

# Evaluation of Implementation of Accreditation in Mitra Keluarga Kalideres Hospital Year 2017

Carissa Grani<sup>1</sup>, Ratna Indrawati L<sup>2</sup>

University of Esa Unggul Jakarta<sup>1,2</sup>

**Abstract:** The death case of baby TD in early September 2017, required Mitra Keluarga Kalideres Hospital to conduct management restructuring and accreditation. This study aims to analyze the conflicts experienced by Mitra Keluarga Kalideres Hospital with patients in 2017, review conflict management recommended by DKI Jakarta Provincial Health Office, identify the obstacles faced during the accreditation process, know factors that support the success of Mitra Keluarga Kalideres Hospital reaching for status of plenary accreditation less than six months, evaluate the positive and negative impacts felt, as well as efforts to maintain the system after accreditation. In this study, qualitative method was used with data collection techniques in the form of in-depth interviews, field observations, and documents review. The study was conducted on 10 informants representing the government, management, and hospital employees. The success of Mitra Keluarga Kalideres Hospital is influenced by leadership and management capabilities in empowering employees, as well as the teamwork. The socialization of the implementation of accreditation to all employees was carried out by pit stop technique. After accreditation, employees are more confident because they perform services with clear procedures and patient visits tend to increase. Post-accreditation, system maintenance is carried out through periodic internal and external audits.

**Keywords:** Conflict Management, Hospital Accreditation, Leadership, Ability, Employee Empowerment, Teamwork

## I. INTRODUCTION

The health services industry sector, especially modern hospitals, is still promising. Large population growth creates a market demand for potential health services (market.bisnis.com, 2016). In terms of infrastructure, based on Government Agency Performance Accountability Report (LAKIP) data from the Directorate General of Health Services of the Ministry of Health of the Republic of Indonesia in 2016, within two years there was an increase in the number of hospitals by 21%. A number of other movers are also able to leverage the growth of the health services sector, for example the National Health Insurance Program, Universal Health Coverage, life insurance participant growth, and the Public and Business Entity Cooperation scheme that aims to accelerate the achievement of national development targets by involving the private sector in the provision of public infrastructure.

On the other hand, with the relaxation regulations where the hospital industry is allowed to hold foreign ownership of up to 67 - 70% and is not limited to special hospitals, the interest of foreign investors in the hospital industry sector is intensifying. The competition challenges faced by hospitals have also come from the General Agreement on Trade in Services, the ASEAN free market since 2003, the Asia Pacific free market in 2020, and with the issuance of world-class hospital policies (kalimantan.bisnis.com, 2017). Therefore, hospitals are required not only to increase in terms of quantity, but also the quality of services in order to improve the competitiveness of Indonesia's health services, reduce aboard consumption figures in seeking health services, and increase the professionalism of health workers in Indonesia.

The level of education and community welfare is increasing, raising patient awareness to get prime and comprehensive health services. If the hospital cannot respond to this, the patient will convey criticism, complaints, and demands through legal channels due to his dissatisfaction with hospital services. In order to improve the quality of hospital services, the Government issued a policy requiring hospitals to be accredited no later than two years after obtaining an operational permit.

## II. IDENTIFICATIONS OF PROBLEMS

But in reality, until now there are still many hospitals that have not been accredited due to various obstacles. According to Government Agency Performance Accountability Report (LAKIP) data from the Directorate General of Health Services of the Ministry of Health of the Republic of Indonesia in 2017, out of 2,776 hospitals in Indonesia, there are 1,206 accredited hospitals. Furthermore, as of November 20, 2018, based on data from the Hospital Accreditation Commission (KARS) there are 1,619 hospitals in Indonesia that have been accredited in both 2012 and 2018 version,

with a proportion of plenary level accreditation as many as 678 hospitals, the main level is 129 hospitals, mid-level amounts to 87 hospitals, base level amounts to 35 hospitals and 690 other hospitals passed the initial level.

In West Jakarta alone, from 28 existing hospitals, as of September 2017 when there was a death case of baby TD, there were eight unaccredited hospitals including Mitra Keluarga Kalideres Hospital which had actually been operating since July 7, 2015. Based on the audit results of the case investigation team, the root cause was found in the management section of Mitra Keluarga Kalideres Hospital. To overcome this, DKI Jakarta Provincial Health Office recommended Mitra Keluarga Kalideres Hospital to conduct management restructuring within one month and accreditation within six months. If it does not implement these recommendations, then the operational permit for Mitra Keluarga Kalideres Hospital will be stopped.

