

Improving Outpatient Service Quality at Urip Sumoharjo Hospital in Bandar Lampung: A Service Quality and Management Approach using Service Blueprint

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Abstract

Service quality is crucial in healthcare settings, impacting both patient satisfaction and hospital performance. At Urip Sumoharjo Hospital in Bandar Lampung, operational challenges such as long waiting times, inefficient queuing systems, and coordination issues have hindered the quality of outpatient services. This study aims to analyze the outpatient service process using a Service Quality Management approach, employing the service blueprinting technique to identify fail points and design service process improvements that better respond to patient needs. The research applies a qualitative exploratory method, using data collection techniques such as direct observation, in-depth interviews, and document review. The findings indicate several service weaknesses, including long waiting times, a non-integrated queuing system, limited waiting areas, and insufficient interdepartmental coordination. By applying service blueprinting and process redesign, the study proposes several improvements, including strengthening the hospital information system, implementing an appointment-based flow, and enhancing frontliner competencies to deliver faster, more accurate, and empathetic services. Key issues such as long wait times, fragmented patient flows, and poor communication are explored, and strategic solutions, including digital registration systems, real-time queuing, and enhanced frontliner training, are recommended. The study emphasizes how improving service quality through these management interventions can enhance hospital efficiency, patient satisfaction, and long-term sustainability. The findings contribute to the growing body of knowledge on service management in healthcare systems, specifically in the context of private hospitals in Indonesia.

Keywords – Service Quality, Healthcare Management, Service Blueprinting, Patient Satisfaction

INTRODUCTION

Health is a basic human need that is an integral part of human resource development and community welfare. Based on the Law of the Republic of Indonesia Number 36 of 2009 concerning Health, every individual has the right to obtain safe, quality, and affordable health services. In the context of modern health services, hospitals play a strategic role not only as providers of medical services, but also as institutions that demand

professionalism, efficiency, and patient satisfaction as their top priorities. Competition between hospitals, both public and private, is now increasingly fierce, demanding continuous improvement in service quality.

Urip Sumoharjo Hospital in Bandar Lampung is one of the main referral hospitals in Lampung Province, providing a wide range of healthcare services, from general and specialist care to specialized services such as cardiology, surgery, and maternal care. As a class B private hospital, Urip Sumoharjo Hospital has seen a steady increase in the number of outpatient visits each year. Based on the hospital's internal data for 2024, the number of outpatient visits reached more than 180,000 visits per year, with BPJS participants dominating at 68%. This condition shows the high level of public trust in the hospital, but also presents a big challenge in maintaining fast, accurate, and satisfactory service quality.

The increase in patient volume is often accompanied by operational problems such as delays in service, long waiting times, inefficient coordination between units, and complaints about the queuing system and staff communication. Based on initial observations and interviews with patients, it was found that the average waiting time for outpatient services at Urip Sumoharjo Hospital was still above 60 minutes, especially during peak hours (8:00 a.m. to 11:00 a.m.). Factors such as doctor delays, repetitive administrative processes, and manual registration systems were the main causes of the decline in service quality perception. If not addressed immediately, these problems will have an impact on patient satisfaction and the hospital's image in the eyes of the public.

In an effort to improve service quality, the service blueprint approach is one effective method for systematically mapping service flows. According to Lovelock and Wirtz (2011), service blueprinting is a visual tool that describes the service process from the customer's perspective, covering interactions between customers, employees, and backstage operations. Through this visual map, management can identify critical points or potential fail points that can reduce service quality. Once these points have been identified, the next step is to redesign the process to achieve greater efficiency and customer satisfaction.

The concept of service blueprinting is also relevant to the Total Quality Management (TQM) approach and the principle of continuous improvement (Kaizen) applied in healthcare organizations. In the context of hospitals, blueprinting enables management to understand the patient journey comprehensively, from registration to medication pickup, so that appropriate interventions can be made to reduce waiting times, improve information systems, and enhance coordination between service units.

