



INNOVATION AND ACCREDITATION AT REGIONAL GENERAL HOSPITAL OF PROF. DR. H.M. ANWAR MAKKATUTU, BANTAENG REGENCY

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Abstract

Background: Customer demands related to quality service quality with fast, transparent, flexible services are getting higher, stronger, dynamic, and more complex. Hospitals need to carry out accreditation and innovation to exist in the midst of demands and competition. The purpose of this research is to explain and describe the implementation, and strategy of innovation and accreditation in hospitals.

Materials and methods: Qualitative research with a phenomenological approach, with informants from structural officials, heads of installations, innovation teams, doctors, nurses, and patients with a total of 20 people. Collecting data with interviews, observation, and documentation. The research was conducted from March 2022 to March 2023.

Results: The implementation of accreditation includes preparation, implementation of activities, assessment, and post-accreditation. Hospital accreditation includes hospital management groups, patient-focused services, patient safety goals, and national programs. The sustainability and consistency of the implementation of hospital accreditation activities are influenced by several things, including the perceived benefits, political value for the owner, the use of information and communication technology, accreditation regulations, collaboration, and integration of all elements. Innovation is carried out utilizing meeting problem acquaintances, accommodating unit/installation innovation designs, forming an innovation team; mentoring, training, and innovation competitions. Accreditation and innovation strategies include making regulations on decisions by owners or regional heads, synchronization with strategic plans, ongoing technical guidance or guidance, monitoring evaluation and regular reporting, surveys on compliance with policies, guidelines, guidelines, and standard operating procedures, and development of regular assessments. hidden, a statement from the hospital leadership to carry out accreditation and innovation. as well as team collaboration

Conclusion: Accreditation and innovation improve service quality, speed, and efficiency. Strategy adaptation is needed so that accreditation is sustainable and fosters a culture of innovation.

Keyword : Accreditations, Hospital, Innovations

Introduction

Public services including hospitals experience very complex and varied dynamics. Hospitals have interactions with the characteristics of labor-intensive, technology-intensive, profession-intensive, product-intensive, capital-intensive, and problem-intensive. Bureaucracy has not been able to provide satisfaction to the community. On the other hand, the community expects quality hospital services (Ramli, 2022). Efforts to improve quality have been carried out with various models and strategies, but have not been maximized. At the same time, competition is also increasing, with the growth of health facilities such as clinics and hospitals both government and private as well as restrictions on activity space due to the covid 19 pandemic. On the other hand, advances in information technology are an opportunity as well as a challenge for hospitals to help improve quality, speed, and access to services. Hospitals that are unable to innovate to meet community needs will be abandoned by their customers and will choose hospitals or other health facilities, which are considered to have higher quality service products and meet their expectations. According to Sisca et al. (2021), customer needs and wants change all the time, so improvements are needed. On the other hand, efforts to improve the quality of hospital services have been carried out using various models by the Ministry of Health, including the accreditation of health service providers including hospitals. Hospital accreditation is a form of recognition of hospital quality through compliance with established standards. According to Aljunied et al. (2020), the effect of accreditation on quality improvement, patient satisfaction, patient safety, cost realism, and fame., but different from the findings of Andres et al. (2019), that accreditation does not have an increasing impact on patient experience. Synergistic with the research of De Oliveira et al. (2016), accreditation did not affect the work environment of nurses, and there was only salary satisfaction in non-accredited hospitals with fewer working hours.

In addition to accreditation, steps to improve services are carried out by bringing out innovations. According to Halvorsen et al. (2005), the typology of innovation needed includes (1) a new or improved service or a new or improved service; and (2) process innovation, namely changes in the process of providing services. Hospitals as institutions that in various aspects require a variety of innovations or innovations that have an integrated system with one another. The resulting product of cooperation from different professions from different units or installations. According to Dwiputriani (2014) in Ramli (2022), the various innovations are product or service innovation, process innovation, technological innovation, management organizational innovation, conceptual innovation, governance innovation, and institutional innovation.

Explanation of Law Number 25 of 2009 concerning Public Services, states that the state is obliged to meet the needs of every citizen through a system of government that supports the creation of excellent public service delivery to fulfill the basic needs and civil rights of every citizen over public goods, public services, , and administrative services. Today the implementation of public services is still faced with conditions that are not following the needs and changes in various fields of social, national, and state life. This can be caused by unpreparedness to respond to the transformation of values that have broad dimensions and the impact of various complex development problems. In this regulation, it states that public services are based on some principles including professionalism, non-discrimination, openness, accountability, timely, fast, convenience, and affordability (Republic of Indonesia Law, 2009). Government Regulation of RI Number 101 of 2000 concerning Education and Training for Civil

Servant Positions, states that the government develops service tasks with principles including professionalism, transparency, excellent service, efficiency, effectiveness, and data accepted by the community (Government Regulations, 2000). Health services as part of good governance must have characteristics including accountability, transparency, openness, and the existence of legal or regulatory rules (Sedarmayanti, 2004). In the Government Regulation of the Republic of Indonesia, Number 38 of 2017 concerning Regional Innovation Article 1 states that innovation is all forms of renewal in regional administration and Article 2 states that regional innovation aims to improve the performance of regional government administration, with the target of regional innovation is to accelerate the realization of social welfare through improving services, empowering and community participation as well as increasing regional competitiveness (Government Regulation, 2017). The government of Bantaeng Regency followed up by issuing Bantaeng Regent Regulation Number 43 of 2021 concerning the Implementation of Regional Innovations. This regulation forms the basis for the development of innovation in the district, including the Regional General Hospital of Prof.dr. H.M. Anwar Makkatutu..

Innovation is an effort to maintain the existence of the organization in its environment. Innovation will bring the organization to be better in achieving goals and on target effectively and efficiently. innovation is expected to be able to respond to the complexity of the environment and the dynamics of environmental change, especially in intense competition, and create competitiveness. In 2017 the Regional General Hospital Prof.dr.H.M. Anwar Makkatutu had an innovation with the name Pandora Gesit (integrated blood donation service with agencies), as a form of innovation to overcome the scarcity of stock, so it is expected to be able to meet the needs in hospital services. Achievements up to 2022, are still 85% of the 100% target. In 2019, leadership training participant 3 gave birth to 2 (two) innovations, namely the Smile King and the Developing Lotus. Raja Smile is an outpatient service innovation called Outpatient Service Information Management System Excelen, with online registration services, priority services, and accompaniment for patients with pregnant women over 7 months, elderly, infants and toddlers, and disabilities and compliant services. This innovation aims to improve access, accountability, and speed of service. Patients can register anywhere, and no longer wait at the hospital. Patients can set arrival times. Long queues can be sped up and no more crowds. Some services prioritize certain patient categories to provide comfort and protection to priority groups. While complaints can be informed in the application, it is hoped that complaints can be swiftly resolved by the hospital management. Innovation has been contested in national-level innovation competitions and has made it into the top 45 national innovations in 2022.

