

Evaluation of the Excellent Services' Quality Based on the Health Officers' Caring and Reaction Times at Bandung Health Center Tulungagung

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ABSTRACT

Every user of health services has traditionally looked to the quality of such services as a source of hope, and as science and technology advance, so does public scrutiny of health care providers. The aim of this study was to examine how the Bandung Tulungagung Public Health Center's outpatient services are affected by the compassion and promptness of medical staff. This research used a cross-sectional observational quantitative design with the aim of examining the impact of healthcare professionals' responsiveness and level of care on the quality of outpatient services provided by the Bandung Tulungagung Public Health Center. Ninety respondents served as samples.

Keywords: caring, response time, service quality

BACKGROUND

Every user of health services has traditionally looked to the quality of such services as a source of hope, and as science and technology advance, so does public scrutiny of health care providers. Because of this, healthcare facilities need to keep raising the standard of care they offer to patients in order to meet their expectations for quick, accurate, high-quality healthcare at reasonable prices, as well as services that are conveniently accessible and meet their needs (Nursalam, 2015).

There are many problems regarding the lack of quality of service for health workers, one of which is due to a lack of caring and a long response time. A number of phenomena are often encountered due to the many agendas of health workers, internal and external factors causing officers to override response time which should not be more than 60 minutes, patients have to wait a long time for the presence of these health workers starting from the waiting time spent in administration to the check-up queue has to wait again. So that this causes the response time to be longer and affects negative complaints about services at these health facilities (Indarto, 2010).

Based on data from the Tulungagung District Health Office for the last three years, Bandung Health Center which annually experienced a decrease in outpatient visits from 2019 to 2021, in 2019 the number of patient visits was 26,801 people, in 2020 as many as 23,173 people, in 2021 as many as 20,756 people (Tulungagung Health Office, 2021).

Based on a preliminary study conducted by researchers on August 10, 2022 at the Bandung Health Center, Tulungagung Regency, data were collected from 20 respondents. It is known that 15 respondents (75%) said the waiting time spent in one service was too long, around 60 minutes and when they were receiving services, health workers were less responsive to patient complaints so that patients were not satisfied with the services at the puskesmas. And 5 respondents (25%) said the waiting time spent in one service was not long which was only less

than 60 minutes, the officers were responsive to patient complaints and caused good patient satisfaction with the health facility services.

The quality of services in health facilities must of course be supported through 3 aspects, namely through: structure/input, namely all the resources needed to carry out activities (human, physical and financial resources), processes, namely all professional interactions between service providers and recipients of health services (service process), and the output is the result of health services (aspects of medical services, efficiency, service coverage, and patient safety) and the end result produces an outcome in the form of patient satisfaction (Nursalam, 2015). Improving patient satisfaction can be done by applying the Professional Nursing Care Method (MAKP). Previous studies explained the importance of the team method but focused on strategic management (Yudianto, 2019).

One form of health service in order to improve the quality of service is to provide a higher sense of responsibility for health workers so that there is an increase in work performance and patient satisfaction. This health service will be more satisfying of course with the application of a professional nursing care model or MAKP because patient satisfaction is determined one of them by optimal nursing services (Fisbach, 2011).

Caring behavior is comfort, affection, caring, coping behavior, empathy, support and trust. The purpose of caring itself is to improve and improve the human condition by emphasizing healthy and easy activities for individuals who are mutually agreed upon. According to Miller (Kozier, et al 2010) caring is a deliberate act that creates a feeling of physical and emotional security that is sincerely carried out by people who receive care and recipients of nursing care. Caring is an attitude, respect, caring, appreciating one another which means giving more attention to others by studying that person's way of thinking and how one acts. Caring also contains 3 things that cannot be separated, namely attention, responsibility,

