

## Analysis of the Implementation of Minimum Service Standards (MSS) in Emergency Installation of Priscilla Medical Center Hospital

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### ABSTRACT

The achievement of the Minimum Service Standards (MSS) indicators in the Emergency Department of the Hospital is still not optimal so that the services provided are not as expected. This study aims to explore the situation related to the input, process, and output of the implementation of MSS for emergency services at Priscilla Medical Center Hospital. This study uses a qualitative design with a case study approach. The research time is from September to November 2023 at the Emergency Department of Priscilla Medical Center Hospital. Data collection techniques are carried out through in-depth interviews, forum group discussion (FGDs), and document reviews. The results of the study indicate that the quality indicator policy at Priscilla Medical Center Hospital does not cover all MSS indicators, the quality of human resources is good but the number of general practitioners is not sufficient, facilities and infrastructure are not fully in accordance with standards, and monitoring and evaluation has not been running well. Planning, organizing, implementing and controlling the implementation of MSS in the Emergency Department of Priscilla Medical Center Hospital has not been optimal. The output results show that patient mortality  $\leq 24$  hours is still high.

**KEYWORDS:** minimum service standards, emergency department, qualitative

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### I. INTRODUCTION

Hospitals are one of the health service providers that play a strategic role in accelerating the improvement of public health. Hospitals are required to continuously improve the quality of services and patient safety in providing services to the community. Quality services are a reflection of a continuous process that is oriented towards satisfactory results. These services are implemented in accordance with established standards and can reach all levels of society. The standards that can be used as a reference for hospitals are the Minimum Hospital Service Standards (MSS) as stated in the Decree of the Minister of Health Number 129/Menkes/SK/II/2008.<sup>1,2</sup>

Emergency services are a reflection of hospital services. The Emergency Installation is a hospital service unit that provides first aid services to patients with the threat of death and disability. Fast and precise services to an individual or group of people are expected to minimize the death rate and prevent unnecessary disability. Several indicators of emergency services listed in the Hospital's minimum service

standards (MSS) are expected to be met properly to support the quality of hospital health services. The indicators assessed in the MSS include the ability to handle life saving for children and adults, Emergency Service opening hours, certified emergency service providers who are still valid BLS/PPGD/GELS/ALS, availability of disaster response teams, response time of Doctors in the emergency department (ER), customer satisfaction, patient death  $< 24$  hours, specifically for Mental Hospitals patients can be calmed down within  $\leq 48$  hours, and no patients are required to pay a deposit. These indicators can be used as a benchmark for quantitative and qualitative achievements used to describe the amount of targets to be met in achieving an MSS for emergency services in the form of input, process, results and benefits of services.<sup>2</sup>

Most studies on the implementation of MSS in hospital emergency services show unsatisfactory results. Kuntjoro and Kasim's (2015) study stated that the achievement of the implementation of the minimum standards of the emergency department (ER) at Sentosa Hospital, Bekasi was still low

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because the process approach of criteria 1 to 6 MBNQA did not provide sufficient support for the achievement process. The results of the evaluation of the achievement of the implementation of the MSS emergency department showed that the ability to handle life saving of adult and child patients was achieved by 99%, the indicator of certified emergency service providers who were still valid BLS/PPGD/GELS/ATLS was only achieved by 17%, and the patient mortality rate <8 hours exceeded the standard, namely > 0.006 (standard: <0.002).<sup>3</sup> Another study by Vermasari et al., (2019) in the Emergency Room of Mayjen HA Thalib Hospital, Kerinci Regency showed results that were not much different. The facilities and infrastructure do not meet the emergency department standards, monitoring and evaluation are not running well, the implementation of life saving indicators shows differences in the abilities of officers who have been trained and those who have not, and there is still a response time of  $\geq 5$  minutes.<sup>4</sup>

## II. METHODS

The research design used a qualitative design with a case study approach. The study was conducted at Priscilla Medical Center Hospital for 3 months, namely from September to November 2023. In this study, the research subjects were information providers called informants. The selection of informants was based on certain criteria (purposive sampling). Data sources consisted of primary data and secondary data. Primary data sources were obtained from the results of direct observation of the implementation of MSS, the results of in-depth interviews with informants and the results of Focus Group Discussions (FGD). Other data collection was carried out by taking secondary data, namely by looking at all written data sources in the form of documents related to the implementation of MSS in the ER written sources in the form of documents related to the implementation of MSS in the ER of Priscilla Medical Center Hospital.

