

THE INFLUENCE OF HOSPITAL MANAGEMENT POLICY INNOVATION (X) ON CLINICAL SERVICE QUALITY (Z) WITH INTER-UNIT COORDINATION (Y) AS A MEDIATING VARIABLE

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Abstract

Hospitals, as healthcare service organizations, face the challenge of continuously improving the quality of clinical services amid the dynamic needs of patients and the complexity of health systems. Management policy innovation is seen as a strategic instrument to address these challenges; however, its effectiveness often depends on how well inter-unit coordination is carried out. This study aims to analyze the effect of hospital management policy innovation on the quality of clinical services, with inter-unit coordination as a mediating variable, through a literature review approach. The research method employs library research by reviewing various scholarly sources such as reputable journal articles, books, and relevant official reports. The findings indicate that management policy innovations such as the digitalization of health information systems, strengthening of clinical governance, and patient safety policies positively influence improvements in clinical service quality. Nevertheless, this influence becomes more optimal when supported by effective cross-unit coordination, which includes the integration of service flows, team communication, and risk control. In conclusion, inter-unit coordination serves as an important mediator that strengthens the impact of management policy innovations on the quality of clinical services. Therefore, hospitals should prioritize cross-unit synergy in the implementation of every innovative policy.

Keywords: *Management policy innovation, inter-unit coordination, clinical service quality*

INTRODUCTION

Hospitals are healthcare service institutions that play a strategic role in improving the health status of the community. In facing an increasingly complex external environment such as changes in government regulations, advances in medical technology, and the growing demands of patients for fast, accurate, and high-quality services hospitals are required to continuously innovate in their management policies (Kuddi et al., 2024). Hospital management policy innovation is not only oriented toward administrative efficiency but also toward the transformation of organizational governance, the strengthening of a collaborative work culture, and the development of systems that are adaptive to changing healthcare service needs (Carlof & Mulyanti, 2023). This is in line with the paradigm of modern healthcare services, which emphasizes patient-centered care, service integration, and continuous quality improvement (Istiono et al., 2024).

Clinical service quality is a key indicator of a hospital's success in providing healthcare services that are standardized, safe, effective, and responsive to patient needs. Clinical service quality covers various dimensions, including the competence of medical personnel, the adequacy of facilities and infrastructure, service timeliness, patient safety, and patient satisfaction (Ambari et al., 2023). The World Health Organization (WHO) emphasizes that clinical service quality is not solely determined by advanced medical technology or resource availability but also by how hospitals are able to integrate innovative management policies into daily service practices. Therefore, hospital management policy innovation has a direct influence on improving the quality of clinical services (Tjiphanata & Tumewu, 2024). However, Fachrurrozi et al. (2023) show that the influence of management policies on clinical service quality is not always linear. One key factor bridging this relationship is inter-unit coordination within hospitals. As complex organizations, hospitals consist of various functional units such as emergency departments, inpatient wards, outpatient clinics, pharmacies, laboratories, and other supporting units. Without effective

coordination among these units, hospital management policy innovations will not be optimally implemented. Inter-unit coordination involves cross-department communication, synchronization of service procedures, internal referral mechanisms, and the integration of patient data within the hospital information system. Strong coordination can minimize overlapping services, service delays, and medical errors, thereby indirectly contributing to improvements in clinical service quality. In Indonesia, challenges in inter-unit coordination remain significant. Several studies and hospital quality audit reports indicate the presence of coordination barriers, whether caused by siloed unit cultures, limited integrated information systems, or weak cross-departmental supervision mechanisms. These conditions result in classic problems such as delays in patient care, information gaps among medical personnel, and reduced patient trust in hospital services. In this context, hospital management policy innovations that foster stronger inter-unit coordination become crucial to ensuring high-quality clinical services (Nurfaidah et al., 2025).

Health service management theory emphasizes that policy innovations must not only be strategically designed but also communicated, implemented, and monitored across units. In other words, the success of policy innovations in improving clinical service quality is largely determined by the extent to which inter-unit coordination functions as a mediating mechanism. When coordination runs optimally, innovative management policies can be converted into consistent, quality-oriented service practices. Conversely, if inter-unit coordination is weak, innovative policies risk remaining at the administrative level without producing tangible impacts on clinical service quality (Palenewen & Mulyanti, 2023). Based on the above discussion, this study is important to analyze the effect of hospital management policy innovation on the quality of clinical services, with inter-unit coordination as a mediating variable. This research is expected to provide theoretical contributions by enriching empirical studies on the relationship between hospital management variables and clinical service quality, as well as practical contributions in the form of policy recommendations for hospital management in designing and implementing innovative policies oriented toward service quality and patient satisfaction.

