

**ANALYSIS OF GOVERNMENT POLICY IN HOSPITAL
ACCREDITATION THROUGH HEALTH MINISTER REGULATION
NUMBER 12 OF 2020**

Indra Widjayanto

Master of Health Law Study Program, Faculty of Law & Communication, Universitas Katolik Soegijapranata
Jl. Pawiyatan Luhur Sel. IV No.1, Bendan Duwur, Kec. Gajahmungkur, Kota Semarang, Jawa Tengah 50234,
Indonesia

Email: 24c20013@student.unika.ac.id

Abstract

The Minister of Health's Regulation Number 12 of 2020 concerning Hospital Accreditation aims to improve the quality of health services by establishing minimum standards that hospitals must meet. However, the implementation of this regulation is still considered suboptimal and has numerous shortcomings. This study aims to further analyze the advantages and disadvantages of the implementation of these regulations. This research employs the normative juridical research method. The normative juridical research method involves conducting library research, scrutinizing library materials or secondary data, and referencing the laws that govern hospital accreditation, particularly the Minister of Health Regulation Number 12 of 2020. The study's results suggest that the Regulation of the Minister of Health Number 12 of 2020 concerning Hospital Accreditation offers several advantages, including enhanced quality standards, information disclosure, an objective assessment process, improved hospital management quality, and a focus on patient safety. The shortcomings of the Minister of Health Regulation Number 12 of 2020 concerning hospital accreditation include administrative burdens, high implementation costs, resource gaps, the risk of focusing on processes, and regulatory changes. The proposed recommendations aim to address the shortcomings of the Minister of Health Regulation Number 12 of 2020 concerning hospital accreditation. These include reducing administrative burdens, overcoming high implementation costs, reducing resource gaps between hospitals, ensuring a focus on end results in services, and reducing uncertainty in regulatory changes.

Keywords: Health, Hospital, Hospital Accreditation, Regulation, Quality of Service

INTRODUCTION

Public service is an activity or series of activities to fulfill service needs (Nasution, Kurniansyah, & Priyanti, 2021). This is stated in Article 28 H paragraph (1) of the 1945 Constitution, which states that everyone has the right to live in physical and mental prosperity, have a place to live, and a good and healthy environment, and the right to receive health services. Article 9 of Human Rights Law Number 39 of 1999 stipulates that everyone has the right to life, the right to maintain life, and the right to improve their standard of living. Every

person has the right to live in peace, security, happiness, and prosperity, both materially and spiritually. Everyone has the right to a positive and healthy living environment. Based on these laws, the government is now actively improving public services in the health sector by conducting accreditation to improve the standards and quality of health services such as hospitals.

Quality of health services is the level of health services available to individuals and communities that can improve optimal health services, provided in accordance with service standards and the latest scientific developments, and fulfill the rights and obligations of patients (Solehudin & Syabanasyah, 2023). Health facilities use the National Quality Index as a standard to continuously maintain and improve the quality of their medical services. When people decide to visit a health facility, they need health services that are not only safe but also of high quality. If the quality of service of a health service is considered low, the community will decide not to access the health service anymore (Fernandez, Kenjam, & Dodo, 2021). The primary goal of health service accreditation is to promote enhanced quality performance by continuously improving management systems, quality management systems, service delivery systems and programs, and implementing risk management strategies. Improving the quality of hospital services is considered very important; therefore, hospital accreditation is carried out every 4 (four) years to evaluate and control the quality of hospital services and other public health services (Maaruf & Supartono, 2024).

Hospitals cannot separate themselves from the influence of scientific advances in medicine, technology, and social and economic fields when providing health services (Yustina, 2012). In order to maintain the quality of hospital services, the government intervenes with the aim that patients receive quality and safe medical services. The form of government intervention is manifested in various forms of regulations that require various types of permits before establishing a hospital or before operating a hospital, in this case, it is a form of government preventive control (Subagiarta, 2019).

One of the ways the government ensures and improves the quality of medical services and patient safety is through hospital accreditation by an independent organization. When undergoing accreditation, it is crucial to prioritize the elements of training and assessment. The Law on Hospitals Number 44 of 2009, article 40 paragraph (1), mandates hospitals to participate in accreditation every four years, under the supervision of an independent organization. This requirement is further regulated by the Ministry of Health through Minister of Health Regulation Number 12 of 2020 (Kementerian Kesehatan RI, 2020).

Accreditation demonstrates a hospital's true commitment to improving quality and patient safety, providing excellent patient care, a safe hospital environment, and continuously working to reduce risks to patients and hospital staff. Therefore, hospital accreditation is considered an effective way to evaluate the quality of hospital services (Kementrian Kesehatan Republik Indonesia, 2011). Hospital accreditation is based on compliance with standards, each of which is broken down into assessment factors. This refinement of assessment elements serves as a more detailed guide, outlining the standards that hospitals must meet to enhance the quality and safety of patient care. In this case, the emphasis is on accreditation as a learning process, thus encouraging hospitals to continue to improve (Kementrian Kesehatan Republik Indonesia, 2011).

