

Policy Analysis to Improve Inpatient Service Performance in Accordance with Minimum Service Standards at Mental Hospitals in Southeast Sulawesi Province in 2025

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Abstract

Background: Southeast Sulawesi Provincial Mental Hospital plays an important role in mental health services, but still faces challenges in meeting the Minimum Service Standards (SPM). This study aims to analyze the policy to improve the performance of inpatient services according to SPM in this hospital by 2025

Methods: The method used was qualitative with a descriptive approach, involving in-depth interviews with key informants and supporters

Results: The results of the study showed that the availability of inpatient services had met most of the SPM indicators, although there were still obstacles in fulfilling the visiting hours of specialist doctors and handling fixation of ODGJ patients that exceeded 24 hours. Factors that affect the length of a patient's care day are not only related to clinical aspects, but also include social and economic conditions, as well as family involvement

Conclusion: These findings emphasize the importance of strengthening human resources, infrastructure, and cross-sectoral collaboration. Education to patients' families is also expected to reduce stigma and increase understanding of treatment. This research is expected to contribute to the formulation of more effective and sustainable mental health services policies in psychiatric hospitals.

Keywords: Policy; Service Performance; Hospitalization; Minimum Service Standards; Mental Health

1. Introduction

According to WHO (2020), stunting is a condition of growth retardation that occurs in the first 1,000 days of life. Mental hospitals as health service facilities have a strategic role in providing quality, safe, and recovery-oriented mental health services. In the context of decentralization of public services, regional hospitals are required to implement Minimum Service Standards (SPM) as a measure of achievement of basic service performance that must be fulfilled by local governments. Based on the Decree of the Minister of Health (Kepmenkes) Number 129 of 2008 concerning Minimum Service Standards for Hospitals, it determines the type and quality of basic services that must be provided by hospitals in order to provide quality, affordable, and standard services for the wider community.

Data from the Health Development Policy Agency (BKPK) of the Ministry of Health of the Republic of Indonesia states that the achievement of the Provincial SPM in 2023 is 89%, of which 24 out of 38 provinces have reached 100% for health crisis indicators and as many as 30 out of 38 provinces have reached 100% for extraordinary event indicators

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(Ministry of Health BKPK, 2024). Meanwhile, the achievement of SPM in Southeast Sulawesi has increased in the last 3 years, where in 2021 it was 69.71%, in 2022 it was 76.94% and in 2023 it was 83.29%. Meanwhile, in 2024, the achievement of health SPM will be 85.08% (Mediatamasultra, 2024).

The achievement of SPM at the Southeast Sulawesi Provincial Psychiatric Hospital shows that the figure is good, where in 2023 the achievement of SPM is 60.2%, in 2024 it will be 62.6% (BLUD Quality Committee RSJ Prov. South Sulawesi, 2024). In 2025, the achievement of SPM in the first quarter will be 63.5% and the second quarter will be 60.48%. Despite SPM access Stuttgart increase but still not reaching the target, which is caused by several SPM indicators that have not been met due to a lack of human resources, facilities and infrastructure (BLUD Quality Committee RSJ Prov. South Sulawesi, 2025).

The implementation of SPM at the Southeast Sulawesi Provincial Psychiatric Hospital has become part of efforts to improve service quality. Based on SPM data for the South Sulawesi Mental Hospital in 2024, several indicators such as the implementation of nursing care based on the Professional Nursing Service Model (MPKP) and the involvement of psychiatrists have been run. However, challenges are still encountered when doctor visits are not maximized and prevention of the occurrence of patients escaping. This shows the need for policy evaluation and analysis to identify factors that affect the performance of inpatient services and to seek sustainable improvement strategies (Working Group of PMKP Psychiatric Hospital of South Sulawesi, 2024).

Based on the SPM Quarter I and II report of the Southeast Sulawesi Provincial Mental Hospital, it is known that inpatient services as one of the vital services at the Southeast Sulawesi Provincial Mental Hospital have several indicators that have not been achieved such as inpatient service providers still do not meet standards because the number of existing nurses has not met the standard of care according to the hospital class. The number of nurses as many as 121 people divided into 10 treatment rooms has not met the ratio of nurses: patients according to the hospital class.

Another indicator is that the availability of inpatient services has not met the standards because there is no treatment room for patients other than psychiatric diseases, namely Narcotics, Psychotropics, and Other Addictive Substances (NARCOTICS), child health, obstetrics and surgery. Specialist doctor's visiting hours have not met the standard because the average specialist doctor's visit is carried out between 1-3 times a week, not done every weekday. This is because the number of specialist doctors is still lacking (BLUD Quality Committee RSJ Prov. South Sulawesi, 2025)

The application of nursing services is a professional nursing practice model, although it has reached the target of 40% (target >20%), but there is still the potential for inpatient service to be unoptimized because there is still a shortage of nurses in hospitals. This is certainly related to the potential for the target length of patient treatment days not to be achieved for 43 days, the patient has been completed or the patient is in a stable state and can be discharged to continue to outpatient services. Meanwhile, the indicator of no patients who escaped/committed suicide is an achievement of the performance of inpatient service providers, which currently inpatient service providers still lack human resources (HR), both health and medical personnel.

The application of SPM in psychiatric hospitals is important considering the complexity of patients with mental disorders that require holistic, professional, and continuous treatment. The purpose and objectives of this minimum service standard is a guideline to provide a common direction for local governments in planning and control as well as supervision and accountability for the implementation of standards Services Public Health (Widiaswari, 2020). The implementation of SPM is expected to be able to ensure the achievement of fair, equitable, and high-quality health services as well as increase patient satisfaction as service users (Ancient, 2025).

Minimum Service Standards are considered very important to be implemented, because with the existence of SPM, all regions or regions are given instructions and directions related to services at the same time (Eka Asi et al., 2022). SPM is expected to be able to be an indicator in improving people's welfare, so that people's living standards will also improve (Aliyah, 2020). However, in order to achieve health services according to SPM, it must be followed by improving the performance of health workers. This is very important because health services involve medical personnel and health workers, so optimal service according to SPM must be followed by the performance of the officers who provide services (Zudi et al., 2021).

