Journal of Public Service Management Vol. 09 No. 03, October 2025
http://dx.doi.org/10.24198/jmpp.v9i3.65265

Analysis of the Implementation of the Minimum Service Standard Policy for Outpatient Care in Hospitals

[a] Cintya Maharani; [b] Bambang Santoso Haryono; [c] Hermawan
[a b c] Master of Public Administration Program, Faculty of Administrative Sciences, Universitas Brawijaya, Malang, East Java, Indonesia

ABSTRAK

Penelitian ini mengkaji implementasi kebijakan Standar Pelayanan Minimal (SPM) rawat jalan di RSUD Ngudi Waluyo Wlingi berdasarkan Peraturan Direktur RSUD No. T/T 188/41/409.52/PER/2024 tentang Standar Pelayanan Publik. Pendekatan kualitatif dengan desain studi kasus digunakan, serta analisis data melalui perangkat lunak NVivo. Data dikumpulkan melalui wawancara mendalam dengan 36 informan, observasi langsung, dan telaah dokumen. Hasil penelitian mengungkap empat faktor utama yang memengaruhi pelaksanaan kebijakan: (1) komunikasi yang belum sistematis; (2) ketimpangan distribusi SDM dan sarana teknologi yang kurang terawat; (3) disposisi pegawai yang menunjukkan ketidaksesuaian antara komitmen dan kedisiplinan; serta (4) struktur birokrasi yang kompleks dan pemahaman yang belum merata di antara staf. Dukungan masyarakat terhadap kebijakan cukup baik, namun partisipasi publik belum dimanfaatkan secara optimal. Kendala lain meliputi ketidakjelasan kebijakan, masalah sistem informasi, keterbatasan infrastruktur, dan kesenjangan antarunit layanan. Strategi yang disarankan meliputi perbaikan pola komunikasi internal, manajemen SDM berbasis data, penerapan sistem kinerja yang transparan, penyederhanaan birokrasi, dan inovasi layanan yang adaptif. Penelitian ini berkontribusi pada pengembangan literatur implementasi kebijakan publik di sektor kesehatan, khususnya dalam peningkatan mutu layanan rawat jalan.

ABSTRACT

This study examines the implementation of the Minimum Service Standard (MSS) policy for outpatient care at Ngudi Waluyo Regional Hospital, Wlingi, as mandated by Director's Regulation No. T/T 188/41/409.52/PER/2024 on Public Service Standards. A qualitative case study approach was employed, with data collected through in-depth interviews with 36 informants, direct observations, and document analysis. Data were analyzed using NVivo software. The findings reveal four key factors affecting policy implementation: (1) Unsystematic communication processes; (2) disparities in the distribution of human resources and inadequate maintenance of technological facilities; (3) staff dispositions marked by inconsistencies between commitment and discipline; and (4) complex bureaucratic structures accompanied by uneven understanding among personnel. While community support for the policy was relatively strong, public participation had not yet been fully optimized. Recommended strategies include strengthening internal communication channels, adopting data-driven human resource management, implementing transparent performance systems, simplifying bureaucratic procedures, and fostering adaptive service innovations. This study contributes to the literature on public policy implementation in the health sector, particularly regarding efforts to enhance the quality of outpatient care services.

ARTICLE HISTORY
Submitted: 11 07 2025
Revised: 27 09 2025
Accepted: 02 10 2025
Published: 14 10 2025

KATA KUNCI
Disposisi; Implementasi Kebijakan; Komunikasi; Struktur Birokrasi; Standar Pelayanan Minimal

KEYWORDS
Bureaucratic Structure; Communication; Disposition; Minimum Service Standards; Policy Implementation

INTRODUCTION

Policy implementation is a critical process in achieving public policy objectives. Van Meter and Van Horn (1978) define policy implementation as a sequence of actions undertaken by public and private entities to meet established policy goals, affected by six key variables: standards and objectives, resources, inter-organizational communication, implementing characteristics, socioeconomic and political conditions, and implementing disposition. Grindle (1980) further

Correspondence Cintya Maharani Email : helpinpublisher@gmail.com

emphasizes that implementation reflects administrative mechanisms and political processes. Similarly, Edwards III (1980) argues that effective implementation depends on four main factors: communication, resources, disposition, and bureaucratic structure.

In Indonesia, the implementation of health policies in public services is governed by Law Number 25 of 2009 on Public Services and Law Number 17 of 2023 on Health. Health services are a fundamental right that must be delivered equitably and at a high quality standard. Nevertheless, gaps persist. According to the 2020 Village Potential Survey (*Podes*), around 29% of Indonesians faced challenges in accessing hospitals. Data from the National Socioeconomic Survey (*Susenas*) (2023) show that 26.2% of the population reported experiencing health problems, with an increasing trend of mental health disorders (Kaligis et al., 2020).

