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ENGINEERING HOSPITAL MANAGEMENT POLICIES FOR CLINICAL SERVICE PERFORMANCE: THE MEDIATING ROLE OF INTER-UNIT COORDINATION

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Abstract

Hospitals operate in increasingly complex healthcare systems where improving clinical service performance has become a strategic priority. Engineering hospital management policies has emerged as an important approach to enhance governance, optimize service processes, and strengthen patient-centered care. However, the effectiveness of policy innovation often depends on how well it is implemented across organizational units. This study examines the role of inter-unit coordination as a mediating mechanism linking hospital management policy innovation to clinical service performance. This research adopts a qualitative descriptive approach using a literature review of recent studies on healthcare management, service quality, and organizational coordination in hospitals. Relevant scholarly sources were systematically analyzed to synthesize conceptual relationships among the research variables. The findings indicate that engineering hospital management policies—such as digital health information systems, clinical governance frameworks, and patient safety initiatives—positively influence clinical service performance. Nevertheless, the impact of these policies becomes significantly stronger when supported by effective inter-unit coordination. Cross-departmental coordination facilitates communication, integrates service workflows, and ensures consistent implementation of clinical procedures. The study concludes that inter-unit coordination acts as a crucial mediator that translates policy innovation into improved clinical performance. Therefore, hospitals should prioritize integrated coordination systems alongside policy innovation to achieve sustainable improvements in service quality and patient safety.

Keywords: *Hospital Policy Innovation; Clinical Service Performance; Inter-Unit Coordination; Healthcare Service Engineering; Health Service Quality.*

INTRODUCTION

Hospitals represent one of the most complex organizational systems within the healthcare sector. They integrate diverse professional groups, advanced medical technologies, administrative processes, and multiple service units that must operate in a coordinated and responsive manner. In an era characterized by rapid technological development, regulatory transformation, and increasing patient expectations, hospitals are required not only to maintain service continuity but also to continuously improve the performance of their clinical services. Clinical service performance has therefore become a central indicator of hospital effectiveness, reflecting the ability of healthcare institutions to deliver safe, timely, efficient, and patient-centered care (Ambari et al., 2023).

The growing demand for high-quality healthcare services has driven hospitals to adopt innovative management approaches. Traditional hospital management models that rely primarily on administrative control are increasingly insufficient to address the complexity of modern healthcare systems. Instead, hospitals are expected to design and implement strategic policy innovations that support evidence-based clinical practices, improve operational efficiency, and strengthen patient safety mechanisms. In this context, the concept of engineering hospital management policies emerges as an important approach to systematically design, structure, and optimize management policies in order to enhance healthcare service outcomes. (Carlof & Mulyanti, 2023; Kuddi et al., 2024).

Policy innovation in hospital management encompasses various dimensions, including the digitalization of health information systems, the strengthening of clinical governance structures, the implementation of integrated patient safety policies, and the development of standardized clinical pathways. These innovations aim to improve organizational responsiveness, reduce service inefficiencies, and ensure consistent clinical decision-making across hospital departments. Previous studies have shown that hospitals implementing strategic management innovations tend to achieve better service outcomes, including higher patient satisfaction, improved safety indicators, and greater operational efficiency. (Tjiphanata & Tumewu, 2024).

However, the effectiveness of hospital policy innovation is not determined solely by the design of the policies themselves. One of the major challenges in healthcare organizations is the fragmentation of service delivery across multiple units. Hospitals consist of various interconnected departments such as emergency services, inpatient care, outpatient clinics, laboratories, pharmacies, radiology units, and administrative support systems. Each unit plays a specific role within the clinical service chain, yet the quality of patient care depends heavily on the integration and coordination among these units. When coordination mechanisms are weak, even well-designed policies may fail to produce meaningful improvements in clinical performance (Suhadi et al., 2019).

