

Determine Hospital Management Priority Strategies from the Results of Measuring Hospital Readiness in Indonesia

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Keywords

WHO Rapid Hospital Readiness Checklist; COVID-19; Hospital Management Priority Strategy; K3RS

ABSTRACT

WHO publishes an interim guideline on the Rapid Hospital Readiness Checklist. Countries can use the guidelines to help determine hospital capacity in response to the COVID-19 pandemic and identify gaps and key areas that require development/investment actions to maintain hospital quality. This study is to analyze the readiness of hospitals in Indonesia from the results of filling out the Hospital Readiness Checklist uploaded on the mutufasyankes.kemkes.go.id application of the Indonesian Ministry of Health. This study used a quantitative approach by utilizing secondary data taken by researchers from the application. The Rapid Hospital Readiness Checklist consists of 12 components that can be measured as a percentage achievement of each component. Data collection from the mutufasyankes.kemkes.go.id application was obtained by a total of 618 hospitals from 3081 registered hospitals in Indonesia that filled and uploaded on the application until April 30, 2023. A total of 618 hospitals reported Hospital Readiness from 12 existing components, the average achievement per component of 618 hospitals was 88%. The 12th component (Infection Prevention and Control Component) has the highest percentage (94%) and the 10th component (Occupational Health, Mental Health and Psychosocial Support Component) has the lowest percentage (77%). Looking at the average results of the profit web picture as a visual illustration of Hospital Readiness measurements in 618 hospitals in Indonesia, it is said that hospitals in Indonesia in terms of the Infection Prevention and Control component are said to be good and for the components of Occupational Health, Mental Health and Psychosocial Support from hospitals need to be followed up again. So that the condition of hospitals in Indonesia at the lowest component of Hospital Readiness during the pandemic can be said to be unprepared. Therefore, the results of Hospital Readiness measurements in Indonesia can be used to determine priority strategies for hospital management by maximizing the Hospital Occupational Health and Safety (K3RS) program so that healthy Indonesian health workers are realized.

INTRODUCTION

Coronavirus Disease 19 (COVID-19) is a respiratory infection caused by a new type of coronavirus (SARS-CoV-2), which was first identified in Wuhan-China in December 2019 (Hairunisa & Amalia, 2020). The virus then quickly spread to other areas. After almost two months of this virus outbreak, finally, on January 30, 2020, the World Health Organization

(WHO) declared a global emergency against the coronavirus because this virus has spread widely to many countries (Livana et al., 2020). In Indonesia, the first case of COVID-19 was confirmed on March 2, 2020, and on April 10, 2020, the spread spread to 34 provinces in Indonesia. As of May 16, 2021, COVID-19 cases in Indonesia have reached 1,736,670 cases, with the number of recoveries reaching 1,600,857 cases and the number of patients who died as many as 48,967 cases (Depkes RI, 2021).

WHO publishes an *interim guideline* on the *Rapid Hospital Readiness Checklist* (WHO, 2020a). Countries can take advantage of this interim guidance to help determine hospital capacity in response to the COVID-19 pandemic and identify gaps and key areas that require development/investment actions to improve hospital readiness (WHO, 2020b).

This guideline can be used periodically to monitor the development of hospital operational readiness which consists of leadership and incident management systems; coordination and communication; supervision and management of information; risk communication and community involvement; administrative, financial, and business continuity; human resources; surge capacity; continuation of key support services; patient management; occupational health, mental health and psychosocial support of health workers; rapid identification and diagnosis; and infection prevention and control. These guidelines can be used in the pre-pandemic period, the early stages of the pandemic, and during the pandemic period (Findyartini et al., 2020; WHO, 2020c).

In Indonesia, the readiness of health service facilities, especially hospitals, in handling COVID-19 is one of the main focuses in determining the quality of health services during this pandemic (Dzakwan, 2020). The government as a regulator regularly needs to monitor and evaluate hospital readiness in facing the COVID-19 pandemic as part of efforts to improve the quality of hospital services (Direktur Jenderal Pelayanan Kesehatan Kementerian Kesehatan RI, 2020a). In addition, healthcare experts globally have stressed the importance of strengthening health systems, particularly hospitals, for effective pandemic response to protect patients' rights to health and staff (Dahmash et al., 2023).

