

Social Performance in Hospitals: A systematic Review of Social Measurement Properties of Hospital Accreditation Committee (KARS) Instruments

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***Abstract**--Recent aspirations for social centered health care services have been reaffirmed in the wake of Indonesia's participation in the universal healthcare coverage scheme (UHC). As the main provider of health services in the country, it is imperative for hospital to measure its social performance. However, attempts to assess social performance has been challenging, given the different perception over the term 'social performance'. The result has been a proliferation of instruments, measured separately by individual hospitals. A reference point from the current accreditation standard measurements for hospitals in Indonesia has been monitored by an independent non-profit organization, Hospital Accreditation Committee (Komite Akreditasi Rumah Sakit or KARS) recognized by The International Society for Quality in Health Care (ISQua). This study will evaluate the standards in KARS instrument managed and analyzed using QSR NVIVO allowing relevant instruments to be identified and summarized. This result of the study is a synthesis on the properties and categories of instruments that would indicate a measure for social performance. This will provide appropriate selection of current instruments proposed to capture hospital social performance in Indonesia.*

***Key words**--Social Performance; KARS; accreditation instrument; hospital; literature review.*

I. INTRODUCTION

Recent aspirations for social centered health care services have been reaffirmed in the wake of Indonesia's participation in the universal healthcare coverage scheme (UHC). Since its implementation in 2014, JKN has reached 127,763,851 participants, 105.1% of the initial target.¹ As the main provider of health services in the country, in the wake of the JKN participation, it is imperative for hospitals to measure its social performance. Alongside the flux of global health care industry in Indonesia, with BPJS and JKN in motion, hospital also undergo organizational change such as management accounting and measurements of performance and impact in service.² There has been a proliferation of instruments, independently measured by individual hospitals. Therefore, it is important to establish what constitutes social performance for hospitals in Indonesia.

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In order to ensure affordable health quality assurance, all JKN affiliated hospitals must achieve hospital accreditation through the national hospital's main accreditation body, KARS (Hospital Accreditation Committee). In 2018, only 57 percent of hospitals affiliated with JKN had attained accredited status.³ This accreditation is based on the general functions of the organization of hospitals which are grouped according to functions related to the provision of services for patients, management of each unit, department, and service in a hospital. The accreditation is based on the level of compliance with national hospital accreditation standards that includes patient safety goals, patient-focused service standards, hospital management standards, national programs, and the integration of health education in hospital services⁴

The accreditation process is deemed a highly effective tool for accelerating integration and stimulating cooperation, helping continuous quality improvement programs, creating new leadership for quality improvement, increasing social capital, and fostering links amongst stakeholders.⁵ Previous research has shown, however, that after 10 years of accreditation cycles, institutions can become accustomed to these processes. Furthermore, motivation to introduce accreditation-related changes diminishes over time. Accreditation becomes a mundane process, where over time institutions are able to take full advantage of each stage of the accreditation process.^{6,7} The organizational context in which the accreditation took place could influence the type of change dynamics that hospitals.

There is also a distinguishing difference between government owned hospitals and private hospitals, due to bureaucratic characteristics that differ between the two. This phenomenon is also seen in Indonesia, as government owned hospitals convert into focusing more on market imperatives. Along with the introduction of BPJS and JKN, hospitals have shown incremental organizational change. The transformational organization change includes implementing more stringent measures, revisiting current measurement will need to fit the possible future needs.

This study will evaluate the existing standards in KARS instrument managed and analyzed using QSR NVIVO allowing relevant instruments to be identified and summarized. Combinations of keywords search, and coding will be devised in relation to the context and instrument measures. This result of the study is a synthesis on the properties and categories of instruments that would indicate a measure for social performance. This will provide appropriate selection of current instruments proposed to capture hospital social performance in Indonesia. The novelty of the study is such assessment for current KARS instruments in Indonesia have not been extensively done before.

II. METHODOLOGY

This section will discuss the main approaches to the search strategy and criteria assessment when reviewing the KARS instruments social performance elements. The steps taken in this research includes identifying the KARS instrument, reviewing the KARS instrument using keyword text search, then interpreting coding based on the social performance measurement criteria and a summary of results.

Keyword Search

KARS standard is released in full Bahasa Indonesia, such that the search terminologies will be in Bahasa Indonesia, will be explained here in terminologies in Table 1. The terminologies are based on the list of common keywords of journals written about social performance and terms from *Kamus Besar Bahasa Indonesia* (KBBI). The searches will be done in two approach explicitly used keywords found within the instruments and implicit meanings of the instruments that indicate *sosial* (social), *kinerjasosial* (social performance), *tanggungjawab sosial perusahaan* (corporate social responsibility), *pengabdian dalam masyarakat* (community service). Wide text searches will be done in screening through explore “word search” using the software NVIVO, then a mapping or word tree of keywords identified in the instruments will then be compiled.