LITERATURE REVIEW

Hospital Management Policy Innovation

Hospital management policy innovation is a form of strategic renewal designed by management to enhance organizational effectiveness, operational efficiency, and the quality of healthcare services. This innovation does not merely refer to the adoption of new technologies, but also encompasses the formulation, implementation, and evaluation of policies that bring significant changes to hospital governance. From a management theory perspective, policy innovation consists of three main dimensions: structural innovation (changes in organization and governance), process innovation (renewals in workflows and service mechanisms), and cultural innovation (shifts in values, behaviors, and organizational work culture) (Carlof & Mulyanti, 2023).

According to the Diffusion of Innovations Theory, the adoption of innovative policies is influenced by five factors: relative advantage, compatibility with organizational needs, complexity of implementation, trialability, and observability of results. In the hospital context, these factors determine the success of management innovations such as the implementation of integrated health information systems, electronic medical record digitalization, patient safety policies, and governance models based on international accreditation standards (Gumilang et al., 2024). Hospital management policy innovation emerges as a response to both external and internal demands. Externally, hospitals face national health regulations, accreditation requirements (such as Joint Commission International or National Hospital Accreditation Standards), advances in medical technology, and increasing patient expectations for safe, high-quality services. Internally, hospitals are required to optimize limited resources, improve the performance of healthcare human resources, and overcome inter-unit coordination challenges (Kuddi et al., 2024).

The main objectives of hospital management policy innovation can be outlined as follows (Rahmawati, 2022):

1. Improving clinical service quality through evidence-based management and continuous quality improvement policies.
2. Enhancing operational efficiency by reducing waste of time, costs, and resources.
3. Ensuring patient safety through policies that prevent medical errors, standardize procedures, and implement incident reporting systems.
4. Advancing digital health transformation, including the integration of electronic medical records and telemedicine.
5. Strengthening institutional competitiveness, both nationally and globally, through innovative policies that support the hospital's reputation and sustainability.

Inter-Unit Coordination

Inter-unit coordination in hospitals is defined as the process of synchronizing activities, communication, and collaboration among different departments or divisions to achieve integrated healthcare service goals. As complex organizations, hospitals consist of various functional units such as emergency departments, outpatient clinics, inpatient wards, laboratories, pharmacies, radiology, and other supporting units, each of which has distinct roles but remains interdependent (Suhadi et al., 2019). Therefore, inter-unit coordination is required to ensure service continuity, avoid duplication of work, and accelerate patient care. Theoretically, coordination is understood as an integration mechanism within organizations. Wulandari et al. (2025) state that coordination can be achieved through process standardization, direct supervision, or mutual adjustment. In the hospital context, inter-unit coordination involves patient information flow, synchronization of service schedules, internal referrals, and cross-disciplinary collaboration. Inter-unit coordination plays a vital role due to the multidisciplinary nature of healthcare services. Patient care typically involves doctors, nurses, pharmacists, laboratory staff, radiographers, and administrative personnel within a continuous service chain. Without proper coordination, there is a higher risk of delayed diagnoses, medication errors, and reduced service quality. Coordination is also essential to support the principle of continuity of care. Patients often transition between units—for example, from the emergency department to inpatient wards, then to laboratories or pharmacies. Each transition requires clear and accurate information flow. Research has shown that weak inter-unit coordination contributes to increased medical errors, service delays, and decreased patient satisfaction.

Inter-unit coordination can be described in several key dimensions (Salamah & Rustiana, 2010):

1. **Inter-Unit Communication**
Covers the smoothness of information flow, clarity of messages, and timely and accurate delivery of patient information.
2. **Cross-Disciplinary Team Collaboration**
Coordination is reflected in the cooperation between healthcare professionals from different backgrounds who share the same service goals.
3. **Standardization of Procedures**
The presence of protocols, SOPs (Standard Operating Procedures), and clinical pathways agreed upon collectively to reduce practice variations.
4. **Internal Referral Systems**
Organized mechanisms for transferring patients between hospital units, including documentation, transportation, and effective communication.
5. **Integration of Information Technology**
The use of hospital information systems (Hospital Information System/EMR) that enables units to share patient data in real time.