The Indonesian Ministry of Health in 2020 in the context of monitoring and evaluating hospitals during the COVID-19 pandemic issued instruments for hospitals during the Corona Virus Disease 2019 (COVID-19) pandemic following the Decree of the Director General of Health Services Number: HK.02.02/1/4405/2020 concerning Guidelines for Monitoring and Evaluating Hospital Readiness During the Corona Virus Disease 2019 (COVID-19) Pandemic (Direktur Jenderal Pelayanan Kesehatan Kementerian Kesehatan RI, 2020b). In pandemic conditions, Indonesia still uses these instruments. Hospitals need to establish disaster-related information networks, conduct simulations, and monitor the impact of disasters on patients handled by hospitals (Yunita & Adisasmito, 2022).

Based on the WHO *Rapid Hospital Readiness Checklist instrument* which contains 12 components and based on the display of the profit web picture, it can be seen that the components are of low value so that this can be the basis for hospitals in providing special attention and reference in determining the next steps for hospital management.

METHODS

The study used a quantitative approach. Data collection was carried out with secondary data (Rapid Hospital Readiness Checklist) from the mutufasyankes.kemkes.go.id application of the Indonesian Ministry of Health. This data collection is used to utilize data on the number of hospitals that fill and upload in mutufasyankes.kemkes.go.id applications, both private hospitals, district/city/provincial government hospitals, and UPT vertical hospitals of the Ministry of Health in Indonesia.

The final results of the Rapid Hospital Readiness Checklist are in the form of scores and percentages in the form of spider web images that provide quantitative indications of hospital readiness to face the pandemic. The results of the Rapid Hospital Readiness Checklist spider web are used as an evaluation material and reference for making follow-up plans for management priority strategies for the next hospital. A total of 618 hospitals have filled the

Rapid Hospital Readiness Checklist as of April 30, 2023, from as many as 3081 hospitals in Indonesia registered as of April 28, 2023.

RESULTS AND DISCUSSION

The following is a display of filling out the hospital readiness checklist against COVID-19 (Rapid Hospital Readiness Checklist) in Excel format sheet:

IDENTITAS RUMAH SAKIT	
<p>Bagian identitas Rumah Sakit ini adalah data wajib dari rangkaian penilaian cepat Covid-19. Modul ini mengumpulkan informasi tentang identitas dan informasi deskripsi umum dari fasilitas kesehatan. Bagian ini digunakan bersama dengan modul lain dalam rangkaian check list. Check list ini terdiri dari modul yang berkaitan dengan kesiapsiagaan dan perencanaan respons, manajemen pasien Covid-19, dan kontinuitas layanan kesehatan esensial.</p>	
IDENTITAS RUMAH SAKIT	
1. NAMA RUMAH SAKIT _____	2. KODE RS <input type="text"/>
3. PROVINSI _____	4. KODE POS <input type="text"/>
5. KABUPATEN / KOTA _____	
6. ALAMAT RS _____	
7. KELAS RS <input type="text"/>	8. JENIS RS <input type="text"/>
9. KEPEMILIKAN RS <input type="text"/>	
10. NAMA DIREKTUR RUMAH SAKIT _____	
11. TELEPON DAN EMAIL RS _____	
	TEL. _____ EMAIL _____
12. NAMA PENILAI KESIAPAN RUMAH SAKIT _____	14. TANGGAL PENILAIAN
13. JABATAN PENILAI _____	TANGGAL <input type="text"/>
	BULAN <input type="text"/>
	TAHUN <input type="text"/>

Figure 1 Sheet 1: Hospital Identity

Based on Figure 1. The hospital completes the filling of the Rapid Hospital Readiness Checklist, namely the identity of the hospital to be assessed. The assessment carried out includes filling: in the hospital name, hospital code, province, postal code, district/city, hospital address, hospital class, type of hospital, hospital ownership, hospital director name, hospital telephone, and email, name of hospital readiness assessor, position of assessor and date of assessment. After completing filling in the hospital identity on sheet 1 of the Rapid Hospital Readiness Checklist, then filling in sheet 2 with the following display of filling in the checklist:

Profil Rumah Sakit		
FASILITAS		
No.	PERTANYAAN	JAWABAN
Tempat tidur		
19	Total tempat tidur rawat inap Apakah ada tempat tidur untuk orang dewasa? Apakah ada tempat tidur untuk anak-anak?	JUMLAH TEMPAT TIDUR RAWAT INAP <input type="text"/> <input type="text"/> <input type="text"/>
Departemen		
20	Ketersediaan unit pelayanan: a. Pelayanan penyakit dalam b. Pelayanan Bedah c. Pelayanan Anak (Pediatric) d. Pelayanan Kebidanan dan Penyakit Kandungan (Obstetri & Ginekologi) e. Ruang Penyakit menular f. Ruang Isolasi g. Pelayanan Gawat Darurat h. Pelayanan Jantung dan Pembuluh Darah (Kardiologi) i. Unit perawatan intensif (ICU) j. Pelayanan Neurologi k. Pelayanan Onkologi l. Perawatan dan rehabilitasi jangka panjang m. Perawatan paliatif n. Lainnya (Spesifik) _____	PILIH YA/TIDAK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21	Ketersediaan pelayanan penunjang: a. Radiologi b. Laboratorium c. Farmasi d. Terapi fisik e. Lainnya _____	PILIH YA/TIDAK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kepegawaian/ Sumber daya manusia		
22	Jumlah total Ppegawai, baik staf medis dan non-medis yang bekerja di RS tersebut?	TOTAL PEGAWAI <input type="text"/>
23	Jumlah dokter purna waktu yang bekerja di RS tersebut?	DOKTER <input type="text"/>
24	Jumlah PPDS atau Residen yang ditempatkan di RS tersebut *tulis "0" jika tidak ada	PPDS/ RESIDEN <input type="text"/>
25	Jumlah perawat dan bidan yang bekerja di fasilitas tersebut?	PERAWAT & BIDAN <input type="text"/>
END		

Figure 2 Sheet 2: Hospital Profile in WHO Hospital Readiness Checklist

Based on Figure 2, fill in the next Rapid Hospital Readiness Checklist by completing the hospital profile. The hospital profile in the list contains questions about hospital facilities such as the number of inpatient beds, availability of service units and supporting services, and total hospital human resources. After filling out the hospital profile list, then filling in sheet 3, namely the hospital readiness checklist for COVID-19. The following is a look at the hospital readiness checklist for COVID-19:

Daftar Tilik Kesiapan Rumah sakit terhadap Covid-19

Instruksi: Lengkapi semua item dalam check list dari 1.1 hingga 12.16, menggunakan menu pilihan di kolom Status. Juga tambahkan informasi tentang Bukti verifikasi dan Rencana tindak lanjut. Semua pilihan secara otomatis dinilai dan dianalisis, dengan hasil yang ditampilkan dalam bagan laba-laba pada tab Hasil Penilaian untuk memberikan pemahaman visual yang lebih baik. Bagan dapat digunakan berumah sakit dengan narasi dari laporan kesiapan. Laporan rumah sakit tersebut mencerminkan kesiapan rumah sakit dasar untuk pandemi Covid-19 dan tindakan spesifik yang dapat digunakan untuk memandu manajemen rumah sakit untuk meninjau dan mengembangkan rencana aksi sehingga semua komponen utama dapat dinilai sebagai Fungsional penuh. Masukan untuk Sarana verifikasi akan membantu dalam mendefinisikan dan mengembangkan Ringkasan tindakan prioritas di kolom terakhir.

Anda dapat menggunakan daftar periksa ini untuk memantau kesiapan rumah sakit Anda untuk mengatasi pandemi Covid-19 sepanjang waktu.

Terima kasih telah melengkapi daftar periksa dan upaya Anda yang berkelanjutan dalam mempeRumah sakitiapkan dan menanggapi pandemi Covid-19.

Komponen Kunci	Tindakan Rekomendasi	Status	Bukti Verifikasi	Rencana Tindak Lanjut
1. Kepemimpinan dan Manajemen Insiden	1.1 Rumah sakit memiliki program bencana Covid-19, dan memiliki Satgas / tim Bencana, atau kombinasi dari kedua hal tersebut. Satgas / Tim ini terdiri antara lain dari Komite Pencegahan dan Pengendalian Infeksi (PPI), Komite/Tim K3, Dokter, Perawat, Tenaga kesehatan lain, Apoteker, Penunjang (Logistik, Gizi, SDM, Kebersihan, dll)	SEBAGIAN FUNGSIONAL		
	1.2 Tersedia ruangan/ posko sebagai Pusat Kendali Operasional pandemi Covid-19 yang aman, terlindung dan mudah diakses oleh staf untuk melakukan pertemuan dan koordinasi	BERFUNGSI PENUH		
	1.3 Telah ditetapkan Ketua Satgas / Tim untuk memimpin kesiapan dan kesiapsiagaan rumah sakit dalam mengelola risiko Pandemi Covid-19	BERFUNGSI PENUH		
	1.4 Ketua Satgas / Tim yang ditunjuk memastikan mendapatkan masukan yang tepat dalam mengambil keputusan, koordinasi dan komunikasi dan dalam mengelola pandemic Covid-19 yang berbasis bukti.	BERFUNGSI PENUH		
	1.5 Program Bencana Pandemi Covid-19 telah diuji melalui latihan simulasi	SEBAGIAN FUNGSIONAL		
	1.6 Rumah sakit memiliki mekanisme koordinasi ke pusat, daerah (Provinsi/Kab/Kota) serta ke masyarakat terkait pencegahan, kesiapsiagaan, kesiapan, respon tanggap darurat dan pemulihan Covid-19.	BERFUNGSI PENUH		
	1.7 Tersedianya regulasi dalam bentuk pedoman atau panduan atau dokumen sejenisnya yang berkaitan dengan manajemen risiko Covid-19	SEBAGIAN FUNGSIONAL		