Furthermore, Teratai Develops Continuously is an innovative physiotherapy service for children with special needs and integrated growth and development for all. Innovation that aims internally at the hospital to specifically serve pediatric patients with special needs and integrated growth and development services between physiotherapists, pediatricians, nutrition specialists, and nutritionists. Externally, the hospital is networked not only with community health service centers but also with special schools. Bantaeng Special School 1 is only 100 meters from the hospital but has never been connected, so children with special needs do not have access to hospital services. The existence of innovation has bridged services for children with special needs and those experiencing growth and development problems. Visits to these patients increased significantly but became nil during the Covid 19 pandemic (2020-2021). Meanwhile, through the basic training program for Candidates for Civil Servants, one CPNS has been born, one innovation according to each installation area. Since 2022, some innovations have been formed, to improve healthcare services in hospitals and to achieve predetermined performance

indicators. Among them, are (1) innovations in organic waste processing and waste banks, these innovations process organic waste into fertilizers that have economic value as well as the existence of waste banks has increased the welfare of cleaning services. In addition to these benefits, another benefit is reducing waste that will be disposed of in landfills. Innovation; (2) drug delivery innovation for priority patients within a 10 km radius area in Bantaeng District. Priority patients no longer have to wait long in the patient waiting room.

Meanwhile, hospital accreditation activities are regulated in Law Number 44 of 2009 concerning Hospitals. Hospitals must provide safe, quality, non-discriminatory, and effective services by prioritizing the interests of patients according to hospital service standards through hospital accreditation. Regional General Hospital of Prof. Dr. H.M. Anwar Makkatutu has carried out the 2007 version of accreditation by passing accreditation at the basic level of 5 (five) service groups in 2009 namely administration and management, nursing services, emergency services, and medical services. In 2018, passed the plenary 5 (five) star accreditation version of 2012. The change in accreditation was seen because the 2007 version of the accreditation model only focused on input and documents, was weak in implementation, and did not involve officers. Accreditation version 2012, strong in the process, focused on patients, outputs, and outcomes, strong in implementation and involving all staff in the accreditation process. So that accreditation is expected to improve the quality of hospital services. Accreditation can be a negotiating tool for hospitals, a tool for measuring hospital management performance, and for insurance underwriters as a reference for entering into contracts or cooperation. The spirit of accreditation is synergistic with bureaucratic reform in Indonesia, which is regulated in Presidential Regulation number 80 of 2011 concerning the Grand Design of Indonesian Bureaucratic Reform 2010-2025. The regulations are intended to create a government bureaucracy that is professional with characteristics, integrated, high performance, free and clean from collusion, corruption, and nepotism, capable of serving the public, neutral, prosperous, dedicated, and upholding the basic values and code of ethics of the state apparatus. The hope is to deliver excellent service to the community and to be able to face all challenges. One of the 9 (Nine) reform programs is improving public services. American Hospital Association (2019) hospitals and health systems across the country are improving their quality toward a more participatory, patient-centered future. A combination of action, investment, and innovation is needed by hospitals and healthcare providers. Meanwhile, the International Hospital Federation (2019), states that healthcare organizations operate in a constantly changing environment that requires competence from resources, opportunities, and taking specific steps. Opportunities and specific steps are included in improving quality through accreditation and fostering innovation.

Several gaps in achievement indicators at the Regional General Hospital Prof. Dr.H.M. Anwar Makkatutu, namely the achievement indicator of adherence to the clinical pathway until 2021 are only 80% of the target of 100%. Hand hygiene is only 75% of 80%, and the use of personal protective equipment is 86% of the 100% target. Achievement of filling in the initial medical record is 75% of the target of 100%, and filling in the complete medical record after 24 hours is achieved 80% of the target of 100%. The starting time for outpatient services is dominantly above 9 o'clock. Inpatient doctor visits are still found afternoon. It is hoped that these innovations and accreditation activities will improve service outcomes according to predetermined indicators, however, some indicators still show a gap between the target and the achievement data. In this regard, it is very interesting to research the implementation of innovation and hospital accreditation at Regional General Hospital Prof. Dr. H.M. Anwar

Makkatutu, Bantaeng Regency. The lack of innovative research and hospital accreditation simultaneously makes it possible to produce original research results.

Research methods

Qualitative research using a phenomenological approach, with informants from structural officials, heads of installations, members of the innovation team, members of the accreditation team, doctors, nurses, and patients with a total of 20 people. This research uses primary and secondary data. Primary data were obtained from in-depth interviews and observations, while secondary data were obtained from documentation and literature studies. The research was conducted from March 2022 to March 2023. Data analysis consisted of three streams of activities simultaneously, namely data condensation, data presentation, and drawing conclusions or verification (Miles et al., 2014)

Research Results and Discussion

1. Implementation of Accreditation and Innovation

a. Implementation of accreditation

Prof. Dr.H.M. Regional General Hospital Anwar Makkatutu has carried out the 2007 version of accreditation by passing accreditation at the basic level of 5 (five) service groups in 2009 namely administration and management, nursing services, emergency services, and medical services. In 2018, passed the plenary 5 (five) star accreditation version 2012 with 15 chapters, 323 standards, and 1,218 elements with a score for each chapter above 80. Accreditation implementation includes; (1) preparation; (2) implementation of activities; (3) assessment; (4) post-accreditation. At the preparatory stage, the following efforts are made; (1) dissemination of the importance of hospital accreditation to improve service quality, fulfillment of cooperation requirements with the Social Security Implementing Agency, and meeting customer expectations so that hospitals can exist in areas of increasingly dense and competitive competition. This is synergistic with research by Anabila et al. (2018) that quality improvement increases customer satisfaction, Mohebbifar et al. (2017), accreditation meets needs and has an impact on patient satisfaction, but a successful accreditation degree is not positively related to better service quality perceived by patients. Accreditation standards need to be reviewed and supplemented with quality indicators that focus on structure and processes in patient care. Even the adaptation of integrated quality indicators that emphasize patient-centered aspects, clinical or non-clinical. The same thing was said by Ehlers et al. (2017), that accreditation improves and improves service quality and determines the future. According to Oliveire & Matsuda (2016) improving the quality of management and care because through a standardized process, service provision is focused on quality, Endah (2018) and Algahtani et al. (2017) improve the quality of service to patients.

