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Time Description of Providing Medical Record Documents in Outpatient Services at Surabaya Hajj General Hospital

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Abstract

Based on data on the Surabaya Hajj General Hospital Medical Record Unit in 2016 it was found that there was a gap in the realization and minimum service standard for providing medical records for new patients by an average of -3.35 minutes and for old patients by -3.40 minutes. The purpose of this study is to describe the time of provision of outpatient medical record documents at Surabaya Hajj General Hospital. This research was descriptive with observational study. This research was conducted at the Medical Record Unit of Surabaya Hajj General Hospital. This study uses medical record documents, medical records officers and registration officers as sources of research information. Determination of the number of samples of medical record documents used were 100 medical record documents for old patients and new patients. Data collection was carried out using the Implementation Assessment Sheet and the Time taken by the Outpatient Medical Records for primary data. Then for secondary data do the documentation hospital profile and the Flow of Medical Records Document Procurement Services. The data analysis technique used was descriptive analysis. From the results of the analysis conducted on the time of providing medical record documents, it is known that 82% of medical record documents for new patients require more than 20 minutes for the process of providing them. Then in older patients 62% requires more than 20 minutes. The average time for providing medical records, both old and new patients at Surabaya Hajj General Hospital is 21 minutes. The average total time for providing medical records for new outpatients is 23.94 minutes for new general patients and 21.20 for new JKN patients, then for old outpatients, for 20.57 for general old patients and 21.18 in old JKN patients. Need to retain, and increase the number of officers in peak hours.

Keywords: Medical record, Outpatients, Hospital services

1.0 INTRODUCTION

Fulfilling customer expectations exceeds what is expected to create customer loyalty. Thus, quality improvement can also be realized which in the end can even increase hospital revenue. In this way the hospital as a business organization can survive. Good management is a total, comprehensive and integrated management. The quality of a hospital product depends on the quality of each unit. The hospital consists of many units that are related, mutually influencing, and supporting one another. Outpatient services is one of the mainstay services for hospitals in increasing revenue for other units, namely clinical, inpatient and laboratory support units. With a variety of existing facilities hospital management must strive to make improvements to the quality of the service process. The quality of hospital health services can be measured by observing, monitoring and assessing indicators and standards that are assumed to be relevant and applicable in accordance with the structure, process and output of the hospital (Wasetya, 2012). Surabaya Hajj General Hospital is a hospital owned by the Government of East Java Province. In Presidential Regulation Number 29 of 2014 concerning the Government Agency Performance Accountability System, each government agency is responsible for the main tasks and functions carried out in the form of a Performance Accountability Report. This is in line with bureaucratic reform efforts that are being carried out by all State Institutions, namely realizing a clean and authoritative state administration and having good performance (Good Governance).

In accordance with its main duties and functions, Surabaya Hajj General Hospital also plays a role in improving health services in order to improve the degree of public health by optimizing management capabilities and health information, synchronizing policy, program and budget planning as well as coordination and integration across

sectors. One indicator of the increasing need for health services is the increase in patient visits at Surabaya Hajj General Hospital, which is increasing every year, especially in Outpatient Installation. Based on data from Surabaya Hajj General Hospital in 2016 it was found that the number of patient visits in 2014 was 213,508 patients, then in 2015 there were 231,056 and experienced an increase again in 2016 of 246,680. This indicates an increase in patient visits so that it is expected that the increase in the number of patients is also directly proportional to the improvement in services and performance of Surabaya Hajj General Hospital. Performance measurement is one of the management activities to compare the performance achieved with standards, plans or targets using predetermined performance indicators, one of the performance indicators in Surabaya Hajj General Hospital namely MSS (Minimum Service Standards).

