

Analysis of the Implementation of Total Quality Management in Improving the Quality of Hemodialysis Services at Bangkinang Regional Hospital in 2023

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Abstract: Total Quality Management (TQM) provides a form of quality control for the Total Quality Management (TQM) provides a form of quality control for the services provided, including hemodialysis services, which are superior services at Bangkinang General Hospital. The problem is that there are indicators for the quality of hemodialysis services that do not reach a minimum service standard of 100% and the level of patient satisfaction is still low, namely 73.2%. The aim of the study was to analyze the implementation of Total Quality Management in improving the quality of hemodialysis services at Bangkinang General Hospital in 2023. This type of qualitative research uses a phenomenological approach. There were 11 informants, namely the director, chair of quality improvement and patient safety, chair of the nursing committee, head of the room, doctor in charge, executor, nurse, administration and patient. The triangulation used is source, method and data triangulation. The results showed that the inputs (human resources, financing, facilities and infrastructure, machines and SOPs) had not yet reached the minimum hospital service standards. The HD service process is based on 10 long-term TQM elements, teamwork, continuous system improvement, education or training, controlled freedom, unity of purpose, employee involvement and empowerment) and the output does not yet meet service quality patient safety, efficient, effectiveness, timelines, patient centered and equity. The main obstacles to improving the quality of HD services are budget constraints for procuring training, facilities and infrastructure and the low compliance of staff in implementing a culture of quality and patient safety. Bangkinang Hospital can use the Value Stream Mapping method for budget control, Failure Mode Effect Analysis to analyze problems in HD services, conduct Public Private Partnerships through operational cooperation to add HD machines, Contracting-out with training institutions and private companies in procuring and funding HD training and others. Re-socialization of universal precautions and patient safety to officers in the hemodialysis room.

Abstract: *Total Quality Management* (TQM) memberikan suatu bentuk pengendalian mutu atas pelayanan yang diberikan termasuk pelayanan hemodialisis yang merupakan pelayanan unggulan di Rumah Sakit Umum Daerah (RSUD) Bangkinang. Masalahnya, masih terdapat indikator mutu pelayanan Hemodialisis (HD) yang tidak mencapai standard pelayanan minimal 100% dan tingkat kepuasan pasien yang masih rendah yaitu 73,2%. Tujuan penelitian untuk menganalisis pelaksanaan Total Quality Manajemen dalam peningkatan mutu pelayanan hemodialisis di RSUD Bangkinang Tahun 2023. Jenis penelitian kualitatif dengan pendekatan fenomenologi. Informan berjumlah 11 orang yaitu direktur, ketua peningkatan mutu dan keselamatan pasien, ketua komite keperawatan, kepala ruangan, dokter penanggungjawab, dokter pelaksana, perawat, administrasi



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dan pasien. Triangulasi yang digunakan triangulasi sumber, metode dan data. Hasil penelitian menunjukkan input (sumber daya manusia, pembiayaan, sarana dan prasarana, mesin dan SOP) belum mencapai standard pelayanan minimal rumah sakit. Proses pelayanan HD berdasarkan 10 unsur TQM jangka panjang, kerjasama tim, perbaikan sistem secara berkesinambungan, pendidikan atau pelatihan, kebebasan yang terkendali, kesatuan tujuan, adanya keterlibatan dan pemberdayaan karyawan) dan output belum memenuhi kualitas pelayanan *patient safety, efficient, effective, timelines, pasien centered dan equity*. Kendala utama peningkatan mutu pelayanan HD yaitu keterbatasan anggaran untuk pengadaan pelatihan, sarana dan prasarana serta rendahnya kepatuhan petugas menerapkan budaya mutu dan keselamatan pasien. RSUD Bangkinang dapat menggunakan metode *Value Stream Mapping* untuk pengendalian anggaran, *Failure Mode Effect Analysis* untuk menganalisa masalah pada pelayanan HD, melakukan *Public Private Partnership* melalui kerjasama operasional untuk penambahan mesin HD, *Contracting-out* dengan lembaga pelatihan dan perusahaan swasta dalam pengadaan dan pendanaan pelatihan HD dan lainnya. Re-sosialisasi *universal precaution* dan *patient safety* kepada petugas di ruang hemodialisa.

INTRODUCTION

The quality of health services is an important aspect in every health service provider agency, including hospitals. Quality and safe health services for customers (patients) are interrelated and inseparable. There are 6 (six) goals that hospitals must achieve in improving the quality of health services, namely patient safety, efficiency, effectiveness, timeliness, patient centered and equity.(Rachmawati,2019).

Achievement Good service quality requires a management approach that focuses on customers and involves health workers at all levels in continuous and continuous improvement efforts.which is called Total Quality Management (TQM)(Pratiwi et all, 2022).