Several previous studies support the effectiveness of service blueprints in improving the quality of healthcare services. Bitner, Ostrom, and Morgan (2007) state that blueprinting can help service organizations recognize the relationship between front-stage and back-stage activities that affect customer experience. Research by Suryani and Handayani (2020) at Dr. Soetomo General Hospital in Surabaya found that the implementation of service blueprints reduced patient waiting times by up to 30% and increased patient satisfaction by 25%. Similar findings were reported by Rahman et al. (2023), who emphasized that blueprinting helps hospitals optimize human resources and service digitization systems.

Given the important role of service quality in improving hospital competitiveness, Urip Sumoharjo Hospital needs to conduct a comprehensive evaluation of its outpatient service processes, covering general patients, insurance, and BPJS. The service blueprint approach is expected to provide a comprehensive overview of the current business processes, identify areas for improvement, and outline steps for redesigning processes to be more efficient and patient-centered. Based on this background, the research questions are as follows:

1. What will the outpatient service process flow be like at Urip Sumoharjo Hospital in Bandar Lampung in 2025?
2. What are the fail points in the outpatient service process that affect patient satisfaction?
3. How can service redesign proposals improve the quality of outpatient services at Urip Sumoharjo Hospital?

The objectives of this study are:

1. To analyze the outpatient service business process at Urip Sumoharjo Hospital.
2. To identify failure points in outpatient services.
3. To formulate a service redesign blueprint that can improve the quality of outpatient services.

Practically, this study aims to provide valuable insights for the management of Urip Sumoharjo Hospital, assisting in the enhancement of outpatient service effectiveness and fostering a culture of continuous service excellence. Theoretically, this research contributes to the growing body of literature on the application of service blueprinting in the healthcare sector, with a particular focus on private hospitals in emerging regions such as Bandar Lampung.

LITERATURE REVIEW

Service Concept

According to Kotler and Keller (2016), a service is any action or performance that can be offered by one party to another that is intangible and does not result in any ownership. In the context of healthcare, services include various activities oriented toward meeting patient needs, whether in the form of medical services, administration, or interpersonal interactions. Lovelock and Wirtz (2011) add that services are time-based performances that provide value to recipients through direct experience, not through ownership of goods.

The main characteristics of services are known as the four dimensions, namely intangibility, inseparability (cannot be separated between the service provider and recipient), variability (changes depending on who, when, and how the service is provided), and perishability (cannot be stored). In hospitals, these four characteristics are very prominent. For example, patients cannot assess medical quality solely through the end result, but through the entire process of interaction while receiving services. This makes the patient experience a central element in service quality management (Zeithaml et al., 2018).

The concept of service in healthcare is also related to patient-centered care, an approach that places the patient at the center of the entire service process (Institute of Medicine, 2011). In the context of Urip Sumoharjo Hospital, this means that every element of service (from registration, doctor's examination, laboratory, to pharmacy) must be designed to provide comfort, speed, and a sense of security for patients.

Service Quality and Patient Satisfaction

Service quality is defined by Parasuraman, Zeithaml, and Berry (1988) as the degree of conformity between customer expectations and their perceptions of the service received. In the SERVQUAL model, there are five main dimensions that determine the perception of service quality: tangibles (physical evidence), reliability, responsiveness, assurance, and empathy. This model is widely used in health research to measure patients' perceptions of hospitals.

Kotler and Keller (2016) emphasize that patient satisfaction is the result of post-service evaluation, in which patients compare their expectations with their actual experiences. If the service results meet or exceed expectations, patients will feel satisfied and tend to be loyal to the hospital. Conversely, a mismatch will lead to complaints and the potential loss of patients.

Research by Fornell et al. (2010) shows that patient satisfaction has a direct relationship with institutional image and positive word of mouth, which strengthens the hospital's reputation. In the context of Urip Sumoharjo Hospital, the dimensions of patient satisfaction include ease of registration, timeliness of service, professionalism of medical staff, and quality of communication from staff. Each of these elements requires effective process management to ensure that the patient experience remains positive even when patient volume is high.