## III. RESULTS INPUT COMPONENT

### A. Policy.

Priscilla Medical Center (PMC) Hospital has its own service guidelines in each unit. The guidelines are compiled by referring to national quality indicators and hospital MSS. The PMC Hospital Emergency Installation service guidelines contain quality indicators consisting of service response time and patient identification compliance. However, the knowledge of PMC Hospital ER medical personnel regarding Minimum Service Standards is still very lacking. Several factors influence the lack of knowledge of medical personnel, namely the absence of routine and periodic socialization regarding MSS to medical personnel, especially those implementing it in the ER. The working group officers and quality committee also serve concurrently, so they do not

have enough time for routine socialization of the policy. In providing services, officers carry out their respective duties without paying attention to the MSS achievements in the ER. The high employee turnover rate causes officers who have just entered the ER to be unaware of the policy.

### B. Human Resources

The availability of human resources in the ER in terms of quantity is still insufficient. Currently, human resources in the ER of PMC Hospital consist of 5 general practitioners and 10 nurses. According to the source, the number of general practitioners in the ER of PMC Hospital is still lacking when compared to the existing workload. The general practitioners are not only responsible for the ER but also for outpatient, inpatient, ICU, and neonatal resuscitation. In terms of quality, human resources in the ER of PMC Hospital have met existing standards. All medical personnel already have active ACLS/BTCLS training certificates. The certificate is one of the requirements that must be met in the recruitment process for new employees in the ER. The hospital also routinely holds In House Training/IHT regarding emergency cases so that medical personnel will be up to date with the latest management.

### C. Facilities and Infrastructure

Based on the results of research conducted through in-depth interviews, it is known that the facilities and infrastructure in the Priscilla Medical Center Hospital Emergency Department (ER) have been well met. According to the informant, the existing facilities and infrastructure have supported the emergency department services well, starting from triage facilities to other emergency equipment. The obstacle in terms of facilities and infrastructure complained about by the informant was the absence of an ENT kit. Medical personnel, especially doctors, often have difficulty providing services to patients with ENT emergencies due to the lack of adequate equipment. Several medicines are also not yet available in the ER Priscilla Medical Center Hospital. The medicines in question are medicines for heart emergencies such as intravenous nitrates, nitroglycerin and anticoagulants. Other medicines that are not available include TT vaccine, anti-snake venom, and anti-rabies. Based on the results of interviews, observations and observations of researchers, the unavailability of medicines and medical devices is because the use of these devices is still very rarely used, so that requests are rarely heeded.

### D. Monitoring and Evaluation

Monitoring and Evaluation Based on the observation results, evaluation meetings in the ER of Priscilla Medical Center (PMC) Hospital are conducted on a monthly schedule by ER unit health workers. Monitoring and evaluation of quality indicators are also conducted in routine monthly unit meetings, although they do not always discuss the achievement of quality indicators. Quality indicators are only

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discussed if the achievement is not in accordance with the target. In addition to the unit level, quality evaluation is also conducted at the management level through unit performance evaluation meetings held every three months. This meeting is attended by the head of the unit, head of the installation, head of quality, medical service manager, and nursing manager. The obstacles faced in implementing this meeting are the inconsistency of the schedule due to the limited time of the health workers involved.

### **PROCESS COMPONENT**

#### ***A. Planning the Implementation of Minimum Service Standards in the Emergency Department***

The implementation of MSS in the Emergency Department (ER) of Priscilla Medical Center Hospital is outlined in the form of Emergency Installation Service Guidelines. The planning and selection process for these indicators was carried out by the quality committee at the beginning of the formation of the guidelines, namely before the accreditation was carried out. The quality indicators that will be applied in each unit are prepared and determined by the hospital quality committee together with the service, nursing, and support managers. The planning of these indicators has not involved related units including the ER in this case the implementer, head of the room, or head of the installation.

