

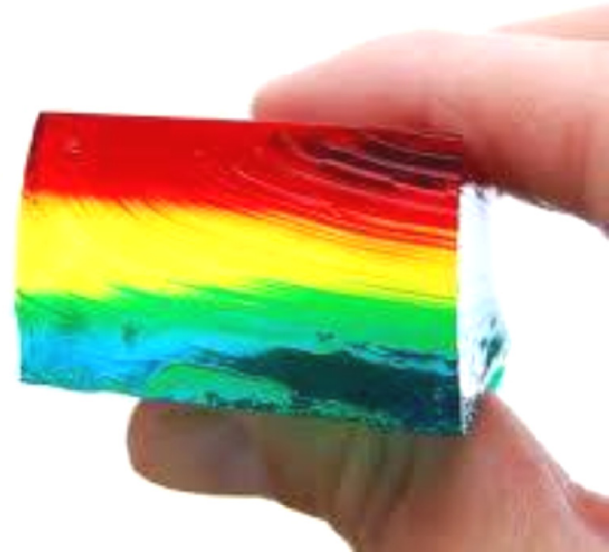
# Manajemen Mutu dalam Hospital Disaster Plan

Hanevi Djasri

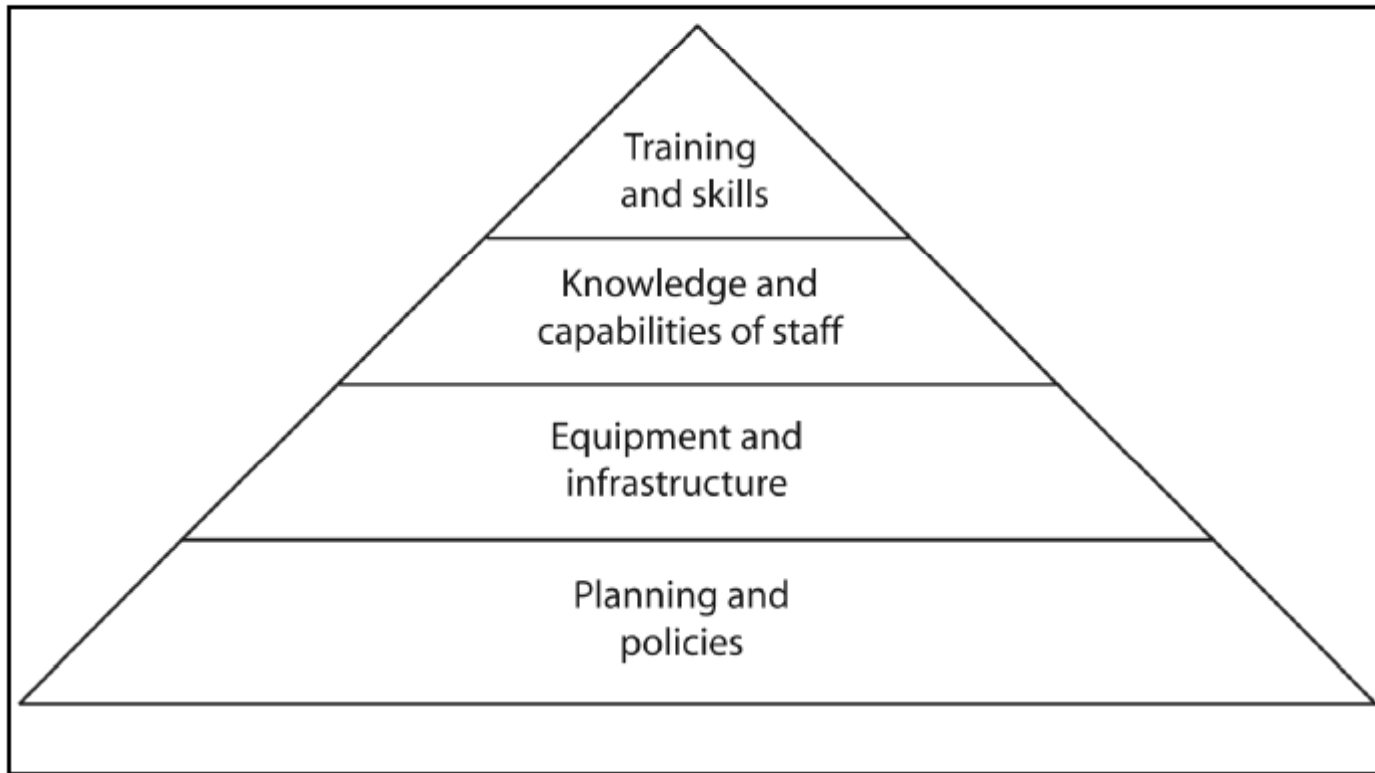
