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Analysis of the implementation of national quality indicator measurement policy on hospital accreditation achievement in Indonesia

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Abstract

Background: The measurement of Hospital National Quality Indicators (NQI) is mandatory for improving healthcare services in hospitals according to Minister of Health Regulation Number 30 of 2022. However, the achievement of NQI has not been optimal and is not in line with the hospital's accreditation status.

Purpose: To determine the implementation of the NQI measurement policy on hospital accreditation status achievement using the RE-AIM framework.

Method: Evaluative research was conducted at 6 selected hospitals in Indonesia representing the western, central, and eastern regions. Primary data collection was done through in-depth interviews, while secondary data were obtained from document searches. Data analysis used content analysis techniques according to the RE-AIM framework.

Results: The total number of accredited hospitals up to December 2023 was 2,884 hospitals (95.6%), yet the average compliance rate for reporting National Quality Indicators in 2023 was only 69%. Utilizing the RE-AIM approach on six hospitals in Indonesia, only one hospital consistently reported NQIs, while the rest could only achieve targets of 5-8 NQIs. The NQI measurement policy proves effective in achieving accreditation goals and enhancing service quality; however, NQI measurement in these six hospitals remains suboptimal due to challenges such as leadership commitment. Nonetheless, NQI measurement shows promise with the establishment of Hospital Quality Committees/Teams and NQI reporting through the SIMAR application. The sustainability of NQI measurement in hospitals is pursued through socialization, training, and enhancing monitoring and evaluation processes.

Conclusion: The implementation of NQI measurement policies in six hospitals is good but needs to be improved for routine reporting compliance and NQI target achievement. The NQI measurement policy has a positive impact on achieving accreditation goals.

Suggestion: The government, through the Ministry of Health, needs to optimize advocacy for NQI measurement, implement rewards and punishments, and develop NQI reporting applications to be more effective and efficient.

Keyword: Accreditation; National Quality Indicators; RE-AIM.

INTRODUCTION

Hospitals, as advanced healthcare facilities primarily providing individual curative and rehabilitative services, are required to deliver healthcare services effectively and efficiently, of high quality, and always prioritizing patient satisfaction. Therefore, it is imperative for hospitals to continuously

implement quality improvement efforts internally and externally (World Health Organization, 2019).

Since 2009, the government has implemented policies regarding the obligation of hospital accreditation. Government policies regarding the obligation of accredited hospitals aim to improve

Analysis of the implementation of national quality indicator measurement policy on hospital accreditation achievement in Indonesia

service quality and patient safety, thereby creating optimal hospital and clinical governance (President of the Republic of Indonesia, 2009; Purwaningsih, 2013). Hospital accreditation has a positive impact on the quality of service. The implementation of hospital accreditation has an impact on changes in patient care, improvement or completeness of hospital equipment, good facilities in terms of infrastructure, and providing comfort in the available facilities (Vequist IV, Geva, & Poe, 2021). Hospital accreditation has a positive impact on the quality of service provided to patients and patient satisfaction (Yildiz & Kaya, 2014).

On the other hand, there has been an increase in patient complaints faced by almost all countries. In the UK, the National Health Service (NHS) reported 83,899 patient complaints in 2020, which increased by 25.75% to 105,506 in 2021. The Hospital and Community Health Service (HCHS) documented a total of 140,779 written complaints for 2021-2022, with 23% related to communication issues, a 20% rise from the previous year. There were also increases in complaints about waiting times and staff behavior (National Health Service England, 2023). Similarly, the Australian Health Practitioner Regulation Agency (Ahpra) reported rising patient complaints, indicating issues can arise at various points in the healthcare process (Wright & Haysom, 2023).

Healthcare services in Indonesia, particularly in hospitals, continue to receive patient complaints despite an overall satisfaction rate of around 70%, according to a 2020 Ministry of Health survey. Complaints commonly involve long wait times and insufficient attention from healthcare providers (Hapsari, 2021). Factors influencing dissatisfaction include service quality, communication, and hospital cleanliness (Lampus, Umboh, & Manampiring, 2023).