Most hospitals generally require about one to three years to provide infrastructure, document preparation, socialization, and other things required by accreditation. However, with the hard effort of Mitra Keluarga Kalideres Hospital, it finally succeeded in gaining accreditation status, even at the plenary level in less than six months. The outstanding performance of Mitra Keluarga Kalideres Hospital, including the role of top management in conflict management, employee empowerment, resulting in an effective teamwork encouraging the researcher to conduct a study entitled "Evaluation of Accreditation Implementation in Mitra Keluarga Kalideres Hospital Year 2017".

### **III. LITERATURE REVIEW**

#### **Hospital Accreditation**

Hospital accreditation is an obligation that must be fulfilled by hospitals in Indonesia. Accreditation-based hospital service systems are focused on the interests and safety of patients, including their families. Based on the Minister of Health Regulation Number 34 of 2017, hospital accreditation is the recognition of the quality of hospital services, after an assessment that the hospital has met accreditation standards. This accreditation arrangement aims to: (i) improve the quality of hospital services and protect hospital patient safety; (ii) increase protection for the community, human resources in hospitals and hospitals as institutions; (iii) support Government programs in the health sector; and (iv) increase the professionalism of Indonesian hospitals in the eyes of the international community.

Benefits of accreditation for hospitals include; become a forum for communication and consultation between hospitals and accreditation institutions that will provide suggestions to improve the quality of hospital services, through self evaluation hospitals can find services that are below standard or need to be improved, important for the recruitment of new personnel, becoming a negotiating tool with health insurance companies, tools to market to the community, improve image and trust in hospitals. With accreditation, the community can choose a hospital that has good service and feels safer to get services in an accredited hospital. For employees, accreditation makes them feel safer because the facilities and infrastructure are in accordance with standards and as a self-assessment tool, accreditation can increase awareness of the importance of meeting standards and improving quality. In addition, accreditation is also beneficial for hospital owners, because they can find out whether the hospital is managed efficiently and effectively.

Hospital accreditation is carried out by independent institutions that carry out accreditation from within and outside the country, which is determined by the Minister and has been accredited by the International Society for Quality in Health Care (ISQua). From within the country it is usually carried out by the Hospital Accreditation Commission (KARS), while those from abroad are organized by Joint Commission International (JCI).

Based on the National Standard Accreditation Manual Book Edition 1 issued by the Hospital Accreditation Commission (KARS), in its implementation, accreditation consists of three activities: (i) preparation for accreditation, which includes self assessment, workshops, accreditation guidance; (ii) implementation, including accreditation surveys and determination of accreditation status; and (iii) post-accreditation in the form of a verification survey. The type of accreditation survey consists of management surveyors, medical surveyors, nursing surveyors, and other surveyors (medical experts, pharmacists, etc.). Determination of the timing of conducting surveys based on the KARS agreement and the hospital. The survey process is to compare documents, facilities and the application of applicable hospital accreditation standards.

The hospital accreditation standard adapted by KARS complies with international hospital accreditation standards issued by the 4th edition of JCI. The Hospital Accreditation Standard consists of four, namely: (i) Group of Patient Focused Service Standard as many as seven chapters, (ii) Group of Hospital Management Standards as many as six chapters, (iii) Hospital Patient Safety Goals as many as one chapter, and (iv) MDG's Health Arrangement as many as one Chapter. For teaching hospitals plus one chapter on Integrating Health Education in Hospital Services into sixteen chapters. From all of the chapters, they are then described in 323 standards and 1237 assessment elements.

**Conflict Management**

Conflict is a process of conflict that is expressed between two or more interdependent parties regarding the object of conflict, using patterns of behavior and conflict interactions that produce conflict outcomes. Conflicts can occur between leaders, between followers, between leaders and followers, between organizations and people outside the organization, or between organizations and other organizations. Conflicts can be caused by various causes, including; differences in objectives, task interdependence, diversity of members in the social system, organizational differentiation, jurisdiction ambiguity, inhuman treatment, limited resources, personal person, improper rewards, bad communication, etc. (Ivancevich, Konopaske, and Matteson, 2014).

Conflict management shows the use of resolution and stimulation techniques to achieve the expected level of conflict. Broadly speaking, conflict management techniques according to Robbins and Judge (2011) can be divided into two, namely conflict-resolution dan conflict-stimulation technique.

Meanwhile, handling other conflict management, namely emphasizing goals, reducing differences, improving communication and mutual understanding, reducing interdependence of tasks, increasing resources, and clarifying rules and procedures (McShane and Von Glinow, 2010). Another opinion from Kreitner and Kinicki (2010) stated that managing conflict can be done by stimulating functional conflict, dealing with dysfunctional conflict, and how third parties can transact effectively with conflict. Gibson, Ivancevich, Donnelly, and Konopaske (2012) discussed about how to handle intergroup conflict through resolution, negotiation, team building, and stimulation.