Inter-unit coordination therefore becomes a critical organizational mechanism in translating management policies into effective clinical practices. Coordination enables the synchronization of service workflows, the exchange of accurate patient information, and the integration of multidisciplinary decision-making processes. Effective coordination ensures that clinical procedures are implemented consistently across departments, minimizes service delays, and reduces the risk of medical errors. In contrast, poor coordination often leads to fragmented services, duplication of diagnostic procedures, miscommunication among healthcare professionals, and ultimately a decline in clinical service quality (Salamah & Rustiana, 2010; Wulandari et al., 2025).

From a systems perspective, hospitals can be understood as integrated service networks where management policies function as strategic inputs, coordination mechanisms represent operational processes, and clinical service performance constitutes the resulting outcomes. Within this framework, inter-unit coordination acts as a mediating mechanism that links policy innovation with service performance. Policy innovations may establish new governance structures, introduce advanced technologies, or redefine clinical procedures, but their actual impact on clinical outcomes depends largely on how effectively hospital units collaborate in implementing these policies.

Despite the growing recognition of the importance of coordination in healthcare organizations, many hospitals—particularly in developing healthcare systems—continue to face coordination challenges. Organizational silo cultures, limited integration of health information systems, and insufficient communication structures often hinder collaboration among hospital units (Nurfaidah et al., 2025). These conditions can weaken the implementation of innovative policies and reduce their potential impact on clinical service performance. Consequently, understanding how policy innovation interacts with coordination mechanisms becomes essential for improving hospital management strategies.

Although previous studies have examined hospital service quality, healthcare management innovation, and coordination in clinical settings, limited attention has been given to the integrative perspective that combines these factors within a performance-oriented framework. In particular, the concept of engineering hospital management policies has not been widely explored in relation to the role of inter-unit coordination in enhancing clinical service performance. Addressing this gap is important for developing a more comprehensive understanding of how strategic management innovations can be effectively translated into operational improvements in healthcare services.

Therefore, this study aims to analyze how engineering hospital management policies can improve clinical service performance, with inter-unit coordination serving as a mediating variable. By synthesizing relevant theoretical and empirical literature, this research seeks to develop a conceptual understanding of the relationships among policy innovation, coordination mechanisms, and clinical service outcomes in hospital organizations. The findings are expected to contribute both to the development of healthcare

management theory and to practical strategies for hospital leaders seeking to improve service performance in increasingly complex healthcare environments.

LITERATURE REVIEW

Engineering Hospital Management Policies

Hospital management policies play a crucial role in shaping the effectiveness and sustainability of healthcare service delivery. In modern healthcare systems, hospitals are required not only to provide medical treatment but also to manage complex organizational processes involving clinical, administrative, technological, and financial dimensions. Consequently, hospital management policies must be designed in a structured and adaptive manner to ensure that healthcare services remain efficient, safe, and responsive to patient needs.

The concept of engineering hospital management policies refers to a systematic approach to designing, structuring, and optimizing management policies in order to improve organizational performance and clinical outcomes. Unlike traditional administrative policy formulation, policy engineering emphasizes the integration of strategic planning, operational processes, technological infrastructure, and organizational culture. Through this approach, hospital policies are developed not merely as regulatory instruments but as strategic tools that guide clinical governance, service coordination, and quality improvement initiatives.

From a management perspective, policy innovation in hospitals can be categorized into several dimensions. First, structural innovation involves changes in organizational governance, leadership structures, and institutional frameworks aimed at improving decision-making efficiency and accountability. Second, process innovation refers to the redesign of clinical workflows, service procedures, and operational mechanisms to increase service efficiency and reduce unnecessary delays. Third, technological innovation focuses on the adoption of digital health technologies such as electronic medical records, hospital information systems, and telemedicine platforms. Finally, cultural innovation emphasizes the development of a quality-oriented organizational culture that promotes collaboration, patient safety, and continuous improvement.

The adoption of innovative hospital management policies is often explained through the Diffusion of Innovations Theory, which suggests that the success of innovation depends on several factors, including perceived advantages, compatibility with existing organizational structures, implementation complexity, and observable benefits. In healthcare organizations, these factors influence the adoption of various policy innovations such as integrated information systems, standardized clinical governance models, and digital patient management platforms.