To enhance service quality, the Ministry of Health has implemented National Quality Indicators (NQI) to evaluate ongoing improvement efforts. These indicators cover various healthcare aspects, such as infection prevention and maternal and child health. Hospitals are required to report their NQI achievements regularly, following regulations set forth by the Ministry of Health (Minister of Health of the Republic of Indonesia, 2022).

As of June 2023, 89.59% of hospitals in Indonesia are accredited, although only 29% met NQI targets.

Six key indicators, including PPE compliance and outpatient wait times, are falling short nationwide. Similar issues were noted in a study on the Majene District General Hospital, highlighting areas where compliance remains inadequate (Adhistry, Indrawati, & Pahmi, 2022).

The accreditation standards for hospitals also require NQIs as one of the assessment elements. Based on data from the routine report of the Directorate of Health Service Quality in June 2023, only 4.5% of hospitals achieved the target for 13 NQIs, or approximately 88 hospitals. 81.8% of hospitals that achieved the target for 13 NQIs are hospitals with full accreditation status (Minister of Health of the Republic of Indonesia, 2024).

Several studies have been conducted to evaluate the relationship between NQIs and hospital accreditation status in Indonesia. There is a significant difference between the performance of accredited and non-accredited hospitals in terms of compliance with service standards, healthcare management, and rational drug use. Efforts to ensure the quality of hospital services through accreditation and NQI measurement reflect the quality of healthcare services in hospitals. The difference between these two efforts is that accreditation is an external quality improvement effort, while NQI measurement is an internal quality improvement effort (Hapsari, & Sjaaf, 2023).

The implementation of NQI measurement policy, which has been in place since 2022, needs to be analyzed for its implementation, especially in supporting the achievement of hospital accreditation status. One approach to evaluating the implementation achievement of a program is the RE-AIM framework. The RE-AIM framework model, developed since 1999, has been widely used to measure the planning, implementation, evaluation, and reporting of health programs (Kessler, Purcell, Glasgow, Klesges, Benkeser, & Peek, 2013). In the initial conceptual stage, RE-AIM is oriented towards using a comprehensive evaluation framework aimed at multilevel interventions with a focus on external validity. RE-AIM stands for Reach, Efficacy/Effectiveness, Adoption, Implementation, and Maintenance (Glasgow, Vogt, & Boles, 1999).

Conducting an evaluation of program implementation through a qualitative approach aims

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Analysis of the implementation of national quality indicator measurement policy on hospital accreditation achievement in Indonesia

to identify areas that need improvement and provide recommendations on how to improve the program (Rohmah, Prabandari, & Lestari, 2020). This study aims to determine the implementation of the NQI measurement policy towards hospital accreditation achievement using the RE-AIM framework.

