# World Class Hospital:
# sebuah program peningkatan mutu
## ("Urun rembug" implementasi PATH-WHO dalam Standar Pelayanan Minimal RS)

Budi Mulyono

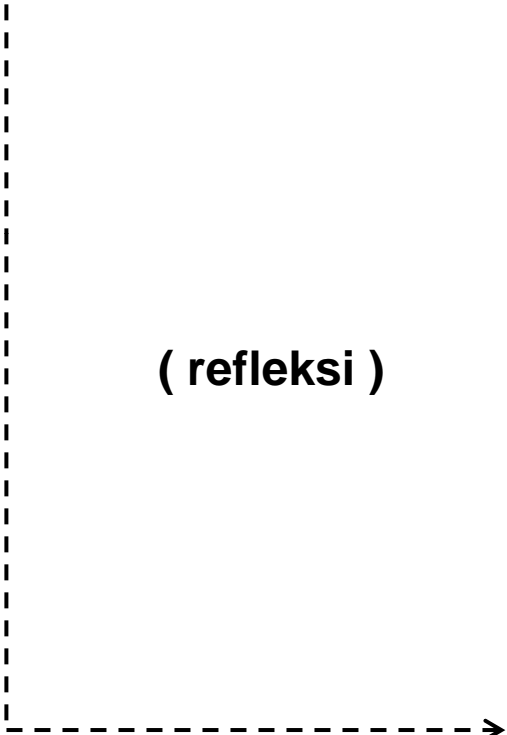RSUP DR Sardjito/ FKUGM

Yogyakarta

# ERA GLOBALISASI :
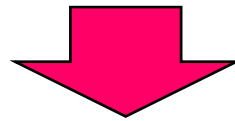
- **Perkembangan IPTEK**
- **Pesatnya arus informasi**
- **Masyarakat semakin maju**
- **Peraturan, UU & hukum**
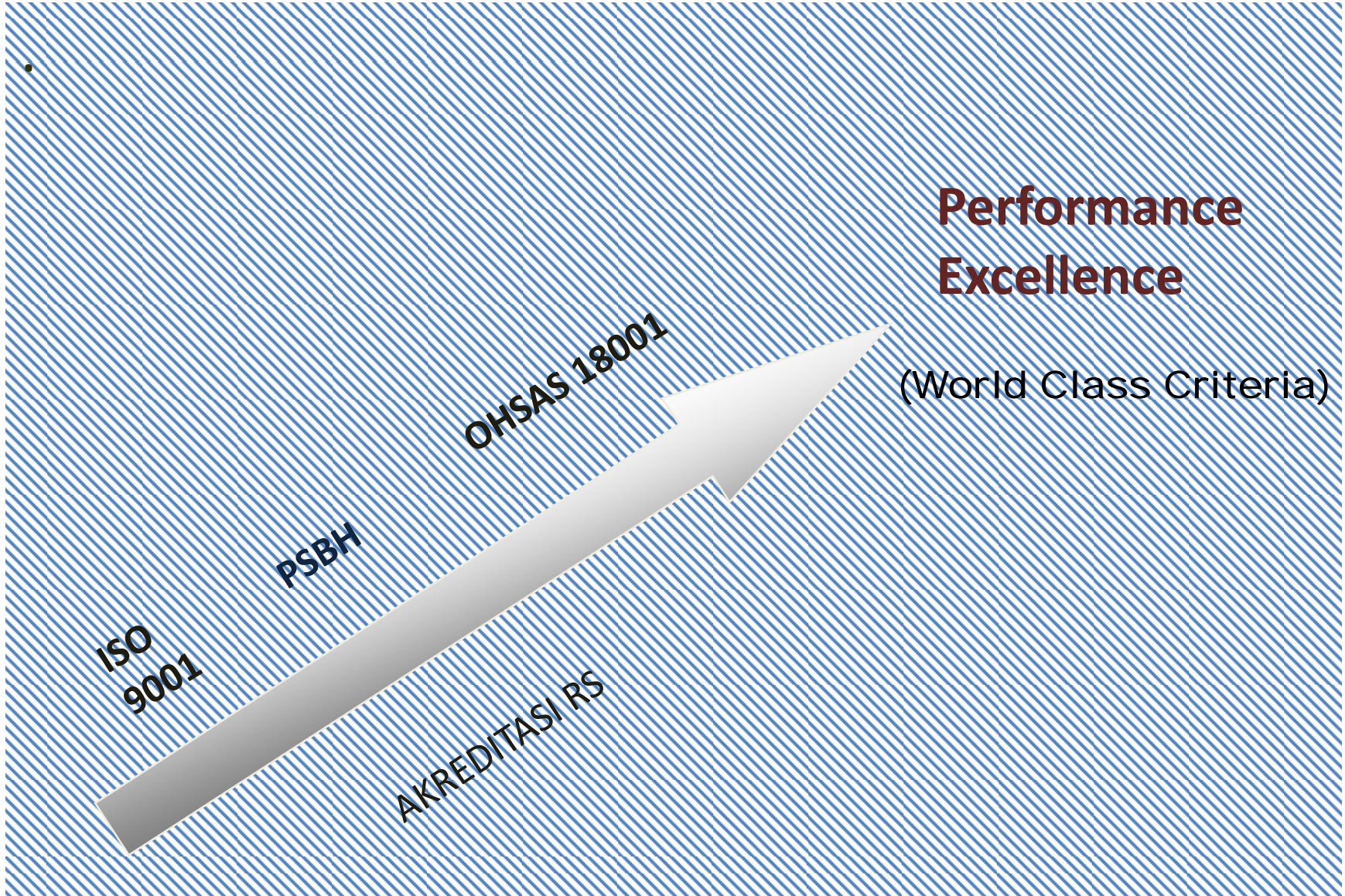- **Tuntutan mutu pelayanan semakin tinggi**

