

# IMPLEMENTASI BERBAGAI MACAM STANDAR MUTU DI RUMAH SAKIT

Berbagai pemikiran dan penerapan  
di RS Fatmawati

Agung P Sutyoso

FORUM MUTU PELAYANAN KESEHATAN INDONESIA 2005

Hotel Santika Jakarta

29-30 Juni 2005

# STANDAR MUTU

- NASIONAL

- INTERNASIONAL

## Definitions of accreditation, licensure and certification

Process	Issuing Organization	Object of Evaluation	Components/ Requirements	Standards
Accreditation (voluntary)	Recognized tools, usually an NGO	Organization	Compliance with published standards, on-site evaluation; compliance not required by law and/or regulations	Set at a <b>maximum achievable level</b> to stimulate improvement over time
Licensure (mandatory)	Governmental Authority	Individual	Regulations to ensure minimum standards, exam, or proof of education/competence	Set at a <b>minimum level</b> to ensure an environment with minimum risk to health and safety
		Organization	Regulations to ensure <b>minimum standards</b> , on-site inspection	

## Definitions of accreditation, licensure and certification

<b>Certification</b> (voluntary)	Authorized body, either government or NGO	Individual	Evaluation of predetermined requirements, additional education/training, demonstrated competence in speciality area	Set by national professional or speciality boards
		<b>Organization or component</b>	Demonstration that the organization has <b>additional services, technology, or capacity</b>	<b>Industry standards</b> (eg ISO 9000 standards) evaluate <b>conformance to design specifications</b>

# Year of Beginning Accreditation Operations

<b>Year first survey</b>	<b>Programs</b>	<b>Total new in year</b>
1951	USA ( JCAHO )	1
1958	Canada	1
1974	Australia (ACHS)	1
1979	USA (AAAHC)	1
1986	Taiwan	1
1987	Australia (QIC )	1
1989	New Zealand	1
1990	UK ( HAP )	1

## Year of Beginning Accreditation Operations

1991	UK (HQS), US (NCQA)	2
1994	South Africa	1
1995	Finland, Korea, <b>Indonesia</b>	3
1996	Argentina, Spain	2
1997	Czech Republic, Japan	2
1998	Australia (AGPAL), Brazil, JC International, Poland, Switzerland	5
1999	France, Malaysia, Netherlands, Thailand, Zambia	5
2000	Portugal, UK ( CSBS) , Philippines	3

# Who Started Current Accreditation Programs?

Organisations	Examples
<b>Professional associations</b> eg hospital, medical, nursing	USA, Canada, Australia, Germany, Netherlands, Czech Republic
<b>Private insurers</b>	Germany, Czech Republic
<b>Health ministries</b>	France, Italy, Netherlands, Czech Republic, Rep. of Indonesia
<b>University departments</b>	South Africa (University of Stellenbosch), UK Healthcare Accreditation Program (University of Bristol)
<b>Voluntary membership societies</b>	Philippines
<b>Health service charities</b>	UK Health Quality Service (from the King's Fund Centre, London)

# Accreditation Programs in Europe 2002

<b>Functional status</b>	<b>Program</b>	<b>Total</b>
<b>Active program</b>	Bulgaria, France, Germany, Ireland, Italy (regional), Netherlands, Poland, Portugal, Spain, Switzerland (two), UK (three)	11
<b>In development</b>	Bosnia (RS, FBiH), Croatia, Czech Republic, Denmark (two), Finland, Hungary, Kyrgyzstan, Latvia, Lithuania, Malta, Slovakia	11
<b>No national program</b>	Albania, Armenia, Austria, Belgium, Cyprus, Estonia, Kazakhstan, Luxembourg, Sweden, Turkey, Yugoslavia	11



# Focus of Accreditation Program, Europe 2002

Focus	Program
Clinical specialty	UK (CSBS)
All sectors	France, Latvia, Bosnia FBiH, Italy (Emiglio-Romana), Italy (Marche), UK (HQS)
<b>Tertiary, teaching hospitals</b>	Germany, Ireland
<b>Secondary and tertiary hospitals</b>	Bulgaria, Czech Republic, Hungary, Malta, Netherlands Poland, Portugal, Switzerland,
<b>Primary and hospital</b>	Bosnia (RS and FbiH), Denmark (KISS), Slovak Republic Spain (FADIJCI), UK (HAP)
Health and social services	Finland, Czech Rep

# Examples of Priority Concerns of Accreditation Programs

<b>Critical functional areas (Zambia)</b>	<b>Patient care Infection control Quality assurance Management of the environment Patient</b>
<b>National Patient Safety Goals (JCAHO)</b>	<b>Patient identification Communication among caregivers High-alert medications Wrong-site surgery Infusion pumps Clinical alarm systems</b>
<b>Key areas of difficulty (Poland)</b>	<b>Infection control Information flow /Team work Patient records Medical equipment surveillance</b>

# Ten Potential Impacts of Accreditation

No	Impact	Associated factors	Stakeholders
1	Health system governance	Legislation, regulation	Health ministries; legal bodies
2	System design development	Strategic planning, service specification	Health service planners; social scientists
3	System financing	Resource allocation, cost-containment, efficiency	Purchasers, funding agencies, insurers
4	Population health	Protection of public health and safety; reduced variation in provision and performance	Public health agencies, epidemiology
5	Knowledge management, transfer	Research (clinical, health service); technology assessment	Academic, professional, governmental agencies

