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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation
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Abbreviations
ASSIST USAID Applying Science to Strengthen and Improve Systems Project
BPJS Badan Penyelenggara Jaminan Sosial (Indonesian Social Security System)
FY Fiscal Year
HAPIE Hospital Accreditation Process Impact Evaluation
HCI USAID Health Care Improvement Project
JCI Joint Commission International
JKN Jaminan Kesehatan Nasional (National Health Insurance)
KARS Komisi Akreditasi Rumah Sakit (Indonesian Hospital Accreditation Commission)
MOH Ministry of Health
NHA No hospital accreditation
UI-CFW Universitas Indonesia Center for Family Welfare
URC University Research Co., LLC
USAID United States Agency for International Development
WHO World Health Organization
1 Introduction

In 2011, the United States Agency for International Development (USAID) agreed to support the Government of Indonesia to improve public hospital care by providing support to seven hospitals seeking accreditation by the Joint Commission International (JCI), as well as support upgrading of the Indonesian Hospital Accreditation Commission or Komisi Akreditasi Rumah Sakit (KARS) through the technical assistance of the World Health Organization (WHO).

In January 2014, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project began working with the University of Indonesia to conduct a mid-term and end-line evaluation to compare the quality of care provided in hospitals accredited by the JCI with that in hospitals accredited by KARS. The baseline study was conducted under the USAID Health Care Improvement Project (HCI) implemented by University Research Co., LLC (URC) in 2013. The midline phase of the study was conducted throughout 2014 and completed in April 2015 entirely under the USAID ASSIST Project, also implemented by URC. URC is implementing the study in collaboration with the Universitas Indonesia Center for Family Welfare (UI-CFW), which has been hired by URC to support data collection and analysis.

The overall objective of the Hospital Accreditation Process Impact Evaluation (HAPIE) longitudinal comparison study is to examine changes in quality and safety performance of nine hospitals: three undergoing the JCI accreditation process, two undergoing the new KARS accreditation process, and four which were not due to have any accreditation until 2015 (no hospital accreditation or NHA). The HAPIE study is being conducted in three phases: baseline (completed August 2013), mid-line (completed by quarter 3 FY15), and the end-line data collection which was completed by quarter 4 FY16. Two additional hospitals decided to undergo JCI accreditation and began the process during the end-line data collection period.

The specific objectives of the HAPIE study are to analyze the differences and trends in the quality and safety of services among the nine hospitals over four years. Since beginning the study, the national universal health insurance coverage system known as Jaminan Kesehatan Nasional (JKN) and implemented by the social security organization – by Badan Penyelenggara Jaminan Sosial (BPJS) – started its roll-out. By the end-line data collection period, JKN was covering approximately 70% of the Indonesian population. Therefore, a secondary goal of the study was to determine changes in the difference in the quality of services delivered at the hospitals over the period of JKN roll-out.

This hospital evaluation was conducted over 4.5 years with three distinct data collection periods. Quantitative methods were applied to determine hospital service quality and performance and included clinical charts review for one of four conditions (normal vaginal delivery, pediatric pneumonia, acute myocardial infarction, and hip fracture). Interviews with inpatients in four wards (obstetric, pediatric, internal medicine, and surgery) were conducted to determine patient experiences with the care they received. We also collected data from observations and reviews of hospital documents, regulations, and policies, along with interviews with key informants from all hospitals.

The hospital review captured information on hospital-wide quality management in ten domains. An organizational audit was conducted to describe the quality of care at units within a hospital related to the four diagnoses listed above. A total of 55 key informants, mostly from hospital accreditation teams, were interviewed about their experiences with the hospital accreditation process and quality management. Two key informants were interviewed from each of eight hospitals, and four were interviewed from one hospital. Chart reviews were conducted on four separate samples of 30 for the four clinical conditions. A sample of 30 patients from each hospital were interviewed on their experiences as hospital patients for each of the four conditions in each of the nine hospitals, for a total of 1080 interviews.
2 Program Overview

