

# Assessment of Emergency Room Management at Hospital of Dr. Wahidin Sudiro Husodo in Mojokerto: A Preliminary Study

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**Abstract.** The hospital as a health service center to the community not only in terms of treatment and rehabilitation, but also in the scope of prevention and health promotion. This study aims to identify the management process in hospital emergency room at Hospital of Dr. Wahidin Sudiro Husodo in Mojokerto. A Observational studies in the emergency room at Hospital of Dr. Wahidin Sudiro Husodo in Mojokerto since September-December 2016. This study assesses the management of four aspects include human resources, facilities, service delivery and achievement of minimum service standards. In general, the management process in the emergency room has been done well. The manpower pattern requires evaluation in order to comply with the organization's labor regulations. The facility standard is in accordance with the type of hospital. Each service has been referring to the standard operational procedures that have been established. This study recommends a survey to assess the level of patient satisfaction on a regular basis so as to obtain patient improvement records to optimize services to increase patient visits each year.

**Keywords:** emergency room, management process, human resources, services delivery

## 1. INTRODUCTION

The hospital as a health service center to the community not only in terms of treatment and rehabilitation, but also in the scope of prevention and health promotion. Hospital services in order to compete in a healthy manner must follow the demands of the era so that the hospital must improve itself not only in terms of technological development, but also the improvement of the quality of human resources, be it health service providers and administrative resources. The development of technology and science can also make the services of health care users more critical and understand about the quality standard of service they get as reciprocal of their obligation to pay the services they get, so they are entitled to choose the hospital in accordance with the expectations of users of hospital services .

The current hospital management system no longer relies on the concept of past management, the need for development and innovation in the management system in order to compete healthily and provide optimal benefits for users of hospital services. The increasing demands of change and development in the field of management then I, apprentice students see not enough just to know the development of science only, but to do internship for one year during the process of education in Master of Administration and Health Policy, interest study Hospital Administration. I hope

during the apprenticeship process to see firsthand, learn and understand the hospital's managerial concept and its application in daily health services and take advantage of it to be a later provision, both in the process of completion of study and while working in hospital management later. This study aims to identify the management process in the emergency room at Hospital of Dr. Wahidin Sudiro Husodo in Mojokerto.

## 2. METHOD

A observational studies in the emergency room at Hospital of Dr. Wahidin Sudiro Husodo in Mojokerto since September-December 2016. Primary data obtained from observations based on the checklist sheet. Secondary data are also used, from hospital management reports. This study assesses the management of four aspects covering human resources, facilities, service flow and achievement of minimum service standards.

## 3. RESULTS AND DISCUSSION

### Patients Visit Trend

Table 1. Patients Visit

Description	Total	Mean/day
Patients visit	4.770	53
False emergency	2.553	29
True emergency	2.217	25

DOA	15	0,16
Source: Medical Record		

Table 1 shows that patient visits from August to October 2016 reached 4770 people with a true emergency case of 46.48% and a false emergency of 53.52%, which meant that patients visiting the emergency room did not meet incoming indications.

### Human Resources

Table 2. Human resources mapping

Type	Status		Total
	Permanent	Contract	
Specialist	1		1
Doctor	10	4	14
Nurse	13	8	21
Administration		1	1
Porter		3	3
Midwifery	3	3	6

Table 2 shows the emergency room has 14 general practitioners, 21 nurses and 6 midwives. Each shift guard consists of 1 doctor, 4 nurses, 2 midwives. Except for morning shift, there are 3 doctors. 57.14%. The composition and qualifications of human resources in the emergency room are in conformity with Minister of Health Regulation No. 856 of 2009.

### Health Facilities

The study shows that 76.19% of emergency room facilities and facilities are in accordance with Minister of Health Regulation Number 856/IX/2009. ICU chambers already exist but there are no human resources in emergency that are certified as ICU and ICCU, so they are treated as observation rooms, if there are cases of unstable conditions well over 2 hours in the move to ICU room. Patients who need Cito HD will be served HD in HD Unit, because there is no tool in the emergency room and special bed patient HD. The study also shows that 100% of facilities and infrastructure in the emergency room are in compliance with Minister of Health Regulation Number 856 of 2009.

### Services Delivery

Flow contained in Hospital of Dr. Wahidin Sudiro Husodo in Mojokerto looks very simple, the flow of Patients who come directly monitored by visual triage, red and blue label follow the flow of true emergency while the green label enter false emergency. By looking at the flow of IGD service RSU Dr. Wahidin Sudiro Husodo Mojokerto city

above it seems not distinguished between the flow of patients with green status, red and black. In addition, the link between resuscitation, surgery and medical action with IKJ or inpatient with IKJ does not have a clear flow of meaning from the units to the IKJ.

Table 3. Total patients with life saving in 2016

Diagnosis	Cases	%
Intracranial injury	247	0,18
Another injury caused by trauma	284	0,21
Intracranial hemorrhage, cerebral infarction, stroke	176	0,13
Fever with unknown cause	125	0,09
Other urinary system diseases	113	0,08
Abdominal and pelvic pain	105	0,08
Skull fractures and bones of face, neck, pelvis, thighs and limbs	98	0,07
Pneumonia	86	0,06
Diarrhea and gastroenteritis	79	0,06
Asthma and asthmatic status	33	0,02

Source: Medical Record

Table 3 shows that emergency rooms have the largest percentage (21%) of live saving assistance given in cases of non-specific traumatic injuries and double burden areas. Intracranial injury is an injury that has a substantial percentage (18%) gets life saving treatment in the emergency room. Implementation of life saving in the emergency room showed not in accordance with the Minister of Health Regulation Number 129 of 2008, which has a default value of 100%. This is due to lack of skills and skills in the implementation of life saving.

### Minimum Service Standards Achievement

Minister of Health Regulation Number 129 of 2008 discusses the minimum service standards in each hospital. The result of the observation indicates that the inpatient room has been in accordance with the Minister of Health Regulation Number 129 of 2008, but the implementation data of the disaster management team is not implemented maximally and undocumented. Data on response time in emergency room has been reached 100%, that is 3 minutes average have been served.

## 4. CONCLUSION

In general, the management process in the emergency room has been done well. The manpower pattern requires evaluation in order to comply with the organization's labor regulations. The facility standard is in accordance with the type of hospital. Each service has been referring to the

standard operational procedures that have been established. This study recommends a survey to assess the level of patient satisfaction on a regular basis so as to obtain patient improvement records to optimize services to increase patient visits each year.

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