IMPLEMENTING HOSPITAL ACCREDITATION TO SUPPORT UNIVERSAL HEALTH COVERAGE IN INDONESIA

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TOPICS

1. INTRODUCTION
2. ACCREDITATION REGULATION IN INDONESIA
3. UNIVERSAL HEALTH COVERAGE
4. IMPLEMENTING HOSPITAL ACCREDITATION TO SUPPORT UNIVERSAL HEALTH COVERAGE IN INDONESIA
5. CLOSING STATEMENT
INTRODUCTION

• Hospital accreditation is an ongoing process of quality improvement of services
• In Indonesia, the hospital accreditation has been implemented since 1995.
• Thus in terms of national accreditation in Indonesia, a National Standard of Hospital Accreditation abbreviated as SNARS is established.
REGULATION ON ACCREDITATION IN INDONESIA

- Hospital Law No. 44 years of 2009:
  - Hospitals in Indonesia must be accredited at least once every three years.
  - Conducted by independent institutions both from within the country and abroad
  - This means that by the law the Indonesian government allows foreign accreditation agencies to enter and compete with domestic accreditation agencies
INDEPENDENT BODIES, NON GOVERNMENTAL, NON PROFIT ORGANIZATION.
KARS HAS COMPLETE INTERNATIONAL CERTIFICATION FROM ISQua
1. ACCREDITATION INSTITUTIONS
2. SURVEYOR TRAINING PROGRAM
3. STANDARD (SNARS)
KARS MEMPEROLEH AKREDITASI INTERNASIONAL UNTUK LEMBAGA DAN STANDAR
VISION

TO BECOME AN ACCREDITATION BODY HAVING HIGH CREDIBILITY AT NATIONAL AND INTERNATIONAL LEVEL.
MISSION

• 1. To guide and assist the hospitals in quality improvement and patient safety through accreditation.

• 2. To obtain international recognition as an world-class accreditation body from ISQua (International Society Quality in Healthcare) and recognition from the public at both national and international levels.
OBJECTIVES

• 1. To gain recognition from the community at national and international level by ISQua (International Society Quality in Healthcare).

• 2. To achieve quality improvement and patient safety through the accreditation of hospitals in all areas of Indonesia, including the development of accreditation standards, education and training on accreditation, and improvement in the quality of surveyors.

• 3. To develop and increase the networking, cooperation and collaboration with all the stake holders.
The National Standard of Hospital Accreditation (SNARS)

This SNARS 1st Ed has been drawn up with reference to the principles for the development of healthcare standards International Society for Quality in Healthcare (ISQua), the 2012 version of accreditation standards, the 4th and 5th editions of JCI accreditation standards and the prevailing laws and regulations in Indonesia.
The National Hospital Accreditation Standards (SNARS)

- Each assessment element is equipped with either (R) or (D), or (W) or (O) or (S), or a combination of them with the following meanings:
  - (R) = Regulation
  - (D) = Document
  - (O) = Observation
  - (S) = Simulation
  - (W) = Interview, question-and-answer activities
  - (Ko) = Confirmation
How often are these standards updated?

- Standards-related information and experiences would continually be gathered.
- SNARS would be revised or abolished. These standards would be reviewed every 4 (four) years.
The accreditation standards used from January 1, 2018 are the NATIONAL HOSPITAL ACCREDITATION STANDARDS EDITION 1 consisting of 5 GROUP AND 16 chapters:
Grouping of National Standard of Hospital Accreditation (SNARS)

I. PATIENT SAFETY GOALS (PSG)
• GOAL 1: Identifying the patient correctly
• GOAL 2: Improving effective communication
• GOAL 3: Improving High Alert Medications
• GOAL 4: Ensuring correct site, correct procedure, correct patient surgery
• GOAL 5: Reducing the risk of infection related to health services
• GOAL 6: Reducing the risk of injury to a patient from a fall

