

IMPLEMENTATION OF MINIMUM SERVICE STANDARDS IN HOSPITALS IN INDONESIA

Literature Review

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ABSTRACT

The Minimum Service Standards (MSS) are the requirements and measures of success and quality of healthcare services in hospitals. This research aims to describe the effectiveness of the implementation of Minimum Service Standards and the influencing factors in hospitals. To achieve this goal, the study utilizes a literature review of relevant scientific articles published online from 2020 to 2022 based on issues, methodology, and the relevance of research results. The research findings indicate that the implementation of Minimum Service Standards has not been effectively applied in hospitals and is influenced by the support of human resources, facilities, infrastructure, as well as communication and coordination in service delivery.

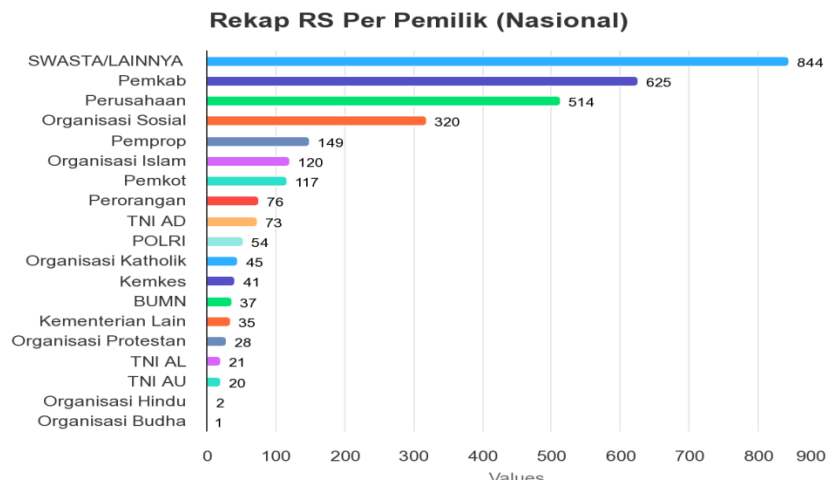
Keywords: Minimum Service Standards, Human Resources, Facilities Infrastructure, Communication

A. Introduction

Hospital is an institution that provides inpatient beds, medical services, and continuous care for diagnosis and treatment by organized medical staff. Hospitals offer individual healthcare services, including promotive, preventive, curative, and rehabilitative services, providing inpatient, outpatient, and emergency care. To fulfill its function, a hospital must adhere to service standards.

Hospitals are classified based on three criteria: types of services, ownership, and facilities/services and bed capacity. Based on the type of services, hospitals are classified into General Hospitals and Specialized Hospitals. Considering ownership, hospitals fall into two major groups: Government General Hospitals and Private General Hospitals. Meanwhile, based on facilities/services and bed capacity, hospitals are categorized into Class A, Class B, Class C, and Class D hospitals (Kartikasari, 2019).

Nationwide, the number of hospitals in Indonesia has reached 3,122, classified into various categories by the government. The government specifically classifies them based on ownership, as shown in the graph below.



Picture 1. Graph of Hospitals in Indonesia Based on Ownership

Based on the graph, the largest number of hospitals in Indonesia is owned by Private/Other entities, totaling 844 hospitals (27.03%), followed by Government District Hospitals with 625 hospitals (20.20%), and Social Organization Hospitals with 514 hospitals (16.46%). Functionally, hospitals serve as healthcare facilities that provide treatment and health recovery based on the Minimum Service Standards (MSS) regulated in the Minister of Health's Decision Number 129/Menkes/SK/II/2008 regarding the Minimum Service Standards for Hospitals.