6	Clinical effectiveness	Evidence-based medicine; improved results; continuity; safety and risk-management	Guideline developers, medical directors, performance managers
7	Consumer empowerment and decision-making	Providing information, choice, respect, accountability	Individual patients, focus groups consumer groups
8	Professional and personal development	Education, training, CPD; workforce empowerment	Clinical teachers; personnel (HR) managers; professions
9	Management development	Leadership accountability, communication, teamwork	HCO directors; management associations
10	Quality systems development	Defined quality policy, organisation, methods, resources	Quality co-ordinators, safety managers,

# Penilaian Program Mutu

# AUSTRALIAN COUNCIL ON HEALTHCARE STANDARDS (ACHS)

## **Continuum of Care**

Pelayanan dan perawatan sejak proses awal mendapatkan pelayanan hingga meninggalkan RS



## **Infrastructure standards**

Fungsi organisasi yg menunjang mutu dan keamanan pelayanan

- **Leadership and Management**
- HR Management
- Information Management
- Safe Practice and Environment
- **Improving Performance**

# INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE (ISQua)

Accreditation : **Setting the standard for healthcare**

Across the world, the external assessment of health care services is being increasingly used to **regulate, improve and promote health care services.**

Models of external evaluation include accreditation, peer review, inspection, ISO certification, and evaluation using **'business excellence'** or other frameworks.

Each of these models is evolving to meet changing demands which include **public accountability, clinical effectiveness, and improving the quality and safety of services and their outcomes.**

# MALCOLM BALDRIGE NATIONAL QUALITY AWARD





# International Standards for Hospitals

Joint Commission International Accreditation

## **PATIENT-CENTERED FUNCTION**

- Patients Right (PFR)
- Assessment of Patient (AOP)
- Care of Patient (COP)
- Education of Patient and Family (PFE)
- Continuum of Care (ACC)

## **HCO MANAGEMENT FUNCTION**

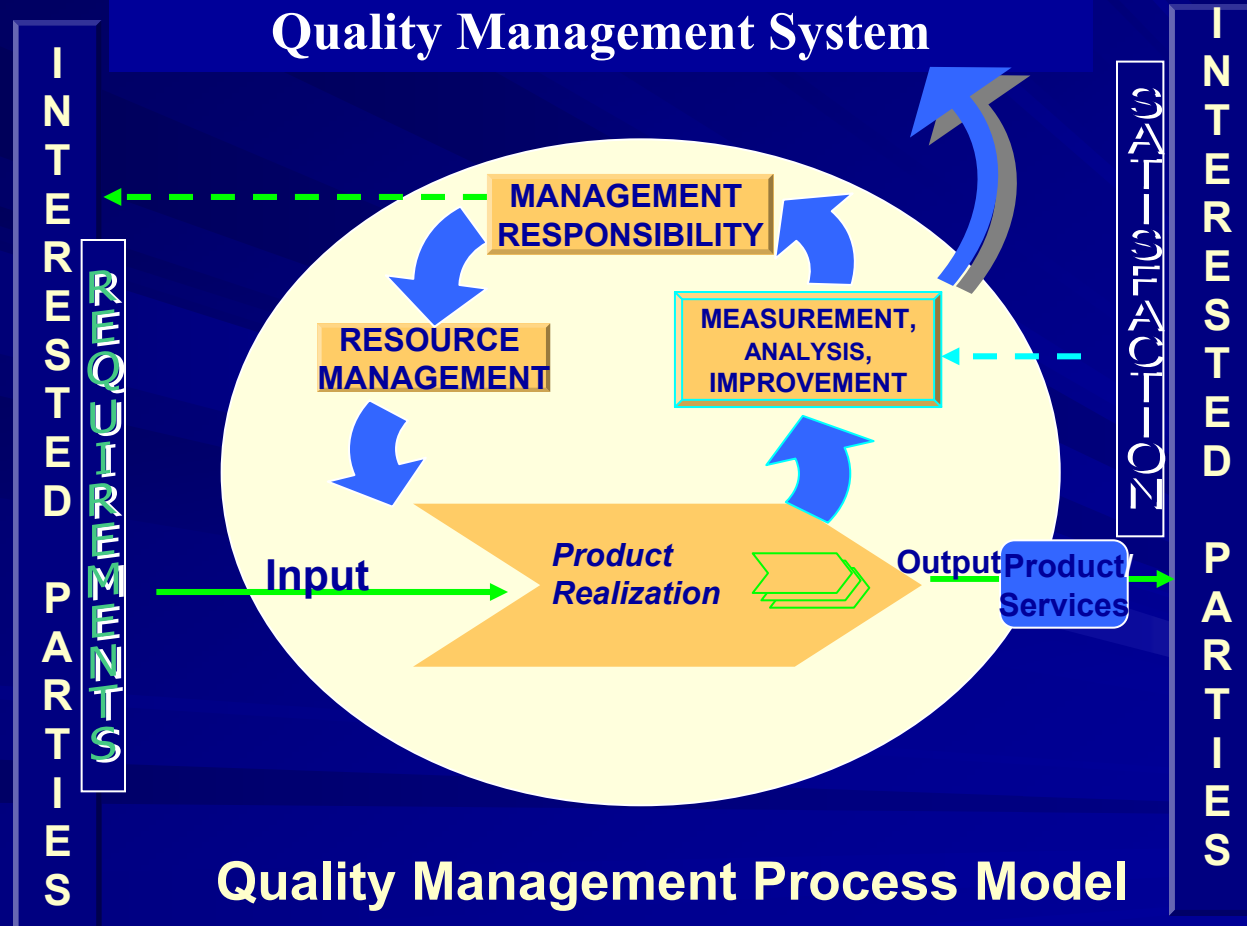
- Leadership (GLD)
- HR Management (SQE)
- Information Management (MOI)
- Environmental Management (FMS)
- Infection Control (PCI)
- Performance Improvement (QPS)