Tejanagara (2022) explained that Total Quality Management (TQM) in hospitals provides a form of quality control for the services provided and is also used for continuous improvement so as to provide satisfaction for both service users and service providers. One of the hospital's outpatient services is hemodialysis services(Pratiwi et all, 2022).Based onMinister of Health Regulation No 8 (2022), hemodialysis services are a form of kidney replacement therapy or kidney support therapy to remove excess water, dissolved substances and toxins from the blood using an artificial kidney called a dialyzer with a hemodialysis machine.Esti et all (2014)states that the patient has renal dysfunctionhighly dependent on

hemodialysis action. In fact, patients diagnosed with kidney failure are forced to undergo routine hemodialysis throughout their lives. As a result, patients in the hemodialysis unit tend to increase.

There are still many deficiencies in the implementation of hemodialysis in Indonesia, including the quality and quantity of human resources. All of this is inseparable from a minimal budget(RI Ministry of Health, 2008). Obstacles in hemodialysis services in Indonesia include the fact that hemodialysis is a hospital based treatment, requiring a hemodialysis unit with infrastructure and human resources according to standards. So apart from the limited number of hemodialysis service units, hemodialysis services also require high funding. These limitations then result in patient complaints and dissatisfaction with hemodialysis services, such as high patient waiting lists(Indonesian Ministry of Health, 2018).

Regional public hospitalBangking has made efforts to improve the quality of hemodialysis services due to the increasing number of visits to hemodialysis services, but based on the observations of researchers, the hemodialysis services provided are still not maximal, as seen from the fact that there are still nurses who are not certified, are not responsive to patient complaints and needs, are not friendly in serving patients, Lack of nurse discipline, slow response and inadequate implementation of SOPs. Bangkinang Hospital has 13 hemodialysis

machines, 1 specialist doctor in internal medicine with dialysis certification as the doctor in charge, 1 general practitioner with dialysis certification as the implementing doctor, 12 nurses and 7 of them are not yet certified.

Based on a preliminary study by conducting interviews with 10 hemodialysis patients, there were 6 patients who were dissatisfied with hemodialysis services such as the hemodialysis service room felt hot during the day, there were still nurses who were less friendly and did not quickly provide assistance when patients or their families asked for help, besides In addition, patients also complain that there are still nurses who are not reliable in inserting needles which makes patients uncomfortable because they feel pain in the hand that has been stabbed many times. Meanwhile, 4 more patients stated that they were satisfied with the hemodialysis services provided.

Based on this description how important is the quality of hemodialysis services in hospitals to increase patient satisfaction, so researchers are interested in researching "Analysis of the Implementation of Total Quality Management in Improving the Quality of Hemodialysis Services at Bangkinang Hospital in 2023".

METHODS

This research is included in qualitative research, namely a method that describes phenomena through descriptions of people's written or spoken language and observable behavior (Donsu, 2017). The approach to this research is phenomenological, which aims to obtain information by conducting in-depth interviews, observing and reviewing documents regarding the analysis of the implementation of Total Quality Management in improving the quality of hemodialysis services at Bangkinang District Hospital in 2023.

This research was carried out at Bangkinang Regional Hospital, with the research carried out in March – July 2023. The selection of informants was adjusted to the principles of qualitative research, namely suitability and adequacy. The suitability of this research is based on the selection of respondents based on the research topic and the knowledge obtained. The principle of

adequacy is that the information obtained must be diverse and meet the criteria relevant to the research (Martha, 2020). In this research, the informants interviewed were different, from one informant to another, totaling 11 people. Primary data in this research was obtained through in-depth interviews with main informants and supporting informants using interview guides (dialogue with 2 parties) and observation (direct observation) using observation guides. Secondary data in this research is data or documents related to hemodialysis services at Bangkinang Regional Hospital and the profile of Bangkinang Regional Hospital for 2022-2023.

The techniques that researchers used in this research were in-depth interviews, observation and document review. Data processing is carried out by several people with the aim of interpreting data results in the same way as other people. Request feedback from informants in the form of suggestions, data and information. Then compare it with theory. This step was taken to improve and increase the quality of research. Martha (2017) explained that data analysis is divided into 6 (six) stages, namely data transcription, data coding, analysis process, data presentation in matrix form, data analysis during data collection and content analysis.

The validity test used in qualitative research is triangulation, namely: source triangulation, method triangulation and data triangulation.