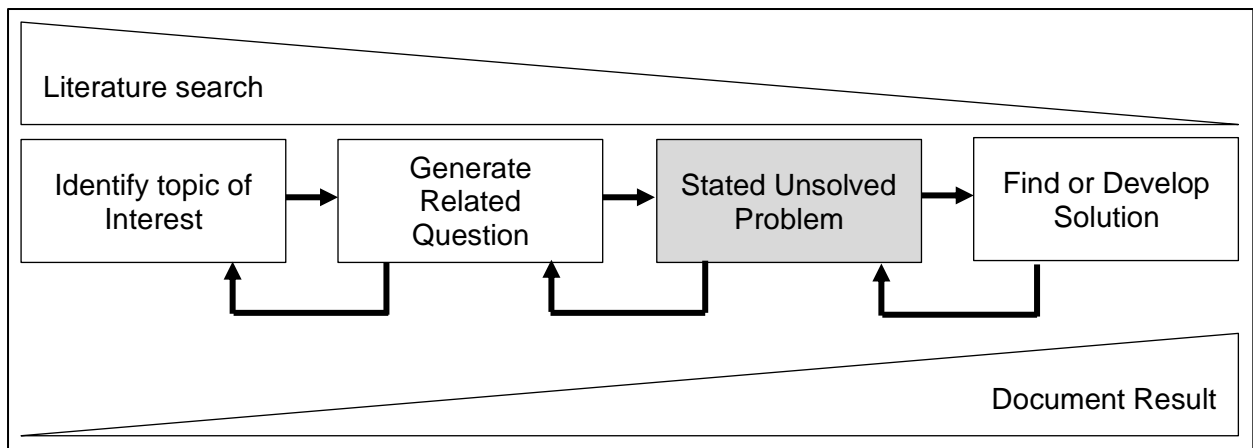
The Minimum Service Standards (MSS) outline the types and quality of basic services that are mandatory for each citizen to receive at a minimum. MSS also serves as technical specifications for the minimum service benchmark provided by public service agencies to the community (Permenkes 2008 SPM). MSS indicators are used as benchmarks for quantitative and qualitative achievements, depicting the targets to be met in achieving specific MSS, including input, process, results, and service benefits (Putra et al, 2017).

From the perspective of service users, namely patients, minimum service standards can be considered a right that should be obtained from healthcare service providers and organizers in hospitals.

B. Method

To analyze the implementation of minimum service standards in hospitals, this research employs a literature review method, examining research articles published online from 2020 to 2022 relevant to the study. The literature review aims to depict the phenomena faced by many hospitals in Indonesia during the implementation of minimum service standards, thereby becoming a primary focus for hospital policy improvement and implementation.

Broadly, the literature review process includes stages such as determining the research topic, extracting relevant research questions, posing unanswered questions, and then conducting a search and developing solutions to address the research questions posed. This process can be outlined as follows.



Picture 2. Research Procedure

In selecting articles, the research established criteria solely based on the relevance to the implementation of minimum service standards in hospitals. The study did not set criteria based on the quality of reputable or non-reputable journals. The research successfully identified 16 articles, but after verification and selection, 2 articles were deemed less relevant, leaving 14 relevant articles selected for use in this literature review analysis.

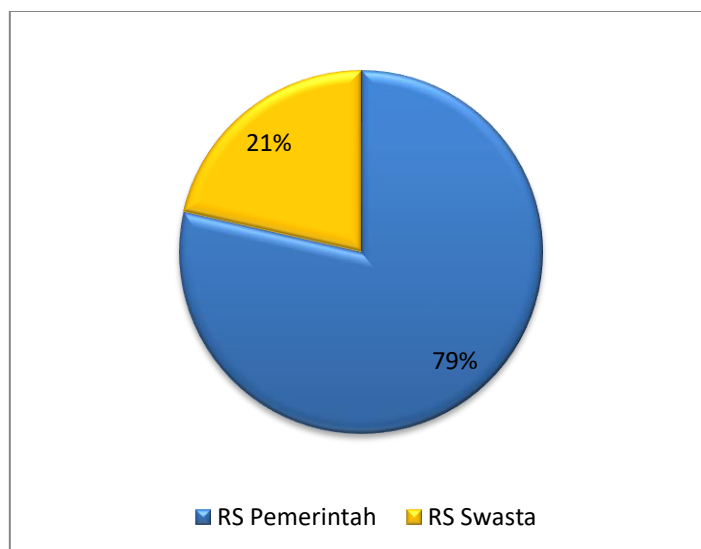
Based on the analysis of the distribution of research locations, the study found that the 14 articles analyzed were conducted in 9 regions (provinces) in Indonesia, as seen in the following table:

Tabel 1. Distribution of Research Areas

No.	Region	Number of Hospitals
1	Jambi	1
2	Jawa Tengah	3
3	Jawa Timur	3
4	Kalimantan Barat	1
5	Papua Barat	1
6	Sulawesi Selatan	1
7	Sulawesi Tengah	1
8	Sulawesi Utara	2
9	Sumatera Barat	1
	Total	14

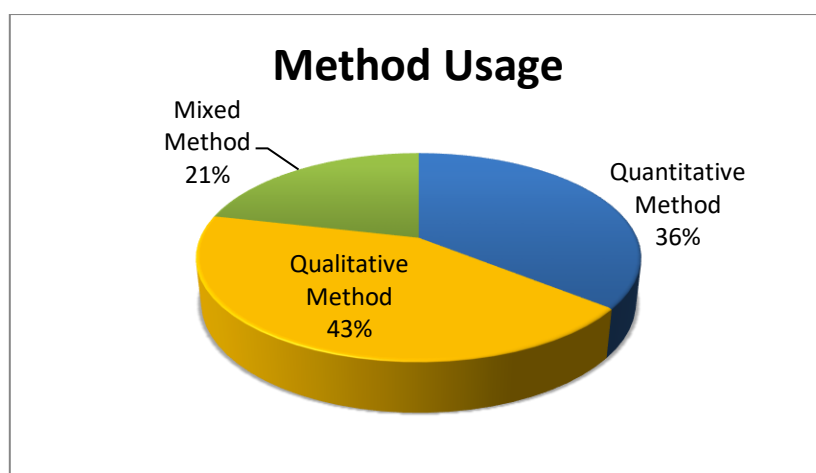
Source: Processed Data, 2023

Based on the table above, it is evident that research on the implementation of Minimum Service Standards (MSS) has been conducted in the Eastern, Central, and Western regions of Indonesia, making it a comprehensive sample of hospital MSS practices in the country. Looking at the classification based on hospital ownership, the majority of the research was conducted in Government-owned Hospitals, accounting for 11 hospitals or 79%, while the remaining 3 hospitals or 21% fall under other ownership categories, as depicted in the graph below.



Picture 3. Distribution of Hospitals in Research Locations based on Ownership

From a methodological perspective, research on the implementation of Minimum Service Standards (MSS) in hospitals utilizes both qualitative and quantitative methods, either separately or concurrently, as shown in the percentage breakdown in the following graph.



Picture 4. Graph of Research Methodology Usage

The graph above indicates that out of the 14 articles analyzed in this study, 6 articles or 43% utilized qualitative research methods, 5 articles or 36% employed quantitative methods, and 3 articles or 21% used a combination of both methods.

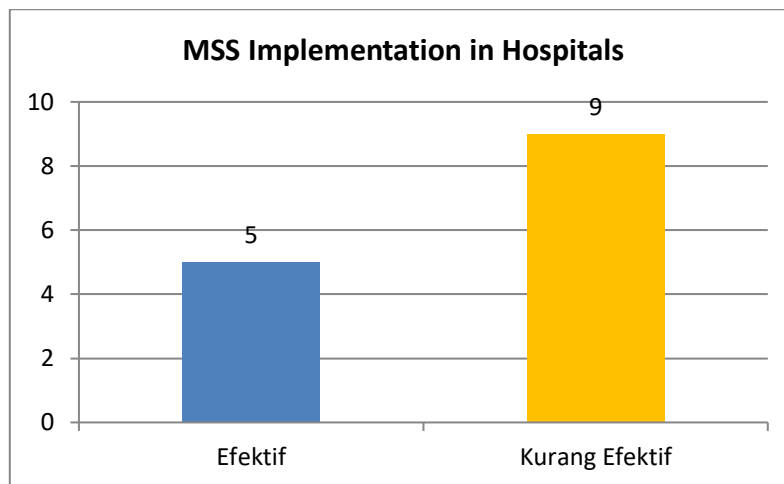
C. Result and Discussion

1. Implementation of Minimum Health Service Standards in Hospitals

The implementation of minimum service standards is explored in the 14 articles using qualitative, quantitative, and mixed approaches. However, the research results can depict the condition of implementing Minimum Service Standards (MSS) in hospitals, classified in this study into two categories: effective and less effective. Effective MSS implementation is characterized by well-executed processes that meet or exceed the established standards. In contrast, less effective SPM implementation is assessed as suboptimal and not in line with the

established standards.

