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Implementation of the "Sascia Gotik" Service (One-Hour Rapid Response by Agile Nurses) to Improve Patient Satisfaction at the Emergency Unit of the Arosbaya Community Health Center

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ABSTRACT

Background:
The increase in the bed occupancy rate (BOR) at the emergency department led to low patient satisfaction due to the refusal of patients at the Arosbaya Community Health Center (Puskesmas) emergency department; consequently, the Puskesmas implemented the "One-Hour Rapid Response: Agile Nurses in Action" (Sascia Gotik) service initiative. The purpose of this study was to analyze patient satisfaction levels at the Arosbaya Community Health Center emergency department in Bangkalan Regency

Methods:
This study used a pre-experimental, single-group, pretest-posttest design. The population consisted of 130 patients, with a sample size of 33 patients selected using accidental sampling from April 1 to May 31, 2026. Bivariate analysis was performed using a paired t-test

Results:
The results of the univariate analysis showed that 57.5% of patients were satisfied with the health center's services following the Sascia Gotik intervention. The results of the bivariate paired t-test showed a p-value of 0.018 < 0.05, indicating a significant difference in satisfaction levels before and after the implementation of the Sascia Gotik service

Conclusion:
The Sascia Gotik service is a proven service strategy that increases patient satisfaction levels as part of efforts to improve the quality of emergency room and inpatient services at the Arosbaya Community Health Center in Bangkalan Regency.

Keywords: **Quality of Health Care, Community Health Centers, Patient Satisfaction, Emergency Department Services**

Introduction

Community health centers (Puskesmas) are primary-care facilities that play a strategic role in achieving the highest possible level of public health through promotive, preventive, curative, and rehabilitative care for the community. (Permenkes RI Nomor 16 Tahun 2024), Therefore, service quality must be continuously monitored and improved. One indicator of service quality at community health centers is patient satisfaction. This serves not only as managerial feedback but also as a quality evaluation tool used to continuously improve the quality of public services (Sharkiya 2023). However, low satisfaction levels are still common due to various issues, such as a lack of facilities, insufficient patient bed availability (BOR), as well as miscommunication and misinformation, which often lead to public dissatisfaction with the services provided at community health centers (Asmin and Sabil 2022).

The results of a preliminary study at the Arosbaya Community Health Center in Bangkalan Regency showed that, according to the Community Satisfaction Survey (SKM) report for the period from January to December 2025, 63 people completed the SKM for emergency room, inpatient, and outpatient services. Overall, the results reflected a good level of quality, with an SKM score of 80.2. However, there were still complaints of patient dissatisfaction with the emergency room and inpatient care units; both are prone to receiving complaints, and patient dissatisfaction is caused by the adequacy of facilities.

Survey data compiled by researchers from March through April 2026 showed that 167 patients visited the emergency room; 23% (40) of them had to be referred because they could not secure a bed in the emergency room or for inpatient care, resulting in 100% of patients reporting dissatisfaction with the facilities and services at the community health center. This issue also sparked public complaints that went viral on social media—specifically on Detik Jatim and Wecare Bangkalan on March 7, 2024—regarding the refusal of a pediatric patient by staff at the Arosbaya Community Health Center due to full capacity and a lack of patient beds, resulting in the patient being referred to another healthcare facility. This has become a source of patient dissatisfaction with the Emergency Unit's services, even though this referral policy is fundamentally in accordance with Article 6 of Ministry of Health Regulation No. 47 of 2018, which states that every health care facility must manage emergencies both within the facility and between facilities through a referral system, as is standard practice under the National Health Insurance (JKN) system.

This phenomenon illustrates that the bed capacity at the Community Health Center's emergency room remains insufficient, given that the population of the Arosbaya Community Health Center's service area totals 36,000 people. However, the Puskesmas must comply with the policy set forth in Regulation of the Minister of Health of the Republic of Indonesia No. 43 of 2019 concerning Puskesmas, which states that a Puskesmas providing inpatient services may provide a maximum of 10 (ten) beds and must operate 24 hours a day. In practice, this limited number of beds can become a challenge in the event of a significant increase in inpatient visits.