The primary objective of engineering hospital management policies is to improve healthcare service performance through evidence-based management practices. This includes enhancing clinical decision-making, improving operational efficiency, strengthening patient safety mechanisms, and ensuring compliance with national and international healthcare standards. Hospitals that successfully implement engineered management policies tend to demonstrate higher levels of service quality, better patient outcomes, and stronger institutional competitiveness.

Inter-Unit Coordination in Hospital Systems

Hospitals are complex service organizations composed of multiple functional units that must work together to deliver integrated healthcare services. These units typically include emergency departments, outpatient clinics, inpatient wards, laboratories, pharmacies, radiology departments, and administrative support services. Although each unit performs specialized functions, the effectiveness of healthcare delivery largely depends on the degree of coordination among them.

Inter-unit coordination refers to the process of synchronizing activities, communication, and decision-making among different organizational units in order to achieve shared service objectives. In

hospital settings, coordination is essential to ensure continuity of care, facilitate the smooth transfer of patient information, and prevent delays in clinical procedures.

Organizational coordination theory suggests that coordination can be achieved through several mechanisms, including standardization of procedures, direct supervision, and mutual adjustment among professionals. In healthcare organizations, coordination mechanisms often involve the implementation of standardized clinical pathways, integrated information systems, multidisciplinary team collaboration, and structured communication protocols.

Several dimensions characterize effective inter-unit coordination in hospitals. The first dimension is communication efficiency, which refers to the timely and accurate exchange of patient information among healthcare professionals. The second dimension is cross-disciplinary collaboration, involving cooperation among doctors, nurses, pharmacists, laboratory staff, and administrative personnel in delivering patient care. The third dimension is process standardization, which ensures that clinical procedures and operational workflows follow consistent guidelines across units. The fourth dimension is internal referral systems, enabling efficient patient transfers between departments. The fifth dimension is information system integration, which allows real-time access to patient data across different service units.

Effective coordination among hospital units significantly reduces the risk of medical errors, service duplication, and delays in patient treatment. Conversely, weak coordination often leads to fragmented services, inefficient resource utilization, and reduced patient satisfaction. Therefore, strengthening coordination mechanisms is widely recognized as a key factor in improving hospital service performance.

Clinical Service Performance

Clinical service performance represents one of the most critical indicators of hospital effectiveness. It reflects the ability of healthcare institutions to deliver medical services that are safe, effective, efficient, timely, and patient-centered. High clinical performance indicates that healthcare services are delivered in accordance with professional standards, clinical guidelines, and patient expectations.

Healthcare performance is commonly evaluated using the structure–process–outcome framework, which provides a comprehensive perspective on service quality. The structure dimension refers to the availability of resources required to deliver healthcare services, including medical personnel, infrastructure, medical equipment, and organizational systems. The process dimension focuses on how healthcare services are delivered, including clinical decision-making, patient–provider interactions, and adherence to clinical procedures. The outcome dimension reflects the results of healthcare services, such as patient recovery rates, patient satisfaction, and patient safety outcomes.

Clinical service performance is influenced by various organizational and operational factors. The competence of healthcare professionals is one of the most significant determinants, encompassing medical expertise, professional ethics, and communication skills. Adequate hospital infrastructure and advanced medical technologies also play a critical role in supporting effective diagnosis and treatment. Furthermore, hospital management systems—including policy innovation, quality assurance mechanisms, and integrated information systems—significantly influence the consistency and reliability of healthcare services.

Another important determinant of clinical performance is the level of coordination among hospital units. Because patient care often involves multiple departments and professional disciplines, the quality of service delivery depends heavily on the ability of these units to collaborate effectively. Without strong coordination, patients may experience fragmented services, delayed treatments, or communication errors that negatively affect clinical outcomes.

For this reason, many healthcare quality frameworks emphasize the importance of integrated service systems, multidisciplinary collaboration, and continuous quality improvement initiatives. Hospitals that successfully align management policies, coordination mechanisms, and clinical practices are more likely to achieve high levels of clinical service performance.