Performance
Excellence

(World Class Criteria)

OHSAS 18001

PSBH

ISO
9001

AKREDITASI RS

# PATH – WHO sebagai kriteria world class

PATH
Performance Assessment Tool
for Quality Improvement in Hospitals
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Division of Country Health Systems

# A performance assessment framework for hospitals: the WHO regional office for Europe PATH project

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7

Clinical Effectiveness

Efficiency

Staff Orientation

Responsive Governance

Safety

Patient-centeredness

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in an improvement?

Act | Plan

Study | Do
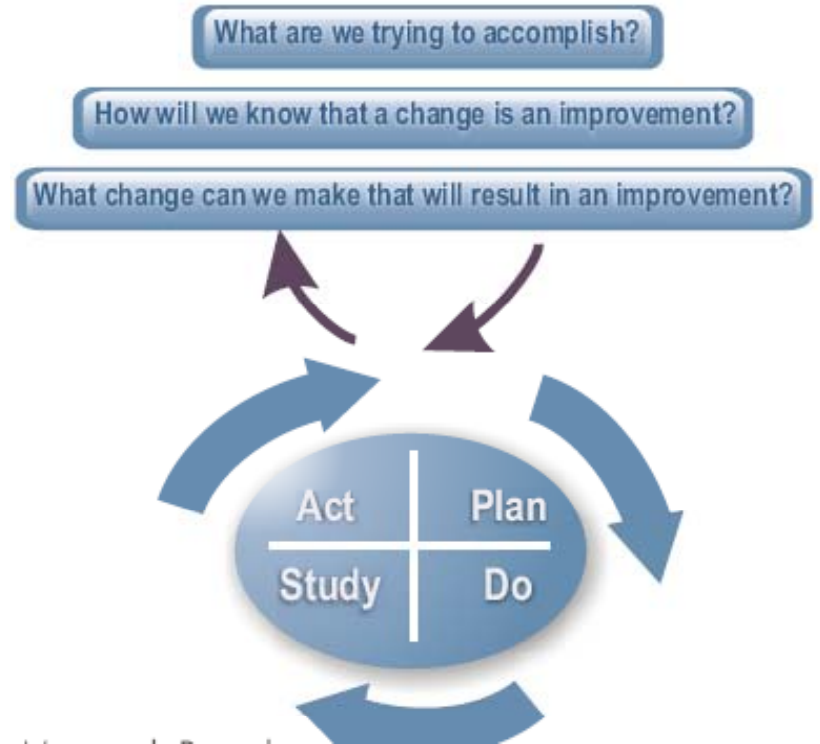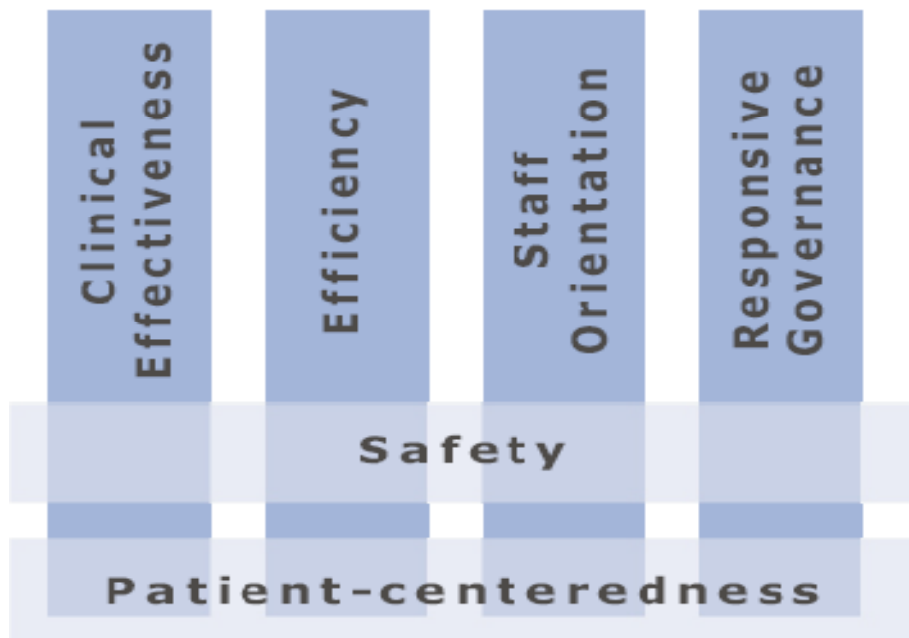
## Standar Pelayanan Minimal RS Departemen Kesehatan RI :

- SK MenKes: 129/Menkes/SK/II/2008, 6 Februari 2008

- Setiap RS hrs menyesuaikan dalam waktu 2 tahun sejak ditetapkan

- Terdiri dari 21 jenis pelayanan, 96 indikator dan standar  yang dinilai

- Rumah sakit dalam peningkatan mutu pelayanan dianjurkan sesuai dengan penerapan SPM-RS, dapat dilaksanakan secara bertahap

# STANDAR PELAYANAN MINIMAL
# RUMAH SAKIT

1. Pelayanan Gawat Darurat
2. Pelayanan Rawat Jalan
3. Pelayanan Rawat Inap
4. Pelayanan Bedah / Operasi
5. Pelayanan Persalinan dan Perinatologi
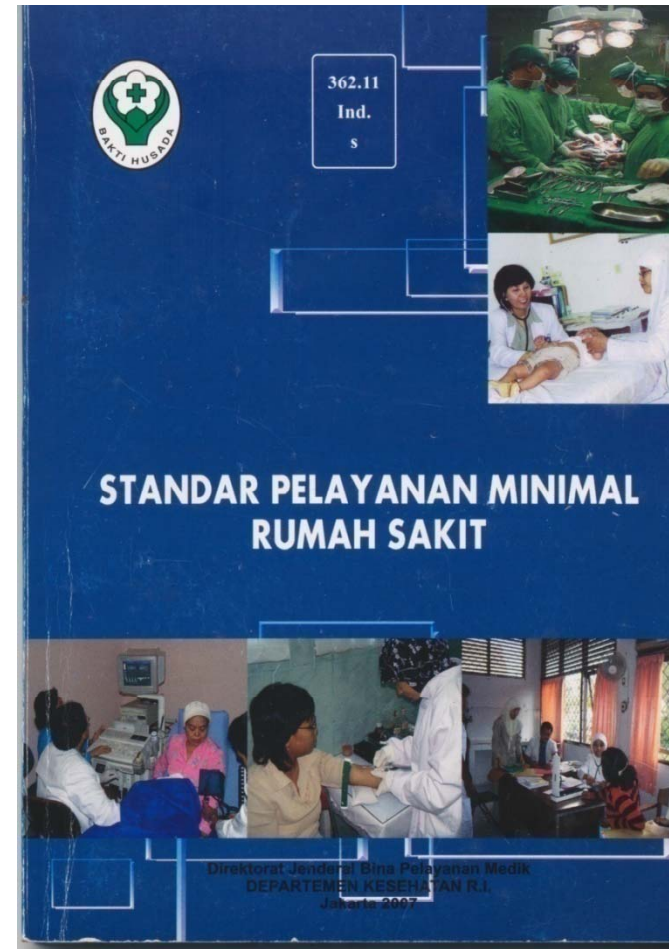
# STANDAR PELAYANAN MINIMAL
# RUMAH SAKIT

