (SIKESNAS).
5. Herdman, TH and SK (2018). Nanda International Nursing Diagnosis: Definitions

- and Classification 2018-2020 (11th Edition). Jakarta: EGC.
6. Hidayah, Nurul. (2019). Complementary Nursing Series Book: "Back Acupressure" (TOPUNG) for Stroke Sufferers Who Experience Impaired Physical Mobility. Surabaya: Media Friends of Scholars.
  7. Hendra, R. Annisa, KW, Agung, K. 2022. Implementation of Web-Based Online Registration of Outpatients at Community Health Centers. *Journal of Community Service - Indonesian Digital Technology*
  8. Kasim, N, et al. 2018. Evaluation of the Home Care Service Program in the Batua Community Health Center Working Area, Makassar City in 2018. Makassar: Indonesian Muslim University.
  9. Laeliah, Nur and Heru Subekti. 2017. Waiting Time for Outpatient Services and Patient Satisfaction with Outpatient Services at the Indramayu District Hospital. Indramayu.
  10. Martina, Erma. 2020. Evaluation of Simrs Online Outpatient Registration Section at Dr. Hospital. Tjitrowardojo Purworejo. PROCEEDINGS: NATIONAL SEMINAR ON MEDICAL RECORDS & HEALTH INFORMATION Hospital Accreditation Standards (SNARS) Edition 1 Regarding Medical Records.
  11. Minister of Health of the Republic of Indonesia, 2020, Government Regulation of the Republic of Indonesia number 200 of 2016 concerning Guidelines for Preparing Hospital Formularies, Jakarta Minister of Health of the Republic of Indonesia, 2020, Government Regulation of the Republic of Indonesia number 3 of 2020 concerning classification and licensing of hospitals, Jakarta.
  12. Minister of Health of the Republic of Indonesia, 2021, Republic of Indonesia Government Regulation number 47 of 2021 concerning the Implementation of the Hospital Sector, Jakarta.
  13. Moleong, Lexy J. 2018. *Qualitative Research Methodology*. Bandung: PT Rosda Karya.
  14. Notoatmodjo, S (2018). *Health Research Methodology*. Jakarta: Rineka Cipta.
  15. Nanda, AR Elina, IA Deasy, RD 2020. Patient acceptance of the online registration system using the technology acceptance model at Fatmawati Hospital. *Exacta Factors* 13 (1): 44-53, 2020.
  16. Republic of Indonesia Government Regulation Number 47 of 2021 concerning the Implementation of the Hospital Sector.
  17. Rahmawati. 2018. Analysis of Hospital Service Products in the Marketing Mix Scope. Faculty of Public Health, University of Indonesia.
  18. Raden, HB Syahrul, A. Firmansyah, IG 2021. Development of an Outpatient Registration Application for Regional Hospital Patients Using Android Devices. *JATI (Informatics Engineering Student Journal)* Vol. 5 No. 2, September 2021
  19. Rohman, H. Marsilah. 2022. Utilization of the Online Registration System via the WhatsApp Application at Regional General Hospitals. *Indonesian of Health Information Management Journal (INOHIM)* ISSN (Print): 2354-8932 Vol.10, No.1, June 2022, p.18-26, DOI: 10.47007/inohim.v10i1.397 ISSN (Online) : 2655- 9129
  20. Suvisii, Devy. 2018. Management of the Cilegon City Regional General Hospital. Sultan Ageng Tirtayasa University.
  21. Saputri, PS 2019. Evaluation of the Quality of Outpatient Online Reservation Services Using Service Quality Methods at the DR Sardjito Central General Hospital, Yogyakarta. STIE Wiwaha Yogyakarta Thesis.

How to cite this article: Juwita Hotmida Sitorus, Ermi Girsang, Sri Lestari Ramadhani Nasution. An evaluation of application use in outpatient reservation at Bunda Thamrin RSU Medan. *International Journal of Research and Review*. 2024; 11(2): 528-537. DOI: <https://doi.org/10.52403/ijrr.20240254>

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