Policy implementation is central to achieving public policy objectives, with various theoretical models (Van Meter & Van Horn, 1978; Grindle, 1980; Edwards III, 1980) highlighting key influencing variables such as communication, resources, and bureaucratic structure. In Indonesia, health policy is legally grounded in Law No. 25 of 2009 on Public Services and Law No. 17 of 2023 on Health. However, significant implementation gaps persist, especially in the delivery of equitable and quality healthcare.

The epidemiological transition from infectious to non-communicable diseases demands a more comprehensive and adaptable approach to healthcare delivery. However, Indonesia's health financing remains limited, amounting to only 2.9% of GDP, with 64% derived from public schemes and 36% from non-public sources (NHA, 2021). This limitation is compounded by the growing demand for referral hospital services. In East Java Province, outpatient visits rose by 18.2% and hospitalizations by 42.3% in 2023 compared to the previous year (East Java Provincial Health Office, 2023).

Ngudi Waluyo Hospital, located in Wlingi, Blitar Regency, a type B facility and the main referral center in Blitar Regency. It faces significant service burden. Outpatient visits increased from 99,951 in 2021 to 160,379 in 2023. Despite this growth, patient satisfaction has declined, reaching only 77% in the second quarter of 2023, well below the ≥90% benchmark. Field observations indicated inadequate facilities, wide service gaps, and inconsistencies in the registration process, suggesting weaknesses in internal communication and technological readiness, particularly in the use of Mobile JKN and SIANOMAN.

The hospital's Minimum Service Standards (MSS) policy is regulated nationally by Indonesian Minister of Health Regulation No. 6 of 2024 and locally through the Regulation of the Director of Ngudi Waluyo Hospital, Number T/188/41/409.52/PER/2024. Nonetheless, implementation continues to encounter challenges. Previous investigations at Pringsewu Hospital, Undata Hospital, dr. Koesnadi Hospital, and the emergency department of Majen Ha Thalib Hospital revealed similar issues, including limited employee understanding of MSS, weak communication, and sectoral self-interest in service delivery. International studies, such as Green (2024) in Europe and Twigg et al. (2013) in Australia, likewise highlight the importance of facilities management, health promotion, and the active role of health workers in sustaining quality standards.

This creates a clear empirical gap: while national and international frameworks stress the importance of MSS**,** little is known about how these standards are interpreted and executed at the hospital level**,** particularly within Indonesia's regional type B hospitals like Ngudi Waluyo. Moreover, there is a lack of qualitative, in-depth analyses using systematic tools (e.g., NVivo) to explore internal implementation dynamics, such as communication fragmentation, HR disparities, and low SOP adherence.

The present study aimed to analyze the implementation and outcomes of the outpatient MSS policy and to identify supporting factors and obstacles in its application based on Edwards III's theoretical framework.

Edwards III's theory was chosen because it focuses on four key factors crucial to health policy implementation: communication, resources, disposition, and bureaucratic structure. These factors align well with the challenges faced in implementing the Minimum Service Standards (MSS) at Ngudi Waluyo Hospital, such as fragmented communication, limited resources, and staff motivation. The theory also integrates administrative and political aspects, making it suitable for analyzing policy implementation within government healthcare settings. Thus, it provides a comprehensive framework to understand and address both supporting and inhibiting factors in MSS implementation.

Literature Review

Effective and efficient service management is an important aspect of improving public service quality (Abdussamad, 2019). Therefore, simplifying bureaucratic processes becomes a crucial initial step. The government can leverage information technology, such as the e-Government system, to accelerate and streamline service delivery. In healthcare facilities, this approach can reduce long waiting times and enhance community comfort, in line with the minimum service standards established by the Ministry of Health. Public service management is an approach designed to improve the efficiency, effectiveness, and quality of services delivered by the public sector to the community. It emphasizes transparency, accountability, community participation, and the fulfillment of citizens' basic rights to access quality services (Lova & Amaliyah, 2022). The literature indicates that effective public service management depends heavily on the capacity of government agencies to manage human resources, technology, and information systems. Several scholars have investigated the implementation of MSS policy in healthcare facilities, producing mixed findings (Wijaya et al., 2022). For instance, a study at Pringsewu Hospital revealed that public service accountability was not optimal, as many hospital MSS indicators failed to meet quality criteria. The compliance rate, which reached 74% in 2018, declined to 61.9% in 2019, highlighting the importance of continuous assessment in policy implementation.