RESULTS AND DISCUSSION

Input Analysis of Quality of Hemodialysis Services

1. Human Resources (HR)

Based on the results of in-depth interviews with 5 main informants, it was known that all informants stated that the quantity of nurses based on the workload ratio was sufficient

".....Calculation of the ratio of the number of officers to the number of patients or procedures to the workload in the hemodialysis unit and currently the number is sufficient. but if you look at the PMK it's clearly lacking, the number of officers is 12 nurses and 7 of them are not yet certified while we have

13 machines so based on PMK we should have 11-12 nurses with HD certification" (IU 1, IU 2, IU3a, IU 4)

Meanwhile, the results of in-depth interviews with supporting informants indicated that there was still a lack of human resources for dialysis-skilled nurses at Bangkinang Hospital

".....We have 1 internal medicine specialist who is HD certified, 1 executive doctor who has also been certified, and 12 nurses, 5 have been certified, 2 are currently training and 5 are not yet certified. In terms of numbers, maybe I'll add a little, we still don't have enough implementing doctors because ideally the implementing doctors should be there throughout the HD implementation, the implementation is at Bangkinang Regional Hospital with 2 shifts in the morning and afternoon, and in the afternoon shift the doctor isn't on standby until it's finished. . Maybe at the doctor I think it's still not enough to be treated" (IP 1)

Based on the results of a document review in the 2022 Minimum Service Standards (SPM) Report for Hemodialysis Rooms at Bangkinang Regional Hospital, it is known that there are only 5 skilled nurses for 13 units of HD machines and there is documentary evidence of certificates for doctors and nurses who have taken dialysis training.

The results of this study are in line with research Nugraha (2016), there is still a lack of nurses who have hemodialysis certificates resulting in hemodialysis procedures being delegated to general practitioners and nurses who are not yet proficient in hemodialysis.

The results of this study are in line with research Amin et al (2019) in HOSPITAL Hopes and Prayers of the City of Bengkulu that Hemodialysis services still lack nurses and doctors who are hemodialysis certified. The Hope and Prayer Regional General Hospital of Bengkulu City currently has 10 Hemodialysis equipment units with 4 dialysis proficient nurses and general practitioners in hemodialysis services who are also not hemodialysis certified.

2. Source Financing

Based on the results of in-depth interviews with 5 main informants, it was found that 4 informants stated that the source of funds for the procurement of facilities and infrastructure for hemodialysis services at Bangkinang Hospital came from BLUD and APBD funds

".....Facilities and infrastructure for hemodialysis services at our RSUD, our machines use several KSO machines and 2 machines from the APBD. For medicines, BMHP and other materials such as chemical using existing budget from BLUD funds (IU 1)

".....The funds come from APBD and BLUD funds" (IU 2, IU 3, IU4)

As a result of in-depth interviews with 5 main informants, it was found that 3 informants suggested adding HD machines by increasing Operational Cooperation (KSO) with third parties, while 2 informants stated that existing financing sources or funds could be allocated according to the needs of hemodialysis services. This can be seen from the following interview results:

".....I suggest maybe we will add HD KSO machines with third parties.....we add around 5 to 10 more HD machines" (IU 1, IU 2, IU 3a)

".....So that existing sources of financing or funds can be allocated according to needs" (IU 3b, IU4)

Based on the results of in-depth interviews and document review, it was concluded that the funding sources for hemodialysis services at Bangkinang District Hospital were not sufficient to meet the needs need Medical Consumables (BMHP) in hemodialysis services.

The results of this research are in line with the statement Republic of Indonesia Ministry of Health (2018) who stated that the obstacles in hemodialysis services in Indonesia cannot be separated from the minimal budget, meanwhile hemodialysis service units require high funding because hemodialysis is hospital based treatment, requiring a hemodialysis unit complete with infrastructure and human resources according to standards.

The results of this study are in line with research Rusli (2017), the burden of

operating costs for hemodialysis is the biggest burden in providing hemodialysis services. The calculated cost recovery rate for hemodialysis services for BPJS patients is 74%, compared to 93% for general patients, which means that during 2016 there was a deficit in hemodialysis services and hospitals had to cross-subsidize them.

3. Complete Facilities and Infrastructure

Based on the results of in-depth interviews with 5 main informants, it was found that 4 informants stated that completeness such as medicines, consumables and medical devices for hemodialysis services at Bangkinang Hospital was sufficient and complete, while 1 informant stated need Consumable medical materials for medicines in pharmacies often experience shortages

".....Hemodialysis services can run smoothly without obstacles because there is always availability of BMHP and other medicines in the warehouse." (IU 1, IU 2, IU 3a, IU4)

".....It seems incomplete, for example consumable equipment and medicines are often empty in pharmacies"(IU 3b)

Meanwhile, the results of in-depth interviews with 1 key informant revealed that The building for hemodialysis services at Bangkinang Regional Hospital is not spacious enough and requires additional area if you want to add an HD machine unit. This can be seen from the results of the following interview.