Clinical Service Quality

Clinical service quality is one of the main pillars in delivering meaningful and sustainable healthcare services. Conceptually, clinical service quality can be understood as the degree of alignment between the healthcare services provided, professional standards, clinical guidelines, and the needs and expectations of patients. The World Health Organization defines healthcare quality as care that is effective, efficient, safe, patient-centered, timely, and equitable. In the hospital context, clinical service quality reflects the institution's performance in managing human resources, facilities, and management systems to achieve patient satisfaction and safety (Ambari et al., 2023). Clinical service quality is usually measured through several dimensions. According to Sari et al. (2021), healthcare quality can be evaluated based on three components: structure, process, and outcome. Structure includes physical resources, medical personnel, and management systems that support care; process refers to how care is delivered, including interactions between healthcare providers and patients; while outcome relates to service results, both in terms of patient health improvements, satisfaction levels, and patient safety. These three components are interrelated and form a continuous quality cycle. In the context of clinical care, quality standards are determined by the existence of clinical guidelines developed based on evidence-based medicine. The implementation of Standard Operating Procedures (SOPs) is an important instrument to ensure consistency of services across healthcare workers and hospital units. Without adherence to these standards, clinical service quality is at risk of declining, which may be reflected in increased medical errors, service delays, and low levels of patient satisfaction. The factors influencing clinical service quality are complex and multidimensional. First, the competence of healthcare professionals is a key aspect, covering medical skills, professional ethics, and communication with patients. Second, hospital facilities and

infrastructure, such as the availability of modern medical equipment, supporting facilities, and a comfortable care environment, play a role in determining the quality of patient experience. Third, hospital management systems—including policy innovations, health information systems, and quality evaluation mechanisms—significantly affect the consistency and effectiveness of care. Fourth, inter-unit coordination is an important factor that ensures the smooth flow of patient services across different units, reducing the risk of delays and overlapping services (Letelay, 2022). Clinical service quality has been proven to be closely related to patient satisfaction, patient loyalty, and hospital reputation. A study by Pujiastutik & Maulana (2025), using the SERVQUAL model—originally developed for general services—has also been widely applied in healthcare contexts. The dimensions of tangibles, reliability, responsiveness, assurance, and empathy serve as benchmarks in assessing patient perceptions of clinical service quality. In addition, Joint Commission International (JCI) and Indonesia's Hospital Accreditation Commission (KARS) have established hospital quality standards emphasizing patient safety, risk management, and compliance with clinical care procedures.

METHOD

This study uses a literature review approach with the aim of analyzing the influence of hospital management policy innovation on the quality of clinical services with inter-unit coordination as a mediating variable. The literature review method was chosen because it is relevant in examining the relationship between existing concepts, theories, and empirical findings, thus building a comprehensive conceptual framework and research hypothesis. The type of research used is descriptive qualitative research based on literature study, namely by collecting, reviewing, and synthesizing various relevant literature, both in the form of reputable international journal articles (Scopus, Web of Science), accredited national journals (Sinta), health management textbooks, reports from international organizations (WHO, Joint Commission International, OECD), and health policy guidelines in Indonesia (Ministry of Health of the Republic of Indonesia and the Hospital Accreditation Commission).

The research stages are as follows:

1. **Identifying Literature Sources**
Researchers conducted a literature search using keywords such as hospital management innovation, clinical service quality, unit coordination in healthcare, healthcare quality improvement, and policy innovation in hospitals. The search was conducted through scientific databases such as Google Scholar, PubMed, ProQuest, ScienceDirect, Scopus, and the Garuda and Sinta portals for national publications.
2. **Inclusion and Exclusion Criteria**
The literature included in the review consisted of scientific articles published in the last five years (2019–2024), focusing on hospital management, clinical service quality, health policy innovation, and inter-unit coordination within the hospital. Articles that solely discussed technical medical aspects without relevance to service management were excluded from the analysis.
3. **Literature Analysis and Synthesis**
Relevant literature was analyzed using thematic analysis techniques, namely by grouping the findings into main themes: (1) innovation in hospital management policies, (2) quality of clinical services, (3) coordination between units, and (4) relationships between variables. Synthesis was carried out by comparing and integrating findings from various sources to identify research gaps and build a conceptual framework.
4. **Validation and Credibility of Literature**
To ensure validity, researchers only used literature sourced from accredited journals or official institutions. Credibility was maintained by reviewing more than one source for each concept and comparing findings between studies.
5. **Preparation of Research Framework**
The results of the literature analysis are used to develop a conceptual framework that explains the relationship between the influence of hospital management policy innovation (X) on the quality of clinical services (Z) through coordination between units (Y) as mediation.

