

**LEMBAR
HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER
REVIEW KARYA ILMIAH: JURNAL ILMIAH**

Judul Artikel Ilmiah : **Quality analysis of quality control system in work units based on the Routine Data Quality Assessment of X Hospital in Semarang District**

Nama semua penulis : Endang Fatmawati, **Farid Agushybana (Koresponding)**, Septo Pawelas Arso

Status Pengusul (coret yg tidak perlu) : ~~Penulis Utama/ Penulis Utama & Korespondensi /Penulis Korespondensi/ Penulis Anggota~~

Status Jurnal:

- Nama Jurnal : Public Health and Preventive Medicine Archive (PHPMA)
- Tahun terbit/Vol/No/halaman : 2020/ Vol. 8/ No. 2/ Halaman 92-98
- Edisi (bulan, tahun) : Desember 2020
- ISSN : eISSN : 2503-2356 | pISSN : 2303-1816
- DOI : <https://doi.org/10.15562/phpma.v8i2.258>
- Alamat WEB Jurnal/ Proceeding : <https://phpmajournal.org/index.php/phpma/article/view/258>
- Terindex di : SINTA 2

Kategori Publikasi (beri tanda V yang sesuai)

- Jurnal Internasional [] Jurnal internasional bereputasi & memiliki impact factor
- [] Jurnal internasional bereputasi
- [] Jurnal Internasional WOS Emerging Sources Citation Index
- Jurnal Nasional [] Jurnal Nasional Terakreditasi Dikti Peringkat 1 atau 2
- [] Jurnal Nasional berbahasa Inggris Terindeks CABI atau Copernicus, atau Berbahasa Inggris Terakreditasi Peringkat 3 atau 4
- [] Jurnal Nasional berbahasa Indonesia Terakreditasi peringkat 3 atau 4
- [] Jurnal Nasional

Hasil Penilaian Peer Review:

No	Komponen yang dinilai	Jurnal Nasional Terakreditasi Dikti Peringkat 1 atau 2	Nilai yang didapat artikel
a	Kelengkapan unsur isi artikel (10 %)	2,5	2,4
b	Ruang lingkup & kedalaman pembahasan (30 %)	7,5	7,25
c	Kecukupan dan kemutakhiran data/informasi dan metodologi (30 %)	7,5	7,25
d	Kelengkapan unsur dan kualitas jurnal (30%)	7,5	7,25
	Nilai Total	25	24,85
	Nilai yang didapat pengusul: X 0,4= 9,7		24,85

Catatan Penilaian artikel oleh Reviewer

a	Kelengkapan unsur isi artikel	Abstract, introduction, methods, results and discussions, conclusion, funding, authors contribution, conflict of interest, and references. Memenuhi unsur artikel jurnal ilmiah.
b	Ruang lingkup & kedalaman pembahasan	Artikel membahas mengenai analisis sistem control kualitas melalui data rutin di suatu Rumah Sakit Rujukan. Ruang lingkup jurnal masih sesuai dengan substansi artikel yang mengkaji aspek manajemen dan pelayanan Kesehatan (RS). Pembahasan cukup mendalam dengan membandingkan dengan artikel ilmiah yang relevan sebanyak 9.
c	Kecukupan dan kemutakhiran data/informasi dan metodologi	Data hasil penelitian disajikan secara detail tabel-tabel dan grafik disertai narasi yang informatif. Penelitian menggunakan desain cross sectional. Pengumpulan data menggunakan instrument kuesioner Rapid Diagnostic Quality Assessment (RDQA), Analisis data dilakukan secara kualitatif dan kuantitatif.

d	Kelengkapan unsur dan kualitas jurnal	Unsur penerbitan jurnal: ada publisher, ada corresponding author, tidak ada article history, DOI, ada volume, nomor dan tahun, daftar Pustaka sebanyak 16, kualitas terbitan baik.
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Semarang, 9-7-2021

Reviewer 1



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Jabatan : Lektor Kepala

LEMBAR
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Hasil Penilaian Peer Review:

No	Komponen yang dinilai	Jurnal Nasional Terakreditasi Dikti Peringkat 1 atau 2	Nilai yang didapat artikel
a	Kelengkapan unsur isi artikel (10 %)	2,5	2
b	Ruang lingkup & kedalaman pembahasan (30 %)	7,5	7
c	Kecukupan dan kemutakhiran data/informasi dan metodologi (30 %)	7,5	7,5
d	Kelengkapan unsur dan kualitas jurnal (30%)	7,5	7,5
	Nilai Total	25	24
	Nilai yang didapat pengusul: 24 X 0,4 = 9,6		

Catatan Penilaian artikel oleh Reviewer

a	Kelengkapan unsur isi artikel	artikel mencakup unsur-unsur yang sesuai untuk publikasi ilmiah.
b	Ruang lingkup & kedalaman pembahasan	lingkup penelitian cukup spesifik dan dibahas secara mendalam.
c	Kecukupan dan kemutakhiran data/informasi dan metodologi	penelitian didukung oleh data dan metodologi yang sesuai untuk ilmu.
d	Kelengkapan unsur dan kualitas jurnal	untuk jurnal terakreditasi nasional 2, dan penulis untuk penulis korespondensi yang sesuai dgn. bidangnya.

Semarang,
Reviewer 2



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 Jabatan : Lektor Kepala



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Laman: www.ristekdikti.go.id

Nomor : B/1410/E5/E5.2.1/2019
Lampiran : 1 (satu) berkas
Perihal : **Pemberitahuan Hasil Akreditasi Jurnal Ilmiah
Periode III Tahun 2019**

Jakarta, 31 Mei 2019

Kepada Yth.

1. Pimpinan Perguruan Tinggi
2. Kepala LL Dikti I s.d. XIV
3. Ketua Himpunan Profesi
4. Pengelola Jurnal Ilmiah
di seluruh Indonesia

Dengan hormat,

Sehubungan dengan hasil Akreditasi Jurnal Ilmiah Periode III Tahun 2019 dan telah diterbitkannya Surat Keputusan Direktur Jenderal Penguatan Riset dan Pengembangan Kementerian Riset, Teknologi, dan Pendidikan Tinggi Nomor 14/E/KPT/2019, tanggal 10 Mei 2019, dengan hormat bersama ini kami sampaikan hasil akreditasi sebagaimana terlampir. Adapun ketentuan penerbitan sertifikat akreditasi sebagai berikut:

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Atas perhatian dan kerja sama yang baik, kami ucapkan terima kasih.