**Leadership**

According to McShane and Von Glinow (2010), leadership is about influencing, motivating, and allowing others to contribute to the effectiveness and success of the organization. Leadership is also interpreted as a process where an individual influences other people to achieve common goals (Kreitner and Kinicki, 2010). Furthermore, Robbins and Judge (2011) stated that leadership is the ability to influence a group towards achieving a vision or set of goals. Another opinion mentions leadership as the use of power and influence to direct followers, activities toward achieving goals, including influencing the interpretation of followers' events, work activities, commitment to primary goals, relationships with followers, or access to cooperation and support from other work units (Colquitt, LePine, and Wesson, 2011). Finally, Gibson et al. (2012) explained the definition of leadership as an effort to use influence to motivate individuals to accomplish several goals.

According to Great Person Theory, the characteristics of a successful leader are indicated by the encouragement, hope for achievement, ambition, high energy, persistence, initiative, honesty, integrity, trustworthiness, dependability, openness, motivation, confidence, intelligence integrating and interpreting a number of information, knowledge about business, creativity, and flexibility (Greenberg and Baron, 2003). The positive nature of leadership according to Kreitner and Kinicki (2010) consisted of: (i) task competence, namely intelligence, knowledge, problem solving skills; (ii) interpersonal competence includes the ability to communicate, show attention and empathy; (iii) intuition; (iv) traits of character include discipline, integrity, and honesty; (v) biophysical traits such as physical fitness, endurance and energy levels; and (vi) personal traits in the form of self-confidence, hospitality, self-monitoring, extraversion, self-regulation, and self-efficacy.

Transformational leadership is about leading, changing strategy and organizational culture, thus it becomes more in line with the surrounding environment. Transformational leaders are agents of change who energize and direct workers according to a new set of values and behaviors of the organization. McShane and Von Glinow (2010) outlined the elements of this transformational leadership is building a strategic vision, communicating a vision, modeling a vision, and building a commitment to vision.

**Ability**

Ability shows the capacity of individuals to realize various tasks at work. Ability will have an impact on performance and commitment. General cognitive ability is the strongest predictor of performance. On all jobs, smarter workers meet all the needs of job descriptions more effectively than other workers. This happens because workers with higher general cognitive abilities tend to be better at learning and decision making.

The overall ability of individuals is basically formed by two groups of important factors: Intellectual and Physical Abilities (Robbins, 2003). This is in line with the notion of Greenberg and Baron (2003) which mentioned ability as a mental and physical capacity to realize various tasks. Ability to show the ability of people who are relatively stable to realize a range of certain different activities, but related (Colquitt, LePine, and Wesson, 2011). They divide ability into three categories, namely cognitive, emotional and physical. Based on the above definition, abilities consist of several types, namely intellectual abilities, cognitive abilities, emotional abilities, and physical abilities.

**Employee Empowerment**

Employee empowerment can be managed with three perspectives, namely; (i) management of company or unit performance and work teams, (ii) development and training, and (iii) career management and development. These three perspectives can be synergized with a number of important things related to boundaries, scope, specific goals of employee empowerment, giving appreciation to the goals of employee empowerment along with their benefits, identifying the scope and relevance of perspectives on employee empowerment with other fields of human resource management, and look at various examples of existing employee empowerment activities or programs and methods (Khan, 2007).

Good empowerment needs to be supported by the implementation of the principles of good empowerment (Khan, 2007). The principle of reducing unnecessary obstacles to make employees more responsible and responsive, can make employees work better and decision making can run quickly. The next principle is to provide support to employees to work properly, so that he feels recognized by the company and motivated to finish the job properly and correctly. No less important support is creating conditions or feelings needed and recognized among employees, both in the internal and external environment.

Empowerment of employees can be realized through a number of strategies that support each other (Khan, 2007). First, employee empowerment should be in accordance with the vision, mission, and values that exist in the company, thus employee empowerment becomes an important part of the company. The employee empowerment initiative comes from the top management perspective, by means of top managers transforming the vision of the future through programs, support, and encouragement that are essential to creating an environment where people are responsible for their own destiny.

A number of factors that influence and support the implementation of employee empowerment, among others; (i) visionary and transformational leadership, (ii) reliable work teams, (iii) effective and open communication, (iv) providing appropriate training, (v) providing mechanisms for assessment and feedback, (vi) management support, (vii) giving authority and responsibility, and (viii) flexible rules and systems (Khan, 2007).

