Implementation Standards Access to Hospitals and Continuity of Service

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INDEXING

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ABSTRACT

Access to hospitals and continuity of services is very important for the continuity of the hospital so that people who need health services are interested in visiting hospitals and utilizing the health services owned by hospitals. This research is to find out the implementation of access to the hospital and continuity of service at X Hospital which will carry out accreditation after 4 years of operation. This type of research is observation and interview. The population of all patients who came to the emergency room and polyclinic. Data analysis using coding interviews. The Results and discussion are Observations on the implementation of standard operational procedure for hospital access and continuity of services have been carried out in excess of 80%, but there are obstacles in the implementation, one of which is not all clinical staff know the steps in standard operational procedure steps. The Conclusion is Clinical staff has implemented standard operational procedure standard steps Hospital access and service continuity exceeds 80%.

Kata kunci:

ARK;

Akreditasi;

SNARS;

Akses ke rumah sakit dan kontinuitas pelayanan sangat penting bagi keberlangsungan rumah sakit agar masyarakat yang membutuhkan pelayanan kesehatan tertarik untuk berkunjung ke rumah sakit dan memanfaatkan pelayanan kesehatan yang dimiliki rumah sakit. Penelitian ini guna mengetahui pelaksanaan akses ke rumah sakit dan kontinuitas pelayanan di Rumah Sakit X yang akan melakukan akreditasi setelah beroperasi 4 tahun. Jenis penelitian ini observasi dan wawancara. Populasi semua pasien yang datang ke IGD dan Rawat Jalan. Analisis data menggunakan coding wawancara. Hasil dan pembahasan adalah Hasil observasi pelaksanaan standar operasional procedure akses ke rumah sakit dan kontinuitas pelayanan telah dilakukan melebihi 80%, akan tetapi terdapat hambatan dalam pelaksanaannya, salah satunya yaitu tidak semua staf klinis mengetahui langkah langkah dalam langkah standar operasional procedure. Kesimpulan: Staf klinis telah melaksanakan langkah langkah standar operasional procedure standar Akses ke rumah sakit dan kontinuitas pelayanan melebihi 80%.

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INTRODUCTION

Hospital accreditation is the recognition of the quality of hospital services, after passing an assessment that the hospital has met the accreditation standard. Accreditation standard is a guideline containing level of achievement that should be met by the hospital in improving the quality of service and patient safety.¹ Based on data recapitulation in the hospital accreditation commission, it is seen that the number of accredited hospital in Indonesia is 1,572 or about 56.9% of the total hospitals in Indonesia, that is, 2,759 hospitals. Out of 1,157 accredited hospitals, 654 hospitals or about 41.6% has passed the accreditation in plenary level, most of which are private hospitals.²

In the implementation of hospital accreditation of 2012 version, accreditation standard has not applied provide-focus service standard. It has changed into patient-focus

service standard, as in SNARS of edition 1. The standard has some components of assessment, and one of them is hospital access and continuity of service (ARK).

Patients can get information related to some services in the wards from one of the hospital services, that is, preadmission clinic or registration. Patients can find out how a treatment is conducted through available documentation, so that patients can have a description of the procedure that they will take. To facilitate the admission process, foreign hospitals have made a unit or department called admission department of which tasks are: organizing patient's flow, managing patients' transferring process to the ward, and determining patients' position in the waiting list to get supporting service.³

Based on the interview with the management staff of H.L. Manambai Abdul kadir Hospital in the initial study, it

is known that the hospital will hold an accreditation with SNARS of edition 1 as a form of hospital preparation for the accreditation in addition to self-assessment. In this case, it is necessary to conduct a research that can be used as a reflection for hospital in implementing accreditation in H.L. Manambai Abdulkadir Hospital, as another form of preparation for hospital accreditation. An important component to be valued is an admission which is a part of hospital access standard and the continuity of service.

RESEARCH METHOD

This research used descriptive qualitative method with case study approach, and it was conducted in two steps. The first step was observation on the implementation of standard operational procedure (SOP) related to ARK 1 standard in H.L. Manambai Abdulkadir Hospital which aimed to find out the implementation of SOP in Emergency Room, polyclinic, and admission or registration of the hospital. The second step was obtained by conducting deep interview which aimed to compare the result of observation and the implementation of ARK 1 standard in H.L. Manambai Abdulkadir Hospital based on the aspects of input and process.

