

Analisis Capaian Standar PPI di RS Pemerintah dan Swasta Berdasarkan Data KARS SNARS Edisi 1 Tahun 2018-2019 di Indonesia = Analysis of PPI Standard Achievements in Government and Private Hospital Based on KARS SNARS Data Edition 1 Year 2018-2019 in Indonesia

Firman Kurnianto, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=9999920556436&lokasi=lokal>

Abstrak

Latar Belakang: Berdasarkan UU No.44 Tahun 2009 disebutkan RS dapat didirikan oleh Pemerintah atau swasta. Permenkes Nomor 3 Tahun 2020 menyebutkan RS wajib memiliki sertifikat akreditasi untuk menjaga mutu pelayanan kesehatan dan syarat pengurusan izin operasional serta agar dapat bekerjasama dengan BPJS Kesehatan. Pencegahan dan Pengendalian Infeksi (PPI) adalah salah satu bab dalam Standar Nasional Akreditasi Rumah Sakit (SNARS) Edisi 1 yang terdiri dari 28 standar dan 107 Elemen Penilaian, meliputi 9 fokus area. SNARS diterbitkan oleh Komisi Akreditasi Rumah Sakit (KARS) suatu lembaga akreditasi independen berdasarkan Permenkes Nomor 417 Tahun 2011. Saat ini belum ada analisa capaian standar PPI berdasarkan kepemilikan rumah sakit dengan data sekunder SNARS Edisi 1 di Indonesia.

Metode: Cross sectional menggunakan data sekunder dari basis data KARS. Sampel seluruh RS terakreditasi tahun 2018-2019 yang diuji berdasarkan variable kepemilikan, Fokus Area 1 sampai Fokus Area 9 dan Elemen Penilaian yang tercantum dalam setiap Fokus Area tersebut.

Hasil dan Pembahasan: Didapatkan data 1.271 RS dengan RS pemerintah (537 RS) dan RS swasta (734 RS). RS pemerintah tertinggi pada Fokus Area 8 (Transmisi Infeksi) dan terendah pada Fokus Area 4 (Peralatan Medis dan Alat Kesehatan Habis Pakai). RS swasta tertinggi pada Fokus Area 4 dan terendah pada Fokus Area 8. Pada Fokus Area 4 memiliki kesamaan nilai tertinggi antara RS pemerintah dan RS swasta pada PPI 7.2 EP1 tentang regulasi pelayanan sterilisasi dan PPI 7.3.1 EP1 tentang regulasi pengelolaan linen serta kesamaan nilai terendah pada PPI 7.2 EP4 tentang RS menjamin proses sterilisasi dan desinfeksi di luar CSSD, PPI 7.2.1 EP2 tentang bukti pelaksanaan monitoring kepatuhan PPI dalam pelayanan sterilisasi pihak ketiga dan PPI 7.3 EP3 tentang pihak ketiga pengelolaan linen harus memenuhi sertifikasi mutu. Pada Fokus Area 8 memiliki kesamaan nilai tertinggi antara RS pemerintah dan RS swasta pada PPI 8.2 EP1 tentang regulasi penempatan pasien infeksi airborne dalam waktu singkat jika RS tidak mempunyai kamar tekanan negatif, PPI 9 EP1 tentang regulasi hand hygiene menggunakan sabun dan atau desinfektan dan PPI 9.1 EP1 tentang regulasi alat pelindung diri serta kesamaan nilai terendah pada PPI 8 EP3 tentang bukti pelaksanaan supervisi dan monitoring oleh IPCN terhadap penempatan pasien imunitas rendah, PPI 8.1 EP3 tentang bukti supervisi dan monitoring IPCN terhadap penempatan dan proses transfer pasien airborne disease dan PPI 8.3 EP2 tentang RS menyediakan ruang isolasi tekanan negatif bila terjadi ledakan pasien.

Kesimpulan: Nilai tertinggi pada Fokus Area 4 pada kedua kepemilikan RS didapatkan pada unsur regulasi pelayanan sterilisasi dan pengelolaan linen. Nilai tertinggi pada Fokus Area 8 pada kedua kepemilikan RS didapatkan pada unsur regulasi penempatan pasien infeksi airborne, regulasi hand hygiene dan regulasi alat

pelindung diri.

.....Background: Based on Law No. 44 of 2009 it is stated that hospitals can be established by the government or the private sector. Minister of Health Regulation Number 3 of 2020 states that hospitals are required to have accreditation certificates to maintain the quality of health services and the requirements for obtaining operational permits and to be able to cooperate with BPJS Health. Infection Prevention and Control (PPI) is one of the chapters in the National Standar for Hospital Accreditation (SNARS) Edition 1 which consists of 28 standars and 107 Assessment Elements, covering 9 focus areas. SNARS is published by the Hospital Accreditation Commission (KARS), an independent accreditation agency based on the Minister of Health Regulation No. 417 of 2011. Currently, there is no analysis of the achievement of PPI standars based on hospital ownership with secondary data of SNARS Edition 1 in Indonesia.

Method: Cross sectional using secondary data from the KARS database. Samples of all accredited hospitals in 2018-2019 that were tested based on ownership variables, Focus Area 1 to Focus Area 9 and the Assessment Elements listed in each Focus Area.

Results and Discussion: Data obtained from 1,271 hospitals with government hospitals (537 hospitals) and private hospitals (734 hospitals). The highest government hospital is in Focus Area 8 (Transmission of Infection) and the lowest is in Focus Area 4 (Medical Equipment and Consumable Medical Devices). The highest private hospital is in Focus Area 4 and the lowest is in Focus Area 8. Focus Area 4 has the highest similarity in both hospital ownership in PPI 7.2 EP1 on regulation of sterilization services and PPI 7.3.1 EP1 on regulation of linen management and the lowest similarity in PPI 7.2 EP4 on hospitals guaranteeing sterilization and disinfection processes outside of CSSD, PPI 7.2.1 EP2 regarding evidence of implementation of monitoring compliance with PPI in third party sterilization services and PPI 7.3 EP3 regarding third party linen management must meet quality certification. Focus Area 8 has the highest similarity in both hospital ownership at PPI 8.2 EP1 regarding regulation of placement of patients with airborne infections in a short time if the hospital does not have a negatif pressure room, PPI 9 EP1 on regulation of hand hygiene using soap and/or disinfectants and PPI 9.1 EP1 regarding regulation of personal protective equipment and the lowest similarity in PPI 8 EP3 regarding evidence of the implementation of supervision and monitoring by IPCN on the placement of patients with immunodeficiency, PPI 8.1 EP3 regarding evidence of IPCN supervision and monitoring of the placement and transfer process of airborne disease patients and PPI 8.3 EP2 regarding Hospital provides negatif pressure isolation room in case of patient explosion.

Conclusion: The highest score in Focus Area 4 in both hospital ownership was obtained on the elements of regulation of sterilization services and linen management. The highest score in Focus Area 8 in both hospital ownership was obtained on the elements of regulation of the placement of airborne infection patients, regulation of hand hygiene and regulation of personal protective equipment.