Analysis Of Hospital Without Wall Service Quality At Dr. Iskak Tulungagung Hospital With Donabedian's Model

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ABSTRACT

dr. Iskak Tulungagung hospital made a healthcare service innovation during Covid-19 pandemic. This innovation called as hospital without wall to reduce the Covid-19 transmission. This program provides overall health services integrating pre-, intra-, inter-, and post-hospital care services through the Public Safety Center (PSC) platform. Authors examine the implementation of a hospital without walls in post-hospital aspect by using Donabedian's Model to improve service quality. The independent variables are facility and waiting time. The dependent variable is satisfaction. The intervening variable is patient perception. Assessment using a Likert scale questionnaire with a value range of 1-5. Descriptive data analysis used SPSS 25 and multivariate analysis used SMARTPLS 3.0. Our 96 respondents are very satisfied with this service but had to wait for a long time until the nurse arrived at home. Our analysis showed that facility variable affects the waiting time so that is affects patient satisfaction. This program has good structure so it makes a good process and satisfaction. Waiting time significantly associated with facility.

Keywords: hospital without wall, post-hospital care, donabedian's model.

INTRODUCTION

December 2019 was the beginning of the Covid-19 cases outbreak caused by the SARS-CoV-2 virus in Wuhan, China. Covid-19 became an epidemic from December 2019 to January 2020. Since January 2020, the Covid-19 virus has spread throughout the world so the World Health Organization (WHO) states Covid-19 as a global health emergency [1].

Transmission of SARS-CoV-2 can occur easily. Evidenced by the increasing number of active cases of Covid-19 in February 2021, namely 176,672 cases, but on 25 July 2021 the number of active cases of Covid-19 increased more than three times from the peak in February, which was 573,908 cases. Cases are increasing, cause the demand for health services to increase so that the bed occupancy rate (BOR) or the utilization rate for isolation beds and the

national ICU reaches 64.57%. A total of 15 provinces have a BOR of more than 70%, 12 provinces have a BOR of 50.01% - 69.9%, and 7 provinces have a BOR of less than 50% [2]. Therefore, several hospitals have made innovations to overcome high BOR and reduce the transmission rate of SARS-CoV-2, one of which is the Hospital without walls program [3].

Hospital without wall is a program that provides health services like in hospital but implemented outside the hospital. This program has begun to be widely implemented in various countries to tackle the Covid-19 pandemic. In England, hospital without walls is an alternative for outpatient polyclinics. In America, one of the functions of this program is to become a place to consult Covid-19 patients with mild symptoms. In England and America, hospitals without wall are carried out virtually using an application that has been provided. In Indonesia, several hospitals that run the hospital without wall program have a different way of implementing it, namely by collaborating with the health office, public health center to reach out to the community and by using telemedicine nurse [4,5].

Dr. Iskak Tulungagung Hospital is a hospital that has just implemented the hospital without walls innovation during the Covid-19 pandemic and was inaugurated on December 1th 2021 with the acronym Rumah Tanding (Rumah Sakit Tanpa Dinding). The vision is health care comes to patients. This program provides overall health services by integrating pre-hospital, intra-hospital, inter-hospital, and post-hospital care services through the Public Safety Center (PSC) platform. Doctors and patients can communicate by telemedicine using PSC platform. The purpose of RSUD dr. Iskak Tulungagung runs this program to protect vulnerable patients (elderly patients, patients with comorbidities, pregnant women, and pediatric patients) from contracting the Covid-19 virus and monitor patients who are in self-isolation [6].

The father of quality assurance is the name of Dr. Avedis Donabedian. Donabedian stated that there are three approaches to measuring the quality of health services, namely structure, process and outcome. Structure is defined as the arrangement in which health service facilities are provided, such as facilities, equipment, and professional human resources. Meanwhile, process is an interaction between health services and patients, such as communication and information activities between doctors or nurses and patients. Outcomes are the results received after providing health services, for example the patient's health status, patient satisfaction and costs incurred by the patient. The quality of health services is based on these three aspects, where their relationships may be interrelated. According to Donabedian, a good structure will probably produce a good process so that the outcome will probably be good.