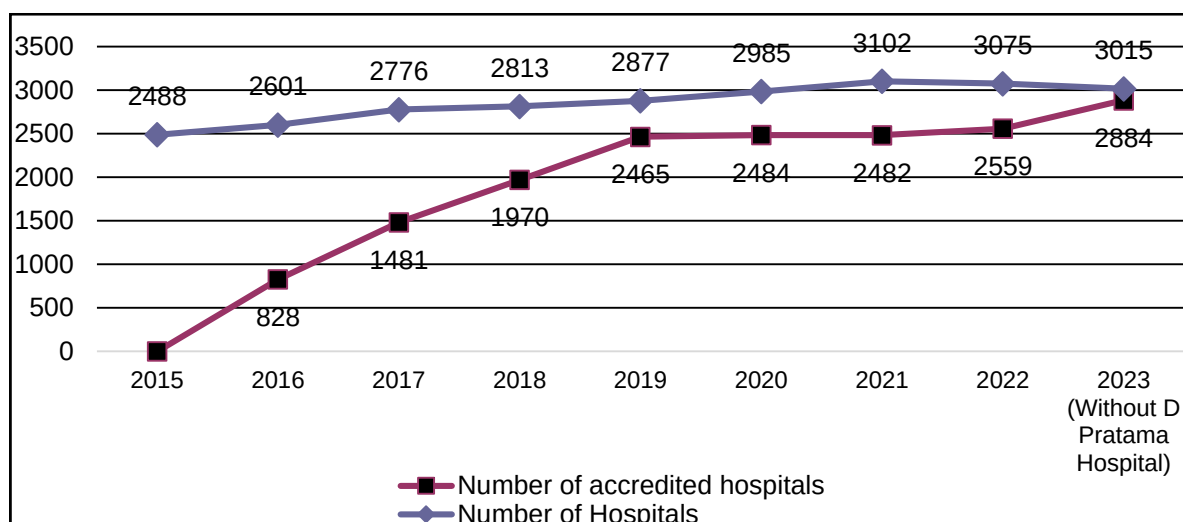
RESEARCH METHOD

This study employs a qualitative evaluative research approach to investigate the implementation of the NQI measurement policy in hospitals and its impact on accreditation. Using the RE-AIM framework, it aims to assess how this policy contributes to accreditation quality and the factors affecting its implementation in relation to national

policy. Starting in February 2024, the study was conducted at the Ministry of Health Headquarters in Jakarta and six selected hospitals, selected based on ownership, accreditation status, and NQI reporting criteria. Informants include policy makers and implementers, with selection based on sufficiency of information. Hospitals will represent various regions and levels of accreditation in Indonesia. Data were collected through in-depth interviews and secondary sources, such as accreditation and NQI data. The analysis followed a content analysis method aligned with the RE-AIM dimensions: Reach, Effectiveness, Adoption, Implementation, and Maintenance. The study concludes with insights into the role of NQI policies in achieving accreditation in Indonesia.

RESEARCH RESULTS

Graph 1: Trend of Increasing Hospital Accreditation Numbers from 2015 to 2023



The number of accredited hospitals is 2,884 out of 3,075 hospitals recorded in December 2023 (excluding D Pratama hospitals). The determination of baseline data in December 2023 is because new hospitals are given a tolerance for accreditation preparation for up to two years after the issuance of operational permits. Out of the 2,884 accredited hospitals, there are Hospitals that passed the prime level 60, passed the basic level 30, passed the intermediate level 72, main level 265, full accreditation level 2,455, and there are 2 Hospitals with JCI (pure) accreditation (Ministry of Health of the Republic of Indonesia, 2024).

Graph 1 shows an increase in the number of hospitals in Indonesia each year compared to the increase in the percentage of accredited hospitals from 2015-2021, namely 2.4%, 31.8%, 53.3%, 70%, 85.7%, 85.7%, 89.9%, 79.6%. However, from 2021-2023, there was an increase in hospital accreditation achievement from 79.6% to 95.6% due to the re-implementation of the accreditation program that had been postponed during the COVID-19 pandemic.

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Table 1. Distribution of National Quality Indicator Reporting by Province

Province	Reporting in December 2022 (n/%)	Reporting in December 2023 (n/%)
Aceh	5/6.76	30/39.0
Bali	14/18.92	62/82.0
Banten	17/13.49	90/70.3
Bengkulu	7/28.00	22/84.6
Yogyakarta	16/20.00	75/93.8
Jakarta	59/30.10	147/75.0
Gorontalo	7/36.84	14/70.0
Jambi	2/5.00	33/78.6
West Java	85/21.14	331/79.8
Central Java	72/21.18	280/81.2
East Java	114/27.67	329/77.8
West Kalimantan	5/9.09	35/62.5
South Kalimantan	11/20.75	44/84.6
Central Kalimantan	1/3.23	21/63.6
East Kalimantan	7/12.07	37/63.8
North Kalimantan	1/6.67	8/50.0
Bangka Belitung Islands	9/33.33	22/81.5
Riau Islands	3/8.11	20/54.1
Lampung	37/45.68	70/86.4
Maluku	3/10.00	17/56.7
North Maluku	1/4.55	11/47.8
West Nusa Tenggara	3/6.98	30/66.7
East Nusa Tenggara	4/7.14	27/45.0
Papua	3/6.00	11/22.4
West Papua	2/8.33	10/41.7
Riau	29/37.66	61/77.2
West Sulawesi	0/0.00	12/80.0
South Sulawesi	15/12.71	102/81.6
Central Sulawesi	14/35.00	38/95.0
Southeast Sulawesi	2/5.13	25/58.1
North Sulawesi	5/9.09	37/64.9
West Sumatra	13/15.85	44/53.7
South Sumatra	38/44.71	63/73.3
North Sumatra	13/6.28	146/68.9
Total	617/19.99	2312/73.2