Descriptive analysis of the selected 14 articles reveals that 5 hospitals are considered to have effectively implemented their MSS, while the remaining 9 hospitals are categorized as less effective, as illustrated in the following graph.



Picture 5. Effectiveness of MSS Implementation in Hospitals

The less effectiveness of the implementation of Minimum Service Standards (MSS) is attributed to both process and outcome shortcomings, falling short of the established capacity and standards.

Table 2.
Crosstab of MSS Implementation Effectiveness based on Hospital Ownership Categories

		Hospital Category		Total
		Government Hospitals	Private Hospitals	
Implementation Effectiveness	Ineffective	8	1	9
	Effective	3	2	5
Total		11	3	14

Source: Results of SPSS Analysis, 2023

If we look at the ownership categories of hospitals, namely Government Hospitals and Private Hospitals, the research results, as seen in the table above, indicate that the implementation of Minimum Service Standards (MSS) in Government Hospitals is predominantly less effective compared to private hospitals. Although the number of articles based on research results in Government Hospitals is much larger, accounting for 11 articles or 79%, compared to only 3 articles or 21% in Private Hospitals.

Nevertheless, the implementation of MSS is crucial for Private Hospitals not only in terms of providing quality healthcare services to the community to enhance health and quality of life but also in efforts to maintain patient satisfaction and loyalty to the hospital. This is understandable as Private Hospitals primarily rely on patient revenue, unlike Government Hospitals that consistently receive attention and support from the government, especially in terms of finances.

Methodologically, all the methods used in the research of the 14 articles can describe

both effective and less effective hospitals in implementing MSS, as shown in the following table.

Table 3.
Crosstab Effectiveness of MSS Implementation and Research Methodology Used

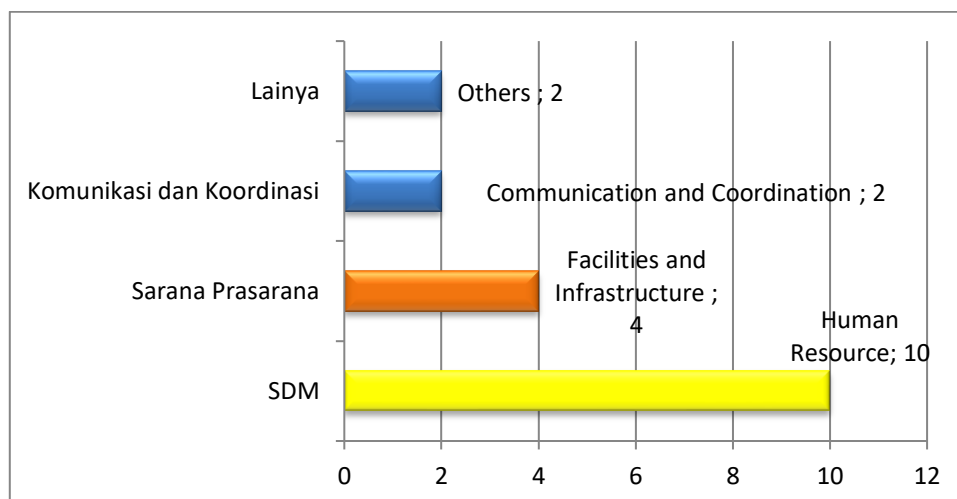
		Research Methodology			Total
		Quantitative	Qualitative	Mixed Method	
Implementation Effectiveness	Ineffective	2	5	2	9
	Effective	3	1	1	5
Total		5	6	3	14

Source: Results of SPSS Analysis, 2023

The analysis above indicates that the use of quantitative, qualitative, and mixed methods is quite relevant for describing and assessing the effectiveness of implementing Minimum Service Standards (MSS) in hospitals. Although the data above shows that quantitative methods are more dominant in obtaining results, it's essential to recognize the complementary nature of qualitative and mixed methods in providing a comprehensive understanding of the implementation process and its outcomes.