MSS is one of the benchmarks of success and service performance of a hospital. MSS (Minimum Service Standards), is a provision on the type and quality of basic services which is a regional obligatory affair that is entitled to be obtained by every citizen at a minimum, also a technical specification regarding minimum service benchmarks provided by Public Service Bodies to the public (Decree of the Minister of Health of the Republic Indonesia number 228/Menkes /SK/III/2008 concerning Hospital Minimum Service Standards). Each Unit in Surabaya Hajj General Hospital uses the MSS as a performance benchmark, the results of the evaluation of the SPM Indicator Work that Meets the Standards at Surabaya Hajj General Hospital in 2016 found that One of the lowest units is the Medical Record Unit. Providers of good health services must make a good medical record for the benefit of patients in the framework of the treatment process, because the merits of a health service can be measured from the medical record. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 296/MENKES/PER/III/2008, a medical record is a document that contains records and documents about patient identity, examination, treatment, actions, and other services that have been provided to patients.

Medical records do not only have the meaning of recording activities, but also have an understanding as a system of organizing medical records. Managing medical records is a process of activities that starts at the time of receipt of hospital patients, continues the recording of patient medical data as long as the patient receives medical services at the hospital followed by securing medical record documents which include organizing storage and issuance of documents and storage places to serve requests or borrowing from patients or other needs (Ministry of Health Republic of Indonesia, 2006).

In assessing the performance of the Medical Record Unit, Surabaya Hajj General Hospital also established MSS, one of the Minimum Service Standard indicators in the medical record unit, namely the Time of Providing Medical Records in the Outpatient Unit. The achievement data is as follows.

Table 1. Achievement Data Realization of Minimum Service Standards For Providing Outpatient Medical Records At Surabaya Hajj General Hospital In 2016

Number	Month	Target		Realisation		Difference in Target and Realization	
		New Patients (Minute)	Old Patients (Minute)	New Patients Average (Minute)	Old Patients Average (Minute)	New Patients Average (Minute)	Old Patients Average (Minute)
1	January	24	25	23.42	24.18	0.58	0.82
2	February	24	25	24.03	24.63	-0.03	0.37
3	March	24	25	24.79	25.02	-0.79	-0.02
4	April	24	25	23.80	25.71	0.20	-0.71
5	May	24	25	23.40	24.76	0.60	0.24
6	June	24	25	24.59	25.79	-0.59	-0.79
7	July	24	25	23.88	24.83	0.12	0.17
8	August	24	25	24.36	25.24	-0.36	-0.24
9	September	24	25	23.77	26.12	0.23	-1.12
10	October	24	25	30.04	32.64	-6.04	-7.64
11	November	24	25	39.50	33.38	-15.50	-8.38
12	December	24	25	42.66	48.50	-18.66	-23.50
Average Gap Between Realization and Minimum Service Standards for Providing Medical Records						-3.35	-3.40

Source: Medical Record Data, 2016

Based on the data in table 1 above, the average gap between realization and standard of service is the minimum time to provide medical records for new patients on average -3.35 minutes and for old patients -3.40 minutes. When referring to the guidelines for the preparation of minimum service standards at the 2012 Hospital issued by the government when providing medical records in outpatient units is less than the same as 10 minutes. The time for the provision of medical records based on the Minimum Service Guidelines for Arranging Hospitals in 2012 is the time for the provision of medical record documents from the patient registering until the medical records are provided or found by the officer. In line with the visit the number of outpatient patients in the Surabaya Hajj General Hospital is increasing, it is expected that an increase in the quality of service. Based on the data that has been described previously, the problem taken in this study is the failure to meet the minimum service standard waiting time for providing medical records for new patients on average -3.35 minutes and for old patients amounting to -3.40 minutes at Surabaya Hajj General Hospital.

