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*Applying Science to Strengthen  
and Improve Systems*

## USAID ASSIST Project

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# Indonesia Country Report FY14

**Cooperative Agreement Number:**

AID-OAA-A-12-00101

**Performance Period:**

October 1, 2013 – September 30, 2014

**DECEMBER 2014**

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#### DISCLAIMER

This country report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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For more information on the work of the USAID ASSIST Project, please visit [www.usaidassist.org](http://www.usaidassist.org) or write [assist-info@urc-chs.com](mailto:assist-info@urc-chs.com).

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## Abbreviations

ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
HAPIE	Hospital Accreditation Process Impact Evaluation
JCI	Joint Commission International
JKN	<i>Jaminan Kesehatan Nasional</i> (National Health Insurance)
KARS	<i>Komisi Akreditasi Rumah Sakit</i> (Indonesian Hospital Accreditation Commission)
R&E	Research and evaluation
UI-CFW	Universitas Indonesia Center for Family Welfare
URC	University Research Co., LLC
USAID	United States Agency for International Development



# 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) and also support upgrading of the Indonesian Hospital Accreditation Commission or *Komisi Akreditasi Rumah Sakit* (KARS) through the technical assistance of the World Health Organization.

In January 2014, USAID ASSIST 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 implemented by University Research Co., LLC (URC) in 2013. The midline phase of the study was conducted throughout 2014 entirely under the USAID Applying Science to Strengthen and Improve Systems (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 are not due to have any accreditation until 2015. The HAPIE study is being conducted in three phases: baseline, mid-term (at 18 months after baseline), and end line (36 months after the baseline).

The specific objectives of the study are to: 1) analyze the differences and trends in the quality and safety of services among the three hospital groups over three years; 2) estimate fees paid to consultants, facilitators, and assessment organizations; and 3) determine how the implementation of the accreditation programs is progressing from the perspectives of senior officials at the Ministry of Health, KARS, and the participating hospitals.

The purpose of the midline phase of the study is to determine if there was any difference in the change in selected indicators of hospital performance from baseline to midline among the nine hospitals and if those differences were related to the type of accreditation they had undergone in the period between baseline and midline.

The midline phase of the study involved collecting quantitative and qualitative data over a period of two to four weeks in the nine participating hospitals. 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) and structured interviews with inpatients in four wards (obstetric, pediatric, internal medicine, and surgery). Medical charts for review were selected at random from among all patients receiving services for any one of the four diagnoses under examination. ASSIST 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 data in ten domains. An organizational audit was conducted to describe the quality of care at the unit/department level within a hospital related to the four diagnoses listed above. A questionnaire captured patients' experiences with their care during their inpatient stay. A total of 20 key informants, most from hospital accreditation teams, were interviewed. There were two from each hospital except for the four from one hospital. The results of the study will be analyzed and presented to USAID in a full report in the first half of FY15.

The sample size for patient chart reviews and questionnaires was based on detecting a 10% - 15% difference depending on indicators and accounts for clustering by hospital. This gave 30 charts per diagnosis or 120 patient charts per hospital. Chart review samples were selected randomly from among all charts of patients with the four specific diagnoses within the past two years for orthopedic patients and one year for patients with the other three diagnoses. Patient interviews were conducted with in-patients at discharge from one of four wards (obstetric, pediatric, surgery, and internal medicine) on a sample of 30 selected at random.

## 2 Program Overview

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
1. Hospital Accreditation Process Impact Evaluation (HAPIE)	<ul style="list-style-type: none"> <li>HAPIE: Evaluating the quality of care provided in hospitals undergoing Joint Commission International (JCI) and the Indonesian Hospital Accreditation Commission or <i>Komisi Akreditasi Rumah Sakit</i> (KARS) accreditation in Indonesia</li> </ul>	9 hospitals were selected in three provinces: 3 hospitals are pursuing JCI accreditation 2 hospitals are pursuing KARS accreditation 4 hospitals are not seeking accreditation until 2015		x