## Standar JCAHO 2nd edition

No	Fungsi	Std/ item	Keterangan	Penilaian
1	<b>Access to Care &amp; Continuity (ACC)</b>	1 / 6	Akses pasien ke RS. Informasi yg diperlukan : keinginan pasien, yan efisien, rujukan atau discharge (pulang atau ke RS lain)	Sesuai elemen pengukuran
		2 / 4	RS mendisain dan menjaga ketersediaan yan pasien dan koordinasi dg para profesional	
		3 / 3	Adanya proses rujukan dan pemulangan pasien (kepastian merujuk, penyuluhan dan resume pasien)	
		4 / 4	Adanya proses pengiriman pasien ke RS lain untuk melanjutkan perawatan yg dibutuhkan pasien	
		5 / 1	Adanya proses rujukan, pengiriman dan pemulangan pasien pada kebutuhan transportasinya.	
2	<b>Patient &amp; Family Right (PFR)</b>	1/ 7	TJ RS thd proses yg menunjang Hak pasien dan keluarga selama dirwt di RS (informasi, nilai dan budya, pribadi, harta dll)	
		2 / 5	Hak pasien dlm proses pelyanan medik (kondisi, pengobatan, penghentian tindakan, respek dan perhatian pd saat menjelang ajal dll	
		3 / 1	Informasi kpd pasien dan klrng bgmn memilih donor organ atau jaringan lainnya	
		4/ 1	Informasi kpd pasien utk kesediaan dilakukan riset, investigasi, trial	
		5 / 1	Informasi kpd pasien utk memilih dilakukan riset, investigasi, trial , dilindungi	
		6 / 1	Informasi kpd pasien ttg penatalaksanaan keluhan pasien, konflik dan perbedaan pendapat ttg yan dik pasien erta keterlibatan pasien pd proses tsb.	