2.0 MATERIALS AND METHODS

This type of research is descriptive with observational studies, namely to provide an overview of the research conducted by observing the conditions that occur through direct observation. This research was carried out November to December 2018 in the medical record unit of the Surabaya Hajj General Hospital. There are two sources of information used in this study, namely medical record documents and staff at Surabaya Hajj General Hospital. Based on the calculation, there are 99.24 medical record documents rounded to 100 medical record documents for new patients. New patients are then classified as BPJS patients and general patients by stratified random sampling method with 50 patients for new BPJS patients and 50 for new general patients. The results of calculations on medical records of old patients by 99.53 rounded up to 100 medical record documents. Older patients are also classified as BPJS patients and general patients with the same method, namely stratified random sampling, with 50 patients for old BPJS patients and 50 for old general patients.

The data used in this study are primary data and secondary data. Primary data were obtained from the Implementation Assessment Sheet and the Time it took for the Surabaya Hajj General Hospital Outpatient Medical Record Flow. While secondary data comes from hospital profiles, medical record documents for the period of May 2018, Service Flow Data for providing medical records for outpatients at Surabaya Hajj General Hospital, and annual hospital reports used as research locations. The collected data is processed and presented first in the form of descriptive statistics, that is, when providing medical records for outpatients in Surabaya Hajj General Hospital and then narrated descriptively.

3.0 FINDINGS

3.1 Description of Service Conditions for Providing Medical Records for Surabaya Hajj General Hospital

In the provision of medical record documents at Surabaya Hajj General Hospital requires the role of the personnel involved in it. The number of staff involved in the process of medical records at the Surabaya Hajj General Hospital during the research took place amounted to 48 people categorized as follows.

Table 2. Distribution of Surabaya Hajj General Hospital Medical Record Process Officials by Employee Status in 2019

Number	Employment Status	Frequency	%
1	Government Employee	19	39.58
2	Regional Public Service Agency	29	60.42
Total		48	100

Source: Department of Human Resources Surabaya Hajj General Hospital 2019

Table 2. Shows that the officers who supported the medical record process at Surabaya Hajj General Hospital 1 were mostly Regional Public Service Agency officers (60.42%) or 29 people, then 19 others (29.58) were Government Employee status officers.

Table 3. Distribution of Surabaya Hajj General Hospital Medical Record Process Officials Per Section based on Education Level in 2019

Number	Medical Records Section	Level of Education						Total	
		High School		Diploma-3		Bachelor		n	%
		n	%	n	%	n	%		
1	ER Registration	4	44.44	3	33.33	2	22.22	9	18.75
2	Outpatient Registration	1	50.00	0	0.00	1	50.00	2	4.17
3	Outpatient Filing								
	a. Look for a card	1	50.00	0	0.00	1	50.00	2	4.17
	b. Coder Healthy Plus	0	0.00	4	100.00	0	0.00	4	8.33
	c. Tracer	0	0.00	0	0.00	2	100.00	2	4.17
	d. Distributor	3	60.00	0	0.00	2	40.00	5	10.42
	e. History	2	100.00	0	0.00	0	0.00	2	4.17
	f. Write new Medical Record Data	1	100.00	0	0.00	0	0.00	1	2.08
4	Admission	1	33.33	1	33.33	1	33.33	3	6.25
5	Inpatient Filing								
	a. Coder Healthy Plus	0	0.00	1	100.00	0	0.00	1	2.08
	b. Completeness & Quantitative Analysis	0	0.00	1	50.00	1	50.00	2	4.17
	c. Inpatient Reporting	0	0.00	0	0.00	1	100.00	1	2.08
6	Pavilion Registration	0	0.00	1	100.00	0	0.00	1	2.08
7	Outpatient Casemix	0	0.00	5	100.00	0	0.00	5	10.42
8	Inpatient Casemix	0	0.00	5	83.33	1	16.67	6	12.50
9	Reporting	0	0.00	0	0.00	1	100.00	1	2.08
Total		13	27.08	21	43.75	14	29.17	48	100

Source: Department of Human Resources Surabaya Hajj General Hospital 2019

Based on the information in Table 3, it is known that the Emergency Room registration has the highest number of officers among other parts in the medical records process at the Surabaya Hajj General Hospital which is 9 people (18.75%) with the majority level of education being the high school level of 4 people (44.44%).