Human resource planning in the ER of Priscilla Medical Center Hospital begins with the calculation of the nurse workload analysis carried out by the head of the room. The analysis of the workload of the on-call doctor will be calculated directly by the head of the installation. The calculation is routinely carried out every 3 months. According to the results of an in-depth interview with the head of the installation, the number of on-call doctors in the ER of PMC Hospital is sufficient in terms of quantity and quality. On the other hand, an in-depth interview with the on-call doctor of the ER as the implementer found that the number of general practitioners is not comparable to the existing workload. The number of general practitioners in PMC Hospital currently amounts to 5 people who are responsible for handling the ER, outpatient, inpatient, and neonatal resuscitation.

#### ***B. Organizing the Implementation of Minimum Service Standards in the Emergency Department***

The Director of Priscilla Medical Center Hospital has established a Quality Committee team through the Decree of the Director of PMC Hospital Number: 100/SK/RSPMC/24/I/2022 concerning the Establishment of the Quality Improvement and Patient Safety Committee of Priscilla Medical Center Hospital. This quality committee consists of the chairman of the quality committee, the secretary of the quality committee, members of the quality sub-committee, members of the patient safety sub-committee, and members of the risk management sub-committee. The

limited human resources mean that the quality committee team still doubles as implementers. Based on document review and in-depth interviews, the PMC Hospital quality committee team has never attended quality training either at the expense of the hospital or at their own expense. The results of observations show a lack of coordination and communication between the quality committee and the work unit. The quality committee and work units tend to move individually without a clear coordination flow.

#### ***C. Implementation of Minimum Service Standards in the Emergency Department***

Based on the results of in-depth interviews, there are several obstacles in the implementation of the response time of doctor services in the Emergency Department (ER) of Priscilla Medical Center (PMC) Hospital. Response time is often extended when the Emergency Department (ER) is busy, especially due to the lack of knowledge of officers about Minimum Service Standards (MSS), which causes them to not have a target for achieving MSS. In addition, response time is also affected by the duties of the doctor on duty who not only handles ER patients, but is also responsible for inpatient services, outpatient MCU, and neonatal resuscitation.

However, according to interviews with patients and families, the service at the PMC Hospital Emergency Department (ER) is considered fast and friendly. The PMC Hospital Emergency Department (ER) is ready to serve 24 hours and does not require patients to pay a deposit. Based on document review, Priscilla Hospital already has an emergency response team, but the team does not have clear follow-up, and its members have never attended training on the integrated emergency response system. Based on observations and document review for the period September-November 2023, of the 1621 patients who needed life-saving treatment, all of them received appropriate treatment. This is supported by competent medical personnel who have emergency certificates. Regarding the MSS indicator of patient deaths within 24 hours, there were 8 patients who died during that period. The details are 3 patients in September 2023, 4 patients in October 2023, and 1 patient in November 2023.

#### ***D. Control of Implementation of Minimum Service Standards in the Emergency Department***

The lack of follow-up from management on the implementation of Minimum Service Standards (MSS) resulted in several MSS targets not being achieved. The lack of knowledge of implementers regarding quality indicators also caused the implementation of MSS not to be carried out properly. So far, control and evaluation of MSS implementation has only been carried out when the target achievement has not been achieved, so that the implementation process has not been optimal. This is due to the lack of understanding of officers and non-compliance

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from both management and service providers in implementing MSS. Reports on the achievement of quality indicators should be submitted periodically to the quality committee or medical service manager. However, in reality, reports are only submitted when the indicators do not reach the target. In addition, this report is rarely requested by the director, so reporting is only done when there is a special request.

### OUTPUT COMPONENT

The achievement of each MSS emergency department (ER) indicator of PMC Hospital is shown in table 1. Based on the research results, one indicator that has not been achieved is patient death <24 hours. The number of patient deaths <24 hours in the PMC Hospital ER is still 8 patients per thousand patients, whereas the existing standard should be less than 2 patients per thousand patients.