**plt.Direktur Pengelolaan Kekayaan
Intelektual**

ttd

Hotmatua Daulay
NIP 196610181986021001

Tembusan:
Direktur Jenderal Penguatan Riset dan Pengembangan



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KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI
REPUBLIK INDONESIA

NOMOR 14/E/KPT/2019

TENTANG

PERINGKAT AKREDITASI JURNAL ILMIAH PERIODE III
TAHUN 2019

DIREKTUR JENDERAL PENGUATAN RISET DAN PENGEMBANGAN
KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI,

- Menimbang : a. bahwa berdasarkan hasil akreditasi jurnal ilmiah yang ditetapkan oleh Tim Akreditasi Jurnal Ilmiah Kementerian Riset, Teknologi, dan Pendidikan Tinggi pada tanggal 7 Mei 2019 dan dalam rangka melaksanakan ketentuan Pasal 6 ayat (5) Peraturan Menteri Riset, Teknologi dan Pendidikan Tinggi Nomor 9 Tahun 2018 tentang Akreditasi Jurnal Ilmiah, perlu menetapkan Peringkat Akreditasi Jurnal Ilmiah Periode III Tahun 2019;
- b. bahwa berdasarkan pertimbangan sebagaimana dimaksud pada huruf a, perlu menetapkan Keputusan Direktur Jenderal Penguatan Riset dan Pengembangan Kementerian Riset, Teknologi, dan Pendidikan Tinggi tentang Peringkat Akreditasi Jurnal Ilmiah Periode III Tahun 2019;
- Mengingat : 1. Undang-Undang Nomor 12 Tahun 2012 tentang Pendidikan Tinggi (Lembaran Negara Republik Indonesia Tahun 2012 Nomor 158, tambahan Lembaran Negara Republik Indonesia Nomor 5336);
2. Peraturan Pemerintah Nomor 4 Tahun 2014 tentang Penyelenggaraan Pendidikan dan Pengelolaan Perguruan Tinggi (Lembaran Negara Republik Indonesia Tahun 2014, Nomor 16, tambahan Lembaran Negara Republik Indonesia Nomor 5500);
3. Peraturan Presiden Nomor 13 Tahun 2015 tentang Kementerian Riset, Teknologi, dan Pendidikan Tinggi (Lembaran Negara Republik Indonesia Tahun 2015 Nomor 14);
4. Keputusan Presiden Nomor 121/P Tahun 2014 tentang Pembentukan Kementerian dan Pengangkatan Menteri Kabinet Kerja Periode Tahun 2014-2019;
5. Keputusan Presiden Nomor 99/M Tahun 2015 tentang Pemberhentian dan Pengangkatan Dari dan Dalam Jabatan Pimpinan Tinggi Madya di Lingkungan Kementerian Riset, Teknologi, dan Pendidikan Tinggi;
6. Peraturan Menteri Keuangan Republik Indonesia Nomor 32/PMK.02/2018 tentang Standar Biaya Masukan Tahun Anggaran 2019;

7. Peraturan Menteri Riset, Teknologi dan Pendidikan Tinggi Nomor 15 Tahun 2015 tentang Organisasi dan Tata Kerja Kementerian Riset, Teknologi dan Pendidikan Tinggi sebagaimana telah diubah dengan Peraturan Menteri Riset, Teknologi dan Pendidikan Tinggi Nomor 23 Tahun 2019 tentang Perubahan Atas Peraturan Menteri Riset, Teknologi dan Pendidikan Tinggi Nomor 15 Tahun 2015 (Berita Negara Republik Indonesia Tahun 2019 Nomor 238);
8. Peraturan Menteri Riset, Teknologi dan Pendidikan Tinggi Nomor 9 Tahun 2018 tentang Akreditasi Jurnal Ilmiah (Berita Negara Republik Indonesia Tahun 2018 Nomor 428);

MEMUTUSKAN:

- Menetapkan : KEPUTUSAN DIREKTUR JENDERAL PENGUATAN RISET DAN PENGEMBANGAN KEMENTERIAN RISET, TEKNOLOGI, DAN PENDIDIKAN TINGGI TENTANG PERINGKAT AKREDITASI JURNAL ILMIAH PERIODE III TAHUN 2019.
- KESATU : Menetapkan Peringkat Akreditasi Jurnal Ilmiah Periode III Tahun 2019 sebagaimana tercantum dalam Lampiran yang merupakan bagian yang tidak terpisahkan dari Keputusan Direktur Jenderal ini.
- KEDUA : Akreditasi Jurnal Ilmiah sebagaimana dimaksud dalam Diktum KESATU berlaku selama 5 (lima) tahun mulai dari nomor yang ditetapkan dalam lampiran keputusan ini.
- KETIGA : Akreditasi Jurnal Ilmiah sebagaimana dimaksud dalam Diktum KESATU dapat mengajukan kembali kenaikan peringkat setelah menerbitkan minimal 1 (satu) nomor penerbitan.
- KEEMPAT : Setiap jurnal ilmiah wajib mencantumkan masa berlaku akreditasi dengan menuliskan tanggal penetapan dan tanggal akhir masa berlaku akreditasi.
- KELIMA : Apabila dikemudian hari ditemukan ketidaksesuaian dengan Pedoman Akreditasi Jurnal Ilmiah, maka status akreditasi jurnal ilmiah yang bersangkutan dapat dicabut atau diturunkan.
- KEENAM : Keputusan Direktur Jenderal ini mulai berlaku pada tanggal ditetapkan.

Ditetapkan di Jakarta
pada tanggal 10 Mei 2019
DIREKTUR JENDERAL
PENGUATAN RISET DAN PENGEMBANGAN,

TTD.

MUHAMMAD DIMYATI
NIP 195912171984041001

Salinan sesuai dengan aslinya,
Direktorat Jenderal Penguatan Riset dan Pengembangan
Kementerian Riset, Teknologi, dan Pendidikan Tinggi
Kepala Bagian Hukum, Kerjasama, dan Layanan Informasi,

TTD.

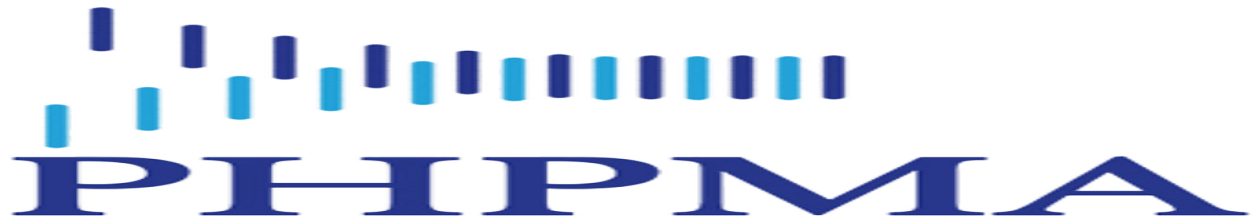
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PENDIDIKAN TINGGI
NOMOR 14/E/KPT/2019
TENTANG PERINGKAT AKREDITASI JURNAL
ILMIAH PERIODE III TAHUN 2019