Divisi Manajemen Mutu

Pusat Manajemen Pelayanan Kesehatan (PMPK) FK-UGM

# “darurat” vs “mutu”



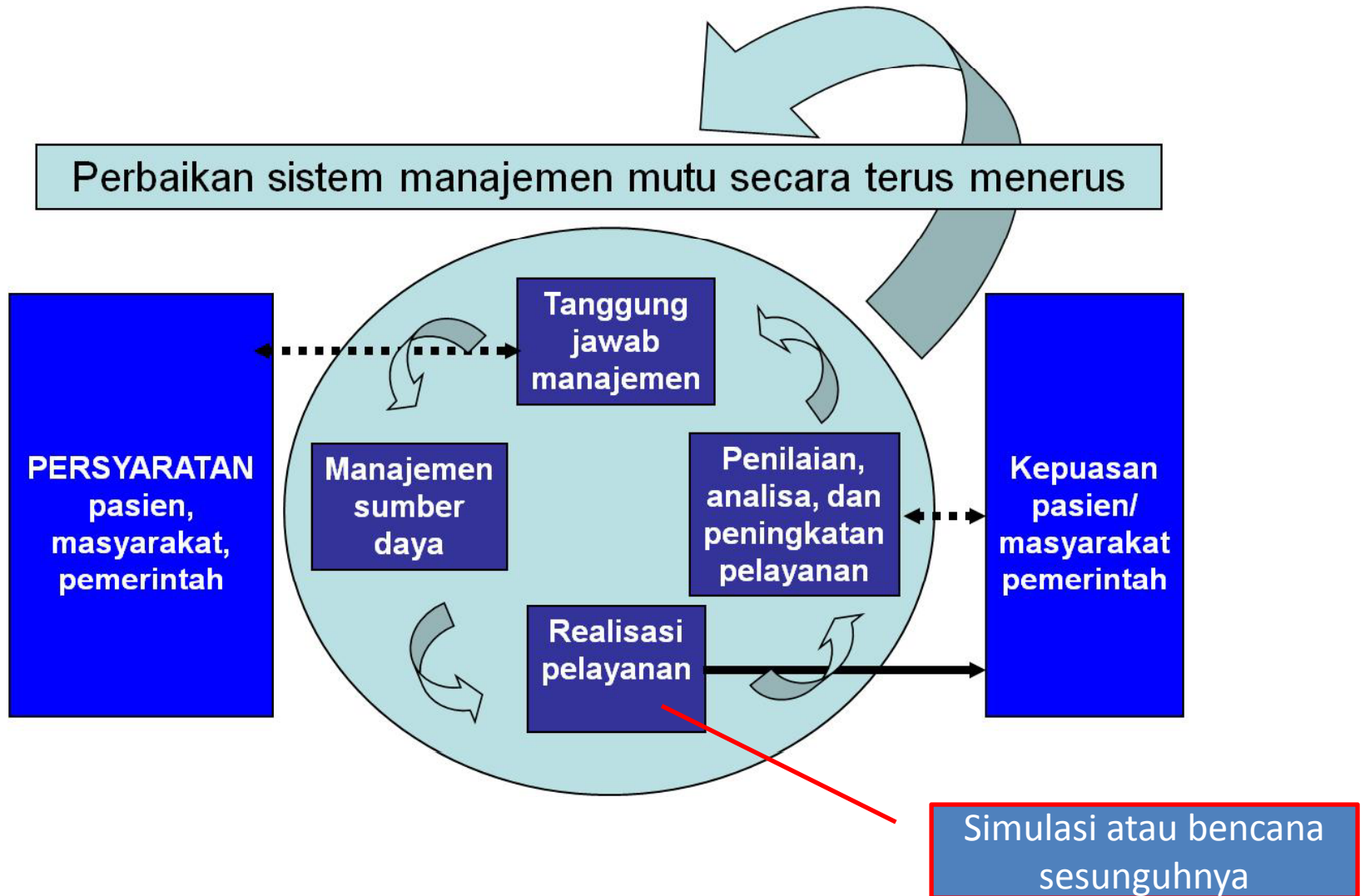