Previous research shows that the results of evaluations in several regional hospitals show that the implementation of SPM is not fully optimal. Research at Bhayangkara Manado Hospital found that even though some of the pharmaceutical SPM indicators have been met, there are still delays in service time and patient satisfaction that have not reached the target (Puspitasari et al., 2021). Meanwhile, the study Others reports that improving the quality of service is key to

optimizing patient satisfaction through the implementation of SPM and adjustment of patient characteristics (Widayati & Estiningtyastuti, 2022).

The results of the preliminary study show that the performance of several indicators has not reached the expected target. This condition indicates that the implementation of service quality improvement policies, especially in inpatient units, still faces various obstacles both in terms of human resources, infrastructure, and sustainable service governance. In general, the availability of inpatient services at Southeast Sulawesi Provincial Mental Hospitals has not fully complied with the standards as stated in the Decree of the Minister of Health Number 129 of 2008 concerning Minimum Service Standards for Hospitals. The standard mandates that psychiatric hospitals must provide treatment rooms based on the classification of types of disorders, including organic mental disorders, psychotic disorders, neurotic disorders, and drug abuse and related diseases. In addition, hospitals are also expected to be able to provide minimal public services such as child health, internal medicine, obstetrics, and surgery. Based on the results of initial observations and document reviews, it is known that some of these types of services are not fully available at the Southeast Sulawesi Psychiatric Hospital. Limited treatment rooms and supporting facilities cause patients with comorbid conditions or special medical needs to be referred to other hospitals, reducing service effectiveness and patient satisfaction.

In terms of the implementation of medical services, the implementation of the specialist doctor visit schedule has also not been optimal. Based on the SPM achievement report for the second quarter of 2025, the level of compliance with the implementation of specialist doctor visits has only reached around 50% of the 100% target, with the standard time for the implementation of visits between 08.00 to 14.00 every weekday. This low achievement is due to the limited number of psychiatrists on duty, so that the implementation of visits cannot be carried out regularly and comprehensively in all treatment rooms. This condition has the potential to affect the process of monitoring patient progression, clinical decision-making, and therapeutic effectiveness during the hospitalization.

The results of the preliminary study also show that patient safety indicators related to physical fixation still need special attention. Based on the second quarter report, the achievement of the indicator "no patients with mental disorders (ODGJ) who are fixed for more than 24 hours" has only reached 76.67% of the 100% target. This shows that there are still a small number of patients who undergo fixation procedures beyond the set time limit. Although fixation measures are often carried out for the safety of patients and health workers, this condition indicates the need for increased surveillance, the addition of risk control personnel, and the provision of more humane and therapeutic alternatives to non-physical interventions.

In addition, the results of the evaluation of the length of treatment days for ODGJ patients showed that the duration of hospitalization was still above the maximum standard set, which was six weeks (42 days). This condition can be caused by several factors, such as the severity of mental disorders, delays in the rehabilitation process and discharge of patients, and social factors that hinder the patient's reintegration into family or society. The length of the patient's day not only has an impact on the effectiveness of medical services and the workload of health workers, but also on the efficiency of resource utilization and hospital bed capacity.

Based on the above background description, it appears that the success of the implementation of SPM is highly dependent on the synergy between managerial policies, human resource competence, and the availability of adequate infrastructure in mental hospitals. Evaluation of the implementation of SPM is a strategic step to assess the extent to which the performance of inpatient services is in accordance with the standards set by the government, as well as to identify areas that still need improvement. The policy analysis to improve the performance of inpatient services at the Southeast Sulawesi Provincial Psychiatric Hospital is expected to make a real contribution to the preparation of strategies to strengthen service quality, improve patient safety, and achieve optimal SPM indicators.

2. Material and methods

This research uses a qualitative method. The determination of informants in this study was carried out by purposive sampling technique. The informants of this study consisted of two categories, namely key informants and supporting informants. Key informants are parties who have the authority and strategic understanding of the implementation of the SPM policy, including the Director of the Southeast Sulawesi Provincial Mental Hospital, the Head of Nursing, the Psychiatric Specialist, and the Quality of the Southeast Sulawesi Provincial Mental Hospital. Meanwhile, supporting informants are parties who are directly involved in the implementation of inpatient services and are beneficiaries of policies which include nurses who perform psychiatric hospitalizations, medical records officers or inpatient administration, patient safety installation officers (K3RS) and patients' families or inpatient companions. The number of informants is basically not determined definitively, but will be adjusted to the principle of saturation (data saturation).

Based on the SPM indicators of mental hospital inpatient that have been determined by the Ministry of Health, this study is focused on five main aspects that reflect the quality and performance of inpatient services, namely the availability of inpatient services, the visiting hours of specialist doctors, no patients of people with mental disorders (ODGJ) which are fixed > 24 hours, the length of days of treatment of ODGJ patients. The instruments used to support data collection in this study are interview guidelines containing a list of questions that are used as a guide in collecting information and information needed by the researcher, field notes in the form of field notes used to record things heard, observed and experienced in the context of data collection in the field and supporting devices such as stationery and other tools needed to help the process data collection, such as cameras and tape recorders that serve to document and record various information relevant to the research problem. The supporting devices used in this study are in the form of handphones that support features such as voice recording devices, videos and cameras. The techniques in carrying out data analysis are Data Collection, Data Condensation, Data Display and Conclusion Drawing or Verification.

3. Results and discussion

3.1. Inpatient Service Availability

According to the Key Informant Mr. J who revealed the availability of inpatient services at the Southeast Sulawesi Provincial Psychiatric Hospital as follows:

"Pada dasarnya ya, kami mengadopsi Kepmenkes RI No. 129 Tahun 2008 tentang SPM yang terdiri dari beberapa indikator untuk di semua lini rumah sakit, khususnya RSJ Sultra. Termasuk yang di rawat inap, ada beberapa indikator SPM yang digunakan sebagai standar pelayanan rawat inap, seperti ketersediaan pelayanan rawat inap, ketersediaan DPJP, kejadian HAI's, tidak adanya insiden pasien melarikan diri.....". (Bapak. J, 56 Tahun)

"Untuk pelayanan rawat inap sendiri memiliki alur dimulai dari IGD dengan kondisi pasien gaduh gelisah, kemudian dipindah ke ruangan HCU, lalu Teratai dan ruangan tenang. Kami diruangan tenang ada tiga ruangan yakni Melati, Matahari dan Asoka" (Bapak. J, 56 Tahun)

Mr. J also added that the availability of inpatient services received support from the hospital management as follows.