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Analysis of the implementation of national quality indicator measurement policy on hospital accreditation achievement in Indonesia

There are 16 provinces with a compliance percentage of NQI reporting still below the national average (73.2%), sequentially from the lowest being Papua, Aceh, West Papua, East Nusa Tenggara, North Maluku, North Kalimantan, West Sumatra, Maluku, Riau Islands, Southeast Sulawesi, West Kalimantan, Central Kalimantan, East Kalimantan, North Sumatra, Gorontalo, and Banten. There are still five provinces with NQI reporting compliance below 50%, namely Papua (22.4%), Aceh (39.0%), West Papua (41.7%), East Nusa Tenggara (45.0%), and North Maluku (47.8%).

Compliance with NQI reporting has been increasing since the enforcement of regulations related to the obligation of NQI measurement. Referring to the compliance report of NQI in 2023, there was a significant increase in compliance from January 2023, with only 1347 hospitals reporting, to December 2023, with 2312 hospitals reporting NQI. The average compliance rate of NQI reporting in hospitals during 2023 was 69%. Out of the 13 hospital, nationally in 2023, there are still 5 that have not reached the target, namely compliance with the use of PPE, patient identification compliance, elective surgery postponement, compliance with critical results and laboratory reporting, and compliance with efforts to prevent patient falls. This result is consistent with the achievement report of hospital in 2022, which found that the same 5 had not reached the target.

Only one hospital can achieve the target in more than ten NQIs, namely Special Hospital for Mothers and Children SJ, which reports the achievement of the target in eleven NQIs. Most hospitals can only reach the target in five to eight NQIs. The NQIs that do not meet the target are almost similar to the national picture. Triangulation results from reporting data found in the web-based SIMAR application show that the average that are not achieved are compliance with PPE use, patient identification compliance, and compliance with efforts to prevent patient falls, which are not achieved by four hospitals. Outpatient waiting time and doctor visit time compliance are not achieved in three hospitals.

Referring to compliance reporting, only one hospital, namely SM hospital, reports periodically every month or 12 times, and one hospital, namely AM hospital, reports 11 times. For the other 3 hospitals, it varies, not routinely reporting NQI achievements

every month. The NQI reporting status at six selected hospitals is not influenced by the geographical location of the hospital, ownership status, and accreditation status.

The accreditation status of 4 hospitals has improved, with 1 hospital increasing its accreditation status from basic to full, 1 hospital increasing its accreditation status from intermediate to principal, and 2 hospitals increasing their accreditation status from principal to full. This improvement in status is obtained because the four hospitals undergo reaccreditation conducted every 4 years. Apparently, there is a positive impact of the implementation of NQI measurement policies on improving the achievement of accreditation status at the four selected hospitals. The hospital accreditation process is a government initiative to maintain and protect the provision of health services to the public (Betan, Sofiantin, Sanaky, Lalla, Primadewi, Arda, Kamaruddin, & Muthiyah, 2023). The purpose of this accreditation is to ensure that hospitals maintain the level of professionalism and quality of their services. This is in line with research in Saudi Arabia which stated that hospital accreditation was not associated with better patient outcomes because hospital accreditation focused on improving structural and clinical processes rather than improving patient outcomes (Al-Surimi, Najjar, Al Quidaihi, & Masuadi, 2021). Nevertheless, hospital accreditation has a very positive impact on patient safety culture (Kordi, Asadi, & Rajabi, 2023).