The increase in the number of inpatients at the Arosbaya Community Health Center has resulted in bed availability frequently reaching full capacity. This situation has impacted the care process for new patients, particularly during admission and patient placement. Procedurally, staff have been providing care in accordance with Standard Operating Procedures (SOPs), which include taking a medical history, checking vital signs, and performing necessary initial interventions; however, when inpatient capacity is insufficient, patients are forced to be referred to another community health center or the nearest health facility without being accompanied by on-duty staff. This situation has led to dissatisfaction among patients' families, especially when the referral process is perceived as slowing down care or hindering access to follow-up treatment—for example, if the destination facility turns out to be full, creating the impression that the process is convoluted and that there is no immediate certainty regarding where care will be provided. Consequently, families feel they are being shuffled from one unit to another without a quick and definitive solution.

Patient satisfaction is a key indicator in assessing the quality of health care, including at community health centers, as it reflects the extent to which the services provided meet patients' expectations. Patient satisfaction is closely linked to loyalty, trust, and continued use of health care services. Health care facilities, patient satisfaction, and perceptions of service quality influence patients' preferences regarding future services (Widodo et al. 2022). Quality management of services—such as response time, communication, and responsiveness in nursing care—increases the risk of patients developing negative perceptions of the overall health care they receive (Nur et al. 2022).

Patient and family satisfaction, as well as low levels of public awareness, can have a negative impact on the image and effectiveness of community health centers as primary care facilities.(Purwiningsih, Suryaningsih, and Wardhani 2023). Scientific studies show that unsatisfactory outpatient registration services at community health centers (Puskesmas) can potentially cause patients to be reluctant to return for treatment and lead to a decline in the number of visits to Puskesmas. This, in turn, can reduce the utilization of primary health care services and weaken the role of Puskesmas in achieving public health coverage. Furthermore, patient dissatisfaction can also reduce public loyalty and trust in health facilities and increase the likelihood that patients will seek care at other institutions, which may ultimately affect the continuity of care and the health outcomes of the population (Noor and Ratih 2025).

Strategies to improve satisfaction include enhancing provider–patient communication, streamlining service processes to reduce wait times, strengthening clinical quality and patient safety, improving facilities and the comfort of the care environment, and implementing a continuous feedback mechanism followed by measurable improvements. Multiphase interventions—including communication training, a more structured physician visit model, and best practices in clinical communication—are associated with improved patient experience scores, particularly regarding doctor-patient communication.(McCaffrey et al. 2020).

This strategy was then implemented through rapid action by the healthcare team—including doctors, nurses, and other staff—as part of a service called the Sascia Gotik Service. This service is an acronym for "One-Hour Rapid Response by Agile Nurses"; it is provided for patients who cannot be accommodated at the Arosbaya Community Health Center due to full capacity and therefore require a horizontal referral to the nearest health facilities, namely the Tongguh Community Health Center, the Klampis Community Health Center, the Geger Community Health Center, the Bangkalan Community Health Center, the nearest private clinic, or a higher-level healthcare facility (hospital), with a maximum response time of 1 (one) hour for treatment. Subsequently, referrals are coordinated with the nearest Community Health Center to secure an available bed.

The Sascia Gotik (One-Hour Rapid Response by Agile Nurses) service includes checking vital signs, administering oxygen (if indicated), setting up an IV (if indicated), wound care, and coordinating to find alternative follow-up care at a health facility with available beds, as well as arranging ambulance referrals escorted by a nurse. The implementation of this service is expected to increase patient and family satisfaction with the services at the Arosbaya Bangkalan Community Health Center. The objective of this study is to analyze the level of patient/family satisfaction with services in the emergency and inpatient units at the Arosbaya Bangkalan Community Health Center.