Figure 3 Sheet Contents of Hospital Readiness Checklist for Covid-19

Based on Figure 3, hospitals complete the hospital readiness checklist by self-assessment by selecting and determining each subcomponent with options (figure 4) in the status column, clicking on the status column and there is an inverted triangle in the bottom right column with the following conditions: a) Not available (automatic in red), b) Partially functional (automatic in yellow), c) Fully functional (auto green).

Komponen Kunci	Tindakan Rekomendasi	Status	Bukti Verifikasi	Rencana Tindak Lanjut
1. Kepemimpinan dan Manajemen Insiden	1.1 Rumah sakit memiliki program bencana Covid-19, dan memiliki Satgas / tim Bencana, atau kombinasi dari kedua hal tersebut. Satgas / Tim ini terdiri antara lain dari Komite Pencegahan dan Pengendalian Infeksi (PPI), Komite/Tim K3, Dokter, Perawat, Tenaga kesehatan lain, Apoteker, Penunjang (Logistik, Gizi, SDM, Kebersihan, dll)	BERFUNGSI PENUH		
	1.2 Tersedia ruangan/ posko sebagai Pusat Kendali Operasional pandemi Covid-19 yang aman, terlindung dan mudah diakses oleh staf untuk melakukan pertemuan dan koordinasi	BERFUNGSI PENUH		
	1.3 Telah ditetapkan Ketua Satgas / Tim untuk memimpin kesiapan dan kesiapsiagaan rumah sakit dalam mengelola risiko Pandemi Covid-19	BERFUNGSI PENUH		
	1.4 Ketua Satgas / Tim yang ditunjuk memastikan mendapatkan masukan yang tepat dalam mengambil keputusan, koordinasi dan komunikasi dan dalam mengelola pandemic Covid-19 yang berbasis bukti.	BERFUNGSI PENUH		
	1.5 Program Bencana Pandemi Covid-19 telah diuji melalui latihan simulasi	SEBAGIAN FUNGSIONAL		
	1.6 Rumah sakit memiliki mekanisme koordinasi ke pusat, daerah (Provinsi/Kab/Kota) serta ke masyarakat terkait pencegahan, kesiapsiagaan, kesiapan, respon tanggap darurat dan pemulihan Covid-19.	BERFUNGSI PENUH		
	1.7 Tersedianya regulasi dalam bentuk pedoman atau panduan atau dokumen sejenisnya yang berkaitan dengan manajemen risiko Covid-19	SEBAGIAN FUNGSIONAL		

Figure 4 Category (not available, partially functional, fully functional) pada WHO Rapid Hospital Readiness Checklist

After filling in sheet 3, then the quantitative results of score achievement and percentage of 12 main components will automatically appear. The 12 main components in question are (1) leadership and incident management system, (2) coordination and communication, (3) surveillance and information management, (4) risk communication and community engagement, (5) administration, finance, and business continuity, (6) human resources, (7) surge capacity, (8) continuity of essential support services, (9) patient management, (10) occupational health, mental health, and psychosocial support, (11) rapid identification and diagnosis, (12) infection prevention and control. Here is the view of sheet 4 of the assessment results:



Overview of hospital readiness: key components		
Component	Score	Percent Achieved
1. Leadership and incident management system	0	0%
2. Coordination and communication	0	0%
3. Surveillance and information management	0	0%
4. Risk communication and community engagement	0	0%
5. Administration, finance, and business continuity	0	0%
6. Human resources	0	0%
7. Surge capacity	0	0%
8. Continuity of essential support services	0	0%
9. Patient management	0	0%
10. Occupational health, mental Health, and psychosocial support	0	0%
11. Rapid identification and diagnosis	0	0%
12. Infection prevention and control	0	0%

Next on the right side of sheet 4: Results The Rapid Hospital Readiness Checklist displays a visual representation of the percentage achieved by each component in the spider chart.

