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LEGAL REVIEW IN ASSESSING THE IMPLEMENTATION OF INFECTION CONTROL PLANNING AND PREVENTION (PPI) PROGRAM IN RSU ROYAL PRIMA MARELAN IN 2024: EVALUATION OF LEGAL ASPECTS IN HEALTH MANAGEMENT

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ABSTRACT
The National Standard for Hospital Accreditation (SNARS) Edition I includes infection prevention and control standards. The goal of this program in hospitals is to identify and reduce the risk of transmission or infection among various parties, including patients, staff, health professionals, contract workers, volunteers, students, and visitors. This standard ensures that hospitals implement effective infection prevention practices for the well-being and safety of all parties involved in the hospital environment. This study investigates the legal aspects of implementing the Infection Control Planning and Prevention Program (PPI) at RSU Royal Prima Marelan in 2024. The method applied is a qualitative analysis method. The research location was conducted at Royal Prima Marelan General Hospital, and the research was in January 2024. Data analysis involves a Triangulation Test, in which facts are discovered during surveys and observations. The in-depth interview results showed that the fulfillment of facilities and budget allocation for PPI at Royal Prima Marelan Hospital received strong support from the hospital leadership. Integrated management includes budgeting and human resources, including providing funds for education and training activities outside the hospital to form a PPI Team. Regular socialization is also carried out in monthly employee meetings and orientation for new employees. Overall, it can be concluded that Royal Prima Marelan Hospital has successfully implemented an Infection Prevention and Control System (PPI) based on the Regulation of the Minister of Health of the Republic of Indonesia Number 27 of 2017, and its implementation is going well.

KEYWORDS: *Marelan, Planning, Prevention, Control*

I. INTRODUCTION

The government oversees regulations related to the technical prerequisites for hospital accreditation as outlined in Article 40 of Law No. 44 of 2009, which stipulates that "To enhance hospital services, regular accreditation must be conducted at least every 3 (three) years." In 2012, the approach to hospital accreditation began to shift, moving towards a new paradigm where the assessment is centered on services that prioritize patients. Patient safety emerged as the primary standard indicator in the revised accreditation assessment, the 2012 version of Hospital Accreditation. This accreditation framework is aligned with JCI (Joint Commission International), encompassing standards for patient-focused services, hospital management, patient safety goals, and MDG program standards. JCI aims to enhance the quality of care and patient safety without escalating costs. The shift in applicable standards necessitates a corresponding change in mindset and culture within hospitals, moving from a provider-centric to a patient-centric orientation. The Hospital Accreditation assessment tool utilizes the 2012 version of the Hospital Accreditation Commission (KARS), incorporating content adapted from the JCI version of the Hospital Accreditation Instrument, along with the requirement for periodic hospital services at least every 3 (three) years (Wardani & Suyanto, 2022; Noor, 2013).

In continuation of evaluating the outcomes of this initiative, an additional measuring instrument is crucial, namely a hospital service quality instrument that assesses and addresses issues related to the results (output) (Anfal, 2020). Patient safety remains the critical standard indicator in the updated accreditation assessment, known as the 2012 version of Hospital Accreditation (Neri et al., 2018). Healthcare-associated infections (HAIs) represent highly vulnerable issues not confined to hospitals only (Ukuhor, 2021) but are global concerns (Rickman et al., 2021; Zhou et al., 2020). The incidence of HAIs worldwide ranges from 4-10%, contributing to 5-10% prevalence in hospitalized patients in the United States, causing up to 100,000 deaths annually. In the UK, it is estimated that 8-9% of patients acquire infections through healthcare services. Conversely, surveillance indicates a lower incidence of HAIs in Indonesia, ranging from 0-1% (Sutherlin, 2020).