Research by Ridwan (2017) at UNDATA Hospital in Central Sulawesi demonstrated a lack of communication and limited understanding of MSS guidelines among personnel, despite adequate resources. Similarly, Kuzairi et al. (2017), in their study at RSU dr. H. Koesnadi Bondowoso, identified sectoral ego as a major barrier to MSS implementation, linked to medical education systems that insufficiently encouraged teamwork. Vermasari et al. (2019), in examining the emergency unit of Majen Ha Talib Hospital, pointed out that the main challenges included inadequate training for medical staff and insufficient infrastructure to meet required standards. Asi et al. (2022) reported that the implementation of MSS for hypertension patients at the Palangka Raya Health Center was hindered by weak inter-unit coordination and the additional strain placed on health workers during the pandemic. At the international level, Madroñal-Ortiz et al. (2024) emphasized the importance of integrating quality standards into hospital facility management systems in accordance with ISO 41001. Likewise, Asamani et al. (2021) highlighted the need to strategically manage the workload of healthcare professionals to prevent a decrease in the duration of patient care. Pachya et al. (2023) investigated the efficacy of the Plan-Do-Study-Act (PDSA) framework in the institutionalization of MSS healthcare facilities in Nepal. Green (2024) emphasized the importance of hospitals in

health promotion according to the 2020 WHO guidelines. Twigg et al. (2013) underlined the importance of nurses in meeting safety and quality of service standards in Australia.

This study introduces a novel application of Edwards III's framework (communication, resources, disposition, and bureaucratic structure) by integrating it with empirical data derived from qualitative field analysis in a regional Indonesian hospital. While Edwards III's model has been widely referenced in public policy literature, its use in health policy particularly for MSS in outpatient care at the hospital level in Indonesia remains rare.

Most existing MSS studies apply administrative or descriptive approaches, focusing on compliance rates or general performance. This research goes further by systematically mapping MSS implementation challenges using a theory-driven framework (Edwards III), paired with Nvivo-assisted qualitative analysis. It also explores how organizational communication fragmentation, disparities in human resource distribution, and SOP understanding affect policy outcomes areas that are often overlooked in MSS implementation literature. Thus, the theoretical novelty lies in the **c**ontextual application and operationalization of Edwards III's theory to evaluate MSS implementation at the micro-institutional level, providing a deeper understanding of how policy variables interact in practice within decentralized healthcare settings.

The present study makes a distinct contribution by examining the implementation of the outpatient MSS policy under the Regulation of the Director of Ngudi Waluyo Hospital, Number T/188/41/409.52/PER/2024, which represented the latest internal policy in type B hospitals in Blitar Regency. Employing a qualitative methodology and using NVivo for data analysis, this research explored internal variables in greater depth, particularly fragmented communication, disparities in human resource allocation across policies, and insufficient understanding of standard operating procedures (SOPs). Through this approach, the study provides a comprehensive empirical contribution to understanding MSS implementation at the operational level of regional hospitals.

RESEARCH METHODS

This study adopted a qualitative methodology, utilizing a case study approach. This methodology was selected to provide a comprehensive understanding of the implementation process of the MSS policy for outpatient care at Ngudi Waluyo Hospital. The case study technique enabled researchers to investigate the various dimensions of the adopted policies, including the factors affecting their implementation. This approach is particularly suitable given the complexity of public service policies involving multiple stakeholders and institutional contexts.

Data collection involved conducting in-depth interviews with 36 informants, including hospital officials, health professionals, administrative personnel, and outpatients. Additionally, the researchers carried out direct observations of the outpatient service process, focusing particularly on the registration area, waiting room, and medical consultations. The documentation study entailed analyzing official hospital documents, including SOPs for outpatient services, monitoring reports on MSS indicators, and the director's policies related to MSS.

This study utilized primary and secondary data sources. Primary data were obtained through interviews and field observations, while secondary data were sourced from various official documents and hospital statistics, including outpatient visit reports from 2021 to 2023 and regulatory documents overseeing the implementation of MSS at Ngudi Waluyo Hospital.

Thematic analysis was employed for data analysis, utilizing NVivo software. The process began by importing interview transcripts into the NVivo project, followed by the creation of nodes (codes) representing key themes based on Edwards III's policy implementation theory, such as communication, resources, disposition, and bureaucratic structure. Once nodes were created, the researchers encoded the data by highlighting relevant texts and associating them with the appropriate node. This process was conducted iteratively to ensure that all data were accurately encoded. After coding, the next step was to organize and refine the nodes, such as combining similar nodes or arranging them hierarchically to reflect correlations between themes. Finally, the researchers used queries such as "Word Frequency Query" and "Coding Query" to identify patterns and correlations between themes and generate visualizations, such as word clouds or tree diagrams, to support the analysis and presentation of the research findings. This phase aligns with the qualitative data analysis framework proposed by Miles and Huberman (1994), which includes data reduction, data display, and conclusion drawing.

To ensure data validity, the study employed the source triangulation method. It involved comparing information from multiple informants, while technical triangulation compared the results of interviews, observations, and documentation. Additionally, a member checking was performed, in which informants validated the analyzed interview data to ensure that the researchers' interpretation aligned with the informants' intended meaning.