Reach

The reach of the national quality indicators nationally is reflected in the average compliance rate of NQI reporting in 2023, which stands at 69%. The reach in terms of NQI reporting compliance in hospitals in six selected hospitals is still unsatisfactory because only one hospital reports national quality indicators periodically. Reporting on quality indicators and patient safety is essential in improving service quality because this information can be used as an evaluation for organizations to improve existing hospital service systems (Abdullah, Syahrul, & Majid, 2020).

Based on the statements of key informants, constraints in measurement and reporting include manual measurement, lack of understanding in measuring NQIs, and time constraints for personnel.

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Analysis of the implementation of national quality indicator measurement policy on hospital accreditation achievement in Indonesia

This is in accordance with research conducted at Bangkinang Regional Hospital, which found obstacles in implementing NQI, including a lack of personnel commitment and suboptimal management support (Fitriani, Afandi, Herniwanti, Rany, & Jepisah, 2024).

"The main constraint is that measurements are still done manually, by collecting data from service units." (In1)

"The constraints in measurement and reporting are about the understanding of personnel in each unit and the time constraints in conducting measurement and reporting..." (In2)

Effectiveness

The effectiveness of implementing NQI measurements by hospitals in Indonesia will have a positive impact on the hospitals themselves. Effectiveness can be defined as the success of evaluating the intervention of a program based on the positive and negative consequences produced, considering behavior, quality of life, and participant satisfaction (Wippold, Garcia, Frary, & Griffith, 2024). Regular NQI measurements will depict trends in hospital service quality over time, which is highly effective in determining and formulating strategies to improve hospital service quality. Most hospitals have reported changes in healthcare delivery before and after the implementation of NQI measurements. This, of course, has a positive impact on hospitals, especially in efforts to improve quality internally. *"There have been changes in healthcare delivery before and after the implementation of NQI measurements, where the previous approach with Quality Assurance methods has shifted to a Quality Improvement approach. This has had a positive impact, namely, the improvement of service quality and the maintenance of patient safety." (In1)*

"In some indicators, there have been changes before and after the implementation of NQI measurements. The positive impact is building good habits/cultures in providing services and team collaboration." (In2)

Research on the effectiveness of using quality indicators to improve patient outcomes in hospitals found that hospitals actively using quality indicators tend to have lower rates of nosocomial infections, postoperative complications, and patient mortality rates (Campbell, Braspenning, Hutchinson, &

Marshall, 2003). This indicates that quality indicator measurements are effective in improving patient safety and the quality of care in hospitals. NQI measurements and reporting are prerequisites for hospital accreditation surveys to encourage hospitals to create a culture of continuous quality improvement.

"The accreditation survey assessment with maximum results (Full) is partly due to the implementation of NQI measurements through the Hospital PMKP & Governance Task Force." (In7)

"Our hospital faced a reaccreditation survey and thankfully there was an increase in accreditation status from intermediate to principal. There are 15 quality assessment elements in accreditation standards. So if the quality program doesn't work, it will certainly affect the accreditation status achievement." (In8)

"The policy of implementing NQI is in line with meeting accreditation standards, as the goal of accreditation is to maintain service quality." (In9)

According to key informant statements, the NQI measurement policy is considered successful in achieving accreditation goals and improving service quality in hospitals. A previous study showed that implementing systematic and continuous quality indicator measurements can improve hospital readiness for the accreditation process (Kringos, Sunol, Wagner, Mannion, Michel, Klazinga, & Groene, 2015).

Adoption

The adoption of NQI measurements in three hospitals has encountered obstacles, which are suspected to affect the achievement of NQI targets.