**Table 1. Achievement of MSS Indicators of PMC Hospital Emergency Department**

No	MSS Indicator	Standard	Achievements
1	Ability to handle life saving for children and adults	100%	100%
2	Emergency services opening hours	24 hours	24 hours
3	Certified emergency services provider with valid BLS/PPGD/GELS/ALS	100%	100%
4	Availability of disaster response team	1 team	1 team
5	Response time of emergency medical services	≤5 minutes served	4 minutes served
6	Customer satisfaction	≥70%	80%
7	Patient death <24 hours	≤two per thousand	8 deaths per thousand patients
8	No patient is required to pay a deposit	100%	100%

## IV. DISCUSSION

### INPUT COMPONENT

#### A. Policy

Service policy is one of the foundations of service provision in hospitals so that services can be implemented properly. Improving the quality of hospital services requires a program and strategy in accordance with policies or standards that reach all units.<sup>5</sup> Priscilla Medical Center (PMC) Hospital has its own service policy in each unit. The policy is prepared in the form of service guidelines with reference to national quality indicators and hospital MSS. These quality indicators can refer to the Minister of Health Regulation Number 30 of 2022 or the Minister of Health Decree No.: 129/Menkes/SK/II/2008 concerning Minimum Hospital Service Standards.<sup>2,6</sup>

Patient identification compliance assessment aims to measure the compliance of service providers to identify patients in carrying out service actions. Priscilla Medical Center Hospital has made patient identification compliance one of the quality indicators assessed. Patient identification compliance in hospitals significantly improves service quality by reducing errors and improving patient safety. A study at Royal Prima Hospital found that compliance with patient identification standards significantly improved the overall patient safety program, with a p value <0.007 indicating strong statistical significance.<sup>7</sup>

#### B. Human Resources

Medical personnel are the main key to the success of achieving health development goals. The performance of the emergency unit is greatly influenced by human resources, especially in terms of quantity and quality. Effective human resource management can improve the quality of care provided, reduce waiting times, and improve overall operational efficiency.<sup>8</sup> Although human resources have been met according to existing standards, in the implementation process, the PMC Hospital Emergency Department (ER) still lacks general practitioners. The lack of doctors in the hospital's Emergency Department (ER) can cause the doctor's workload to become heavier and the service time in the Emergency Department (ER) to become longer. The waste produced will increase, thus prolonging the waiting time for doctor services in the ER.<sup>9</sup>

In terms of quality, the human resources in the PMC Hospital Emergency Department (ER) have met the requirements by having emergency certificates, both ACLS/BTCLS/PPGD. Training for health workers needs to be carried out in order to improve performance. According to research by Supriyatno et.al., (2021), the more training is attended, the more it will affect the performance of nurses, which proves that emergency training can improve the performance of nurses in providing health services.<sup>10</sup> The mechanism for implementing MSS in hospitals aims to



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provide meaning to the standardization of better quality/quality of health services.<sup>11</sup>

### C. Facilities and Infrastructure

Facilities and infrastructure play an important role in supporting patient care, both from a medical and non-medical perspective. Research by Muslimin et al., (2020) showed an influence between facilities and infrastructure and patient safety at the Makassar City Hospital.<sup>12</sup> Several things that are not yet optimal in the Priscilla Medical Center Hospital Emergency Department (ER) are that the flow of incoming patients cannot be distinguished between infectious and non-infectious patients, so the risk of cross infection is very likely to occur. Preventing cross infection in the emergency unit is very important because of the high-risk environment and the presence of vulnerable patients. The implementation of a triage system to separate high-risk patients from other patients can reduce the spread of disease.<sup>13</sup>

The obstacles in terms of facilities and infrastructure complained about by the informants were the absence of ENT kits and transport ventilators. Based on PMK No. 47 of 2018, ENT kits and transport ventilators are not included in the medical devices that must be available in the Level II Emergency Department (ER).<sup>14</sup> However, if many cases are found that require these devices, the hospital can start considering fulfilling them. Advanced devices improve diagnostic capabilities and treatment outcomes, especially in critical care settings.<sup>15</sup> Some drugs are also not yet available in the Priscilla Medical Center Hospital Emergency Department. Drug management in the Hospital Pharmacy Installation is very important to ensure drug quality, in addition to maintaining the availability of pharmaceuticals to remain in good condition and drug turnover in 1 year to run optimally.<sup>16</sup>