**Teamwork**

According to Colquitt, LePine, and Wesson (2011), a team consisting of two or more people who work interdependently for some time to solve common goals or common goals related to some task-oriented goals. Another opinion states that a team is a small number of people with complementary skills who are committed to shared intentions, goals, performance, and approaches for them to maintain themselves and be mutually responsible (Kreitner and Kinicki, 2010). The core of the team is a shared commitment.

Working groups become teams when leadership becomes a joint activity, accountability shifts from very individual to collective, groups develop their own intentions and missions, problem solving becomes a way of life, not part-time activity, effectiveness is measured by group collective results and products (Kreitner and Kinicki, 2010). According to Robbins and Judge (2011), working groups are groups that interact primarily to share information and make decisions to help each group member carry out their field of responsibility. While the work team is a group where the results of individual efforts in performance are greater than the number of individual inputs.

The effectiveness of the work team is determined by two criteria, namely performance, if the team can achieve results as expected, and viability where members are satisfied with the team's experience. Three factors that influence effective team collaboration are context (adequacy of resources, leadership and structure, climate of trust, performance evaluation and reward system), composition (member ability, personality, allocating roles, diversity, team size, flexibility, and member preferences), and process (shared intent, specific goals, team efficacy, level of conflict, and social loafing). The effectiveness of the work team can be improved through cooperation, trust, and cohesiveness (Kreitner and Kinicki, 2010).

**Previous Research**

In a study, there was 40,000 - 98,000 people died from medical errors each year. The latest standards of accreditation will encourage hospitals to be able to manage risk proactively by identifying hazards to patients and developing strategies that prevent errors (Magnuson, 2001). On the other hand, there is research that states that the status of hospital accreditation is a tool to predict the quality and safety of poor patient services (Martines, 2002).

In accordance with the opinion of Pierson, Miller, Moore (2007) who conducted research on the leadership of the nursing department at Regional Health Center St. Elizabeth in Lincoln, Nebraska, leaders have learned that hospitals must use all their resources to achieve the expected benefits. The most effective communication is not by assigning many people, but placing the right person in the right position. In addition, also by choosing teams according to their respective abilities.

El-Jardali, et al. (2008) examined the relationship between hospital size, employee involvement, leadership, commitment, support, use of data to improve quality management. In accordance with the opinion of Allen and Dennis (2010), failure in health services according to reports from patient associations in 2009, more than 5000 people who experienced poor service.

Grantham (2011) stated that the application of accreditation standards is important because it offers stability in the midst of a storm of change and uncertainty. Cesare-Murphy (2012) argued that even though it is only a small choice of hospitals and does not guarantee an increase in the quality of services, accreditation can reduce the possibility of errors, increase credibility and trust. Using regression analysis, Yildiz and Kaya (2014) found that there is a relationship between perceptions of the benefits of accreditation and employee participation in the quality of service and patient satisfaction of hospitals that applied accreditation.

### **Research Method**

This study used a qualitative method with a descriptive analysis approach. The discussion in this research methodology included: (i) unit of analysis; (ii) data collection technique; (iii) validity test; (iv) reliability test; and (v) case study protocol. Data collection was done in three ways, namely: (i) interviews, including pilot interviews and in-depth interviews; (ii) field observations; and (iii) documents review. Validity test included construct validity, content validity, internal validity, and external validity. Reliability test included thick description and inter-rater.

## **IV. RESULTS AND DISCUSSION**

### **Results**

Primary and secondary data collection was carried out in June and July 2018. Primary data were obtained from the results of pilot interviews with three informants (Head of DKI Jakarta Provincial Health Office, Head of Health Services Section of West Jakarta Administrative District, and Members of the Case Investigation Team of Baby TD), as well as in-depth interviews with seven informants at Mitra Keluarga Kalideres Hospital (Corporate Quality Manager, Director, Medical Manager, Nursing Manager, Internal Supervisory Unit, Education and Training Coordinator, and Chair of the Accreditation Team).

While secondary data was obtained from the results of field observations on the implementation of hospital accreditation and post-accreditation maintenance processes at Mitra Keluarga Kalideres Hospital and the results of document review related to community reports through the handling of residents in the City Hall, clarification of the Director of Mitra Keluarga Kalideres Hospital recommendations from DKI Jakarta Provincial Health Office, Hospital Accreditation Commission reports, accreditation certificates, hospital by laws, internal and external audit schedules, organizational structure, director policies related to accreditation, and data on the number of patient visits, minutes of guidance, supervision and control activities against Mitra Keluarga Kalideres Hospital in 2016 and 2017, the results of management audit and medical audits by baby TD case investigation team, as well as guidelines for guaranteeing medical emergency health services at health facilities that do not cooperate with Indonesia Health Insurance.