RESULTS AND DISCUSSION

The Influence of Hospital Management Policy Innovation on the Quality of Clinical Services

Hospital management policy innovation is a strategic factor that determines the success of health institutions in facing both internal and external challenges. Changes in community needs for health services, the development of medical technology, government regulatory demands, and the growing awareness of patients regarding their rights require hospitals to continuously adapt through innovative policy reforms. Policy innovation here is not limited to

administrative regulations but also includes organizational governance transformation, the use of information technology, the adoption of collaborative work culture, and strategies for continuous quality improvement of services (Kuddi et al., 2024). The quality of clinical services, as the main outcome of health care delivery, is closely related to how hospital management policies are implemented. According to Maranggi et al. (2024), service quality can be analyzed through three main dimensions: structure, process, and outcome. Hospital management policy innovation can directly influence these three dimensions. From the structural perspective, innovative policies may encourage the provision of competent human resources, adequate medical technology, and integrated information systems. From the process perspective, innovative policies ensure compliance with standard operating procedures (SOPs), accelerate service flow, and improve coordination among medical staff. From the outcome perspective, policy innovation contributes to patient safety, recovery rates, and patient satisfaction with the services received.

In addition, policy innovation plays a role in strengthening a quality-oriented organizational culture. Management policies that emphasize a patient safety culture, for example, encourage health workers to work according to clinical standards, to be more open in reporting patient safety incidents, and to be more proactive in improving service processes. This quality culture, supported by innovative policies, is what can maintain the consistency of clinical service quality in the long term (Kuddi et al., 2024). However, this relationship is not always linear. In practice, several challenges may weaken the influence of innovative policies on the quality of clinical services. First, resistance from health workers to new policy changes often becomes a barrier, especially when such policies are perceived as increasing workload without clear incentives. Second, resource limitations—such as the lack of technological infrastructure or trained medical personnel—make innovative policies difficult to implement optimally. Third, the silo culture among units, which is still dominant in many hospitals in Indonesia, prevents innovative policies from being fully translated into integrated clinical practices.

Therefore, the effectiveness of management policy innovation in improving clinical service quality greatly depends on how these policies are supported by clear implementation systems, strong inter-unit coordination, and continuous monitoring and evaluation. Without such synergy, innovative policies risk remaining only administrative documents without producing real change in clinical services. Theoretically, the influence of policy innovation on clinical service quality reinforces the perspective of health service management theory, which emphasizes the importance of evidence-based management. In other words, every policy issued must be formulated based on empirical data, clinical research, and patient needs assessments. Thus, innovative policies can effectively address real problems in practice and produce sustainable improvements in clinical quality. Practically, these findings have important implications for hospital management. First, hospital leaders need to adopt a transformational leadership style that promotes policy innovation while also managing resistance to change. Second, hospitals must allocate sufficient resources—both in terms of technology and training for health workers—to ensure that innovative policies can be effectively implemented. Third, an integrated quality monitoring system must be established so that the impact of innovative policies on clinical service quality can be continuously measured. In conclusion, hospital management policy innovation has a significant influence on the quality of clinical services, both directly through improvements in structure and service processes, and indirectly through the establishment of a quality-oriented organizational culture. However, the effectiveness of this influence is highly dependent on the quality of implementation, cross-unit coordination, and the readiness of hospital resources.

The Influence of Inter-Unit Coordination on the Quality of Clinical Services

Inter-unit coordination is a fundamental aspect of healthcare service delivery in hospitals. As complex organizations, hospitals consist of various functional units such as emergency departments, outpatient clinics, inpatient wards, laboratories, pharmacies, radiology, and other supporting units. Each unit has a specific function but is interconnected in providing comprehensive services to patients. In this context, the quality of clinical services is not only determined by the performance of a single unit but also by how well inter-unit coordination is established within an integrated service system (Wulandari et al., 2025). According to Kuddi, et al. (2024), the quality of clinical services includes the dimensions of structure, process, and outcomes. Inter-unit coordination directly contributes to the process dimension, namely how service flows are delivered to patients. Effective coordination can streamline service flows, accelerate internal referrals, prevent redundant examinations, and ensure continuity of patient care. For instance, patients referred from the emergency department to radiology, then to the laboratory, and subsequently to the inpatient ward, highly depend on inter-unit coordination to ensure that services run quickly, accurately, and without communication errors (Kuddi et al., 2024). Several studies support the positive relationship between inter-unit coordination and the quality of clinical services. Research by Nosih (2024), using the concept of relational coordination, shows that hospitals with high coordination among healthcare professionals (doctors, nurses,