Based on data from the Ministry of Health as of December 31, 2023, there are at least

3,145 registered hospitals in Indonesia. Of these, 2,621 or 83 percent of them work with social security providers, hereinafter referred to as BPJS Kesehatan, to organize the National Health Insurance Program. Of these, there are 99 hospitals that have not been accredited (Arlinta, 2024). The accreditation preparation process takes a long time and is not easy because many aspects must be resolved and completed. Therefore, the cost required is not small, it can even reach hundreds of millions of rupiah, to increase the awareness of officers, doctors and create service operational standards and complete facilities, the minimum accreditation cost is IDR 150 million for small type D hospitals (SIP Law Firm, 2024). The National Association of Private Hospital Owners, hereinafter referred to as Perdana, which has around 1,000 member hospitals, hopes that the cost of accreditation for low- and medium-level hospitals can be covered by the government (Jatmiko, 2019).

In Indonesia there are two types of hospitals, namely regional public hospitals, hereinafter referred to as RSUD, which are owned and operated by the government, and private hospitals managed by private companies. Both have the same goal of providing health services to the community, but it is not uncommon to find differences in the quality and efficiency of services provided by private hospitals. Many factors cause unsatisfactory health services in RSUD, including the lack of funding from the government (Maaruf & Suparsono, 2024).

Hospital accreditation is necessary to enhance service quality, safeguard patient safety, enhance community protection, optimize hospital resources, and strengthen the organization as a whole. This will also support government programs in the health sector and increase hospital professionalism (Solehudin & Syabanasyah, 2023). However, its implementation is certainly inseparable from the pros and cons. In the event that there is a void of literature that specifically discusses the Regulation of the Minister of Health Number 12 of 2020 concerning Hospital Accreditation, the author is interested in conducting research with the title “Analysis of Government Policy in Hospital Accreditation Through Regulation of the Minister of Health Number 12 of 2020.

IMPLEMENTATION METHOD

The study employed normative juridical research methods, which are also known as normative legal research methods. The study employs normative juridical research methods, which involve scrutinizing library materials and secondary data related to hospital accreditation laws, particularly the Minister of Health Regulation Number 12 of 2020 (Kementerian Kesehatan RI, 2020). The presentation process involves gathering data in the form of descriptions, followed by qualitative analysis (Suratman & Dillah, 2014). After the data is collected, it is checked to get the truth, and the results are analyzed, then presented in a narrative.

RESULT AND DISCUSSION

In this discussion, we will discuss aspects that are advantages and disadvantages in the Minister of Health Regulation Number 12 of 2020 concerning Hospital Accreditation, which are directly related to the contents of the regulation. The following is a discussion of the advantages of the Minister of Health's Regulation Number 12 of 2020 concerning hospital accreditation.

1. Improved Quality Standards in Hospital Accreditation

Quality is defined as conformance to requirements, which aligns with what is required or standardized (Basir, 2016). Improving quality standards is one of the main objectives of the Minister of Health's Regulation No. 12/2020 on hospital accreditation. With this regulation, hospitals must comply with established standards to ensure that the medical services provided to patients meet certain minimum criteria. This includes not only technical aspects of medical procedures but also administration, risk management, and patient safety.

The quality standards set out in this regulation cover various aspects, including the safe implementation of medical procedures, the correct use of medical devices, and the implementation of effective control measures. For example, Article 2 states that the purpose of accreditation is to improve quality and patient safety. Hospitals therefore have an obligation to continuously evaluate and improve their services. Accreditation encourages hospitals to create a system of care that focuses not only on patient satisfaction but also on optimal health outcomes.

Accreditation also requires hospitals to involve all employees in the quality improvement process. Every employee, from medical personnel to administrative personnel, must understand and apply the applicable standards. Training and continuing education are essential in this regard. Hospitals must ensure that the entire team has sufficient knowledge of policies and procedures related to health services to be able to actively contribute to quality improvement efforts. Therefore, accreditation is not just a formal process but also a work culture that prioritizes improvement and innovation in health services.

In addition, accreditation brings additional benefits in terms of assessment and monitoring. With an independent accreditation body conducting the evaluation, the hospital will have constructive feedback on its performance. This process facilitates the identification of areas for improvement and motivates the hospital to take the necessary steps to meet or exceed the set standards. In the long run, this will create a better healthcare ecosystem where patients feel safe and secure, and hospitals are committed to providing high-quality services.

2. Information Disclosure in Hospital Accreditation

Public information disclosure is one of the pillars of freedom of expression as well as a pillar of democracy, transparency and good governance (Indah & Hariyanti, 2018). In the Minister of Health Regulation (PMK) Number 12 of 2020, information disclosure is an important aspect that is clearly regulated to support public trust in accredited hospitals. Article 14 of the PMK emphasizes that the results of the inspection must be announced to the public, both public and private hospitals. This transparency aims to ensure that the public has access to information about the quality and safety of medical services in hospitals. Thus, the public can choose health services more wisely based on the quality and standards set by the accreditation body.