"Ya semua, dukungan sarana dan prasarana, dukungan administrasi,....dengan membuka layanan pengaduan keluarga untuk keluhan terhadap pelayanan medis maupun non medis, seperti di bangsal pengaduan sarana dan prasarananya" (Bapak J, 56 Tahun)

"Namun harus diakui bahwa indikator SPM belum semua terpenuhi karena kendala teknis maupun non teknis, seperti ketersediaan ruangan tertentu yang membutuhkan anggaran besar yang harus mendapatkan persetujuan pemerintah. Akan tetapi kami berproses akan hal tersebut biar bagaimana indikator-indikator tersebut dapat terpenuhi sesuai visi misi kami....." (Bapak J, 56 Tahun)

The availability of inpatient services at the Southeast Sulawesi Provincial Psychiatric Hospital also receives monitoring and reporting of SPM achievements as an indicator of inpatient service standards as follows.

"Baik.... untuk ketersediaan pelayanan rawat inap di Rumah Sakit Jiwa ini selalu kami lakukan monitoring secara rutin. Pelaporan capaian berkala dilakukan setiap 3 bulan sekali. Setiap ada kejadian kami sediakan link atau barcode untuk pelaporan kejadian dirawat inap secara realtime. Hal ini penting untuk dilakukan untuk menjaga mutu pelayanan di rumah sakit kami dan sesuai standar" (Ibu A, 44 Tahun)

Mrs. A also added that in the implementation of inpatient services, there are still SPM indicators that still do not meet the following standards.

"Eee...untuk indikator SPM dirawat inap yang belum tercapai. Berdasarkan hasil evaluasi SPM Triwulan II ada beberapa indikator pada seperti ketersediaan pelayanan rawat inap juga kami masih kurang ruang rawat inap yang sesuai standar seperti ruang Napza yang saat ini sudah proses finishing namun belum beroperasi, ruang pelayanan perawatan umum, ketersediaan DPJP masih kurang, jam visit DPJP juga kurang, tidak ada pasien orang dengan gangguan jiwa (ODGJ) yang difiksasi lebih dari 24 jam masih belum tercapai, juga evaluasi terhadap lama hari perawatan pasien ODGJ menunjukkan bahwa durasi rawat inap masih berada di atas standar maksimal. Hal ini perlu dilakukan peningkatan berbagai aspek dan memang membutuhkan dukungan pimpinan dan pemerintah Provinsi Sulawesi Tenggara" (Ibu A, 44 Tahun)

Information about the evaluation of the achievement of the SPM indicator of hospitalization at Mrs. A's hospital provides an explanation that is in line with Mr. J's previous statement, which is as follows.

"Untuk evaluasi....kami sifatnya triwulan, jadi kami menyebar angket, observasi serta mengolah data yang masuk dari link atau barcode yang kami sediakan di setiap ruangan rawat inap sebagai media pelaporan secara realtime lalu kami mengolah dan menjadikan laporan yang akan disampaikan pada pertemuan atau rapat evaluasi...." (Ibu A, 44 Tahun)

"Eeeee...kalau hal yang mendasari kenapa belum tercapai saya sebut sebagai faktor internal dan eksternal...faktor eksternal berarti hal-hal yang tidak bisa kami putuskan sendiri seperti pengadaan bangunan atau gedung karena harus melalui mekanisme penganggaran dan persetujuan sedangkan kami hanya sebatas pengusulan serta pengawalan saja, termasuk regulasi pendukung juga sama.....Kalo faktor internal tentu saja kendala dari dalam rumah sakit seperti yang saya sebut tadi itu kurangnya dokter ahli jiwa, tenaga perawat juga belum maksimal dan ada beberapa faktor lain juga....." (Ibu A, 44 Tahun)

The availability of inpatient services by psychiatrists in supporting the availability of inpatient services is the key informant Mrs. I conveyed the following:

"Kalau saya sendiri sebagai DPJP, juga memberikan pelayanan di ruang rawat inap, selain di poli juga. Saya minimal seminggu itu tiga kali visit ke ruang rawat inap. Dan biasanya saya visit pagi hari sebelum memulai poli" (Ibu I, 45 Tahun).

Based on the results of the study, the availability of inpatient services at the Southeast Sulawesi Provincial Psychiatric Hospital has been carried out by referring to the Ministry of Health of the Republic of Indonesia No. 129 of 2008 concerning SPM, as shown by the existence of a clear service flow, management support, and periodic monitoring and reporting system. However, the fulfillment of inpatient SPM indicators has not been optimal, especially in the availability of inpatient rooms according to standards, the adequacy of DPJP and nursing personnel, the frequency and hours of DPJP visits, patient fixation practices, and the length of ODGJ treatment days that still exceed standards. This shows that there is a gap between the implementation of services and SPM standards which is influenced by limited resources and budget support, so that it is necessary to strengthen policies and resource planning to achieve optimal compliance with standards.

The results of the evaluation show that not all inpatient SPM indicators can be optimally fulfilled at the Southeast Sulawesi Provincial Psychiatric Hospital. Based on research, this is influenced by internal factors such as limited human resources such as specialist doctors, general practitioners and nurses, facilities and infrastructure are still limited and have not met standards such as not all patient bathroom beds have not been installed with handrails according to standards PMK Number 40 of 2022 concerning Technical Requirements for Hospital Health Buildings, Infrastructure, and Equipment, there is no room available for services for organic mental disorders, drugs, neurotic disorders, child health, internal medicine, obstetrics and surgery. Meanwhile, external factors are in the form of budget limitations, procurement of physical facilities, and regulations that require local government approval. However, the hospital has followed up through regular quality evaluation meetings involving cross-unit and leadership elements, as a form of continuous commitment in efforts to fulfill SPM indicators in accordance with the hospital's vision and mission

Research also shows that the availability of human resources to support inpatient services, especially specialist doctors and nursing, is still not fully in accordance with the standard of needs when compared to the available bed capacity. Similarly, the number of specialist doctors until the end of 2025 is only 2 people who are actively providing services, this does not meet the standard where the Southeast Sulawesi Provincial Psychiatric Hospital should have at least 5-6 psychiatrists. So that this will have an impact on health services in hospitals, and requires serious attention from all leaders of mental hospitals and local governments. In addition, the implementation of the nursing care model and the distribution of personnel still requires optimization through evaluation and adjustment of the amount of personnel. The role of medical record officers is also an important part in supporting inpatient services through regular recording and reporting of SPM.