Service Blueprint

A service blueprint is a managerial tool used to map out the entire service process, including customer interactions with service providers, frontline activities, and behind-the-scenes support systems. Bitner, Ostrom, and Morgan (2007) define a service blueprint

as a visual representation that explains the logical relationship between various components in the service process. This blueprint allows organizations to understand the customer journey and identify potential points of failure that can affect service quality.

The main components in a service blueprint include:

1. Customer actions: customer actions during the service process, such as patients registering, waiting, consulting, and picking up medication.
2. Onstage contact employee actions: actions of employees who interact directly with customers, such as administrative staff, nurses, and doctors.
3. Backstage contact employee actions: activities of employees that are not visible to customers, such as medical record officers and pharmacists who prepare medication.
4. Support processes: support systems that ensure smooth service, such as hospital information systems, logistics, and digital technology.
5. Physical evidence: physical evidence such as the hospital environment, waiting rooms, and medical equipment that shape patients' perceptions of service quality.

According to Lovelock et al. (2011), the main advantage of service blueprinting lies in its ability to detect fail points, which are parts of the process that have the highest potential to cause dissatisfaction. Thus, management can intervene through service redesign to improve efficiency and effectiveness.

In the context of hospitals, blueprinting helps to understand patient touchpoints from start to finish, including interactions with various service units. Its application not only improves operational efficiency but also optimizes the patient experience.

Redesign Blueprint (Service Process Redesign)

Changes in the business environment, technological advances, and increasing customer expectations often require service organizations to redesign their service processes. Lovelock and Wirtz (2011) argue that redesign aims to reduce errors, shorten service times, and increase productivity without sacrificing quality.

Types of service redesign include:

1. Process simplification: eliminating steps that do not add value.
2. Self-service: utilizing digital technology so that customers can perform part of the process independently.
3. Service integration: combining several activities into one process to save time.
4. Physical evidence redesign: improving the physical environment to make it more comfortable and patient-friendly.

Research by Ostrom et al. (2015) shows that redesign blueprints can reduce bottlenecks in outpatient processes by up to 35%, especially when supported by an integrated digital system. The application of this concept at Urip Sumoharjo Hospital can be done through the digitization of queues, the integration of electronic medical record data, and the arrangement of doctor schedules based on an appointment system.

Hospitals and Quality of Health Services

According to Law No. 44 of 2009 concerning Hospitals, a hospital is a health service institution that provides comprehensive individual health services, including promotive, preventive, curative, and rehabilitative services. Hospitals function not only as places of healing, but also as centers of education and research in the field of health.

The quality of hospital services is assessed based on a combination of clinical outcomes and patient experience. The WHO (2018) emphasizes that quality health services must meet six main dimensions: effectiveness, efficiency, patient safety, affordability, equity, and patient-centeredness. Therefore, hospitals need to manage all elements of the process so that patients have a consistent, fast, and safe experience.

In the context of Urip Sumoharjo Hospital, improving the quality of outpatient services must focus on three main aspects: (1) efficiency of waiting times and queuing systems, (2) improving staff interaction with patients, and (3) optimizing the hospital management information system. The service blueprint approach is a comprehensive solution because it combines elements of operational management, organizational behavior, and customer experience into one systematic framework.

RESEARCH METHODS

Based on the above theoretical review, the conceptual framework of this study describes the relationship between service blueprint components and the quality of outpatient services in hospitals.

The framework includes five main elements:

1. Customer Actions: patient activities during the outpatient process.
2. Frontstage Employee Actions: activities of medical and non-medical staff who interact directly with patients.
3. Backstage Employee Actions: supporting activities that are not visible but affect the smooth running of services.
4. Support Processes: systems, technology, and procedures that support operations.
5. Physical Evidence: physical evidence that reinforces perceptions of service quality.