".....I think the building is not spacious enough and needs to be repaired, added, expanded so that there can be room for the addition of a new HD machine"(IK)

Based on the results of in-depth interviews, document review and observation results, it was concluded that completeness Facilities and infrastructure for hemodialysis services at Bangkinang District Hospital do not meet the standards of Minister of Health Regulation No. 812/MENKES/PER/VII/2010.

The results of this study are also in line with research Silitonga et al (2022) at Datu Beru Takengon Regional Hospital, Aceh with results study is

known completeness of facilities and infrastructure and cleanliness of the hemodialysis equipment used is complete and in good condition. Good facility support really determines the process of running hemodialysis smoothly without any things that will make the patient worry. A good, clean and tidy environment and a situation that is not noisy will make the patient more comfortable and reduce the patient's anxiety during the dialysis process, and apart from that, the environment must also be clean to avoid the transmission of other diseases.

4. Machine Equipment

Based on interview results deep to the 5 main informants, it was known that all informants stated that there were already 13 hemodialysis machines in good condition, but this number was only enough to serve patients on a regular schedule, while new patients could not be served so they had to be referred to a hospital with hemodialysis services in Pekanbaru

Currently we have 13 machines, but if you look again it is still not enough because the number of patients in Kampar district is increasing. So it's still lacking" (IU 1, IU 2, IU 3a, IU 3b)

".....Seeing the increasing number of kidney failure patients on hemodialysis therapy, it is necessary to add hemodialysis machines, because there are only 13 existing machines that can serve patients on the current routine schedule. Well... So, if there is a new hemodialysis patient who needs a routine schedule, he must first be referred to Pekanbaru. (IU 4)

Based on the results of in-depth interviews, document review and observation results, it was concluded that the machine equipment for hemodialysis services at Bangkinang District Hospital meets the standards of Minister of Health Regulation No. 812/MENKES/PER/VII/2010 However, the available hemodialysis machines do not yet support the needs of hemodialysis services for new patients.

Research result This is also in line with research Safitri and Tan (2021) At the

QIM Batang Hospital, it is known that the services provided by the hemodialysis unit have been able to provide quite good service to hemodialysis patients and patients are satisfied with the services provided by hemodialysis nurses at QIM Batang Hospital, however, the availability of hemodialysis machines has not been able to serve the needs of hemodialysis in patients. new.

Research result This is also in line with research Dahliana et al (2022) There are 8 hemodialysis units at Hospital X with 8 beds. The number of patients who need dialysis or dialysis at Hospital

5. Standard

Operational Procedures (SOP)

Based on the results of in-depth interviews with 5 main informants, it is known that all informants also stated that they were doctors and nurses in the service hemodialysis Bangkinang Regional Hospital has provided hemodialysis services according to the hospital's SOP

".....For our HD services here, doctors and nurses have implemented the SOPs that have been made by the hospital" (IU 1, IU 2, IU 3a, IU 3b, IU 4)

Based on the results of in-depth interviews, document review and observation results, it was concluded that health workers' compliance with Infection Prevention and Control according to Standard Operating Procedures (SOP) in hemodialysis services at Bangkinang Regional Hospital is still low.

The results of this study are in line with research Taufiq (2019) which states that to improve effective and efficient hospital performance, it is necessary to have technical, administrative and procedural SOPs as guidelines for implementing hospital performance. The research results showed that 53.2% of nurses provided health services according to the SOP and the remaining 39.9% had not implemented services according to the SOP.

The results of this study are in line with this Conscience and Hidajah (2017) In the Hemodialysis service at Haji General Hospital Surabaya, it was found that the hand hygiene compliance of Hemodialysis Unit nurses was 35%. This compliance rate

still does not meet the SPM set by the Infection Prevention and Control Program (PPI) of the Surabaya Hajj General Hospital, which is 100%. The low hand hygiene compliance rate is caused by the low participation in basic PPI training and the lack of availability of hand hygiene facilities at the Haji General Hospital Surabaya Hemodialysis Unit.

Quality Process of Hemodialysis Services at Bangkinang Regional Hospital As per Element Implementation of TQM

1. Focus on Customers

Based on the results of in-depth interviews with 5 main informants, it was found that 4 informants stated that doctors and nurses were competent in providing hemodialysis services at Bangkinang District Hospital, however there were still nurses who were not dialysis certified.

".....Doctors and nurses are competent in serving HD patients, but some of these nurses are just not certified yet" (IU 1, IU 2, IU 3a, IU 3b)

Based on the results of the document review, documentary evidence was found regarding the competence of doctors and nurses performing hemodialysis in the form of dialysis training certificates, there was written documentary evidence regarding public complaints regarding Bangkinang Regional Hospital services, however from 2017 to 2023 there had never been any complaints regarding hemodialysis services, there were proof of document Regulation of the director of the general hospital in the Banginang area.