Socialization is carried out through morning assembly every Monday and some management meetings and installation head meetings; (2) creation of an accreditation team by combining senior employees and new employees as well as a combination of employees of the state civil apparatus and non-state civil servants. Formation with this model with the aim of regeneration, utilization of information technology capabilities of new employees, and injection of new enthusiasm from young employees. Teams are formed in the form of working groups according to the number of chapters and national programs. The weaknesses in forming a team are not empowering some installation heads and related officials who have direct contact with the assessment parameters, paying little attention to the team's abilities, there are team members

who do not have performance achievements in the accreditation targets and there are additions or reductions in the team without any analysis of needs and dominance. The mandate as the head of the working group is given to medical specialists, but some heads of the working group have not shown optimal involvement. Furthermore, the number of members of the accreditation team is very large, more than 100 people, so it is not agile and requires large funding. As a result, the execution of document creation and implementation is slow. Making a team with the establishment of a decision letter from the hospital director. Furthermore (3) making a schedule of accreditation activities. Making a schedule for carrying out accreditation is intended so that activities run effectively and efficiently and for control so that accreditation targets run correctly, according to a predetermined time; (4) preparation of the accreditation budget. Weaknesses in the aspect of preparing the accreditation budget are (1) there is no separate activity code for accreditation activities, so it requires coordination and review of some activities; (2) does not involve the team, installation, and many related officials in determining the amount of the budget, so that the real aspects of the needs, efficiency, and effectiveness of activities cannot be identified.

In the aspect of implementing accreditation activities to fulfill all requirements in the standards and elements of assessment. Fulfillment referred to in broad outline includes fulfillment of the number and quality of human resources, facilities, infrastructure, equipment, education, and training as well as fulfillment of documents. Fulfillment of HR is carried out by recruiting employees through the CPNS appointment route, and internal hospital recruitment. The weaknesses in recruitment are (1) it is not based on the calculation of manpower analysis based on workload; (2) there is political interest intervention; and (3) elements of nepotism from internal hospital employees. Procurement of health infrastructure and equipment is predominately fulfilled before the accreditation assessment, meanwhile, accreditation documents such as policies/regulations, guidelines, tennis guidelines, and standard operating procedures are predominately complied with before the assessment. Education and training in the form of in-house training carried out without meeting the standard amount of time, which should have been carried out in 30 hours, was shortened to 1 hour. Understanding will be very minimal of what is the subject of training as stated in the accreditation standards and is mostly carried out right before the assessment. Hospital accreditation activities are not grounded and integrated with the activities of the tasks and functions of each individual and unit/installation.

Hospital accreditation assessment activities are important points. Before the accreditation assessment is carried out, a pre-survey is carried out first. To find out how far the preparation for the implementation of the accreditation assessment is and the current condition of the achievements according to the indicators. Communicate with hospital accreditation committee to turn off the accreditation assessment time. Furthermore, the assessment is carried out by an accreditation surveyor. In this assessment, not only get the results of the assessment score but also get suggestions or follow-up on any mistakes in the document. There are many problems experienced, including (1) there is still a perception that only the team works for accreditation; (2) some employees do not want to get additional accreditation assignments/don't want to be busy, (3) have not received certainty of financing every year, the dominant budget is available in the year of implementation of the assessment so that the fulfillment of some parameters is disrupted and hampered; (4) accreditation activities have not been synchronized with the main tasks and functions of units/installations and committees; (5) some documents have not been socialized; (6) there is no incentive for the appropriate accreditation team and remuneration has

not been implemented; (7) intense accreditation activities are carried out only just before the assessment; (8) many employees avoid accreditation activities (9) top management is slow in executing the provision of facilities and infrastructure for accreditation. Meanwhile, in the stage after the implementation of the accreditation assessment, an assessment is carried out every year to see whether the accreditation, especially the recommendations during the assessment have been adjusted, carried out and the mandatory reports are submitted regularly, and on time. This is to ensure the continuity of hospital quality improvement activities. Meanwhile, according to Yousefinezhadi et al. (2017), found weaknesses in accreditation, namely the content of standards and the way these standards are carried out, too many standards, inefficient results standards, the ambiguity of standards and criteria, imbalance of standards in various parts of the hospital, and rating scale, insufficient personnel to implement standards, Poor hospital governance and leaders' lack of commitment, limited time, and lack of involvement of other parties hinder proper efforts to implement accreditation standards.

An organizational culture that is participatory, flexible, and willing to take risks is needed in the implementation of quality improvement. A more bureaucratic and hierarchical culture hinders the implementation of quality improvement. A culture that builds quality improvement and an approach that encourages flexible implementation is needed. Larger hospitals experience bigger and more complex challenges, so bureaucracy simplification is needed (Shortell et al., 1995).

Following the aim of accreditation to improve service quality, however, accreditation has less impact because it is temporary where intense activities are carried out only at the time of assessment. The impact felt is short-term. This is following the results of research by Al-alawy et al. (2021) that accreditation activities have short-term benefits, and require governance, to have a long-term impact. Meanwhile, according to Camillo et al. (2016), an accreditation system is beneficial for quality management in public services because it promotes the development of professional skills and improves cost management, organizational structure, assistance management, and perceptions of pride/job satisfaction.

Sustainability and consistency in the implementation of hospital accreditation activities are greatly influenced by several things including; (1) the benefits of accreditation activities are felt in the form of improving quality and increasing hospital income; (2) fulfillment of cooperation requirements with the Social Security Implementing Agency and medical check-up cooperation and other guarantor parties; (3) customer considerations in selecting health facilities; (4) has political value for the owner; (5) top management commitment; (6) communication and openness; (7) utilization of information and communication technology; (8) there is a sense of belonging and pride as part of a team; and (9) accreditation policies or regulations; and (10) collaboration and integration of all elements. According to Ghadami et al., (2019), commitment to decision-making and management greatly influences the implementation of accreditation. Hapsari & Sjaaf, (2019), stated that hospital accreditation fosters a culture of patient safety after hospital accreditation but requires commitment and support from all elements of the hospital as well as ongoing evaluation. Meanwhile, Yousefinezhadi et al. (2017), stated that accreditation provides benefits including improving the hospital system, operational effectiveness of services, continuous quality improvement, capacity building, and professional HR, increased communication and collaboration, and increased hospital reputation.