Study by Kruk et al. (2018) emphasized that limited health resources can hinder the achievement of service standards, even though the service system has been well designed. This is in line with the findings of this study which shows that internal and external constraints affect the fulfillment of inpatient SPM indicators. Thus, improving the quality of service requires not only policies, but also sustainable resource support. This research is in line with research Ancient (2025) shows that the implementation of Minimum Service Standards (SPM) in hospitals has a significant influence on inpatient satisfaction. The results of the study are in line with the findings that services that meet standards tend to increase

patients' positive perceptions of hospitals. Other studies highlight the constraints in the implementation of SPM in hospitals, including communication factors, bureaucratic structure, resources, disposition, and sectoral egos (Tjuanda et al., 2021)

The results of the study underlined the importance of fulfilling SPM indicators in maximizing inpatient services in psychiatric hospitals. The availability of DPJP, the limitation of the fixation time for ODGJ patients, and the length of treatment days that are in accordance with standards are indicators that need to be considered to improve the quality of service comprehensively. By meeting these indicators, hospitals can provide more effective, efficient, and patient-oriented services. In addition, the positive response from the patient's family shows that the fulfillment of SPM indicators also has an impact on public satisfaction and trust in hospital services.

3.2. Specialist Visiting Hours

Jam visite reflects the involvement of the physician as the patient's clinical chargeholder. The information obtained from Mr. J, regarding the doctor's visiting hours is stated as follows.

"Dalam seminggu...idealnya visit dokter spesialis setiap hari ya....tapi kondisi saat ini kita masih terbatas jumlah dokter spesialis, jadi bukan dokter organik, mereka visit minimal 3 kali seminggu ini...." (Bapak J, 56 Tahun)

"Namun ketersediaan tenaga dokter ahli, dokter umum, tenaga perawat dan beberapa aspek lain juga belum maksimal untuk menunjang pelayanan rawat inap yang mumpuni...." (Bapak J, 56 Tahun)

In line with this information, Mrs. I as a psychiatrist at the Southeast Sulawesi Provincial Psychiatric Hospital, also provided similar information as follows.

"Biasanya kalau saya ada jadwal visitnya itu saya Senin, Selasa, dan Jumat. Jadi Senin, Selasa, Jumat saya pasti jadwal visit saya. Terutama jadwal poli saya disini seminggu dua kali yakni Senin dan Selasa, jadi saya mengikuti jadwal poli untuk visit" (Ibu I, 45 Tahun).

"Kemudian karena panjang makanya saya ngambil hari Jumat. Nah Jumat itu saya melihat lagi setelah tiga hari saya kasih terapi obat. Pasti saya akan mengevaluasi bagaimana. Apakah tepat diagnosa, apakah tepat dosis, apakah tepat obatnya. Nah jadi harus kita evaluasi itu. Apakah gejala-gejalanya membaik atau tidak ada perubahan. Jadi minimal ya tiga-tiga hari sih sebenarnya itu. Kalau saya visit malah dari jam 7.30 sampai jam 9 saya visit. Sampai jam 9 pagi, jam 9 saya sudah duduk disini di poli" (Ibu I, 45 Tahun).

Information from the Southeast Sulawesi Provincial Mental Hospital Quality Team also shows the following as follows.

"Capaian visite DPJP ke ruang rawat inap saat ini belum sesuai target berdasarkan laporan SPM Triwulan II dan III. Berdasarkan standar SPM, indikator Jam Visite dokter spesialis terjadwal pada pukul 08.00 s/d 14.00 setiap hari kerja. Namun saat ini karena keterbatasan tenaga dokter spesialis, maka dokter ini visite 3-4 kali seminggu ke ruang rawat inap, karena mereka juga poli, jadi jadwal mereka atur agar dapat dua-duanya" (Ibu A, 44 Tahun)

Information from inpatient room nurses also shows a similar thing, which is presented as follows.

"Selama yang berjalan ini, DPJP visirnya 3 kali seminggu, biasa di hari senin, selasa dan jumat kalau dokter umum sekali seminggu. Biasa kami konsul pasien kalau ada perubahan kondisi on call. DPJP bagus mau komunikasi langsung dengan pasien yang sedang di rawat inap dan juga keluarganya...." (Bapak D, 35 Tahun)

"Kalau diruangan HCU disini dulunya ada 4 DPJP, tapi sisa 2 dan tidak setiap hari visit, jadi kami sering konsul menggunakan aplikasi Whatsapp atau telpn untuk konsul pasien" (Bapak LJ, 41 Tahun)

"Kami disini ada 1 DPJP dan jadwal visitnya Senin, Selasa dan Jumat, jika pasien gelisah kita konsul by phone... on call" (Bapak S, 36 Tahun).

Based on the results of interviews with inpatient room nurses, it is known that the implementation of the visit of the doctor in charge of services (DPJP) at the Southeast Sulawesi Provincial Mental Hospital is generally carried out three times a week, namely on Monday, Tuesday, and Friday. Especially in HCU rooms and rooms with a limited number of DPJPs, patient consultations are often carried out indirectly via telephone or short message applications (on call).

Communication between DPJP, nurses, patients, and families is maintained, especially in clinical decision-making when patients' conditions change.

The results of the evaluation show that the achievement of the DPJP visiting hour indicator based on the quarterly SPM report shows that the frequency and range of visit time have not met the standard provisions that require the visit to be carried out every weekday at 08.00–14.00. This condition is influenced by the limited number of psychiatrists and the double service burden between inpatient and outpatient. Nevertheless, efforts to arrange schedules are still carried out so that the continuity of inpatient services is maintained, while waiting for the fulfillment of human resource needs to achieve optimal SPM standards. The time of the specialist's visit to the inpatient room at the Southeast Sulawesi Provincial Mental Hospital is basically scheduled according to the hospital's policy. Within one week, each inpatient room already has a specialist doctor who visits and is responsible for the patient's medical services. However, the current condition, the Southeast Sulawesi Provincial Psychiatric Hospital is still limited in psychiatrists, so the leadership must work around so that patient services in inpatient and outpatient areas must be fulfilled

The results of this study are related to the theory of service quality which emphasizes accessibility, effectiveness, and efficiency of services (Setiyawati et al., 2024). Non-standard visiting hours can reduce the patient's accessibility to specialists, affect the effectiveness of therapy, and decrease the overall efficiency of service. The patient-centered care theory also emphasizes the importance of good communication and interaction between doctors and patients, which can be hampered if the frequency of visits is not optimal. Minimum Service Standards (SPM) is an application of performance management theory in the public service sector, which aims to measure and improve performance through measurable indicators. Donabedian (2002) emphasizing the importance of structure (availability of doctors), processes (visit schedules), and outcomes (patient satisfaction) in assessing the quality of health services.

