

Training and Mentoring: Preparation of Digitization-Based Quality Indicators at Bunda General Hospital

Pelatihan dan Pendampingan: Penyusunan "Indikator Mutu" Berbasis Digitalisasi di Rumah Sakit Umum Bunda

Pipit Festi Wiliyanarti^{1,3}, Neneng Dewi², Donny Permana², Linda Hapsari^{1,2}, Heru Suswojo¹, Anisa Nurida¹, Liulin Nuha³, Sholihul Absor¹, Yuanita Wulandari¹, Mundakir¹

¹ Department of Hospital Administration, Faculty of Medicine, Universitas Muhammadiyah Surabaya, Indonesia

² Student of Hospital Administration, Faculty of Medicine, Universitas Muhammadiyah Surabaya, Indonesia

³ Department of Nursing, Faculty of Health Sciences, Universitas Muhammadiyah Surabaya, Indonesia

Correspondence:

Pipit Festi Wiliyanarti
pipitfesti@um-surabaya.ac.id

Abstract:

A reliable internal quality assurance system is one of the keys to ensuring the hospital management process is in accordance with the vision and mission as well as improving quality and patient safety. The purpose of this community service was to conduct training and mentoring at Bunda General Hospital to develop digitization-based priority quality indicators. The community service methods that have been applied include mentoring and training to 40-unit leaders. The media used were leaflets, logbooks, and training manuals. This community service was carried out in December 2023. At the end of the activity, the results showed an increase in the knowledge of the head of the unit in compiling hospital quality indicators. The increase in knowledge and skills in preparing quality indicators before training has an average score of 45, after training knowledge and skills increase with an average score of 91. Training and assistance to unit heads at Bunda Hospital in compiling quality indicators is needed as a benchmark for unit performance to improve the quality of Bunda Hospital services. The quality of hospital services can be improved directly with intensive assistance in compiling performance indicators.

Keywords: training; mentoring; quality indicators; services; knowledge; skills

Abstrak:

Sistem penjaminan mutu internal yang handal merupakan salah satu kunci untuk memastikan proses manajemen rumah sakit sesuai dengan visi dan misi serta meningkatkan mutu dan keselamatan pasien. Tujuan dari pengabdian masyarakat ini adalah melakukan pelatihan dan pendampingan di Rumah Sakit Umum Bunda untuk mengembangkan indikator mutu prioritas berbasis digitalisasi. Metode pengabdian masyarakat yang telah dilakukan antara lain pendampingan dan pelatihan kepada 40 orang pimpinan unit. Media yang digunakan adalah leaflet, log-book dan buku panduan pelatihan. Pengabdian masyarakat ini dilaksanakan pada bulan Desember 2023. Pada akhir kegiatan, hasil kegiatan menunjukkan adanya peningkatan pengetahuan kepala unit dalam menyusun indikator mutu rumah sakit. Peningkatan pengetahuan dan keterampilan dalam menyusun indikator mutu sebelum pelatihan memiliki nilai rata-rata 45, setelah pelatihan pengetahuan dan keterampilan meningkat dengan nilai rata-rata 91. Pelatihan dan pendampingan kepada kepala unit di Rumah Sakit Bunda dalam menyusun indikator mutu sangat diperlukan sebagai tolak ukur kinerja unit sehingga dapat meningkatkan mutu pelayanan Rumah Sakit Bunda. Mutu pelayanan rumah sakit dapat ditingkatkan secara langsung dengan pendampingan yang intensif dalam menyusun indikator kinerja.

Kata Kunci: pelatihan; pendampingan; indikator mutu; layanan; pengetahuan; ketrampilan

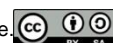
Submitted: 23-02-2024

Revised: 29-04-2024

Accepted: 30-04-2024

DOI: <https://doi.org/10.53713/jcemty.v2i1.181>

This work is licensed under CC BY-SA License.



INTRODUCTION

Hospital accreditation is a recognition of the hospital by an independent accreditation organization established by the Minister of Health. Accreditation status is given after the hospital is considered to have met the applicable service standards to improve service quality and patient safety on an ongoing basis. Based on the Minister of Health Regulation No. 80 stipulated in 2020 concerning the Hospital Quality Committee, the hospital is obliged to improve quality and maintain hospital service standards by implementing good quality governance (Asmirajanti et al., 2021). Therefore, the hospital must form a quality management committee/team to manage quality improvement, patient safety, and risk management activities, referred to as the Quality Improvement and Patient Safety Committee (Huriati et al., 2022).