# Hospital disaster plan



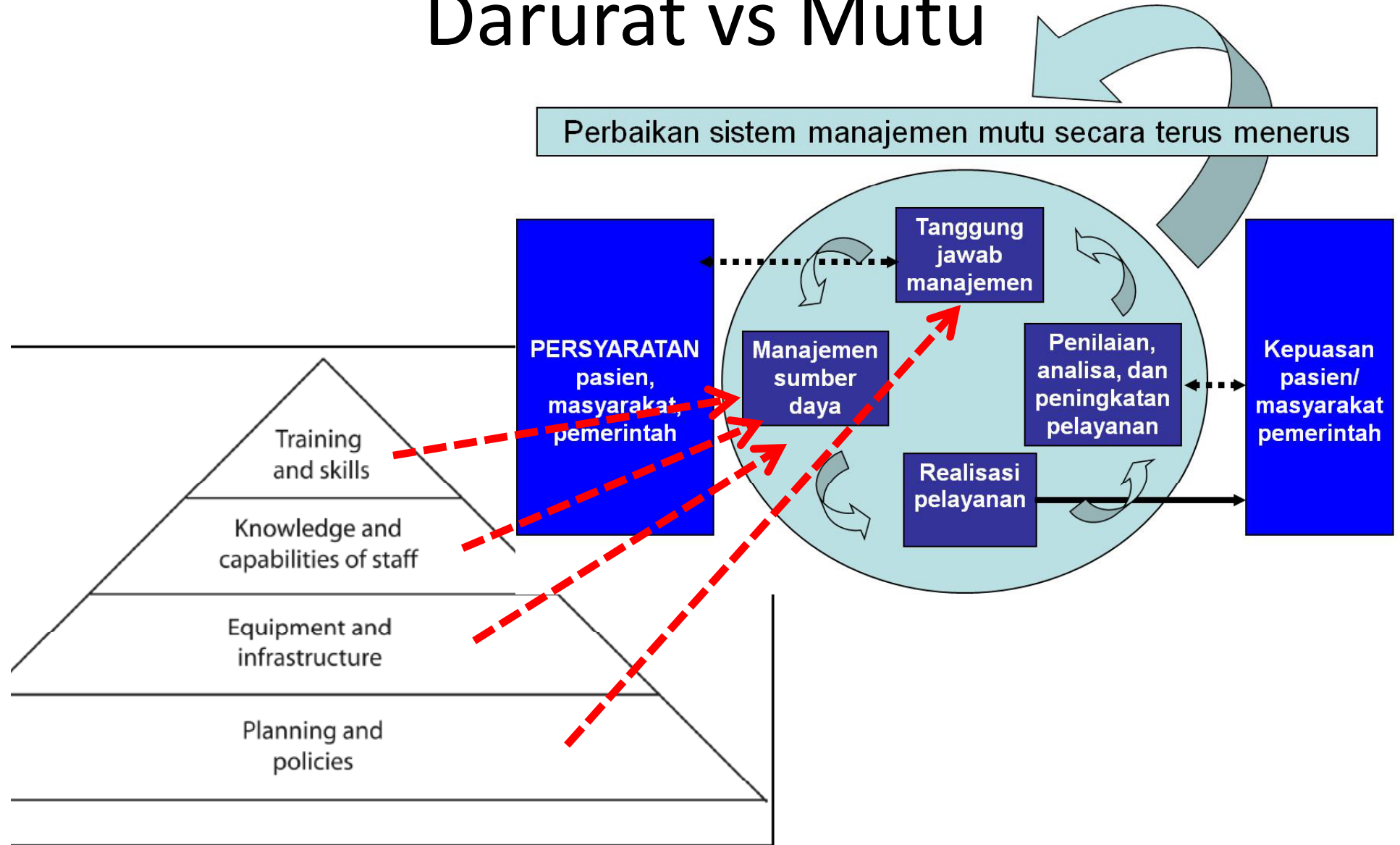
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**Figure 1**—The Preparedness Pyramid