METHOD

Research Design

This study employs a qualitative descriptive research design using a systematic literature review approach to examine the relationship between engineering hospital management policies, inter-unit coordination, and clinical service performance. The literature review method is considered appropriate because it enables the synthesis of theoretical perspectives and empirical findings from previous studies, allowing the development of a comprehensive conceptual framework explaining the interaction among the variables.

Through this approach, the study integrates insights from healthcare management, organizational coordination theory, and service performance literature in order to provide a structured understanding of how hospital policy engineering influences clinical service performance through coordination mechanisms.

Data Sources and Literature Search Strategy

The data used in this study consist of secondary data obtained from scholarly publications relevant to hospital management innovation, healthcare service coordination, and clinical performance improvement. Literature sources were collected from several international and national academic databases, including Google Scholar, PubMed, ScienceDirect, ProQuest, Scopus, Garuda and SINTA portals. The literature search was conducted using several key terms, including hospital management policy innovation, healthcare service engineering, inter-unit coordination in hospitals, clinical service performance, and healthcare service quality improvement. These keywords were combined using Boolean search techniques to identify relevant scholarly sources.

Inclusion and Exclusion Criteria

To ensure the relevance and quality of the literature analyzed, this study applied specific inclusion and exclusion criteria. Inclusion criteria: (1) Scientific articles published in peer-reviewed journals. (2) Publications focusing on hospital management, healthcare coordination, or clinical service quality. (3) Articles published within the last five to seven years to ensure contemporary relevance. (4) Publications written in English or Indonesian. Exclusion criteria: (1) Studies focusing exclusively on clinical medical procedures without managerial relevance. (2) Publications lacking methodological clarity or academic credibility. (3) Non-scholarly sources such as blogs, opinion articles, or non-reviewed reports.

Data Analysis Technique

The selected literature was analyzed using thematic analysis and conceptual synthesis techniques. This process involved several stages: (1) Literature Identification, relevant articles were identified based on titles, abstracts, and keywords that matched the research variables. (2) Literature Screening, selected publications were reviewed to ensure alignment with the research objectives and theoretical framework. (3) Thematic Categorization, the findings from the literature were grouped into several key themes, including engineering hospital management policies, inter-unit coordination mechanisms and clinical service performance indicators. (4) Conceptual Synthesis, the insights derived from the literature were synthesized to develop a conceptual explanation of how hospital policy innovation influences clinical service performance through coordination processes.

Conceptual Framework Development

Based on the synthesis of previous studies, this research proposes a conceptual framework describing the relationships among the variables studied. In this framework: (1) Engineering Hospital Management Policies (X) represent strategic innovations in hospital governance and operational policies. (2) Inter-Unit Coordination (Y) functions as a mediating mechanism that integrates activities across hospital departments. (3) Clinical Service Performance (Z) reflects the outcome of healthcare service effectiveness and quality. The conceptual model suggests that policy engineering improves clinical performance both directly and indirectly through the mediating role of inter-unit coordination.

Research Validity and Reliability

To enhance the credibility of the findings, this study applied several validation strategies. First, only literature from reputable academic journals and recognized institutional publications was included in the analysis. Second, triangulation of sources was conducted by comparing findings from multiple studies addressing similar concepts. Third, conceptual interpretations were developed based on consistent patterns identified across different scholarly sources.

These procedures ensure that the conclusions derived from the literature review remain theoretically grounded and methodologically reliable.

RESULTS AND DISCUSSION

Engineering Hospital Management Policies and Clinical Service Performance

The analysis of the reviewed literature indicates that engineering hospital management policies plays a significant role in enhancing clinical service performance. Hospitals operate within highly dynamic environments characterized by technological advancements, regulatory changes, and increasing expectations for patient-centered care. In such conditions, traditional management approaches that rely solely on administrative procedures are insufficient to ensure high-quality service delivery. Instead, hospitals require strategically engineered policies that integrate governance systems, operational workflows, and clinical standards.

Policy engineering in hospital management involves the systematic design and implementation of policies that support evidence-based decision-making, quality assurance mechanisms, and integrated service delivery. Several studies highlight that hospitals adopting innovative management policies—such as digital health information systems, standardized clinical governance frameworks, and patient safety management systems—tend to achieve improved clinical outcomes. These improvements include reduced treatment delays, enhanced patient safety, and increased patient satisfaction.