Lewis and Smith in Anggreni et al (2022) explained that in the basic principles of Total Quality Management, to be able to provide satisfaction to customers, the steps that must be taken are to identify who the customers of health institutions are and what the needs of the customers are. These customer needs include aspects of price, security and timeliness.

The results of this study are in line with research Masinambou and Karuntu (2019) At Siloam GMIM Sonder Hospital it is known that the implementation of integrated quality management that focuses on patients refers to hospital regulations, with the supporting pillars for

maintaining hospital quality, namely the Medical Council and Nursing Council Oversight. To maintain patient satisfaction, total quality management is implemented at Siloam GMIM Sonder Hospital based on Standard Operating Procedures (SOP) created and documented by Siloam GMIM Sonder Hospital. Although in its implementation not all officers adhere to the SOP.

2. Obsession Against Quality

Based on the results of in-depth interviews with 5 main informants, it was found that 4 informants stated that all officers tried to provide quality service

".....All officers try to provide quality services. Why...doctors and nurses are also required to work according to hospital standards or SOPs." (IU 1, IU 2, IU3a, IU3b)

Based on the results of in-depth interviews, document review and researcher observations, it can be concluded that health workers and management are not yet obsessed with improving the quality of hemodialysis services at Bangkinang District Hospital.

Tejanagara et al (2022) state that the quality obsession of organizations implementing TQM is a key determinant of internal and external customer quality. For specified quality, the organization must aim to meet or exceed the specified quality. Oaklan in Prapitasari and Jalilah (2020) explain that *Total Quality Management* This will be achieved if there is support (commitment) from the management of the service organization (RSUD Bangkinang) efficiently to the provision of services (hemodialysis services) to develop its services.

The results of this study are in line with research Kurnia et al (2021) The component of obsession with quality can be seen in the quality of employee work in each particular unit. Performance is the benchmark for giving awards to each employee, whether in the form of a salary increase or even a promotion the following year.

3. Approach Scientific

Based on the results of in-depth interviews with 5 main informants, it is

known that 4 informant state approach scientific work carried out by management in solving problems and making decisions using discussion and meeting methods, meanwhile scientific approach to the implementation of HD services using the PERNEFRI Consensus

".....For the implementation of HD we are based on guidelines from PERNEFRI consensus is correct. For problem solving, management always invites meetings or discussions if there are obstacles in hemodialysis services and what is needed to improve services" (IU 1, IU 3a, IU 3b, IU 4)

Based on the results of in-depth interviews, review of observation documents, it can be concluded that there is a scientific approach doneto resolve the issue of patient compliance with HD schedule and duration not yet effective in improving the quality of hemodialysis services at Bangkinang District Hospital.

The results of this study are in line with research Bakobat et al (2021) shows that Budi Mulia Hospital's decision making is based on a scientific approach found in the field through the PMKP (Quality Improvement and Patient Safety) committee survey as well as a survey by BPJS called the Walking Audit (WTA). Measuring patient satisfaction and measuring the performance of health service providers.

4. Commitment Long-term

Based on the results of in-depth interviews with 5 main informants, 3 informants were identified state management and health workers can carry out a long-term commitment by trying to improve the quality of HD services not only in terms of infrastructure but also increasing competence HR by providing training

"...It's good that the management always tries to improve the quality of HD services not only in terms of infrastructure but also human resources by providing training" (IU 2, IU 3a, IU 3b)

".....The management and health workers have the same commitment

in realizing the vision and mission of Bangkinang Regional Hospital" (IU 4)

Based on the results of in-depth interviews and document review, it can be concluded that the problems and challenges for management and health workers to carry out long-term commitments in realizing the vision and Bangkinang Regional Hospital's mission, especially in improving the quality of hemodialysis services, is due to the limited budget of Bangkinang Regional Hospital.

The results of this study are in line with research Uganda (2017) at Pringsewu Regional Hospital, the long-term commitment at Pringsewu Regional Hospital begins with establishing the hospital's vision and mission which is created jointly by all hospital employees and structural officials. However, in reality, not all Pringsewu Regional Hospital employees know the vision and mission.

5. Cooperation Team

Based on the results of in-depth interviews with 5 main informants, it was found that 3 informants stated that the cooperation between management and health workers was good and there were no obstacles because management always supported and responded to all complaints from hemodialysis services. While 2 informants stated there are no problems in teamwork between management and health workers

".....There have been no problems or obstacles because the management always provides support and input regarding the quality of service in the hemodialysis unit" (IU 1, IU 3b, IU 4)

"Our teamwork has no problems" (IU 2, IU 3a)

Based on the results of in-depth interviews and document review, it can be concluded that teamwork management and health workers at Bangkinang Regional Hospital's hemodialysis services are not running optimally.