# Sistem manajemen mutu



# Darurat vs Mutu



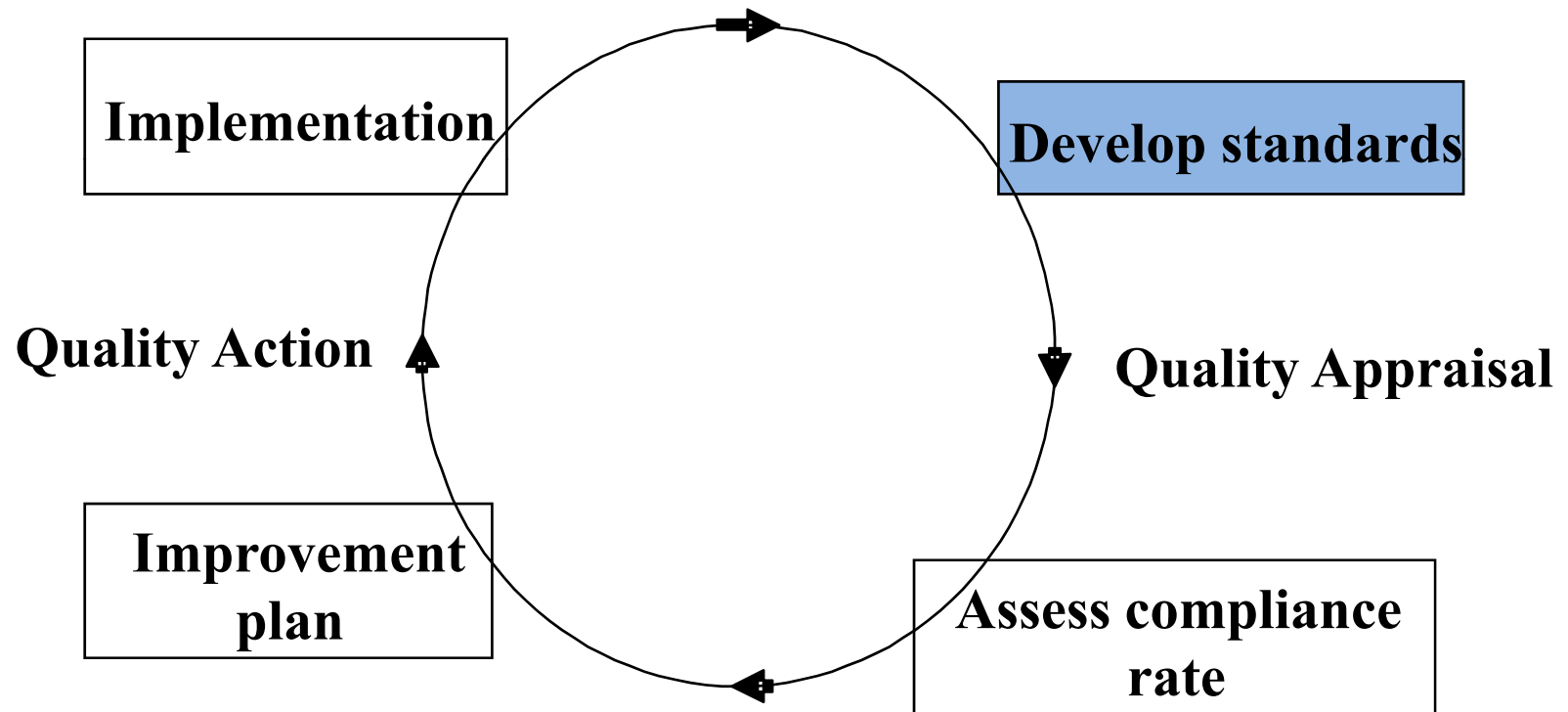
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—The Preparedness Pyramid