Based on the background, the author wants to examine the quality analysis of the hospital without walls-post hospital aspect of Dr. Iskak Tulungagung hospital with Donabedian's Model.. In assessing the quality of care, there are several things that can affect the results of the assessment of structure, process, and outcomes. Patient perception of increasingly sophisticated services.

METHOD

This study used a descriptive-analytic approach with quantitative

research and a cross-sectional design. The study was conducted from November 2022 - April 2023. The study was conducted using a Likert scale questionnaire that contains negative statements. The highest value of each answer is 5 (strongly disagree) and the lowest value is 1 (strongly agree).

This study will examine the quality of hospital without wall services by measuring three aspects of Donabedian's model, namely structure, process and outcome. Variables related to structure is facilities. The variable related to the process is waiting time (X2) and the variable related to the outcome is patient satisfaction. The independent variables in this study are facilities (X1), waiting time (X2) and while the dependent variable is patient satisfaction (Y1). The intervening variable is the patient's perception (I1).
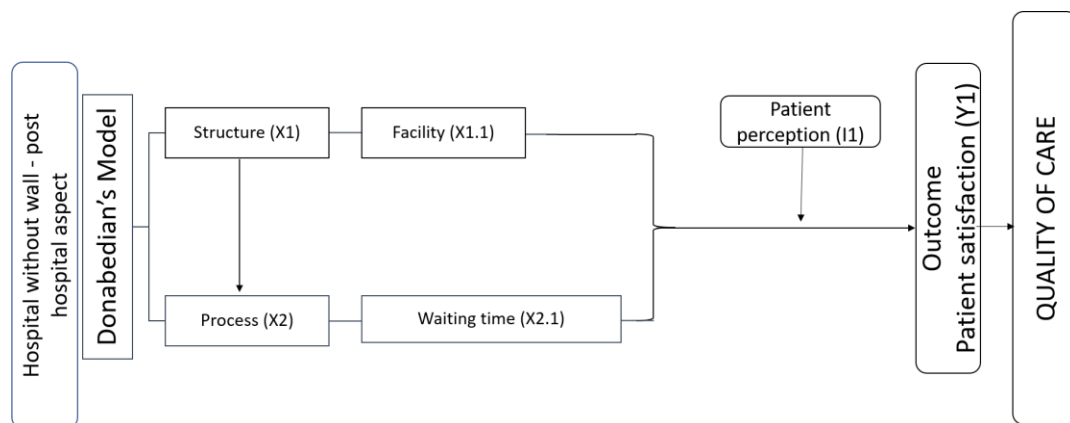

Figure 1 Study design schematic

The number of each sample is calculated using the Snedecor and Cochran formula [8] and the samples needed were 96 patients. Data analysis is carried out after collecting and processing data and then producing information. Descriptive data analysis used SPSS 25 and multivariate analysis used SMARTPLS 3.0.

RESULT AND DISCUSSION
Characteristic of Responden
Characteristics of respondents were obtained in the form of gender, age, academic background, and address of the patient. Most patients were female (n=54), 60-69 years old (n=38) and live in the Kalidawir sub-district (n=37).

TABLE 1. General Characteristics of Respondents Receiving Hospital Without Walls Services Aspects of Post-Hospital

Variable	Frequent	Percent	Variable	Frequent	Percent
Sex			Address (subdistrict)		
Male	42	43,7%	Tulungagung	4	4,16%
Female	54	56,3%	Kedungwaru	18	18,75%
Age			Kalidawir	37	38,54%
< 50	9	9,37%	Sumbergempol	7	7,29%
50-59	21		Ngunut	4	4,16
60-69	38	39,58%	Campurdarat	12	12,5

Variable	Frequent	Percent	Variable	Frequent	Percent
70-79	19	19,79%	Gondang	3	3,13
80-89	7	7,29%	Bandung	10	10,41
90-99	1	1,04%	Besuki	1	1,04
≥ 100	1	1,04%			