### D. Monitoring and Evaluation

Monitoring and Evaluation is a process to ensure activities are in accordance with the standards of the objectives to be achieved. The emergency service unit at Priscilla Medical Center Hospital has carried out monitoring and evaluation involving the management and service units. Monitoring and evaluation carried out by PMC Hospital is only in the form of subjective observations without any structured guidelines or flows. With less supervision from internal assessors, there has never been a medical audit as a basis for changes or additions to quality indicators and SOPs in the Emergency Installation, causing overlapping understanding of regulations and operational standards of service, so that the motivation of officers is lacking which has an impact on the quality indicators that have been set.<sup>17</sup>

## PROCESS COMPONENT

### A. Planning the Implementation of Minimum Service Standards in the Emergency Department (ER)

Effective strategic planning involves setting clear goals, objectives, and action steps, which are essential to guide hospitals and resource allocation.<sup>18</sup> Based on the research results of Silondae et al., (2021), the planning variable has a positive and significant effect on the achievement of Minimum Service Standards (MSS) in the Health sector in health centers throughout South Konawe Regency.<sup>19</sup>

Based on the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/1128/2022 concerning Hospital Accreditation Standards, hospitals must have a quality improvement and patient safety program (PMKP) that reaches all work units in order to improve service quality and ensure patient safety. Although the quality committee has an important role in managing hospital quality, planning for selecting indicators must still involve the implementers of each unit. The head of the unit selects priority quality indicators in his work unit. All clinical and non-clinical units select indicators related to their priorities.<sup>20</sup>

Human resource planning plays an important role in the implementation of MSS in the hospital's ER. Human resource planning actually refers to identifying problems, threats, and opportunities in the organization and its scope. Planning for the human resource needs of the Priscilla Medical Center Hospital's ER is carried out by the head of the room and the head of the installation. The addition of general practitioner human resources has not been there for a year because human resource planning is not yet appropriate and optimal. Analysis of workload using the WISN method in this study was able to answer the needs of general practitioner personnel. WISN functions as an indicator to determine the number of personnel needed in health care facilities based on workload, allowing allocation or relocation of personnel to be simpler and more rational.<sup>21</sup>

### B. Organizing the Implementation of Minimum Service Standards in the Emergency Department

Organizing is a series of activities carried out to organize various activities, determine tasks and authorities and delegate them to employees to achieve company goals.<sup>22</sup> Organizations as a system are very much needed by humans that allow humans to interact and socialize with other humans, and sit together to design goals to realize the common good.<sup>23</sup> There are three strategic foundations that can help organizations have a competitive advantage, namely cost advantage, differentiation, and focus.<sup>24</sup>

Based on the Regulation of the Minister of Health No. 80 of 2020, the Hospital Quality Committee, hereinafter referred to as the Quality Committee, is a non-structural organizational element that assists the head or director of the hospital in managing and guiding quality improvement and patient safety programs, as well as maintaining hospital

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service standards.<sup>25</sup> Priscilla Medical Center Hospital already has a quality committee team consisting of one chair, one secretary, and one member who holds the quality sub-committee, patient safety sub-committee, and risk management sub-committee. Based on document review and in-depth interviews, the PMC Hospital quality committee team has never attended quality training either at the hospital's expense or at their own expense. Training on the quality committee is very important to increase the effectiveness and improve the quality of health service delivery.<sup>26</sup> A well-trained quality committee is expected to facilitate a structured approach to quality improvement by encouraging collaboration between multidisciplinary teams, which ultimately results in better outcomes for patients.<sup>27</sup>

### ***C. Implementation of Minimum Service Standards in the Emergency Department***

Emergency Department (ER) services are one of the spearheads of health services in a hospital. Every hospital must have an emergency department (ER) service that provides 24-hour medical services. The emergency department (ER) is a part of the hospital that provides initial treatment for patients who suffer from illnesses and injuries, which can threaten their survival. The emergency department (ER) at Priscilla Medical Center Hospital provides emergency services in accordance with the function of the emergency department (ER) and strives to provide services according to standards.