Methods

Study Design

This study employed a pre-experimental, one-group pretest-posttest study design.

Setting

This study was conducted from April 1 to May 31, 2026, at the Arosbaya Community Health Center. The dependent variable was patient satisfaction, and the independent variable was the Sascia Gotik service. Data on patient satisfaction were collected using a patient satisfaction questionnaire administered before and after the Sascia Gotik service.

Research Subject

The population in this study consisted of patients and their families who received services through the Arosbaya Community Health Center's emergency room. The average number of monthly visits to the Arosbaya Community Health Center's emergency room was 130 patients. The sample size was 33 patients, selected using accidental sampling during the period from April 1 to May 31, 2026. The inclusion criteria were patients or their families who were unable to secure a hospital bed and required a referral. The exclusion criteria were patients or their families who were unwilling to participate as respondents.

Data Analysis

Univariate analysis of each variable was performed, with the results presented in the form of tables showing frequencies and percentages (Norfai 2022). Bivariate analysis began with a normality test of the data using the Shapiro-Wilk test, under the assumption that if the p-value ≥ 0.05, the data are normally distributed, and if the p-value < 0.05, the data are not normally distributed. Subsequently, bivariate analysis was performed using a paired t-test with SPSS software.

Ethical Considerations

This research protocol was approved on March 3, 2026, by the Health Research Ethics Committee (KEPK) of Noor Huda Mustofa University, Indonesia (approval number: 3063/KEPK/UNIV-NHM/EC/III/2026). This study adheres to the principles of the Declaration of Helsinki, including

maintaining participant confidentiality, providing free participation (funded by the researchers), ensuring no harm is caused to participants, and respecting the right to withdraw at any time. Informed written consent was obtained from all participants.

Result

General Information

Tabel 1. Frequency Distribution by Gender, Age, Education Level, Occupation, and Income in the Service Area of the Arosbaya Community Health Center, Bangkalan Regency

Indicator	Category	N	(%)
Sex	Male	21	63.6
	Female	12	36,4
Total		**33**	**100**
Age	Early Adulthood (26–35 years)	3	9,1
	Late Adulthood (36–45 years)	21	63,6
	Pre-Older Adults (46–55 years)	9	27,3
	Older Adults (56–66 years)	0	0
Total		**33**	**100**
Education	Not in School	0	0
	Elementary and Middle School (SD/SMP)	14	42,4
	High School (SMA/MA/SMK)	14	42,4
	Higher Education (D3, S1, S2, S3)	5	15,2
Total		**33**	**100**
Job Type	Unemployed	0	0
	Housewife	5	15,2
	Farmer/Fisherman/Livestock Farmer	11	33,3
	Civil Servant/National Police/Indonesian Armed Forces	5	15,2
	Private Sector/Self-Employed	12	36,4
Total		**33**	**100**
Total Revenue	2.5 - 3.5 Juta	8	24.2
	3.5 - 4.8 Juta	10	30.3
	4.8 - 6.5 Juta	12	36,4
	6.5 - 10 Juta	3	9,1
Total		**33**	**100**

Based on the respondents' characteristics, the majority—21 people (63.6%)—were male. Based on age, the majority (63.6%)—21 people—were in the late adult age range (36–45 years). In terms of education level, nearly half—42.4%—had completed elementary (SD/SMP) or secondary (SMA/MA/SMK) school. In terms of occupation, nearly half—12 people (36.4%)—were employed in the private sector or were self-employed. Furthermore, nearly half of the respondents—12 people (36.4%)—had monthly incomes ranging from Rp 4.8–6.5 million. This indicates that the study's respondents were predominantly from the productive age group, with educational levels ranging from elementary to secondary school and a middle-class economic status.