PERINGKAT AKREDITASI JURNAL ILMIAH PERIODE III TAHUN 2019

Peringkat	No	Nama Jurnal	E-ISSN	Penerbit	Keterangan
2	1.	AKADEMIKA: Jurnal Pemikiran Islam	23562420	Lembaga Penelitian dan Pengabdian kepada Masyarakat (LP2M) Institut Agama Islam Negeri (IAIN) Metro	Reakreditasi tetap di peringkat 2 mulai volume 23, nomor 2, tahun 2018
	2.	Andalas <i>Journal of International Studies</i> (AJIS)	23559500	<i>Andalas Institute of International Studies</i> , Universitas Andalas	Reakreditasi naik peringkat dari peringkat 4 ke 2 Mulai Volume 7, Nomor 2 Tahun 2018
	3.	Arabi : <i>Journal of Arabic Studies</i>	25486624	IMLA (Ikatan Pengajar Bahasa Arab se-Indonesia)	Reakreditasi naik peringkat dari peringkat 3 ke 2 Mulai Volume 3, Nomor 2 Tahun 2018
	4.	ECSOFiM (<i>Economic and Social of Fisheries and Marine</i>)	25285939	Fakultas Perikanan dan Ilmu Kelautan, Univ Brawijaya	Reakreditasi naik peringkat dari peringkat 3 ke 2 Mulai Volume 6, Nomor 1 Tahun 2018
	5.	Hayula: <i>Indonesian Journal of Multidisciplinary Islamic Studies</i>	25489860	Prodi Pendidikan Agama Islam, Universitas Negeri Jakarta	Reakreditasi naik peringkat dari peringkat 4 ke 2 Mulai Volume 3, Nomor 1 Tahun 2017
	6.	Indonesian Journal of EFL and Linguistics	25034197	Pusat Pelatihan, Riset, dan Pembelajaran Bahasa Samarinda	Usulan baru mulai volume 2, nomor 1, tahun 2017
	7.	<i>Indonesian Journal of Obstetrics and Gynecology</i> (Majalah Obstetri dan Ginekologi Indonesia)	23387335	Perkumpulan Obstetri dan Ginekologi Indonesia (POGI)	Reakreditasi tetap di peringkat 2 mulai volume 7, nomor 1, tahun 2019
	8.	JEES (<i>Journal of English Educators Society</i>)	25033492	Universitas Muhammadiyah Sidoarjo	Usulan baru mulai volume 3, nomor 1, tahun 2018
	9.	<i>Journal of Contemporary Islam and Muslim Societies</i>	25287435	UINSU Press, Universitas Islam Negeri Sumatera Utara	Usulan baru mulai volume 2, nomor 1, tahun 2018

	10.	JTK (Jurnal Tadris Kimiya)	25279637	Prodi Pendidikan Kimia UIN Sunan Gunung Djati Bandung Bekerja sama dengan Perkumpulan Pendidik IPA Indonesia (PPII)	Reakreditasi naik peringkat dari peringkat 3 ke 2 Mulai Volume 3, Nomor 2 Tahun 2018
	11.	Jurnal Bina Mulia Hukum	25409034	Fakultas Hukum Universitas Padjadjaran	Usulan baru mulai volume 3, nomor 2, tahun 2017
	12.	Jurnal Ekonomi dan Studi Pembangunan	25027115	Universitas Negeri Malang	Reakreditasi naik peringkat dari peringkat 3 ke 2 Mulai Volume 10, Nomor 2 Tahun 2018
	13.	Jurnal Penelitian Pengelolaan Daerah Aliran Sungai (<i>Journal of Watershed Management Research</i>)	25795511	Balai Penelitian Pengelolaan Teknologi Daerah Aliran Sungai (BPPTPDAS) dan Masyarakat Konservasi Tanah dan Air Indonesia (MKTI)	Usulan baru mulai volume 2, nomor 1, tahun 2018
	14.	Jurnal Riset Industri Hasil Hutan	25030779	Balai Riset dan Standardisasi Industri Banjarbaru	Reakreditasi naik peringkat dari peringkat 3 ke 2 Mulai Volume 10, Nomor 2 Tahun 2018
	15.	<i>Policy & Governance Review</i>	25804820	<i>Indonesian Association for Public Administration</i>	Usulan baru mulai volume 3, nomor 1, tahun 2017
	16.	<i>Public Health and Preventive Medicine Archive</i>	25032356	Departemen Kesehatan Masyarakat dan Kedokteran Pencegahan, Fakultas Kedokteran, Universitas Udayana	Reakreditasi naik peringkat dari peringkat 4 ke 2 Mulai Volume 6, Nomor 2 Tahun 2018
	17.	RETORIKA: Jurnal Bahasa, Sastra, dan Pengajarannya	26142716	Jurusan Bahasa dan Sastra Indonesia, Universitas Negeri Makassar	Reakreditasi naik peringkat dari peringkat 3 ke 2 Mulai Volume 12, Nomor 1 Tahun 2019
	18.	Ta'dib: Jurnal Pendidikan Islam	24432512	Fakultas Ilmu Tarbiyah dan Keguruan UIN Raden Fatah Palembang	Reakreditasi naik peringkat dari peringkat 3 ke 2 Mulai Volume 23, Nomor 2 Tahun 2018
3	1.	Agrisociconomics: Jurnal Sosial Ekonomi dan Kebijakan Pertanian	26219778	Universitas Diponegoro	Usulan baru mulai volume 1, nomor 1, tahun 2017
	2.	Al-Banjari : Jurnal Ilmiah Ilmu-Ilmu Keislaman	25276778	Pascasarjana Universitas Islam Negeri Antasari Banjarmasin	Reakreditasi tetap di peringkat 3 mulai volume 17, nomor 2, tahun 2018



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(<https://phpmajournal.org/index.php/phpma/issue/view/18>)

Vol 8, No 2 (2020)

Table of Contents

Determinants of anemia in women of reproductive age in Indonesia: Secondar the 2018 Indonesia Basic Health Research

Putu Sri Utami Luh Seri Ani Dinar Saurmauli Lubis Dewa Nyoman Wirawan

DOWNLOAD PDF (<HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/2>
(<HTTP://DOCS.GOOGLE.COM/VIEWER?>

URL=<HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/261/PDF>) |

Quality analysis of quality control system in work units based on the Routine Assessment of X Hospital in Semarang District

Endang Fatmawati Farid Agushybana Septo Pawelas Arso

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([HTTP://DOCS.GOOGLE.COM/VIEWER?](http://docs.google.com/viewer?)

URL=[HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/258/PDF](https://phpmajournal.org/index.php/phpma/article/viewfile/258/pdf)) |

**The roles of private practice midwives in Prevention of Mother-To-Child Transi
(PMTCT) in Bali Province, Indonesia**

I Ketut Dwipayana Pande Putu Januraga Ni Made Dian Kurniasari

DOWNLOAD PDF ([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/2](https://phpmajournal.org/index.php/phpma/article/viewfile/2)
([HTTP://DOCS.GOOGLE.COM/VIEWER?](http://docs.google.com/viewer?)