The development of science and technology and the increasingly critical public in assessing the quality of health services along with developments in the world of health, the Hospital Accreditation standards are then updated to accreditation standards in a newer version. In order to maintain and improve the quality of service and patient safety on an ongoing basis for accreditation, hospitals must also measure and evaluate with established quality indicators by applicable accreditation standards. Improving quality and patient safety in hospitals is a shared responsibility, starting from the top leadership to all employees working in the hospital. The quality committee/team assists the Director or Head of the hospital. Institutions need to have a reliable internal quality assurance system to ensure that the management process is consistent with the vision and mission of the hospital and that quality improvement and patient safety are carried out continuously.

According to WHO, the results of reporting in countries of Unexpected Events or Unexpected Events in hospitalized patients amounted to 3% to 16%. In New Zealand, Unexpected Events are reported to be around 12.9% of the number of hospitalized patients; in the United Kingdom, Unexpected Events are around 10.8%; in Canada, Unexpected Events are around 7.5%; Joint Commission International (JCI) reports Unexpected Events around 10% and in the United Kingdom, while in Australia 16.6% (Basry & Purnamasari, 2021).

According to KKP-RS data in 2010 in various regions of the Indonesian province, there were 145 incidents of patient safety in the Sabang region of Indonesia or the Aceh region at 0.68%, South Sulawesi 0.69%, Bali 1.4%, West Java 2.8%, South Sumatra 6.9%, East Java 11.7%, Yogyakarta Special Region 13.8%, Central Java 15.9%, Jakarta 37.9%. The results of the report show that based on the ownership status of the hospital in 2010, in the third quarter, it was found that local government hospitals had a higher percentage of 16% while the data for private hospitals was 12% (Basry & Purnamasari, 2021).

Knowledge of program implementation needs to be owned by everyone involved in the quality committee/team for the process of implementing the Quality Improvement and Patient Safety program; therefore, training is needed related to this, including the process of determining indicators,

collecting data, processing data, presenting data into reports, to efforts to improve quality and maintain the achievement of quality indicators that have reached the standard. Overcoming efforts with the digital transformation that integrates hardware, software, and brainware in one application system is expected to solve the problem of managing quality indicators, patient safety, and risk management in hospitals to facilitate the implementation of Quality Improvement and Patient Safety.

Bunda General Hospital is one of the hospitals that took part in carrying out the Quality Improvement and Patient Safety program in the interest of accreditation. Based on the identification results, it was found that the hospital quality committee had been formed and quality indicators had been measured during accreditation, but there had never been simultaneous training of all units and quality committees related to the preparation of digital quality indicators. In addition, there are several obstacles related to the management of quality indicators at Bunda General Hospital, because the committee holder who manages the quality program resigned from the hospital so it is necessary to refresh structural officials and quality committees related to quality improvement and patient safety starting from the introduction, indicator selection process, quality indicator profiling, collection, and digitization-based data processing in Quality Improvement and Patient Safety (Ruus et al., 2019).

Quality improvement and patient safety that are applied in every aspect of the hospital are expected to improve service quality so as to build a good quality culture. Based on the description above, training and assistance in the form of Community Service is needed by Students of the Master of Hospital Administration (MARS) Study Program, Faculty of Medicine, Muhammadiyah Surabaya University related to Training in the Preparation of Priority Unit Quality Indicators Based on Digitalization at Bunda General Hospital so as to increase the knowledge and understanding of hospital structural officials and quality committees in implementing quality improvement programs and patient safety.

IMPLEMENTATION METHOD

Training and assistance in the preparation of digitalization-based indicators at Bunda General Hospital was carried out at Bunda Hospital, which is located at Jl. Raya Kundi No.70, Kundi, Kepuhkiriman, Waru Sub-District, Sidoarjo Regency, East Java. The training was conducted offline by lecturers and students of the Master of Hospital Administration study program, Faculty of Medicine and Nursing Study Program, Faculty of Health Sciences, Universitas Muhammadiyah Surabaya. Community service is conducted using a training and mentoring approach for unit leaders at Bunda General Hospital. The media needed in the implementation of the service are leaflets, training manuals, and leaflets about the determination of digitization-based quality priority indicators.

The stages of service include:

1. Preparation Stage, the first activity is to conduct a situation analysis on the Bunda General Hospital Manager with the brainstorming method about the problems faced at Bunda General

Hospital with the unit leader and the person in charge of the quality program. Furthermore, planning for problem-solving with each participant is based on the unit.