Data Khusus

1. Frequency Distribution of Patient Satisfaction Before the Intervention

Table 2. Frequency Distribution Based on Patient Satisfaction Before the Sascia Gotik Intervention at the Arosbaya Community Health Center in Bangkalan Regency

Patient Satisfaction	Frekuensi	Persentase (%)
Not Satisfied	0	0%
Somewhat Satisfied	15	45,4%

Satisfied	15	45,4%
Very Satisfied	3	9,2%
Total	33	100%

Table 2 shows that patient satisfaction with community health center services before the Sascia Gotik intervention was nearly half: 15 respondents, or 45.4%, were somewhat satisfied or satisfied.

2. Frequency Distribution of Patient Satisfaction After the Intervention

Table 3. Frequency Distribution Based on Patient Satisfaction Following the Sascia Gotik Intervention at the Arosbaya Community Health Center in Bangkalan Regency

Patient Satisfaction	Frekuensi	Persentase (%)
Not Satisfied	0	0%
Somewhat Satisfied	9	27.3%
Satisfied	19	57.5%
Very Satisfied	5	15.2%
Total	33	100%

Table 3 shows that patient satisfaction with community health center services following the Sascia Gotik intervention was largely positive, with 19 respondents—or 57.5%—reporting that they were satisfied.

3. Results of the Tests of Normality

Table 4. Results of the Normality Test for Data Before and After the Soscia Gotik Intervention at the Arosbaya Community Health Center in Bangkalan Regency

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	Df	Sig.
Pre-Satisfaction	.183	33	.007	.929	33	.053
Post-Satisfaction	.191	33	.004	.941	33	.071

The results of the normality test for the satisfaction data before and after the Sascia Gotik service intervention, as shown in Table 4, indicate that each p-value is greater than 0.05, suggesting that the data are normally distributed.(Norfitri et al. 2023).

4. Results of the paired t-test

Tabel 5. Hasil Uji t berpasangan sebelum dan sesudah intervensi Soscia Gotik di Puskesmas Arosbaya, Kabupaten Bangkalan

Paired Samples Test

	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
				Lower	Upper			
Patient Satisfaction Before Treatment Patient Satisfaction After Treatment	.242	.561	.098	.044	.441	2.484	32	.018

The results of the paired t-test in Table 5 show a p-value of 0.018 < 0.05, indicating that there is a significant difference in satisfaction levels before and after the Sascia Gotik service was provided.

Discussion

Analysis of Patient Satisfaction with Services (Emergency Department and Inpatient Care) at the Arosbaya Community Health Center

An analysis of patient satisfaction levels with the Emergency Department (ED) and Inpatient Services at the Arosbaya Community Health Center showed that the majority of respondents fell into the "fairly satisfied" and "satisfied" categories. Based on the questionnaire analysis, the causes of dissatisfaction were attributed to the quality of the healthcare staff's human resources—specifically, the communication patterns used by healthcare workers when conveying service information to patients and their families. Effective communication between nurses and patients is significantly associated with increased patient satisfaction, as patients feel more valued, understood, and receive clear information about the services they receive. (Masmumah et al. 2024). Therapeutic communication by nurses is positively associated with patient satisfaction; good therapeutic communication tends to make patients more satisfied with the quality of hospital care (Ginting, Ginting, and Sijabat 2025). These findings indicate that communication skills are an important part of the competencies of healthcare workers. Healthcare workers who are able to provide information clearly, accurately, empathetically, and in a way that is easy to understand will help patients understand the care they are receiving. Conversely, ineffective communication can lead to misunderstandings, mistrust, and negative perceptions of the quality of care.

In addition to effective communication, the empathy demonstrated through nurses' communication makes patients feel valued, heard, and understood, thereby increasing their satisfaction with the health care they receive(Rawat et al. 2025). Empathy on the part of healthcare providers has been shown to increase patient satisfaction because patients feel better understood and receive more personalized attention during the course of their care (Keshtkar et al. 2024). When staff members are able to show empathy and concern, provide adequate explanations, and offer solutions such as horizontal referrals to other healthcare facilities, patients tend to respond positively and express satisfaction..

