

## Implementation Standards Access To Hospitals And Continuity Of Service

Dwi Yuliannisa Amri\*, Nur Hidayah\*, Ekorini Listiowati\*\*

\*Author Correspondent: [dyuliannisaamri@gmail.com](mailto:dyuliannisaamri@gmail.com)

\*Master of Hospital Management, Postgraduate Programme, Universitas Muhammadiyah Yogyakarta, Indonesia

\*\*Faculty of Medicine and Health Science, School of Medicine Program, Universitas Muhammadiyah Yogyakarta, Indonesia

### INDEXING

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### ABSTRACT

Access to a hospital and continuity of services are very important for the continuity of the hospital so that people who need health services are interested in visiting the hospital and utilizing the health services. The aims of the research are to find out the implementation of access to the hospital and continuity of service at X Hospital. The design of the research was descriptive qualitative research with observation and interview to collect the data. In observation, the subjects are 180 patients registered. In the interview, step is human resources who concerned on hospital access and continuity of service. Data analysis used interviews coding and calculated the observation result. Results and discussion are Observations on the implementation of a standard operating 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 staffs know the step in standard operational procedure. The conclusion is Clinical staff has implemented the standard operational procedure of Hospital access and service continuity exceeds 80%.

Akses ke sebuah 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 kesehatannya. Tujuan penelitian ini untuk mengetahui pelaksanaan akses ke rumah sakit dan kontinuitas pelayanan di Rumah Sakit X. Desain penelitian ini adalah penelitian deskriptif kualitatif dengan cara melakukan observasi dan wawancara untuk mengumpulkan datanya. Di dalam observasi, subyek yang diobservasi adalah semua pasien yang datang ke IGD dan Rawat Jalan berjumlah 180 orang. Sedangkan untuk wawancara, subyeknya adalah sumberdaya manusia yang berperan di dalam akses rumah sakit dan kontinuitas pelayanan. Analisis data menggunakan coding hasil wawancara dan perhitungan dari hasil observasi. Hasil dan pembahasan adalah hasil observasi pelaksanaan standar operational 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 standar operational procedure. Kesimpulan: Staf klinis telah melaksanakan langkah langkah standar operational 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 is 1,572 or about 56.9% of the total hospitals in Indonesia, that is, 2,759 hospitals. Out of 1,572 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 ("Akses Rumah Sakit dan Kontinuitas Pelayanan" or 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 the 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 Abdulkadir 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

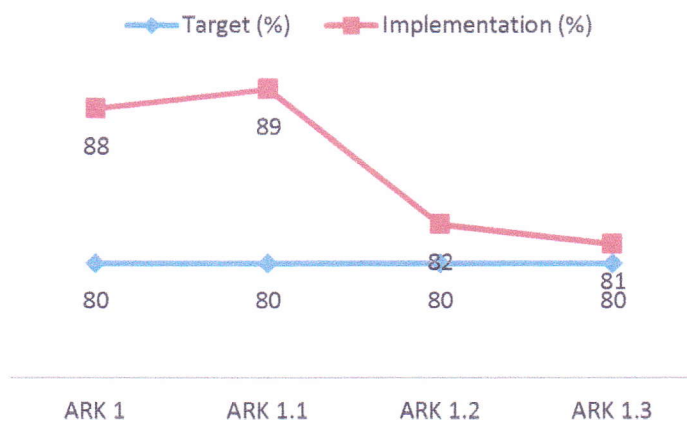
interview which aimed to compare the result of observation and the implementation of ARK 1 standard in H.L. Manambai Abdulkadir Hospital based on the aspects of input and process.

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 methods. 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**

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

Notes:

- ARK1: patient screening
- ARK1.1: emergency service
- ARK 1.2: in patient admission
- ARK 1.3: delayed service

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%.

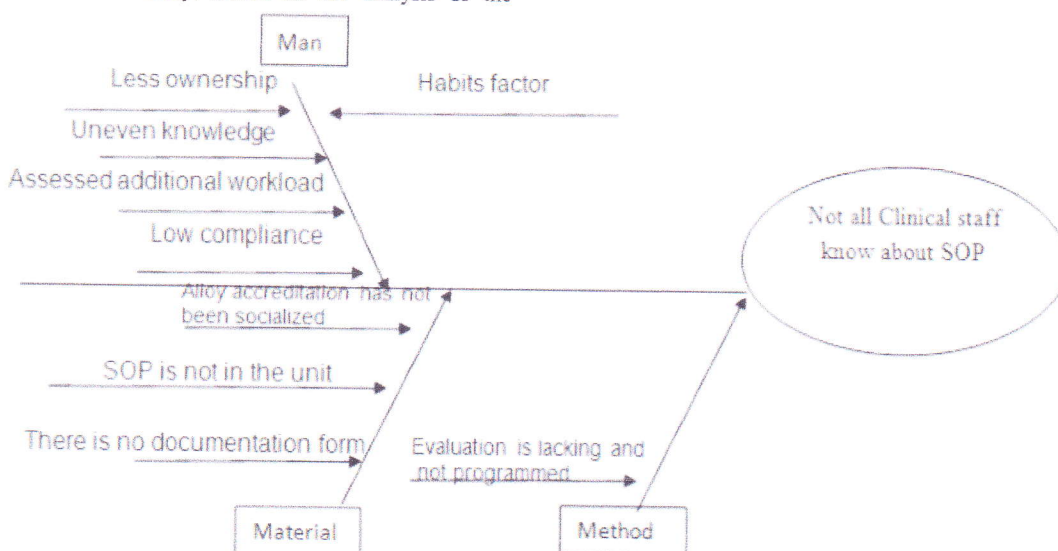
Based on the result of the interview with hospital staff and medical personnel, there are some problems during the implementation of accreditation, especially on sub-chapter ARK 1. To find the brief description of the problem, it is necessary to find a solution through USG method and to determine the 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

**Table 1. Urgency (U), Seriousness (S), and Growth (G)'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

survey data, it is seen that not all medical personnel understand SOP related to ARK.



**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.

**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).

#### 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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