Descriptive analysis in this study aims to determine the frequency distribution of respondent's answers. Characteristics of respondent answers can be assessed by dividing the categories based on class intervals. The size of the class interval is determined by the author but must have the same value, for that there is a formula to determine the class interval [9]:

$$Ci = \frac{R}{K}$$

Ci = Class interval
R = difference between the lowest and highest
K = Class size

$$Ci = \frac{5-1}{5}$$
$$Ci = \frac{4}{5}$$

$$Ci = 0,8$$

According to calculations with this formula, an interval value of 0.8 is obtained so that an answer interval scale is strongly agree ($1 \leq x \leq 1,8$), agree ($1,8 \leq x \leq 2,6$), quite agree ($2,6 \leq x \leq 3,4$), disagree ($3,4 \leq x \leq 4,2$), strongly disagree ($4,2 \leq x \leq 5$).

This questionnaire assesses several variables, namely variable facilities, waiting time, patient perceptions, and patient satisfaction. Table 2 exhibit the questionnaire uses negative statements and has five categories.

1) Facility Variable

The facility variable describes the patient's opinion about the facilities provided at the post-hospital service. The mean value of the three questions on the facility variable is $3.4 \leq x \leq 4.2$, which means that the respondent disagrees with the statements in the questionnaire.

2) Waiting time Variable

The statements in this questionnaire explain the time required when using this service. Statements X2.1 and X2.2 show that the average respondent answered disagree, but in statement X2.3 the average respondent answered quite agree.

3) Patient Perception Variable

Statements on patient perceptions describe the nurse's interpersonal behavior and comfort in the services provided by the nurse from the patient's point of view as the recipient of the service. In statements I1.1 and I1.2, the average respondent answered disagree, while in statements I1.3 and I1.4, the average respondent answered strongly disagree.

4) Patient Satisfaction Variable

Patient satisfaction is the dependent variable of this study. This statement on the dependent variable assesses how satisfied the patient is with this service. From the research data, it was found that the average answer was 4.55, that is, the patient answered strongly disagree with the negative statement of variable Y, which means that the patient was very satisfied with hospital services without walls in the post-hospital aspect.

TABLE 2. Distribution of Variable Answers

Indicator of Facility Variable	Mean
X1.1 Medicines must be purchased by yourself	4,16
X1.2 Limited medical examination	3,93
X1.3 Limited medical equipment	3,84
X2.1 Home care services take longer than direct hospital services.	4,03
X2.2 When calling the hospital, it took a long time to get an answer from the hospital staff.	3,41
I1.1 Nurses do not introduce themselves and do not smile, greet and greet patients and families in a friendly manner.	4,57
I1.2 The nurse did not provide support for me to get well soon.	4,54
I1.3 I feel the nurses don't care about my condition.	4,42
I1.4 I feel uncomfortable with the nurse's treatment.	4,31
Y1 I feel the health services provided are unsatisfactory/low quality.	4,55

Analysis structural equation modeling or SEM consists of two stages, namely the outer model and the inner model. The outer model measures the validity and reliability of each variable.

Outer Model

1) Convergent Validity

Convergent validity is measured based on the value of outer loading and AVE value. The loading factor (LF) value is said to be valid if it has a value ≥ 0.60 [11]. Table 10 shows if the loading factor value of each indicator is ≥ 0.60, which means that all variables are valid.

TABLE 7. Convergent Validity and Reliability

Latent Variable	Indicator	Convergent Validity		Internal Consist Reliability
		Loadings (≥ 0.60)	AVE (>0,50)	Composite Reliability (>0.70)
Facility	X1.1	0.60	0.73	0.89
	X1.2	0.94		
	X1.3	0.97		
Waiting Time	X2.1	0.95	0.89	0.94
	X2.2	0.94		
Patient Perception	I1.1	0.79	0.61	0.86
	I1.2	0.83		
	I1.3	0.81		
	I1.4	0.70		
Patient Satisfaction	Y1	1.00	1.00	1.00

The next step is to look at the AVE value. The minimum AVE value is 0.5, which means that the convergent validity value or latent variable can explain an average of

more than half of the variance of all indicators [12]. Table 10 shows the AVE value of all variables is ≥ 0.5.