pharmacists, and administrative staff) achieve better clinical outcomes, including reduced patient mortality rates, increased patient satisfaction, and more efficient resource utilization. Similar findings were reinforced by Rahmi et al. (2025), highlighting the importance of hospital information system integration to strengthen inter-unit coordination, thereby reducing risks of service delays and medical errors. Inter-unit coordination is not only technical but is also influenced by managerial aspects and organizational culture. The technical aspects include the availability of integrated information systems, standard communication procedures among units, and clear internal referral mechanisms. Meanwhile, managerial aspects cover leadership that supports cross-unit collaboration, supervision, and periodic evaluation of coordination. From the organizational culture perspective, values of togetherness, mutual trust, and patient-oriented quality strongly determine the effectiveness of inter-unit coordination. In other words, good coordination requires a combination of technological support, managerial regulations, and a collaborative work culture (Enadarlita & Affiani, 2019).

However, in practice, inter-unit coordination often faces various challenges. First, the persistence of silo culture in some hospitals, where each unit tends to work separately without intensive communication with others. Second, limited integration of information systems makes data exchange between units not always fast or accurate. Third, resistance to change, particularly in the use of new technologies, also becomes an obstacle to creating effective coordination. As a result, patients often experience service delays, medication errors, or unnecessary duplication of examinations that could have been avoided. The implication of this discussion is that the quality of clinical services will significantly improve if inter-unit coordination is strengthened. Hospitals need to emphasize the importance of cross-unit communication, develop integrated health information systems, and foster a culture of collaboration among healthcare professionals. Furthermore, hospital leaders must pay special attention to coordination aspects when formulating management policies because without strong coordination, innovative policies risk failing to maximize their impact on the quality of clinical services. Thus, it can be concluded that inter-unit coordination has a positive and significant influence on the quality of clinical services. Effective coordination not only streamlines service processes but also directly contributes to patient safety, patient satisfaction, and efficient use of hospital resources. Conversely, weak coordination will lead to declining clinical quality, increased risk of medical errors, and reduced public trust in hospitals.

The Role of Inter-Unit Coordination as a Mediating Variable between Management Policy Innovation and the Quality of Clinical Services

Hospital management policy innovation has great potential to improve the quality of clinical services. However, in practice, the direct impact of innovative policies on service quality often does not fully materialize unless followed by effective implementation at the operational level. This is where inter-unit coordination plays a crucial role as a mediating variable, functioning as a mechanism that bridges innovative policies with clinical practices in the field. As complex organizations, hospitals consist of various interdependent units. Management policy innovations, such as the implementation of clinical governance, digitalization of medical records, and patient safety management systems, can only yield positive impacts on clinical service quality if supported by strong inter-unit coordination. Without coordination, innovative policies tend to remain at the administrative level or become formal regulations without consistent implementation in practice (Kuddi et al., 2024). Several studies support this view. Letelay (2022), through the concept of relational coordination, emphasized that the effectiveness of health policies is highly determined by the quality of cross-unit coordination, which includes timely, accurate, respectful, and goal-oriented communication. Similarly, Maranggi et al. (2024) showed that hospitals implementing policy innovations based on information technology only achieved positive outcomes for clinical quality when the systems were well integrated across service units. In other words, coordination functions as a bridge linking policies to clinical outcomes.

The mediating role of inter-unit coordination can be explained through three main mechanisms:

1. **Translating Policy into Clinical Practice**
Coordination among units helps transform innovative policies into operational procedures at the clinical service level. For example, the policy of digitalizing medical records will improve clinical service quality only if all units (outpatient, inpatient, pharmacy, laboratory) coordinate in using the same system.
2. **Service Process Integration**
Coordination unifies service flows across units so that innovative policies can be consistently implemented. For instance, a clinical pathway policy will only be effective in improving clinical quality if all units involved follow the same process, without operating separately.
3. **Risk Control and Patient Safety**

Coordination enables early detection of potential service risks and ensures that innovative policies related to patient safety are properly followed. For example, a double-check medication policy will only be effective if pharmacists, nurses, and doctors coordinate in the drug administration process.

