

Implementation of Hospital Accreditation in Jakarta

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Keywords: Hospital, Accreditation, Health Service, Quality, Standards.

Abstract: Hospital accreditation aims to evaluate the quality of a hospital. Assessment of accreditation in Indonesia is carried out by independent institutions, namely the Hospital Accreditation Commission (KARS). Until 2017, the percentage of accredited hospitals in Indonesia was 53.47%. There were 62.24% of hospitals from 196 hospitals in Jakarta were accredited. This study aimed to analyze the implementation of hospital accreditation in Jakarta. The research design of this study using the literature review method with topics related to hospital accreditation in Jakarta. A total of 971 articles were found, with 16 articles meeting the criteria. Hospitals in Jakarta use a national accreditation policy, as does the information system used. The concerning issue in human resources was the STR that must be had by health workers. In order to accelerate the accreditation process at the Hospital, KARS provides SISMADAK (Accreditation Document Management System) and SIKARS. Hospitals in Jakarta used the accreditation standards of both the KARS 2012 Version and SNARS Ed 1 in 2018. However, not all hospitals have been accredited. The problem has not been accredited by hospitals in Jakarta because it requires readiness from all available resources at the hospital to carry out accreditation and management commitment.

1 INTRODUCTION

The system of improving the quality of health services is a dynamic system that can follow various changes both from changing health systems. One major change in the health system is a change in the national health insurance system or better known as JKN. JKN has made fundamental changes including changes in the development and supervision of health efforts through health quality regulation. Efforts to improve quality have been carried out in a variety of activities and are carried out by the various government and private hospitals. One of the efforts made is to carry out hospital accreditation (Kemenkes, 2016).

Hospital accreditation is an official recognition from the government to hospitals that have met health service standards and are required to be carried out by all hospitals in Indonesia. Each hospital has an obligation to be accredited at least once every 3 years. Hospital accreditation is needed as an effective way to evaluate the quality of a hospital by setting service quality standards. Accreditation assessments in Indonesia are carried out by independent institutions recognized by the government, namely the Hospital

Accreditation Commission (KARS) and the Joint Commission International (JCI) (Kemenkes, 2012).

Basically, the main goal of hospital accreditation is the quality of services that are integrated and become the culture of the hospital service system. In addition, the specific objectives of accreditation include: obtaining an overview of the extent to which the hospital has met various standards determined so that the quality of hospital services can be accounted for, giving recognition and appreciation to hospitals that have reached the level of health service in accordance with established standards, providing guarantee to hospital staff that all necessary facilities, personnel, and environment are available so that they can best support patients' healing and treatment efforts, provide assurance and satisfaction to individuals, families, and communities as customers that the services provided by hospitals are carried out as well as possible (Poerwani, SK; Sopacua, 2013).

Besides being beneficial for patients, accreditation is also beneficial for health workers in hospitals, for hospital administrators themselves, for hospital owners and for third parties such as insurance. For health workers in hospitals, accreditation functions to create a sense of security

for them in carrying out their duties. In addition, facilities and infrastructure that are in accordance with standards are also very helpful in facilitating their work processes. For hospitals, accreditation is useful as a tool for negotiations with third parties such as insurance or companies. In this case, accreditation can be said to function as a means of promotion. For hospital owners, accreditation functions as a tool to measure the performance of hospital managers. As for insurance companies, accreditation is useful as a reference in selecting and entering into contracts with hospitals. Insurance companies are reluctant to risk their good name in front of their clients by choosing a hospital with poor services (Rahma, 2012)

Gradually KARS applies accreditation standards:

5 services, 12 services, and 16 services with the orientation to the input and documents that are valid until June 2012. Since 2012 KARS has applied the 2012 version standard which was adopted from JCI edition 4. In KARS 2012 Version standard has applied input, processes, and outputs in an integrated way. In 2015 KARS became an independent institution and received ISQUA Certification, which is an international institution that carries out accreditation of institutional accreditation institutions and surveillance training (Kemenkes, 2016).

Until 2017, the percentage of accredited hospitals in Indonesia was 53.47%. The provinces with the highest accredited hospitals and above 50% were Bali, East Java, and East Nusa Tenggara, respectively 77.78%, 69.62%, and 68.09%. North Maluku Province is the province with the lowest percentage of accredited hospitals, which is 22.73% of the 22 hospitals. In 2017, there were 196 hospitals in Jakarta of which 48 government hospitals were accredited and 74 private hospitals were accredited so that 62.24% of hospitals in Jakarta were accredited (Kementerian Kesehatan RI, 2018). from the data, it can be seen that there are still hospitals in Jakarta that have not been accredited, so this research will analyze the implementation of hospital accreditation in Jakarta.

2 RESEARCH METHODS

The research design of this study using the literature review method with topics related to hospital accreditation in Jakarta. The literature search was performed using Google Scholar and Google Search. The keywords used are hospital accreditation, KARS, hospital accreditation results. The articles reviewed are articles published from 2012 to 2019. A total of

971 articles were found, with 16 articles meeting the criteria.

