



SOCIALIZATION OF HOSPITAL ACCREDITATION TO HEALTH STUDENTS AND HOSPITAL STAFF

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ABSTRACT / ABSTRAK

Hospitals as health service institutions must provide services to the community in the local and international scope. Based on this, in the last few decades, the term accreditation has emerged to assess the quality of an organization including hospitals. Hospital accreditation is linked to quality assessment. However, actually quality itself is an outcome of implementing accreditation, while accreditation only assesses that the service has met the standard or not without measuring the quality of service. This community service was carried out from January 27 to 29, 2021 at RSIA. Jimmy Medika Borneo. The data collection method uses percentages and questions and answers to 100 respondents. Socialization of hospital accreditation to health students and hospital staff to community participants and health workers is categorized as running well and smoothly.

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1. BACKGROUND

Hospitals as service institutions need to have a clear vision and mission in providing quality and affordable health services to the community in order to improve the degree of public health. Quality health services are health services that can satisfy every service user and in accordance with service standards. Quality is the central focus of efforts to provide health services, which can be interpreted from several points of view, namely from the perspective of patients, health workers and managers. Patients and the community view that the quality of service is an empathy, respect and responsiveness to their needs, services must be in accordance with their needs, and are provided in a friendly manner. In general, patients or the public want services that can reduce symptoms effectively and prevent disease, so that they and their families become healthy and can carry out their duties without physical disturbances, for health workers, quality means that service efforts are carried out professionally to improve the degree of health of patients and the public according to advanced science and skills, good equipment according to professional code of ethics standards. Quality according to managers is a service that is carried out efficiently and effectively to achieve organizational goals so that quality needs to be maintained and improved.

In Indonesia, Hospital Accreditation has been implemented since 1995 to assess hospital compliance with accreditation standards. The provision of accreditation as one of the obligations of the hospital must be carried out every at least 1 time in three years as stated in law no. 44 of 2009 concerning hospitals article 40 paragraph 1. These activities are carried out as an effort to improve the quality and safety of patients. Almost every medical procedure in the hospital has risks that need to be anticipated as early as possible. So many people and professions are involved in the handling of patients. Failure to manage the condition can increase the risk of unexpected events in the hospital.

There needs to be a common perception of the benefits of hospital accreditation, so that all employees play an active role, with the encouragement and monitoring of the leaders. According to Budi et. All (2011) states that perception can have a direct effect on participation. Participation can increase commitment to decisions. Perception has a positive role in employee performance or work productivity. Employee participation has a positive influence on job satisfaction, work productivity and employee commitment. Involvement has a significant effect on job satisfaction in doctors. The form of employee participation carried out is his concern to always try to carry out activities with the application of accreditation standards in accordance with their fields and responsibilities. The implementation of accreditation standards in hospitals needs to be monitored continuously, because every three years reaccreditation will be carried out and every year verification is carried out by KARS.

2. METHOD

The method of community service is in the form of socialization of hospital accreditation to health students and hospital staff as many as 50 people. Meanwhile, the method of activity with the schedule of events is as follows:

- 1) Opening
- 2) Singing the song Indonesia Raya
- 3) Remarks by the head of the community service committee and director of the Jimmy Medika Borneo Mother and Child Hospital
- 4) Hospital Accreditation Material
- 5) Question and answer session
- 6) Concluding.

The location of community service for the ITKES WHS undergraduate health administration study program was carried out at the Jimmy Medika Borneo Mother and Child Hospital. The training was conducted so that the accreditation of Jimmy Medika Borneo mother and child hospital can reach plenary in 2024. Meanwhile, success in community service methods is largely determined by participants' understanding of hospital accreditation.

3. RESULT AND CONCLUSION

This community service was carried out from January 27 to 29, 2021 at RSIA. Jimmy Medika Borneo. The data collection method uses percentages and questions and answers to 100 respondents. Univariate data analysis with frequency distribution table, to see the level of understanding of the public and health workers about the socialization of hospital accreditation in health students and hospital staff.

The distribution of community service participants according to percentages is presented in table 1 as follows:

Table 1 Frequency Distribution Based on Percentage Presentation

Method	Frequency	Percentage
<i>Percentages in powerpoint</i>	Attractive	80
	Unattractive	20
Total		100.0

Source: Primary data, 2021

Based on table 1, it can be concluded that the presentation of percentages such as exposure in the form of powerpoints that are the most in community service is the interesting ones, namely 80 respondents (80%) and the unattractive ones as many as 20 respondents (20%).

Accreditation of special programs can only be done for the first time following accreditation and only in certain types of hospitals. Special program accreditation standards include (KARS, 2014): 2.3.1 Patient Safety Goals (SKP) The preparation of this target refers to the Nine Life-Saving Patient Safety Solutions from WHO Patient Safety (2007) which is also used by the government.

The purpose and objective of SKP is to encourage hospitals to make specific improvements in patient safety.