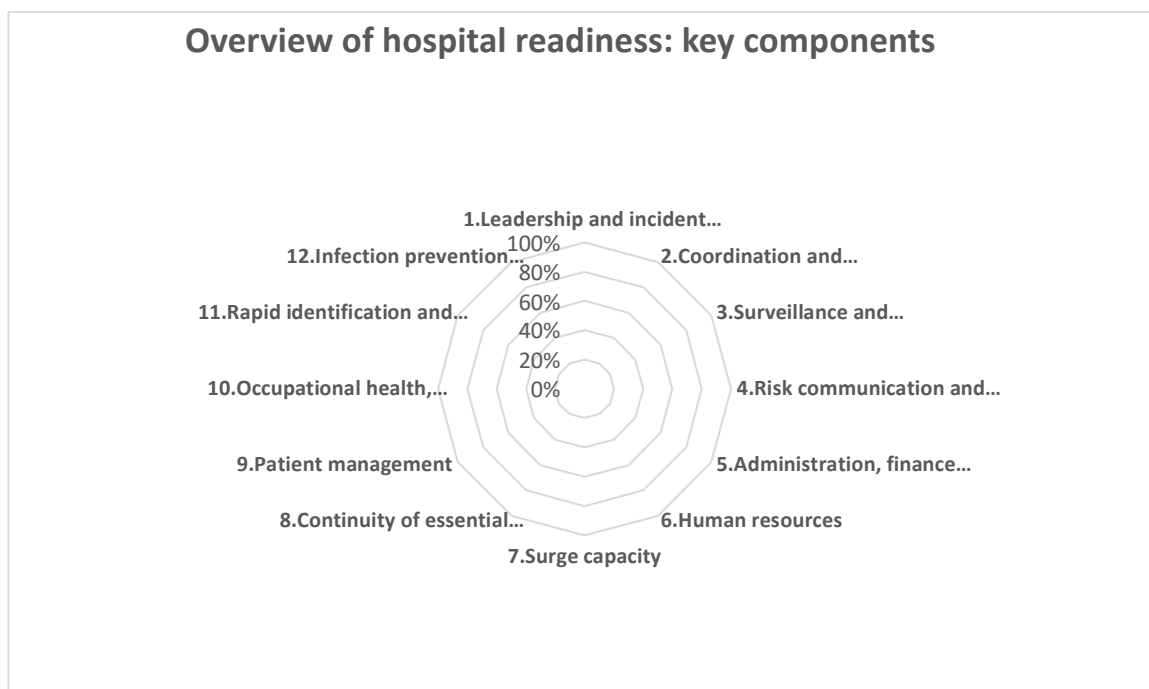


Figure 6 Overview of the Profit Web on the WHO Rapid Hospital Readiness Checklist

Figure 6 is a spider web as a visual representation after filling in and completing the WHO Rapid Hospital Readiness Checklist sheet periodically. Furthermore, researchers will display the average results per data component taken from the mutufasyankes.kemkes.go.id application of the Indonesian Ministry of Health. A total of 618 hospitals filled and uploaded the Rapid Hospital Readiness Checklist from 3081 registered hospitals in Indonesia. The following is a table of average results per component of 618 hospitals:

Table 1 Average Results per Component of 618 Hospitals Uploading Hospital Readiness Checklist

ASSESSMENT RESULTS	
Hospital readiness overview: key components	
Component	Achievement Percentage
1. Leadership and incident management systems	90%
2. Coordination and communication	91%
3. Surveillance and information management	90%
4. Fast communication and community involvement	91%
5. Administrative, financial, and business continuity	90%
6. Human resources	90%
7. <i>Surge capacity</i>	90%
8. Continuity of essential support services	91%
9. Patient management	83%
10. Occupational health, Mental health, and psychosocial support	77%
11. Rapid identification and diagnosis	93%
12. Infection prevention and control	94%

Furthermore, the percentage table automatically forms an overview of hospital achievements in the form of a spider web that can be seen as the lowest point of the sign and the highest point of the sign from 12 components (figure 6).