Concepts in research using a systems approach. The system approach in this study will look at the inputs, process, and output in the implementation of hospital accreditation in Jakarta. The inputs to be seen are policies, human resources, and information systems. Whereas in the process is the implementation of the accreditation itself. The last, the output will see the results obtained from accreditation. The data obtained were analyzed, compiled systematically, compared with each other and discussed related literature.

3 RESULT AND DISCUSSION

3.1 Input

3.1.1 Policies

Policies related to hospital accreditation are contained in Regulation of the Minister of Health of the Republic of Indonesia Number 34 the Year 2017 and also the Regulation of the Minister of Health of the Republic of Indonesia Number 417/MENKES/PER/II/2011 regarding the Hospital Accreditation Commission or shortened to KARS.

The regulation explains that hospital accreditation is an acknowledgment of the hospital provided by an independent institution established by the Minister, after being judged that the hospital meets the applicable hospital service standards. Every hospital must be accredited. Hospital accreditation is held periodically at least every 3 (three) years. Hospitals must extend accreditation before the validity period ends (Kemenkes, 2017).

3.1.2 Human Resources

Health workers are an important component in implementing hospital accreditation. The mandate of Law Number 36 the Year 2014 concerning Health Workers Article 44 explained that every health worker who practices implements must have a Registration Certificate (STR) that is valid for five years and can be re-registered. STR has fulfilled the requirements issued by the Indonesian Health Workers Council (KTKI) (Kemenkes, 2013).

KTKI publishes STR for 26 types of health professions which consist of: Nurses, Midwives, Physiotherapy, Dental, and Mouth Therapists, Efficient Refractionists, Speech Therapists, Radiographers, Occupational Therapists,

Nutritionists, Medical Recorders and Health Information, Dental Technicians, Sanitarians, Electromedists, Speech Therapists, Radiographers, Occupational Therapists, Nutritionists, Medical Recorders and Health Information, Dental Technicians, Sanitarians, Electromedists, Medical Laboratory Technologists, Anesthesiologists, Acupuncturists Therapists, Medical Physicists, Prosthetic Orthotics, Blood Transfusion Technicians, Cardiovascular, Public Health Specialists, Health Promoters, Health Epidemiologists, Clinical Psychologists, Traditional Health Practitioners, and Audiologists. In Jakarta, the number of new STRs issued by KTKI is 200,489 for all types of health workers (Kemenkes, 2019).

In a previous study at PKU Muhammadiyah Gamping Hospital explained that not all nurses had STR. It will have an impact if criminal, civil and administrative violations occur, the legal position of the hospital will be weak due to violations of the law (Yustoro; Tri, 2013). Whereas STR ownership for nurses and other health workers in health facilities is mandatory based on applicable laws. In the latest accreditation, SNARS Ed 1 the Year 2018 requires all health workers to have STR because hospitals must ensure that patients are served by competent health workers according to their knowledge.

3.1.3 Information System

In line with Indonesia's roadmap entering the industrial revolution 4.0, KARS developed information systems for KARS institutions (SIKARS), Hospital Accreditation Documentation Information Systems (SISMADAK), Hospital Information Systems (SIRSAK), Tracking Systems for Surveyor (ReDOWSKo), and Surveillance Learning Systems (KARS) e-learning). In this study, an information system that will be discussed is SISMADAK and SIKARS (Sutoto; Utarini, 2019).

SISMADAK is an application tool for Hospitals (Hospitals) to collect, store, and search for evidence documents related to accreditation. SISMADAK is managed by each hospital so as to ensure the confidentiality of hospital documents. To minimize the risk of document damage and large costs, as well as a faster storage and search process, the Hospital needs to be encouraged to use the SISMADAK application. The Surveyors who conduct an assessment to the Hospital will use the SISMADAK application to trace the required documents. (Diyurman, 2017).



Figure 1: Front Page of the SISMADAK Website from One of the Hospitals.

SIKARS is used by hospitals for submission of accreditation, conducting guidance and self-assessment. Another advantage of SIKARS is that it can update hospital profile data, get a list of surveyor profiles, view activity schedules, and obtain assessment instruments (Gea and Hp, no date).

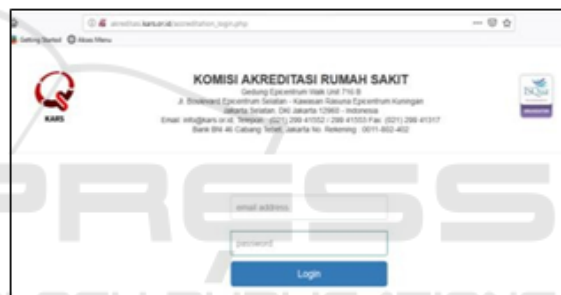


Figure 2: Front Page of the SIKARS website.