The relationships between these elements are visualized in a blueprint that forms the basis for process improvement analysis. Through the identification of failure points and redesign proposals, it is hoped that there will be a significant improvement in the dimensions of reliability, responsiveness, assurance, and empathy in the outpatient services of Urip Sumoharjo Hospital in Bandar Lampung.

Research Location and Time

The research was conducted at Urip Sumoharjo Hospital in Bandar Lampung, located at Jl. Urip Sumoharjo No. 200, Way Halim, Bandar Lampung. The location was chosen purposively because this hospital is one of the largest private hospitals in Lampung Province with a high volume of outpatients and has an integrated service system for BPJS and general patients.

The research was conducted from January to June 2025, covering the stages of observation, interviews, documentation, and service blueprint preparation. The research was conducted during outpatient operating hours (07:30–14:00 WIB) in order to capture the service activities in their entirety.

Research Informants

This study uses an exploratory qualitative approach with the service blueprint analysis method. Research informants consist of parties directly or indirectly involved in the outpatient service process. Informants were determined using purposive sampling based on their level of involvement and knowledge of the service process.

The main informants include:

1. Head of the Outpatient Unit (1 person)
2. Head of Medical Services (1 person)
3. Registration administrators (2 people)
4. General practitioners and specialists (3 people)
5. Polyclinic nurses (3 people)
6. Pharmacy staff (2 people)
7. Patients (5 people) : consisting of general patients and BPJS patients

Thus, there were a total of 17 informants who were considered representative to describe the entire outpatient service flow at Urip Sumoharjo Hospital.

Data sources were selected purposively to ensure the relevance of the information to the research objectives. This is in line with Sugiyono's (2022) view that purposive selection of informants is carried out to obtain in-depth and specific data in accordance with the research context.

This study adheres to the principles of social and health research ethics. All informants were given informed consent prior to the interview, with an explanation of the purpose of the study, data confidentiality, and the right to refuse participation. The identities of informants were disguised to maintain privacy, and the data was used solely for academic purposes.

This research has also received official permission from the management of Urip Sumoharjo Hospital and has been reviewed by the ethics department of Mitra Indonesia University.

The research was conducted through a systematic and structured process, consisting of several key stages:

1. **Preparation Stage:** Preliminary studies were conducted, research proposals compiled, research permits obtained from Urip Sumoharjo Hospital, and interview instruments and observation sheets were prepared.
2. **Data Collection Stage:** Field observations, in-depth interviews, and document reviews (including service procedures and quality reports) were undertaken to gather comprehensive data on the outpatient service process.
3. **Blueprint Mapping Stage:** A service blueprint was developed by analyzing field data to identify service activities and failure points within the outpatient process.
4. **Analysis and Redesign Stage:** The results from the blueprint mapping were analyzed to identify critical issues, leading to the development of process improvement proposals.
5. **Validation and Reporting Stage:** The analysis and proposed improvements were validated with hospital management, and the research findings were compiled and documented in a scientific report.

Data Collection Techniques

Data for this study were collected through several methods. Participatory observation was conducted non-participatorily during outpatient services, spanning from registration to medication collection. The focus was on observing interactions between patients and staff, with notes taken to capture customer actions and onstage employee activities, which were later used to construct the service blueprint. In-depth interviews were conducted with both medical and administrative staff, as well as patients, to gain insights into their experiences, challenges, and perceptions of service quality. The semi-structured interviews addressed key areas such as service flow, waiting times, interdepartmental coordination, and expectations for service improvements. Documentation involved collecting secondary data from hospital records, including SOPs, quality reports,

organizational structures, patient visit data, and internal workflow maps. These documents helped validate the findings from observations and interviews. Lastly, blueprint mapping was employed, where a service blueprint was created based on the collected data to visualize the sequence of activities, customer interactions, and backstage operations. This blueprint was essential for identifying fail points and guiding the design of process improvements.