2. The implementation stage is to conduct training and assistance to unit leaders and those responsible for the quality program. At this stage, the selection of priority quality indicators is carried out based on data, literature, situation analysis of problems in each unit, obstacles or obstacles in the implementation of activities, low-performance achievements, dissatisfaction with targets, incompatibility of terms of reference and service schedules prepared, as well as changes in government and local government policy provisions/regulations. Furthermore, the service is given an explanation of the purpose and objectives of the service. A pretest was conducted before the delivery of the first material in the training. Pretest questions were made to explore participants' knowledge about determining indicators in hospitals. Then, the training consisted of 2 material sessions.

After training and mentoring, a posttest was conducted. The post-test was conducted after session 2 of the training had been completed. In addition to the post-test, the community service implementation team also made observations related to making and organizing quality priorities in each unit. Data analysis consists of two types, namely univariate analysis displayed in tables and diagrams to provide an overview of the implementation of community service.

3. The evaluation stage will include interviews to determine the ability of each unit leader.
4. Follow-up evaluation results are used to plan programs in compiling quality indicators in each unit at Bunda Hospital so that further activities are more effective and sustainable.

RESULT AND DISCUSSION

Forty-unit leaders in the general hospital attended the training and mentoring. Before the event began, the speaker introduced himself and then tried to explore knowledge and ask questions about the material or theme to be discussed. In organizing the training, the participants seemed enthusiastic and paid attention to what was conveyed by the speaker. The speaker was given 40 minutes to explain the material and immediately carried out questions and answers at the last minute of the material. In the implementation of the service, ice-breaking activities are also carried out so that the implementation runs more relaxed but can be carried out as expected. The characteristics of the participants are as follows.

1. Identifying participants based on gender in training and assistance in preparing indicators based on digitalization at Bunda General Hospital in 2023

Table 1. Identifying Participants based on Gender in Training and Assistance in Preparing Indicators Based on Digitalization at Bunda General Hospital in 2023.

No.	Gender	f	%
1.	Male	9	26
2.	Female	26	74
	Total	35	100

Based on the table above, the training and mentoring participants at Bunda General Hospital were mostly female, 26 people (74%).

2. Identification of the educational background of training participants and assistance in preparing indicators based on digitalization at Bunda General Hospital in 2023

Table 2. Identification of the Educational Background of Training Participants and Assistance in Preparing Indicators Based on Digitalization at Bunda General Hospital In 2023

No.	Educational Background	f	%
1.	Magister	0	0
2.	Bachelor	12	34
3.	First level of Diploma	21	60
4.	Second level of Diploma	2	6
	Total	35	100

Based on the table, it is known that most participants have a First level of Diploma education background of 21 people (60%).

3. Training and mentoring at Bunda General Hospital



Figure 1. Implementation Stage: Implementation of Training and Mentoring attended by 40 Participants with Discussion and Practice Methods for Determining Hospital Quality Indicators.



Figure 2. Evaluation Stage of the Preparation of Digitization-based Indicators at Bunda General Hospital.

4. Pretest and posttest evaluation results on training and assistance in preparing indicators based on digitalization at Bunda General Hospital in 2023.

Table 3. Pretest and Posttest Evaluation Results on Training and Assistance in Preparing Indicators based on Digitalization at Bunda General Hospital in 2023

No	Criteria	Pre-Test		Post Test	
		f	%	f	%
1.	Good	1	3	33	94
2.	Acceptable	22	63	2	6
3.	Poor	12	34	-	-
	Total	35	100	35	100

Based on the table above, it is known that the results of the pre-test evaluation as part of the participants are in the Acceptable category of 22 participants (63%). After training and mentoring, the evaluation scores were mostly good, totaling 33 people (94%).

The implementation of the service was carried out in several stages, namely the preparation stage, the implementation stage, the evaluation stage, and the follow-up stage, which was carried out well and smoothly. At the preparation stage, all participants are personally involved in the Quality Improvement and Patient Safety program, both structural ranks and staff related to the Quality Committee, the Person in Charge of Quality in each Unit, and the Person in Charge of collecting Quality Indicators data in each Unit related to digital data processing at Bunda General Hospital. Community service activities at Bunda General Hospital were carried out smoothly, and the series went without a hitch. The Board of Directors and management of Bunda General Hospital helped prepare for implementing this community service activity by preparing the venue and training participants. Training participants are all human resources at Bunda General Hospital.