- a. Goal 1: Correctly identify patients (SKP.1)
 - 1) SKP Standards.1 Hospitals establish regulations to ensure the accuracy (accuracy) of patient identification.
 - 2) Purpose and Objectives of SKP.1 Misidentification of patients can occur in all aspects of diagnosis and action. The purpose and purpose of this standard is to ensure the

accuracy of the patient who will receive the service or action and to align the services or actions required by the patient. 3) SKP Assessment Elements.1 a) There are regulations governing the implementation of patient identification (R) b) Patient identification is carried out using at least 2 (two) identities and must not use the patient's room number or the location of the patient being treated in accordance with hospital regulations (D,O,W) c) Patient identification is carried out before the procedure, diagnostic and therapeutic procedures (W,O,S) d) Patients are identified before administration of drugs, blood, blood products, specimen collection and dietary administration (see also PAP.4) (W,O,S) e) Patients identified prior to radiotherapy, receiving intravenous fluids, hemodialysis, blood draws or other specimen collection for clinical examination, cardiac catheterization, diagnostic radiology procedures and identification of comatose patients (W,O,S)

b. Goal 2: Improve effective communication (SKP.2) 1) SKP Standards.2 Hospitals establish regulations to implement the process of improving the effectiveness of verbal communication and or telephone communication between PPAs. 2) Purpose and Objectives of SKP.2 Communication is considered effective when it is timely, accurate, complete, unambiguous and received by the recipient of information aimed at reducing errors and improving patient safety. 3) SKP Assessment Elements.2 a) There are regulations on effective communication between caregivers (see also TKRS 3.2) (R) b) There is evidence of effective communication training between caregivers (D,W) c) Verbal or verbal messages over the phone are written in full, reread by the recipient of the message and confirmed by the messenger (D,W,S)

c. Goal 3: Improve the safety of High Alert Medications (SKP.3) 1) SKP Standards.3 Hospitals establish regulations to implement the process of improving the safety of drugs that need to be watched out for. 2) Purpose and Objectives of SKP.3 Any drug if misused can harm the patient, and even the danger can lead to the death or disability of the patient, especially those drugs that need to be watched out for. Errors can occur if the officer does not obtain sufficient orientation in the patient care unit and if the nurse does not obtain sufficient orientation or during an emergency. 3) SKP Assessment Elements.3 a) There are regulations on the provision, storage, arrangement, preparation and use of drugs that need to be watched out for (R) b) Hospitals implement regulations that have been made (D,W) c) In hospitals there is a list of all drugs to watch out for which is compiled based on specific data in accordance with regulations (D,O,W) d) The storage, labeling and storage of drugs that need to be watched out for including the drug NORUM (drug name similar speech) is arranged in a safe place (D, O,W).

d. Goal 4: Ensure the correct surgical location, correct procedure, correct patient surgery (SKP.4) 1) SKP Target.4 Hospital ensures Precise-Location, Precise-Procedure and Precise-Patient before undergoing treatment and or procedure. 2) Purpose and Objectives of SKP.4 Mis-Location, Mis-Procedure and Wrong-Patient who undergoes actions and procedures are very worrying events and can occur. The hospital must determine the areas within the hospital that perform surgical procedures and invasive procedures. Hospitals are required to establish uniform procedures, namely: a) Marking at the place of operation b) Preoperative verification such as ascertaining documents, relevant examination results and marking at the site of surgery. c) Perform a Time-Out process (confirming the correct surgery team, on the correct patient and administering the correct prophylactic

antibiotics 60 minutes before the surgery is performed) before the skin incision begins. 3) SKP Assessment Elements.4 a) There are regulations for carrying out site marking or site marking (R) b) There is evidence of hospitals using a single mark at the site of the incision of the first surgery or invasive procedure that can be quickly recognized quickly in accordance with the policies and procedures established by the hospital (D,O) c) There is evidence that site marking or site marking is performed by medical staff performing the procedure involving the patient (D,O,W).

e. Goal 5: Reduce the risk of healthcare-related infections (SKP.5) 1) SKP Standards.5 Hospitals establish regulations for using and implementing evidence-based hand hygiene guidelines to reduce the risk of infection related to health services. 2) Purpose and Objectives of SKP.5 Infection prevention and control is a challenge in the environment of health facilities. The increase in the number of health-related infections is a concern. The most important effort to eliminate the problem of infection is to maintain hand hygiene through hand washing. Hospitals are adopting hand hygiene guidelines from WHO for publication. Staff are given training on how to wash their hands properly and procedures using soap, disinfectants and disposable towels are available on site in accordance with guidelines. 3) SKP Assessment Elements.5 a) There are regulations on hand hygiene guidelines that refer to the latest WHO standards (see also PPI.9 EP2, EP6) (R) b) Hospitals implement hand hygiene programs throughout the hospital in accordance with regulations (D,W) c) Hospital staff can wash their hands according to procedures (see also PPI.9 EP6) (W,O,S) d) There is evidence of staff carrying out handwashing procedures (W, O,S) e) Disinfection procedures in hospitals are carried out in accordance with regulations (see also PPI.9 EP2, EP5) (W,O,S) f) There is evidence that hospitals are evaluating efforts to reduce the number of health-related infections (D,W)

f. Goal 6: Reduce the risk of injury to patients due to falls (SKP.6) 1) SKP Standards.6 Hospitals are implementing efforts to reduce the risk of injury from falling patients. 2) Purpose and Objectives of SKP.6 Hospitals evaluate fallen patients and make efforts to reduce the risk of falling patients. The hospital created a program to reduce fall patients which includes risk management and periodic reassessment in the patient population and or the environment in which services and care are provided the program includes monitoring of the intentional or accidental occurrence of a fall. 3) SKP Assessment Elements.6 a) There are regulations governing preventing patients from injury due to falls (R) b) Hospitals carry out an assessment process on all inpatients and outpatients with conditions, diagnoses and locations indicated to be at high risk of falling in accordance with regulations (D,O,W) c) Hospitals carry out initial assessment processes, follow-up assessments, assessments of inpatients based on records identified as falling risk (see also AP.2 EP1) (D, O,W) d) Measures are in place to reduce the risk of falling for the patient from the situation and location that caused the patient to fall (D,O,W).

4. SUMMARY AND ADVICE

Based on the conclusions and suggestions related to "Socialization of hospital accreditation in health students and hospital staff" went well. On the indicators of the accuracy of the targets of community service participants at RSIA Jimmy Medika Borneo, so that the socialization can increase the sense of knowledge about hospital accreditation.

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