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<tr>
<th>What are we trying to accomplish?</th>
<th>At what scale?</th>
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<tbody>
<tr>
<td>1. Hospital Accreditation Process Impact Evaluation – complete study and disseminate results</td>
<td>9 hospitals in three provinces: 3 hospitals are pursuing JCI accreditation 2 hospitals are pursuing KARS accreditation 4 hospitals are not seeking hospital accreditation until 2015 (NHA)</td>
</tr>
<tr>
<td>• Evaluate the quality of care provided in hospitals undergoing JCI and KARS (Komisi Akreditasi Rumah Sakit) accreditation in Indonesia</td>
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3 Key Activities, Accomplishments, and Results

**Activity 1. Hospital Accreditation Process Impact Evaluation – complete study and disseminate results**

**BACKGROUND**

The objectives of this activity in FY16 were to:

- Conduct the end-line quantitative and qualitative evaluation of the quality of care and patient outcomes in Class A Indonesian hospitals that have undergone KARS with or without JCI accreditation.
- Build the capacity of the data collectors and analysts at Center for Family Welfare – Universitas Indonesia who will be charged with the main information gathering and processing part of the study.
- Disseminate findings from the study to Indonesian stakeholders as well as the wider public health community.
- Encourage communication between ASSIST and BPJS – the implementer of the Indonesia national health insurance – to inform them of how the findings from the HAPIE study can promote policies to facilitate improvements in the quality of care linked to payment under the nationwide single-payer health insurance system, JKN.

**KEY ACCOMPLISHMENTS AND RESULTS**

- Dr. Edward Broughton traveled to Indonesia to provide technical assistance to the Universitas Indonesia Center for Family Welfare team and to coordinate activities with them to prepare for the end-line data collection, analysis and reporting (Nov 20-Dec 12, 2015). Other activities during the trip were:
  - A meeting with the activities officers from USAID Indonesia to discuss progress on the HAPIE study, the purpose of the visit and plans for the meeting with BPJS.
  - Convened two meetings with USAID officers and the BPJS officers concerned with hospital data to discuss quality and how BPJS data can be used to stimulate better care in hospitals. Also discussed whether a mechanism for analyzing and feeding back information to hospitals can be embedded into the payment system so that there is an incentive to provide high quality, evidence-based health care.
  - A comprehensive dissemination plan was developed for the final results of the HAPIE study. This involves visiting each of the hospitals individually to provide information on their performance and suggesting ways areas to focus on for improvement. Another activity planned is an all-day meeting among key stakeholders to present the findings and provide recommendations for changes in the JKN or accreditation systems to promote hospital care quality.
- A concept note was written and sent to USAID Indonesia outlining potential activities to be conducted with BPJS if they consent to such assistance (Feb 2016). In addition, meetings with BPJS were held. BPJS officials expressed interest in meeting to further discuss the findings of the study and how they can be applied to implementation of the JKN system.
• Professor Anhari Achadi, the director of UI CFW made a presentation to the new Director of Health Services to secure approval to complete the final stage of data collection in the nine hospitals (March 2016). The meeting was successful and the research was allowed to continue for the end-line data collection. However, there were delays in this due to bureaucratic issues.

• **Data collection in all nine hospitals was completed.** These are:
  - Saiful Anwar Hospital in Malang, East Java
  - Kariadi Hospital in Semarang, Central Java
  - Sardjito Hospital in Yogyakarta
  - Kandou Hospital in Manado, North Sulawesi
  - Mohammed Djamil Hospital in Padang, West Sumatra
  - Mohammed Husein Hospital in Palembang, South Sumatra
  - Persahabatan Hospital in Jakarta, West Java
  - Hasan Sadikin Hospital in Bandung, East Java
  - Fatmawati Hospital in Jakarta

• Data collected included:
  - Patient exit interviews on their experience during hospitalization
  - Case notes review of four selected diseases (pediatric pneumonia, delivery, myocardial infarction, hip fracture)
  - Hospital secondary data on bed occupancy proportions, adverse events and other parameters.
  - Observation of hospital facilities
  - In-depth interviews with hospital management
  - In-depth interviews with local BPJS personnel for information on implementation of the JKN national health insurance in the respective hospitals

• **As the data were collected, they were entered into the appropriate databases, ready for analysis once data collection is complete.** Cleaning of the data is underway for data from all nine hospitals.