This information disclosure also encourages hospitals to be more responsible for their services. With the publication of accreditation results, hospitals are encouraged to continue to improve quality because the public will know which hospitals have met accreditation standards and which have not. This process encourages hospitals to improve service standards to gain public trust. This also helps create healthy competition between hospitals, where each facility will strive to make continuous improvements to maintain and increase public trust.

In addition, information disclosure provides public certainty regarding the safety and standard of service received at the hospital. For example, accredited hospitals are considered to have met the minimum standards set, both in terms of facilities and infrastructure, risk management, and patient services. In this way, the public feels safer and more protected in choosing medical services, as they have access to the hospital's accreditation status, making them more confident that the hospital meets the necessary requirements to maintain patient safety and health.

Implementing information disclosure also gives the government the ability to identify hospitals that require additional support or oversight to meet standards. Once the accreditation results are announced, the government can scrutinize hospitals that do not meet the desired criteria and provide the necessary support or advice. In the long run, this will improve the quality of healthcare nationwide as all hospitals in Indonesia are encouraged to meet the same standards and the government can allocate assistance to bridge hospitals in need.

Overall, information disclosure in PMK Law Number 12 of 2020 provides benefits for various parties, ranging from the public, who have more confidence in the services they choose, to hospitals that are encouraged to continue to improve the quantity of their services. This transparency is a key element in creating a more accountable health system that focuses on patient safety and quality.

3. Objective Assessment Process in Hospital Accreditation

According to Rosyidi (2020), assessment is an effort or action to gauge the extent of the set goals, serving as a tool to evaluate the process's success and outcomes. According to the Ministry of Health Regulation Number 12 of 2020, an objective assessment process plays a crucial role in ensuring a transparent, fair, and transparent hospital accreditation process. Article 4 of the regulation underscores the significance of an independent accreditation agency conducting the assessment, which is tasked with verifying that each hospital meets the accreditation standards established by the Ministry of Health. Thanks to the existence of an independent organization, the evaluation results will be free from the intervention or influence of any hospital that may result in impartial results.

Evaluation is a tool or procedure used to find out and measure something in an atmosphere with predetermined ways and rules (Muryadi, 2017). Evaluations conducted by independent organizations bring various benefits to the health care system in Indonesia. First, this independence adds credibility to the accreditation process, so that the public and stakeholders can have more confidence in accredited hospitals. Because the assessment is conducted by an autonomous organization that is not influenced by the interests of the hospital, the accreditation results are considered more valuable and reflect the actual condition of the institution's services and disease management. The existence of this organization also ensures that the assessment does not only focus on administrative compliance but really

focuses on quality and patient safety as important elements in accreditation.

In addition, this objective evaluation process includes the use of clear and measurable standards. With these standards, independent accreditation bodies can provide a measured assessment and minimize the risk of differing interpretations. Evaluation based on these objective standards also helps hospitals better understand the requirements that must be met and better prepare themselves to meet current accreditation standards.

Finally, an objective assessment process also involves continuous evaluation. Article 19 mentions that accreditation standards can be updated accordingly, allowing accreditation agencies to adapt their assessments to advances in healthcare and the changing needs of society. This process of continuous evaluation and monitoring ensures that hospitals not only obtain accreditation at one time but also maintain the quality of services in the long term. Thus, this objective assessment process is expected to create a quality, transparent, and sustainable healthcare system throughout Indonesia.

4. Hospital Management Quality Improvement

According to Rohaeni & Marwa (2018), quality refers to the excellence of products and services that satisfy consumer expectations. Improving the quality of hospital management, as stated in Ministry of Health Regulation Number 12 of 2020, aims to improve the effectiveness and efficiency of hospital operations through the application of good governance standards. This regulation emphasizes the importance of organized, professional management, which aims to provide benefits for patients and quality medical services. By following the established guidelines, hospitals can create a management system that suits their clinical and operational needs while being able to meet the challenges of the ever-changing healthcare world.

The management standards set cover various aspects, such as governance, human resource management, and risk management. In terms of governance, hospitals must ensure that all policies and procedures are consistently and effectively applied to support medical services. This standard includes setting up a clear organizational structure, a good communication system, and the ability to make quick, data-driven decisions. In addition, human resource management is an important part, as a well-trained and professional medical team is the main asset of a hospital. By improving the skills, welfare, and motivation of human resources, hospitals can ensure their staff can provide the best service to patients.

Another aspect emphasized is risk management, which is an important part of maintaining patient safety and security. The regulation encourages hospitals to have rigorous risk management processes in place, including identifying potential risks, assessing the impact, and implementing appropriate mitigation measures. With good risk management, hospitals can minimize adverse events and improve overall service quality. For example, a risk management system can help hospitals prevent medical errors, identify problems quickly, and respond quickly to unexpected incidents.