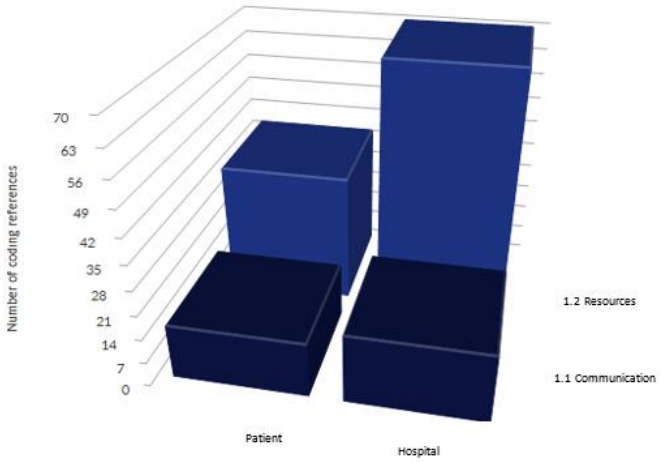
Due to the qualitative nature of the study, correlation or statistical testing was not used. The correlations between themes and subthemes were analyzed using NVivo's query comparison feature, which examined the correlation between citation frequency and content depth in each analytical variable.

RESULTS AND DISCUSSION

A. Implementation of Minimum Service Standards Policy

The findings of this study demonstrate that the implementation of MSS policy at Ngudi Waluyo Hospital focused on two main aspects: communication and resources.

Figure 1.
3D Visualization of the Distribution of Patient and Hospital Perception on MSS Implementation



Source: NVivo analysis results

Figure 1 shows differences in perceptions between the patient group and the hospital, with the hospital placing more emphasis on both implementation aspects than the patients. The resource aspect received more attention than the communication aspect from both informant groups, indicating that the availability and quality of resources were perceived as crucial factors in the implementation of MSS policies in outpatient facilities.

Communication Aspects

Three key components of communication in polyclinic services: service standards, the service delivery process, and communication patterns. Service flow and service time management are the most dominant elements. Patient feedback emphasized a maximum waiting time of one hour, with up to two hours allowed for medication administration. Consistent service timing is seen as an indicator of effective MSS implementation. Communication strategies used at the beginning and during service were well-received, with staff communication described as clear and helpful. A combination of formal and informal communication is used, showing the importance of adaptability in conveying MSS information effectively.

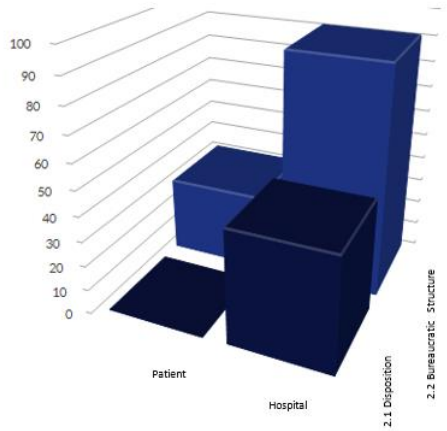
Resource Aspects

Resources were the largest component in MSS implementation, with five sub-themes: employee facility standards, number of employees, education and training, allocation of funds, and device usage.The main focus was on accessible facilities, showing Ngudi Waluyo Hospital's commitment to providing adequate work resources. Most service units had only one doctor and one nurse, which, while efficient, limited interprofessional collaboration. This highlights the need for a more collaborative approach to improve patient care quality.

B. Impact of the Minimum Service Standard Policy

Based on the data presented in prior figures, the impact of MSS policy at Ngudi Waluyo Hospital demonstrated a significant impact, with a total of 36 sources and 345 references. Visual analysis of the three-dimensional graph provides a more comprehensive understanding of the impact distribution across three groups: patients, hospitals, and two main aspects: disposition and bureaucratic structure.

Figure 2.
Distribution of MSS Impact Sub-Theme Citations Based on Respondent Groups



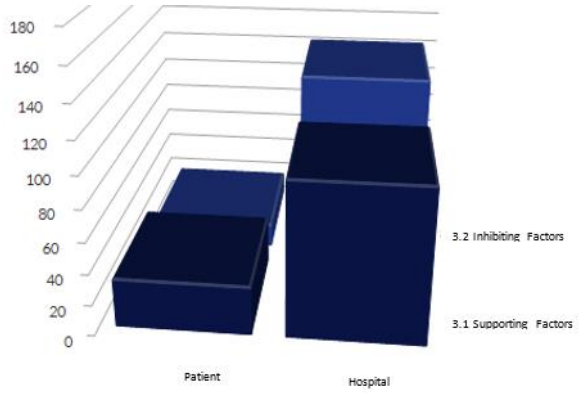
Source: Author Processed

Figure 2 shows that the MSS policy had the greatest impact on hospital bureaucracy, with less impact on patients. The policy, based on Director's Regulation T/188/41/409.52/PER/2024, led to more structured changes in hospital administration rather than direct patient experience. The figure also presents patient and healthcare worker perspectives on MSS implementation, focusing on support/barriers, implementation, and patient satisfaction in areas like registration, lead time, and service flow. Patient feedback from surgical polyclinics noted timely doctor arrivals and smooth service flow. The policy improved healthcare worker accountability through clear standard procedures. However, some patients were dissatisfied with long queues and wait times for tests, indicating that MSS implementation has not fully improved all service areas..