URL=[HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/273/PDF_1](https://phpmajournal.org/index.php/phpma/article/viewfile/273/pdf_1)) |

**The ways urban marginalized group conceptualizes health and wellbeing: The
pickers in Surabaya, Indonesia**

Yohanes Kambaru Windi Dyah Wijayanti Eko Rustamaji Wiyatno

DOWNLOAD PDF ([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/2](https://phpmajournal.org/index.php/phpma/article/viewfile/2)
([HTTP://DOCS.GOOGLE.COM/VIEWER?](http://docs.google.com/viewer?)

URL=[HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/267/PDF](https://phpmajournal.org/index.php/phpma/article/viewfile/267/pdf)) |

**Determinants of caesarean section among women of childbearing age in Indo
data analysis of the 2017 Indonesia Demographic Health Survey**

Desak Nyoman Purniati Dewa Nyoman Wirawan Luh Seri Ani

DOWNLOAD PDF ([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/2](https://phpmajournal.org/index.php/phpma/article/viewfile/2)
([HTTP://DOCS.GOOGLE.COM/VIEWER?](http://docs.google.com/viewer?)

URL=[HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/266/PDF](https://phpmajournal.org/index.php/phpma/article/viewfile/266/pdf)) |

**Good parental feeding style reduces the risk of stunting among under-five chi
Yogyakarta, Indonesia**

Erni Gustina Liena Sofiana Suci Musvita Ayu Yuniar Wardani Ditra Irna Lasari

DOWNLOAD PDF ([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/2](https://phpmajournal.org/index.php/phpma/article/viewfile/2)
([HTTP://DOCS.GOOGLE.COM/VIEWER?](http://docs.google.com/viewer?)

URL=[HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/271/PDF](https://phpmajournal.org/index.php/phpma/article/viewfile/271/pdf)) |

**Training program for tuberculosis (TB) patients to improve referrals of presur
and sputum in Denpasar, Bali, Indonesia**

Putu Ayu Merry Antarina Dewa Nyoman Wirawan Anak Agung Sagung Sawitri

DOWNLOAD PDF ([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/2](https://phpmajournal.org/index.php/phpma/article/viewfile/2)

([HTTP://DOCS.GOOGLE.COM/VIEWER?
URL=HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/264/PDF](http://docs.google.com/viewer?url=https://phpmajournal.org/index.php/phpma/article/viewfile/264/pdf)) |

Factors affecting tuberculosis cadres' motivation in the detection of tuberculosis in Denpasar City, Indonesia

Gita Sekar Prihanti Eko Setyo Herwanto Galih Bayu Prakoso Gusti Gandha Pandya Ghesa Hiolda Lubvianda Oktavin Yulanda Fitriana

DOWNLOAD PDF ([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/227/PDF](https://phpmajournal.org/index.php/phpma/article/viewfile/227/pdf)) ([HTTP://DOCS.GOOGLE.COM/VIEWER?
URL=HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/227/PDF](http://docs.google.com/viewer?url=https://phpmajournal.org/index.php/phpma/article/viewfile/227/pdf)) |

Internal and external factors of providing quality traditional health services in centres in Tabanan District, Bali, Indonesia

I Wayan Murdita Dyah Pradnyaparamita Duarsa I Nyoman Hariyasa Sanjaya

DOWNLOAD PDF ([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/279/PDF](https://phpmajournal.org/index.php/phpma/article/viewfile/279/pdf)) ([HTTP://DOCS.GOOGLE.COM/VIEWER?
URL=HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/279/PDF](http://docs.google.com/viewer?url=https://phpmajournal.org/index.php/phpma/article/viewfile/279/pdf)) |

Delphi Approach to explore ways to optimize case manager services in inpatient ward Sanglah General Hospital

Sayu Kade Alit Sagitariani Pande Putu Januraga I Ketut Surya Negara

DOWNLOAD PDF ([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/281/PDF](https://phpmajournal.org/index.php/phpma/article/viewfile/281/pdf)) ([HTTP://DOCS.GOOGLE.COM/VIEWER?
URL=HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/281/PDF](http://docs.google.com/viewer?url=https://phpmajournal.org/index.php/phpma/article/viewfile/281/pdf)) |

The relationship between inter-pregnancy interval and gestational age with low birth weight at the Sele Be Solu Regional Public Hospital of Sorong City, West Papua

Fegita Beatrix Pajala Erfen Gustiawan Suwangto Yunisa Astiarani Astrid Fransisca I

DOWNLOAD PDF ([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/277/PDF](https://phpmajournal.org/index.php/phpma/article/viewfile/277/pdf)) ([HTTP://DOCS.GOOGLE.COM/VIEWER?
URL=HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/277/PDF](http://docs.google.com/viewer?url=https://phpmajournal.org/index.php/phpma/article/viewfile/277/pdf)) |

Gut microbiota offers new insight into public health

I Nengah Sujaya

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URL=HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE/294/423](http://docs.google.com/viewer?url=https://phpmajournal.org/index.php/phpma/article/viewfile/294/423)) |

Articles

**Determinants of anemia in women of reproductive age in Indo
Secondary data analysis of the 2018 Indonesia Basic Health R
(<https://phpmajournal.org/index.php/phpma/article/view/261>)**

Putu Sri Utami, Luh Seri Ani, Dinar Saurmauli Lubis, Dewa Nyoman Wiraw

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Abstract (.pop-up-a-2) |

PDF

([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE](https://phpmajournal.org/index.php/phpma/article/viewfile))

Articles

**Quality analysis of quality control system in work units based
Routine Data Quality Assessment of X Hospital in Semarang C
(<https://phpmajournal.org/index.php/phpma/article/view/258>)**

Endang Fatmawati, Farid Agushybana, Septo Pawelas Arso

Online First: December 31, 2020

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Abstract (.pop-up-a-3) |

PDF

([HTTPS://PHPMAJOURNAL.ORG/INDEX.PHP/PHPMA/ARTICLE/VIEWFILE](https://phpmajournal.org/index.php/phpma/article/viewfile))

Good parental feeding style reduces the risk of stunting among under-five children in Yogyakarta, Indonesia



Erni Gustina,^{1*} Liena Sofiana,¹ Suci Musvita Ayu,¹ Yuniar Wardani,¹ Ditra Irna Lasari,¹

ABSTRACT

Background and purpose: In Indonesia, many studies on the causes of stunting in children have been conducted. However, still few have explored the parental feeding style in relation to stunting. The purpose of this study was to analyze the relationship between parental feeding style and stunting among under-five children in Kulon Progo District, Yogyakarta.

Methods: This study used a cross sectional design. This study involved 729 respondents who were the entire population of under-five children in Kulon Progo. Mothers were interviewed about the socio-demographic, economic and parental feeding style that mothers gave to their children using a structured questionnaire. Data were analyzed descriptively to identify the frequency distribution of each variable, hypothesis testing with chi square test and multivariable analysis with logistic regression at a significance level of 5% were performed.