6. Pelayanan Intensif
7. Pelayanan Radiologi
8. Pelayanan Laboratorium Patologi Klinik
9. Pelayanan Rehabilitasi Medik
10. Pelayanan Farmasi
11. Pelayanan Gizi
12. Pelayanan Transfusi Darah
13. Pelayanan Masyarakat Miskin

14. Pelayanan Rekam Medis
15. Pelayanan Limbah RS
16. Pelayanan Administrasi Manajemen
17. Pelayanan Ambulans / Kereta Jenazah
18. Pelayanan Pemulasaraan Jenazah
19. Pelayanan Laundry
20. Pelayanan Pemeliharaan Sarana RS
21. Pelayanan Pencegahan & Pengendalian Infeksi

# GRIS

Groupe de recherche
interdisciplinaire en santé
Secteur santé publique
Faculté de médecine

## *The Performance Assessment Tool for Quality Improvement in Hospitals*

### (PATH Project)

A general description

*François Champagne*
*Ann-Lise Guisset*
*Jeremy Veillard*
*Isabelle Trabut*

R05-06

Avril 2005

Université
de Montréal

**Figure 1 : The Theoretical Model of Hospital Performance**



| Clinical Effecti-veness | Efficiency | Staff Orienta-tion | Respon-sive Gover-nance |
|---|---|---|---|
| Safety | | | |
| Patient-centeredness | | | |

5
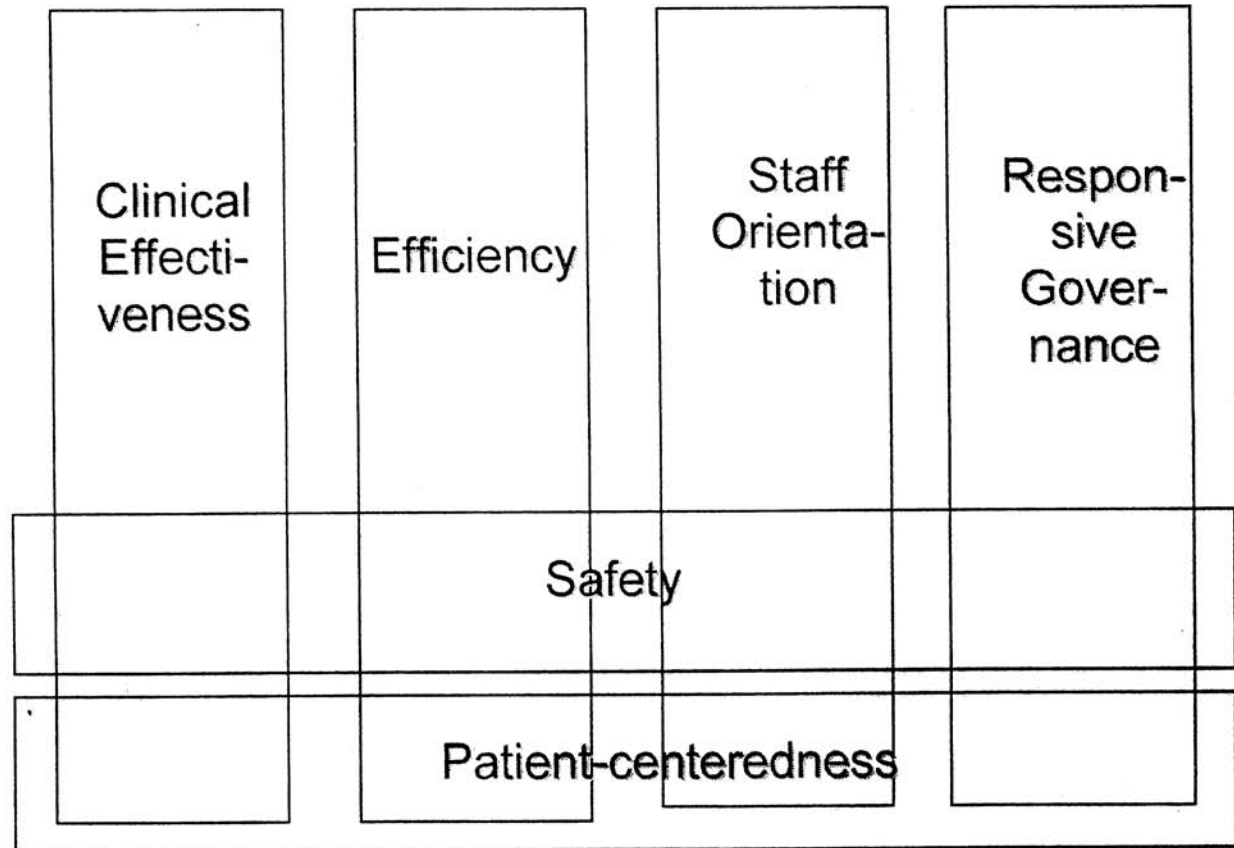
# Clinical effectiveness and safety
# (7 indicators)