Compliance with specialist visiting hours is one of the process indicators that contribute to the quality of service (RSU Cut Mutia Langsa, 2025). Research Situmorang et al. (2025) It shows that the timeliness of doctor visits has a positive and significant effect on inpatient satisfaction. Another study found that the quality of services and facilities had a significant effect on the number of hospital patient visits (Febriani et al., 2024). Previous research corroborates the finding that regular and timely specialist visits contribute to patient satisfaction and overall hospital service quality (Veronica, 2021).

The results of this study highlight the importance of fulfilling the DPJP visiting hour indicator in maximizing inpatient services in mental hospitals. Adherence to the visiting hours of the specialist contributes to the enforcement of accurate diagnoses, effective therapeutic evaluations, and appropriate clinical decision-making. In addition, regular visiting hours increase communication and trust between doctors, patients, and families, which has a positive impact on patient satisfaction and clinical outcomes

3.3. No patients with Mental Disorders (ODGJ) were fixed > 24 hours

This indicator describes services that respect patients' rights, prioritize safety, and follow the ethical principles of the nursing profession. The information obtained from Mr. J about the fixation performed on the patient is as follows.

"Kebijakanannya.....kami ada penerapan bahwa pasien gelisah yang difiksasi tidak boleh lewat 24 jam, dan setiap 30 menit harus dipantau serta setiap 2 jam posisi pasien harus diubah. Selain itu, kalau ada tanda-tanda pasien mau lari atau gelisah, dengan cara segera ditindaki, dan segera diantisipasi, oleh perawat dan dokter juga dibantu oleh satpam sambil keluarga juga harus diberitahu....." (Bapak. J, 56 Tahun)

In line with Mr. J's submission, information from Mr. S shows similar information as follows.

"Fiksasi itu adalah bentuk penanganan dari kondisi pasien. Jadi penanganannya baik secara medis dan medis juga dengan terapi obat-obatannya. Dan dikeperawatan adalah evaluasi observasi pada fiksasi itu setiap 15 menit dilakukan observasi. Sehingga setiap perubahan yang terjadi harus bisa diantisipasi dan risiko-risiko dari fiksasi dan juga diupayakan bahwa fiksasi tidak lebih dari 8 jam...." (Bapak S, 50 Tahun)

The information from the Quality Team also shows that it is no different from other key informants as stated below.

"Penanganan pasien gelisah dengan fiksasi juga menjadi bagian penting dalam pelayanan rawat inap. Dalam laporan Tim Mutu Triwulan ke II dan III penanganan pasien dengan fiksasi diatas 24 jam masih terjadi karena kondisi pasien gelisah dan mengancam.....Walau sudah diseklusi...tapi penanganan fiksasi ini masih sangat diperlukan terutama di ruangan HCU, termasuk juga ruangan intermediet seperti ruangan Teratai dan

Flamboyan.....Namun pelaksanaannya tetap mengacu pada indikator SPM bahwa seharusnya tidak ada pelayanan fiksasi, dan selama fiksasi harus dipantau setiap 15-30 menit dan setiap 2 jam harus ada perubahan posisi” (Ibu A, 44 Tahun)

The Quality Team report shows that cases of fixation of ODGJ patients for more than 24 hours still occur in certain conditions, especially in patients with severe anxiety and high risk, especially in the HCU room and intermediate room. This condition shows that the achievement of SPM indicators related to the absence of fixation for more than 24 hours has not been fully met. The implementation of fixation is still carried out with strict supervision and in accordance with procedures, as a form of the hospital's efforts to balance patient safety, environmental safety, and the fulfillment of service standards. Information from the inpatient nurse about the implementation of patient fixation is explained as follows.

“Pelaksanaan fiksasi diruangan kami terbilang jarang.....karena kondisi pasien tenang, tapi ketika fiksasi kami lakukan tetap kami observasi ketat perubahan kondisi dalam setiap 30 menit, dan ganti posisi dalam 2 jam dan paling lama 8 jam” (Bapak D, 35 Tahun)

“Fiksasi diakut hampir tiap hari kalau kondisi gelisah, ruang kami ini ruang Akut tempatnya memang pasien gelisah, jadi fiksasi pasti kami lakukan biar pasien tidak cedera pada saat mereka gelisah sekali.....Tapi tetap kita pantau mereka kalau lagi di fiksasi...walau kadang sampai besok mereka difiksasi karena gelisah sekali. Selama fiksasi kita pasti lihat setiap 15 menit kita cek, setiap 2 jam kita rubah lagi fiksasinya” (Bapak LJ, 41 Tahun)

“Fiksasi kami biasa lakukan di Teratai, pasien di ruangan kami sering terjadi perubahan kondisi dari tenang langsung gelisah dan ruang seklusi kami terbatas, jadi tindakan yang paling masuk akal adalah fiksasi, kami fiksasi diluar kurungan supaya gampang kami pantau. Kami dibantu sama security pas fiksasi pasien” (Bapak S, 36 Tahun)

Information from Hospital Occupational Health and Safety (K3RS) officers is explained as follows.

Kalau itu disini fiksasi 24 jam itu rata-rata dilakukan di UGD dan HCU kayaknya. Pasien dioper dari UGD, itu masih dalam keadaan gaduh gelisah dan sampai di HCU di sana tetap difiksasi, kalau memang sudah tidak terkontrol akan disuntik ini untuk penenang Itu saja tindakannya. Untuk standar prosedur operasional SPO untuk menangani pasien berisiko tinggi ada di bagian perawatan (Ibu D, 39 Tahun)

The results of interviews with the patient's family also show the following information.