Overall, improved hospital management based on these accreditation standards helps hospitals become better organized, more efficient, and more focused on patient needs. Good management not only improves service quality but also builds public trust in the hospital's reputation as a trustworthy medical service provider. The consistent implementation of a structured management structure is expected to be a solid foundation for the future

development of the hospital so that it can make a significant contribution to the creation of better and more sustainable medical services.

5. Focus on Patient Safety

Hospitals must prioritize and implement patient safety programs to safeguard patients from unforeseen events (Salawati, 2020). The Minister of Health Regulation Number 12 of 2020, which pertains to hospital accreditation, underscores the importance of prioritizing patient safety in every hospital. Patient safety includes all actions taken by the hospital to minimize risks, avoid errors, and prevent adverse events during the health care process. This provision is intended to ensure that patients receive safe and quality services, while maintaining public trust in the health care system in Indonesia.

Patient safety practices cover various aspects of hospital operations. For example, article 12 of this regulation stipulates the obligation of hospitals to implement patient safety policies and procedures at all levels of service. This includes identifying appropriate patients, preventing infections during treatment, and continuous monitoring and evaluation of actions taken to minimize risks. By paying attention to these measures, it is expected that hospitals can minimize the risk of errors that can harm patients.

This regulation also requires hospitals to build a culture of safety among medical personnel so that all employees, from doctors to nurses to support personnel, have the same understanding and responsibility for the safety of all sick people.

This not only creates a safe environment but also encourages incident reporting without fear of retaliation. This open and collaborative culture allows hospitals to quickly identify potential problems, analyze root causes, and make improvements to avoid similar incidents in the future.

In addition, focusing on patient safety also involves education and effective communication with patients and their families. Hospitals accredited under this regulation must provide clear information to patients regarding the medical procedures to be performed, the risks involved, and the treatment alternatives available. This communication is important to strengthen patients' sense of security and trust in the services provided, as well as to ensure that patients play an active role in decision-making regarding their health.

Overall, the focus on patient safety in hospital accreditation aims to create a responsive, transparent, and patient-centered healthcare environment. Consistent implementation of patient safety will help improve the overall quality of hospital services so that hospitals can provide services that not only meet standards but are safe and comfortable for all patients they serve.

In an effort to improve the quality of health services, Minister of Health Regulation No. 12/2020 on Hospital Accreditation presents standards that must be met by every hospital. However, despite its noble purpose, this regulation is not free from shortcomings that need to be considered. Here are some weaknesses in the implementation of this regulation, which can be a challenge for various hospitals in achieving the expected quality of service.

1) Administrative Expenses

The administrative burden in implementing the Ministry of Health Regulation (PMK) Number 12 of 2020 concerning hospital accreditation is one of the main challenges, especially for small hospitals or those located in regional areas with limited resources. The existence of

burdens in a program or public service is a sign that the program cannot be implemented effectively (Farziah & Safinka, 2024). This regulation requires hospitals to provide various documents, data, and supporting evidence that demonstrate compliance with the set standards. For example, in Articles 7 and 9, hospitals are required to conduct an independent assessment and compile a comprehensive report as the basis for the accreditation process. These activities require additional time and effort as they must ensure every aspect of the service, from management to facilities, is fully documented.

These requirements can be a significant burden for hospitals with limited staff and resources. In addition to the doctors and nurses in charge of providing direct services to patients, hospitals also need administrative personnel to manage accreditation documents. In this case, hospitals may need to provide dedicated resources or retrain existing staff to understand and document the required standards. Without additional staff, this burden can distract healthcare professionals from focusing on direct patient care, impacting the quality and efficiency of healthcare services provided.

In addition, the process of collecting and compiling certification data requires technical skills and an in-depth understanding of applicable regulations. The standards that must be met cover various aspects such as patient safety, risk management, and compliance with facility procedures and standards. All documentation must be carefully organized to facilitate the verification process by an independent accreditation body, as stipulated in Article 4. This administrative burden becomes even more complex as it must be updated and reviewed regularly to ensure the standards are met by the next certification date. This requires ongoing hospital involvement and can be time-consuming and costly.

Overall, the administrative burden of hospital accreditation based on PMK No. 12/2020 can have a significant impact, especially on hospitals with limited human and financial resources. Reducing this burden requires solutions such as the development of integrated information management systems and specialized training to help hospitals optimize data management and accreditation documentation. Thus, the accreditation process can continue to run effectively without reducing the quality of services provided to patients.

2) High Implementation Costs

According to Ministry of Health Regulation No. 12/2020, as part of accreditation, hospitals must meet the quality standards of facilities, infrastructure, and services as referred to in Article 10. To meet these standards, hospitals must make significant investments in everything from infrastructure, technology, to workforce development. These costs include the procurement of advanced medical equipment and its maintenance, the repair of facilities that may no longer meet standards, and the implementation of information systems and technology to support efficient and safe service quality. High costs arise not only from investments in infrastructure but also from the need to train and upskill staff. For example, if information on the hospital's survey application is inaccurate during the survey, a focused survey is required, and the hospital is required to bear the cost of conducting the focused survey (Komisi Akreditasi Rumah Sakit, 2017).