1. Appropriateness of care

    . Caesarean section delivery

2. Conformity of processes of care

    . Prophylactic antibiotic use for tracers :

    results of audit of appropriateness

        a. Colorectal scheduled surgery

        b. CABG

        c. Hip replacement

# 3. Outcome of care safety processess

. Mortality for selected tracer and procedures
- a. AMI
- b. CAP (Community Acquired Pnemonia)
- c. CABG
- d. Hip fracture
- e. Stroke
- f. Total hip fracture

. Readmission for selected tracer conditions and procedures
- a. AMI (30 days)
- b. CAP (30 days)
- c. Asthma (24 hours)
- d. Asthma (24-72 hours)
- e. Diabetes (24 hours)
- f. Diabetes (24-72 hours)
- g. Hysterectomy (30 days)
- h. Total hip replecement (30 days)

- Admission after day surgery for selected tracer
  procedures
    a. Cataract surgery
    b. Cholescystectomy
    c. Knee arthroscopy
    d. Inguinal hernia
    e. Curretage of uterus
    f. Tonsillectomy/adenoidectomy
    g. Tube ligation
    h. Varicose veins
- Return to higher level of care (e.g. from acute to intensive care)
- Sentinel events

# Efficiency (4 indicators)

**1. Appropriateness of services**
- Day surgery, for selected tracer procedures
  - a. Cataract Surgery
  - b. Cholescystectomy
  - c. Knee arthroscopy
  - d. Inguinal hernia
  - e. Curretage of uterus
  - f. Tonsillectomy / adenoidectomy
  - g. Tube ligation
  - h. Varicose veins

**2. Productivity**
- Length of stay for selected tracers
  - a. Uncomplicated delivery
  - b. Histerctomy

**3. Use of capacity**
- Inventory in stock, for pharmaceuticals
- Intensity of surgical theatre use
  - a. Elective
  - b. Emergency

**4. Financial performance**
- No indicator in core set

# Staff orientation and staff safety
# (5 indicators)

1. Economic factors
    - No indicator in core set
2. Practice enviroment
    - No indicator in core set
3. Perspective and recognition of individual needs
    - Training expenditures
4. Health promotion and safety initiatives
    - Expenditures on health promotion activities
5. Staff experience
    - No indicator in core set

6. Behavioural responses
    - Absenteeism
      Short term/ Long term
        a. Nurses
        b. Nurses assistans
7. Staff safety
    - Percutaneous injuries
    - Staff excessive weekly working time