From a structural perspective, engineered management policies help strengthen institutional capacity by improving organizational governance and clarifying roles and responsibilities among hospital units. From a process perspective, policy innovation enables hospitals to redesign clinical workflows, standardize service procedures, and enhance operational efficiency. From an outcome perspective, these improvements contribute to better clinical performance indicators, including reduced medical errors, improved recovery rates, and higher levels of patient trust in healthcare services.

However, the literature also suggests that the influence of management policy engineering on clinical service performance is not always direct. In many healthcare institutions, innovative policies fail to produce meaningful improvements because they are not effectively implemented at the operational level. This limitation highlights the importance of organizational mechanisms that translate strategic policies into daily clinical practices.

The Role of Inter-Unit Coordination in Clinical Service Performance

Inter-unit coordination emerges as a critical organizational factor influencing clinical service performance in hospitals. Healthcare services are inherently multidisciplinary and involve complex interactions among various hospital departments, including emergency services, outpatient clinics, inpatient wards, laboratories, pharmacies, radiology units, and administrative divisions. Because patient care frequently requires sequential services across these departments, the quality of clinical performance depends heavily on how effectively these units coordinate their activities.

Effective coordination ensures that patient information flows smoothly between units, clinical procedures are implemented consistently, and service delays are minimized. Coordination mechanisms may include integrated hospital information systems, standardized clinical pathways, multidisciplinary teamwork, and structured communication protocols among healthcare professionals.

Studies on healthcare service management demonstrate that hospitals with strong inter-unit coordination achieve better service performance outcomes. Effective coordination facilitates faster patient

referrals between departments, reduces duplication of diagnostic procedures, and ensures that healthcare professionals have access to accurate and timely patient information. These improvements directly contribute to enhanced patient safety and more efficient use of hospital resources.

Conversely, weak coordination often leads to fragmented service delivery. In hospitals where departments operate in isolation, patients may experience delays in treatment, repeated medical examinations, or miscommunication among healthcare professionals. Such conditions not only reduce service efficiency but also increase the risk of medical errors and negatively affect patient satisfaction.

Therefore, strengthening coordination mechanisms among hospital units is essential for improving clinical service performance. Organizational strategies that promote collaboration, information sharing, and integrated service workflows can significantly enhance the overall effectiveness of healthcare delivery systems.

The Mediating Role of Inter-Unit Coordination

The literature analysis further reveals that inter-unit coordination functions as a mediating mechanism linking engineering hospital management policies with clinical service performance. While policy engineering provides strategic direction and establishes governance frameworks, coordination mechanisms enable these policies to be implemented effectively across hospital departments.

In many cases, innovative management policies—such as electronic medical record systems or patient safety protocols—require coordinated participation from multiple hospital units. For example, the implementation of integrated digital health systems can only improve clinical performance if all relevant departments consistently adopt and utilize the same information platform. Similarly, patient safety policies depend on coordinated actions among doctors, nurses, pharmacists, and administrative staff to ensure compliance with standardized procedures.

Inter-unit coordination mediates the relationship between policy innovation and clinical performance through several mechanisms. First, coordination translates strategic policies into operational practices by aligning service procedures across departments. Second, coordination integrates clinical workflows, ensuring that patient care processes remain continuous and efficient. Third, coordination facilitates risk management by enabling healthcare professionals to detect and address potential service failures at early stages.

From a systems perspective, this relationship can be understood through an input–process–output framework. Engineering hospital management policies represent the strategic input, inter-unit coordination represents the operational process, and clinical service performance represents the output of the healthcare service system. Within this framework, coordination becomes the critical mechanism that determines whether policy innovations can effectively influence service outcomes.

However, the effectiveness of coordination as a mediating mechanism depends on several organizational factors. Leadership support, technological infrastructure, organizational culture, and staff readiness all influence the ability of hospital units to coordinate effectively. Hospitals with strong collaborative cultures and integrated information systems are more likely to successfully translate policy innovations into improved clinical service performance.