2. Factors Influencing the Implementation of Minimum Health Service Standards in Hospitals

Analysis of the 14 articles on the Implementation of Minimum Service Standards in Hospitals revealed 3 main factors influencing the effectiveness of MSS implementation in hospitals, as shown in the following graph.



Picture 6. Factors Influencing the Effectiveness of MSS Implementation in Hospitals
Source: Analysis Results, 2023

From the graph above, it is evident that the identified variables influencing the effectiveness of the implementation of Minimum Service Standards (MSS) in hospitals are issues related to human resources, support of facilities and infrastructure, as well as communication and coordination.

1. Human Resource

Human resources were identified in all articles (71%) as a crucial factor determining the success of Minimum Service Standards (MSS) implementation, heavily influenced by the support of human resources, both in terms of quality (competence of human resources) and quantity (number of human resources). Human resources can be a determinant of the success of MSS implementation, and their inadequacy can be a constraint on the effectiveness of MSS implementation.

Human resources were viewed as both supporters of the success of MSS implementation (Faradillah, Mukaddas, & Diana, 2017; Suartini, Jamal, & Anas, 2020) and implicitly as obstacles (Siyoto & Pribadi, 2016; Mardianingsih & Utami, 2020), as well as explicitly in issues such as the suitability of qualifications (Vermasari, Masrul, & Yetti, 2019), attitudes in service (Kuzairi, Yuswadi, Budihardjo, & Patriadi, 2017; Rahmaddian, Semiarty, & Lita, 2019), and competencies (Astuti, Arso, & Fatmasari, 2017).

2. Facilities and Infrastructure

The support of facilities and infrastructure is the second factor that can influence the effectiveness of implementing Minimum Service Standards (MSS) in hospitals. Out of the 14 articles investigating MSS issues in general or specific types of services in hospitals, 4 articles explicitly emphasize the impact of facilities and infrastructure on MSS implementation.

Astuti, Arso, & Fatmasari (2017) identified the main inhibiting factor as the lack of competence in human resources and infrastructure, Vermasari, Masrul, & Yetti (2019) highlighted that facilities and infrastructure do not meet standards, Mardianingsih & Utami (2020) found that the facilities in hospitals are not supportive enough for achieving minimum nutritional service standards, and Zudi, Suryoputro, & Arso (2021) mentioned insufficient facilities and infrastructure to cater to the demographic breadth.

To enhance service quality in hospitals, it is crucial to establish minimum standards for facilities and infrastructure, followed by continuous control, both in terms of procurement and utilization. The absence of established standards for facilities and infrastructure will affect the procurement process and the quality of their fulfillment. However, it is not uncommon for hospitals to have facilities but lack effective control, leading to non-compliance with the specified standards.

3. Communication and Coordination

Management factors in the implementation of Minimum Service Standards (MSS) are related to communication and coordination issues in service delivery, as well as control problems in the form of monitoring and evaluation. Weak communication and coordination can lead to sectoral ego conflicts among human resources and between work units.

The implementation of minimum service standards in hospitals is found to be less effective due to communication aspects, bureaucratic structures, dispositional sources, and sectoral egos (Kuzairi, Yuswadi, Budihardjo, & Patriadi, 2017). Even within the scope of work units in a hospital environment, the implementation of minimum service standards is hindered, and targets are not achieved due to poor communication patterns (Rahmaddian, Semiarty, & Lita, 2019). Therefore, the application of leadership styles that support transparency and individual roles in building interpersonal communication is crucial. Similarly, the implementation of an organizational culture that supports and fosters individual motivation to provide services according to minimum service standards in hospitals is essential.

3. Conclusion

The Minimum Service Standards in hospitals are efforts to ensure the provision of quality services to the community. The results of the research through this literature review conclude that the implementation of minimum service standards in the 14 analyzed hospitals mostly demonstrates less effective performance. Human resources are a key factor in the success of implementing minimum service standards in hospitals in Indonesia, encompassing both competency and the quantity of available human resources. Other factors include the support of facilities and infrastructure completeness, as well as good horizontal and vertical communication and coordination.

Establishing standards for human resources, including quantity, qualifications, and attitudes in tasks or services, as well as standards for facilities and infrastructure, and a good communication and coordination system, followed by sustained control, can enhance the effectiveness of implementing minimum service standards in hospitals.

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