# THE REQUIREMENTS AND PROCESS MODEL IN ISO 9001:2000

Continual Improvement of the Quality Management System



# **KARS : AKREDITASI RS 16 BIDANG PELAYANAN**

## **PENILAIAN AKREDITASI RUMAH SAKIT**

**S1 FALSAFAH DAN TUJUAN**

**S2 ADMINISTRASI DAN PENGELOLAAN**

**S3 STAF DAN PIMPINAN**

**S4 FASILITAS DAN PERALATAN**

**S5 KEBIJAKAN DAN PROSEDUR**

**S6 PENGEMBANGAN STAF DAN PENDIDIKAN**

**S7 EVALUASI DAN PENGENDALIAN MUTU**

# TRANSPARANSI DAN AKUNTABILITAS DALAM PENYELENGGARAAN PELAYANAN PUBLIK

KEPUTUSAN  
MENTERI PENDAYAGUNAAN APARATUR NEGARA  
NOMOR:  
KEP/26/M.PAN/2/2004

**TRANPARANSI** (10 items)

**AKUNTABILITAS** (Kinerja, Biaya & Produk)

**PENGADUAN** ( 7 items)

**TINDAK LANJUT**

# RS FATMAWATI

## BERBAGAI PEMIKIRAN DAN PENERAPAN

1. BENTUK KELEMBAGAAN DAN ORG
2. SISTEM MUTU
3. MANAJEMEN MUTU INTERNAL
4. PEER REVIEW
5. KETERLIBATAN PUBLIK

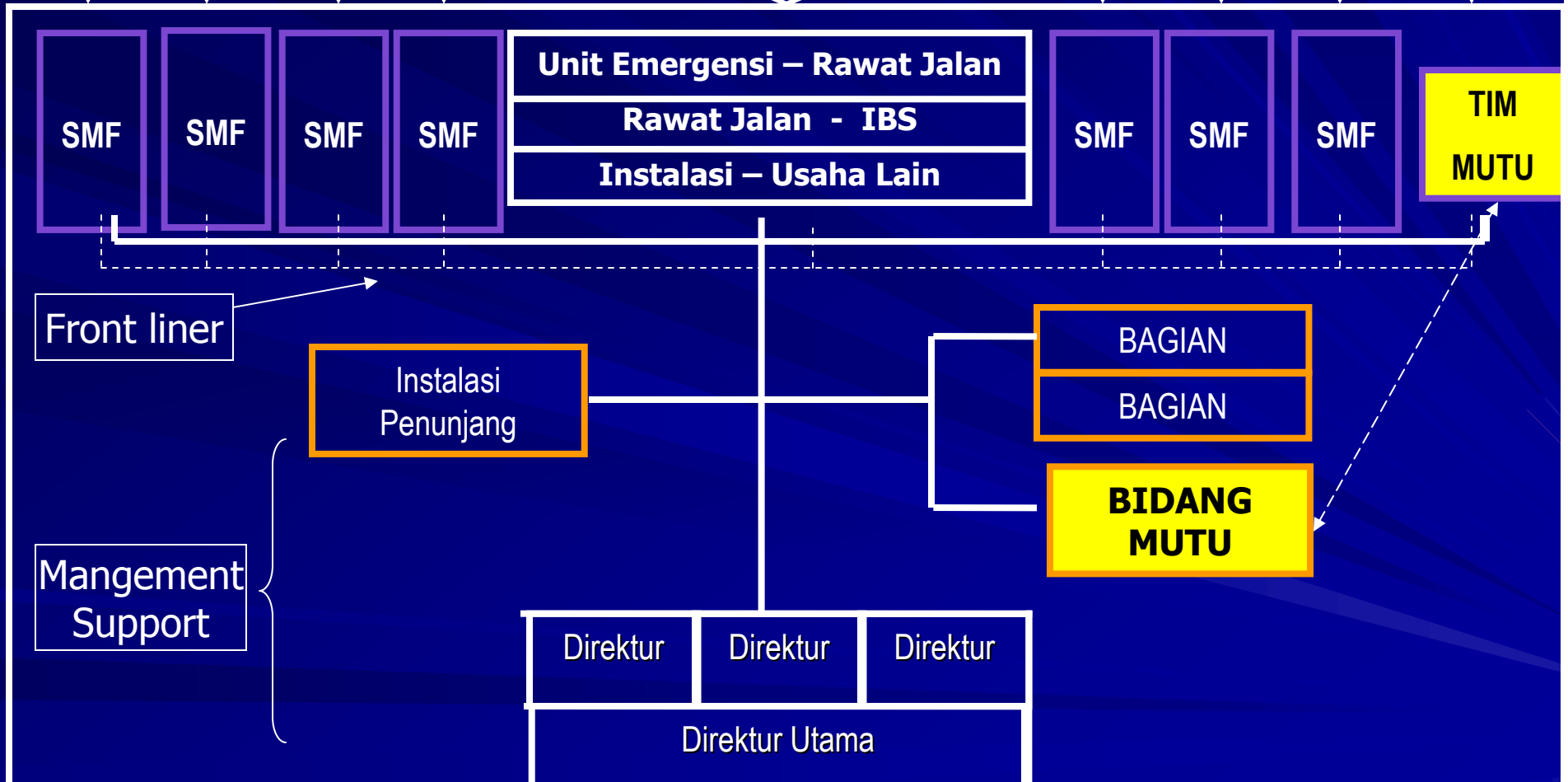
# HOSPITAL BYLAWS RSUP FATMAWATI

- Peraturan internal (HBL) RSUP Fatmawati adalah peraturan-peraturan dasar yang mengatur tatacara penyelenggaraan RSUP Fatmawati
- Peraturan internal (HBL) RSUP Fatmawati mengatur secara khusus kedudukan, hubungan, wewenang, hak dan kewajiban, tanggung jawab serta peran dari Dewan Pengawas, Direksi dan Staf Medik di RSUP Fatmawati.