Accreditation standards require hospitals to have competent medical personnel who are up-to-date with the latest developments in technology and medicine. Regular training, certification, and license renewal require a large budget and can be a burden for hospitals, especially those in rural areas or hospitals with low capacity and limited resources. This can

create a rift between urban and rural hospitals. This is because hospitals in urban areas usually have larger training and development budgets than hospitals in remote areas.

Hospitals often bear the high implementation costs themselves, particularly in private hospitals or those not fully subsidized by the state. Hospital revenues, depending on patient volumes and other funding sources, must budget for the cost of additional treatments and equipment, thereby creating considerable financial pressure. Hospitals might have to raise service fees as a result, potentially affecting patient access to health services.

3) Gaps in Resources

According to Ciptaningrum, Utami, & Pramono (2021), the term "gap" refers to an imbalance or the existence of one. The resource gap represents a significant weakness in the implementation of the Minister of Health Regulation Number 12 of 2020, which pertains to hospital accreditation. Not all hospitals have the same resource capacity to meet the accreditation standards set out in this regulation. This situation may lead to health service disparities between hospitals in big cities and hospitals in remote and rural areas. Hospitals in big cities tend to have better access to the latest medical equipment, more and well-trained medical personnel, and better equipment, while hospitals in remote areas often lack these resources.

In addition to differences in access to facilities and equipment, there are also gaps in the health workforce, including staff numbers and capacity. Hospital accreditation requires increased training and certification for medical professionals to meet desired standards. Hospitals in remote areas often struggle to recruit qualified medical staff and provide regular training due to budget and access constraints. Medical staff may prefer to work in big cities with better facilities and more promising career opportunities, and hospitals in remote areas face staff shortages.

This resource gap can make the accreditation process more difficult for hospitals in areas with limited access. This may result in different accreditation outcomes, as hospitals in rural and remote areas are likely to struggle to meet the same standards as hospitals in urban areas. This gap is likely to exacerbate healthcare disparities in Indonesia, as people in remote areas may not have access to the same quality services as people in big cities. Efforts to ensure equal access to resources for all hospitals, both in big cities and remote areas, are essential to ensuring that accreditation standards are achieved equally across Indonesia.

4) Risk Focus on Process

The risk of focusing on processes in the context of Ministry of Health Regulation No. 12/2020 on hospital accreditation refers to the trend of hospitals focusing more on fulfilling administrative accreditation requirements than on actual patient service outcomes. The accreditation standards set out in this regulation include various documents, supporting documents, and fulfillment of certain criteria that hospitals must meet. While this is important, it can sometimes cause hospitals to focus more on achieving "successful" certification rather than continuously improving patient experience and outcomes.

This is because the administrative requirements of the accreditation process are very important, as stated in Articles 7 and 9. Hospitals must prepare various documents as evidence of compliance with standards. This requires a lot of resources, including time and energy, which can ultimately distract medical staff and management from direct interaction with patients. In fact, the main purpose of accreditation is to ensure the quality and safety of patient

services and not just to complete administrative documents or evidence. If the focus is on administrative documents, the goal of accreditation, which is to improve the quality of care, may not be maximally achieved.

In addition, the orientation toward compliance with administrative standards may cause hospital staff to feel stressed or work only to “complete” accreditation tasks without really absorbing the expected changes in their work culture. Therefore, some hospitals only symbolically implement policies in order to pass the assessment, while service activities on the ground still do not meet the standards. This suggests that there is a potential gap between what is displayed on paper and the actual quality of service that patients receive.

To address this risk, it is important for hospital leaders and accreditation organizations to continue to put patient outcomes first. One solution is to ensure that the accreditation process is not just about compliance but also about tangible improvements in patient interactions, safety, and the hospital experience.

5) Regulatory Changes

Changes in the provisions of Ministry of Health Regulation Number 12 of 2020 concerning hospital accreditation, as mentioned in Article 12, pose significant challenges for hospitals. This regulation permits the evaluation and updating of accreditation standards to accommodate shifts in healthcare services, medical technology, and community needs. Overly frequent changes can negatively impact accreditation, particularly for hospitals that need time and resources to adjust.

Hospitals that have undergone accreditation may need to change operating standards and staff training in line with regulatory updates. As a result, hospitals may fail to implement standards as expected, focusing more on adapting to new regulations than on maintaining service consistency. In addition, repeated changes may cause confusion in the field, especially for medical staff and hospital administrators who are used to the old standards.

Regulatory changes often require resource adjustments, whether in the form of additional training, investment in new equipment, or infrastructure upgrades. For small hospitals or hospitals with limited budgets, this can be a significant financial burden. The high implementation costs required to meet the latest standards can divert budget from other important needs, such as medicines or patient care.