Before conducting the research, a validity test was conducted which included construct validity, content validity, internal validity, and external validity. Construct validity is related to the ability of an instrument to measure understanding of a concept. In this study, the pilot interview was conducted to find out how well the informant interpreted the questions posed by the researcher. When asking these questions, the researcher needed to always focus and control the interview so that it stays on the theoretical reference and without bias. Content validity was related to the ability of an instrument to measure concepts that must be measured. In this study, the expert rating was done by examining questions to three informants on the pilot interview. The questions submitted have been approved by the supervisor as an experienced person in hospital accreditation and managerial and have relevance to this research.

To be able to ensure that this research is valid internally, the method of source triangulation and technique triangulation were used. The source triangulation means that at the time of data collection, different sources were sought to check the validity of the data. In this study, interviews and studies will involve various employees with different levels of position, educational background, and work units. Meanwhile, triangulation of techniques or methods means when collecting data, different techniques are used, namely through observation, document review, and interviews consisting of pilot interviews and in-depth interviews. From all the data, the results of the research can be formulated as follows.

Today, the complaints and demands of the community towards health workers and health facilities, even those that arrive in the legal sphere, are fairly numerous. In addition to the increased awareness and awareness of the community, according to the Head of the DKI Jakarta Provincial Health Office, this can also be driven by the bargaining power that is now owned by the community as a patient in this era of National Health Insurance. In terms of medical personnel, the prevalence of malpractice cases can also be caused by doctors in Indonesia being given the opportunity to have a Practice License (SIP) in three places and also weak law enforcement in our country.

Based on information from the informants, after the death case of a four-months-old baby girl TD at Mitra Keluarga Kalideres Hospital, DKI Jakarta Provincial Health Office formed an investigation team to follow up on the case, consisting of the Ministry of Health Republic of Indonesia Legal Bureau, Health Services Sector Jakarta Provincial Health Office, DKI Jakarta Provincial Hospital Supervisory Agency, West Jakarta Administration City Health Office, Indonesia Jakarta Medical Association, and Indonesian Pediatrician Association. The investigation team was then divided into two small teams to carry out two types of audits, namely medical audit and management administration audit.

From the results of the medical audit in collaboration with professional organizations and pediatricians, there was no indication of malpractice because the patient came with the pediatrician predicted death rate score of 79.8% and was not transportable. While the doctor of the Emergency Installation has carried out life saving and stabilization efforts to the best of their competence. However, based on the results of the administrative audit of the Jakarta Provincial Health Office's investigation team, there were several administrative errors in the hospital, including inadequate hospital director's understanding of legislation related to hospital and also the lack of education and service quality training for director and employees. In the management audit, the hospital has not been able to show about thirteen documents needed.

After an investigation by the DKI Jakarta Provincial Health Office team, four problems were found in the case of baby TD, namely Mitra Keluarga Kalideres Hospital: (i) requested money for care for patients with emergency cases, (ii) received care money for patients registered as Indonesia Health Insurance participants, (iii) asked the patient's family to search for the referral hospital themselves, and (iv) did not have the necessary standard operating procedures related to Indonesia Health Insurance emergency case management and general hospital management. These four things are violations of the applicable laws and regulations.

According to Law Number 36 of 2009 concerning Health Article 32 Paragraph 1, in an emergency, health service facilities, both government and private, are obliged to provide health services to save patients' lives and prevent disability first. Furthermore, in Article 2 it is stated that in an emergency, health service facilities, both government and private, are prohibited from rejecting patients and asking for advances. In line with that, Law Number 44 of 2009 concerning Hospitals Article 29 Paragraph f states that hospitals must carry out social functions, among others, by providing facilities for poor patients, emergency services without advances, free ambulances, care for victims of disasters and extraordinary events, or social services for humanitarian missions.

DKI Jakarta Provincial Health Office recommends Mitra Keluarga Kalideres Partners to: (i) restructure management in this matter including leadership elements according to competency standards within a maximum of one month of stipulation of September 25, 2017 Decree (ii) implement and pass hospital accreditation no later than six months. In Article 21 Paragraph 2 it is stated that in conducting referral of hospital patients it must at least; (i) carry out first aid and stabilization measures for the patient's condition according to medical indications and in accordance with the ability for patient safety purposes during the implementation of the referral, (ii) communicate with the recipient of the referral and ensure that the recipient can receive the patient in the event of an emergency patient and (iii) make a referral letter to be submitted to the recipient of the referral.