However, when bed capacity is limited, staff are often faced with the situation of having to refuse patients for inpatient care. Nevertheless, as part of their service, staff refer patients to other healthcare facilities. This situation has the potential to cause dissatisfaction if not balanced by effective communication. Based on the results of interviews and observations, there are still patients and families who feel they have not received sufficient explanation regarding the reasons for the unavailability of beds, estimated wait times, or alternative services that can be provided. This situation leads patients to perceive the care they receive as unsatisfactory. Clear information helps patients understand their illness, treatment options, and expected treatment outcomes, thereby reducing uncertainty and increasing trust in the healthcare unit and healthcare providers. (Versluijs et al. 2021). In fact, the main problem lies not in the care provided, but in the limited availability of health care facilities. However, patients' perceptions of the quality of care are greatly influenced by how staff explain their condition. As a result, patient satisfaction declines even though care has been provided in accordance with applicable standards.

Factors that influence patient satisfaction include access to services, comfort, and delays in care. Improving access and the efficiency of the referral system increases patient satisfaction. An effective referral system (including horizontal referrals between hospitals of equal standing) increases satisfaction (Dorji et al. 2025). Studies on primary health care show that the quality of care is linked to patient satisfaction, and that improvements in the quality of care directly contribute to increased satisfaction among health care users (Sukmaningsih et al. 2026). The distribution of satisfaction—with the majority reporting "fairly satisfied" and "satisfied"—indicates that most service dimensions have been met, particularly regarding staff responsiveness in providing care and the ability of healthcare workers to instill a sense of security in patients; however, transportation mechanisms and coordination in horizontal referrals remain suboptimal. Recent research shows that effective service workflows and rapid response systems play a crucial role in improving patients' experiences and satisfaction with emergency

department care. (Samadbeik et al. 2024). To date, the service system at the Arosbaya Community Health Center has been responsive and focused on the needs of patients and the community. Staff members recognize that response time is one of the key determinants of patient satisfaction. The faster the service provided, the higher the patient satisfaction. Therefore, strengthening the Sascia Gotik service through improved referral coordination will speed up response times and optimize therapeutic communication.

Developing the Sascia Gotik Service to Improve Patient and Community Satisfaction in the Arosbaya Community Health Center's Service Area

The development of the Sascia Gotik (One-Hour Rapid Response Agile Nurses) service is a health care strategy aimed at improving accessibility, response speed, and patient satisfaction within the Arosbaya Community Health Center's service area. Before this service was implemented, patients requiring follow-up care often faced difficulties obtaining inpatient care when hospital beds were fully occupied. This situation led to uncertainty in service delivery because there was no clear mechanism in place to provide solutions for patients. Uncertainty is a significant part of the patient experience in health care. When health care providers fail to communicate uncertainty clearly and appropriately, patients experience confusion, anxiety, and a decline in trust in the health care system. Conversely, effective communication regarding uncertainty can improve the patient experience and the quality of the therapeutic relationship.(Kalke, Studd, and Scherr 2021). Clear explanations will facilitate access to health care. Primary health care that emphasizes accessibility, responsiveness, and patient safety as indicators of health care quality(Noor and Ratih 2025). The Sascia Gotik service was developed as a solution to service uncertainties, particularly in situations where service capacity is limited. Such limitations include full inpatient wards and patients requiring immediate care. Sascia Gotik provides rapid service, coordinates horizontal referrals, and accompanies patients until they reach their intended healthcare facility, ensuring continuity of care.

This service is considered to be in line with efforts to improve the quality of care and nurses' responsiveness in meeting patients' needs quickly and appropriately. This is an important consideration, given that "timely access" is a key indicator in assessing the quality of health care. (Hartveit et al. 2017). In fact, one study reported that delays and ineffective referrals are major barriers to service quality (Akeju et al. 2023). In addition, healthcare workers view the Sascia Gotik approach as one that can improve team coordination and the efficiency of care in the treatment unit. Through the Sascia Gotik service, patients continue to receive observation and initial treatment for one hour, based on their clinical condition, before undergoing the Horizontal Referral process to another healthcare facility with available beds. This service does not focus solely on clinical aspects but also provides assurance to patients and their families, preventing situations where care is denied without a clear plan for follow-up. With a structured horizontal referral mechanism in place, patients continue to have access to continuous health care even if the initial healthcare facility faces bed capacity limitations..