Nevertheless, the effectiveness of coordination as a mediator is strongly influenced by several factors, such as leadership support, human resource readiness, information technology integration, and organizational culture. If any of these factors are weak, the coordination function will not be maximized, and ultimately, innovative policies will fail to optimally impact clinical service quality.

Theoretically, the mediating role of inter-unit coordination aligns with the systems approach in healthcare management, which emphasizes that healthcare service quality results from the interaction of various subsystems within the hospital organization. Innovative managerial policies should be understood as the input, inter-unit coordination as the process mechanism, and clinical service quality as the output. Thus, coordination becomes a crucial connecting element in the entire quality cycle. Practically, this finding implies that hospital management should not only formulate innovative policies but also build effective coordination systems to ensure policy implementation across all units. Strategies include developing integrated hospital information systems, holding regular cross-unit coordination forums, and forming multidisciplinary teams in patient care. In conclusion, inter-unit coordination serves as a mediating variable that strengthens the influence of management policy innovations on the quality of clinical services. Without effective coordination, innovative policies risk failing to be translated into clinical practice, resulting in insignificant improvements in service quality. Conversely, if inter-unit coordination functions optimally, innovative policies can be truly realized in clinical services that are fast, accurate, safe, and patient-centered.

CONCLUSION

Hospital management policy innovations have been proven to positively influence the improvement of clinical service quality, yet this influence is not always direct. Well-designed policies such as information system digitalization, the strengthening of clinical governance, and patient safety regulations will only be effective if they can be translated into everyday clinical practices. In this regard, inter-unit coordination plays a crucial role in ensuring that each management policy is implemented consistently across all service lines. Inter-unit coordination functions as a mediating variable that bridges innovative policies with clinical service outcomes. Through effective coordination, policies can be implemented in an integrated manner, service flows become more harmonious, and the risk of service errors can be minimized. Thus, the quality of clinical services will improve significantly when hospital management innovations are accompanied by solid, structured, and sustainable cross-unit coordination.

REFERENCES

- AMBARI, A., SUNARSIH, E., & MINARTI, M. (2023). Studi Literatur Tentang Peningkatan Manajemen Mutu Pelayanan Kesehatan Di Rumah Sakit Indonesia. *Journal of Nursing and Public Health*, 11(2), 318-330.
- Carlof, C., & Mulyanti, D. (2023). Inovasi Teknologi dalam Manajemen Kesehatan: Pemanfaatan Sistem Informasi Kesehatan Elektronik di Rumah Sakit. *Journal of Management and Social Sciences*, 2(2), 50-62.
- Enadarlita, E., & Affiani, M. (2019). Hubungan Budaya Kerja dan Koordinasi Terhadap Kinerja Organisasi pada Badan Pengembangan Sumber Daya Manusia (BPSDM) Provinsi Jambi. *J-MAS (Jurnal Manajemen Dan Sains)*, 4(1), 136-141.
- Fachrurrozi, A., Prayogo, D. A., & Mulyanti, D. (2023). Strategi peningkatan mutu pelayanan kesehatan di rumah sakit: Systematic literature review. *Jurnal Riset Rumpun Ilmu Kedokteran*, 2(1), 123-134.
- Gumilang, W. S., Lazuardi, G. R., Indrawan, M. R., & Sulharis, H. F. (2024). Identifikasi Faktor Penentu dan Penolak Adopsi Aplikasi Telemedicine Menggunakan Teori Difusi Inovasi: Diffusion Of Innovation Theory. *El-Mujtama: Jurnal Pengabdian Masyarakat*, 4(2), 1492-1504.
- Istiono, W., Sutomo, A. H., Izhar, M. D., & Welembuntu, M. (2024). *Strategi Penerapan Patient Centered Care pada Pelayanan Kesehatan Primer*. UGM PRESS.
- Kuddi, A., Siregar, A. D., Putri, A. A. T., Purwadhi, P., & Widjaja, Y. R. (2024). Inovasi dan tantangan dalam manajemen strategi rumah sakit: Sebuah tinjauan literatur. *Journal of Innovation Research and Knowledge*, 4(5), 2593-2610.
- Letelay, J. F. (2022). *FAKTOR YANG MEMPENGARUHI MUTU PELAYANAN DI BALAI LABORATORIUM KESEHATAN PROVINSI MALUKU PADA MASA PANDEMI COVID-19= Affecting Factors Quality of*