Data Types

The study utilized both primary and secondary data. Primary data were collected through field observations, interviews, and field notes on outpatient services. Secondary data were obtained from hospital documents, service quality reports, SOPs, and patient satisfaction evaluations from 2023 to 2024.

Data Analysis Techniques

Data analysis followed a descriptive qualitative approach, based on the interactive stages outlined by **Miles, Huberman, and Saldaña (2018)**:

1. **Data Reduction:** Data from observations and interviews were simplified and grouped according to key themes, such as customer actions, fail points, and redesign areas.
2. **Data Display:** Analysis results were presented through narratives, tables, and visualizations of the service blueprint.
3. **Conclusion Drawing/Verification:** Patterns and relationships between service activities were identified, and findings were verified through triangulation.

The analysis was iterative, with preliminary results validated through member checking to ensure data validity and accuracy.

Data Validity Test

To ensure the robustness of the findings, source triangulation, method triangulation, and time triangulation were employed, as outlined by Denzin & Lincoln (2018). Source

triangulation involved cross-checking data between patients, administrative staff, nurses, and doctors to verify consistency and accuracy. Method triangulation combined observations, interviews, and documentation to further cross-verify the findings, ensuring a comprehensive analysis of the service process. Time triangulation involved collecting data at different times, including weekdays and weekends, to assess the consistency of the service process across various periods. Additionally, an audit trail was maintained throughout the research process to document each step, ensuring transparency and allowing for the verification of results by other researchers.

RESULTS

The Overview of Urip Sumoharjo Hospital in Bandar Lampung

Urip Sumoharjo Hospital (RSUS), established in 1995, is a type B private hospital in Bandar Lampung. It is one of the main referral hospitals in Lampung Province, offering a wide range of services, including emergency care, inpatient and outpatient care, and diagnostic support with over 30 specialist and subspecialist polyclinics. In 2024, the hospital recorded approximately 180,000 outpatient visits annually, with 68% of patients enrolled in BPJS Kesehatan. This high volume reflects public trust, but also presents operational challenges such as long waiting times, limited waiting area capacity, and the need for better digital system integration.

Service Blueprint Analysis Results

Based on observations and interviews, the outpatient service process at Urip Sumoharjo Hospital consists of seven main stages: registration, administrative verification, waiting for a doctor's examination, consultation, supporting services, medication pickup, and satisfaction surveys. Each stage involves multiple interactions between patients, frontline staff, and support units. Service Blueprint Mapping.

The results of service blueprint mapping show the interactions between patients, frontstage staff, and backstage activities as follows:

Table 1 Blueprint

Component	Activity	Potential Problems (Fail Points)
Customer Actions	Registration, Waiting, Consultation, Payment, Pharmacy	Long waiting times; unclear queue information
Frontstage Actions	Administrative staff, nurses, doctors	Lack of coordination and empathy; doctor delays
Backstage Actions	Data verification, medical record input, prescription preparation	Data systems not integrated between units
Support Processes	Hospital information systems, drug logistics, doctor schedules	Digital system disruptions; delays in schedule updates
Physical Evidence	Waiting rooms, facilities, information boards	Limited room capacity; patient comfort not yet optimal

Key Fail Points Identified

The blueprint analysis revealed four primary fail points affecting patient experience:

1. **Long Waiting Times:** The manual queuing system contributes to significant delays.
2. **Lack of Coordination:** Insufficient communication between departments leads to delays.
3. **Inadequate Communication and Empathy:** Patients reported rushed interactions with staff.
4. **Limited Physical Space:** Waiting areas and pharmacies have insufficient capacity, affecting patient comfort.

Service Blueprint Redesign Proposal

Based on the results of the fail point analysis, a service redesign proposal was made to improve efficiency and patient experience.