Patient satisfaction is one of the key indicators of the success of healthcare service quality. According to the SERVQUAL theory, patient satisfaction is influenced by the dimensions of reliability, responsiveness, assurance, empathy, and tangibles. In practice, the SASCIA GOTIK Service strengthens the responsiveness dimension by providing service with a maximum response time of one hour, and enhances assurance by accompanying patients throughout the referral process. Research shows that service quality dimensions have a significant relationship with patient satisfaction in primary healthcare facilities, where reliability and responsiveness are the dominant factors influencing patients' perceptions of service quality. (Noor and Ratih 2025).

One of Sascia Gotik's key strengths is its ability to meet the community's needs during emergencies, especially at night when access to transportation and health services is more limited. The fast, free service, along with the provision of patient transport to other health facilities, makes it easier for the community to access health care without barriers. Recent research shows that ease of access to healthcare services and the speed of response by healthcare workers are key factors contributing to increased patient satisfaction and public trust in primary

healthcare facilities. (Prayani Azzahra, Rahma, and Rizyana 2025). From the public's perspective, this service is viewed as having a positive impact, particularly in terms of response speed, the nurses' attentiveness, and an increased sense of safety and comfort during care. This contributes to increased patient satisfaction, as supported by the results of the study's quantitative analysis.

In addition to improving access to care, the Sascia Gotik Service also plays a role in strengthening the horizontal referral system among health facilities. The coordination system, facilitated through a communication network among community health centers (Puskesmas), enables the process of finding hospital beds and care facilities to be carried out more quickly and effectively. This is important because delays in care and long wait times have been shown to reduce patient satisfaction and increase patient safety risks in emergency care. Various studies show that effective service coordination and expedited referral processes are associated with improved patient experiences in receiving health care.

The development of the Sascia Gotik system also needs to be supported by an appropriate triage system so that patients receive care commensurate with the severity of their condition. Patients with mild conditions can be directed to outpatient services, while patients requiring further care can be promptly referred through horizontal or vertical referral pathways. This approach not only improves the efficiency of healthcare resource utilization but also helps reduce service congestion and expedite clinical decision-making. Recent research shows that the effectiveness of service processes and the accuracy of patient management influence patient satisfaction and the overall quality of healthcare services.

Nevertheless, the success of the Sascia Gotik Service implementation depends not only on the service system but also on the commitment of healthcare workers to provide professional and empathetic care. Several studies confirm that good communication, staff empathy, and the active involvement of healthcare workers in assisting patients are factors that significantly influence patient satisfaction. Even when facilities are limited, patients tend to remain satisfied if they receive attention, clear information, and good support from healthcare workers. Overall, Sascia Gotik has not only been well-received but is also collectively supported by various stakeholders as a relevant service with the potential for sustainable implementation to improve the quality of care in both the Emergency Department and inpatient units..

Overall, the development of the Sascia Gotik Service has the potential to serve as an effective primary health care model for improving patient and community satisfaction within the Arosbaya Community Health Center's service area. Through faster response times, a strengthened referral system, optimized therapeutic communication, and sustained regulatory and financial support, this service can enhance the quality of health care and increase public trust in community health center services. Findings from various recent studies indicate that services that are prompt, responsive, coordinated, and patient-centered are key factors in improving patient satisfaction and the success of primary health care. Moving forward, the Sascia Gotik Service is expected to meet community needs and undergo continuous evaluation to improve the system and services..