# Responsive governance & environmental safety (2 indicators)

1. System integration ang continuity
   - Average score on perceived continuity items
     in patient surveys
2. Public Health Orientation : accsess
   - No indicator in core set
3. Public Health Orientation : Health promotion
   - Breastfeeding at discharge
4. Equity and ethics
   - No indicator in core set
5. Enviromental concerns
   - No indicator in core set

# Patient centeredness
# (5 indicators)

1. Overall perception/satisfaction

   - Average score on overall perception/satisfaction items

     in patient surveys

2. Interpersonal aspects

    - Average score on Interpersonal aspects items

      in patient surveys

3. Client orientation: access

   - Last minute cancelled surgery

     a. One day surgery

     b. Inpatient

4. Client orientation : amenities

    - No indicator in core set

5. Client orientation : comprehensiveness

    - No indicator in core set

6. Client orientation : information and empowerment

    - Average score on information and empowerment  in patient surveys

7. Client orientation : continuity

    - Average score on continuity of care items in patient surveys

# Pilot test of the performance assessment tool for quality improvement in hospitals (PATH)

## Report on WHO Workshop
## Barcelona, 14-16 November 2005

**Edited by:**
**Oliver Groene**
**Technical Officer, Quality of Health Systems and Services**

| Dimensi | | Safety |
|---|---|---|
| Clinical Effective-ness | | 1. Caesarian sectio<br>2. Prophylactic antibiotic<br>3. Mortality<br>4. Readmission<br>5. Admission Day surgery<br>6. Return to ICU |
| Efficiency | 7. Day surgery<br>8. Length of stay<br>9. Inventory stock<br>10. Surgical theatre use | |
| Staff Ori-entation | 11. Training expenditure<br>12. Health Promotion<br>Budget<br>13. Absenteeism | 14. Excessive working hours<br>15. Needle stick injuries<br>16. Work related injuries by type |
| Responsi-ve Gov'ce | 17. Breastfeeding<br>at discharge | |
| Patient | centeredness | (not collected) |

# The World Health Organization Performance Assessment Tool for Quality Improvement in Hospitals (PATH): An Analysis of the Pilot Implementation in 37 Hospitals

Oliver Groene[1,2,3], Niek Klazinga[4,5], Vahé Kazandjian[6,7], Pierre Lombrail[8,9] and Paul Bartels[10]

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Implementasi PATH-WHO kedalam Std Pelayanan Minimal RS, mungkinkah ?    Bench-marking Internasional

## 1. CAESARIAN SECTIO

- Merupakan tindakan operatif  paling banyak di AS
- Inggris : 21,3 %  $\longrightarrow$  17 % primer

  Perancis : 17,6  %

  WHO : target  $\longrightarrow$  10-15 %

  Bila  < 5 %  $\longrightarrow$  akses pelayanan kesehatan yg
  
                                                  kurang adekuat
- Tujuan positif : menurunkan resiko mortalitas

                                                  perinatal & neonatal
- Hal negatif : resiko operasi dan beaya lebih tinggi

SPMinimal RS DepKes (5.6): standar < 20%

# 2. Antibiotik profilaksis:

- Angka global yang ideal belum dpt ditetapkan, rerata di Pelayanan tersier: 10-40 USD per hari

- Jerman & Turki: 26-28% ahli bedah tidak melaksanakan secara benar

- Bila dilakukan sesuai pedoman dapat menurunkan resiko resistensi antimikrobia

- Pengukuran: antibiotic density, % antibiotic evolution, antibiotic specificity

SP Minimal DepKes belum mencantumkan, ttp upaya kebijakan penggunaan antibiotika sdh dirintis dg PPRA (Program Pengendalian Resistensi Antimicrobia)

# 3. Mortalitas

- Dg penggunaan *tracer*, perlu harmonisasi ke ICD,  bbrp nilai AHRQ:

  - Stroke: 10-15% (12-33%)

  - CAPneumonia: 13,6%  → Elderly: 17,6%

SPMinimal RS mencantumkan dg kriteria yang berbeda: kematian di UGD <24j (1.7)-0,2% ; kematian di rawat inap >48j (3.8)-<0,24%  dan bunuh diri  ranap jiwa(3.13)- 0%, kematian di meja operasi (4.2)-<1%; kematian persalinan (5.1): Pdrh-<1%, PE<10%, Sepsis-<0,2%