Hospital accreditation in Indonesia covers many indicators belonging to group aspects (1) hospital management; (2) patient-focused services; (3) patient safety goals; and (4) national program (Decree of the Minister of Health of the Republic of Indonesia, 2022). Meanwhile.

according to Mosadeghrad & Ghazanfari (2021), there are 10 (ten) aspects, namely support, namely (1) management and leadership; (2) planning; (3) education and research; (4) employee management; (5) patient management; (6) resource management; and (7) process management. While the other 3 (three) results are (8) employee results; (9) patient and community outcomes; and (10) hospital outcomes. Meanwhile, according to Al-alawy et al. (2021), the reasons for carrying out accreditation are for reasons of (1) quality; (2) evidence-based; (3) accreditation continuity; (4) popularity; (5) related to services; (6) validity; (7) financing; (8) simplicity. Meanwhile, according to Camillo et al. (2016), it requires hard work efforts from management and a multidisciplinary team and a feeling of pride as part of the team to produce comfort and joy in the workplace.

b. Implementation of innovation

Since 2017, this hospital has started cultivating innovation activities based on Government Regulation of the Republic of Indonesia Number 38 of 2017 concerning Regional Innovation through Pandora Gesit innovation (integrated blood donation service with agencies), as a form of innovation to overcome stock scarcity, so that it is expected to be able to meet demand in hospital service. Innovation was born to improve service to the community. This is following Ananda et al. (2020), that innovation improves service quality, Yanuar (2019), increases access and lower costs, Espacios et al. (2018), increasing efficiency and Baharun et al. (2019), improve the performance of health facilities. The obstacles found in research related to agile Pandora innovation are; (1) lack of education to the public; (2) administrative services are still manual (conventional); (3) giving fewer rewards to donors (4) incentives for officers who are not under the burden; (5) the agency's response has not been optimal so that there are still some regional apparatus organizations that have not yet received a blood donor schedule..

Furthermore, in 2019 through the implementation of level III leadership training, 2 innovations were born from 2 participants, namely the lotus innovation that continues to develop and the king smile. Raja Smile is an outpatient service innovation called Outpatient Service Information Management System Excelen, with online registration services, priority services, and accompaniment for patients with pregnant women over 7 months, elderly, infants and toddlers, and disabilities and compliant services. This innovation aims to increase access, accountability, speed of service, and protection for priority patients. Innovation has been contested in a national-level innovation competition and has made it into the top 45 national innovations in 2022. However, it has not had a significant impact on reducing the waiting time for services in outpatient installations. This is caused by (1) the slow arrival of specialists (2) the service administration system is still semi-finished, as not all of them use the digitization system from the use of information technology; (3) understanding of the use of service applications is still lacking; (4) there is a perception that this innovation has no impact on increasing hospital income as a BLUD hospital.

Furthermore, the Continuously Developing Lotus innovation is an innovation in physiotherapy services for children with special needs and integrated growth and development for all, which aims to open and integrate services between physiotherapist services, pediatricians, nutrition specialists, and nutritionists. The service is intended so that services for children's problems can be resolved comprehensively. There are several obstacles, namely (1) the inconsistency of the integrated service system; (2) the level of adherence to visits is low because

the level of cooperation between parents and children is still low; (3) information on services to the public is still lacking

In addition to these innovations, many innovations were born from basic training for Prospective Civil Servants at hospitals. The dominance of this innovation is formed by the existence of service problems or obstacles experienced in the unit or installation. The innovations built by CPNS employees are predominantly application-based with digitization. The majority of these CPNS innovations do not have sustainability for several reasons, namely (1) they are considered only as a condition for completing basic training; (2) there is no evaluation and follow-up related to the innovation; (3) considered worthless; (4) feeling unappreciated; (5) don't want to bother with the innovation anymore. On the other hand, several innovations have grown, including innovations in processing domestic waste in hospitals and waste banks. Domestic waste is processed into organic fertilizer, as well as waste banks, and waste segregation which then cooperates with third parties, making waste of economic value.

To build innovations in the hospital, efforts were made (1) a meeting to meet the problem by inviting some units/installations; (2) accommodate unit/installation innovation designs; (3) forming an innovation team; (4) assistance with innovation implementation and preparation for innovation competitions at district, provincial and national levels; and (5) innovation socialization; (6) involving employees in district-level innovation design workshops. Hospitals with their complexity density (products, technology, process systems, professions, problems) require innovation from many process and service angles. The dominant innovations that appear in hospitals are related to service systems and processes. Hospital service products are the result of collaborative services from some units/installations or professions with system and process integration. According to Muluk (2008), innovation has a variety, namely: (1) product innovation, namely innovation by changing the design and product of service by differentiating it from previous service products; (2) process innovation, namely innovation with continuous quality improvement and integration of changes, procedures, policies, and management required by the organization; (3) service method innovation, namely new method innovation in providing or performing services; (4) strategic or policy innovation, namely innovation which is a new strategy and policy by looking at the aspects of vision, mission, goals, and strategies as well as existing facts, and (5) system innovation, namely new interactions or relationships with other actors to give birth to new organizational governance.

The regional government of Bantaeng Regency followed up by issuing Bantaeng Regent Regulation Number 43 of 2021 concerning the Implementation of Regional Innovations. This regulation forms the basis for the development of innovation in the district, including the Prof.dr.H.M. Regional General Hospital. Anwar Makkatutu. In general, what hinders the growth of innovation and its sustainability in hospitals are (1) they are old and are about to retire; (2) don't want to be bothered; (3) not considered to have value; (4) they there is no appropriate award or reward; (5) not supported by a budget; (6) not invited, involved and empowered; (7) does not receive compensation for appropriate services; (8) not applied fairly and (9) slow top management execution of the need for innovation.

Innovation requires evaluation and input for improvement and refinement. Research results related to innovation need to be published, thus requiring a policy basis and publication implementation. The current weakness is that both the hospital and district levels do not yet have this. Structurally, the hospital has departments for education, training, and research, but does not yet have regulations, guidelines, and standard operating procedures for publication, let alone managing a journal. This media is certainly needed to become a means of information on

innovation and other research. The function of promoting innovation and a contribution to scientific references and research.

Table 1. Impact of Service Quality Culture by Accreditation and Innovation Activities