Differences in patient satisfaction levels before and after Sascia Gothic Services (One Hour of Quick Alert Movement for Nurses) at the Arosbaya Community Health Center, Bangkalan Regency.

The research results show that the Sascia Gothic Service (One Hour of Quick Alert Movement for Nurses) is effective in increasing patient and community satisfaction in the work area of the Arosbaya Community Health Center, Bangkalan Regency. Based on data analysis, there was an increase in patient satisfaction from being satisfied enough to being satisfied and from being satisfied to being very satisfied with the services at the Arobaya Health Center. These results are quantitatively supported by the improvement in the mean values of satisfaction levels before and after the Gothic Sascia Ministry. Sascia Gothic care refers to the precision and speed of care especially in terms of patient referrals when beds in full PHC. Rapid access to care is an important component of health care because it is directly related to the patient's experience and

satisfaction with care. The increase in average and significance of relationships indicates that this service is able to provide a positive impact and quality of service that prioritizes access to speed and accuracy, especially during referrals.

The results of the statistical tests also showed significant differences in the level of patient satisfaction before and after the implementation of Sascia Gothic. Through mechanisms for treating patients within a maximum of one hour, providing initial actions, and facilitating referrals to other health facilities when the service capacity is full, Sascia Gothic is able to increase public access to fast and sustainable health services. Increased satisfaction from the perspective of SERVQUAL theory occurs if there are improvements in service quality, especially in responsiveness, reliability and assurance (Pasuraman et al, 1985). Dimensi responsiveness tercermin dari kemampuan petugas memberikan pelayanan cepat dan penanganan segera. Semakin cepat petugas merespons kebutuhan pasien dan memberikan pelayanan, maka semakin tinggi tingkat kepuasan pasien (Noor and Ratih 2025). Meanwhile, the reliability dimension reflects the ability of officers to provide services consistently, accurately and in accordance with applicable operational standards (Noor and Ratih 2025). Reliability the reliability dimension has the strongest correlation with patient satisfaction compared to other SERVQUAL dimensions (Sirajuddin et al. 2026).

Sascia Gothic puts forward fast and responsive care as the main factor of health care. This is what can cause an increase in patient satisfaction if in the future this service can be implemented systematically. Delays in referrals lead to a deterioration in the quality of care, including delays in diagnosis, duplication of actions, and patient dissatisfaction. This condition shows that the community not only assesses the results of services, but also the process of assessing the services received. Delays and ineffectiveness in care and referral systems are among the main obstacles to improving the quality of health care(Akeju et al. 2023). Long waiting times can have a negative impact on the quality of health services because they are associated with low clinical outcomes, increased length of stay, and increased health care costs (Gaughan et al. 2020)(Woodworth and Holmes 2020)

The results of this study also show that standard deviation (SD) values before and after the intervention showed that variations in patient satisfaction levels were relatively homogeneous. This indicates that the benefits of the Gothic Sascia Service were equally perceived by most respondents. Despite the variation in perception of care, the improvement in satisfaction scores in almost all respondents showed that this care is able to respond to the needs of the community for care that is fast, accessible and oriented to the needs of patients. The majority of patients rated timely referral as associated with better patient condition and positive care experience (Wong et al. 2019). These findings are in accordance with research (Prayani Azzahra et al. 2025) which states that the quality of care and ease of access are related to patient satisfaction in primary health care facilities. Supportive access will have a positive impact on the faster patient referral process. Rapid referrals can increase service effectiveness and efforts to make referral waiting times more effective increase service effectiveness

Apart from that, the success of SASCIA GOTIK is also supported by strengthening the horizontal referral system as a solution when the service capacity at the Arosbaya Community Health Center is unable to accommodate patients. This service can speed up referral coordination and ensure that patients continue to receive further services that have a positive impact on patient satisfaction. The success of horizontal referral systems depends largely on good coordination and communication between health facilities. According to research by (Abera et al. 2025), the quality of the referral system is influenced by the completeness of referral information, communication between health facilities, transportation, and feedback mechanisms after the patient is accepted at the destination facility. A coordination system through communication networks between health facilities allows for faster and more efficient service processes.