The Quality Improvement and Patient Safety Program is a program that health service providers, including hospitals, must implement. The purpose of implementing hospital quality indicators determine to create and maintain the quality of excellent health services and patient safety

oriented towards total quality management and continuous quality improvement. The indicators of the success of the implementation of the service at Bunda General Hospital are the implementation of the Quality Improvement and Patient Safety training program is 100%, the timeliness of the implementation of training activities according to the schedule is 100%, the achievement of understanding of the material by the trainees with a post-test score > 75.

The results of the evaluation of the level of understanding of Bunda General Hospital HR on the content of training material for the preparation of digitization-based quality indicators can be seen from the results of the pretest average score of 45 and the post-test participants with an average score of 91. So that there is an increase in value 2 times higher. While the outcomes obtained include the existence of a community service program in the form of training on the preparation of digitization-based unit priority quality indicators, it is hoped that Bunda General Hospital can understand quality improvement and patient safety and can implement digitization-based quality management to facilitate the selection of indicators, profiling quality indicators, collecting and processing quality indicator data. Furthermore, it is expected that similar activities can have an impact on Bunda General Hospital to implement risk management and data analysis using the Plan-Do-Study-Act method in each work unit.

Hospitals need to manage, namely various standards to improve service quality and patient safety, patient safety standards are needed for handling and vigilance (Parand et al., 2014). Research results related to service standards also affect service quality and patient safety. And facilities and infrastructure from the results of the study did not significantly affect the quality of service and patient safety but, facilities and infrastructure are the main support for health workers to provide health services or care, hospitals need complete facilities and infrastructure, facilities and infrastructure are used to facilitate health workers work and reduce and avoid Unexpected Events.

Follow-up Plan From the implementation experience and the positive impact after the implementation of digitization-based unit priority quality indicator training activities, it is hoped that similar activities will be held more intensively with some new findings for mutual progress and always coordinate with organizations engaged in the field according to the theme of the material to be carried out training and counseling activities.

Patient safety education and training is carried out on an ongoing basis to improve knowledge and maintain staff competence. Meanwhile, the socialization carried out by the hospital has little effect on increasing the knowledge of nurses and other health workers regarding patient safety (Utarini & Djasri, 2012).

CONCLUSION AND RECOMMENDATION

Based on the community service activities that have been carried out, it can be concluded that most participants already have knowledge and understand the importance of implementing the

preparation of digitization-based unit priority quality indicators. The recommendations that can be given are expected that the implementation of determining quality indicators can be implemented at Bunda General Hospital to improve service quality and patient safety. Monitoring and evaluation need to be carried out regularly on the work program of each unit at Bunda General Hospital.

ACKNOWLEDGMENTS

Our gratitude goes to the Director of Bunda General Hospital and unit leaders who have participated in training and mentoring activities. In addition, our gratitude goes to Surabaya Muhammadiyah University for providing financial support so that community service activities can be carried out at Bunda General Hospital.

REFERENCE

- Asmirajanti, M., Aliyupiudi, Y., Rusmini, S., Rumondang, P., Chanafie, D., & Supyono. (2021). Penerapan Standar Akreditasi Terhadap mutu Dan Keselamatan Pasien Sebelum Dan Selamapandemi COVID-19. *The Journal of Hospital Accreditation*, 3(2), 65–70.
- Basry, & Purnamasari, H. (2021). Faktor-Faktor Yang Mempengaruhi Penerapan Sasaran Keselamatan Pasien Pada Perawat Di Ruang Rawat Inap UPT RSUD Deli Serdang. *Public Health Journal*, 7(2), 2654–7171.
- Huriati, Shalahuddin, Hidayah, N., Suaib, & Arfah, A. (2022). Mutu pelayanan keselamatan pasien di rumah sakit. *FORUM EKONOMI*, 24(1), 186–194. <http://journal.feb.unmul.ac.id/index.php/FORUMEKONOMI>
- Parand, A., Dopson, S., Renz, A., & Vincent, C. (2014). The role of hospital managers in quality and patient safety: a systematic review. *BMJ Open*, 4(11). <https://doi.org/10.1136/bmjopen-2014>
- Ruus, A. A. S., Tucunan, A. A. T., & Mandagi, C. K. F. (2019). Hubungan Antara Persepsi Mutu Jasa Pelayanan Kesehatan Dengan Tingkat Kepuasan Pasien Rawat Jalan Di Rumah Sakit Gmim Siloam Sonder. *Jurnal KESMAS*, 8(7).
- Utarini, A., & Djasri, H. (2012). Keselamatan Pasien Dan Mutu Pelayanan Kesehatan: Menuju Kemana. *Jurnal Manajemen Pelayanan Kesehatan*, V, 15(4). <https://doi.org/10.1136/bmjqs.2011.051284>