In organizations that implement integrated quality management, teamwork, partnerships, and relationships are fostered and fostered among company employees, as well as with suppliers, government agencies, and surrounding

communities. (Juharni, 2017). Oaklan in Prapitasari and Jalilah (2020) explain that *Total Quality Management* can be achieved if cooperation (co-operation) is fostered continuously between fellow employees and between managers and employees).

The results of this study are in line with research Kurniawan et al (2022), the collaboration of the Dumai City Hospital Emergency Room service team has been good. Team meetings are held regularly and attended by nursing staff and doctors to discuss hospital service issues. Problems that occur are always discussed and discussed so that they can be resolved together and performance can be improved. Teamwork also occurs by communicating with each other when changing caregivers and shifts. Doctors deal with patient situations and problems.

6. Repair Continuous System

Based on As a result of in-depth interviews with 5 main informants, it was found that 3 informants stated that the management and officers had made improvements to the system. There are no obstacles and obstacles. Meanwhile, 2 informants stated that the system had been improved Management and officers have carried out continuous efforts, but there are still problems such as leaking roofs that have not been repaired and some medicines and consumables that are needed do not arrive on time.

".....So far, both management and officers have made improvements to the system. there are no obstacles and obstacles" (IU 1, IU 2, IU 4)

".....I think it's quite good because the management is always responsive if there are problems with the service at HD.....but sometimes there are some medicines and consumables needed that are a bit slow to get and then the repair of the leaky roof that we proposed has not been implemented" (IU 3a, IU 3b)

Based on the results of in-depth interviews and document review, it can be concluded that continuous system improvements in hemodialysis services at Bangkinang Regional Hospital, Bangkinang

Regional Hospital have not been running optimally and in an integrated manner.

A key component of TQM is continuous improvement, which is finding new ways to solve problems and improve service quality. Every product and/or service is produced using a certain process in a system/environment. Therefore, the existing system needs to continue to be improved to improve production quality (Astari, 2020).

The results of this study are in line with research Istiqomah et al (2021), which states that the concept applied in continuous system improvement activities is the PDCA (plan-do-check-act) cycle, which includes planning steps, plan implementation, checking the results of plan implementation, and corrective action on the results obtained.

7. Education and Training

Based on the results of in-depth interviews with 5 main informants, it was found that all informants stated that doctors and nurses had received dialysis training, while nurses who had not received training were still waiting for their turn. Dialysis training is held once a year

".....Doctors have received dialysis training, as I said earlier there are still nurses who have not received dialysis training but there are those who are in the process of training, the training is once a year" (IU 1, IU 2, IU 3a, IU 3b, IU 4)

".....Part of the education has been carried out and some are waiting for their turn, hopefully it can be done soon" (IK)

Based on the results of in-depth interviews and document review, it can be concluded that not all health workers serving hemodialysis services at Bangkinang Regional Hospital have received education and training in hemodialysis, BTCLS, BHL and K3RS.

The results of this study are in line with research Kurniawan et al (2022) The Dumai City Hospital Emergency Installation regularly provides education and training for nurses and doctors through training and seminars, so that their knowledge is always updated. The

education and training carried out increases understanding about serving patients. However, the Dumai City Regional Hospital also experiences obstacles in providing education and training for nurses and doctors, namely the limited budget of the Dumai City Regional Hospital.

8. Freedom the Controlled

Based on the results of in-depth interviews with 5 main informants, doctors, nurses and management staff are involved in making decisions and solving problems related to hemodialysis services and existing problems are resolved by discussion

".....In solving a problem, employees, doctors and nurses are very involved in decision making. Problems are solved by discussion" (IU 1, IU 2, IU 3a, IU 3b, IU 4)

Based on the results of in-depth interviews, it can be concluded that controlled freedom is carried out by involving officers in solving problems, making decisions and freely providing ideas and suggestions regarding hemodialysis services at Bangkinang District Hospital.

Prapitasari and Jalilah (2020), states that employee participation in decision making and problem solving is a very important factor. This is because these factors can increase employees' sense of "ownership" and responsibility for the decisions they have taken. However, the freedom that arises from participation and empowerment is the result of careful planning and well-executed control.

The results of this study are also in line with research Bakobat et al (2021) shows that Budi Mulia Bitung Hospital involves all employees at Budi Mulia Bitung Hospital in Hospital accreditation activities and Hospital coordination meetings which are held every three months. In carrying out hospital operational activities, all employees can provide suggestions and innovative ideas according to their respective fields, all employees work together to provide the best service to patients.