In this stage the instruments will be assessed based on a set of predetermined sets of criteria and graded based its theme to social performance. The assessment will be based on the concept of social performance is defined based on reputation, social observations, managerial principles and values, and disclosures.⁸ Social performance means that in this assessment is referred to the organization’s product responsibility, community, training and development, health and safety, and employment quality.”⁹

Table 1. Category Assessment

| Standard | Analysis |
|---------------------------|---|
| Patient Safety | Standard related to specific improvements to patient safety. |
| Patient Centered Services | Standard that concerns aligning patient care needs with services available at hospital and coordinate services. |
| Hospital Management | Standard explain a comprehensive approach to quality improvement and all hospital services. |

After keyword search has been conducted, further analysis through coding to map of key themes and information of the KARS instruments is done with the help of the software NVivo. NVivo helps organizes and tags coding of certain themes in a body of writing across many article sources.¹⁰ The standard words and measures are analyzed based on certain grading or categorizes shown in Table 1, based on the three main aims established within KARS. The identified grading is later then summarized and synthesized with the understanding concept of social performance.

Table 2. Social Performance Concept Indicators

| Indicator | Description |
|-------------------|---|
| Community Benefit | Hospital's resources used to advance societal well being like uncompensated care, medical education, medical research, etc. |
| Employee Support | Concerns the safety in hospital regarding job security and employee involvement. |
| Diversity | Creating equal opportunity for everyone regardless of race, religion, family, or family orientation. |
| Product | Related to product safety, research and development, and innovation in the hospital. |
| Environment | Related to environment friendly products, hazardous waste management, pollution control and recycling. |

Although the meaning of social performance may not be unanimous, several studies definition provides proxies of concepts that could help gauge aspects of social performance.¹¹The concepts used in identifying themes of social performance in hospitals is based on Table 2, a proliferation of recent articles written in social performance in healthcare. Indicators are also adapted from the well-known Kinder, Lydenberg, and Domini's Stats database (KLD) ratings which evaluate social performance, taken dimensions that is relatable in the context of hospital industry, including community, diversity, employee relations, community involvement, product safety, environment, and quality program¹²

III. RESULTS AND DISCUSSION

There has always connections to the practices and services of hospital industry with social performance where the presence of a hospital provide quality life for the surrounding community. Hospitals serves communities by providing positive value and improvements for stakeholder groups.¹³Hospital social services could be seen through several actions such as voluntary community services, offering preventive services, treating patients who lack health insurance, conducting medical research, etc.

In this study, a reference point for such measure is taken from the current accreditation standard measurements for hospitals in Indonesia has been monitored by an independent non-profit organization, Hospital Accreditation Committee (*Komite Akreditasi Rumah Sakit* or KARS) recognized by The International Society for Quality in Health Care (ISQua). By 1st December 2019, around 2402 hospitals in Indonesia have been accredited by KARS. KARS instruments consist of objectives and chapters of standards on both clinical and general objectives. Accreditation is given to the hospitals that adheres to these standards. Based on the previous determined criteria, grading and indicators related to social performance was able to be identified.

Keyword search results suggests that KARS instrument shows little found match to exact matches to the predetermined keywords using query text search in NVIVO. The word *sosial*(social) is the only found in exact match, explicitly mentioned 13 times throughout the whole document, all referring to several contexts. Early mention comes from patient assessment measures include gathering information on the physical, psychological, social, cultural, and historical health of the patients. In addition, the word “*sosial*” comes up in the phrases such as “*pekerjasosial*,” as part of the patient experience that they will gain support such as from a social worker. Afterwards the instruments are coded based on a predetermined list of themes on social performance. The chapters of standard being coded here are based on the 16 chapters hospitals (15 chapters in the case of non-educational hospital) to possibly receive accreditation.

The results indicates certain standard indicates socialness of hospital but implicitly through actions that promotes community benefit, employee support, accommodation to diversity, product development and innovation for the community, and environmental management. The table represents an preliminary screening of the KARS standard instruments and showcase implicitly several inclusion of social performance indicators.

KARS’s vision is to become an accreditation body that has high credibility at the national and international level. And it’s mission is to guide and assist hospitals to improve the quality of service and patient safety through accreditation, obtain international recognition as an international-class accreditation body by ISQua (International Society Quality in Healthcare) and obtain community recognition at both national and international levels. And we see social performance, social services, community care being part of what KARS attempts to do by increasing the quality of hospital services through accreditation. KARS values adopted in the organization of accreditation, also resonates with the theme of social performance, which are integrity, professionalism, commitment, and teamwork.

IV. CONCLUSION

Revisiting the current KARS instruments, this study have found some commonalities that supports that social performance has been directly and indirectly measured. Through the existing accreditation system used to grade hospitals in Indonesia showcase an importance to service to community, efficient and effective hospital conducts, contribution to healthcare at large, and concern to stakeholders wellbeing, there is a good indication of Indonesia’s healthcare movement towards social performances. Certain limitations to the study is that, it does not full measures real data samples of already accredited hospitals, but rather just a preliminary look into each standard instruments. Furthermore it also does not make a comparison across different accreditation instruments available in the entirety of healthcare industry. Future research should take into account the different operators and locations of hospitals that may distinguish difference in strategies, actions, and performance.

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