As accreditation regulations change, hospital leaders must also adjust their operational strategies, including changes to work processes, safety procedures, and management governance. Frequent regulatory changes require more flexible management, but this also means the need for continuous monitoring and evaluation of compliance with new regulations. These constant adjustments place an additional burden on the management team, which can impact the efficiency and productivity of the department on a daily basis.

Overall, while regulatory changes in hospital accreditation are intended to ensure that service standards are up-to-date, the high frequency of changes can pose challenges for hospitals in maintaining the stability and consistency of their services. Additional government support in the form of training, guidance, and financial support can help hospitals better address these challenges.

To overcome the shortcomings in the Minister of Health Regulation No. 12/2020 on Hospital Accreditation, several strategic steps are needed to strengthen the implementation of the regulation, especially in facing administrative, financial and human resource challenges.

1) Reduced Administrative Burden

Reducing administrative burden is an important step in ensuring that hospitals can meet accreditation standards without facing excessive difficulties. One way to achieve this is to develop a centralized digitization system for the accreditation process. By utilizing information technology, the process of collecting and processing data can be done more efficiently. Hospitals no longer need to spend a lot of time compiling physical documents, as all the required information can be uploaded and managed in one system. This not only speeds up the accreditation process, but also reduces the risk of human error in data management.

In addition, to facilitate hospitals that are struggling to meet administrative requirements, the government may provide mentoring programs from accreditation agencies or third parties. This program could involve specialized training for hospital staff on how to compile the required documents and understand the overall accreditation process. With expert guidance, hospitals can better understand what is expected in each stage of accreditation and how to meet the standards without feeling burdened by complicated administration.

It is also important to simplify the accreditation procedure by reducing the number of documents required and clarifying the criteria that must be met. If the accreditation process can be streamlined and made easier, hospitals will be more motivated to undergo accreditation without feeling burdened. With these measures, it is hoped that the administrative burden that has been an obstacle for many hospitals can be significantly reduced, so that they can focus on improving service quality and patient safety.

2) Overcoming High Implementation Costs

Addressing the high implementation costs in Minister of Health Regulation No. 12/2020 on Hospital Accreditation is an important step to ensure that all hospitals, especially those that are small and located in remote areas, can meet the set standards. One approach that can be taken is to provide subsidies or financial incentives to hospitals. These subsidies can take the form of direct assistance for the procurement of medical equipment, infrastructure upgrades, or staff training costs. With this assistance, hospitals can concentrate on enhancing the quality of care by reducing the burden on their often limited budget.

In addition, the government may consider special funding schemes for hospitals managed by local governments. Government hospitals often have more limited budgets compared to private hospitals, so funding schemes designed specifically for them are needed. For example, the government could allocate funds from the local health budget to support hospitals in meeting accreditation requirements. This will not only help hospitals financially but also encourage them to improve service standards in accordance with existing regulations.

The importance of access to training and mentorship should not be overlooked. Integrated training programs to improve the competencies of medical and managerial personnel can be provided at an affordable cost or even free of charge. With this training, hospitals can more efficiently manage resources and improve service processes without having to incur significant additional costs. The combination of these strategies is expected to reduce the financial burden faced by hospitals in the accreditation process, so that all hospitals have an equal opportunity to improve the quality of health services they offer to the community.

3) Reduce Resource Gaps between Hospitals

The resource gap between hospitals, especially between large hospitals in urban areas and small hospitals in remote areas, poses a significant challenge in the implementation of Minister of Health Regulation No. 12/2020. Hospitals in remote areas often experience limitations in terms of infrastructure, medical personnel, and access to training and the latest technology. Therefore, efforts to reduce this disparity are crucial to ensure that all hospitals can provide quality services in accordance with accreditation standards.

One step that can be taken is to organize integrated training for medical and managerial personnel in regional hospitals. This training program could focus on developing management skills, risk management, and the implementation of good health service standards. The training should not only be theoretical, but also practical, so that medical personnel in small hospitals can directly apply the knowledge gained. The government or health institutions can collaborate with universities or health education institutions to organize these training programs on a regular basis.

In addition, partnerships with large accredited hospitals can be an effective solution. Large hospitals can act as mentors to small hospitals in terms of sharing knowledge and experience. Through this partnership program, medical personnel from large hospitals can make visits to small hospitals to provide guidance and share best practices in management and services. Health worker exchanges, where small hospital staff work in large hospitals for a period of time, can also be conducted to give them first-hand experience of higher standards of care.

The implementation of these measures not only assists small hospitals in meeting accreditation standards, but also contributes to equitable distribution of healthcare quality across the region. By reducing resource disparities, it is expected that all hospitals, regardless of location and size, can provide safe and quality services to patients, in accordance with the basic principles of the Minister of Health Regulation.

4) Ensuring an End Result Focus in Service

One of the key challenges in implementing hospital accreditation is ensuring that the accreditation process focuses not only on meeting administrative standards but also on the end result, which is the quality of care given to patients. A strong focus on the end result is critical, as the primary goal of accreditation is to improve patient safety and satisfaction. Hospitals therefore need to develop a comprehensive approach that prioritizes the patient experience at every stage of care.