# STRUKTUR ORGANISASI RUMAH SAKIT BERORIENTASI PELANGGAN

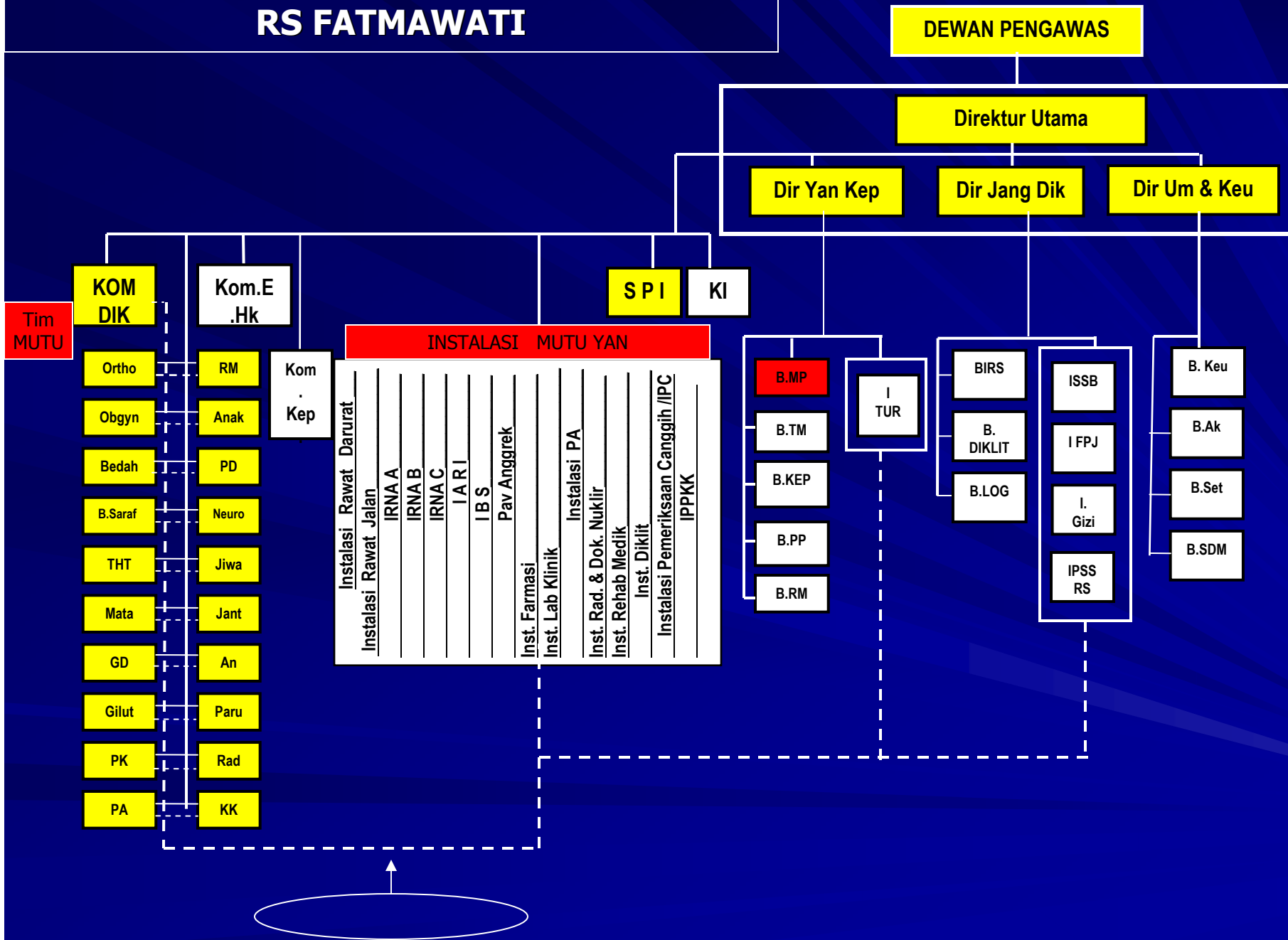
APS

## PELANGGAN ( KONSUMEN /KLIEN )

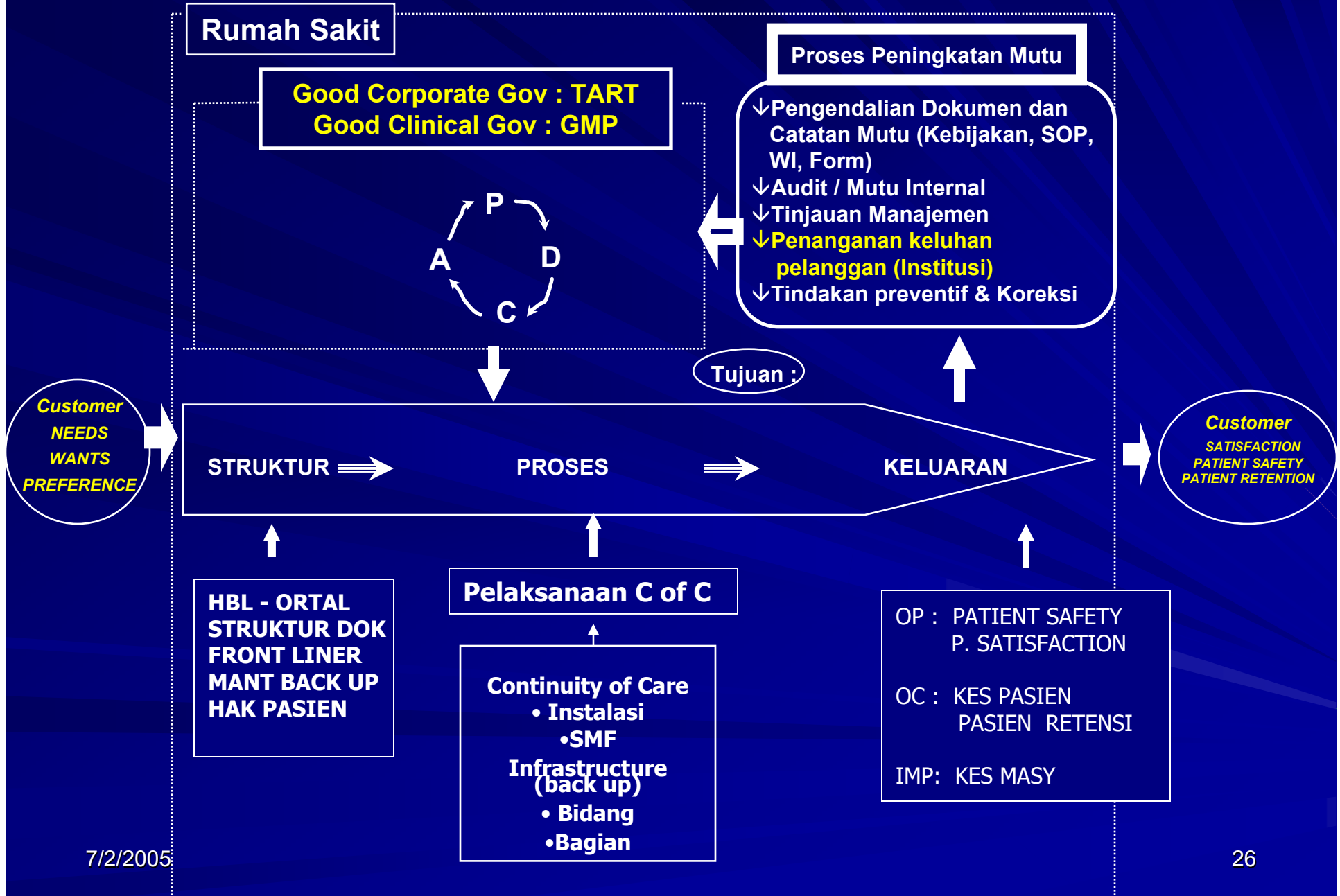




# BAGAN STRUKTUR ORGANISASI RS FATMAWATI



# SISTEM MANAJEMEN MUTU DAN PELAYANAN RSUP FATMAWATI



# CONTINUUM OF CARE DAN PELAYANAN PRIMA

Sistem <i>Continuity of Care</i>	Transparansi	Akuntabilitas	Respon Pengaduan & tindak lanjut
<p><b>AKSES</b></p>	<p><b>Lokasi Yan</b> Petunjuk arah : mudah dijangkau, tempat nyaman dan bersih, sarana lengkap,</p> <p><b>Informasi</b> : brosur, leaflet, spanduk, penyuluhan, mell tlp.</p>	<p><b>Kinerja:</b> Tersedia, konsisten, mudah dilaksanakan</p> <p><b>Produk:</b> tersedia, jelas dan terbuka</p>	<p><b>Tersedia media pengaduan dan berfungsi efektif</b></p> <ul style="list-style-type: none"> <li>- Satuan kerja yg bertanggung jawab</li> <li>- Ada kotak saran dan tlp. Khusus</li> <li>- Form bukti pengaduan</li> <li>- Tindak lanjut &amp; upaya perbaikan + umpan balik</li> </ul>