C. Support and Barriers to Minimum Service Standard Implementation

The implementation of the minimum outpatient service standard policy at Ngudi Waluyo Hospital was impacted by various supporting and inhibiting factors that significantly affected the success of its implementation, as shown in Figure 3.

Figure 3.
Distribution of Support and Barriers Sub-Theme Citations Based on Respondent Groups



Source: Author Processed

Figure 3 shows 230 references to supporting factors and 193 to inhibiting factors, with hospitals reporting more of both than patients. Support came from hospital management providing facilities and information systems, recruitment policies requiring a minimum D3 education, and training programs like BTCLS and HIV care. These enhanced service capacity and responsiveness. Obstacles included limited interprofessional staff in some polyclinics, inconsistent doctor schedules (especially on Fridays and Saturdays), and unintegrated drug/lab queue systems causing long waits. These issues revealed a gap between MSS standards and actual implementation, affecting patient satisfaction and service quality.

A. Implementation of Minimum Service Standards Policy

The implementation of MSS policy for outpatient care at Ngudi Waluyo Hospital was conducted in accordance with Director's Regulation Number T/188/41/409.52/PER/2024, emphasizing the importance of effective communication and the availability of resources as crucial elements in the implementation process. Thematic analysis, conducted with NVivo, revealed that the MSS policy implementation consisted of two main sub-themes: communication and resources, each with 36 references and a cumulative total of 356 citations. The communication sub-theme

accumulated 104 citations, while the resource sub-theme garnered 252 citations, highlighting the prominence of resources in the implementation process.

Policy implementation in communication was categorized into three components: polyclinic service standards, service delivery processes, and communication patterns. Data visualization showed that communication patterns received the most focus from hospital informants, while patients evaluated polyclinic service standards and delivery methods more evenly. Twigg et al. (2013) emphasize the critical role of nursing personnel as intermediaries between formal policy and patient experience, where nurses act as implementation agents who translate formal standards into service delivery processes perceived by patients. This highlights a perception gap that must be addressed to enhance the effectiveness of service communication. In terms of communication patterns, there was a significant risk in the aspect of service flow. At the outpatient department of Ngudi Waluyo Hospital, one of the services has begun incorporating digital systems. Marthalina et al. (2025) argue that in the context of digital public services, substance policies determine the direction, goals, and standards that must be adhered to by all stakeholders.

According to Edward III's theory, effective communication is essential for successful policy implementation. In the MSS (Minimum Service Standards) rollout at Ngudi Waluyo Hospital, communication was categorized into three components: polyclinic service standards, service delivery processes, and communication patterns. Hospital staff focused more on communication patterns, while patients emphasized service standards and delivery processes—indicating a perception gap between providers and recipients. Overall, communication at Ngudi Waluyo Hospital needs improvement in consistency, clarity, and patient-centeredness, especially during the digital transition. Misalignment between policy goals and patient experience weakens the effectiveness of MSS implementation.

Simultaneously, the resource dimension posed a major challenge for hospitals and patients. Edward III emphasizes that without adequate resources such as staff, infrastructure, funding, and technical skills policy implementation will fail, regardless of communication quality. In the MSS implementation at Ngudi Waluyo Hospital, the hospital prioritized medical personnel, infrastructure, and staff training, while patients focused on service accessibility, wait times, and efficiency. This reveals a gap between institutional resource planning and patient expectations. Hospitals prioritized the availability of adequate medical staff, infrastructure, and training, while patients focused on accessibility, wait times, and service efficiency. This aligns with findings by Widyastuti et al. (2022), which indicate that the pressure to comply with administrative regulations could strain medical personnel and adversely affect patient care quality. Pachya et al. (2023) highlight the importance of institutionalizing minimum service standards to ensure service readiness and availability through the competency development of healthcare workers.

The execution of MSS policies was also characterized by an adaptive pattern. For instance, exceptions related to coordination with BPJS in the Medical Check-Up Poly (*MCU*) demonstrate the hospital's flexibility in adjusting rules to meet local needs. The MCU polyclinic’s coordination flexibility with BPJS shows adaptive resource use. However, Edward III reminds us that such flexibility must still uphold core policy values like equity and universal access.

In the implementation of Minimum Service Standards (MSS) at Ngudi Waluyo Hospital, communication has been established with a structured foundation. However, there remains a need for stronger alignment between policy implementers and patients particularly in light of the hospital’s gradual transition toward digital service delivery. Miscommunication or unclear guidance during this shift can hinder patients’ access and understanding, reducing the overall effectiveness of the policy.