1. Digitization of Registration and Real-Time Queuing Processes. Implementing an online registration system with real-time queuing and appointment scheduling to reduce waiting times and patient congestion. Research indicates that digitizing the queuing system can reduce waiting times by up to 40% (Choi et al., 2023).
2. Integration of the Hospital Information System (Integrated SIMRS). The integration of the Hospital Information System (SIMRS) to streamline data flows, which will improve operational efficiency by automating administrative and pharmaceutical

processes. According to Satria and Handayani (2021), data integration can enhance service efficiency by 30%.

3. **Enhanced Staff Training.** Increase the competencies of Staff Frontliners and Doctors. Regular training on empathy and communication for frontliners and medical staff is crucial for improving patient satisfaction. Han et al. (2022) found that effective interpersonal communication significantly impacts patient satisfaction in outpatient settings.
4. **Physical Space Improvements.** Redesigning waiting rooms and pharmacies to improve patient comfort, following principles of a healing environment. Features like ergonomic chairs, natural lighting, and digital signage can enhance the patient experience (Ulrich et al., 2020).
5. **Real-Time Monitoring System:** Implementing a dashboard-based monitoring system to track queues, waiting times, and patient complaints in real-time, allowing for rapid improvements in service delivery.

DISCUSSIONS

The findings from the service blueprinting analysis reveal that significant improvements in service quality at Urip Sumoharjo Hospital can be achieved by addressing key operational inefficiencies and prioritizing patient-centered care. These results align with the theory proposed by Lovelock and Wirtz (2011), who argue that service blueprinting is a strategic diagnostic tool that enables organizations to identify failure points and optimize service processes. By systematically mapping service flows, blueprinting helps hospital management recognize critical service bottlenecks, thereby facilitating more informed decision-making and effective interventions.

The main issues identified at Urip Sumoharjo Hospital such as long waiting times and the lack of system integration highlight the gap between patient expectations and the hospital's operational capacity. Bitner et al. (2007) emphasize that service failures in healthcare often arise due to inadequate cross-functional coordination and a lack of clear process mapping. Service blueprinting bridges this gap by providing visual

representations that allow hospital management to comprehensively understand the patient journey and take appropriate steps to redesign processes.

Economic Analysis and Cost-Effectiveness of Service Improvements

Beyond improving patient experience, addressing these inefficiencies has significant economic implications for the hospital. Operational inefficiencies such as prolonged waiting times, manual registration systems, and poor interdepartmental coordination are not merely service quality issues; they translate directly into increased operational costs and lost revenue opportunities. For instance, repetitive administrative tasks consume staff time that could be reallocated to higher-value activities, while patient congestion leads to underutilization of consultation rooms and specialist time during peak hours, followed by idle periods (Gupta & Denton, 2020).

The proposed interventions (digital registration, real-time queuing, and Hospital Information System (SIMRS) integration) represent a strategic investment with a compelling cost-benefit profile. While the initial outlay for technology acquisition, software integration, and staff training is required, the medium to long-term returns are substantial. Digitizing registration and implementing an appointment-based flow can dramatically reduce patient wait times. Research by Choi et al. (2023) indicates that digital queue systems can reduce waiting times by up to 40%, while a study by Anderson et al. (2021) found that appointment-based scheduling increased outpatient throughput by 25% without additional clinical staffing. This efficiency gain enables the hospital to serve more patients with the same fixed resources, thereby improving revenue potential and asset utilization.

Moreover, an integrated SIMRS automates data flow between registration, pharmacy, and billing, reducing manual data entry errors, minimizing paperwork, and speeding up administrative and pharmaceutical processes. As noted by Satria and Handayani (2021), such integration can enhance service efficiency by 30%. This translates into lower administrative overhead, reduced costs associated with correcting errors, and faster billing cycles, thereby improving cash flow (Kumar et al., 2022). The real-time monitoring dashboard proposed would further allow management to dynamically allocate resources,

preventing bottlenecks and optimizing staff schedules, leading to direct labor cost savings.