# Latar belakang perlunya manajemen mutu dalam HDP

1. Meningkatkan efektifitas
2. Meningkatkan profesionalisme
3. Menunjukkan status kesiap-siaga-an kepada institusi terkait
4. Menjadi dasar analisa kemampuan operasional sebelum dan sesudah bencana
5. Menciptakan budaya kesiap-siaga-an bencana

# Siklus jaminan mutu



tidak diukur → tidak bisa diperbaiki



# Apa yang perlu dinilai?

- 1. Assessment of capabilities:** identifying shortcomings and bottlenecks;
- 2. Assessment of compliance with national doctrines and protocols;**
- 3. Performance assessment:** review of functions during drills;
- 4. Assessment of needs:** identifying organizational needs for improvement in relevant areas of planning, equipment, training, etc.; and
- 5. Assessment of preparedness strategies:** standardization of planning, and inter-organizational cooperation.

# Komponen penilaian

- (1) elements of disaster planning;
- (2) emergency coordination;
- (3) internal and external communication;
- (4) training;
- (5) expansion of the surge capacity of hospitals;
- (6) staffing and personnel;
- (7) availability of equipment;
- (8) stockpiles of pharmaceuticals;
- (9) expansion of laboratory capacities.

Agency for Healthcare Research and Quality. Emergency Planning and Preparedness: (2003)  
Health Resources and Services Administration: A 2002 National Assessment of State Trauma System  
Development, Emergency Medical Services Resources, and Disaster Readiness for Mass Casualty Events  
2003.

# Baseline penilaian

Diperlukan untuk

- Meningkatkan kesiapsiagaan
- Mengidentifikasi kekuatan dan kelemahan

→ improvement

- (1) resource management;
- (2) emergency management plans;
- (3) direction, control, and coordination;
- (4) operational procedures;
- (5) communication;
- (6) logistics; and
- (7) public information.

# Parameter yang sedang dikembangkan

- (1) regional linkages;
- (2) planning and structure of response to bioterrorism;
- (3) training and exercises;
- (4) triage, diagnosis, and treatment of casualties;
- (5) decontamination capabilities;
- (6) isolation and control of infectious diseases;
- (7) public health surveillance;
- (8) surge capacity;
- (9) laboratories;
- (10) vaccinations and pharmacies;
- (11) safety and mental health support; and
- (12) information systems and public relations

# Alat ukur

- Valid
- Dapat diukur
- Dipercaya
- Membangun kesimpulan tentang efektifitas RS dalam kesiapsiagaan bencana

Raisbeck G: How the choice of measures of effectiveness constrains operational analysis. Interfaces 1979;9(4):85–93.

# Alat ukur

- Jelas
- Mudah dimengerti
- Dipercaya
- Sempel
- Informatif
- *cost-effective and task-relevant*
- “bahasa” yang sama untuk semua institusi yang terlibat dalam mengatasi bencana

Burkle FM Jr.: Measures of effectiveness in large-scale bioterrorism events.  
Prehosp Disast Med 2003;18(3):258–262.

# Alat ukur yang telah ada

1. Tools for assessing levels of emergency preparedness (The Joint Commission for the Accreditation of Healthcare Organizations)
2. Parameters and checklists as part of the assessment process (Healthcare Association of Hawaii)
3. Capabilities Evaluation (The Capabilities Assessment for Readiness/CAR)

# 1. Tools for assessing levels of emergency preparedness:

- 1) Keterlibatan pimpinan dalam perencanaan
  - 2) Tingkat pemahaman staf terhadap HDP
  - 3) clinical leadership;
  - 4) Penatalaksanaan lingkungan
- Kritik: “Struktur+Proses” vs “Kinerja”



## 2. Parameters and Checklists as Part of the Assessment Process

- (1) leadership;
- (2) hazard identification,  
analysis, and control;
- (3) planning;
- (4) direction, control, and  
coordination;
- (5) communications;
- (6) operations and procedures;
- (7) resources management;
- (8) logistics and facilities;
- (9) public information;
- (10) orientation and training;
- (11) exercise;
- (12) performance  
improvement

### 3. Capabilities Evaluation

- Berbeda dengan yang lain, fokus kepada
  - (1) identifying the weak links in preparedness; and
  - (2) serving as a basis to perform the actions required to strengthen emergency preparedness.
  