Fostering a culture of infection prevention can directly and indirectly enhance service quality for patients and their families, turning them into agents of change (Fennelly, 2020; Stull et al., 2018). SNARS Edition I incorporates standards for infection prevention and control (Putra et al., 2022). The objective of infection prevention and control programs in

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hospitals is to identify and mitigate the risk of infection transmission among patients, staff, health professionals, contract workers, volunteers, students, and visitors. The pivotal factor for the PPI program's success lies in the hospital director's commitment to establishing a competent PPI Team and PPI Hospital Surveillance. Infection Prevention and Control (PPI) is categorized within the hospital management standards, underscoring that a well-organized PPI system can elevate the quality of hospital services (Putra et al., 2022).

RSU Royal Prima Marelan, as a Type B hospital in North Sumatra, envisions providing quality health services accessible to all societal strata, prioritizing patient safety and customer satisfaction. Given the background outlined above, researchers are motivated to explore how Infection Prevention and Control Management (PPI) at Royal Prima Hospital Marelan aligns with the regulations outlined in the Minister of Health of the Republic of Indonesia Regulation Number 27 of 2017 concerning Guidelines for Infection Prevention and Control in Health Service Facilities, assessed within the framework of SNARS.

II. LITERATURE REVIEW

Organizing an IOP program aims to identify and reduce the risk of infections acquired and transmitted among patients, staff, health professionals, contract personnel, volunteers, students, and visitors. Infection risks and program activities may vary from hospital to hospital, depending on the hospital's clinical and service activities, patient population served, geographic location, number of patients, and staff.

The program will be effective if it has a defined leader, good staff training, methods to identify and be proactive at infection-risk sites, adequate policies and procedures, staff education, and coordination throughout the hospital. Organizing the PPI (Infection Prevention and Control) program aims to identify and reduce the risk of acquired and transmitted infections among patients, staff, health professionals, contract workers, volunteers, students, and visitors (Astari et al., 2022). Infection risk and program activities may vary from hospital to hospital, depending on clinical activities and hospital services, patient population served, geographic location, number of patients, and number of employees.

According to the Minister of Health of the Republic of Indonesia, Number 27 of 2017 concerns Guidelines for Infection Prevention and Control in Health Service Facilities. Where in the regulation, it is stated that the PPI program will be effective if it has a designated leader, good staff training, methods to identify and be proactive in places at risk of infection, adequate policies and procedures, staff education and coordination throughout the hospital (Indonesia, 2017).

III. RESEARCH METHODS

The method used in this study is a qualitative analysis method. In particular, this study is a comparative descriptive study with a case study design. The location of the study was conducted at RSU Royal Prima Marelan; the time of this study is January 2024. The subjects in this study were respondents who came from people who were considered competent in providing information related to PPI, which included the Director of Royal Prima Marelan Hospital, the PPI Committee consisting of the Chairman (IPCD / Infection Prevention and Control Doctor), the Secretary (IPCN / Infection Prevention and Control Nurse, IPCLN (Infection Prevention and Control Link Nurse), and PPI Committee Members. Another subject is the Head of the Inpatient Room of the Head of Section at RSU Royal Prima Marelan, which is related to supporting service facilities and facilities associated with PPI.

An operational definition of management is a process of stages of activity consisting of planning, organizing, implementing, and supervising by combining science and art to achieve organizational goals. Data collection instruments and techniques are surveys, observations, document reviews, and interviews conducted by researchers. The statement of this study used an observation checklist and a search method adapted from the SNARS accreditation standard. Data analysis was carried out using the triangulation test by finding facts during surveys and observations regarding the implementation of the PPI program at RSU Royal Prima Marelan seen from the system with a management approach and by comparing the assessment elements in SNARS.

IV. RESULTS OF RESEARCH AND DISCUSSION

The results of the Search / Survey on the Implementation of the Infection Prevention and Control Program at Royal Prima Hospital Marelan based on the National Accreditation Standard (SNARS) Edition I are described in Table 1. Based on the search results, the score for PPI at RSU Royal Prima Marelan is 72.6 %.