• **Prepared presentation for the International Society for Quality in Health Care (ISQua) conference, based on accepted abstract (Q4):** ISQua Conference in Tokyo, October 16-19, 2016. The accepted abstract is included in the Appendix.

**SUSTAINABILITY AND INSTITUTIONALIZATION**

Communication with the USAID Mission is continuing on the subject of disseminating the results of the study to the Indonesian MOH and to officials at the Indonesian Social Security System (BPJS), the organization implementing the national health financing mechanism, JKN. Meetings are planned for Q1, FY17.

There is interest in determining which accreditation process is most likely to be sustainable. Clearly, it is hoped that the KARS system will be because it is significantly less expensive and more efficient. However, issues remain with KARS, including inconsistent application of the accreditation standards and an inadequate capacity to conduct all of the accreditation surveys that need to be completed every five years in all Indonesian hospitals. Results from this study will be disseminated to stakeholders to make them aware of the problems of KARS and to help advise them on a course of action to address the shortcomings of the system.

4 Knowledge Management Products and Activities

• Abstract submitted for the International Society for Quality in Health Care (ISQua), “Hospital health service quality and universal health care in Indonesia”, was accepted for oral presentation at the conference in Tokyo in October 2016.

• There are plans to produce several knowledge products for dissemination once the final results have been produced in the first half of FY2017. These include:
- Written materials for dissemination at the meeting for presentation of the results to the Indonesian MOH, USAID, KARS and other stakeholders.
- PowerPoint presentations with voice-overs for posting on the ASSIST website.
- Written materials of the results from the individual hospitals for the feedback.
- One or more manuscripts for submission to peer-review public health journals.

5 Directions for FY17

Analysis of the data will be completed in the first four months of FY17. After this, the dissemination meetings noted above will begin and continue until all nine hospitals have their results and the final stakeholder meeting has been conducted. The other task that will be completed in FY17 is the production of the knowledge products listed in the previous section.
Appendix: Abstract Submitted to the International Society for Quality in Health Care

Title: Hospital health service quality and universal health care in Indonesia
Topic: 8. Quality of care in developing countries
Presenters: Edward Broughton and Kamaluddin Latief

Objectives
Full implementation by 2019 of Indonesia’s Jaminan Kesehatan Nasional (JNK), will provide the country’s 250 million people with financial coverage for comprehensive medical care. The objective of this study is to determine how the first 2.5 years since introduction has affected the quality of hospital health care and project how it will continue to do so as it is fully implemented in the coming years. The hospital accreditation process impact evaluation (HAPIE) is a 4-year study that examined the quality of services in nine class A hospitals in Indonesia beginning in 2011. It examined the changes from before implementation of JKN to after 2.5 years later.

Methods
Quantitative data on indicators of quality of care were collected from chart reviews for patients admitted to the hospitals for childbirth or with diagnoses of pediatric pneumonia, myocardial infarction or hip fracture. We also collected data from observations and reviews of hospital documents, regulations, and policies along with interviews with key informants from all hospitals. A questionnaire captured patients’ experiences with their care during their inpatient stay. Data were analyzed to determine the difference between the pre- and post-JKN implementation period. Although the study was designed to evaluate the effect of hospital accreditation on quality of care, implementation of JKN after baseline data were collected provided an opportunity to compare the quality of care delivered before and after the universal payment system was implemented.

Results
Improvements were seen in about half the indicators collected but there was substantive variability between the hospitals that appeared to be associated with other factors. There was a slight decrease in indicators of positive patient experience in general. In qualitative interviews with administrators, some hospitals had difficulties receiving timely payment for health services provided with implementation of JKN and the case mix was reported to have changes, especially for uncomplicated childbirth. This was due to a change in the referral system. Key informants in hospitals reported that implementation of JKN did have implications of the quality of care delivered – some positive and some negative.

Conclusion
It appears that the first year of implementation of JKN had some positive and negative impact on the quality of care delivered or patient experience in these nine hospitals in Indonesia. The universal health care system has the potential to positively influence the quality of care delivered through its developing monopsony power. There are currently no substantive measures in place to incentivize improvements in hospital health care delivery and it remains to be seen whether one will be developed in the coming years to address poor quality care.

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