## 3 Key Activities, Accomplishments, and Results

### Activity 1. Hospital Accreditation Process Impact Evaluation (HAPIE)

#### KEY ACCOMPLISHMENTS

- **Completed review of the data collection tools and made changes where needed from the tools used at baseline.** This was accomplished before mid-line data collection began in June 2014.
- **The team from Universitas Indonesia Center for Family Welfare (UI-CFW) completed primary data collection and entry into the data set in September 2014 under the guidance of the ASSIST Research and Evaluation (R&E) Director, Dr. Edward Broughton.** The team secured approval for this second phase of data collection from each of the hospitals by visiting them in person and organizing time for key staff to be available for interview. Teams of at least four data collectors, usually medical doctors affiliated with UI-CFW through their Master of Public Health program, visited hospitals to complete patients' surveys, examine medical records and interview hospital personnel over a period of 1-2 weeks. Data collection proceeded in a timely manner without any significant deviations from plan in the nine hospitals located throughout the country.
- **Analysis of the midline data, which will include a comparison to the baseline results, will continue into FY15.** The UI-CFW team will complete the analysis under the direction of the R&E Director, who has been in close contact with the team and provided instructions of how to conduct the quantitative comparison between baseline and midline results using regression equations. There was also emphasis on analyzing the qualitative data to ensure that the nuances of the responses to questions of key informants, especially those most closely involved with the accreditation processes in the hospitals.

#### RESULTS

- **Preliminary results indicate that the better performing hospitals at the beginning of the process remain high-performing at the end of this period and that the lowest performers seemed to struggle on most quality measures.** A full exploration of the results from this part of the HAPIE study will be available in the second quarter of FY15.
- **One major confounder in this study is the implementation of the new *Jaminim Kesehatan Nasional* (JKN) national health insurance program which is just starting to be rolled out nationwide.** To date, it has been implemented among civil servants, military personnel, and other government employees as well as those previously covered by Jamkesmas, the government-funded insurance system for the poor and near-poor. This totals about 30% of the total population of Indonesia. When JKN has been fully implemented, which is planned for four years from now, it will be the largest single-payer health insurance scheme in the world, covering essentially all of Indonesia's 250 million population. Implementation of this system so far appears to have had a differential effect

on the nine participating hospitals. In some cases, it has significantly changed the caseload and case-mix of certain parts of the hospital, some of which are involved in this study. For example, one hospital that was providing services for approximately 100-120 deliveries per month in its maternity ward had a decrease in bed occupancy rate in that ward of more than 50% due to the new referral system mandated by the insurance system for maternal care. The changes in the hospitals in maternal and other areas of service delivery varied depending on the proportion of patients whose insurance coverage had changed with this first phase of implementation. Data on the form of payment for hospital charges were collected in the patient experience component of the quantitative study; however, the selection of patients for the sample in the midline assessment was not selected to be representative of the whole in-patient population and therefore cannot be used as an accurate representation of all patients in the individual hospitals.

It was interesting to note that qualitatively, there were significant differences among hospitals in terms of how well they were adjusting to the implementation of this new system. As expected, it seems on superficial examination that hospitals that perform well on other quality indicators, generally those in the JCI accreditation group, also appeared to be coping well with the transition to the new JKN system.

Implementation of the new national health insurance system also appears to have had a significant effect on the responses to the patient experience questionnaires that are part of this study.

Government employees, military personnel, and their families now receive services in the same specific parts of facilities and essentially have access to the same services as those who were previously covered by Jamkesmas, namely the poor and near-poor. Many of the former groups felt that suddenly receiving the same services as the poor was unfair and having to wait in line behind them as an unwarranted hardship, at least from the anecdotal evidence. This appeared to generally decrease their overall level of satisfaction with the quality of health care, irrespective of the quality of the services delivered at the facility. This factor will be taken into account when the full qualitative analysis is complete and interpretation of the results is presented.

- **Overall, while the actual data collection for this midline went progressed smoothly, efficiently, and essentially according to plan, and analysis is progressing as expected, when it comes to interpreting the results of this part of the study, full understanding the confounders and their influence on the results will be needed** so that valid conclusions can be drawn with full understanding of the limitations imposed by the situation. Allowances for these factors will be also be made when designing the end line phase of the study, data collection for which is scheduled to begin in the first quarter of FY16.

## 4 Sustainability and Institutionalization

The goals of this activity do not involve development of institutionalization or sustainability. However 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. The study is aimed at determining how successful KARS is in facilitating improvements in quality and safety in the hospitals. It is anticipated that the study will also provide information to feed back to KARS to help it improve its performance as an accreditation agency. It is also hoped that any changes brought about in KARS will have the effect of hospitals responding in a more definitive way when they undergo KARS accreditation.

## 5 Directions for FY15

Analysis of the midline data with a comparison with results from the baseline will be completed in the first half of FY15. In the coming year, there will be a review of the tools used in the baseline and midline to determine if any changes are needed for the end-line. Data collection for the end-line phase is scheduled to begin in the first quarter of FY16, so only the preparation work for this phase of the study will be conducted in the last quarter of FY15.

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