Implications for Healthcare Management

The findings of this study highlight important implications for hospital management. First, hospital leaders should adopt a systematic approach to engineering management policies that align governance structures, operational procedures, and clinical practices. Policy innovation should be supported by clear implementation strategies and adequate resource allocation.

Second, hospitals must invest in strengthening coordination mechanisms across organizational units. The development of integrated hospital information systems, multidisciplinary care teams, and structured communication channels can significantly improve coordination effectiveness.

Third, organizational culture plays a crucial role in supporting both policy implementation and coordination processes. Hospitals should foster collaborative working environments that encourage information sharing, mutual trust, and collective responsibility for patient outcomes.

By combining engineered management policies with strong coordination mechanisms, hospitals can build more resilient healthcare systems capable of delivering high-quality clinical services in increasingly complex healthcare environments.

CONCLUSION

This study examined the relationship between engineering hospital management policies, inter-unit coordination, and clinical service performance through a systematic literature review. The analysis demonstrates that well-engineered hospital management policies play a crucial role in improving clinical service performance by strengthening governance systems, optimizing operational processes, and supporting evidence-based clinical practices.

However, the findings also indicate that the impact of policy engineering on clinical performance is not always direct. The effectiveness of management policies largely depends on how successfully they are implemented across different hospital units. In this context, inter-unit coordination functions as a critical mediating mechanism that translates strategic policies into integrated clinical practices. Effective coordination enables hospitals to synchronize service workflows, facilitate accurate information exchange, and ensure consistency in clinical procedures, which ultimately contributes to improved patient safety, service efficiency, and overall healthcare quality.

The study therefore highlights that improving clinical service performance requires not only innovative policy design but also strong coordination among hospital departments. Hospitals that successfully integrate engineered management policies with effective coordination mechanisms are more likely to achieve sustainable improvements in service quality and organizational performance.

From a managerial perspective, hospital leaders should prioritize the development of integrated management policies supported by collaborative coordination structures, digital health information systems, and multidisciplinary teamwork. Strengthening these organizational capabilities will enable healthcare institutions to respond more effectively to the increasing complexity of modern healthcare environments.

Finally, this study contributes to healthcare management literature by emphasizing the importance of combining policy engineering and coordination mechanisms within a performance-oriented framework. Future research may expand this conceptual model through empirical studies that examine the quantitative relationships among these variables in real hospital settings.

REFERENCES

Ambari, A., Sunarsih, E., & Minarti, M. (2023). Studi literatur tentang peningkatan manajemen mutu pelayanan kesehatan di rumah sakit Indonesia. *Journal of Nursing and Public Health, 11*(2), 318–330.

Carlof, C., & Mulyanti, D. (2023). Inovasi teknologi dalam manajemen kesehatan: Pemanfaatan sistem informasi kesehatan elektronik di rumah sakit. *Journal of Management and Social Sciences, 2*(2), 50–62.

Enadarlita, E., & Affiani, M. (2019). Hubungan budaya kerja dan koordinasi terhadap kinerja organisasi pada badan pengembangan sumber daya manusia (BPSDM) Provinsi Jambi. *J-MAS (Jurnal Manajemen dan Sains), 4*(1), 136–141.

Fachrurrozi, A., Prayogo, D. A., & Mulyanti, D. (2023). Strategi peningkatan mutu pelayanan kesehatan di rumah sakit: Systematic literature review. *Jurnal Riset Rumpun Ilmu Kedokteran, 2*(1), 123–134.

Gumilang, W. S., Lazuardi, G. R., Indrawan, M. R., & Sulharis, H. F. (2024). Identifikasi faktor penentu dan penolak adopsi aplikasi telemedicine menggunakan teori difusi inovasi. *El-Mujtama: Jurnal Pengabdian Masyarakat, 4*(2), 1492–1504.

Istiono, W., Sutomo, A. H., Izhar, M. D., & Welembuntu, M. (2024). *Strategi penerapan patient centered care pada pelayanan kesehatan primer*. UGM Press.