Subjects of this research are divided into two categories. In observation step, the subjects are 180 patients registered. Subjects that will be analyzed in interview step are human resources who have a role in supporting accreditation of SNARS edition 1, especially in chapter 1 concerning on hospital access and continuity of service. Object that will be analyzed is all needs used for evaluating the implementation of accreditation of SNARS edition 1 based on ARK 1 standard consisting of SOP ARK 1 in H.L. Manambai Abdulkadir Hospital in 2018 and medical record documents.

In collecting data, the author uses observation, documentation and interview method. The data used in this study are data from April 2018 to june 2019. Data that have been processed are then analyzed using qualitative analysis.

RESULT AND DISCUSSION

The performance of hospital services from year to year is growing rapidly with increasing types of services and service capabilities so that it is expected to be more comprehensive and able to expand access to services. In 2016 the number of emergency patient visits was 5,277 patients, outpatient 14,069 patients and inpatient 6,277 patients with BOR was 61.00% and In 2017 the number of emergency patients was 6,613 patients, outpatient 16,449

patients, hospitalization 11,939 patients with BOR of 63.00% .

This needs the support of the central government to meet the needs of adequate facilities, infrastructure and medical devices for hospitals. This study focuses on the application of the accreditation sub-chapter on access to hospital services related to patients coming to the hospital until the patient returns home. The related units are emergency room installation, admission or registration, outpatient care, inpatient care and other supporting facilities. In this study discussed far into the emergency unit and outpatient unit as the entry point for patients and medical staff especially in it such as emergency room doctor doctors, poly doctors, emergency shift nurses, poly nurses and administrative registration staff.

In this research, SOP is firstly evaluated. The result of the evaluation is explained below:

Picture 1. Implementation of SOP

Resources: Primary data from the observation room of the emergency room, polyclinic and registration

From research conducted to determine the implementation of the ARK standard assessed from compliance to follow the SOP steps, it was found that clinical staff adhered to the ARK standard SOP exceeding 80% of the total SOP implementation. The 80% target is taken from the SNARS standard to achieve a minimum chapter pass of 80%.

Based on the result of the interview with hospital staff and medical personnel, there are some problems during the implementation of accreditation, especially on

sub-chapter ARK 1. To find the brief description of the problem, it is necessary to find a solution through USG method and to determine the priority as the root of the existing problem. The result of the USG method is attached in table 1.

After identifying the causes of the problem, the next step is applying fishbone diagram to find the solution using McNamara filter theory. Based on the analysis of the survey data, it is seen that not all medical personnel understand SOP related to ARK.

Table 1. USG's method

No	Problems	U	S	G	Total
1.	Not all clinical staff know about SOP	4	5	3	60
2.	Lack of socialization of accreditation	4	4	3	48
3.	SOP is not in the related installation	4	3	3	36
4.	Clinical staff did not know the contents of ARK.	3	3	3	27
5.	Accreditation preparation evaluation has not been carried out	2	3	2	12

Picture 2. Fish bone's method

Resources: Primary data from coding of deep interview.

Problem solving is an activity to find and to eliminate the root of problem. What needs to be solved is not the symptoms of the problem; it is the root of the problem that should be solved to prevent repetition. The method used to find the alternatives for solution is McNamara.

In the Kathan study, comparing hospitals with emergency and non-specialist specialists, concluded that the presence of these specialists created a better working atmosphere in hospitals. Those who have worked with emergency specialists have experienced better interpersonal support, interpersonal adjustments, commitment, interpersonal collaboration, team learning, co-worker cooperation, and clarity of the role of self-determination work in teams.¹⁴

In the emergency room the prevention of infection is a major challenge in a complex and dynamic health care

environment. Patients come with different diseases and varying levels of risk, from healthy to critical. The introduction of risk and medical decision making is often based on limited and developing data, under significant constraints of time and resources. Patients await diagnosis, intervention, and disposition that are close to each other, with more than 129.8 million patient visits being made to the US in 2010, IGD is the main gateway for inpatient medical care, contributing to almost half of all hospital admissions.¹⁵

Compliance with these precautions is suboptimal globally, and health workers selectively choose which parts of the SOP they apply to their clinical practice. Special reviews for perioperative nursing and the use of protective glasses revealed that the overall level of adherence to using this form of PPE was low, compared to other PPE. Some of the reasons for this low level of non-compliance include:

nurses are too busy to use PPE; patients are considered low risk; PPE is uncomfortable to wear; PPE is not available or difficult to access; negatively affects the agility of PPE users; and lack of explicit support from management. Even if equipment is available, nurses report that they do not always have relevant knowledge about the use of PPE, with some nurses reporting lack of awareness or assurance that PPE is effective in providing protection against microorganisms and infectious diseases.¹⁶ This is in line with the results of research at RSMA showing a lack of compliance of medical staff in the use of PPE based on a lack of awareness but understanding the importance of PPE in carrying out tasks.