Results: Of the 729 under-five children analyzed, 37.6% were found to be stunting. The proportion of poor parental feeding style was almost 50%. The finding of this study showed that mother's occupation (AOR=2.13; 95%CI: 1.26-3.59), family income (AOR=3.56; 95%CI: 2.34-5.42) and parental feeding style (AOR=2.77; 95%CI: 1.97-3.91) have a significant relationship with stunting.

Conclusion: The prevalence of stunting is quite high in the study area. Parents with poor parental feeding style are predicted to increase the risk of stunting among under-five children. Family-based interventions that involve parenting styles in child feeding practices should be considered in reducing stunting among children.

Keywords: family income, mother's occupation, parenting feeding style, stunting, under-five children.

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INTRODUCTION

Stunting is a chronic malnutrition problem caused by lack of nutritional intake for a long time, causing growth problems in children where the child's height is shorter than the standard age. Stunting is considered a public health problem when the prevalence of stunting is above 20%.¹ The prevalence of stunting varies between countries. Prevalence of stunting in Tanzania was 35.5%², in Nepal 26.3%³, in Northwest Ethiopia 49.9%⁴, in Rwanda 38%⁵ and in Indonesia was 30.8% in 2018.⁶ Meanwhile, the WHO target by 2025 is to reduce the prevalence of stunting in children under five by 40%.⁷

Stunting is associated with developmental domains⁸ namely lower psycho-motoric development experienced by the children^{9,10}, poor cognitive development in children^{11,12} 55% of children <5 y were anemic and 40% stunted in 2010. Currently, no data exists on the nutritional status of Cambodian school-aged children, or on how malnutrition potentially affects their cognitive development. Objective: To assess the

anthropometric and micronutrient status (iron, vitamin A, zinc, iodine but did not affect social maturity in children.¹³ Stunting is associated with pneumonia in which stunting children have a higher risk of experiencing longer recovery.¹⁴

Stunting is caused by multi-factors. Good parental education is associated with better child growth. Parental education, household wealth index, length of breastfeeding, sex of child, low birth weight, lack of access to health services including sub-optimal antenatal care, delivery not in health care facilities (home delivery), lack of sanitation and low maternal knowledge regarding child nutrition are predictors for stunting in children.^{3,15-18} Stunting is also associated with the practice of parent feeding, where parent-to-child feeding determines the child's eating behavior and weight gain.¹⁹

Several studies on child feeding practices have been carried out, but the focus of previous researchers was on child feeding practices related to children's nutritional status²⁰⁻²², obesity²³, the pressure to eat with stunting²⁴, and parenting with

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The ways urban marginalized group conceptualizes health and wellbeing: The case of the waste pickers in Surabaya, Indonesia



Yohanes Kambaru Windi,^{1*} Dyah Wijayanti,¹ Eko Rustamaji Wiyatno¹

ABSTRACT

Background and purpose: Health and wellbeing have a different meaning for an individual, institution, ethnicity and organization. The study aims to overview the ways waste pickers conceptualize health and wellbeing.

Methods: A qualitative procedure deployed to identify the predictors of health and wellbeing according to the waste pickers and how they perceive them. Forty waste pickers were involved as participants. Semi-structured in-depth interviews, natural group discussion (NGD) and casual conversation are the main methods for collecting information. The information was analysed using a thematic and inductive approach.

Results: The waste pickers identify health as free from diseases and illness, being able to work, a peaceful mind, positive relation within the family and social life, being grateful for life, surrender to God, and being happy. They relate wellbeing with gratefulness with achievements, sense of enough, being satisfied with life, submission to God, sense of "enough", frugality and some assets back hometown.

Conclusion: The study concludes that waste pickers provide a practical understanding of health and wellbeing. It recommends that understanding and measuring health and wellbeing should on the context of the target population.

Keywords: waste pickers, health, wellbeing, perception

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INTRODUCTION

Health means a different thing for individual, institution, ethnicity and culture groups. The overarching concept of health draws extensive discussion and debates among scholars. Starting from the era of traditional medicine, the definition of WHO (1948), the Ottawa Charter (1986) up to date, health concept is a vocal point of debate, critiques and needing redefinition.¹⁻³ Consequently, various health definitions emerged to fulfill the context and fill up the gaps in the field of studies.

Scholars argue that health and wellbeing interlink each other.⁶⁻⁸ A healthy person is assumed to have positive wellbeing and vice versa. Wellbeing evolves since the time of Aristotle, recently diverse into different disciplines, and becomes a popular topic in the contemporary works of literature.^{6,7} The concept has been expanding to become a multidisciplinary and multi-interpretative concept ranging from psychology, economics, anthropology, social and religion. Wellbeing generally relates to or frequently interchanges with the quality of life, happiness, life satisfaction, welfare, well living, living standard, utility, prosperity and needs fulfillment. Others assume wellbeing as development, empowerment, capability expansion, human development, poverty, etc. of an individual, group of people or a nation.⁸⁻¹⁰

Since health and wellbeing are multi-interpreted, it is interesting to explore how poor and marginalized groups conceptualize the concepts. The study uses waste picker as the case. Waste picker is an urban poor group relying on collecting, sorting and selling recyclable waste for a living.^{11,12} The waste picker is an urban poor group, vulnerable and marginalized group having limited access to social benefits, including freshwater, housing, electricity and health services. They also stigmatized as criminal, with homelessness, unemployment, poverty and backwardness.¹³ The study assumes that these conditions may influence the ways waste pickers perceive health and wellbeing. Our knowledge of the ways the waste pickers conceptualize health and wellbeing is lacking. The study, therefore, aims to overview the ways waste pickers conceptualize health and wellbeing.

METHODS

A qualitative approach overviews the ways waste pickers conceptualize health and wellbeing. The study takes place at Benowo Landfill and Krembangan Selatan temporary waste dumpsite, Surabaya. Forty waste pickers were recruited as informants using a snowballing system. Twenty waste pickers were interviewed, 10 waste pickers

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Quality analysis of quality control system in work units based on the Routine Data Quality Assessment of X Hospital in Semarang District

by Farid Agushybana

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Quality analysis of quality control system in work units based on the Routine Data Quality Assessment of X Hospital in Semarang District



CrossMark

Endang Fatmawati,¹ Farid Agushybana,^{2*} Septo Pawelas Arso²

ABSTRACT

Background and purpose: An excellent process of hospital quality management system produces useful data for the management in the future decision-making. The problem obtained from the quality management system of X hospital was that the data collectors do not understand the procedure of data collection, thus the data became less complete and less accurate. *Routine Data Quality Assessment* (RDQA) instrument is recommended to measure the data quality. This study aims to analyze the data quality in the quality management system of X Hospital work unit in Semarang. **Methods:** Quantitative method was applied in this study using *cross-sectional* approach. RDQA instrument was used as a model of quality assessment of routine data that can be implemented to evaluate the quality of the collected data. *Purposive sampling* was used in the selection of informants. This study involved 22 quality managers at level I (the wards) as the informants who conducted the data selection, three quality managers at level II as data collectors, and one quality manager at level III as a data center. The data were analyzed both quantitatively and qualitatively. The work units assessed in this study include the outpatient, inpatient and

critical units.