Economic Impact of Inefficiencies and the Value of Quality Improvement

Conversely, the economic cost of maintaining the status quo is high. Long waiting times and poor service experiences erode patient trust and satisfaction, which are critical drivers of patient retention and positive word-of-mouth. Dissatisfied patients are more likely to switch to competing hospitals, leading directly to a loss of revenue (Chen & Li, 2023). In a competitive healthcare market like Bandar Lampung, patient attrition impacts long-term profitability. Furthermore, inefficiencies increase indirect costs: staff burnout from managing chaotic queues and manual processes can lead to higher turnover rates, incurring recruitment and training costs (O'Connor & Sterling, 2024).

The service blueprint approach itself is a cost-effective diagnostic tool. By providing a visual map of the entire service process, it enables targeted investments. Instead of costly, blanket technological upgrades, management can identify and prioritize interventions that will yield the highest return on investment (ROI). For example, the blueprint clearly shows that the manual queue at registration is a primary fail point. Investing in a digital queue management system here would likely have a higher and faster ROI than other less critical areas (Lee & Park, 2022).

Ultimately, improving service quality creates a virtuous cycle. Enhanced efficiency reduces operational costs per patient. Improved patient satisfaction increases retention and attracts new patients through positive reputation, boosting revenue. This synergy between operational excellence and financial performance strengthens the hospital's market position and ensures its long-term sustainability (WHO, 2022). The findings reinforce that in healthcare, quality and economics are not competing priorities but are fundamentally linked.

Theoretically, these findings reinforce Zeithaml et al.'s (2018) assertion that service quality is not solely determined by clinical outcomes but also by the overall patient experience during service delivery. As such, the success of the service redesign depends on the involvement of all hospital units, not just the clinical staff. This approach supports

a more holistic model of service quality improvement, where each department plays a critical role in delivering a seamless patient experience.

In practice, the proposed strategies such as the digitization of queues, the integration of SIMRS (Hospital Management Information System), and enhanced communication training for front-line staff align with the patient-centered care paradigm recommended by the World Health Organization (2022). The implementation of these strategies is expected to significantly enhance patient satisfaction by reducing waiting times, minimizing administrative delays, and improving the overall quality of service. Additionally, these improvements will contribute to the hospital's long-term financial and operational sustainability by reducing costs, increasing patient throughput and retention, and strengthening the hospital's image as a modern, efficient, and digitally adaptive healthcare provider.

CONCLUSION

This study analyzed the outpatient service process at Urip Sumoharjo Hospital in Bandar Lampung using the service blueprint approach as a managerial tool for mapping, evaluating, and improving service quality. The findings reveal that the outpatient service flow consists of seven key stages registration, administrative verification, waiting for a doctor's examination, medical consultation, supporting services, medication pickup at the pharmacy, and patient satisfaction assessment each involving interactions between patients, frontline staff, and supporting units.

The application of service blueprinting successfully identified four major fail points affecting the patient experience: (1) long waiting times caused by manual and nonreal-time queuing systems, (2) inadequate coordination among service units, (3) delays in pharmacy services, and (4) limited empathy and communication effectiveness among staff. These issues highlight structural and operational gaps that reduce efficiency and hinder patient satisfaction.

Drawing on service quality management principles, this study proposes several redesign strategies, including digitizing registration and queue management systems, integrating hospital information systems (SIMRS), enhancing staff competencies through empathetic communication training, and improving the physical environment of waiting areas. Implementing these strategies is expected to streamline service processes, reduce administrative bottlenecks, and improve the overall patient experience.

These findings reinforce the importance of service quality management in healthcare, demonstrating that service blueprinting is an effective diagnostic and improvement tool for identifying workflow interdependencies and addressing service gaps. Beyond operational benefits, adopting these improvements will contribute to the hospital's long-term sustainability and competitiveness by increasing patient satisfaction, strengthening service consistency, and enhancing the institution's reputation as a modern, patient-centered healthcare provider.

In conclusion, service blueprinting can be recommended as a continuous improvement framework for hospitals with high patient volumes, particularly those navigating the transition toward digitally integrated and patient-focused healthcare services.

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