The category of distance between the waiting time and the examination time that is expected to satisfy or unsatisfy the patient includes, among others, when the patient arrives starting from registering at the counter, queuing and waiting for a call to the general polyclinic to be analyzed and examined by a doctor, nurse or midwife for more than 90 minutes (long category), 30 – 60 minutes (moderate category) and ≤ 30 minutes (fast category). Waiting time in Indonesia is determined by the Ministry of Health (Kemenkes) through minimum service standards. Every hospital or health center must follow the minimum service standards regarding this waiting time. The minimum service standard for outpatient care based on the Ministry of Health Number 129/Menkes/SK/II/2008 is less than or equal to 60 minutes (Ministry of Health, 2013). Response time itself is used by patients to get health services from the registration site to entering the doctor's examination room. Patient waiting time is one component that has the potential to cause dissatisfaction. The length of patient waiting time reflects how the hospital manages service components that are tailored to the patient's situation and expectations (Depkes RI, 2010).

The results of research conducted by Tasya Putri Qibtiya (2019) showed that 48% of respondents were dissatisfied with the quality of services provided, 50% of respondents stated that the responsiveness of health workers was not good, 33% of respondents stated that the puskesmas had less physical evidence (tangible). good, 19% of respondents stated that the reliability of health workers was not good, 49% of respondents said that the assurance of health workers was not good, and 50% said that the empathy of health workers was not good. Statistical test results obtained that there is a relationship between responsiveness (p value 0.001), physical evidence (Tangible) (p value 0.009), reliability (p value 0.003), assurance (p value 0.001), and empathy (Empathy) (p value 0.001) with patient satisfaction.

The results of research conducted by Aulia Munawwarah (2020) show that the most service quality is reliability in good category (70.8%), responsiveness in good category (74.0%), guarantee in good category (75.0%), empathy in good category (72 ,9%) and physical evidence

in good category (65.6%). The hypothesis test is known that the hypothesis is accepted which means that there is a relationship between service quality, reliability ($p = 0.050$), responsiveness ($p = 0.009$), assurance ($p = 0.07$), empathy ($p = 0.004$) and physical evidence ($p = 0.003$) with the level of patient satisfaction. Suggestions for Puskesmas officers to improve service quality, especially with regard to physical health by providing health facilities and better service places.

Health service standards are part of the health service itself and play an important role in overcoming health service quality problems. If a health service organization wants to provide quality health services in a consistent or principled manner, this desire must be translated into a health service standard or operational procedural standard (Imballo, 2015). Based on the conditions above, the authors are interested in researching the analysis of the quality of outpatient services in terms of caring and response time for health workers at the Bandung Tulungagung Health Center.

METHODS

The cross-sectional approach and quantitative analytical design were employed in this study to investigate the dynamics of the association between risk variables and effects. This was accomplished by approaching, observing, or gathering data all at once (point time approach), meaning that each subject was examined. Measurements were taken of the subject's character or variable during the time of examination, and the study was only seen once. This does not imply that every research subject is watched simultaneously (Soekidjo, 2017). Using a sample of 90 respondents selected by chance sampling, this study will examine the impact that health workers' responsiveness and level of concern for their patients have on the quality of their outpatient care at the Bandung Tulungagung Public Health Center.

RESULTS

Variable Characteristics

Caring

Table 1. Characteristics of variables caring for health workers on outpatients at the Bandung Tulungagung Public Health Center on September 18-23 2022 with a total of 90 respondents

No	Category	Frequency	Presentation
1	Care	88	97.8
2	Not care	2	2,2
Total		90	100

Based on table 1, it is known that most of the respondents rate the caring of health workers in the caring category as many as 88 respondents (97.8%).

Response Time

Table 2. Characteristics of variables response time of health workers to outpatients at the Bandung Tulungagung Public Health Center on 18-23 September 2022 with a total of 90 respondents

No	Category	Frequency	Presentation
1.	Fast	90	100
2.	Slow	0	0
Total		90	100

Based on table 4.2, it is known that all respondents rated the response time of health workers in the fast category of 90 respondents (100%).