2) Discriminant Validity

The next step is to test discriminant validity by looking at the HTMT (heterotrait-monotrait ratio). Hair recommends HTMT because this measure of discriminant validity is considered more sensitive in detecting discriminant validity. The recommended value is below 0.90. HTMT of patient perception and facility is 0,5; patient satisfaction and facility is 0,65; patient satisfaction and patient perception is 0,55; waiting time and facility is 0,35; waiting time and patient perception is 0,3; waiting time and patient satisfaction is 0,6. According the values, it shows that the variable has a value below 0.90 so that discriminant validity is achieved [13].

3) Reliability

Reliability testing is seen from the composite reliability value. If the composite reliability value is ≥ 0.70, it can be said that the variable is reliable [12]. The following table 10 will explain the value of composite reliability and it is found that all variables have a value of ≥ 0.70 which means reliable.
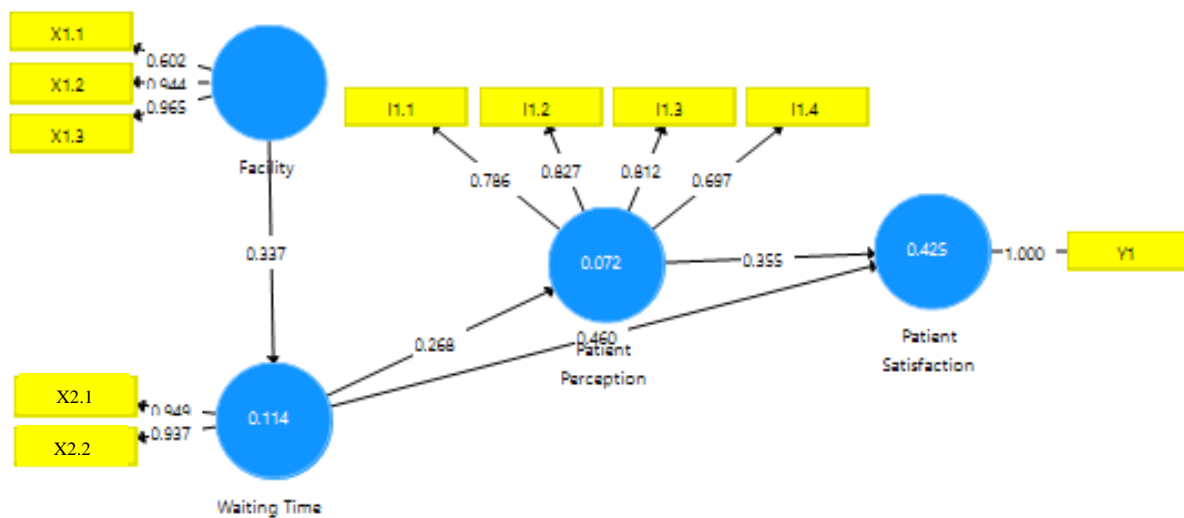

FIGURE 2. Pathway Model after Outer Loading

Inner Model

After the data is valid and reliable, the next step is inner model.

1) *R* Square

The *R* square value assesses the magnitude of the variance of endogenous variables that can be explained by exogenous variables. The *R* Square value has a category value of 0.19 which means low, 0.33 which means moderate, and 0.67 which means high [11]. The R – square for waiting time, patient satisfaction and perception were 0,152; 0,470 and 0,363 subsequently. Variability of the waiting time variable can be explained by the variable facilities of 15% (low). The variability of patient satisfaction variables can be explained by waiting time, and patient perceptions of 47% (moderate). The variability of patient perception variables can be explained by waiting time with a value of 36,3% (moderate).

2) Q Square

The Q square value serves to validate the model, and whether this measurement is suitable if the endogenous variable has a reflective measurement model. Q^2 value > 0 proves that the model has predictive relevance [14]. Q – square for waiting time, patient satisfaction and perception were 0,17; 0,40; and 0,21 subsequently, so the Q^2 value for all variables has a value > 0 which means it has predictive relevance.