In addition, resources have emerged as the most critical factor influencing the success of MSS implementation. A notable mismatch exists between the hospital's internal resource planning which emphasizes staffing, infrastructure, and training and the expectations of patients, who prioritize accessibility, reduced wait times, and service efficiency. This disconnect creates significant implementation barriers and highlights the importance of balancing institutional priorities with patient-centered needs.

B. Impact of the Minimum Service Standard Policy

The implementation of MSS policy at Ngudi Waluyo Hospital had significant impacts on two main dimensions: the bureaucratic structure and the disposition of the implementers. According to Edward III's theory, these factors are fundamental in determining the success of policy implementation. The qualitative analysis results showed that the impact on the bureaucratic structure was much more pronounced, with 248 references from 36 sources, compared to the executing disposition, which only recorded 97 references from 20 sources. This indicates that MSS policies promoted systemic transformation, including improved governance regarding organizational procedures, reporting, and accountability flows.

Firstly, the impact on the bureaucratic structure was notably more pronounced, reflecting systemic transformations within the hospital. The MSS policy drove improvements in governance, including clearer organizational procedures, enhanced reporting mechanisms, and stronger accountability flows. This structural strengthening was evident in the increased outpatient visits, which rose substantially from 99,951 in 2021 to 160,379 in 2023, demonstrating effective administrative expansion. However, Edward III warns that bureaucratic structures must balance efficiency with flexibility. At Ngudi Waluyo Hospital, the increased formalization sometimes resulted in bureaucratic rigidity that hindered the adaptability of healthcare staff, especially in the dynamic context of outpatient services. This inflexibility can impede the responsiveness necessary for quality care, suggesting that structural reforms should incorporate operational flexibility to respond effectively to real-time patient needs.

Secondly, while the number of references regarding implementers' disposition was lower, this factor remains crucial. Edward III highlights that the attitudes, motivation, and commitment of policy implementers are vital to successful execution. At Ngudi Waluyo Hospital, the dedication and motivation of medical personnel significantly influenced MSS implementation. Studies by Hayat (2018) and Gunawan and Prasetyo (2023) underscore that while administrative metrics often dominate MSS policies, the intrinsic motivation of healthcare workers is frequently overlooked. The experience of the Urology Polyclinic exemplifies this, where clear standard operating procedures, strict administrative supervision, and systematic reporting fostered effective policy adoption. This case suggests that institutional preparedness and leadership support are key to nurturing positive implementer disposition.

Despite administrative gains, patient satisfaction at the hospital's outpatient services lagged, with only 77% satisfaction reported in early 2023—well below the national benchmark of 90%. This gap highlights the difference between administrative output and the actual quality of service as perceived by patients. Experts like Groene (2024) and Twigg et al. (2013) emphasize that successful public service implementation must consider patient experience alongside procedural compliance and service volume.

In summary, the experience at Ngudi Waluyo Hospital illustrates Edward III's core insight: robust bureaucratic structures and motivated implementers are both essential for effective policy implementation. However, structures must be flexible enough to allow for adaptive responses in practice, and implementers must be supported not only administratively but also

motivationally. Ultimately, policy success should be measured by both administrative achievements and the quality of user experience to ensure meaningful healthcare improvements.

C. Supports and Obstacles to Minimum Service Standard Policy Implementation

The implementation of MSS policy at Ngudi Waluyo Hospital was affected by facilitating and inhibiting factors that significantly impact the success of its execution. The NVivo analysis reveals that this theme had the largest number of citations (423 citations from 36 references), confirming the importance of external and internal factors in effective policy implementation.

1. Supporting Factors

The primary source of support came from the belief of implementers that MSS policies are a critical component of SOPs and have become a standard practice. This view was supported by 37 sources, indicating a significant level of policy institutionalization within the hospital. The presence of board of directors' regulations, changes in SOPs, and internal socialization reflects strong managerial commitment. Groene (2024), in the development of standards for hospitals and healthcare services that promote health, emphasizes the importance of integrating the patient experience into digital metrics, with applications serving as a bridge between institutional interests and individual experiences. In this context, Mobile JKN application in MSS implementation reflect the fundamental tension between institutional interests driving standardization and the need for individualization in the patient experience.

Community support was demonstrated by patient satisfaction surveys that reported fewer complaints, good procedural compliance, and devotion to hospital services. However, as articulated by Wijaya et al. (2022), this favorable perception might not be inherently based on a deep understanding of the essence of MSS but could instead be affected by the lack of competing services.