Result: RDQA instrument was adapted by adjusting the substance of RDQA with the standards of hospital accreditation in Indonesia. The development of indicator 2 focused on the understanding of data collection, while indicator 3 focused on the supervision of data collection, and indicator 5 focused on the staff understanding on the recommendation of quality achievement results. The application of RDQA articulated that the quality control systems did not optimally run, including the lack of understanding of the data collection procedure, non optimal supervision of quality management, not all quality manager conduct data verification properly, not all staff understand the recommendations of the quality achievement results. The highest percentage of the data quality was 93% and the lowest was 72%. In general, the system assessment was 1.5-2.5 which indicated that the data were partially complete/available/operated.

Conclusion: RDQA resulted that the data quality control on the hospital quality management system has not yet to be conducted optimally.

Keywords: quality, RDQA, quality management system

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INTRODUCTION

Changes on the health care management encourage hospitals to prepare advancement measures in order to improve the quality and ensure patient safety.¹ Quality program is developed in a planned, targeted, intensive, effective and efficient way to bring an impact on the improvement of all aspects of the health services. A study conducted by Braithwaite et al. (2020) showed that all hospital managers developed systems as the strategy for performance monitoring, incidents recording and reporting. The study found that the developed system did not show any indication of better success in the provision of health services.² The success of hospital quality management in Indonesia is manifested by the success of the hospital accreditation implementation. However, most hospitals require great effort in the preparation process, and it shows

that the quality activities have yet to be the culture of the day to day work. X Hospital in Semarang is a vertical referral hospital that provides complex sub-specialist services. X Hospital establishes a system of quality management as the monitoring and evaluation measures in the implementation of health services.

The measures of quality improvement are managed using a quality management system. The developed system produces data as an information for the management in evaluating the program. Accurate data are valuable information and affect the accuracy in decision-making. Quality management system is developed with 3 (three) levels of quality manager. Each level has continuous role in the quality improvement. The first level plays a role as the first key of success in data collection to obtain accurate data. The second level is the installation or the work unit as the second key of

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success, with a job of collecting data from the first level and conducting data verification. The third level is Planning and Evaluation (PE) Department as a data center.³

Management evaluates the services directly with management round. Chief of management directly observes the implementation of the quality management system and it was found to be not in accordance with the information or data of the reported achievements results. The results of the evaluation of quality management showed that there were errors in recording, errors in transcription, errors in sampling, errors in inputting the data and incomplete data report. Improvement measures were prepared by the Committee of Quality and Patient Safety by organizing workshop in June 2019 for 755 data collector officers in X Hospital.³ Participants brought their own guidelines of data collection that become their responsibility. Comprehensively, identifying the understanding of the staffs in collecting the data. The results of the workshop showed that 2.9% of 755 participants understand the procedure of data collection properly. It became the foundation for the management to improve the quality management system by optimizing the tiered supervision for the quality manager.

Management ensures the accuracy of data quality using the data validation. However, data validation could only detect the accuracy of the achievement results, and was not used to assess the quality management system.³ Assessment of the data quality can be conducted using *Routine Data Quality Assessment* (RDQA) instrument. Previous studies on the data quality recommended RDQA to be used as an assessment instrument.⁴ RDQA is an instrument of data quality assessment developed by UNICEF. RDQA is used by the World Health Organization (WHO) for monitoring the quality of data on tuberculosis (TB) in the national program "Stop TB". RDQA instrument can be used to assess the accuracy of the data and assess the quality management system.⁵ RDQA instruments can also identify the weaknesses in the quality management. RDQA is also equipped with a table of assessment review that can be automatically interpreted according to the category of assessment. Therefore, the researchers were interested in conducting a study using RDQA instrument in X hospital. This study aims to analyze the data quality in the unit of quality management system of X Hospital in Semarang.

METHODS

This study was conducted in X Hospital in Semarang. It is worth noting that X Hospital holds a role as the national referral hospital. It has 1,039 bed

capacity with 4,654 staffs. Currently, X Hospital has 4 featured services, including the integrated cardiac services, integrated oncology, organs transplant, and minimally invasive surgery service. The average number of inpatients is 800 patients per day, and outpatient visits is 1,500 people per day.

Informants from three levels of quality management system in X Hospital were involved in this study. The first level consists of 22 people (16 persons in charge (PIC) of the data and six head of divisions). For the 16 people who select the data (PIC of the data), three of them were selected from critical unit, another six from inpatient unit and six others from outpatient unit. In addition to the PIC of the quality data, there were six head of divisions with an important role as the quality manager in the first level. The head of division consisted of two head of divisions of critical unit (the ICU ward and the HCU ward), where the head of the ICU ward became the PIC of the data at the same time; two head of divisions of inpatient unit, Ward A and Ward B; and two heads of divisions of outpatient unit, Merpati Ward at ground floor and Merpati Ward at first floor. The head of divisions were responsible to conduct monitoring and evaluation of the data collection carried out by the PIC of the quality data.

The second level quality manager comprised of three PIC of work unit quality. One of them was responsible for the quality of intensive care unit, another one was responsible for the quality of inpatient unit, and the last one was responsible for the quality of outpatient unit. The second level quality manager held a responsibility as the collector of medium data. Quality data delivered by the head of divisions on the first level were collected, recorded, verified and analyzed before being recommended.

The third level quality manager consisted of one head of sub-division of the evaluation in the data center division. The quality manager in the third level held responsibilities to collect the central data derived from the second level, and to verify the collected data. *Purposive sampling* was used to select samples of the present study.

Quantitative research method using *cross-sectional* approach was applied in this study. RDQA instrument was used, which is a model of quality assessment of routine data that can be implemented to evaluate the quality of the collected data. RDQA instrument consists of data verification and system evaluation. First, the data verification is applied to confirm the accuracy of data that includes review of the document, report of the calculation results and validation of the report results with the data source. The second assessment system is collecting evidence

to obtain the characteristics of staffs in carrying out the duties which consists of five indicators: (1) structure, functions and capabilities of monitoring and evaluation (M&E): ensure the quality managers understand their duties, (2) guidelines of data collection and reporting: examine the availability of guidelines, (3) collection of reporting data and tools: ensure the standard of the applied format, (4) data management processes: ensure the availability of monitoring of the data quality, (5) dissemination of the report results: ensure a further management of the quality achievements results.

RDQA instrument is equipped with a table of assessment review of the data management and reporting system. Assessment score will be automatically filled in the table and the color changes according to the category. Score of <1.5 is the red category which represents the data that are not complete or not available or not operated. Score of 1.5 – 2.5 is the yellow category which implies that the data are partially (complete/available/operated). Score of 2.5 - 3.0 is the green category which indicates that the data are complete/available/operated. The final result automatically presents the means of assessment.