9. Unity Objective

Based on the results of in-depth interviews with 5 main informants, it is

known that all informants also stated that the wages or salaries given to employees, doctors and hemodialysis nurses were in accordance with government regulations based on class for civil servants and contract employees

"...It is appropriate for civil servants that there are already regulations regarding salaries according to class, for contract employees there are also provisions" (IU 1, IU 2, IU 3a, IU 3b, IU 4)

Based on the results of in-depth interviews, document review and researcher observations, it can be concluded that health workers do not yet have a unified goal to improve the quality of hemodialysis services at Bangkinang District Hospital.

Astari (2020), states that to implement TQM correctly, an organization must have integrated goals. Therefore, every effort can be directed towards the same goal. However, this unity of purpose does not mean that there must always be an agreement/agreement between management and employees, such as an agreement on wages and working conditions.

The results of this study are in line with research Masinambou and Karuntu (2019), in implementing good Total Quality Management, Siloam GMIM Sonder Hospital must have a goal. To achieve the goals of Siloam GMIM Sonder Hospital, one goal is needed and achieved by all health workers at Siloam GMIM Sonder Hospital to realize the vision, mission and achievements in service quality standards.

10. There is Employee Engagement and Empowerment

Based on the results of in-depth interviews with 5 main informants regarding the process of improving the quality of hemodialysis services at Bangkinang District Hospital, it was found that 3 informants stated that the management always involved and coordinated with officers in the HD room in improving the quality of services. Meanwhile, 2 informants stated that those involved in improving quality were management of budget, procurement, planning, pharmacy department,

employees, doctors and nurses in hemodialysis services.

".....RSUD management has coordinated well with all lines in the quality improvement process." (IU 1, IU 2, IU 4)

"...That's it, all parties are involved, from the planning and budget management, quality management to room staff involved in the quality improvement process." (IU 3a, IU 3b)

Based on the results of in-depth interviews and document review, it can be concluded that employee empowerment through training activities to improve the quality of hemodialysis services at Bangkinang Regional Hospital has not been implemented optimally.

The development of the hospital is currently undergoing reforms. The existence of economic globalization expands competition in the field of health services so that hospitals also compete. Improving the quality of services that focuses on patient safety, easily accessible information and telecommunications also increases public demands for the quality of hospital services. These changes must be properly addressed by the hospital as the actor of health services. The human resources owned by the hospital must also be able to be optimized through employee empowerment so that they become employees who are creative, innovative and have high performance (N Ntwiga et al, 2021).

The results of this study are in line with research Masinambou and Karuntu (2019) that the application of TQM in involving and empowering health workers at Siloam GMIM Sonder Hospital is empowerment by placing each health worker in the field of knowledge or competency that they master.

11. There is Supervision and Control

Based on the results of in-depth interviews with 5 informants, it is known that all informants stated that supervision was carried out by quality management. Supervision in the HD room was carried out by the head of the room, supervisor and head of service.

".....Supervision is quality management... if it's in the room, it's

the head of the room and the supervisor.” (IU 1, IU 2, IU 3a, IU 3b, IU 4)

The results of in-depth interviews with 1 key informant stated that supervision and control of the quality of hemodialysis services at Bangkinang District Hospital was carried out in stages starting from the quality committee, nursing committee and medical committee.

“.....Supervision is tiered, the head of the service sector is involved, the quality committee also assists the director in supervising and controlling HD services,..... there are other teams such as the quality committee one of them. For the nurse there is” (IK)

Based on the results of in-depth interviews, document review and observation, it can be concluded that the supervision and quality control of hemodialysis services at Bangkinang Hospital has not been carried out optimally.

Based on Minister of Health Regulation No 8 (2022) and Republic of Indonesia Ministry of Health (2008), supervision and quality control of the quality of hemodialysis services in the hospital is carried out by means of the HD unit being required to make periodic reports every month to the Health Service and PERNEFRI, Supervision is carried out by periodic meetings every semester. Supervision of dialysis services carried out in the form of routine supervision and incidental supervision

The results of this study are in line with research Neti and Dominata (2021) about management of the implementation of hemodialysis services in Indonesia, that monitoring and evaluation of hemodialysis services has not been carried out optimally, there is a lack of HD unit participation in sending IRR data on time, weak supervision and control of Infection Prevention and Control (PPI) and the absence of performance evaluation of hemodialysis service officers .