2. Inhibiting Factors

Implementation challenges were varied and included issues related to technology, organizational structure, culture, and the understanding of policy texts by implementers.

a. Information System Barriers

Information systems were identified as a major barrier, accounting for 72 citations out of 193 barrier references. System fragmentation, particularly involving SIANOMAN and Mobile JKN, was the primary cause of service delays and reporting discrepancies. These findings align with research by Purnama et al. (2022) and Vermasari et al. (2019), highlighting technological challenges as a prevalent vulnerability in implementing health programs. Both of these innovations represent e-government initiatives. Zulkarnain and Amsianisa (2025) emphasize that the quality of e-government, especially efficiency, is crucial in determining whether electronic services effectively provide convenience to users, which is the core goal of e-government.

b. Standard Operational Procedures Fragmentation and Coordination Weaknesses

The existence of different SOPs for BPJS patients and the general public led to service incompatibilities. This challenge was further exacerbated by inadequate coordination between units and a lack of understanding of different MSS indicators, resulting in inconsistent methods on the ground.

c. Human Resources Inequality and Administrative Burden

The uneven distribution of labor and the high administrative workload had also slowed down services. As noted by Widiasari et al. (2022), the implementation of MSS often increases the burden of documentation, reducing the focus of health workers on clinical services.

d. The Wrong Evaluative Paradigm

The emphasis on policy evaluation based on administrative outputs rather than patient health outcomes presented a conceptual barrier. Wibowo et al. (2024) confirm that a high accreditation score does not necessarily correlate with a real safety and service quality improvement. Consequently, innovation in policy implementation must promote a paradigm shift in evaluation toward tangible service outcomes. These findings underscore that the effectiveness of MSS policy implementation is not solely dependent on regulatory formulation and administrative commitments, but is also significantly affected by digital infrastructure readiness, work system integration, and the technical expertise of implementers. Therefore, policy reforms must address structural and cultural dimensions to ensure that MSS evolves into a functional, effective, and equitable standard of service.

CONCLUSION

This study shows that the implementation of the Minimum Service Standard (MSS) policy for outpatient care at Ngudi Waluyo Hospital, located in Wlingi, Blitar Regency, was not fully effective. Policy communication remained one-way and was not comprehensively disseminated to all service providers. The allocation of personnel resources across polyclinics was uneven, and there were still discrepancies in understanding relevant MSS indicators. The disposition of implementation indicated the gap between normative commitment and practical execution, while a complex bureaucratic framework resulted in the enforcement of administrative and inflexible Standard Operating Procedures (SOPs).

Nevertheless, this policy had a positive effect on the increase in outpatient visits over the past three years, indicating an improvement in public trust in hospital services. However, the implementation of the policy encountered several challenges, including ambiguity between the operational standards for general patient procedures and BPJS patients, inadequate integration of information systems, disparities in the distribution of human resources, and insufficient coordination between service units. These challenges underscore the need for systemic improvements to facilitate the effective implementation of minimum service regulations.

The findings suggest that Ngudi Waluyo Hospital must reorganize its internal communication system to enhance integration, consistency, and understanding among all service providers. Human resource management needs to be improved through data-driven planning that addresses the specific needs of each service unit. Additionally, efforts should be made to increase the capacity of staff to understand and comprehensively apply MSS indicators.

Moreover, performance management systems should be revised to increase transparency and prioritize service orientation, rather than focusing solely on meeting administrative objectives. Streamlining the bureaucratic framework by harmonizing SOPs for BPJS patients and general patients is crucial to simplifying service delivery and reducing confusion during implementation. There should also be an emphasis on enhancing outpatient service innovations that respond to patient demands, particularly through the optimization of information technology, including the SIANOMAN and Mobile JKN mobile applications, to facilitate faster and more efficient services.

This research contributes empirically to public policy development, particularly in the health sector. It serves as a valuable resource for stakeholders seeking to improve the quality of MSS implementation in regional hospitals.

REFERENCES

Abdussamad, J. (2019). Kualitas Pelayanan Publik Di Kantor Dinas Kependudukan Dan Catatan Sipil Kabupaten Gorontalo. *Publik: Jurnal Manajemen Sumber Daya Manusia, Administrasi dan Pelayanan Publik*, *6*(2), 73–83. https://doi.org/https://doi.org/10.37606/publik.v6i2.6

Asamani, J. A., Christmals, C. D., & Reitsma, G. M. (2021). Health service activity standards and standard workloads for primary healthcare in Ghana: A cross-sectional survey of health professionals. *Healthcare, 9*(3), 332.

Asi, F. A. E., Suryoputro, A., & Budiyono. (2022). Analisis implementasi kebijakan standar pelayanan minimal (SPM) penderita hipertensi di Puskesmas Kota Palangka Raya. *Jurnal Kesehatan Masyarakat, 10*(4), 784-791.

Dinkes Provinsi Jawa Timur. (2023). *Profil kesehatan Provinsi Jawa Timur 2023.*

Fajriantina Lova, E., & Rizqi Amaliyah, A. (2022). Peningkatan Kemampuan Pemerintah Desa Dalam Manajemen Pelayanan Publik Di Desa Gampingan Kecamatan Pagak Kabupaten Malang. *I-Com: Indonesian Community Journal*, *2*(2), 168–175. https://doi.org/https://doi.org/10.33379/icom.v2i2.1346

Grindle, M. S. (1980). *Politics and policy implementation in the third world.* Princeton University Press.