Aspect	Before	After
Safety	Focus only on the patient	Focus not only on the patient but also on companions, visitors, and staff
The use of personal protective equipment (PPE)	The use of personal protective equipment (PPE) is not a concern and compliance is very low	Compliance is measured and reported regularly and continuously and fulfillment of the ingredients is carried out
Work culture	As is and as usual	Based on regulations (policies, guidelines/guidelines, and standard operating procedures)
Provision of infrastructure and equipment	Based on patient	needs Basing on patient needs following regulations and conducting market potential analysis.
Recruitment and placement of Human Resorce	Recruitment and placement do not pay close attention to qualifications and competencies, political influence and rulers are very high	Recruitment and placement pay close attention to qualifications and competencies and carry out calculations of manpower requirements with job analysis and workload analysis
Integratation of services	Fragmented services on units/installations	Integratation of all services, service products resulting from the collaboration of all elements in the hospital
Innovation culture	Not yet familiar with innovation	innovation Innovation is encouraged, so that many innovations grow
Hospital performance indicators and quality indicators	Not yet emphasized and there is no obligation for regular and periodic reporting	It is mandatory and it is reported regularly and periodically to the Ministry of health, provincial and district health offices, the labor office, and related stakeholders as well as using and developing online reporting. . Some data greatly determine the proposal and receipt of funds from the special allocation fund and the state revenue and expenditure budget
Utilization of information technology	very minimal knowledge of information technology with a very limited number of computer facilitie	Use of technology is very high, all service processes already use information and communication technology, so that services become fast, accurate, efficient, transparent, and accountable
Attention to the hospital system	Focus on the operational system of health services	All systems are considered, not only in the operational system of health services but also pay attention to support systems, medical support, and non-medical support and administration.
Regulatory Guidelines	Based on hospital external regulations (from the Regent's decision to the law)	Apart from being based on the hospital's external regulations (from the Regent's decision to the law), it also makes and adheres to internal regulations (director's decisions, guidelines/guidance, and standard operating procedures)
nvovement in quality improvement	Involvement in quality improvement is only a matter of a particular section or unit	All elements involved, structural officials, functional officials, sections, fields, units/installations, committees, owners, parties working with hospitals, networks and referral hospitals, and other stakeholders

2. Strategi Akreditasi dan inovasi

The hospital has implemented an accreditation and innovation program, but the impact has not shown any real results in improving the quality culture in the hospital. There are some drawbacks which can be seen in the table below

Table 2. Weaknesses, obstacles, and recommendations in accreditation and innovation

Aspects	Weaknesses and obstacles	Recommendations
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Involvement	There are a number of employees who don't want to get involved, don't want to bother with a number of reasons, or delay the implementation of accreditation	Accreditation activities are made the main tasks and functions of units/installations as well as individuals according to their connection with accreditation and innovation and the development of team collaboration
Planning preparation	Not all are involved, only some of the installation units and representatives of the owner of the supervisory board are not involved, so that accreditation and innovation needs are not clearly defined including financing	involving all relevant elements and stakeholders, especially the head of the installation/unit and the representative of the owner
Supervisory Board Functions	The supervisory board as the owner's representative has not functioned properly to oversee hospital accreditation and innovation, due to competency issues	Appointment of a supervisory board that has competence and provides education and training as needed.
Distribution of reward/reward for services	The system of service distribution does not yet follow a pattern of remuneration, so that there are wet and fertile areas and then dry and hot areas. These conditions impede the improvement of employee performance	Make remuneration regulations with regional head regulations. So that the distribution of services is fair. Justice will give birth to trust, confidence, feeling valued, a sense of ownership and high enthusiasm to work and innovate.
Improvement of knowledge, attitudes, and skills	There is no specific forum to be able to jump-start the ability of employees to implement accreditation and innovation	Conducting accreditation and innovation exhibitions or bazaars requires a knowledge management policy, the use of design thinking patterns, the use of information and communication technology with various integrated applications to facilitate the growth of accreditation and innovation
Evaluation and supervision	Very rarely carried out and dominantly carried out before the accreditation/ innovation assessment	Quarterly, semi-annual, and annual evaluations, as well as building a compliance survey system, as well as implementing supervision through supervision by the duty manager.
Assessment pattern of accreditation	Scheduled assessment, so that the fulfillment of documents, facilities, and equipment is only waiting for the assessment schedule, thus failing to form a habit or culture	Development of the assessment using the ghost shopping method, so that it is not known when the assessment team will come to assess. As a result, all the time health facilities maintain their quality. By itself, a pattern that is maintained continuously will form a culture.
Top management commitment	Top management commitment is still very weak	Top management signs integrity facts to fully support and consequently
equality and justice in the law	Dominant staff support, but the support of specialist medical personnel, which is low, can be seen in non-compliance with patient visit hours, service delays, low clinical pathway compliance, and illegible writing of medical records and drug prescriptions. This happens due to the absence of sanctions and the existence of special protection from rules so that it becomes a bad example	involvement in each accreditation working group or the leader of the service innovation team, as chairperson and the need for sanctions against the value of service remuneration, and there are changes in laws and regulations related to The top leadership of the hospital can be held other than medical personnel so that there is no conflict of interest with protecting professional friends and there is equality and justice in the law

Accreditation and innovations as an effort to improve service quality, a strategy is needed so that these activities continue and have an impact on service quality, customer satisfaction, and loyalty and increase revenue for the hospital. Based on in-depth interviews found several strategies that must be carried out by this hospital namely

- a. All accreditation activities contained in the standards and assessment parameters are identified and then handed over to individual units/installations, fields or sections, and related stakeholders to be made routine activities according to their main duties and functions, so that the accreditation committee can be minimized and only has the task of coordinating and only assisting in the implementation of the assessment. Training is carried out specifically according to the needs of the individual or unit concerned. Thus the formation of culture is more rooted and grounded in the individuals in the unit/installation. The results of research by Kusumawardhani et al. (2020), showed a positive relationship between understanding accreditation and the performance of medical employees but had no relationship to non-medical employees.
- b. Preparation of business plans and budgets, involving all relevant elements and stakeholders, especially the head of the installation/unit and the representative owner, namely the supervisory board, so that effective and efficient accreditation and innovation budgeting is available and the business plan considers all opportunities, innovations, and potential for additional services by maintaining quality through accreditation. Collaboration of all stakeholders in innovation is very important for hospital strengthening. This is synergistic with the findings of Syamsuddin & Fuady (2020), providing space for interaction and collaboration of innovators increases organizational strength.
- c. Appointment of members of the supervisory board, by selecting capabilities so that the supervisory board can carry out its duties properly to oversee the growth of services with a healthy business in hospitals with quality assurance through accreditation and foster a culture of innovation.
- d. Implementation of remuneration because with remuneration, all aspects of the main tasks and additional functions and tasks have an index value. Risk level, nature and type of work, education level, loyalty, experience, position level, innovation, and performance achievements. All of these indicators have an index value according to achievement and the index will be worth in rupiah. The higher a person's index, the higher the amount of remuneration services received. So that it will spur the enthusiasm and motivation of each individual to achieve or even exceed their respective performance targets.
- e. Exhibition of accreditation and innovation at the end of each year, to inform the achievements and development of accreditation and innovation for each working group and unit or installation. This media is also a vehicle for obtaining input for improving accreditation and innovation.
- f. Utilization of information and communication technology in all hospital activities, administrative services, business processes, and hospital service operations, including accreditation and innovations. It is intended to improve service access, speed, accuracy, and efficiency.
- g. Making accreditation and innovation part of the goals and individual performance achievements of all hospital employees.
- h. There is a knowledge-sharing policy that increases the ability to innovate as it was also found by Abimayu (2022), that knowledge-sharing has an effect on innovation capability, and innovation capability has an effect on performance.