In the inpatient installation at Surabaya Hajj General Hospital, the number of medical records officers involved was 6 people (12.50%) in the inpatient casemix section with Diploma-3 and Bachelor educational background. Then officers involved in the healthy plus coder process have Diploma-3 education background, officers involved in the process of completeness & quantitative analysis have Diploma-3 and Bachelor educational backgrounds, and officers involved in the inpatient reporting process have Bachelor education background.

In an outpatient installation, the filling section consists of several tasks, such as finding cards filled by officers with high school and Bachelor educational backgrounds, healthy coder plus with Diploma-3 educational background officers, tracers with Bachelor educational background officers, distributors with officers with Diploma-3 and Bachelor educational backgrounds, in charge of searching patient history with officers with a high school education background, and writing a new Medical Record Documents with officers with a high school education background. Officers who support outpatient casemix assignments themselves numbered 5 people (10.42%) with Diploma-3 education background.

3.2 Time for Provision of Outpatient Medical Record Documents at Surabaya Hajj General Hospital

When providing outpatient medical record documents is the time used by patients to get outpatient services from the outpatient registration counter to the patient's medical record documents out of storage. Based on Regulation of the Minister of Health of the Republic of Indonesia No. 129/Menkes/SK/II/2008 explained that the standard time for providing outpatient medical record documents is no more than (<) 10 minutes. According to the target guidelines set by the Surabaya Hajj General Hospital, the time required to provide medical record documents is no more than (<) 20 minutes.

Observation of the time of providing outpatient medical record documents at Surabaya Hajj General Hospital is done by calculating the time at each stage that was passed in the process of providing documents. The following shows

the results of observations on the provision of medical records for old patients, both BPJS patients and general patients at Surabaya Hajj General Hospital.

Table 4 Time for Provision of Surabaya Hajj General Hospital Medical Records for New Patients in 2019

Patient Types	Total Medical Record Documents				Total Medical Records Document	
	Medical Records Documents < 20 minutes		Medical Records Document > 20 minutes		N	%
	n	%	n	%		
General	10	20	40	80	50	100
JKN	8	16	42	84	50	100
Total	18	18	82	82	100	100

Based on the information shown in Table 4, it is known that both new patients who are BPJS, the provision of medical record documents takes more than (>) 20 minutes with a percentage of 84% or more dominant than general patients which is only 80%.

Table 5 Time for Provision of Surabaya Hajj General Hospital Medical Records for Old Patient in 2019

Patient Types	Total Medical Records Document				Total Medical Records Document	
	Medical Records Document < 20 minutes		Medical Records Document > 20 minutes		N	%
	n	%	n	%		
General	18	36	32	64	50	100
JKN	14	28	36	72	50	100
Total	32	32	68	68	100	100

In older patients, which is shown in Table 5, it is explained that the time required to provide medical record documents tends to be more than 50% of the total observed Medical Records Documents. In general patients, the provision of medical record documents that require more than 20 minutes is 64% and for BPJS patients is 72%. These results show that there is a tendency that being able to provide medical record documents for new patients tends to require more time compared to providing medical record documents for old patients.

When considering the time of each stage in the process of providing medical record documents to outpatients, whether new or general, explained using the minimum value, maximum value, average value, and standard deviation values. In this study, when providing medical record documents to outpatients will be classified as new patients and old patients. In new patients and old patients will be classified again into new or old general patients and new or old patients who use JKN. The results of the analysis carried out at the time of the provision of medical record documents for new outpatients in Surabaya Hajj General Hospital are as follows:

Table 6. Time for Provision of Outpatient Medical Record Documents for New General Patients at Every Stage in Surabaya Hajj General Hospital in 2019