Groene, O., et al. (2024). *Standards for health promoting hospitals and health services: Development and tools for implementation and measurement.*

Gunawan, H., & Prasetyo, B. (2023). Analisis faktor motivasi dalam implementasi SPM: Perspektif tenaga kesehatan. *Jurnal Psikologi Kesehatan, 4*(3), 145–162.

Hayat. (2018). *Kebijakan publik: Evaluasi, reformasi, dan formulasi.* Intrans Publishing.

Huberman, A. M., & Miles, M. B. (1994). "Data Management and Analysis Methods". In Denzin N.K. and Lincoln Y.S. (eds). (1994). Handbook of Qualitative Research,. In *New Delhi: Sage Publications.*

Kaligis, F., Indraswari, M. T., & Ismail, R. I. (2020). Stress during COVID-19 pandemic: Mental health condition in Indonesia. *Medical Journal of Indonesia.*

Kuzairi, U., Yuswadi, H., Budihardjo, A., & Patriadi, H. B. (2017). Implementasi standar pelayanan minimal pada pelayanan publik bidang pelayanan kesehatan di Rumah Sakit Umum dr. H. Koesnadi Bondowoso. *Jurnal Kebijakan Kesehatan Indonesia, 6*(3), 149-157.

Madroñal-Ortiz, M., Cuartas-Ramírez, D., Escobar-Mora, N., & Osorio, M. (2024). Mapping of quality standards of health services in a facility management system for Colombian hospitals. Espirales Revista Multidisciplinaria de investigación. *científica, 8*(48), 59-78.

Marthalina, M., Dione, F., & Saribulan, N. (2025). Determining Factors of Digital Public Service Management Implementation Policy at Subdistrict Level in South Jakarta City. *Jurnal Manajemen Pelayanan Publik*, *9*(2), 251–275. https://doi.org/10.24198/jmpp.v9i2.59855

Pachya, T. A., Pachya, U., Amgain, K., & Upadhyaya, M. K. (2023). Institutionalization of Minimum Service Standards (MSS) for Health Facilities in Nepal: *Journal of Karnali Academy of Health Sciences*, *6*(1). https://doi.org/10.61814/jkahs.v6i1.792

Purnama, S., Hidayat, T., & Kurniawati, R. (2022). Hambatan universal dalam implementasi SPM: Tinjauan sistematis di 35 rumah sakit Indonesia. *Jurnal Kebijakan Kesehatan Indonesia, 11*(3), 89-204.

Ridwan, B. (2017). Implementasi kebijakan standar pelayanan minimal di RSUD UNDATA Provinsi Sulawesi Tengah. *E-Jurnal Katalogis, 5*(12), 108-117.

Twigg, D. E., Duffield, C., & Evans., G. (2013). *The Critical Role of Nurses to the Successful Implementation of the National Safety and Quality Health Service Standards. 37*.

Van Meter, D. S., & Van Horn, C. E. (1978). The policy implementation process: A conceptual framework. *Administration and Society.*

Vermasari, A., Masrul, & Etti, H. (2019). Analisis implementasi standar pelayanan minimal (SPM) di instalasi gawat darurat (IGD) RSU Mayjen Ha Thalib Kabupaten Kerinci. *Jurnal Kesehatan Andalas, 8*(2), 275-284.

Wibowo, A., Amelia, S., & Cahyono, B. (2024). Korelasi akreditasi dan implementasi SPM: Studi di rumah sakit tipe B dan C di Pulau Jawa. *Jurnal Mutu Pelayanan Kesehatan, 7*(1), 18–33.

Widiasari, E., Hariyati, R. T. S., & Handayani, H. (2022). Standar pelayanan minimal dan dampaknya terhadap beban kerja perawat. *Jurnal Keperawatan Indonesia, 25*(2), 122-136.

Widyastuti, R., Hamid, A. Y., & Sudiro, S. (2022). Dampak penegakan regulatif terhadap implementasi SPM: Analisis kebijakan. *Jurnal Hukum Kesehatan, 8*(2), 103-119.

Wijaya, A., Hamdi, M., Kawuryan, M. W., & Pudjianto, W. S. (2022). Implementasi kebijakan standar pelayanan minimal di RSUD Pringsewu dalam rangka peningkatan mutu pelayanan publik. *Jurnal Ilmu Administrasi Publik*, *10*(1), 61-75.

Zulkarnain, Z. P., & Amsianisa, G. F. (2025). Examining the Depok Single Window: Challenge and Strategy for Digital Service Development. *Jurnal Manajemen Pelayanan Publik*, *9*(2), 374–391. https://doi.org/10.24198/jmpp.v9i2.60904