3.2 Process

Hospital accreditation standards in Indonesia have changed. These standards are grouped according to functions within the hospital related to patient care, efforts to create a safe, effective, well-managed organization. These functions are also consistent, applicable to and obeyed by each unit/section/installation. Standards are statements that define the expectations of the performance, structure, and processes that a hospital must have to provide quality and safe care and care. For each standard, an assessment element is prepared, which is a requirement to meet the relevant standard.

KARS 2012 Version Standard is Patient Safety Goals - Care of Patients - Hospital Management - National Standards. For graduation criteria that are applied to this standard are the basic, intermediate, primary, and complete levels. In 2018 KARS issued the latest hospital accreditation standard, SNARS Ed

1 by adding Hospital Management standards, National Standards, and Integration of Health Education in Hospital (Sutoto, 2017).

Presidential Regulation 82 of 2018 concerning Health Insurance origin 67 states that health facilities that meet the requirements can establish cooperation with the Health BPJS. Hospital accreditation is also one of the hospital requirements for extending cooperation with BPJS Health. On January 4, 2019, referring to the Minister of Health's letter Number HK.03.01/Menkes/18/2019 regarding the Extension of Hospital Cooperation with BPJS, the BPJS conducted a selection and recruitment of hospitals that had cooperated. As a result, there are a number of hospitals that do not meet the requirements, one of which is due to accreditation. With a variety of considerations and services for JKN patients not stopping, the Ministry of Health and BPJS Health agreed to extend cooperation with the hospital and provide an opportunity until 30 June 2019 to complete the accreditation process (BPJS Kesehatan, 2019).

3.3 Output

This research will explain the 2018 hospital accreditation data in Jakarta. In 2018 some hospitals are still using the 2012 version of the accreditation standard and others are using SNARS Ed 1.

In figure 3 explains the graduation of hospitals in Jakarta using KARS 2012 Version, hospitals in Jakarta Utara had the highest number of Lulus Perdana, while Kepulauan Seribu occupied the lowest number. Hospitals in Jakarta Timur has the highest number of Tingkat Madya graduations. Hospitals in Jakarta Pusat has the highest number of Tingkat Paripurna. Whereas Jakarta Selatan has the highest number of Tingkat Utama graduations.

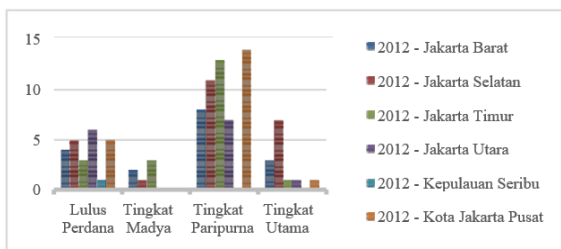


Figure 3: KARS 2012 Version Results Per Year 2018 in Jakarta (KARS, 2018).

In figure 4 explains the graduation of hospitals in Jakarta using SNARS Ed 1, hospitals in Jakarta Selatan and Jakarta Timur had the highest number of Lulus Perdana. Hospitals in Jakarta Timur have the

highest number of Tingkat Madya, Utama and Paripurna graduations.

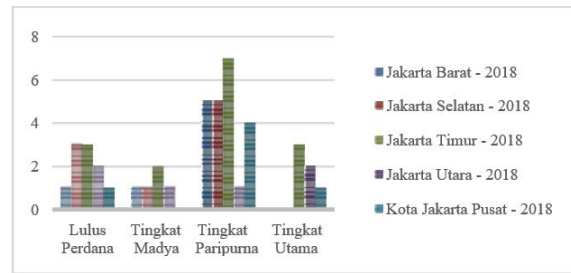


Figure 4: SNARS Ed 1 Results Per Year 2018 in Jakarta (KARS, 2018).

Hospitals in Jakarta that have not yet been accredited have several problems, including:

- a) Expensive Accreditation Fees.
Hospitals are charged with accreditation fees from preparation to evaluation, the amount of which is not small. Plus, to meet the standards set by KARS, it requires the provision of other resources in the hospital. Therefore, the hospital needs to make every effort to carry out accreditation.
- b) Hospital Management Commitment.
As explained earlier that the purpose of accreditation is to meet the quality of the hospital. If management is not committed to improving hospital quality, accreditation may only be considered a burden on the organization (Sari, 2018).
However, with the policy of the BPJS in 2019 for collaborating hospitals required to carry out accreditation, this triggers the hospital to renew its hospital accreditation so that cooperation is not terminated by BPJS.

4 CONCLUSIONS

From this study, it can be concluded that:

1. Input from hospital accreditation is a policy that regulates hospital accreditation, health resources in the hospital, and hospital accreditation information system.
2. The process of hospital accreditation in Jakarta is in accordance with the hospital accreditation standards issued by KARS. The standard used in 2018 is KARS 2012 Version and SNARS Ed 1.
3. Hospitals in Jakarta have accredited using standards of KARS 2012 Version and some have used SNARS Ed 1. Not all hospitals have

accredited because of cost and management commitment issues.

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