Table 1. Survey on the Implementation of Infection Prevention and Control Programs at Royal Prima Hospital Marelan based on the National Accreditation Standard (SNARS) Edition I

No	Information	Score	Percentage (%)
A.	**Leadership and Governance**		
1.	Standard PPI 1	16	60
2.	Standard PPI 2	16	55
B.	**Resources**		
3.	Standard PPI 3	12	55
4.	Standard PPI 4	12	25
C.	**PPI Program Objectives**		

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No	Information	Score	Percentage (%)
5.	Standard PPI 5	11	25
6.	Standard PPI 6	10	25
7.	Standard PPI 6.1	12	55
8.	Standard PPI 6.2		
D.	**Medical Equipment and Medical Consumables**		
9.	Standard PPI 7	30	75
10.	Standard PPI 7.1	30	75
11.	Standard PPI 7.2	30	75
12	Standard PPI 7.2.1	15	75
13	Standard PPI 7.3	15	75
14	Standard PPI 7.3.1	30	75
E.	**Infectious Waste**		
15	Standard PPI 7.4	30	62,5
16	Standard PPI 7.4.1		
17	Standard PPI 7.5	50	83,33
F.	**Food Service**		
18	Standard PPI 7.6	30	75
G.	**Construction Risks**		
19	Standard PPI 7.7	0	0
20	Standard PPI 7.7.1	30	80
H.	**Transmission of Infection**		
21	Standard PPI 8	15	65
22	Standard PPI 8.1	30	75
23	Standard PPI 8.2	40	75
24	Standard PPI 8.3	0	0
25	Standard PPI 9	35	87,5
26	Standard PPI 9.1	30	75
I.	**Quality Improvement and Education Programs**		
27	Standard PPI 10	31	78
28	Standard PPI 11	31	78
	Accumulative Score		**74,6**

The comprehensive assessment of standards still reveals that specific criteria are assigned a score of "0". Insights from interviews about the execution of the Infection Prevention and Control Program at Royal Prima Hospital Marelan aim to delve into the implementation process, explicitly considering managerial challenges or conflicts and the commitment demonstrated by team members. Leadership commitment to executing infection prevention and control programs has been evident at Royal Prima Hospital Marelan since 2015, coinciding with establishment of the PPI Team. To better understand leadership commitment, the researcher solicited information from respondents regarding facilities, infrastructure, human resources, and budgets within the PPI Team. The findings from in-depth interviews underscore strong support from hospital leadership in terms of fulfilling facilities and budgeting for the PPI program.

Integrated management support includes budgetary allocations and human resources, particularly funding education and training activities beyond the hospital to establish a proficient PPI Team. Although in-house training for all employees related to essential PPI was last conducted in 2015, no documented plans for future in-house training have been identified in the PPI program documents. Communication and cooperation in PPI implementation and regular socialization during employee meetings and new employee orientations are essential communication activities reported by IPCN. To assess member commitment, the researcher elicited information on the PPI work program and the duties and functions of the PPI Team staff at RSU Royal Prima Marelan. The interviews revealed that

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not all PPI Team members know the organizational structure and roles. Although not all members fully comprehend the work program, in-depth interviews indicate that PPI Team respondents know their duties and responsibilities.

Infection prevention and control in hospitals align with the implementation of hospital standards to achieve accreditation. According to Law (UU) Number 44 of 2009 regarding Hospitals, periodic accreditation every 3 (three) years is mandated to enhance the quality of hospital services. This accreditation is conducted by an independent institution, nationally and internationally, based on applicable accreditation standards. The PPI standards are outlined in Chapter II of Hospital Management Standards in SNARS Edition I, comprising nine sub-chapters and 28 measures (Ministry of Health Republic of Indonesia, 2018). The researchers' evaluation of the PPI program at Royal Prima Hospital Marelan yielded a score of 60.2%, falling below the 80% threshold set by SNARS Edition I accreditation standards. Consequently, it is acknowledged that the shortcomings in the standards are linked to infection risk management. Recognizing the significance of infection prevention and control in hospitals, there is a need for comprehensive risk management analysis to address infection-related challenges within the hospital environment.