3) Goodness of Fit (GoF)

GoF is an evaluation of the measurement model and structural model. GoF can only be calculated from the reflective measurement model with the equation [15] :

$$\sqrt{Communality \ x \ R^2}$$

GoF value category are GoF small = 0.1, GoF medium = 0.25, GoF large= 0.36 [16]. We obtained a GoF value of 0.388, that means larger than cut off value of 0.36 for large size.
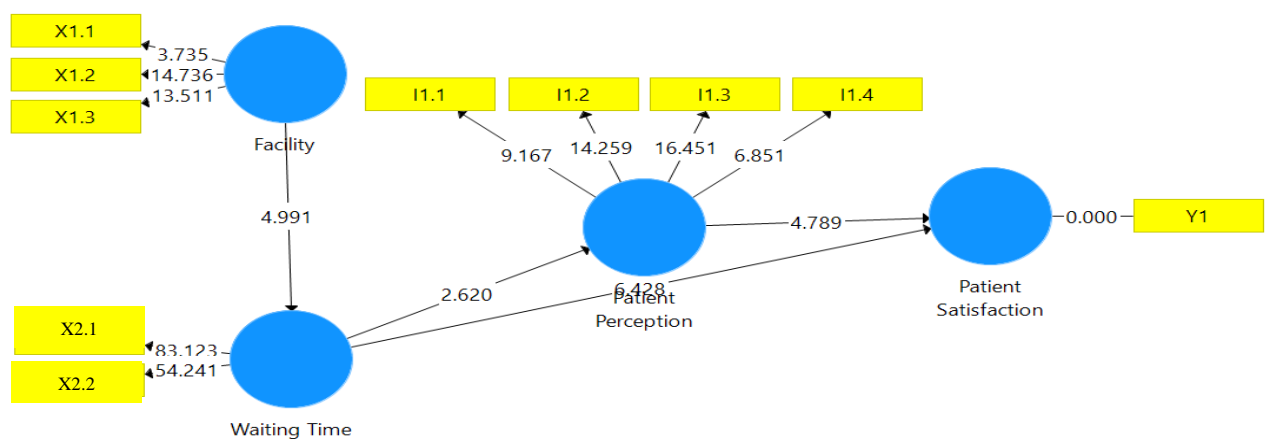

FIGURE 3. Inner Model

4) Direct Hypothesis Testing

Hypothesis testing by looking at the P and T value on the path coefficient. If the T value is ≥ 1.96 and the P value is ≤ 0.05, it is said to have a significant effect or accepted H1. Accepted H1 which states that there is a relationship between the independent variable and the dependent variable.

TABLE 9. Path Coefficient / Direct Effect Value

Relation	O	T value	P value	Result
H1 Facilities → waiting time	0,34	4,99	0,00	Accepted H1
H2 Waiting time → patient satisfaction.	0,46	6,43	0,00	Accepted H1
H3 Waiting time → patient perceptions	0,27	2,62	0,01	Accepted H1
H4 Patient perceptions → patient satisfaction.	0,35	4,79	0,00	Accepted H1

O, Original sample

5) Indirect Hypothesis Testing

Indirect hypothesis testing is used to see the relationship between variables and intervening variables. It is said to be significantly related if the T-value $\geq$ 1.96 and the P value $\leq$ 0.05.

TABLE 10. Indirect Effect Result

Relation	O	T-Value	P value	Result
H5 Facility → waiting time → patient satisfaction.	0,16	3,60	0,00	Accepted H1
H6 Waiting time → patient perception → Patient Satisfaction	0,10	2,92	0,00	Accepted H1

O, Original sample

Hypothesis 1 in this study is the facility variable has an effect on the waiting time variable. Facilities are one of the important elements that are considered to influence the utilization of health services. Complete facilities will support the implementation of health services [17]. Other research states that facilities are a factor in determining how long patients have to wait to be served [18]. In this study, it was explained that patients no longer need to buy drugs that have been prescribed by doctors. Health checks with medical equipment that nurses do at the patient's home really help doctors in providing advanced therapy to patients, so patients no longer need to wait long at the hospital to check for their condition.