According to Yousefinezhadi et al. (2017), an appropriate accreditation program requires a strong and well-managed accreditation team, involvement and cooperation of various

stakeholders, education and training, available and sustainable resources and funds, sufficient and qualified human resources, manager commitment hospitals, and technical assistance to hospitals. Walt and Gilson (1994) developed a triangular framework for policy analysis that incorporates the concepts of context, actor, process, and content in a specific way. for the health sector. The triangular framework allows the analysis of these contextual factors as social, economic, and political factors that influence policy, the process by which the policy is initiated, formulated, developed, implemented, and evaluated, the objectives of the policy, and the actors involved in making the policy. The context aspect relates to community dissatisfaction, people's expectations, and general acceptance of the accreditation program. The content aspect is related to learning other countries' standards and localization of standards. Meanwhile, the actor aspect is related to the minister of health, insurance agents, hospitals, and the private sector. The process includes surveys of satisfaction and expectations, goals that are not achieved by weaknesses in policy implementation. According to Mohebbifar et al. (2017), it is necessary to build an accreditation system based on outcome parameters and provide consistent and responsive services to patients which can have a positive impact on their satisfaction.

In the context aspect of Prof.dr.H.M.Anwar Makkatutu Hospital, the composition of civil servants is only 30% and the rest are non-civil servants. Therefore, it requires incentives with a fair distribution of services in the form of a remuneration system to improve performance. Tariffs are set based on unit cost calculations, so it is hoped that service rates will be affordable to the public and will not harm the hospital. It is necessary to develop an evaluation system for assessing hospital performance indicators per quarter. The development of hospital accreditation, especially concerning the quality and safety of services. Hospitals with higher performance may not necessarily show no problems because community awareness of quality and safety has increased in line with their expectations. Accreditation is shown in increasing responsiveness to needs and adjusting service standards.

The weakness of this hospital is that the involvement of the structure is not total, and accreditation funding is not budgeted regularly per year, making it difficult to assess whether it is efficient or not, meanwhile, customer satisfaction does not increase significantly. Theoretically, on the content aspect, utilization of the hospital structure as a whole, procedural standards to improve quality and safety, cost efficiency, and increase customer satisfaction. Meanwhile, on the actor aspect, the accreditation instrument standard has been taken over by the Ministry of Health, and the accreditation assessment agency is no longer a monopoly on one institution because it has increased to 6 institutions. The accreditation pass certificate has become the standard in working with the social security implementing Agency (BPJS) because accreditation has improved the quality of service compared to previous quality improvement methods. Meanwhile, in the implementation of hospital accreditation policies, it is hoped that steps will be taken to implement service standards by seeking and using other methods so that quality improvement can be optimally produced. According to Algunmeeyn et al. (2020), Leadership culture and climate must encourage quality improvement by empowering employees and participation and involvement in decision-making. Meanwhile, according to Falstie-Jensen et al. (2018), the accreditation problem is the level of compliance of officers.

The current form of assessment, with the determination of an assessment schedule, will provide an opportunity for conditioning or mere simulation which is only carried out at the time of assessment. Not a cultural creation made for quality improvement, but only for the needs of the accreditation assessment. The burden on aspects of fulfilling education and training, documents, infrastructure, and health equipment only occurs at the time of the assessment or the

year the assessment is carried out. The fulfillment of education and training was met by carrying it out in the final months leading up to the assessment and by reducing hours from 30 hours to 1 hour and with non-standard facilitators. In addition, employees who feel busy with other things, don't follow them properly and only ride attendance and absences. Expected results or impacts will not be met. The preparation of some of the documents and the evidence was carried out by rappelling from the previous three years and there were even some documents that were just made but without implementation, so the data evidence was only a simulation. Many pieces of meeting pieces of evidence were met by simply making documents without implementation including evidence of meetings and outreach. Changes in medical record forms, printed suddenly, sometimes have not been socialized properly, so the data is not valid. Guidelines and guidelines and standard operating procedures were made in the last 3 (three) months, there was only socialization and the implementation was not clear. Some documents are just copy-pasted from other hospitals. Fulfillment of infrastructure facilities for some installation units required more than three years earlier, was executed in the last few months. Impromptu projects popped up densely at the hospital. Some sections and units are too busy taking care of the fulfillment and become a certain obstacle and challenge to carry out routine tasks which are also important for service. Many employees have to work overtime for days and weeks, which if carried out following the conditions and fulfillment, will be easier, cost-efficient, and not overtime. Procurement of some equipment including medical equipment according to standards was carried out in the shortest possible time. All forms of tricks and tips are used to get graduation, including festive pick-up techniques, accommodation, and transportation services, even though later it becomes a ban by not over-picking. The graduation certificate determines the image of the hospital as well as the regional image, and the fate of working with BPJS. The results of the assessment of all work groups get more than 80% so that they get a five-star plenary accreditation score, as a form of recognition for the highest quality. While the innovation is included in the top 45 nationally.

Will it have a significant impact? Of course not, complaints regarding the system, administrative processes, and serving behavior still color hospital services. The results of interviews with patients stated that accreditation and innovation were busy being taken care of and implemented when approaching or when the condition was assessed. After a while, weeks, or months, it is no longer visible even slow complaints are handled. Hospitals with the status of a pattern of management of regional public service agencies are not successful in supporting accreditation activities and conversely, accreditation does not provide evidence of increased income and hospital independence. This is synergistic with the findings of Andres et al. (2019), that accreditation does not have an increasing impact on patient experience. Synergistic with the research of De Oliveira et al. (2016) who found accreditation did not affect the work environment of nurses and there was only salary satisfaction in non-accredited hospitals with fewer working hours, Joseph (2018), there was no effect of accreditation on patient satisfaction.