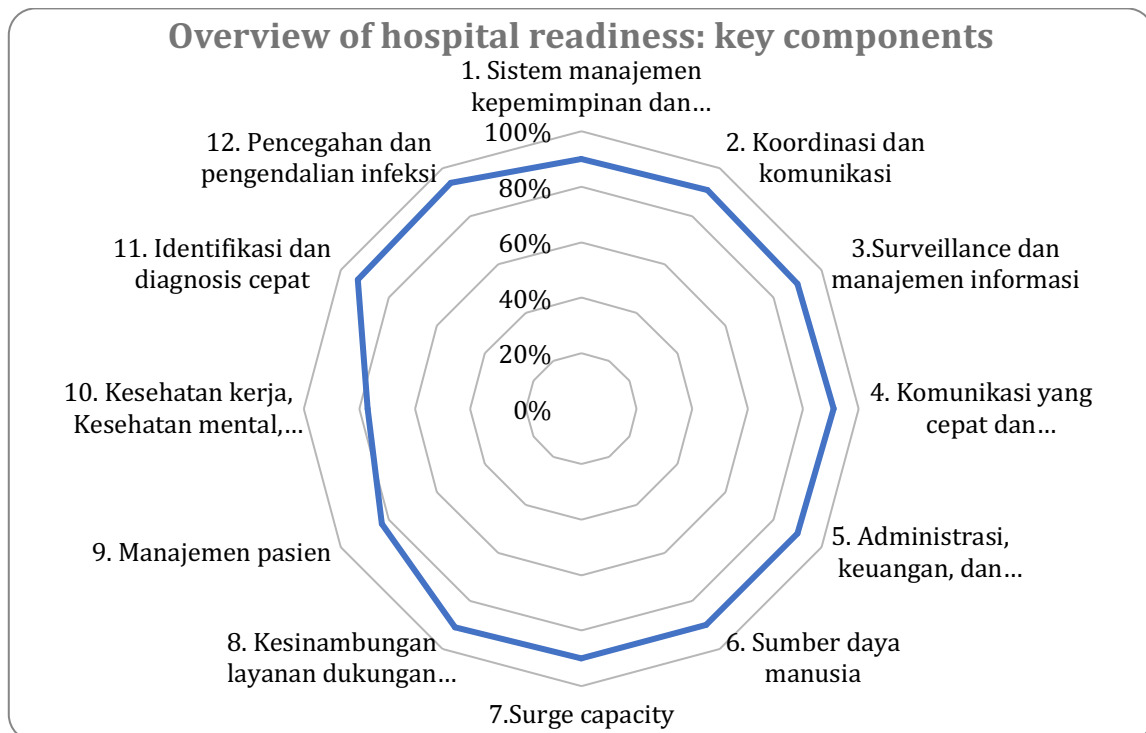


Figure 7 Overview of the Average Profit Net of 618 Hospitals in Indonesia

Figure 7 is the achievement of the readiness of 618 hospitals in facing and or during the COVID-19 pandemic through a spider web overview display.

Based on data from the Health Service Quality Directorate quality application, 618 hospitals that fill the Hospital Readiness Checklist until April 2023 obtained Components (1) Leadership and incident management systems reached an average of 90%, Components (2) Coordination

and communication by 91%, Components (3) Surveillance and Information Management by 90%, Component (4) Fast communication and community involvement by 91%, Component (5) Administration, Finance and Business Continuity by 90%, Component (6) Human Resources by 90%, Component (7) Surge Capacity by 90%, Component (8) Continuity of Important Support Services by 91%, Component (9) Patient Management by 83%, Component (10) Occupational Health, Mental Health, and Psychosocial Support by 77%, Component (11) Rapid Identification, and Diagnosis by 93%, Component (12) Infection Prevention and Control by 94%. Of course, the 618 hospitals have completed the 12 components of the Hospital Readiness Checklist.

RINCIAN TINDAKAN PRIORITAS							
NO	KEGIATAN	TUJUAN	SASARAN	BIAYA/SUMBER	WAKTU	PENANGGUNG JAWAB	KETERANGAN

Figure 7 Details of Priority Actions for Hospitals in Indonesia at WHO Hospital Readiness Checklist

From the results of quantitative research, secondary data from the Ministry of Health's mutufasyankes application on the Hospital Readiness Checklist of 618 hospitals that filled and uploaded the 10th (ten) component, namely the Occupational Health, Mental Health, and Psychosocial Support Component, was the component with the lowest percentage of 77% and the 12th (twelve) component, namely the Infection Prevention and Control Component with the highest percentage of 94%. This data is taken as of April 30, 2023.

In this case, the analysis of the profit chart and the sheet "Details of Priority Actions" will be part of the hospital condition report, especially during the COVID-19 Pandemic, and in the future, it is expected to be a hospital self-assessment to maintain quality services, self-assessment of accreditation preparation and make the basis for hospital follow-up plans based on priority action details. So that reporting carried out by hospitals in Indonesia regularly becomes the basis for monitoring the progress of capacity building in hospitals. Hospital plans should be developed based on the priority actions listed for the implementation of each of its components as well as to plan how to improve hospital facilities.

On the Excel sheet, the Priority Action Details are the follow-up plan steps from the results of the WHO Rapid Hospital Readiness Checklist that have been filled and completed. This Excel table can be filled according to the color grading of the Assessment Results table or according to the color order in each of its subcomponents. The red color is the main thing that gets attention, then the yellow color.