Service quality

Table 3. Characteristics of the variable quality of service for health workers for outpatients at the Bandung Tulungagung Health Center on September 18-23 2022 with a total of 90 respondents

No	Category	Frequency	Presentation
1	Well	61	67,8
2	Enough	27	30
3	Not enough	2	2,2
	Total	90	100

Based on table 3, it is known that most of the respondents rated the service quality of health workers in the good category as many as 61 respondents (67.8%).

Statistical Test Results

Table 4. Results of linear regression analysis of the quality of outpatient services in terms of the caring and response time of health workers at the Bandung Tulungagung Health Center carried out on September 18-23 2022 with a total of 90 respondents

No	Variable	Sig	B	R ²	Sig
1	(Constant)	0.000	10,899		
2	caring	0.013	1,215	0.648	0.045
3	Response Time	0.038	1,206		

Partial

Influence Caring for Service Quality

Based on the results of the Linear Regression analysis, it shows that the p-value is 0.013 < 0.05, so H1 is accepted, so it can be concluded that partially the influence of caring health workers on the quality of outpatient services at the Bandung Tulungagung Community Health Center

Effect of Response Time On Service Quality
Based on the results of Linear Regression analysis shows that the p-value is 0.038 < 0.05, then H0 is rejected and H1 is accepted, so it can be concluded that partially there is the effect of the response time of health workers on the quality of outpatient services at the Bandung Tulungagung Public Health Center

Simultaneous

Based on the results of Multiple Linear Regression analysis shows that with a p-value of 0.045 < 0.05 then H1 is accepted so it can be concluded that simultaneously there is the influence of caring and response time of health workers on the quality of outpatient services at the Bandung Tulungagung Community Health Center with an influence size of 64.8%.

DISCUSSION

Taking Care of Health Officers at the Bandung Tulungagung Community Health Center's Outpatient Patients

As many as 88 respondents (97.8%) put the care of health personnel in the caring category, according to the results. However, two respondents (2.2%) classified health personnel' level of care as lacking.

As per Swanson's idea (Potter & Perry 2010), caring refers to holistic nursing that plays a crucial role in facilitating the client's healing process and fostering a loving relationship. It also holds the client accountable for their condition. According to this view, a special nursing process occurs when nurses provide a caring interaction.

Leininger (1984, in Kozier, et al 2010) revealed that caring behavior is comfort, affection, caring, coping behavior, empathy, support and trust. The purpose of caring itself is to improve and improve the human condition by emphasizing healthy and easy activities for individuals who are mutually agreed upon. According to Miller (1995, in Kozier, et al 2010) caring is a deliberate act that creates a feeling of physical and emotional security that is sincerely carried out by people who receive care and recipients of nursing care.

Caring is a structure that transforms practice into nursing practice, namely caring is the basic form of nursing practice, which must help patients recover from illness, provide explanations about the patient's illness, and build relationships with patients. Apart from that, it helps nurses

to recognize good interventions and later becomes a concern and guide in giving them (Potter & Perry 2010).

Caring is an attitude, respect, care, respect for each other which means giving more attention to others by learning how that person thinks and how someone acts. Caring also contains 3 things that cannot be separated, namely attention, responsibility, and caring with sincerity (Purwaningsih, 2015).

Patients assess the effectiveness of nurses in providing services from the sense of care that will be carried out or given by nurses in carrying out their duties. Concern that is considered good by the patient is the root of patient satisfaction which has important goals and benefits for health services, client satisfaction will be the client's decision to return to the hospital for treatment.

Response Time of Health Officers to Outpatient Patients at the Bandung Tulungagung Health Center

The results showed that all respondents rated the response time of health workers in the fast category, 90 respondents (100%). Meanwhile, there were no respondents who rated the response time of health workers in the slow category.