Therefore, based on research facts, an accreditation and innovation sustainability strategy is needed, namely (1) in addition to regulations from related ministries, it is necessary to make regulations through a decree of the owner or regional head, with accreditation as part of the main duties and functions attached to the hospital structure ; (2) included in the hospital's strategic plan in detail and in detail including financing; (3) there is ongoing technical guidance or guidance from the relevant ministries and local governments; (3) monitoring evaluation and submitting reports periodically; (4) survey of compliance with policies, guidelines, guidelines

and standard operating procedures every year; (5) socialization and discussion periodically and continuously; (6) the existence of a media group for communication and dissemination of information through whatsapp groups, telegrams and other media to provide an understanding of the importance and benefits of both relevant stakeholders (government, community and private sector, so that they have the same views and jointly encourage the sustainability of accreditation and innovation; (7) direct visits to the unit/installation periodically and continuously by the owner or representative of the owner and the hospital supervisory board; (8) development of hidden assessments, where the hospital does not know the assessment team and when to carry out the assessment, so that they are always alert and carry out service according to standards all the time, (10) there is a statement letter from the hospital leadership to carry out accreditation and innovation with the consequences. The commitment of hospital leadership greatly influences the sustainability of accreditation implementation; (11) team collaboration, by empowering many parties, the impact will also be broad. This is following Ginting et al. (2019), leadership that focuses on achievement affects building officer commitment in implementing accreditation, Babu & Thomas (2020), leadership functions as a key driver in implementing quality in hospitals. Synergistic with Arundel et al. (2019), that several things influence the implementation of innovation, namely the culture of innovation, strategies, and methods used by managers, incentives, strategic management, division of responsibilities, collaborative partners, leadership traits, resource allocation, team balance, and policy-making public. According to Greco et al. (2021), collaborative innovation is needed, involving the ideas and views of all stakeholders, which will increase a complex understanding of sustainability and the challenges faced by organizations. Furthermore (12) the use of the design thinking method in finding an innovation that is effective in overcoming hospital problems. This method solves problems creatively and innovatively by systematically extracting, there is a teaching and learning process that focuses on humans designing products or services by creating lots of ideas, and continuous experimentation, sketching, prototyping, testing, and trying concepts or ideas. According to Cousin (2018), design thinking must become a learning culture within the organization. Whereas Elsbach & Stigliani (2018), that design thinking states affirms and outlines values, norms, and assumptions in a cultural way of thinking. The experiential learning cycle with the following cycles (1) experience and feedback with interviews, and brainstorming;; (2) reflexes on experience through signal design thoughts by making design drawings, physical prototypes, and space designs, experience emotion empathy; (3) developing a general theory explaining experience with understanding design thinking, as a tool that guides solutions when organizational culture as values, norms or specific assumptions; and (4) general theory test, through the use of further thinking tools with ethnographic interviews, customer journeys, brainstorming, customer creation, sketching/drawing, rapid prototyping and experimentation.

Conclusion

Accreditation and innovation improve service quality, speed, and efficiency. Strategy adaptation is needed so that accreditation is sustainable and fosters a culture of innovation.

Reference

- Abimayu, A. (2022). Peran Knowledge dan innovation Capability dalam Mengakselerasi Kinerja UKM. *Jurnal Ilmiah Bisnis Dan Ekonomi Asia*, 16(2), 195–204. <https://doi.org/10.32812/jibeka.v16i2.433>
- Al-alawy, K., Azaad Moonesar, I., Ali Mubarak Obaid, H., Gaafar, R., & Ismail Al-Abed

- Bawadi, E. (2021). A Mixed-Methods Study to Explore the Impact of Hospital Accreditation. *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, 58, 1–8. <https://doi.org/10.1177/0046958020981463>
- Algahtani, H., Aldarmahi, A., Manlangit, J., & Shirah, B. (2017). Perception of hospital accreditation among health professionals in Saudi Arabia. *Annals of Saudi Medicine*, 34(4), 326–332.
- Algunmeeyn, A., Alrawashdeh, M., & Alhabashneh, H. (2020). Benefits of applying for hospital accreditation: The perspective of staff. *Journal of Nursing Management*, 28, 1233–1240. <https://doi.org/10.1111/jonm.13066>
- Anabila, P., Anome, J., & Kwadjo Kumi, D. (2018). Assessing service quality in Ghana's public hospitals: evidence from Greater Accra and Ashanti Regions. *Total Quality Management and Business Excellence*, 1–14. <https://doi.org/10.1080/14783363.2018.1459542>
- Ananda, B. R., Putera, R. E., & Ariany, R. (2020). Inovasi Pelayanan Kesehatan Di Rumah Sakit Umum Daerah Kota Pariaman. *Publik (Jurnal Ilmu Administrasi)*, 8(2), 167–179. <https://doi.org/10.31314/pjia.8.2.167-179.2019>
- Andres, E. B., Song, W., Song, W., & Johnston, J. M. (2019). Can hospital accreditation enhance patient experience? Longitudinal evidence from a Hong Kong hospital patient experience survey. *BMC Health Services Research*, 19(623), 1–9. <https://doi.org/10.1186/s12913-019-4452-z>
- Arundel, A., Bloch, C., & Ferguson, B. (2019). Advancing innovation in the public sector: Aligning innovation measurement with policy goals. *Research Policy*, 48(3), 789–798. <https://doi.org/10.1016/j.respol.2018.12.001>
- Babu, F., & Thomas, S. (2020). The relationship between total quality management practices and organisational image in the hospital industry: An empirical examination. *International Journal of Productivity and Quality Management*, 29(1), 1–23. <https://doi.org/10.1504/IJPQM.2020.104517>
- Baharun, R., Mi, T. J., Streimikiene, D., Mardani, A., Shakeel, J., & Nitsenko, V. (2019). Innovation in healthcare performance among private brand's healthcare services in small and medium-sized enterprises (Smes). *Acta Polytechnica Hungarica*, 16(5), 151–172. <https://doi.org/10.12700/APH.16.5.2019.5.9>
- Camillo, N., Oliveira, J., Bellucci Jr, J., Cervilheri, A., Haddad, M., & Matsuda, L. (2016). Accreditation in a public hospital: perceptions of a multidisciplinary team. *Rev Bras Enferm [Internet]*, 69(3), 423–430. <https://doi.org/http://dx.doi.org/10.1590/0034-7167.2016690306i>
- Cousin, B. (2018). DESIGN THINKING: ORGANIZATIONAL LEARNING IN VUCA ENVIRONMENTS. *Academic of Strategic Management Journal*, 17(2).
- De Oliveira, P. B., Spiri, W. C., Dell'acqua, M. C. Q., & Da Silva Demoro Mondini, C. C. (2016). Comparison between the accredited and nonaccredited public hospital working environments. *ACTA Paulista de Enfermagem*, 29(1), 53–59. <https://doi.org/10.1590/1982-0194201600008>
- Ehlers, L. H., Jensen, M. B., Simonsen, K. B., Rasmussen, G. S., & Braithwaite, J. (2017). Attitudes towards accreditation among hospital employees in Denmark: A cross-sectional survey. *International Journal for Quality in Health Care*, 29(5), 693–698. <https://doi.org/10.1093/intqhc/mzx090>
- Elsbach, K. D., & Stigliani, I. (2018). Design Thinking and Organizational Culture: A Review