Number	Stages of Provision of Medical Record Documents	Min. Value (minutes)	Max. Value (minutes)	Avg. Value (minutes)	Value of Standard Deviation (minutes)
1	New patient admissions a. Print a treatment card b. Card treatment payment c. File verification according to patient type (BPJS or general) d. Patient data entry according to destination poly	3.24	11.47	6.37	1.92

	e. Poly ticket payment (for general patients) f. print card				
2	Making medical record documents	3.22	105.58	17.33	22.52
3	Tracer & grouping medical record documents according to destination poly	0.06	1.47	0.24	0.37
	Average total value			23.94	

Based on the information shown in Table 5.6 it is known that the time for the provision of medical record documents at each stage for new general patients who require the longest time is the preparation of medical record documents, which is 17.33 minutes. Then the time for the provision of medical record documents with a short time is the tracer and grouping of documents in accordance with the destination poly, namely for 0.24 minutes.

Table 7. Time for Provision of JKN New Patient Outpatient Medical Record Documents at Every Stage in Surabaya Hajj General Hospital in 2019

Number	Stages of Provision of Medical Record Documents	Min. Value (minutes)	Max. Value (minutes)	Average Value (minutes)	Value of Standard Deviation (minutes)
1	New patient admissions a. Print a treatment card b. Card treatment payment c. File verification according to patient type (BPJS or general) d. Patient data entry according to destination poly e. Poly ticket payment (for general patients) f. print card	3.09	11.45	6.96	1.57
2	Making medical record documents	3.00	103.16	14.13	13.16
3	Tracer & grouping medical record documents according to destination poly	0.05	0.43	0.12	0.07
	Average total value			21.20	

Different conditions are shown in the provision of medical record documents for new JKN patients as shown in Table 7. The results shown explain the time required to provide medical record documents that require a long time to produce medical record documents with a time of 14.13 minutes. Then the time for the provision of medical record documents that require the same short amount of time for new general patients is in the process of tracer and grouping documents according to the poly destination with a time of 0.12 minutes.

Furthermore, the analysis that has been carried out when providing medical record documents to old outpatients is explained as follows:

Table 8. Time for Provision of Medical Records for Outpatient Old General Patients at each stage in Surabaya Hajj General Hospital in 2019

Number	Stages of Provision of Medical Record Documents	Min. Value (minutes)	Max. Value	Average Value	Value of Standard
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			(min utes)	(min utes)	Deviation (minutes)
1	Old patient registration a. Showing the treatment card b. File verification according to patient type (BPJS or general) c. Print Letter of Participant Eligibility for BPJS patients d. Patient data entry according to destination poly e. Poly payment (for general patients) f. Print Card	2.40	9.00	8.18	170
2	Making medical record documents	3.14	15.00	12.30	3.85
3	Tracer & grouping medical record documents according to destination poly	0.05	0.14	0.10	0.02
	Average total value			20.57	

The information shown in Table 8 explains that the process of making medical record documents is part of the process of providing medical record documents to general old patients who need a maximum time of 12.30 minutes. Then the process of providing medical record documents that require a short period of time in general patients is the process of tracer and grouping documents according to the destination poly with a time of 0.10 minutes.

Table 9. Time for Provision of JKN Old Patient Medical Outpatient Medical Records at Each Stages at Surabaya Hajj General Hospital in 2019

Number	Stages of Provision of Medical Record Documents	Min. Value (minutes)	Max. Value (minutes)	Avg. Value (minutes)	Value of Standard Deviation (minutes)
1	Old patient registration a. Showing the treatment card b. File verification according to patient type (BPJS or general) c. Print Letter of Participant Eligibility for BPJS patients d. Patient data entry according to destination poly e. Poly payment (for general patients) f. Print Card	2.00	8.00	6.42	1.01
2	Making medical record documents	11.00	15.00	13.70	1.16
3	Tracer & grouping medical record documents according to destination poly	0.07	4.06	0.26	0.78
	Average total value			21.18	

For old JKN patients, the information shown in Table 9 is also the same as what happens for general old patients, where the preparation of medical record documents is part of the process of providing medical record documents which takes a long time, which is 13.70 minutes. tracer process and grouping of documents according to the destination poly become part of the process of providing a short medical record document with a time of 0.26 minutes.