In accordance with Minister of Health Regulation No. 129 of 2008 concerning Minimum Hospital Service Standards for Annex I: Emergency MSS, the ability to handle life saving children and adults is 100% and the absence of patients is required to pay a 100% down payment. Whereas Minister of Health Regulation No. 28 of 2014 concerning Guidelines for Implementing the National Health Insurance Program Chapter IV Number 3 that in emergency situations, all Advanced Referral Health Facilities (FKRTL) both health facilities that cooperate with Indonesia Health Insurance or have not worked together, must provide first handling services to JKN participants. In addition, health facilities that provide emergency services are not permitted to ask for fees to participants. Meanwhile, health facilities that do not work with the Indonesia Health Insurance must immediately refer to health facilities that work with Indonesia Health Insurance after the emergency is resolved and patients can be moved.

Based on the results of the investigation team's decision, DKI Jakarta Provincial Health Office recommends Mitra Keluarga Kalideres Hospital to: (i) restructure management in this matter including leadership elements according to competency standards within a maximum of one month from the stipulation of 25 September 2017 Decree (ii ) implement and pass hospital accreditation no later than six months, (iii) synergize with DKI Jakarta Provincial Health Office by reporting on capacity building, and (iv) increasing capacity and medical personnel, health workers, and non-health workers on an ongoing basis. When Mitra Keluarga Kalideres Hospital does not implement points (i) and (ii), DKI Jakarta Provincial Health Office will stop the hospital's operations.

Following up on recommendations from the DKI Jakarta Provincial Health Office, according to the Director of PT. Mitra Keluarga Karyasehat Tbk (MIKA), PT. Ragam Sehat Multifita as the manager of Mitra Keluarga Kalideres Hospital has revamped the structure of several people in the management team on October 5, 2018, namely the positions of Directors, Nursing Management, Marketing Management and Customers. While the position of Medical Manager and Chair of the Accreditation Team has not changed.

As stated by the Head of DKI Jakarta Provincial Health Office, even international accreditation does not guarantee that there will be no malpractice or customer complaints. However, both government and private hospitals, both public and special, need to carry out accreditation. Accreditation is important because it is a mandate of legislation concerning hospitals that applies in Indonesia and can be a tool for self assessment. In addition, accreditation is one of the requirements for permit division, and Indonesia Health Insurance collaboration, as well as marketing interests because it can be a competitive advantage of hospitals as stated by the Nursing Manager of Mitra Keluarga Kalideres Hospital.

In accordance with the mandate of Article 3 of the Regulation of the Minister of Health No. 34 of 2017 concerning Hospital Accreditation, each hospital must operate no more than two years after obtaining an operational permit, mandatory accreditation held at least every three years. Therefore, since it was operational on July 7, 2015, in July 2017 Mitra Keluarga Kalideres Hospital should have been accredited. However, until the death case of baby TD at the beginning of September 2017, Mitra Keluarga Kalideres Hospital had not yet conducted an accreditation survey.

According to the information from the informants, Mitra Keluarga Kalideres Hospital only arrived at the stage of establishing an accreditation team and taking part in guidance at other Mitra Keluarga Hospital. After the case and management restructuring, Mitra Keluarga Kalideres Hospital only prepared intensive accreditation. In the preparation stage before the accreditation survey, Director of Mitra Keluarga Kalideres Hospital managed to grow the motivation of employees to actively participate in this process from within themselves, thus without promises of compensation, employees were still eager to complete their duties. According to the new Director of Mitra Keluarga Kalideres Hospital, there are various obstacles faced, among them did not get a schedule for accreditation guidance from KARS and had difficulty gathering all employees at the same time for training related to the implementation of accreditation. Accreditation guidance is finally carried out by the Director, Corporate Quality Manager, Quality Management Representative or other partner hospitals. The process of socialization to all employees was done by opening a kind of pit stop in the meeting hall for several days from morning to night where each employee can come at any time to be trained according to the material available in each pit stop.

Mitra Keluarga Kalideres Hospital participated in the accreditation survey on 6-8 December 2017. From the results of the Hospital Accreditation Commission survey report on 11 January 2018, Mitra Keluarga Kalideres Hospital achieved the main accreditation status. Not satisfied with the results, Mitra Keluarga Kalideres Hospital resumed the survey again, with an emphasis on the Chapter of Patient Services and Anesthesia and Surgery Services which scored <80%, until finally on March 7, 2018 it was declared successful in completing accreditation status. Then, Mitra Keluarga Kalideres Hospital immediately took care of the credentialing process thus it could meet the requirements to become a Indonesia Health Insurance provider and officially accept Indonesia Health Insurance patients since April 1, 2018.