<p><b>ENTRY</b></p>	<p><b>Standar Yan</b> Std. Op : SOP &amp; Alur Std Etika : 4 S</p> <p><b>Persyaratan Administrasi</b> Diinformasikan, dipasang di loket, dijelaskan langsung</p>	<p><b>Kinerja:</b> Tersedia, konsisten, mudah dilaksanakan</p> <p><b>Produk:</b> tersedia, jelas dan terbuka</p>	<ul style="list-style-type: none"> <li>- Disampaikan: lsg, surat/kotak saran, mell Manajer/Ass atau HP khusus</li> </ul> <p><b>081315471197</b></p>

## Upaya Peningkatan Mutu Melalui Pemantauan Patient Safety di RSUP Fatmawati

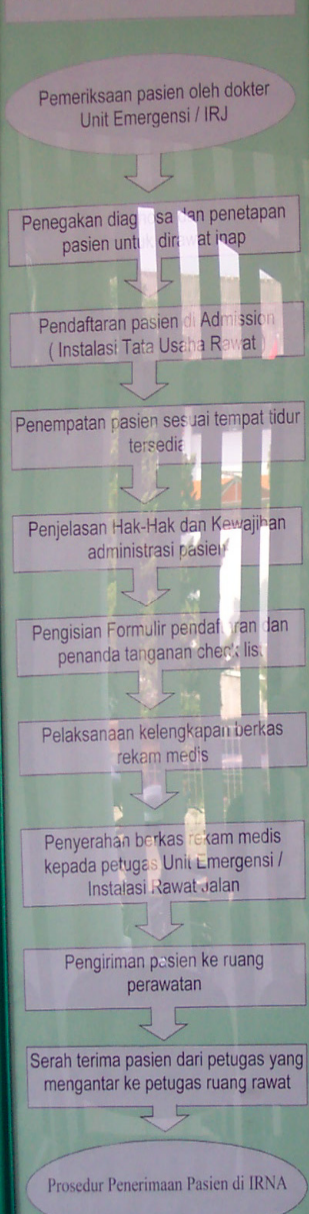
No	Indikator	Upaya peningkatan mutu
1	Kesalahan identifikasi pasien	Penggunaan bar code pada tiap pasien
2	Kegagalan menegakkan Dx	Program peningkatan kompetensi para Staf
3	Kegagalan dalam melakukan pemeriksaan/ test untuk menegakkan diagnosa	
4	Pemeriksaan dan pemberian pengobatan yang tidak sesuai	
5	Kegagalan dalam melakukan monitor utk follow up	
6	Kesalahan operasi	Kebijakan dan Prosedur Operasi
7	Kesalahan dalam melakukan transfusi	Kebijakan dan Prosedur pelaksanaan transfusi
8	Terjadinya infeksi nosokomial	Pelaksanaan program Tim PIN