“Kalau anak saya pindah dari ruang HCU, ruang Teratai lalu sekarang Matahari. Memang di ruang HCU dan Teratai ada pasien yang diikat (fiksasi) karna mengamuk, berkalahi dengan temannya jadi diikat, kalau anakku tidak ji” (Bapak H, 59 Tahun)

“Iya.....anak saya pernah di rawat di di HCU diikat (fiksasi) karna gelisah sekali dan marah-marah serta berteriak. Jadi saya disampaikan oleh perawat kalau anakku mau diikat, saya sedih tapi demi kebbaikannya saya setuju. Tapi waktu diikat dipantau terus sama perawatnya, diganti-ganti juga posisi ikatnya. Tidak sampai satu hari sudah dilepas dan sudah nampak bagus kondisinya” (Ibu Y, 49 Tahun)

“Anak saya pernah diikat juga kasian, perawatnya sampaikan harus diikat dulu karena mengancam dan berkelahi dengan temannya didalam kurungan. Lalu saya menyetujui tapi tetap dipantau penuh oleh perawatnya.....dan tidak sampai satu hari sudah dilepas karena sudah berkurang marah-marahnya” (Ibu T, 53 Tahun)

Based on the results of the study, the implementation of fixation of ODGJ patients at the Southeast Sulawesi Provincial Psychiatric Hospital has referred to the principle of patient safety and the provisions of the SPM of the Ministry of Health of the Republic of Indonesia No. 129 of 2008, characterized by fixation as a last resort, periodic monitoring, and changes in the patient's position. However, SPM indicators related to the absence of fixation for more than 24 hours have not been fully achieved, because in certain conditions fixation still lasts until close to or exceeding 24 hours, especially in the acute room, thus indicating a gap between SPM standards and service practices that require strengthening of facilities and continuous supervision.

The results of the study show that the implementation of the indicator of no fixation of ODGJ patients for more than 24 hours at the Southeast Sulawesi Provincial Psychiatric Hospital has clear policies, procedures, and commitments to prioritize patient safety, respect for patient rights, and service ethics principles. Fixation is applied as a last resort in patients with disturbing and high-risk conditions, with close supervision through periodic observation every 15–30

minutes, a change of position every 2 hours, the involvement of security guards, and the patient's family communication and consent. However, in practice, there are still cases of fixation that last close to or exceeding 24 hours, especially in patients with severe anxiety in acute spaces such as ER and HCU, which shows that the achievement of the SPM indicator has not been fully met. However, the patient's family considers that the fixation action is carried out in a controlled manner and for the safety of the patient, so it is necessary to strengthen resources, supporting facilities, and continuous supervision so that the implementation of SPM indicators can be achieved optimally.

Physical fixation in psychiatric patients is an intervention to prevent patients from harming themselves or others, but this action has a high risk of physical and psychological complications. Therefore, fixation should be accompanied by close monitoring every 15–30 minutes to assess the behavioral condition, psychological status, respiration, and circulation and integrity of the skin in the fixated extremities. This periodic monitoring is important to detect early the occurrence of circulatory disorders, psychological distress, and medical conditions that can develop quickly and potentially endanger patient safety. In addition, a change of the patient's position every ± 2 hours is necessary to prevent pressure sores, tissue perfusion disorders, joint stiffness, and tissue damage due to prolonged stress. Periodic repositioning and evaluation also allow for the fulfillment of the patient's basic needs as well as a reassessment of the patient's persistence needs including monitoring of injuries related to restrain, nutrition and hydration of circulation and range of motion of the extremities, vital signs, hygiene, and elimination, the patient's physical and psychological status (Suryani & Prastya, 2017). Thus, reposition monitoring to see skin condition, skin exercises and treatments and the patient's readiness to be released from restrain (Raveesh & Lepping, 2019)

Research by Fujiyanti & Rokayah (2023) shows that the management of restrain is allowed when a person has a mental disorder. Other research shows that legal protection for patients with mental disorders in mental hospitals is in the form of preventive legal protection, where the patient will give his consent in general consent based on the information he obtains on the medical actions to be carried out (Rofal, 2023)

The results of this study underscore the importance of fulfilling the indicator of no fixation of more than 24 hours in maximizing inpatient services in mental hospitals. Limiting the duration of fixation contributes to respect for patients' rights, reduced risk of physical and psychological complications, and improving the image of hospitals as safe and ethical places of care. The fulfillment of this indicator also reflects the hospital's commitment to improving the quality of service and patient safety in a sustainable manner. Overall, the Southeast Sulawesi Provincial Hospital has made efforts to minimize the use of fixation and comply with ethical standards, but it is still necessary to improve the achievement of SPM indicators related to the duration of fixation. Strengthening of resources (trained human resources), supporting facilities (intensive observation rooms), and continuous supervision (internal audit) are needed to ensure the optimal implementation of the fixation policy. In addition, improved communication and education to patients and families about the purpose and procedures of fixation can increase understanding and trust in hospital services.

3.4. Length of day for the treatment of ODGJ patients

Information obtained from the Director of the Southeast Sulawesi Provincial Mental Hospital about the length of the hospitalization is as follows:

"Secara reliatas lama hari rawat pasien dipengaruhi oleh obat-obatannya yang kadang kurang, kemudian keluarga pasien yang disini,.....keluarga kalau kesini biasa kalau sudah parah, istilahnya kalau kesini untuk titip....tapi keluarga beralasan kami tetap mengacu pada kebijakan bahwa pasien pulang harus tidak lebih dari 42 hari" (Bapak J, 56 Tahun)

The interview conducted with Mr. S was obtained information that in the length of treatment of patients returning home, nurses have a big role, because nurses are with patients 24 hours so that in line with that:

"Perawat sangat punya peran yang sangat besar karena yang 24 jam bersama dengan pasien adalah perawat. Jadi mereka sangat punya pengaruh dalam perbaikan, cepatnya perbaikan yang dialami oleh pasien, termasuk bagaimana persiapan pasien pulang ke rumah. Kalau mengacu pada clinical pathway itu 28 hari pasien sudah bisa pulang dengan indikasi rawat jalan, kalau di standar SPM < 42 hari pasien pulang" (Bapak S, 50 Tahun).