Waiting time is the time used by patients to get health services from the place of registration to entering the doctor's examination room. Patient waiting time is one component that has the potential to cause dissatisfaction. The patient's waiting time reflects how the hospital manages the service component according to the patient's situation and expectations (Depkes RI, 2010). The category of distance between the waiting time and the examination time that is expected to satisfy or unsatisfy the patient includes, among others, when the patient arrives starting from registering at the counter, queuing and waiting for a call to the general polyclinic to be analyzed and examined by a doctor, nurse or midwife for more than 90 minutes (long category), 30 – 60 minutes (moderate category) and ≤ 30 minutes (fast category). Waiting time in Indonesia is determined by the Ministry of Health (Kemenkes) through minimum service standards. Every hospital or health center must follow the minimum service standards regarding this waiting time. The minimum service standard for outpatient care based on the Ministry of Health Number 129/Menkes/SK/II/2008 is less than or equal to 60 minutes (Ministry of Health, 2013). The speed and accuracy of the assistance given to patients who come to health facilities require standards according to their competence and ability so that they can guarantee a health treatment with a fast response time and appropriate treatment. This can be achieved by improving facilities, infrastructure, human resources and hospital management according to standards (Kepmenkes, 2014).

The Canadian Association of Emergency Physicians (2012) writes that the incidence of a lack of stretchers for handling acute cases has a serious impact on the arrival of new patients who may be in a very critical condition. The American College of Emergency Physician (2013) writes that in hospitals where there are problems with the large number of patients who want to get service, placing a doctor in the triage area can speed up the process of returning patients or discharge for minor patients and help start treatment for patients whose conditions are more ill. Green, et.al. (2014) who argued that very small and simple changes in staff placement greatly impacted handling delays.

According to researchers, the response time given by health workers as a whole is in the fast category. This can happen because the management system implemented at the puskesmas is well organized where the functional positions are very professional. The response time tends to be faster in the morning, while in the afternoon it is less fast due to the large number of queues of patients for medical check-ups. However, even though there are many patients queuing, all patients can be served in less than 60 minutes.

Service Quality of Health Workers in Outpatient Patients at the Bandung Tulungagung Community Health Center

The results showed that most of the respondents rated the service quality of health workers in the good category as many as 61 respondents (67.8%). In addition, a number of 27 respondents (30%) rated the service quality of health workers in the sufficient category. While a number of 2 respondents (2.2%) rated the service quality of health workers in the poor category.

Service is an activity or a series of tools that are invisible (cannot be touched), which occur as a result of interactions between consumers and employees or other things provided by service-providing companies that are intended to solve consumer problems (Winarsih, 2015).

People as consumers certainly want quality services. Service quality is defined as the level of excellence expected and control over the level of excellence to meet customer desires. Service quality can be interpreted as an effort to fulfill consumer needs and desires as well as the accuracy of delivery in balancing consumer expectations (Oktafani, 2014).

One of the services that is widely used by the community is health services. Utilization of health services by using the service facilities provided either in the form of outpatient care, inpatient care, home visits by health workers or other forms of activity from the use of these services based on the availability and continuity of services, community acceptance and fairness, easily accessible by the community, affordable and quality (Anwar, 2014).

Good services are health services that are available in the community (acceptable) and sustainable (sustainable). This means that all types of health services needed by the community are found and their presence in the community is available whenever needed. Health services must be appropriate and acceptable to the community. This means that health services can overcome health problems encountered, do not conflict with customs, culture, beliefs and beliefs of the community, and are unnatural, not a state of good health services.

Location angles are easy to reach by the community, so the distribution of health facilities is very important. The range of auxiliary facilities to determine effective demand. If the facility is easy to reach using the available means of transportation, this facility will be widely used. Past user rates and trends are the best indicators of long and short term changes in future demand.