Table 2. Mc Namara's method

No	Alternative	Effective	Facility	Cost	Total
1.	Evaluation and socialization of accreditation, (self assesment)	5	5	4	14
2.	Make an accreditation guide	5	4	3	12

Based on the observation on the implementation of ARK 1, ARK 1.1, ARK 1.2, and ARK 1.3 in H.L. Manambai Abdulkadir Hospital, those have been conducted for 80%. It is related to the process of screening, triage patients on polyclinic and emergency room, inpatient screening, and service delay. There are some points of the SOP that have not been fully done by medical staff are: adjusting the result of the history to the criteria of emergency severity level done by hospital staff in ER; scoring the result of physical examination with WPSS criteria; explaining the result of diagnosis from doctor to the patients/patients' family; filling general consents done by patients, noting the service delay in the patients' medical record done by patients; and wearing personal protective equipment by triage staff, such as masks and handscoon to prevent infection.

The implementation of SOP ARK has been fully carried out by medical personnel in H.L. Manambai Abdulkadir Hospital. It is supported by the supervision of medical specialist of emergency as a member of ARK work program. In addition to become a member of ARK work program, medical specialist of emergency also gives positive first impression to the patients. Nurses working in ER become the important member of healthcare team, and the quality of health service really depends on the nurses.

One of the factors developing nurse job satisfaction is the presence of a 24-hour medical specialist of emergency at the ER. Medical specialist of emergency divides patients for nurses, and defines the nurses' right job, reporting, and response. Nurses hand over triage patient to nurses who are responsible for the patient and document nursing status for medical record.⁴ The same as triage system in H.L. Manambai Abdulkadir Hospital, nurses are divided into triage nurse, p3, ambulance (2 nurses), p2 nurse, p1 nurse (3 nurses), and 2 midwives. It results in the number of nurses that is not enough for the needs of nurses based on the prediction of Health Department. Moreover, the presence of medical specialist of emergency supports a good cooperation with other medical specialist so that those who perform sustainable primary actions related to other medical specialists have reduced the burden of the medical specialists.

The effective performance of medical specialist of emergency in decision making for patient in less than 6 hours minimizes the occurrence of service delay in ER. Likewise, Hosseini shows that bedroom management in all shifts has been effective in reducing ER business, patient's dissatisfaction, patients' feeling ignored, and patient's questioning about follow-up from ER, which results in the improvement of service in ER.⁴

Based on the observation, there is a point of staff noting the service delay in medical record in SOP ARK 1.3 that has not been carried out yet. Based on the confirmation from interview with medical staff, it is known that the medical record form to document that point is still in printing. If this condition has not been overcome, it will result in the negative effect of hospital service. In the law system, documentation is considered as an important element. It improves the dimension of risk management, and failure in documenting the relevant data is regarded as a significant violation of certain treatment standard. Certainly, protection from legal hazard is not the only reason for documentation in clinical care. Patient's note in medical record becomes the evidence of sustainable treatment since it develops over time and becomes a valuable reference in emergency care, research, and quality assurance.⁵ Cheevakasemsook's research on documenting nursing care for nurses in Thailand shows that there is chaos in the documentation where the documentation applied is not in accordance with the standards. Most documentation does not have a diagnosis and planning; there are only studies and a few nurses' records.⁶ Suryandana's research at Puri Indah Hospital in Jakarta shows that there is a relationship between the role of team

leader and documentation of nursing care. Based on the research, it was found that there were 50% good documentation with good roles and 25% poor documentation with bad roles.⁷ So that complete medical record filling is needed not only for the accreditation requirements but also as a proof of patient service.