The same information was also stated by the DPJP, that the doctor who discharged the patient did not exceed the SPM indicator, as follows.

"Untuk lama hari rawat pasien tergantung kondisinya, tapi saya disampaikan sama pihak rumah sakit kalau pasien pulang itu tidak lebih dari 42 hari, atau 28 hari berdasarkan clinical pathway sudah harus indikasi rawat jalan dan

alhamdulillah selama ini pasienn tidak pernah sampai 42 hari saya sudah pulangkan karena sudah memenuhi indikasi rawat jalan" (Ibu I, 45 Tahun)

Interviews conducted with the Southeast Sulawesi Provincial Mental Hospital Quality Team revealed the following information.

"Mengacu ke indikator SPM maka sebelum 42 hari pasien harus pulang. Kamu juga ada clinical pathway, targetnya maksimal 28 hari rawat inap pasien sudah ada indikasi rawat jalan. Kalau lebih dari itu maka pasien dikenakan WHODAS dan akan terbebani operasional rumah sakit" (Ibu A, 44 Tahun)

The implementation in the inpatient room on the fulfillment of SPM indicators for the patient's long days of treatment was obtained as follows.

"Di ruang matahari kami tetapi mengacu ke 28 hari sesuai clinical pathway, kami bekerja sama dengan DPJP meningkatkan pelayanan agar 28 hari rawat inap pasien sudah bisa beralih ke rawat jalan, terlebih lagi Matahari adalah ruangan pasien tenang dan persiapan pasien pulang jadi kami bertanggung jawab agar pasien segera pulang ketika sudah ada keputusan dari DPJP" (Bapak D, 35 Tahun).

"Ruangan kami ini pintu pertama pasien masuk setelah dari UGD, dalam kondisi gelisah, kami tangani sampai pasiennya stabil, lama atau tidaknya pasien dirawat disini tergantung kondisi pasien, perawatan dan pengobatannya" (Bapak LJ, 41 Tahun)

"Kami ruangan intermediet adalah ruangan stabilisasi, pasien dari ruang HCU atau dari UGD jika skor PANSS EC nya rendah akan ke ruangan kami dulu. Biasa juga ada pasien pulang dari teratai dan jelas dirawat tidak sampai 28 hari atau 42 hari" (Bapak S, 36 Tahun)

Based on the results of the interview, it can be underlined that the Southeast Sulawesi Provincial Psychiatric Hospital has a clear policy and arrangement regarding the length of treatment days for ODGJ patients with reference to SPM \leq 42 days and a clinical pathway that targets a maximum length of hospitalization of 28 days before the patient is transferred to outpatient services. This policy is understood and implemented by hospital leaders, DPJP, nurses, and the Quality Team as a reference in making decisions to discharge patients. The role of health workers, especially nurses who accompany patients 24 hours, is an important factor in accelerating the improvement of patients' conditions and preparing patients to go home.

The results of interviews with the patient's family or inpatient companions about the length of treatment of inpatient patients are known as follows.

"Kalau saya pribadi merasa senang kalau anakku sudah bisa pulang, kalau perlu cepat pulang yang penting kondisinya sudah bagus..." (Bapak H, 59 Tahun)

"Saya semua tergantung dokter dengan perawatnya, kalau sudah diinformasikan bahwa anak saya sudah bisa pulang maka saya siap menjemput. Saya mengerti ini tidak hanya 1 atau 2 kali karena penyakit begini beda dengan penyakit lainnya, kalau dipikir-pikir berat tapi insya allah bernilai ibadah yang penting kita ikhlas" (Ibu T, 53 Tahun)

Based on the results of interviews with the patient's family, it can be seen that the family generally accepts and supports the long-term policy of hospitalization implemented by the Southeast Sulawesi Provincial Psychiatric Hospital. The patient's family tends to feel happy and ready when the patient is declared fit to go home, as long as the patient's condition has improved and discharge is carried out based on the assessment of the doctor and nurse. This response shows the family's trust in the clinical decisions of health workers and the understanding that the treatment of mental disorders requires an iterative process, so that the policy of length of hospitalization according to the SPM indicator is considered relevant and acceptable to the patient's family.

The results of the interview with the Director of the Southeast Sulawesi Provincial Mental Hospital obtained information that:

"Akhirnya, kasarnya dibuanglah sama keluarganya karena sudah dibikin gelisah di rumahnya" (Bapak J, 56 Tahun)

In line with the information from Mr. S who stated that:

"Tapi persoalan di rumah sakit jiwa. Ada yang lama pasien rawat inap itu bukan karena indikasi medis. Tapi karena sosial tidak jemput keluarga, keluarga tidak mampu menjemput, tidak bisa dikontak lagi keluarganya" (Bapak S, 50 Tahun).

The information disclosed by the nurse also shows similar information:

"Biasa yang agak lama itu di ruang tenang, karena perawat disana berkomunikasi dengan keluarga pasien beserta dinamika dari keluarga pasiennya" (Bapak S, 36 Tahun)

Interviews with the patient's family show interrelated information, as follows:

"Dulu sebenarnya sempat saya pikir saya simpan saja anaku di rumah sakit karena mengurusnya sangat merepotkan, terlebih saat kambuh di rumah saya sangat kesulitan menangani apalagi setelah suami meninggal. Tapi saya berpikir anakku ini tanggung jawabku, saya berdosa kalau terlantarkan anakku" (Ibu Y, 49 Tahun)

Based on the results of the interviews, it can be identified that the main obstacles in the discharge of ODGJ patients at the Southeast Sulawesi Provincial Psychiatric Hospital are not only caused by medical factors, but also significantly influenced by family social and economic factors. Family or community rejection due to stigma, economic inability to pick up patients, and loss of communication with family are the causes of patients who remain treated even though they have clinically met the indications for discharge. Therefore, it is necessary to strengthen social approaches, family education, and cross-sector support so that the patient discharge process can run more effectively and sustainably. To solve this social obstacle, the hospital has made various efforts to solve it, as revealed by the informant as follows.