The results of medical records for patient death data in the ER are also still above the MSS standard, this refutes the assumption of informants about the ability to handle life saving in the ER. Measurement of the ability to handle life saving cannot be measured with certainty, this is in accordance with research conducted by Astuti et al (2017) at the dr. R. Soetijono Blora Regional Hospital which stated that there are no tools used to measure the ability to save life in the ER. The only available records are the number of visits per month in the ER, according to the informant's perception the indicator of life saving ability has been met 100% because logically the doctors and nurses working in the ER are certified.<sup>28</sup>

The response time of doctor's service usually has an impact on patient satisfaction, but according to Bleustein et al (2014) it has no influence on patient satisfaction, patient trust in a service is based on the care provider and the quality of care they receive, waiting time is negatively correlated with patient satisfaction.<sup>29</sup> This is in contrast to research conducted by Preyde et al (2012) which showed results of an increase in patient satisfaction due to the doctor's fast response time in handling patients who come to the ER.<sup>30</sup>

### ***D. Control of Implementation of Minimum Service Standards in the Emergency Department***

Based on the research results of Silondae et al, that the monitoring variable has a positive and significant effect on

the achievement of MSS in the Health sector in health centers throughout South Konawe Regency.<sup>19</sup> The results of observations made by researchers, the management section still rarely carries out field controls because there is no routine agenda for monitoring, but management often holds meetings about services and is scheduled routinely. For service staff, the roles carried out include organizing services, conducting small research to find solutions to existing problems, coordinating with related units, solving problems in the room/unit/installation, making reports, carrying out additional duties, controlling equipment used in services and identifying existing problems.<sup>31</sup>

Based on the data above, it can be concluded that the obstacle in supervision in the Emergency Department (ER) of Priscilla Medical Center Hospital is the lack of feedback from the Hospital Director to the quality committee on the results of supervision that has been carried out to the unit heads and implementers so that the Hospital Director does not know what the obstacles/barriers are to achieving MSS performance. In addition, there are no rewards and punishments for the achievements they have implemented. In fact, to maintain change, a system is needed that can maintain change for the better.<sup>32</sup>

## **OUTPUT COMPONENT**

Based on the report on the achievement of the MSS indicators for the emergency department (ER) at Priscilla Hospital in 2023, of the 8 minimum service indicators, it is known that only the death indicator <24 hours has not met the standard. The results of the MSS show a gap in achievement with the results of the research conducted, namely in the indicators of the ability to handle 100% life saving, the availability of a disaster response team, the response time of doctor services and patient deaths  $\leq 24$  hours. The ability to handle life saving based on the results of in-depth interviews with informants has indeed reached 100%, all officers have emergency certificates, but the death rate of patients  $\leq 24$  hours is still high. From the results of the document review in the medical record, it was found that the death of patients  $\leq 24$  hours per thousand patients ranged from 5-10 deaths per thousand patients. This is still far above the minimum MSS service standard of 2 per thousand patients. From the results of interviews with all informants, it was found that the officers had made various efforts to prevent patient deaths. The methods used include strengthening collaboration between existing medical personnel to implement comprehensive management. Research by Putra et al at Kalooran Hospital found that patients who died  $\leq 24$  hours were around 4.5 per thousand patients. Factors that influence the high mortality rate in the hospital's ER are prehospital factors, human resources, performance of quality committee monitoring and suboptimal emergency management SOPs as determinants of delayed treatment that can increase the risk of death.<sup>33</sup>

## CONCLUSIONS

There are still several indicators of the minimum service standards (MSS) of the PMC Hospital Emergency Department (ER) that have not reached the target, namely patient deaths <24 hours. In September-November 2023, there were 10 deaths per thousand patients who came. Several factors influence this, such as the condition of the patient before entering the hospital, the availability of advanced facilities and infrastructure (eg: ventilator transport) that are not yet available, and the limited ability of ER officers to handle emergencies. In addition, PMC Hospital already has a disaster management team decree, but there has been no follow-up after the decree was formed.

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