According to the results of observations and interviews with staff, Manambai Abdulkadir Hospital has prepared accreditation in the form of sending staff as participants on KARS workshop to find out the changes in several accreditation documents from the 2012 KARS version accreditation to SNARS edition 1. Preparations have been made since 1 year before, but the root cause of the preparation for accreditation in Manambai Abdulkadir Hospital still exists, that is, there is no socialization to employees. This is supported by an interview with a member of the ARK 1 work program which states that Manambai Abdulkadir Hospital is still focusing on changing documents and regulations from KARS 2012 to SNARS so that further information has not been carried out to Manambai Abdulkadir Hospital's employees.

Based on the research conducted by Yu H. Yan, there is a relationship between the socialization of the team and awareness of hospital accreditation, namely awareness of hospital accreditation can be improved through team learning.⁸ This is in line with Wu's research, which believes that the value of socializing teams from medical staff can achieve the goal of improving the quality of medical care. The stronger organizational learning, the more likely it is to integrate with the aim of hospital accreditation and promote professional development.⁹

Hirose's research also mentions that the learning of medical staff can reduce the possibility of side effects in medical care Hirose, et. Al., 2003. Reeve & Peerbhoy shows that team learning can increase awareness of organizational learning and hospital accreditation. Although the current medical care environment is seen from social, educational and political factors resulting in a lot of pressure on hospital employees. They can still integrate with the aim of hospital accreditation planned by the government through complete team learning that can be implemented through *in house training* or socialization in hospital.¹⁰

In Yu H. Yan's research, there are significant differences in age and education level affecting the level of awareness of accreditation. Accreditation awareness at age > 50 years is higher than <30 years old. It is the same as the awareness of accreditation at the education level that is higher than the diploma or below.⁸ These results are in line

with the results of observations and interviews at Manambai Abdulkadir Hospital, in which nurses with diploma III are care less about organizing accreditation, along with several factors that influence their non-compliance in implementing SPO, including work culture systems, limited facilities, lack of socialization, compensation systems, and motivation. The role of employees is very dominant in patient care. Thus, efforts to improve service quality need to be continuously improved. Efforts to equalize the perceptions of services that are in accordance with accreditation standards are very important, considering that the implementation of hospital accreditation can guide service providers to work according to established standard.¹¹

In a study, Yarifard et al. explain that the most important barriers to accreditation administration are the lack of awareness and training of hospital staff on the level of accreditation as well as non-alignment and participation of administrators and faculty members. Thus, the solution is to expand training at all levels of staff and the involvement of senior managers in implementing the program.¹² The same perception concerning on the benefits of implementing hospital accreditation will make accreditation standards a guideline for all employees towards their routine work. A negative view considering that accreditation will be a burden adding the work of employees must be minimized. Collaboration and enthusiasm from all employees must be encouraged as an effort to provide high quality health services to the community in the hospital.¹¹

The main concern in maintaining the application of accreditation standards is the need to have the same perception about the benefits of hospital accreditation, so that all employees play an active role through encouragement and monitoring of leaders. Perception can directly influence participation. Participation can increase commitment to decisions. Perception has a positive role on employee performance or work productivity.¹³

In addition to the above explanation, from the results of observations in the emergency room and the H.L Hospital polyclinic. Manambai Abdulkadir, management of data from clinical examination and information systems for clinical decisions, including the admission process is still done manually. Officers need a long time to get data and information on the results of clinical examinations conducted now or before.

The application of inpatient admission standards must be based on adequate clinical examination data. Availability of adequate clinical examination data includes

completeness of data, accuracy of data and ease in obtaining / accessing data and information.¹⁷ This was also supported by Ryota's research which stated that the new electronic medical record system would shorten the time needed to record clinical data and provide appropriate care for the majority of patients treated in the ED.¹⁸

Good management is a prerequisite for improving operational performance. Accurate and timely reporting is needed on indicators that are relevant to the patient's experience. Hospital management must now use sufficient information to improve the organization of services, to care for patients.¹⁹

CONCLUSION

From the results of this study, the data obtained as follows: Implementation of the 1st edition of SNAR 1 ARK in H.L Manambai Abdulkadir Hospital has reached 80% seen from the applicable SOP implementation. There is a problem with the implementation of the 1st edition of the SNAR ARK 1 in the H.L Manambai Abdulkadir Hospital is not including socialization about SOPs and also accreditation which raises awareness of medical accreditation staff to increase. From the existing problems can be approved for implementation in the training house or make an accreditation handbook to increase the awareness of medical staff.

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