The indicators assessed in this study are indicator 2, 3 and 5. The details of those indicators are described as follows; indicator 2 is the guidelines in selecting the data and reporting: identify the staff's understanding on the data collection; indicator 3 is the collection of reporting data and tools: identify the activities of quality managers in conducting supervision; and indicator 5 is dissemination of the report results: identify the activities of returning information on the quality achievement results to the staffs. The first RDQA component is in accordance with the quality improvement programs of the hospital. The development formulated on the indicator 2 (guidelines in collecting the data and reporting) emphasized on the understanding of data collection based on the indicator profile as a guide of data collection on the quality management system of X Hospital to improve the reporting quality. The development was made on the following question items: (1) Is there a profile of quality indicator, (2) Do the officers understand the profile of quality indicator, (3) How are the flow of reporting, to whom the reports should be sent, and (4) When is the report submitted.

Development on indicator 3 (collection of reporting data and tool) emphasized in assisting the quality manager of those in the lower level during the data collection, which aimed to improve the reporting quality. Development was implemented on the following question items: (1) data collection was in accordance with the profile of indicators,

(2) data collection on the source documents had been quite accurate to measure the indicators, (3) standard reporting instruments/forms were used consistently, (4) relevant source documents and reporting forms, and conduct a supervision

The development of indicator 5 (dissemination of the results of the report) emphasized on the efforts of the quality manager in providing information on the results of achievement to those in the lower level as a measure for the further improvement. The development was applied on the following question items: (1) dissemination schedule, (2) materials of dissemination are relevant at each level, (3) there is an invitation of attendance notes, (4) the officers understand the follow-up plan of dissemination results.

In this study, RDQA instrument was adapted to adjust the substance of RDQA with the standards of hospital accreditation in Indonesia. RDQA instrument was developed based on the hospital accreditation standards. The researchers along with the chairman of the committee on the quality, the quality team, and the accreditation team conducted a *brainstorming*. This development also involved the assessment team that helped the researchers in collecting research data, thus possessed a good understanding of the RDQA instrument. The result of the RDQA instrument development was used to assess the quality of the quality management system based on the hospital accreditation standards, on the standards of quality improvement and patient safety (*Peningkatan Mutu dan Keselamatan Pasien (PMKP)*).

PMKP 2.1, PMKP 3, PMKP 4 and PMKP 8 standards mention that in managing the quality data, the hospital needs a support from the information technology which includes the collection, report, analysis, validation and publication of the data for hospital's internal and external parties. Quality training needs to be provided for the quality manager to ensure the understanding in data collection. PMKP 7, PMKP 7.1 and PMKP 11 mention that in managing the data, a supervision, analysis and management need to be conducted using data management system which includes the collection, report, analysis, feedback and publication.

In addition, structured interview was applied as the data collection method in this study toward the quality manager of the quality management system as the subjects of the study. A list of questions adopted from the developed interview guide of RDQA instrument was used by the researchers. The interview guide contained 32 questions at level 1 and level 2, and 33 questions at level 3.

Quantitative method was used for the analysis technique in the present study. Quantitative

method is presented in a form of spider chart and bar graph, and the graph shows the output of RDQA application.⁷ Spider chart presents the qualitative data of the conclusion of the assessment system. The higher the achievement score, the higher the performance of the system. Low achievement is used for a priority of improvement area. Bar graph depicts the quantitative data containing the conclusion of the data verification. The higher the bar, the higher the accuracy of the data. This achievement is used to plan the improvement of the data quality.

RESULTS

The assessment of data quality using the data of quality achievement was conducted in November 2019. The data were obtained from the measurement results of the indicator on the monitoring of accuracy in the completion of informed consent forms, indicator on the monitoring of accuracy in the supervision of doctor in charge (*Dokter Penanggung Jawab Pasien* (DPJP)) to the students of Specialist Doctor Education Program (*Program Pendidikan Dokter Spesialis* (PPDS)), and indicator on the monitoring of accuracy in the maintenance and calibration of medical equipment. There were no constraints in the application of the instrument because the instrument had been developed according to the quality program requirements in the hospital.

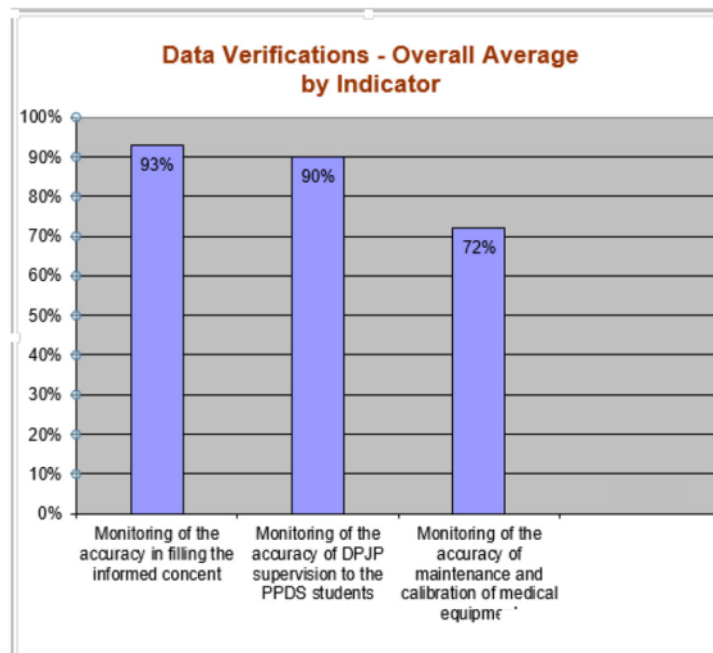


Figure 1. Global statistic of the dashboard of the data quality in the work unit management system

Quantitative Approach

Figure 1 and **2** show the highest achievement of the data is in the first indicator, the compliance in completing the *informed consent* forms (83%). The lowest achievement of the data is in the third indicator, maintenance of medical equipment calibration (72%). The three data obtained have yet to reach 100%. It showed that the data accuracy was not optimal. The data with the lowest results were used to improve data management. From the obtained results, several were found to be different from the guidelines of data collection. It happened because the manager perceived that managing the data manually was difficult, thus resulting in the duplicate data.

Data Management Quality

The result of the data management assessment and the assessment system is presented in a form of table of the data management assessment and the assessment system review.

On the system assessment, around 60% were included in the green category and 40% others in the yellow category. The average assessment of the overall level of quality management system on the indicator 4, the process of data management, was in the yellow category with the mean of 1.93. On the indicator 5, the dissemination of report results, a mean of 2,34 was obtained that made it included in the yellow category, and the second level (outpatient unit) indicated that the lowest quality was in the score of 1.25, and included in the red category. The overall assessment of the system was in the yellow category with a score of 1.5-2.5 which indicated that the data were partially complete/available/operated.