Kuddi, A., Siregar, A. D., Putri, A. A. T., Purwadhi, P., & Widjaja, Y. R. (2024). Inovasi dan tantangan dalam manajemen strategi rumah sakit: Sebuah tinjauan literatur. *Journal of Innovation Research and Knowledge, 4*(5), 2593–2610.

Letelay, J. F. (2022). *Affecting factors of service quality at the Maluku Provincial Health Laboratory Center during the COVID-19 pandemic* (Doctoral dissertation, Universitas Hasanuddin).

Maranggi, O., Bacthiar, A., & Oktamianti, P. (2024). Analisa mutu pelayanan rumah sakit terhadap kepuasan dan loyalitas pasien. *Jurnal Syntax Imperatif: Jurnal Ilmu Sosial dan Pendidikan, 4*(6), 732–746.

Nosih, L. (2024). *Analysis of the effects of employee engagement, job satisfaction, and interprofessional collaboration on patient safety culture in professional care providers at RSUD Sayang Rakyat, South Sulawesi Province* (Doctoral dissertation, Universitas Hasanuddin).

Nurfaidah, N., Hafizha, Y. C., & Yeni, H. (2025). Transformasi efisiensi layanan kesehatan dengan sistem informasi manajemen rumah sakit (SIMRS). *Jurnal Ekonomi Manajemen Sistem Informasi (JEMSI), 6*(3).

Palenewen, A. A. P., & Mulyanti, D. (2023). Upaya peningkatan manajemen pelayanan kesehatan di rumah sakit: Tinjauan teoritis. *Diagnosa: Jurnal Ilmu Kesehatan dan Keperawatan, 1*(1), 53–59.

Pujiastutik, E., & Maulana, A. (2025). Evaluasi pelayanan kesehatan dalam pelayanan publik di Rumah Sakit Daerah Kalisat Kabupaten Jember. *Interelasi Humaniora, 1*(4), 315–327.

Rahmawati, L. (2022). Pentingnya penerapan manajemen strategis di rumah sakit untuk menjadi rumah sakit pilihan masyarakat. *Jurnal Medika Hutama, 3*(2), 2356–2365.

Rahmi, S. F., Dewi, N. H., Hartono, B., & Daud, A. G. (2025). Analisis kualitas software dan hardware dalam mendukung efisiensi layanan rumah sakit berbasis sistem informasi. *RIGGS: Journal of Artificial Intelligence and Digital Business, 4*(2), 4785–4791.

Salamah, U., & Rustiana, E. (2010). Meningkatkan mutu pelayanan medik melalui koordinasi antar unit dan profesionalisme petugas (Studi pada RSU Dr. Slamet Garut). *Jurnal Pembangunan dan Kebijakan Publik, 1*(2), 38–47.

Sari, R. S., Tasri, Y. D., & Shakila, R. (2021). Sosialisasi manajemen klinis untuk peningkatan mutu pelayanan kesehatan bagi profesional perekam medis. *ABDINE: Jurnal Pengabdian Masyarakat, 1*(2), 147–158.

Suhadi, M. A., Palutturi, S., Bahar, B., Nurmaladewi, Y., Junaid, L. D., & Astuty, E. (2019). Model permasalahan efektivitas sistem koordinasi pelayanan kesehatan di rumah sakit badan layanan umum daerah Bahteramas Provinsi Sulawesi Tenggara. *Preventif Journal, 4*(1), 31–35.

Tjiphanata, R., & Tumewu, F. J. (2024). Analisis penerapan manajemen mutu terpadu di Rumah Sakit Umum Daerah Maria Walanda Maramis. *Jurnal EMBA: Jurnal Riset Ekonomi, Manajemen, Bisnis dan Akuntansi, 12*(1), 521–531.

Wulandari, M., Novriyanti, T., Purwadhi, P., & Widjaja, Y. R. (2025). Pengaruh pengorganisasian terhadap efisiensi pelayanan pasien di rumah sakit: Studi kasus pendekatan kualitatif. *Innovative: Journal of Social Science Research, 5*(1), 1451–1462.