Patient-Based Post-Accreditation Evaluation is one of the key strategies in ensuring that the services provided are not only technically compliant but also responsive to patient needs. By implementing a patient satisfaction survey system, hospitals can obtain direct feedback from patients regarding their experience. The data collected through these surveys can be a useful measurement tool to identify areas for improvement and to assess whether the standards set in accreditation are actually implemented in practice. Thus, patient-based evaluation is not just a formality, but an integral part of the hospital's quality management system.

Furthermore, assistance in developing results-oriented operational procedures is also an important step. Hospitals need to develop and implement operational procedures that not only meet accreditation criteria but are also designed to improve the effectiveness and efficiency of care. This may include the development of improved clinical protocols, training for medical

staff on effective communication with patients, and implementation of best practices in pain management, recovery, and post-operative care. This assistance can be provided by accreditation agencies or experienced consultants, who can help hospitals understand how to apply accreditation standards in the real context of care.

It is also important to create a culture of patient-focused care within the hospital. All medical and non-medical personnel need to be empowered to understand the importance of patient satisfaction as part of their duties. Training on interpersonal communication, empathy, and how to actively listen to patients can help build better relationships between staff and patients. When the entire hospital team is committed to providing quality care and responding to patients' needs, this will have a positive impact on outcomes, including patient satisfaction and recovery rates.

With such measures, hospitals will not only meet accreditation standards but also create an environment that supports patient well-being. This focus on outcomes in care will lead to an improvement in the overall quality of the health system and provide significant benefits to society at large.

5) Reducing Uncertainty in Regulatory Change

Changes in health regulations, especially those related to hospital accreditation, can cause uncertainty and confusion among hospital managers. To overcome this problem, a systematic and transparent approach is needed. One important step is to conduct effective socialization of any regulatory changes. The government should organize workshops, seminars, and training sessions aimed at explaining the content and purpose of the regulatory changes. These activities not only help hospitals understand the changes, but also provide space for hospital managers to ask questions and get clarification on aspects that have not been understood.

Furthermore, it is important for the government to provide clear and structured technical guidance on regulatory changes. In this regard, the provision of written guidelines and easy-to-understand training materials is crucial. For example, the government could release a guidebook that summarizes the regulatory changes as well as the steps hospitals should take to comply with the new regulations. By having a clear reference, hospitals can more easily adjust their policies and procedures without feeling pressured or confused by sudden changes.

Additionally, establishing a sufficient adaptation period is crucial. When there are changes in accreditation standards or regulations, the government should allow sufficient time for hospitals to adapt to the new policies. This includes time to make adjustments to organizational structures, operational processes, and staff training. By providing a clear adaptation period, hospitals can make changes gradually and in a planned manner, reducing the risk of implementation errors that could negatively affect service quality.

The importance of continuous communication between the government and the hospital should also not be overlooked. In this context, the creation of an official forum or communication channel between hospitals and the health ministry can help reduce uncertainty. With this forum, hospitals can raise any complaints or difficulties they face in implementing the new regulations. On the other hand, the government can provide the necessary feedback and support to ensure all parties are on the same page regarding the changes.

Finally, the development of an effective feedback system will go a long way in reducing the uncertainty that may arise due to regulatory changes. Hospitals should be given the opportunity to provide input on new regulations so that the government can make evaluations and adjustments if necessary. By prioritizing hospital participation in the decision-making process, it is hoped that the regulations set are more relevant and well accepted by all parties, so that the implementation of accreditation and health services can run more smoothly and effectively.

CONCLUSION

Based on the results and discussion, it can be concluded that the Minister of Health Regulation Number 12 of 2020 concerning Hospital Accreditation plays an important role in improving the quality of health services through systematic standards, which support the achievement of safe and quality hospital services. However, its implementation faces challenges, especially for small or newly established hospitals, such as administrative burdens and high costs. Government support in the form of technical and financial assistance is necessary to overcome these obstacles, particularly for hospitals in remote areas or with limited budgets. The government and accreditation agencies should simplify the accreditation process and provide clearer guidelines to make it easier for hospitals to meet the requirements. Support in the form of training programs and infrastructure assistance will also ease the burden on hospitals in achieving accreditation standards. Furthermore, hospitals must collaborate and implement a continuous monitoring system to uphold service quality, ensuring improved services for the community.