After carrying out accreditation, there are a number of positive impacts felt by management and employees of Mitra Keluarga Kalideres Hospital. Starting from acknowledgment or appreciation, team building, more courage and confidence because the procedure is clearer, and so on. In addition, the patient's trust and the image of the hospital which had declined due to the death case of baby TD, were also gradually restored. Evident from the results of the recapitulation of data on the number of patients visiting Emergency Room, Outpatient and Inpatient care after Mitra Keluarga Kalideres Hospital carried out accreditation and collaborated with Indonesia Health Insurance, the trend tends to increase.

Based on information from several informants, the negative impact felt from the implementation of this accreditation included in terms of the large costs needed to fulfill the required infrastructure, more forms that had to be filled by officers and patients and increased workload of employees because they had multiple tasks. In order to maintain and maintain a good quality and patient safety culture after accreditation, several internal and external audit activities are conducted regularly per month, every three months, every six months, up to per year, thus they are expected to support and remind each other. In addition, there are also case manager and hospital Internal Control Unit who are responsible for ensuring consistency in the implementation of accreditation.

In the opinion of members of baby TD case investigation team and based on the experience of Mitra Keluarga Hospital Quality Manager, the ability of Mitra Keluarga Kalideres Hospital in obtaining plenary accreditation status less than six months according to the recommendations of DKI Jakarta Provincial Health Office was an extraordinary achievement. Some of the supporting factors for the success of Mitra Keluarga Kalideres Hospital achieving full accreditation in less than six months are leadership and management abilities so as to successfully empower employees and form teamwork.

**Discussion**

The good or bad of a conflict depends on the technique of managing it. If managed properly, conflict will be beneficial and bring progress. Conversely, if managed poorly, then the conflict will damage the performance of individuals and organizations, including in this case the hospital. The director must have conflict management ability, thus transforming destructive conflict into constructive conflict. In addition to malpractice, cases that are not less frequent in hospitals are management mistakes. Even in many cases, this management error problem is precisely the root cause of malpractice and conflict with patients or their families.

In contrast to other industries, in addition to seeking benefits, in conducting health services, hospitals also have social functions, especially for emergency cases, do not see patients served by Indonesia Health Insurance participants or not and whether the hospital has collaborated with Indonesia Health Insurance or not. The death case of baby TD is an iceberg phenomenon of the many other cases involving hospitals with patients but not exposed by the mass media. This has become a valuable lesson for health care practitioners in Indonesia and needs to be dealt with seriously and comprehensively by all relevant stakeholders, so as not to cause other victims in the future.

In addition, the hospital industry is also a high regulated industry. Since it will start to be established, the technical requirements of the building, the legality of licensing, the operational process, until the closing, are all regulated by law. Associated with institutional theory, some internal elements of the organization are raised by the institutional environment, especially government that impose compliance or adjustment (Donaldson, 1995). Therefore, a crucial institutional role in the organization as part of organizational processes should not be ignored.

In accordance with the mandate of Minister of Health Regulation No. 34 of 2017 concerning Hospital Accreditation that hospitals are required to be accredited, there is no reason for the hospital not to carry out the accreditation process. If you have limited resources, the hospital can do it in stages according to capacity, starting from a special accreditation program that only requires four chapters and the first passing rate. Established organizations have the assumption that existing policies and procedures must be able to resolve conflicts that occur. Hospital accreditation can be part of conflict resolution because it requires structured and systematic policies and procedures. The director is required to be able to formulate guidelines for managing conflicts that occur in the hospital, to be disseminated to all employees through training.

With the more frequent leaders involved in the front line or paying attention consistently, all employees will serve better. For this reason, in managing services, it requires the involvement of leaders at various levels in a concrete manner. They must often see, pay attention, and comment on things that happen. In the principle of transformation, support from top management alone is not sufficient. If management says that they are committed to improving service, it means that there must be concrete actions that demonstrate this. This leadership commitment cannot be stated only through circular letters or speeches. At current hospital accreditation, in order to maintain the quality and consistency of hospitals, a verification survey is conducted every year until recertification is carried out in the third year. If inconsistencies or even violations are found, then the status of hospital accreditation can be reduced or even revoked. To prevent this, the Hospital Internal Supervisory Unit and Case Manager play a very important role in ensuring consistency in the implementation of hospital accreditation, resulting in continuous evaluation and continuous improvement.