II. STANDARD SERVICES FOCUSED PATIENTS
• 1. Access to Hospital and Continuity of Service (AHC)
• 2. Patient and Family Rights (PFR)
• 3. Patient Assessment (PA)
• 4. Patients Care and Services (PCS)
• 5. Anesthesia and Surgical Services (ASS)
• 6. Services of Pharmacy and Use of Medicine (SPUM)
• 7. Communication and Education Management (CEM)
III. HOSPITAL MANAGEMENT STANDARDS
1. Hospital Quality Improvement and Patient Safety (HQPS)
2. Prevention and Control of Infection (PCI)
3. Hospital Governance (HG)
4. Facilities and Safety Management (FSM)
5. Hospital Staff Competencies and Privilege (HSCP)
6. Information and Medical Record Management (IMM)

IV. NATIONAL PROGRAM
1. Reducing Maternal and Infant Mortality Rate.
3. Reducing TB Morbidity Rate
4. Antimicrobial Resistance Control (AMR)
5. Geriatric Services

V. INTEGRATION OF HEALTH EDUCATION IN HOSPITAL SERVICES
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THE ROLE OF SNARS IN SUPPORTING NATIONAL HEALTH PROGRAMS

1. Program to Reduce Maternal and Infant Mortality Rates.
2. Program to reduce the morbidity rate of HIV / AIDS.
3. Program to reduce TB morbidity
4. Implementation of Antimicrobial Resistance Control
5. Providing Geriatric Services
• Hospital accreditation has an effect on patient safety culture and satisfaction. Improving patient safety culture after hospital accreditation requires commitment and support from all hospital staff and leadership.

POTENTIAL RETURN ON ACCREDITATION

1. BETTER REPUTATION - INCREASED NUMBER OF NEW PATIENT
2. IMPROVED CARE, FEWER COMPLICATION
3. MORE SATISFIED STAFF AND BETTER RETENTION AND LOWER RECRUITMENT AND TRAINING COST
4. MORE EFFICIENT, COST EFFECTIVE WORK PROCESSES

5. HOSPITALS THAT WILL COOPERATE WITH BPJS MUST BE ACCREDITED
6. BETTER PREVENTIVE MAINTENANCE PROGRAM, LONGER LIVE OF MEDICAL EQUIPMENT
7. BETTER SAFETY MANAGEMENT, AND RISK REDUCTION
Poor care not only jeopardises the health of individuals; it erodes trust and puts entire health systems and populations at risk. By contrast, high-quality health systems earn the trust of the people they serve and deliver better results. Without quality, universal health coverage (UHC) remains an empty promise. Even with increased access to services, health improvements can remain elusive unless those services are of sufficient quality to be effective. For example, in some countries, increasing the proportion of births that happen in health facilities has not always translated into reductions in maternal mortality.
UNIVERSAL HEALTH COVERAGE IN INDONESIA

• EVERY HOSPITAL THAT WILL BE THE PROVIDER OF BPJS MUST BE ACCREDITED
• STARTED TO BE IMPLEMENTED IN 2014
• HAVE OVER 220 MILLION MEMBERS
Patient Safety and the Universal Health Coverage

- Patient safety is a fundamental pillar in the delivery of high-quality health care.

Figure 3. The WHO health system framework

Patient Safety and the Universal Health Coverage

Figure 4. The UHC – patient safety & quality wheel

- Four relevant concepts on patient safety & quality: eq accountability, effectiveness and efficiency

Possible Scenarios in Developing Countries

Accreditation as a path to achieving quality UHC (2014)

Figure 6. Reinforcing relationships between accreditation, financing and providers
CLOSING REMARK

• Hospital accreditation is an ongoing process of quality improvement of services

• The purposes of accreditation arrangements are to improve the quality of hospital services; to protect patient safety; to improve the protection of communities, hospital human resources and hospital as institutions; to support government programs in health sector and to improve the professionalism of Indonesian hospitals at international level

• Implementation of the standard of hospital accreditation will support the quality of BPJS services