- and Framework for Future Research. *Journal of Management*, 44(6), 2274–2306. <https://doi.org/10.1177/0149206317744252>
- Endah, K. A. (2018). The Effectiveness of Hospital Accreditation Implementation as a Protection Effort on Patient Information Rights. *SHS Web of Conferences*, 54, 1–6. <https://doi.org/10.1051/shsconf/20185403014>
- Espacios, H. R., Autores, L. O. S., Lubnina, A. A., Shinkevich, M. V., Yalunina, E. N., Gaidamashko, I. V, Savderova, A. F., & Komissarova, M. A. (2018). *Innovative strategy for improving the efficiency of industrial enterprises management*.
- Falstie-Jensen, A. M., Bogh, S. B., & Johnsen, S. P. (2018). Consecutive cycles of hospital accreditation: Persistent low compliance associated with higher mortality and longer length of stay. *International Journal for Quality in Health Care*, 30(5), 382–389. <https://doi.org/10.1093/intqhc/mzy037>
- Ghadami, L., Masoudi Asl, I., Hessam, S., & Modiri, M. (2019). Developing hospital accreditation standards: Applying fuzzy DEMATEL. *International Journal of Healthcare Management*, 1–9. <https://doi.org/10.1080/20479700.2019.1702307>
- Ginting, D., Fentiana, N., Rajagukguk, T., & Wahyudi, H. (2019). Gaya Kepemimpinan dan Komitmen Paramedis dalam Implementasi Akreditasi Rumah Sakit Versi SNARS. *Jurnal Ilmiah Universitas Batanghari Jambi*, 19(3), 504–508. <https://doi.org/10.33087/jiubj.v19i3.642>
- Government Regulation. (2000). Republic of Indonesia Government Regulation Number 101 of 2000 concerning Education and Training for Civil Servant Positions.
- Government regulations. (2017). Republic of Indonesia Government Regulation Number 38 of 2017 concerning Regional Innovation.
- Greco, A., Eikelenboom, M., & Long, T. B. (2021). Innovating for sustainability through collaborative innovation contests. *Journal of Cleaner Production*, 311, 1–9. <https://doi.org/10.1016/j.jclepro.2021.127628>
- Halvorsen, T., Hauknes, J., Miles, I., & Roste, R. (2005). Innovation in the Public Sector: on the Differences Between Public and Private Sector Innovation. *Publin Report D*, 9(64).
- Hapsari, Y., & Sjaaf, A. C. (2019). Effect of Hospital Accreditation on Patient Safety Culture and Satisfaction: A Systematic Review. *The 6th International Conference on Public Health Best Western Premier Hotel, Solo, Indonesia, October 23-24, 2019*, 279–279. <https://doi.org/10.26911/the6thicph.04.41>
- Joseph, S. (2018). *The Effect of Accreditation on Patient Satisfaction in Public Health-care Delivery: A Comparative Study of Accredited and Non-accredited Hospitals in Kerala*. 10(2), 123–137.
- Decree of the Minister of Health of the Republic of Indonesia. (2022). Decree of the Minister of Health of the Republic of Indonesia Number HK 01.07/MENKES/1128/2022 Concerning Hospital Accreditation Standards.
- Kusumawardhani, O. B., Rejeki, M., Octaviana, A., Nurcahyaningih, I., & Ramadhani, R. (2020). Analisis Pengaruh Pemahaman Akreditasi dan Karakteristik Individu Terhadap Kinerja Karyawan Medis dan Non Medis di RSUD Kabupaten Karanganyar. *Indonesian Journal of Hospital Administration*, 3(2), 74–79. [https://doi.org/10.21927/ijhaa.2020.3\(2\).74-79](https://doi.org/10.21927/ijhaa.2020.3(2).74-79)
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative Data Analysis a Methods Sourcebook* (3rd ed.). Sage Publication.
- Mohebbifar, R., Rafiei, S., Asl, A. M., Ranjbar, M., & Khodayvandi, M. (2017). Association

- between hospital accreditation and patient satisfaction: A survey in the Western Province of Iran. *Bangladesh Journal of Medical Science*, 16(1), 77–84.
<https://doi.org/10.3329/bjms.v16i1.31137>
- Mosadeghrad, A. M., & Ghazanfari, F. (2021). Developing a hospital accreditation model: a Delphi study. *BMC Health Services Research*, 21(879), 1–16.
<https://doi.org/10.1186/s12913-021-06904-4>
- Muluk, M. R. K. (2008). *Knowledge Management (Kunci Sukses Inovasi Pemerintah Daerah)*. Banyumedia.
- Oliveire, J. L. C. de, & Matsuda, L. M. (2016). Benefits and difficulties in the implementation of hospital accreditation: The voice of quality managers*. *Escola Anna Nery*, 20(1), 63–69.
<https://doi.org/10.5935/1414-8145.20160009>
- Ramli, M. (2022). *Electronic Government dalam Pelayanan Publik*. PT RajaGrafindo Persada.
- Republic of Indonesia Law. (2009). Republic of Indonesia Law Number 25 of 2009 concerning Public Services
- Sedarmayanti. (2004). *Good Governance (keperintahan yang baik): Membangun Sistem Manajemen Kinerja Guna Meningkatkan Produktivitas Menuju Good Governance (Keperintahan yang Baik)*. CV Mandar Maju.
- Shortell, S. M., O'Brien, J. L., Carman, J. M., Foster, R. W., Hughes, E. F., Boerstler, H., & O'Connor, E. J. (1995). Assessing the impact of continuous quality improvement/total quality management: concept versus implementation. *Health Services Research*, 30(2), 377–401.
<http://www.ncbi.nlm.nih.gov/pubmed/7782222%0Ahttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC1070069>
- Sisca, Simarmata, H. M. P., Grace, E., Purba, B., Dewi, I. K., Silalahi, M., Fajrillah, Sudarso, A., & Sudarmanto, E. (2021). *Manajemen Inovasi* (J. Simarmata (ed.); 1st ed.). Yayasan Kita Menulis.
- Syamsuddin, R., & Fuady, M. I. N. (2020). Upaya Penguatan Badan Penelitian dan Pengembangan serta Inovasi Daerah di Kota Palopo. *Wawasan Yuridika*, 4(1), 63–79.
<https://doi.org/10.25072/jwy.v4i1.326>
- Yanuar, R. M. (2019). Inovasi Pelayanan Publik (Studi Kasus: Public Safety Center (PSC) 119 Kabupaten Bantul Sebagai Layanan Kesehatan dan Kegawatdaruratan). *Jurnal Ilmu Pemerintahan*, 04(01), 1–20. <https://doi.org/https://doi.org/10.31629/kemudi.v4i1.1335>
- Yousefinezhadi, T., Osadeghrad, A. M., Arab, M., Ramezani, M., & Akbari Sari, A. (2017). An analysis of hospital accreditation policy in Iran. *Iranian Journal of Public Health*, 46(10), 1347–1358.