REFERENCES

- Arlinta, D. (2024). Batas Waktu Pendaftaran Akreditasi Rumah Sakit 31 Januari 2024. *Kompas*. Retrieved from <https://www.kompas.id/baca/humaniora/2024/01/03/50-rs-belum-berproses-akreditasi-batas-waktu-pendaftaran-ditetapkan-31-januari-2024>
- Basir, Z. (2016). Persepsi Dunia Perbankan Terhadap Mutu Lulusan Perguruan Tinggi Khususnya Sarjana Ekonomi Di Kota Makassar. *Jurnal Ilmiah Bongaya*, 1(1), 277–295.
- Ciptaningrum, W., Utami, E., & Pramono, E. (2021). Analisis Penerapan Metode Profile Matching untuk Mengukur Kesenjangan Digital (Studi Kasus: RSUD Panembahan Senopati Bantul). *Creative Information Technology Journal*, 7(1), 20. <https://doi.org/10.24076/citec.2020v7i1.239>
- Farziah, P. B. H., & Safinka, R. I. (2024). Analisis Beban Administratif Terhadap Program Pelatihan Kumkm Di Jawa Tengah Dalam Perspektif Hukum Administrasi Negara. *YUSTISI*, 11(1), 137–147. <https://doi.org/10.32832/yustisi.v11i1.16198>
- Fernandez, L. D. I., Kenjam, Y., & Dodo, D. O. (2021). Mutu Pelayanan Kesehatan Puskesmas Pasir Panjang Pasca Akreditasi. *Media Kesehatan Masyarakat*, 3(3), 276–285. <https://doi.org/10.35508/mkm.v3i3.3856>
- Indah, T., & Hariyanti, P. (2018). Implementasi Kebijakan Keterbukaan Informasi Publik pada Dinas Kominfo Kota Tasikmalaya. *Jurnal Komunikasi*, 12(2), 127–140. <https://doi.org/10.20885/komunikasi.vol12.iss2.art3>
- Jatmiko, L. D. (2019). Rumah Sakit Terbebani Biaya Akreditasi. Retrieved from Finansial Bisnis website: <https://finansial.bisnis.com/read/20190109/215/877112/rumah-sakit-terbebani-biaya-akreditasi>
- Kementerian Kesehatan RI. *Peraturan Menteri Kesehatan Nomor 12 Tahun 2020 tentang Akreditasi Rumah Sakit*. , Pub. L. No. 12 (2020). Indonesia: BN.2020/No.586, jdih.kemkes.go.id: 13 hlm.
- Kemntrian Kesehatan Republik Indonesia. (2011). *Standar Akreditasi Rumah Sakit* (1st ed.). Jakarta.
- Komisi Akreditasi Rumah Sakit. (2017). *Standar Nasional Akreditasi Rumah Sakit* (1st ed.). Jakarta: Komisi Akreditasi Rumah Sakit.
- Maaruf, N. A., & Supartono, B. (2024). Implementasi Permenkes/PMK NO 34 Tahun 2022 Tentang Kriteria Akreditasi Dalam Pengaturan Tarif Akreditasi. *Causa: Jurnal Hukum Dan Kewarganegaraan*, 4(8), 51–60. <https://doi.org/10.3783/causa.v4i8.3732>
- Muryadi, A. D. (2017). Model evaluasi program dalam penelitian evaluasi. *Jurnal Ilmiah Penjas (Penelitian, Pendidikan Dan Pengajaran)*, 3(1).
- Nasution, I. F. S., Kurniansyah, D., & Priyanti, E. (2021). Analisis pelayanan pusat kesehatan masyarakat (puskesmas). *Kinerja: Jurnal Ekonomi Dan Manajemen*, 18(4), 527–532.
- Rohaeni, H., & Marwa, N. (2018). Kualitas pelayanan terhadap kepuasan pelanggan. *Jurnal Ecodemica*, 2(2), 312–318.
- Rosyidi, D. (2020). Teknik dan instrumen asesmen ranah kognitif. *Tasyri': Jurnal Tarbiyah-Syari'ah Islamiyah*, 27(1), 1–13.
- Salawati, L. (2020). Penerapan Keselamatan Pasien Rumah Sakit. *AVERROUS: Jurnal Kedokteran Dan Kesehatan Malikussaleh*, 6(1), 98. <https://doi.org/10.29103/averrous.v6i1.2665>
- SIP Law Firm. (2024). Dinilai Terlalu Mahal, Ini Prosedur Pelaksanaan Akreditasi RS. Retrieved from SIP Law Firm website: <https://siplawfirm.id/akreditasi-rs-2/?lang=id>
- Solehudin, S., & Syabanasyah, I. (2023). Pengaruh Kualitas Pelayanan Dan Kepuasan Terhadap Loyalitas Pasien. *DIAGNOSA: Jurnal Ilmu Kesehatan Dan Keperawatan*, 1(3), 242–254.
- Subagiarta, I. M. (2019). *Penerapan sistem akreditasi rumah sakit dalam upaya peningkatan mutu pelayanan rumah sakit*. Semarang: Unika Soegijapranata Semarang. Retrieved from <http://repository.unika.ac.id/19817/1/18.C2.0026> I MADE SUBAGIARTHA

%288.92%29.pdf COVER.pdf

Suratman, & Dillah, P. (2014). *Metodologi Penelitian Hukum* (2nd ed.). Bandung: Alfabeta.

Yustina, E. W. (2012). *Mengenal Hukum Rumah Sakit*. Bandung: CV Keni Media.