Management appreciates the hard work of the accreditation team by giving them the opportunity to go together to Taman Safari after successfully obtaining plenary accreditation status. Compensation is not promised at the outset thus the performance of employees who are willing to carry out overtime to stay in accreditation preparations is based on self-motivation not because of the lure of compensation. This form of compensation raises a deeper touch, feels more valued by the leadership, and greatly influences employees to automatically improve their performance and try to continue to provide better, even though the value is relatively cheaper and simpler. In this case we see clearly that the principle of gift giving, which is not the value of gifts, is the feeling that we humanize employees who have taken the trouble to do their jobs.

**V. CONCLUSION AND SUGGESTIONS****Conclusion**

As with the case of baby TD that occurred at Mitra Keluarga Kalideres Hospital, conflicts that often occur between hospitals and patients or their families are caused not by medical errors but problems in management. The director and ranks of hospital management are expected to have adequate competence, knowledge and leadership thus hospital operations can run optimally. Established organizations have the assumption that existing policies and procedures must be able to resolve conflicts that occur. Hospital accreditation can be part of conflict resolution because it requires structured and systematic policies and procedures.



Mitra Keluarga Kalideres Hospital, which did not get the opportunity for guidance from the Hospital Accreditation Commission, worked around this by following the guidance from the Health Office, from the Corporate Quality Manager, and at another Mitra Keluarga Hospital. Other obstacles faced by Mitra Keluarga Kalideres Hospital and hospitals in general are, among others, the process of equal perception of the importance of accreditation for organizations, management, employees, and patients. This is because hospitals are labor intensive and multi-profession industries. In addition, accreditation also requires the involvement of all employees from top management to the lowest. Mitra Keluarga Kalideres Hospital has one smart innovation that can be replicated in other hospitals if it is preparing for accreditation by making a kind of pit stop for several days from morning to night. Thus, the dissemination of various implementation of accreditation to all hospital employees will not be constrained.

By implementing accreditation, the positive impacts felt include teamwork formed, more effective communication, self-confidence because it works according to correct and clear procedures, adds experience and knowledge, reduces malpractice risks and patient complaints. While the negative impact felt by employees of Mitra Keluarga Kalideres Hospital, among others, in terms of the resources needed is quite large, the forms that must be filled by officers and patients are more and the workload of employees also increases. The success of Mitra Keluarga Kalideres Hospital to achieve full accreditation status in less than six months, can be influenced by the ability of the new educational background and management experience, leadership from top management, so as to empower all employees and form an effective work team. To guarantee the maintenance of a quality culture and patient safety, Mitra Keluarga Kalideres Hospital routinely conducts internal and external audits, some every month, three months, six months and one year. In addition, there are also case manager and hospital Internal Control Unit who are responsible for ensuring consistency in the implementation of accreditation.

### **Research Limitations**

The researcher realized that there were several limitations in this study, namely only using qualitative method. For further research with similar themes, it can be done using a combination of qualitative and quantitative methods, thus more comprehensive research results can be obtained. In addition, there is a qualitative research instrument that the researcher did not had time to do, namely focus group discussion (FGD) because of the difficulty of adjusting schedules among informants. The implementation of hospital accreditation has cost not a little. For this reason, if possible, it is necessary to evaluate whether the revenue received by the hospital after completing plenary accreditation is comparable or even greater than the cost already incurred for implementing the accreditation. However, because it is related to financial and company internal data that is confidential, the researcher experienced problems in measuring this.

### **Suggestions**

The current hospital accreditation in Indonesia refers to the accreditation of Joint Commission International (JCI), where the time of the survey and the name of the surveyor has been notified beforehand to the hospital, and the hospital that covers all costs of accommodation, transport and consumption during the survey process held. Unlike the accreditation of world-class restaurants such as Michelin Star, restaurant owners often do not meet their inspectors because the inspector never shows his identity and conducts inspections at times unknown to the restaurant owner. In addition, Michelin Star bears the costs when the inspector evaluates. The values obtain are three stars, two stars, one star, or no stars ([internationalculinarycenter.com](http://internationalculinarycenter.com), 2018). If the method of evaluating hospital accreditation can be as done by Michelin Star, the quality of hospital services can be maintained throughout the period and the objectivity of the assessment is more assured. It is strongly recommended that hospitals that have not implemented accreditation, to immediately begin the process in stages starting from special programs that only consist of four chapters of assessment elements, and initial accreditation status. If you cannot follow the guidance from KARS, which is long and is sufficiently charged, the hospital can take free guidance at the Provincial / District / City Health Service. If you experience problems, the hospital can also learn from the experiences and tips of other hospitals that have already passed the full accreditation.

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