"Not all stakeholders at various levels of leadership fully understand the importance of NQI measurement, and further socialization is still needed to solidify a good perception of the importance of NQI measurement." (In1)

"There is no specific incentive for the quality team." (In2)

"The process of implementing NQI measurements only stops at the unit level because there is no follow-up from the hospital management." (In5)

Each party will have different perceptions regarding national quality indicators for healthcare services as adopted in hospitals in Indonesia. This is acknowledged by policymakers, so the Ministry of

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Analysis of the implementation of national quality indicator measurement policy on hospital accreditation achievement in Indonesia

Health also conducts NQI socialization programs for stakeholders involved in providing referral health services. Additionally, through these socialization activities, efforts to improve the success of NQI healthcare services for service recipients are supported (Minister of Health of the Republic of Indonesia, 2023). Furthermore, the implementation of quality improvement training for healthcare workers is also a crucial part of the adoption process. Training and education related to NQI can help inform staff about the objectives and benefits of measurement and reporting. A previous literature review resulted in the recommendation that implementation of quality indicators in hospitals is most effective when feedback reports are provided in combination with educational implementation strategies and/or development of quality improvement plans (De Vos, Graafmans, Kooistra, Meijboom, Van Der Voort, & Westert, 2009).

Implementation

The implementation of NQI measurements in hospitals in Indonesia is guided by Ministry of Health Regulation No. 30 of 2022 regarding National Quality Indicators for Healthcare Services in Doctor and Dentist Practices, Clinics, Community Health Centers, Hospitals, Health Laboratories, and Blood Transfusion Units. Additionally, the implementation of NQI measurements is also based on the Quality Improvement and Patient Safety guidelines for each hospital.

"The strategy for implementing the NQI measurement policy is currently entirely carried out by the Quality Improvement and Patient Safety Committee, in collaboration with the heads of service units..." (In1)

"A Quality Improvement and Patient Safety Committee was formed and established by the hospital director's decree." (In11)

Obstacles in the implementation of NQI in the six selected hospitals mainly revolve around two aspects: human resources and the NQI measurement process.

"The main obstacle is that NQI measurements are still manual. Although a Hospital Management Information System (HMIS) is available, it is not yet fully utilized in service units." (In1)

"...the time constraints of staff in conducting measurements." (In2)

"...There is still a need to improve discipline in the implementation and collection of NQI data." (In4)

Some hospitals do not have specialized teams responsible for NQI measurements, so the measurements are carried out by functional staff such as doctors, midwives, and nurses assigned to each unit. NQI inputting is quite time-consuming, leading to some parties being unwilling to allocate time for completing NQI entries. The SIMAR application should ideally be made simple and accessible anywhere and anytime, facilitating data input and encouraging compliance with NQI reporting.

Obstacles in the implementation of NQI measurements include the manual nature of the measurements. Hospitals need to have a data management system supported by information technology that covers data collection, reporting, analysis, validation, and data publication for both internal and external purposes. Hospitals should ideally have an electronic data management system to facilitate the Quality Improvement and Patient Safety Committee in managing data (Endari, Probowati, & Adipurna, 2019).

Maintenance

The sustainability of NQI measurement implementation must be carefully maintained by hospitals as it indeed has a positive impact on both hospitals and patients (Yuwono, Hartati, & Winarko, 2019). The positive impact can include a shift in the organizational culture towards improvement, such as increased discipline in providing healthcare services. Hospitals need to plan for the sustainability of NQI measurements, including through awareness-raising activities and training to enhance understanding and collective commitment.

"Periodic training and policy socialization to achieve uniform perception of the importance of NQI Measurement policy..." (In1)

"Continuous efforts are made to improve the quality of services in hospitals through enhanced understanding via training, socialization, or visits to each unit." (In2)

"Hospitals remain committed to jointly implementing sustainable NQI policies to maintain the quality of the hospital." (In3)

Training and socialization of NQI policies must be conducted periodically to ensure a uniform perception

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among all hospital stakeholders about the importance of NQI Measurement policy. Additionally, many hospitals in Indonesia have begun maximizing the use of HMIS (Hospital Management Information System) as a highly beneficial facility in the NQI measurement process. One hospital has also incorporated NQI measurements into the hospital's Patient Safety Goals (PSGs).