Further evaluations of the implementation can be categorized into sub-chapters within the Infection Prevention and Control Program (PPI) at Royal Prima Hospital Marelan:

Organizational Structure and Leadership Commitment:
Functionally, the Infection Prevention and Control Team at Royal Prima Hospital Marelan operates under the Hospital Director, showcasing the Director's commitment to PPI by establishing the team. The current PPI Team Leader, a contract doctor, has undergone training on PPI, and specialist doctors act as consuls for seamless task execution. The team includes an Infection Prevention and Control Nurse (IPCN) with advanced PPI training, despite concurrently holding roles as Head of Nursing and Head of the Nursing Team.

Membership and Cross-Professional Involvement:
The current organizational structure involves nurses, midwives, and nutritionists, indicating a lack of representation from other crucial units like linen, CSSD, and pharmacy. These are integral to the eleven main components outlined in standard vigilance. The success of the PPI program necessitates cross-professional engagement involving Clinical, Nurse, Laboratory, K3L, Pharmacy, Nutrition, IPSRS, Sanitation, and housekeeping, emphasizing the need for a comprehensive PPI Committee.

Shortcomings in Organizational Regulations:
A deficiency in leadership and governance pertains to the absence of a job description for the PPI Team and the lack of socialization regarding the appointment of its members. Respondents noted existing organizational structures but identified suboptimal coordination or functional relationships with superiors, hindering optimal collaboration. Successful infection prevention and control programs require management support, a well-defined organizational structure, clear roles for IPCN, authority for the PPI team, available facilities, and individual commitment to infection prevention.

Commitment and Communication:
The commitment can be enhanced by developing a performance improvement monitoring system and a comprehensive understanding of the hospital's values and objectives. Additionally, conducting evaluations of nosocomial infection prevention and control policies based on PPI team advice is crucial.

Education and Training:
Support for infection prevention and control includes budget allocations for education and training activities. The PPI team must attend basic and advanced PPI education, obtain certificates, and continually develop through seminars, workshops, and technical guidance. Adequate budget allocation is evident in providing prevention facilities such as hand rubs, sanitizers, masks, gloves, and personal protective equipment.

Program Restructuring and Continuous Improvement:
The PPI team at RSU Royal Prima Marelan has undergone two restructurings since its formation. Despite challenges, leadership and management support have facilitated the continuation of PPI activities. The implementation of PPI based on regulations has been running for two years, but some aspects remain uncovered due to budget constraints, and monitoring by leadership has not been optimal.

Infection Surveillance
Infection surveillance at Royal Prima Hospital Marelan is conducted by the IPCN, producing quarterly reports. The hospital utilizes indicator data to compare with other hospitals, contributing to continuous improvement in infection prevention and control efforts.

The findings highlight areas of strength and opportunities for improvement within the PPI program at Royal Prima Hospital Marelan, emphasizing the importance of cross-professional collaboration, clear organizational regulations, ongoing education, and robust infection surveillance.

V. CONCLUSION

Based on the findings derived from the research, discussions, and literature review, the following conclusions can be drawn:

a. Implementation of Infection Prevention and Control System (PPI) at Royal Prima Marelan General Hospital:
   - The general hospitals, specifically Royal Prima Marelan, have effectively implemented an Infection Prevention and Control System (PPI) following the guidelines outlined in the Regulation of the Minister of Health of the Republic of Indonesia Number 27 of 2017.

b. Effective Implementation at Royal Prima Hospital:
   - The execution of the Infection Prevention and Control System (PPI) at Royal Prima Hospital demonstrates commendable performance. Notably, the commitment exhibited by the leadership of Royal Prima Hospital and the PPI

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Organization has been pivotal in successfully integrating and operationalizing PPI programs at Royal Prima Hospital Marelan.

c. Challenges and Obstacles:
   - Despite the overall success, there are identifiable challenges in implementing PPI at Royal Prima Hospital. Notably, financial constraints have hindered funding optimization, resulting in limitations in conducting essential training activities related to PPI, mainly external training for other hospitals.

These conclusions affirm the positive strides made in implementing infection prevention and control measures at Royal Prima Hospital Marelan while shedding light on specific challenges that warrant attention, especially in terms of financial support for comprehensive training initiatives related to PPI, extending beyond the boundaries of the hospital.

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