Hypothesis 2 in this study is that waiting time has a positive effect on patient satisfaction. As with other studies, waiting time is related to patient satisfaction. Waiting times that are too long will make patients dissatisfied with the service [19]. On questions related to waiting time variable distribution of answers was obtained, with the majority answering quite agree on the question "From the process of calling to request services at home until the nurse arrives at my house, it takes more than 60 minutes". This is because patients who request this service are required to make a reservation one day in advance.

There are several processes that must be carried out by the nurse so that they cannot come right away at that time. When a patient requests this service, the public safety center officer will forward the message to the implementing nurse according to the patient's area. After that, the implementing nurse contacts the patient to re-confirm and arrange a time for the examination. After agreeing on a time, the nurse will go to the patient's house and then do anamnesis, physical examination, and supporting examinations. When finished, the nurse goes to the hospital to register outpatient poly patients according to their illness, then meets a specialist and reports on the patient's condition. The specialist doctor then prescribes the medicine and the nurse takes the medicine and delivers it to the patient's home. The process of taking medicine for patients with this service is the same as taking medicine for patients who come directly to the hospital, so it takes a long time. So that this long process sometimes takes two days if the distance between the hospital and the patient's house is far apart.

Hypothesis 3 in this study is waiting time has an affect patient perception. It means the faster service will affect the patient's perception. This hypothesis can occur in this study because patients already understand how the working mechanism of the hospital without walls is the post-hospital aspect. In addition, the implementing nurses after being assigned to provide services, directly contact patients to adjust the time of visit. So that patients still feel comfortable because they already know for sure when the nurse will visit to provide health services. Patients feel happy knowing how long they have to wait and this will increase patient perceptions and satisfaction [20]. The hypothesis of this study is different from the opinion [21], where waiting time has a positive significant relationship with patient perception.

Hypothesis 4 in this study is patient perception has a positive effect on patient satisfaction. The higher patient's perception, the patient will feel more satisfied. This hypothesis is in accordance with research [22], namely the perception of the quality of health services has a significantly positive effect on patient satisfaction. Patient satisfaction is the relationship between their perception of quality and the desire to return to using the health service in the future [23]. Patients compare their perception of the care received with their expectations to describe the level of patient satisfaction [24].

Hypothesis 5, the waiting time variable can play a good role in mediating the influence between the facility variable and patient satisfaction. There are no specific studies that have assessed the relationship between facilities and patient satisfaction with waiting time as an intervening variable. However, several studies have assessed the relationship

between waiting time and patient satisfaction; facilities and patient satisfaction. Waiting time is a strong indicator in determining patient satisfaction [24]. Research conducted by Lee *et al* [25], states that waiting time has a significant positive relationship with patient satisfaction. Healthcare facilities also have a significant positive relationship with patient satisfaction [26]. This study proves that complete facilities with health services provided quickly will give satisfaction to patients.

Hypothesis 6 in this study is that the patient's perception variable is can play a good role in mediating the influence between the waiting time variable and patient satisfaction. There is no research that assesses the relationship between these three variables. In Hypothesis 2, it is explained that there is a significant relationship between waiting time and patient satisfaction. Whereas in hypothesis 3, it is explained that there is positive significant relationship between the variable waiting time with patient perceptions. In Hypothesis 4, it is explained that there is a significant relationship between patient perception variables and patient satisfaction. This study explains that faster health service can affect patient satisfaction even though the patient's perception of the service is good.

CONCLUSION

The study proves that aspects of structure (facility), process (waiting time), and outcome (patient satisfaction) are interrelated. In accordance with Donabedian's Model, hospital without wall in dr. Iskak Hospital has a good quality of care. In addition, patient perception variable can indirectly influence of patient satisfaction variable. This study proves that

this program has a positive impact on patient, so they don't need to go to the hospital to have their disease checked, thus saving energy, money and time. The majority of patients say that this program is very satisfying. The author suggests Dr Iskak Hospital continue this program to facilitate health services.

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