## 4. Readmisi lewat IRD

Asma dlm 7 hari    : 1,1 – 3,0 %

DM dlm 7 hari      : 1,1 -3,0 %

CHF dlm 30 hari    : 4,3 -13,0 %

Hip replacement    : 0,3 %-1,6 %

- **Indikasi pelayanan sub standar**, 9-48 % dapat dicegah :
  - Edukasi pasien & keluarga
  - Assesmen pre discharge
  - Home care
- **Kasus Asma**

  - Readmisi < 24 jam : Prematur discharge ? Terlalu awal

                24-72 jam : Edukasi kurang baik

                < 30 hari : Rawat jalan yang kurang

SP Minimal RS DepKes belum mencantumkan

**5. One Day Surgery yang dipondokkan :**

- Berhubungan dengan kompetensi dokter,

prevalensi rendah : 2, 42 %

- Memberi "stress" pada  pasien

- Dapat dicegah :

    - Edukasi pasien, seleksi pasien yg baik

    - Klinik pra anesthesi

    - Perubahan teknik operasi

SP Minimal RS DepKes belum mencantumkan

# 6. Readmisi ke ICU

- Indikasi kualitas ICU yang belum adekuat

- Potensi kematian 2-10 x

- Amerika Utara & Eropa : 4-14 %,    rata-

  rata Global : 22-30 %,

  Akademic Hospital : 0,9%

- Penyebab terbanyak: Premature discharge (22-42%)
,  resiko komplikasi iatrogenic

SPMinimal RS DepKes (6.1):  < 3%

# 7. One Day Surgery Rate

- Merupakan prioritas dlm reformasi pelayanan RS, menunjukkan upaya penghematan resources, RS yang belum melaksanakan dianggap "laggard"

- Gambaran dari manajemen pembedahan, penataan OK dan kompetensi profesi

- Keberhasilan ditunjang oleh pengelolaan nyeri dan teknik anestesi

- UK: th '89/90: 34% (dari elektif) → th '94/95: 52%

SPMinimal RS DepKes belum mencantumkan

## 8. Length of stay

- Tracer: persalinan tanpa komplikasi, hysterectomi
- Financial burden dan nosocomial risk
- Clinical pathways appear succesful in decreasing length of stay, however, lower l.o.s. resulted in increased readmission

SPMinimal RS (3.15): Ranap Jiwa < 6 minggu

# 9. Inventory stock

- Perbekalan farmasi/obat, produk darah, dispo bedah
- Cost of material management: lost opportunity cost, handling cost, damage → dapat mencapai 30-40% operating cost
- Days of stock: 21.29, RS kecil bisa 2 X lipat
- Just in time dapat menghemat 10-50% cost, hati-hati dengan "out of stock"
- Krn kesulitan untuk interpretasi diusulkan didrop, masuk dlm tambahan

SPMinimal RS belum mencantumkan

10. Surgical theatre use: di AS paling tinggi membutuhkan beaya RS, dg memper-hitungkan jam operasional 90% sudah ideal

SPMinimal RS belum mencantumkan

11. Training expenditure: sulit utk membuat perbandingan internasional , perlu revisi

SPMinimal RS (16,5): pelatihan > 20 jam/th →
> 60%

12. Health promotion budget: diusulkan didrop

13. Absenteeism: sex dan umur tidak memunculkan variasi

14. Excessive working hours: critical safety indicator

15. Needle injuries: alert management

16. Work related injuries by type: depression/ smoking/low back pain/ suicide

17. Breastfeeding at discharge: > 75%

SPMinimal RS belum mencantumkan

# Ringkasan:

- PATH-WHO sebagai instrumen menuju ke **world class criteria** merupakan program pencapaian *performance excellence*
- **Nick Jacobs** (2008) revealing between jazz and leadership in performance gaining – creativeness and convention, muse and self-discipline must be expertly combined
- Just remember that high performance can be emanate from spirit and kindness

# Ringkasan:

- Untuk **kenyamanan** dalam upaya pencapaian kinerja prima , Standar Pelayanan Minimal Rumah Sakit Departemen Kesehatan sebaiknya memasukkan indikator pokok PATH-WHO

TERIMAKASIH atas PERHATIANNYA