The services provided are affordable (affordable) by the community, where the cost of these services is sought in accordance with the economic capacity of the community. Expensive health services may only be enjoyed by some people. And shows the level of perfection of the health services provided (quality/quality) and shows the healing of the disease and the safety of actions that can satisfy the service users in accordance with the standards that have been set. According to researchers, health services must have various basic requirements, namely the basic requirements that influence the community in determining their choices regarding the use of health services. The services needed by the community in general are health services that are available in the community and sustainable, health services must be reasonable and acceptable to the community, locations are easily accessible by the community, services provided are affordable and the perfection of health services provided. With good service, it will attract people to use health facilities properly and wisely.

The Effect of Caring and Response Time of Health Workers on the Quality of Outpatient Services at the Bandung Tulungagung Health Center

Based on the results of Multiple Linear Regression analysis shows that with a p-value of 0.045 <0.05 then H1 is accepted so it can be concluded that simultaneously there is the influence of caring and response time of health workers on the quality of outpatient services at the Bandung Tulungagung Community Health Center with an influence size of 64.8%.

Based on the results of the Linear Regression analysis, it shows that the p-value is 0.013 <0.05, so H1 is accepted, so it can be concluded that partially the effect of caring for health workers on the quality of outpatient services at the Bandung Tulungagung Public Health Center. Based on the results of Linear Regression analysis shows that the p-value is 0.038 <0.05, then H0 is rejected and H1 is accepted so it can be concluded that partially there is an effect of the response

time of health workers on the quality of outpatient services at the Bandung Tulungagung Public Health Center.

The quality of quality health service services has always been a hope for every user of health services and along with the development of science and technology, people are increasingly critical in assessing health services. For this reason, health facilities must continue to improve the quality of services provided in accordance with the needs of health services and services related to patient needs, which are easily accessible, fast and accurate, quality services and of course at affordable costs (Nursalam, 2015).

One form of health service in order to improve the quality of service is to provide a higher sense of responsibility for health workers so that there is an increase in work performance and patient satisfaction. This health service will be more satisfying of course with the application of a professional nursing care model or MAKP because patient satisfaction is determined one of them by optimal nursing services (Fisbach, 2011).

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The results of research conducted by Tasya Putri Qibtiya (2019) showed that 48% of respondents were dissatisfied with the quality of services provided, 50% of respondents stated that the responsiveness of health workers was not good, 33% of respondents stated that the puskesmas had less physical evidence (tangible). good, 19% of respondents stated that the reliability of health workers was not good, 49% of respondents said that the assurance of health workers was not good, and 50% said that the empathy of health workers was not good. Statistical test results obtained that there is a relationship between responsiveness (p value 0.001), physical evidence (Tangible) (p value 0.009), reliability (p value 0.003), assurance (p value 0.001), and empathy (Empathy) (p value 0.001) with patient satisfaction.

The results of research conducted by Aulia Munawwarah (2020) show that the most service quality is reliability in good category (70.8%), responsiveness in good category (74.0%), guarantee in good category (75.0%), empathy in good category (72.9%) and physical evidence in good category (65.6%). The hypothesis test is known that the hypothesis is accepted which means that there is a relationship between service quality, reliability (p = 0.050), responsiveness (p = 0.009), assurance (p = 0.07), empathy (p = 0.004) and physical evidence (p = 0.003) with the level of patient satisfaction. Suggestions for puskesmas officers to improve

service quality, especially with regard to physical health by providing health facilities and better service places.

Health service standards are part of the health service itself and play an important role in overcoming health service quality problems. If a health service organization wants to provide quality health services in a consistent or consistent manner, this desire must be translated into a health service standard or operational procedural standard.

CONCLUSION

Partthe majority of respondents rated the caring of health workers in the caring category, 88 respondents (97.8%).

All respondents rated the response time of health workers in the fast category as many as 90 respondents (100%).

Most of the respondents rated the service quality of health workers in the good category as many as 61 respondents (67.8%).

There is an influence of caring and response time of health workers on the quality of outpatient services at the Bandung Tulungagung Health Center.

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