4.0 DISCUSSION

4.1 Time for the provision of outpatient Medical Record Documents at Surabaya Hajj General Hospital

When providing medical record documents is the time used by patients to get outpatient services from the registration and reception desk outpatients until the patient's medical record documents out of storage. At Surabaya Hajj General Hospital, the time needed to provide medical record documents is no more than 20 minutes. The target guideline at Surabaya Hajj General Hospital for the time of providing medical record documents is more lenient than the time of providing medical record documents for outpatients as specified in Regulation of the Minister of Health of the Republic of Indonesia No. 129/Menkes/SK/II/2008 which is less than 10 minutes.

Based on the results of the analysis that has been done, it is known that out of 100 outpatients for new patients, 82% of the medical record documents provided require more than 20 minutes. A similar condition was also shown in the provision of old patient medical record documents, which amounted to 62% requiring more than 20 minutes. Such conditions indicate that the majority of outpatients in Surabaya Hajj General Hospital during the study took place tend to have a longer waiting time than the target of providing medical record documents that have been determined by Surabaya Hajj General Hospital.

The condition of providing medical records documents that are late for this target does not only occur in Surabaya Hajj General Hospital. The results of research conducted by Andria & Sugiarti (2015) also explained that there were 63% of outpatients experiencing delays in the provision of medical record documents at Regional Public Hospital Dr. Soekardjo Tasikmalaya. It was further explained that the average time for providing medical record documents to outpatients in Dr. Soekardjo Tasikmalaya is 15.54 minutes. Similar research results are also shown in research conducted by Ulfa (2017) on the provision of medical record documents at Petala Bumi Hospital, Riau Province, which explains that the supply of medical record documents to patients tends to be more than 10 minutes.

At the Surabaya Hajj General Hospital, the results of the analysis that have been carried out show that the average value of providing medical record documents for new and old outpatients is 21 minutes. The analysis also shows that the stages that require a long time in the process of providing record documents are in the registration or admission of patients and searching for medical records with an average time of 7 minutes and 12 minutes. Likewise, what happens when the average supply of medical record documents to new patients, on registration or admission, patients need an average of 6 minutes and an average time of 15 minutes for making medical record documents.

When compared with the average time the provision of documents for outpatient medical records at Regional Public Hospital Dr. Soekardjo Tasikmalaya, the average time for providing medical records in the Surabaya Hajj General Hospital tended to be similar. Including when compared with the provision of medical record documents at Mother and Child Hospital Puri Maternity Gallery Malang City, which is explained by Siyoto & Pribadi (2016), the average time for providing medical record documents is between 11 to 16 minutes.

Such conditions explain that the time for providing medical record documents at Surabaya Hajj General Hospital has not been efficient. So that improvements need to be done to be able to accelerate the time of providing medical records for outpatients in Surabaya Hajj General Hospital.

5.0 CONCLUSIONS

When providing medical records for outpatients in Surabaya Hajj General Hospital, it tends to be more than 20 minutes, in 62% of old patients and 82% in new patients. The average total time for providing medical records for new outpatients is 23.94 minutes for new general patients and 21.20 for new JKN patients, then for old outpatients, is 20.57 for general and 21.18 for old JKN patients.

6.0 SUGGESTIONS

Routine retention of medical record documents that can be carried out in a scheduled and changing manner, so as to reduce the risk of losing medical record documents which can slow down the search for medical record documents in the storage room. Providing cashier registration counters on each floor of the Surabaya Hajj General Hospital outpatient building, the aim is to reduce the workload of the registration officer and to improve the work efficiency of each officer.

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