- Services at the Maluku Provincial Health Laboratory Center during the Covid-19 Pandemic* (Doctoral dissertation, Universitas Hasanuddin).
- Maranggi, O., Bacthiar, A., & Oktamianti, P. (2024). Analisa Mutu Pelayanan Rumah Sakit Terhadap Kepuasan dan Loyalitas Pasien. *JURNAL SYNTAX IMPERATIF: Jurnal Ilmu Sosial Dan Pendidikan*, 4(6), 732-746.
- Nosih, L. (2024). *Analisis Pengaruh Employee Engagement, Job Satisfaction dan Interprofessional Collaboration terhadap Patient Safety Culture pada Profesional Pemberi Asuhan di RSUD Sayang Rakyat Provinsi Sulawesi Selatan Tahun 2023 = Analysis of the Effects of Employee Engagement, Job Satisfaction and Interprofessional Collaboration on Patient Safety Culture in Professional Care Providers at Sayang Rakyat Regional Hospital of South Sulawesi Province in 2023* (Doctoral dissertation, Universitas Hasanuddin).
- Nurfaidah, N., Hafizha, Y. C., & Yeni, H. (2025). Transformasi Efisiensi Layanan Kesehatan dengan Sistem Informasi Manajemen Rumah Sakit (SIMRS) di RSUD Provinsi Sulawesi Barat. *Jurnal Ekonomi Manajemen Sistem Informasi (JEMSI)*, 6(3).
- Palenewen, A. A. P., & Mulyanti, D. (2023). Upaya Peningkatan Manajemen Pelayanan Kesehatan Di Rumah Sakit: Tinjauan Teoritis. *DIAGNOSA: Jurnal Ilmu Kesehatan dan Keperawatan*, 1(1), 53-59.
- Pujiastutik, E., & Maulana, A. (2025). EVALUASI PELAYANAN KESEHATANDALAM PELAYANAN PUBLIK DIRUMAH SAKIT DAERAH KALISAT KABUPATEN JEMBER. *Interelasi Humaniora*, 1(4), 315-327.
- Rahmawati, L. (2022). Pentingnya Penerapan Manajemen Strategis di Rumah sakit untuk menjadi rumah sakit pilihan masyarakat. *Jurnal Medika Hutama*, 3(02 Januari), 2356-2365.
- Rahmi, S. F., Dewi, N. H., Hartono, B., & Daud, A. G. (2025). Analisis Kualitas Software dan Hardware dalam Mendukung Efisiensi Layanan Rumah Sakit Berbasis Sistem Informasi. *RIGGS: Journal of Artificial Intelligence and Digital Business*, 4(2), 4785-4791.
- Salamah, U., & Rustiana, E. (2010). Meningkatkan mutu pelayanan medik melalui koordinasi antar unit dan profesionalisme petugas (Studi pada RSUD Dr. Slamet-Garut). *Jurnal Pembangunan dan Kebijakan Publik*, 1(2), 38-47.
- Sari, R. S., Tasri, Y. D., & Shakila, R. (2021). Sosialisasi Manajemen Klinis untuk peningkatan mutu pelayanan kesehatan bagi Profesional Perkam Medis. *ABDINE: Jurnal Pengabdian Masyarakat*, 1(2), 147-158.
- Suhadi, M. A., Palutturi, S., Bahar, B., Nurmaldewi, Y., Junaid, L. D., & Astuty, E. (2019). Model Permasalahan Efektifitas Sistem Koordinasi Pelayanan Kesehatan di Rumah Sakit Badan Layanan Umum Daerah Bahteramas Provinsi Sulawesi Tenggara. *Preventif Journal*, 4(1), 31-35.
- Tjiphanata, R., & Tumewu, F. J. (2024). Analisis penerapan manajemen mutu terpadu di rumah sakit umum daerah maria walanda maramis. *Jurnal EMBA: Jurnal Riset Ekonomi, Manajemen, Bisnis Dan Akuntansi*, 12(01), 521-531.
- Wulandari, M., Novriyanti, T., Purwadhi, P., & Widjaja, Y. R. (2025). Pengaruh Pengorganisasian Terhadap Efisiensi Pelayanan Pasien Di Rumah Sakit: Studi Kasus Pendekatan Kualitatif. *Innovative: Journal Of Social Science Research*, 5(1), 1451-1462.