From secondary data taken from the mutufasyankes application of the Directorate of Health Service Quality of the Indonesian Ministry of Health, for example, one hospital was taken with a table of assessment results (score and percentage of achievement) 12 components of hospital filling results Readiness Checklist showing color differences in the percentage achievement column (Figure 8).

ASSESSMENT RESULTS

Hospital readiness overview: key components

Component	Score	Achievement Percentage
1. Leadership and incident management systems	6	86%
2. Coordination and communication	5,5	92%
3. Surveillance and information management	4	67%
4. Fast communication and community involvement	3,5	88%
5. Administrative, financial, and business continuity	8	100%
6. Human resources	4	67%
7. <i>Surge capacity</i>	4,5	90%
8. Continuity of essential support services	5	83%
9. Patient management	2,5	63%
10. Occupational health, Mental health, and psychosocial support	2	40%
11. Rapid identification and diagnosis	6	100%
12. Infection prevention and control	16	100%

Figure 8 Table of Hospital Readiness Checklist Assessment Results of Hospital X in Indonesia in 2021

From the table above in the achievement percentage column, there are automatic results in red, yellow, and green. In this case, the red column with a percentage of achievement of 40% in the Occupational Health, Mental Health, and Psychosocial Support Components is the priority in strategizing hospital management during a pandemic. Next, the column is yellow with an assessment percentage of 63%, the second priority, then the third priority column is yellow with a percentage of achievement of 67%, and so on. As an adaptation of the instrument, the Indonesian Ministry of Health added one more sheet as a Priority Action Details sheet.

Priority Action Details Table

NO	KEGIATAN	TUJUAN	SASARAN	BIAYA/SUMBER	WAKTU	PENANGGUNG JAWAB	KETERANGAN
1	Menyusun SPO pemantauan potensi bahaya Kesehatan Lingkungan kerja	Menyediakan alat ukur pemantauan risiko bahaya kesehatan lingkungan kerja	Seluruh SDM di RS	RBA	Feb-21	K3L	proses
2	Menyusun Panduan dan SPO Pelayanan Psikologis (skrining, pelayanan, dan tatalaksana kegawatdaruratan psikologis)	Panduan untuk melakukan skrining kesehatan jiwa, pasien/ dan petugas	Pasien, keluarga, masyarakat dan petugas	RBA	Dec-20	Pelayanan Keperawatan/ Pelayanan Medik dan PKRS	Proses, target bulan Januari 2021
3	Melakukan proses mitigasi risiko sistem keamanan Rumah Sakit selama masa pandemi	Meningkatkan kewaspadaan terjadinya risiko keamanan akibat bencana wabah covid	Pasien, keluarga, staf dan masyarakat	RBA	Jan-20	RT/ K3RS	proses
4	Skrining Tenaga Kesehatan	Upaya pencegahan penularan dan menjamin keselamatan kerja tenaga kesehatan	Tenaga Kesehatan RS	BLU	Selama Pandemi	Direktur Medik, Keperawatan dan Penunjang	Berkesinambungan
5	Pelayanan Konseling Covid-19	Terlaksananya pelayanan Konseling Covid-19	Pasien Covid-19 dan Nakes Pelayanan Covid-19	BLU	Triwulan I Tahun	Dir. PMKP	
6	Pembuatan SPO screening kesehatan jiwa pada pasien Covid-19, keluarganya, dan staf rumah sakit	Menyediakan instrument yang digunakan di RS agar nakes sehat	Pasien covid dan Nakes	BLU	Selama Pandemi Covid-19	K3RS	proses
7	Penyediaan layanan sebagai sarana komunikasi keluarga dengan pasien melalui telekomunikasi, pelatihan psikososial pegawai yang bertugas di zona merah dan link konselingnya	Upaya rumah sakit memberikan dukungan psikososial bagi pasien dan keluarga	Pasien covid dan Nakes	BLU	Pandemi	K3RS	proses
8	RS memiliki kebijakan & kemampuan untuk mengelola keselamatan dan kesehatan kerja (K3) yang terintegrasi dengan upaya pencegahan dan pengendalian infeksi (PPI) dengan tujuan untuk melindungi staf RS (merevisi panduan masa baru)	Tindak lanjut upaya perlindungan SDM rumah sakit pada masa pandemi	Karyawan/ staf RS	BLU	Dalam 1 bulan sudah direvisi panduan masa baru	Ka Unit K3RS	proses
9	RS mempunyai screening kesehatan jiwa pada pasien Covid-19, keluarganya, dan staf RS untuk meningkatkan respons keaduratan	Melengkapi skrining jiwa untuk staf dan keluarga pasien	Staf, keluarga, pasien	BLU	Dalam 1 bulan sudah ada mekanisme skrining (regulasi) yg mengatur detail proses skrining	Bidang Pelayanan Medik, K3RS	proses berkesinambungan
10	Seluruh staf RS telah dilatih tentang dasar-dasar keselamatan dan kesehatan kerja (K3) (refreshing) dan pertolongan pertama psikologis serta mengetahui kapan harus mencari layanan dukungan jika diperlukan.	Melengkapi mekanisme pengaturan pertolongan pertama psikologis, kapan harus mencari layanan dukungan jika diperlukan.	seluruh staf	RAB RS	Dalam 3 bulan minimal 25% staf telah dilatih	Ka Unit K3RS	proses berkesinambungan
11	Melakukan proses mitigasi risiko sistem keamanan Rumah Sakit selama masa pandemi	Meningkatkan kewaspadaan terjadinya risiko keamanan akibat bencana wabah covid	Pasien, keluarga, staf dan masyarakat	RBA	Jan-20	RT/ K3RS	On Proses