- Digunakan untuk 2 tujuan utama:
  - (1) establishing a database of information for local governments that can be used as part of the needs analysis; and
  - (2) strategic planning and national implementation of readiness for emergencies

# Penilaian self-assessment

3 hal utama yang perlu dinilai:

- 1. Preparedness planning** — harus terintegrasi dengan institusi lain. Menjelaskan peran dari para staf, rencana dan kegiatan mudah diakses (diketahui) oleh para staf, selalu dilatih dan diupdate
- 2. Individual worker competency**— para staf harus kompeten, RS perlu melakukan training needs assessment
- 3. Exercise and simulation**— HDP telah diuji coba dan para staf telah menunjukkan kompetensinya dengan baik

Quarentelli EL: Research Based Criteria for Evaluating Disaster Planning and Managing. International Seminar on Chernobyl and Beyond: Humanitarian Assistance to Victims of Technological Disasters. Moscow, Russia: Department of Humanitarian Affairs of the United Nations, 1997.

# Contoh hasil pengukuran

Rüter A, Nilsson H, Vilckström T: Performance indicators as quality control for testing and evaluating hospital management groups: A pilot study. Prehosp Disast Med 2006;21(6):423–426.

Performance Indicator	Time (minutes)	Score		
		A	B	C
Decide on level of preparedness	3	2	1	2
Formulate initial guidelines for response	15	1	0	0
First information to the media	15	0	1	0
Give information about own resources to strategic management	25	2	2	0
Ensuring medical officers appointed at emergency and operation	30	1	1	2
Estimate need of ICU beds	45	1.5	1	2
First information to own staff	60	1	0	0
Estimate limitations of own capacity	120	1	2	2
Estimate impact on daily patients	120	0	2	2
Information plan for patients with postponed operations and visits	180	2	2	2
<b>Total score (maximum = 22)</b>		<b>12.5</b>	<b>13</b>	<b>14</b>

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**Table 1**—Scoring of results according to performance indicator template in management skills in three different hospitals (A, B, and C) in the same county. Achieved results on each indicator given 0, 1, or 2 points.

Performance Indicator	Score		
	A	B	C
Assigning functions to all staff members directly upon arrival	0	2	2
Placement in room according to function in staff	0	2	1
Designated telephone numbers	0	0	2
Introduction of newly arrived staff member (maximum = 1 minutes)	1	0	1
Utilization of available equipment*	1.5	1.5	2
Maximum 8 minutes for "staff briefing"	1	2	2
Content of "staff briefing"***	2	1.5	1.5
Telephone discipline during staff briefing	1	2	1.5
Drawing and content of "staff schedule"	0	0	0
Summary after session, orally	2	0	2
Summary after session, written	0	0	0
<b>Total score (maximum = 22)</b>	<b>8.5</b>	<b>11</b>	<b>15</b>

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**Table 2**—Scoring of results according to template in staff skills in three different hospitals (A, B, and C) in the same county. Achieved results on each indicator given 0, 1, or 2 points.

\* Equipment available: Whiteboard, flipchart, fax, computer

\*\* Reports from all functions summarizing, assigning new tasks, and time for next briefing

## Results:

- The management group that scored **lowest in management skills** also scored **lowest in staff skills**.

# Keterbatasan

- Tools yang ada belum komprehensif
- Perlu dikembangkan tools dengan:
  1. Menentukan standar untuk kinerja
  2. Menentukan parameter untuk kesiap-siagaan
  3. Mengembangkan alat ukur untuk evaluasi
  4. Mengembangkan sistem untuk “belajar dari temuan” (tindak lanjut)



# Penutup

- Perlu adanya kerjasama antar institusi di Indonesia untuk mengembangkan standar, kriteria dan instrumen yang dapat digunakan dalam peningkatan kesiapsiagaan RS menghadapi bencana

**Terimakasih**