"Kami perkuat edukasi langsung juga dengan keluarga dan kami berkerjasama dengan lintas sektor untuk penyelesaian masalah ini" (Bapak J, 56 Tahun)

"Banyak sudah kita lakukan....Kita bekerja sama dengan dinas sosial, kita bekerja sama dengan dinas kesehatan. Untuk penanganan pasien paska rawat penginapi di rumah sakit jiwa, itu harus terlibat multi-sektor. Karena sudah tidak diterima juga dari keluarga. Tapi kan pasien tidak bisa terus berada di rumah sakit. Karena ini rumah sakit, bukan panti. Karena rumah sakit, namanya rumah sakit, dia ada masuk, ada keluar. Ada pulang. Entah itu pulangnya...Untuk pulang lanjut rawat jalan atau rujuk atau meninggal" (Bapak S, 50 Tahun).

Based on the results of the study, the management of the length of treatment days for ODGJ patients at the Southeast Sulawesi Provincial Psychiatric Hospital has referred to the SPM of the Ministry of Health of the Republic of Indonesia No. 129 of 2008 (≤ 42 days) and the clinical pathway (≤ 28 days), but the achievement has not been optimal. In certain conditions, the extension of hospitalization still occurs not due to medical indications, but social factors such as family rejection, economic limitations, and stigma, thus showing that there is a gap between SPM standards and service practices that require strengthening social support and cross-sectoral collaboration.

This study shows that the Southeast Sulawesi Provincial Hospital has implemented a policy of long days of treatment for ODGJ patients based on SPM (≤ 42 days) and clinical pathway (≤ 28 days). This policy is understood by all staff, including leadership, DPJP, nurses, and the Quality Team. Nurses, who accompany patients 24 hours a day, play an important role in speeding up recovery and preparation for discharge. Most patients were discharged before 42 days, and many even met outpatient indications in less than 28 days. The length of the patient's treatment day is influenced by various factors, including the patient's clinical condition, the adequacy of the medication, the response to therapy, and the readiness and involvement of the patient's family in receiving the patient back home. Inpatient implementation shows that most patients have been discharged before reaching the maximum limit of 42 days, and many have even met outpatient indications in less than 28 days.

Although the policy of long days of hospitalization and discharge of patients has been determined and pursued according to SPM indicators, in its implementation the process of repatriating ODGJ patients does not always run smoothly. Hospitals often face a variety of obstacles, especially related to social indications, such as rejection from families or local communities of patients due to stigma and concerns about patient behavior. In addition, family economic limitations, especially in families with middle-to-lower economic conditions, are also obstacles due to the family's inability to pick up patients. This condition causes patients to remain treated for longer, which has an impact on the duration of hospitalization and the achievement of SPM indicators. To overcome this, the hospital has strengthened family education and established cross-sector cooperation with the Social Service and the Health Service,

as an effort to ensure that the patient discharge process runs effectively, sustainably, and in accordance with the function of the hospital as a health service institution.

The results of this study are in accordance with the theory of health service efficiency and patient-centered care. SPM and clinical pathway are applications of performance management theory, which focuses on the efficiency and effectiveness of services (Livana et al., 2025). The length limit of hospitalization reflects an effort to strike a balance between the quality of care and the utilization of hospital resources. The patient-centered care approach emphasizes that discharge decisions must take into account the patient's clinical condition and family readiness (Bangka Belitung Islands Regional Psychiatric Hospital, 2025).

Previous research has shown that the length of days of hospitalization can be used to assess the effectiveness and efficiency of mental health services (Livana et al., 2025). Other research emphasizes the importance of family support in accelerating the hospitalization of schizophrenia patients and the existence of a time limit on hospitalization is also aligned with efforts to increase bed turnover and hospital efficiency (Seha et al., 2024). Iriana's Research Sumirat et al., (2025) found significant differences in the length of stay of patients receiving therapy from specialist nurses compared to non-specialists, with specialist nurses able to speed up discharge times. Other research shows that the implementation of SPM in hospitals has a significant influence on inpatient satisfaction and finds that social issues are a complex factor faced by post-hospital ODGJ (Kandar et al., 2025; Ancient 2025).

The results of this study highlight the importance of managing the length of the hospitalization day according to SPM to maximize services at the hospital. SPM compliance contributes to bed utilization efficiency, increased service accessibility, and reduced maintenance costs. The results of this study also emphasize the importance of overcoming social and economic constraints in patient discharge, which can affect the achievement of SPM indicators (Hamadi et al., 2025).

4. Conclusion

The availability of inpatient services at the Southeast Sulawesi Provincial Psychiatric Hospital has in principle been organized in accordance with the Minimum Service Standards (SPM), characterized by a clear inpatient service flow, hospital management support, and periodic monitoring and quality evaluation mechanisms. However, the fulfillment of these indicators has not been fully optimal due to limited infrastructure and human resources. The implementation of psychiatric visiting hours (DPJP) in inpatient rooms has been carried out on a scheduled and consistent basis, with an average frequency of three times a week. However, the achievement of the visiting hour indicator does not meet the SPM standard which requires visits every working day, mainly due to the limited number of specialist doctors and the double service burden between inpatient and outpatient. The implementation of the indicator of no fixation of ODGJ patients for more than 24 hours has policies, procedures, and supervision that prioritize patient safety and rights. However, in certain conditions, fixation still lasts close to or exceeding 24 hours, especially in patients with severe anxiety in the acute room, so the SPM indicator has not been fully achieved. The implementation of the 42-day < hospitalization has not been optimally carried out because it is influenced by non-medical factors, especially family social and economic constraints, community stigma, and limited post-hospital support. This condition has an impact on the length of the patient's treatment day and the achievement of inpatient SPM indicators.

The researcher recommends that the Southeast Sulawesi Provincial Mental Hospital needs to propose the addition of psychiatrists to the government or a team-based scheduling scheme so that the frequency of visits is close to SPM standards, including the optimization of an on-call system based on electronic medical records. It also includes the proposal to add nursing personnel to support inpatient services so that the comparison is in accordance with standards. In addition, strengthening human resource planning and budget advocacy to local governments to support the achievement of SPM in a sustainable manner. And it is also necessary to strengthen the function of medical social workers, family education from the beginning of treatment, as well as the formation of SOPs for patient discharge based on biopsychosocial approaches, as well as adding hospital policies for psychiatric patients to be treated to attach domicile information from the local government. Patients' families are expected to increase their understanding and knowledge of mental disorders as well as the treatment and discharge process through active participation in education provided by health workers, so as to reduce stigma and fear of ODGJ patients.

Compliance with ethical standards

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