Overall, the results of the study prove that SASCIA GOTIK Services is an effective service strategy in increasing patient and community satisfaction in the Arosbaya Community Health Center work area. The success of the Service is demonstrated by the statistically significant improvement in satisfaction scores. An effective referral system improves service efficiency,

continuity and overall quality(Seyed-Nezhad, Ahmadi, and Akbari-Sari 2021). Processes such as transfer and admission services (which reflect the speed and precision of referral services) are the main determinants of patient satisfaction (Zhang et al. 2018). The implementation of SASCIA GOTIK in this study was considered to be quite capable of building indicators that support patient satisfaction. Patient satisfaction indicators include: service procedures, service completion time. Service time (timeliness) contributes to increased satisfaction. The speed of the referral process (both vertical and horizontal) influences patient satisfaction(Prakoeswa et al. 2023). Similarly efficiency (fast and precise) in referrals contributes to the quality of care related to patient satisfaction (Rathnayake and Clarke 2021): (Hidayat, Mimanda, and Maikel 2025). In addition, the success of SASCIA GOTIK is supported by the ability to increase access to services, strengthen referral systems, and provide a sense of security and certainty of service to the community.

The results of this study are in line with various previous studies which stated that increasing the speed of care and the effectiveness of the referral system are closely related to increasing patient satisfaction. Prompt and well-organized care will improve the perception of quality of care, which ultimately impacts overall patient satisfaction. However, there are several other factors that can also influence the level of patient satisfaction, such as the individual characteristics of the patient, level of education, previous experience in receiving health services, and condition of facilities and infrastructure. Therefore, the Sascia Gothic Service needs to be supported with improved facilities and human resources so that the results achieved can be more optimal and sustainable. Overall, the results of this study show that Sascia Gothic Care is effective in increasing patient satisfaction through increasing the speed of service response, optimizing the referral system, and improving the quality of interactions between nurses and patients. Thus, this service can be used as one of the strategies in improving the quality of nursing services in first-level health care facilities.

Conclusion

1. 1.Sascia Gothic Services provides service solutions for patients who arrive when the ER bed capacity and hospitalization at the Community Health Center are full through providing initial treatment according to the patient's condition for a maximum of one hour before a horizontal referral to the nearest health facility that has service capacity.
2. 2.The implementation of Sascia Gothic Services is able to maintain continuity of care so that patients still receive good assessment, initial actions, education and communication even though they cannot be treated in the ER of the health center due to limited beds.
3. 3.Horizontal referrals carried out in a planned and coordinated manner accelerate patient access to advanced services, reduce the potential for refusal of services, and increase the effectiveness of utilizing the health facility network.
4. 4.There is a change in the level of patient satisfaction after Sascia Gotik services as an effort to improve the quality of ER and Inpatient unit services at the Arosbaya Community Health Center, Bangkalan Regency

SUGGESTIONS

1. For Arosbaya Health Center
   Making Sascia Gothic a permanent operational procedure for handling patients when the bed capacity is full, accompanied by the preparation of more detailed SOPs, the establishment of an active horizontal referral network/carrying out MOUs to the first health facility, involving cooperation across health facilities such as ambulance services as well as regular monitoring and evaluation of its implementation and development of the SIM-RS digital system into SIM-PKM related to beds, so that the availability of beds at the community health center or destination hospital can be known in real time and the referral process is faster.
2. For Health Workers
   Improve effective communication skills, interprofessional coordination, service documentation, and decision making accuracy in carrying out initial treatment and horizontal referral processes so that patient safety and satisfaction are maintained.

3. For the Health Service
   Supporting the development of horizontal referral systems between health centers through policies, guidance and information systems that facilitate monitoring of bed availability so that the referral process becomes faster and more effective..

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DECLARATION OF INTEREST

There is no conflict of interest in this research

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