Output Analysis of Hemodialysis Service Quality

Based on the results of in-depth interviews with 5 main informants, it was found that 2 informants stated that the quality of hemodialysis services was not in accordance with Permenkes Number 812 of 2010 because there were still nurses who were not proficient (dialysis certified) and the output of hemodialysis services had not yet reached the hospital MSS quality indicators. Meanwhile, 3 informants stated that the output did not meet the standards of the Minister of Health, including nurses who were not yet HD certified, the SPM regarding the adequacy of HD 2x a week with Kt/v 1.8 had also not been achieved.

“...There are several indicators of the quality of hemodialysis services that have not been achieved, this is related to the dialysis time, not all patients are willing to do 5 hour dialysis, Kt/v 1.8 for HD twice a week has not reached 100%... then there are still HD nurse who does not have dialysis certification”(IU 1, IU 2, IU3b)

“.....Based on Permenkes 812, the quality of service is not up to standard, for example, our dialysis proficient nurses have not been achieved and so has the adequacy of dialysis which has not been achieved because most patients refuse to have HD performed for 5 hours.”(IU 3a, IU 4)

Based on the results of in-depth interviews and document review, it can be concluded that the output quality of hemodialysis services at Bangkinang District Hospital has not yet reached the SPM for Hospitals of the Minister of Health of the Republic of Indonesia Number: 129/Menkes/SK/II/2008. So that The results of hemodialysis services at Bangkinang Regional Hospital do not meet quality service standards including patient safety, efficiency, effectiveness, timelines, patient centered and equity.

Rachmawati (2019), states that there are 6 (six) goals that must be achieved by hospitals in improving the quality of health services, namely patient safety, efficient, effective, reducing time Wait (*timeliness*), focused on the patient (*patient centered*) and service according to standards (equity). When compared with this theory, hemodialysis

services at Bangkinang District Hospital certainly do not meet the requirements as quality health services because the staff's awareness is still low in implementing PPI and ensuring patient safety. HD services are not yet efficient and effective because the percentage of HD patients twice a week with KT/V 1.8 did not reach the hospital SPM, *timeliness* also not achieved because the waiting list for patients is long. The availability of hemodialysis machine units is still limited.

CONCLUSION

Implementing the VSM method of budget control strictly and effectively, increasing the KSO program with third parties to add hemodialysis machines, providing hemodialysis training, Infection Prevention and Control Nurses (IPCLN) and Infection Prevention and Control Staff (IPCLS), Capacity Building for unit doctors and nurses hemodialysis, Holding a partnership program with the private sector through Public Private Partnership in the form of Contracting-out with private training institutions for hemodialysis training and other training, Holding a partnership program with private companies as parties who have funds to help finance HR training at Bangkinang Regional Hospital with a mutual benefit agreement, It is recommended to use a scientific approach or new methods such as FMEA to identify and analyze failures or problems in HD services, Re-socialization and simulation for doctors and nurses in hemodialysis services regarding Minimum Service Standards for Bangkinang Regional Hospital regarding PPI and patient safety management at risk of falls, Providing sanctions be firm if doctors and nurses still do not comply with Universal Precautions according to SOP, Create a digital-based Patient-Family Centered Care (PCC) program using Electronic Health Records (HER), Carry out a Group Definitive Plan (RDK) program every month, the MPKP Committee needs to carry out continuous quality improvement by involving health workers from the hemodialysis service unit. Re-socialization and simulation for doctors and nurses in hemodialysis services regarding Minimum Service Standards at Bangkinang District Hospital regarding PPI and patient safety management at risk of falls, Providing strict sanctions if doctors and nurses still do not

comply with Universal Precautions according to SOP, Creating a Patient-Family Centered program Digital-based Care (PCC) using Electronic Health Record (HER), Carrying out the Group Definitive Plan (RDK) program every month, the MPKP Committee needs to carry out continuous quality improvement by involving health workers from the hemodialysis service unit. Re-socialization and simulation for doctors and nurses in hemodialysis services regarding Minimum Service Standards at Bangkinang District Hospital regarding PPI and patient safety management at risk of falls, Providing strict sanctions if doctors and nurses still do not comply with Universal Precautions according to SOP, Creating a Patient-Family Centered program Digital-based Care (PCC) using Electronic Health Record (HER), Carrying out the Group Definitive Plan (RDK) program every month, the MPKP Committee needs to carry out continuous quality improvement by involving health workers from the hemodialysis service unit. Creating a digital-based Patient-Family Centered Care (PCC) program using Electronic Health Records (HER), Carrying out a Group Definitive Plan (RDK) program every month, the MPKP Committee needs to carry out continuous quality improvement by involving health workers from hemodialysis service units. Creating a digital-based Patient-Family Centered Care (PCC) program using Electronic Health Records (HER), Carrying out a Group Definitive Plan (RDK) program every month, the MPKP Committee needs to carry out continuous quality improvement by involving health workers from hemodialysis service units.

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