Patient Safety Goals (PSGs) can be used for improving the quality of healthcare services in hospitals (Nugraheni, Yuliani, & Veliana, 2021). Hospitals' motive for using NQI measurements in implementing PSGs is to ensure that all six dimensions of PSGs—patient identification accuracy, effective communication, medication safety, correct procedure-site-patient surgery, infection risk reduction, and fall risk reduction—are properly executed. Although NQI measurements may not be perfect within PSGs, at least the procedures for the six PSG dimensions can be implemented in line with NQI measurements.

As regulators, the Ministry of Health plays a crucial role in ensuring the sustainability of national quality indicator measurements. Various efforts need to be made by the Ministry of Health to ensure that national health quality indicators are continuously and consistently measured. The Ministry of Health is responsible for developing and maintaining an effective and comprehensive quality measurement system. Furthermore, the Ministry of Health periodically needs to evaluate and analyze the collected data to assess the overall performance of the healthcare system. Based on this analysis, the Ministry of Health develops appropriate strategies and interventions to improve healthcare service quality and achieve set targets.

DISCUSSION

The annual growth in hospital accreditation, as depicted in the provided graphs, illustrates the effectiveness of health policies and programs in promoting quality healthcare. The increased percentage of accredited hospitals showcases the positive impact of regulatory measures and oversight by the Ministry of Health. Moreover, the distribution of accredited hospitals across different levels indicates varying degrees of compliance and capacity among facilities, with the majority achieving full accreditation.

This progression underscores the significance of accreditation as a mechanism to enhance service quality and patient care within the healthcare system.

Despite the overall rise in accreditation, the data reveals persistent challenges in achieving compliance with National Quality Indicators (NQI). The average reported compliance rate across hospitals was 69%, indicating gaps in consistency and performance. Certain provinces show significant deficits in compliance rates, particularly those below the national average, which necessitates targeted interventions to address these discrepancies. The fact that five provinces report compliance rates below 50% presents an urgent need for strategic action to elevate healthcare quality in these areas.

A common challenge impacting the consistency of NQI reporting includes manual measurement processes, lack of personnel understanding, and time constraints. These obstacles inhibit effective implementation and undermine hospitals' capacities to meet established standards. The emphasis on manual data collection, as reported by key informants, raises concerns regarding the efficiency and accuracy of data management within the healthcare system.

CONCLUSION

The achievement of hospital NQI measurements in Indonesia in 2023 reached an average periodic reporting compliance of 69% of hospitals. There are still 5 NQIs that have not reached their targets, namely compliance with the use of PPE, patient identification compliance, elective surgery postponement, critical results and laboratory reporting compliance, and compliance with patient fall prevention efforts. The achievement of hospital accreditation status in Indonesia is quite good because out of 3,075 registered hospitals in Indonesia, 2,884 hospitals (95.6%) had been accredited by December 2023.

The reach of NQI measurements in 6 hospitals is not yet satisfactory because there are still hospitals that have not conducted periodic NQI measurements and reporting, and the average target achievement is only 5-8 NQIs. The effectiveness of NQI measurements in hospitals has a positive impact on changing organizational culture towards quality and patient safety orientation. The NQI measurement policy is considered successful in achieving accreditation goals and improving service quality in

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hospitals. The adoption of NQI measurements in the six selected hospitals is good, but it faces challenges during the adoption process, including lack of leadership commitment and resource constraints. Implementation of NQI measurements in hospitals is based on Minister of Health Regulation No. 30 of 2022. NQI measurements are carried out by the Quality Improvement and Patient Safety Team and most parties are involved in the measurement and reporting process. The sustainability of the NQI measurement policy in hospitals is done by providing training and socialization related to the NQI policy. Strategies need to be developed to ensure the sustainability of NQI measurement implementation, including budget certainty, fostering a culture of quality and patient safety, leadership commitment, and improving monitoring and evaluation.

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