Figure 9 Hospital Readiness Checklist Multiple Priority Action Details Table Hospitals in Indonesia

The table above (figure 9) is a form of follow-up plan in determining priority strategies for hospital management in Indonesia during a pandemic that researchers take from secondary data on mutufasyankes.kemkes.go.id applications and of course can also be used as a self-assessment in maintaining service quality, and can be adapted in the event of another pandemic/disaster. In this case, of course, it is reinforced by previous research by Arda Yunita Subardi, Wiku Bakti Bawono Adisasmito with the title *Hospital Readiness for Covid 19 Pandemic in Bekasi District Hospital*, FKM University of Indonesia (published March 30, 2022) where the study concluded that the hospital readiness checklist can be used as a *baseline* and evaluation tool for hospitals and health facilities (Yunita & Adisasmito, 2022).

From the results of the profit web picture on the *Hospital Readiness Checklist* where the components of Occupational Health, Mental Health, and Psychosocial Support are the lowest the solution is through the Occupational Health and Safety (K3) Program in hospitals as a priority action. Related to this is supported by previous research in Jordan where the results of research there stated that the component of psychological support and occupational health support is still low (Dahmash et al., 2023). Selain itu juga di perkuat beberapa penelitian tentang manajemen kesehatan dan keselamatan kerja di rumah sakit (Dewi & Wardani, 2022), (Efendy et al., 2022), (Bando et al., 2020), (Gómez Miranda & Gómez Miranda, 2018).

This measurement instrument includes recommended actions for hospitals that are critical to the safe and effective management of COVID-19 risks and cases and to ensure the continuity of hospital services and functions. The assessment results can be used by hospitals to systematically prioritize and implement recommended actions until all measures are considered fully functional.

CONCLUSION

For hospitals after completing the WHO Rapid Hospital Readiness Checklist instrument, hospitals can make improvement efforts by referring to the picture of the profit web from the results of the table of 12 components filled. The findings from the withdrawal of secondary data mutufasyankes.kemkes.go.id application that 618 hospitals in Indonesia fill and upload and obtained an average achievement per hospital component of 88% from 12 components of hospital readiness, where the highest percentage is in the 12th (twelve) component, namely the Infection Prevention and Control Component. The lowest component of the 618 hospitals that uploaded the results of the Hospital Readiness check-in list was in the 10th (ten) component, namely the Occupational Health, Mental Health, and Psychosocial Support Components so that they could draw conclusions and develop follow-up plans for hospitals.

In this case, according to the lowest point in the profit web picture from the WHO Rapid Hospital Readiness Checklist, it becomes a reference in determining the strategic priorities of hospital management, which is then followed by the patient management component according to the deepest point of the hospital profit web.

Through improvements in strategic priorities of hospital management, it is hoped that hospitals during the pandemic and if another pandemic occurs can still provide excellent and quality service. So how do hospitals in Indonesia strive to improve the degree of occupational health, and mental health of human resources who work in hospital agencies, especially health workers, and how psychosocial support for hospital management to realize healthy Indonesian health workers?

It is expected that the picture of the profit web as a visual description of the WHO Rapid Hospital Readiness Checklist will be a guide for hospitals in Indonesia in providing services and priority strategies for improvement management, then for the Ministry of Health, Provincial Health Offices, District/City Health Offices and other stakeholders related to hospital service management can use this picture as material in taking and determining Policies for hospital services in their work area or target area.

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