## Upaya Peningkatan Mutu Melalui Pemantauan Patient Safety

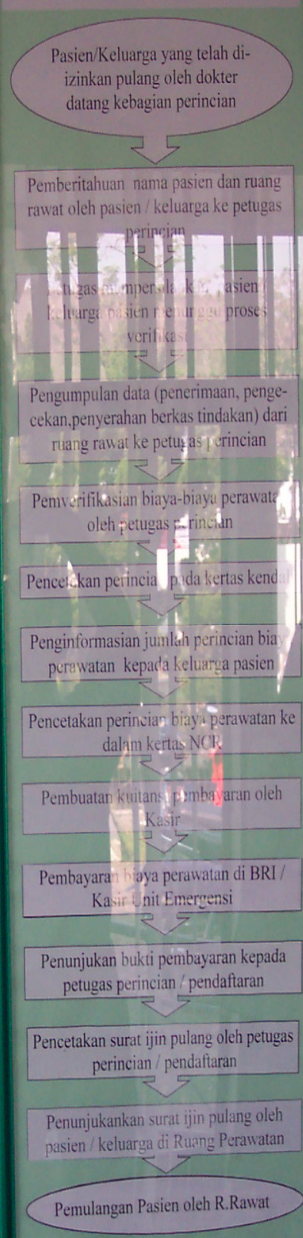
No	Indikator	Upaya peningkatan mutu
9	Pasien / pengunjung jatuh	Pasien: fixasi pasien yg tdk kooperatif Pengunjung: Program K 3
10	Ketidaknyamanan	Survei kepuasan pelanggan
11	Infeksi karena infeksi jarum infus	PSBH, Penerapan IK pemasangan jarum infus
12	Bunuh diri yang dapat dihindarkan	Penyediaan sistem keamanan gedung
13	Kegagalan penyediaan profilaksi	Pemantauan Penerapan Kebijakan dan Prosedur Penyediaan Obat
14	Kesalahan dalam pemberian obat	Pemantauan Pelaksanaan Prosedur pemberian obat
15	Keracunan Makanan	Penerapan Kebijakan dan Prosedur Penyediaan Makanan



### ALUR PASIEN MASUK RAWAT INAP



### ALUR PROSES PENYELESAIAN ADMINISTRASI PASIEN PULANG



## TARIF RAWAT JALAN

- OR Embosser (Kartu berobat) Rp. 2.000,-
- OR Karcis Tanpa rujukan Rp. 10.000,- Dengan rujukan Rp. 5.000,-
- OR Dokter Spesialis Umum Rp. 22.500,- Rp. 15.000,-

BEKASI PELAYANAN PELANGGAN RSUDPI 2014



Contoh Token



### PEMILIHAN KARYAWAN FAVORIT VERST PELANGGAN

TOKEN berlaku melayani dengan hati adalah alat yang digunakan oleh pelanggan / pasien untuk menilai karyawan RSUD Fatmawati yang terbaik dalam melayani anda. Berikanlah TOKEN kepada salah satu karyawan RSUD Fatmawati yang anda anggap melayani anda dengan hati. Terima Kasih atas kesediaannya

- |  |                             |
|--|-----------------------------|
| <u>Karyawan yang dinilai</u>   | <u>Melayani dengan hati</u> |
| > Petugas parkir   | > Tulus Ikhlas              |
| > Doorman  | > Ramah                     |
| > Petugas Administrasi (Informasi, Tata Usaha Rawat Inap, Tempat Penerimaan Pasien, Kasir) | > Sopan                     |
| > Perawat  | > Senyum                    |
| > Dokter   | > Tanggap                   |
| > Cleaning Service   | > Cakatan                   |
| > Sotom  |                             |

RUMAH SAKIT UMUM PUSAT FATMAWATI  
Jl. Jendral Gatot Subroto, Jakarta 10132



## TARIF RAWAT JALAN

- > KARTU BEROBAT Rp. 2.000,-
- > KARCIS
  - Membawa Surat Rujukan / Kartu Kontrol Rp. 5.000,-
  - Membawa Surat Rujukan RS Swasta / Praktek Swasta Rp. 10.000,-
  - Tanpa Surat Rujukan Rp. 10.000,-
- > KONSULTASI
  - DOKTER UMUM Rp. 15.000,-
  - DOKTER SPESIALIS Rp. 22.500,-
  - PEMERIKSAAN TERPADU (Assesment) Rp. 40.000,-

## PRAKTEK DOKTER SPESIALIS (PDS)

- > Berkas Sore : Senin-Jumat 16.00 - 20.00 WIB.
- Pagi : Sabtu 08.00 - 12.00 WIB.
- > KARCIS Rp. 10.000,-
- > KONSULTASI Rp. 40.000,-

Jakarta April 2014  
RSUP Fatmawati  
Departemen Umum dan Rawat Jalan  
RS Ansharul Azzah, Tbk  
NIP. 14101412