DISCUSSION

On the development of RDQA instrument in indicator 2 (guidelines in selecting the data and reporting), this study found that the understanding on the data collection based on the guidelines of data collection is crucial. It aims to make the data on the achievement results to be a real information for the stakeholders for further decision-making purposes. This finding is in line with the findings of a study conducted by Sari (2014) that an understanding of the standard and utilization of system significantly affects the report quality.⁷ Similarly, a study conducted by Sri (2019) found that the knowledge of the coder on the codification of the disease diagnosis is the factor that contributes the most in the accuracy of codification of the disease diagnosis.⁸

On the development of indicator 3 (collection of reporting data and tools), it was found that quality manager assistance to those in the lower level in

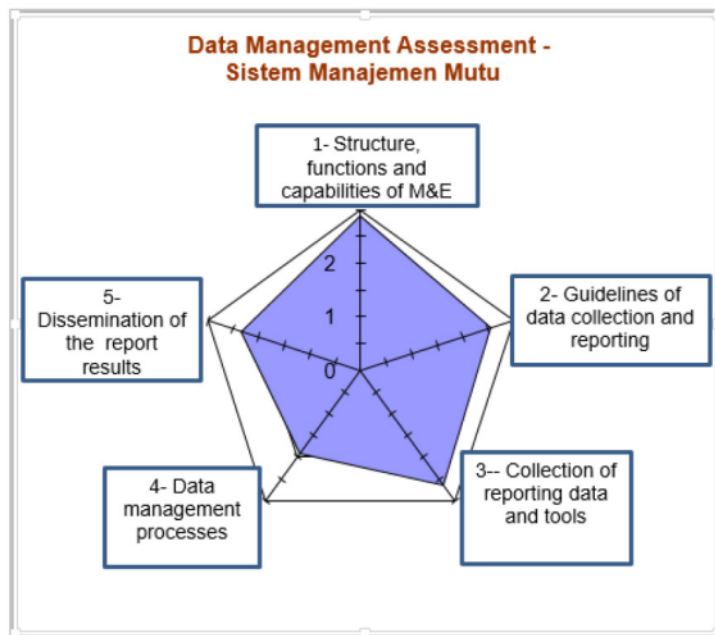


Figure 2. Global Dashboard of System Assessment

The data collection is crucial with the objective of improving the quality of the data. This finding is in accordance with the study conducted by Sulistia (2018) that monitoring and evaluation significantly affect the quality of reporting.⁹

In the development of indicator 5 (dissemination of the report results), it was found that the efforts

of the quality manager in providing information on the results of achievement to those in the lower level was a measure for the further improvement. It is in line with a study conducted by Rodiah (2018) that the success of dissemination is affected by the ability to analyze the target, and it includes identifying objectives, information needs and the implemented procedures.¹⁰

This study found that quality manager is lacking an understanding on the guidelines of data collection and reporting, and have yet to conduct a supervision and provide feedback of the result of achievement optimally. As the staffs were not able to obtain adequate information about the measures of quality improvement. This study resulted in the ability to identify weaknesses in the quality management system. This finding is in line with a study conducted by Syahputra (2018) that organization needs to conduct an identification to opportunities for self-development of the staffs and ensure that staffs attain sufficient competence to perform their duties optimally.¹¹

This study found that the lowest accuracy level of the achievement data was at 72% and the three data have yet to reach 100% level. The results of the present study were able to identify weaknesses in the quality management system which shows that managers experience difficulty in managing the data manually, thus resulting in the duplicate data. It is in line with a study found by Ningsih et al (2019) that the development of web-based reporting system is able to identify duplicate data in reporting, so that it can improve the quality of reporting.¹² Similarly, the results of the study by Rachman (2017) showed that the improvement of quality information services using electronic-based online system is able to generate accurate information and data that can be accounted for.¹³

This study found that assessment of data management and the assessment system are in the yellow category with a score of 2.51 from the total score of 3, which implies that the data are partially complete/available/performed. RDQA instruments are able to identify weaknesses in the quality management system, thus it can be applied and utilized to assess the quality management system in X Hospital. This is in accordance with the study conducted by Hafid (2019) that the developed RDQA instrument can be used to assess the data quality in order to support the availability of information, decision-making and further improvement measures.¹⁴

X Hospital is carrying various missions, including organizes the development of digitization of hospital services, thus they already provide allocation of a sufficient budget. The success of X

Table 1. Review of data management assessment and the assessment system

Assessment	Indicators (per function)					Means per level
	1	2	3	4	5	
	Third Level					
PE	3.00	3.00	2.75	1.78	3.00	2.71
	Second Level					
Critical Unit	3.00	3.00	2.75	2.00	2.50	2.65
Inpatient Unit	3.00	3.00	3.00	2.00	2.25	2.65
Outpatient Unit	2.65	2.25	1.75	1.56	1.25	1.90
	First Level					
ICU	3.00	3.00	3.00	2.00	2.50	2.70
HCU	3.00	2.75	2.80	2.00	2.50	2.61
Ward A	3.00	2.25	3.00	1.83	2.75	2.57
Ward B	3.00	2.00	3.00	2.00	2.50	2.50
Merpati ground floor	3.00	3.00	3.00	2.00	2.00	2.60
Merpati 1st floor	2.00	1.50	2.80	2.00	2.00	2.06
Average per function	2.88	2.60	2.78	1.93	2.34	2.51

Hospital in achieving the mission of the hospital is supported by all components of the hospital, including the readiness of human resources.¹⁵ This is in line with the findings of a study that the staffs are able to receive and manage the system properly when they hold a belief that the system they work on provides benefits in supporting their duties.¹⁶ Similarly, another study showed that the organization conduct identification to the opportunities of staffs' self-development to perform the duties optimally.¹¹

CONCLUSION

An appropriate data management in quality management is crucial to produce accurate information about the quality improvement. Infrastructure in managing quality needs to be prepared thoroughly, and it requires human resources who are competent and have a high commitment to the quality improvement and patient safety.

The application of RDQA in this study articulated that the systems did not optimally run. System assessment using RDQA instruments was found to be in the yellow category with a score of 2.51 from the total score of 3.0, which indicates that the data are partially complete/available/performed. Therefore, it can be said that implementation of RDQA instrument is needed to analyze the data quality of the quality management system in X Hospital. Priority areas in the indicator 4 on the process of data management and indicator 5 on the dissemination of the results of the report should be improved. It is also suggested that the hospital management should develop a web-based reporting system, and *morning conference* needs to be optimized at each level of the quality management system.

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AUTHOR CONTRIBUTION

EF as the first researcher who formulated the idea, prepared the research, collected and analyzed the data. FA as the second researcher who prepared and analyzed the data. SPA as the third researcher who edited the report results.

CONFLICT OF INTEREST

The author declare that they have no conflict of interest.

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