## TARIF CO SHARING PASIEN ASKES

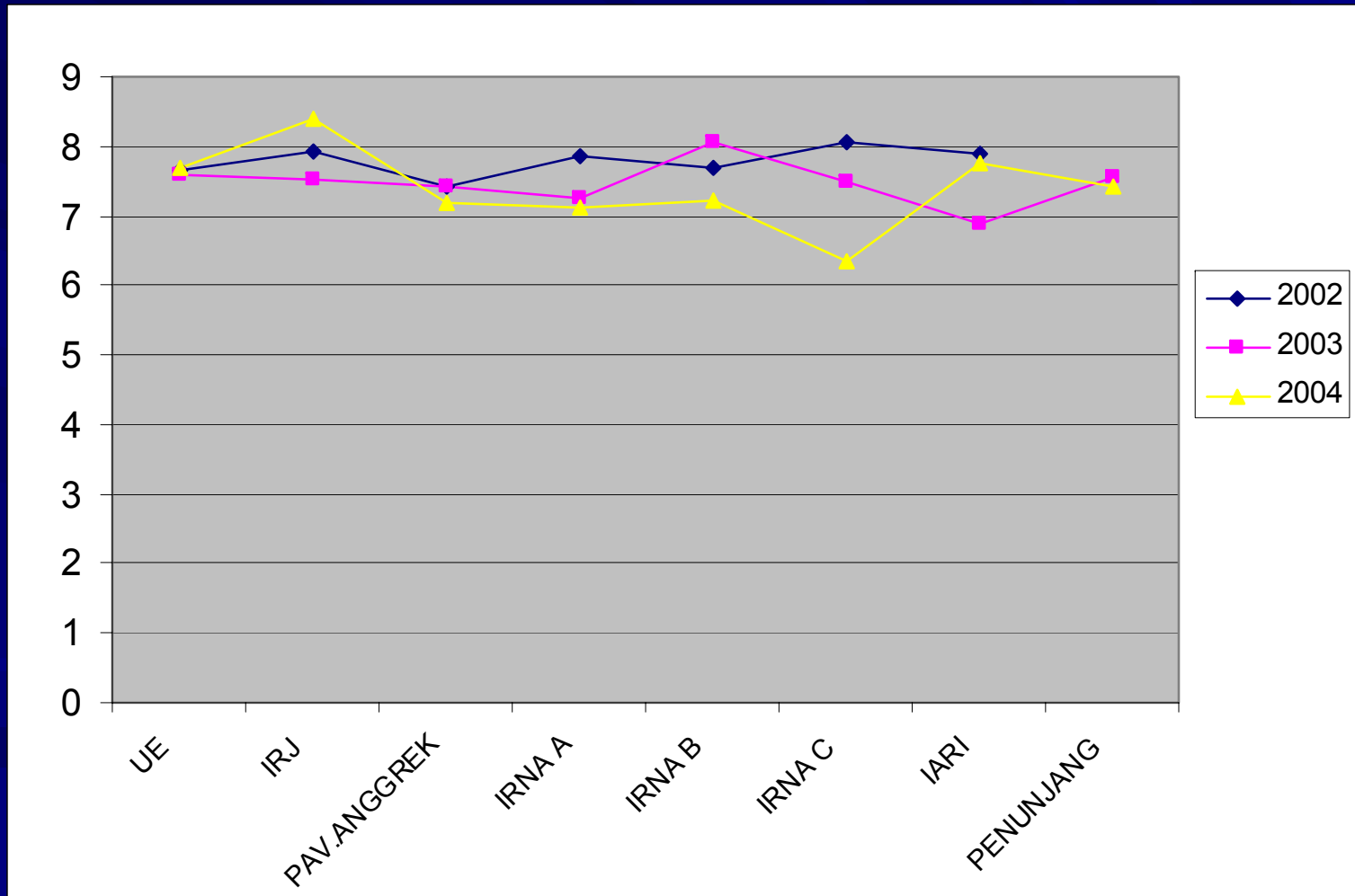
- > KARCIS Rp. 1.000,-
- > KONSULTASI DI POLIKLINIK KE-II Rp. 1.000,-
- > TINDAKAN Rp. 4.000,-

## AKOMODASI RUANG RAWAT INAP

- ◇ VIP A Rp. 200.000,-
- ◇ VIP B Rp. 200.000,-
- ◇ VIP C Rp. 150.000,-
- ◇ Kelas I Utama Rp. 150.000,-
- ◇ Kelas I Standar Rp. 120.000,-
- ◇ Kelas II Utama Rp. 80.000,-
- ◇ Kelas II Standar Rp. 70.000,-
- ◇ Kelas III Rp. 35.000,-
- ◇ ICU / CEU Rp. 150.000,-
- ◇ High Care AC Rp. 80.000,-
- ◇ R. Luka Bakar Rp. 60.000,-

> Penjelasan lebih lanjut silakan ke Tata Usaha Rawat Inap (Admission) di Lantai I depan Tempat Pendaftaran Pasien.

# KEPUASAN PELANGGAN DI GERBANG MASUK TAHUN 2002 S/D 2004





## LAST WORDS

- *“ This philosophy – “ **doing the best, given available resources** “ – is especially important to consider in developing countries **where resource limitation** can significantly impact an organization’s ability to achieve optimal performance.*
- *If the standards are set unrealistically high, organization **will feel demoralized and unmotivated to work** towards meeting them ; however ;  
“ **incremental improvements may be possible and should be rewarded .**”*

*Rooney A. van Ostenberg*



*“Quality must come from within.*

*A compulsory program makes people do just what they **are told to do.***

*Even financial incentive from the payer may undermine the philosophy of **continuous improvement** “*

*“THE CARING HEARTS”*

*Is the foundation  
in health care quality*

*Agung P.Sutiyoso*



*TERIMA KASIH*