

The role of KARS surveyors in accelerating the reduction of maternal mortality in Indonesia

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INTRODUCTION

Comprehensive Maternal Perinatal Death Surveillance and Response (MPDSR) is instrumental in generating high-quality information on the primary causes of maternal and perinatal deaths, as well as the significant contributing factors to these fatalities. However, the systematic implementation and monitoring of responses, as well as the analysis of their effectiveness, are often lacking in MPDSR. Countries, such as Indonesia, advance in establishing a comprehensive approach to support the quality of care for maternal, newborn, and child health, new areas of inquiry pertaining to the linkages between MPDSR and quality of care implementation will arise. There are initial questions to consider and test, particularly in contexts where both quality of care and MPDSR committees/teams are operational. This includes identifying best practices for enhancing communication and harmonizing processes.

AIM

Furthermore, it is essential to explore whether hospital accreditation, particularly through the surveyors of the Hospital Accreditation Commission/KARS, can effectively implement and monitor MPDSR activities at the hospital levels.

- To assess the implementation of Maternal and Perinatal Death Surveillance and Response (MPDSR) activities in Indonesian hospitals through the lens of accreditation surveys.
- To explore the potential of accreditation processes in enhancing the implementation of WHO recommendations for maternal mortality reduction at the hospital level.
- To evaluate the role of hospital accreditation surveyors in promoting and assessing quality improvement initiatives related to maternal mortality reduction.
- To identify areas where accreditation surveyors can provide targeted guidance to hospitals for improving maternal health outcomes.

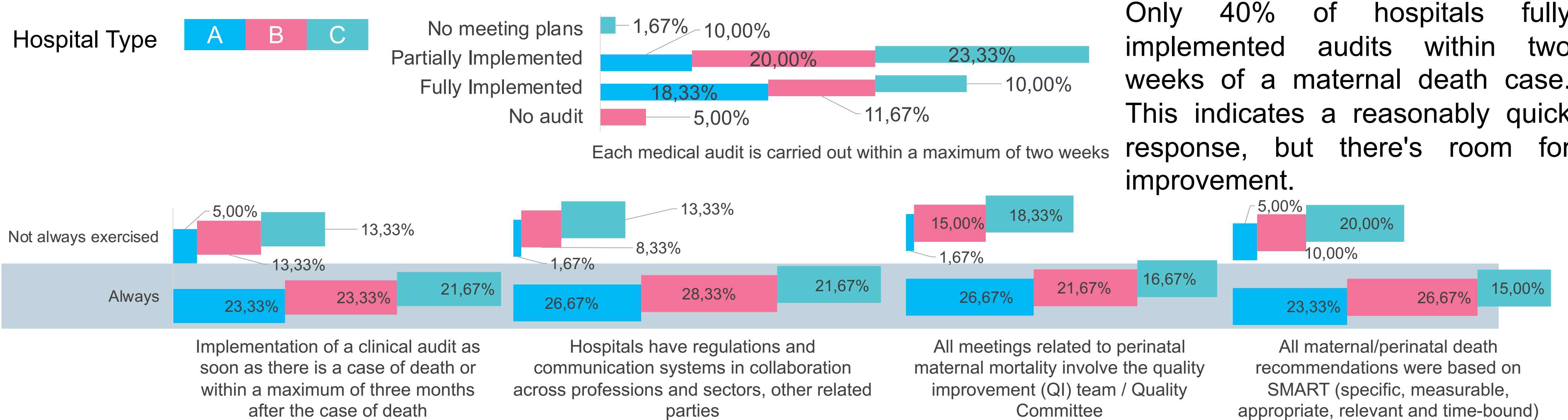
METHOD

- Study Design: Cross-sectional survey of hospital accreditation surveyors
- Time period: November 2023 to January 2024 (note: correcting the year typo in the original text)
- Target population: Certified hospital accreditation surveyors in Indonesia with sample size of 60 surveyors
- Sampling method: Purposive sampling to ensure representation from various regions and hospital types
- Survey Instrument: Questionnaire based on modified WHO MPDSR indicators
- Adaptation process: Collaborative effort with local maternal health experts to ensure relevance to Indonesian context.
- Data Collection: Online survey platform (Google Forms), Surveyors asked to respond based on their most recent hospital assessment
- Response options: Most items: "Yes," "Probably," "No"; For medical audit timing: "No audit," "No meeting plans," "Partially Implemented," "Fully Implemented"
- Data Analysis: Descriptive statistics for Frequencies and percentages for each indicator; Cross-tabulation for Analyzing relationships between different indicators
- Data Presentation: Bar charts and pie charts for visual representation of data

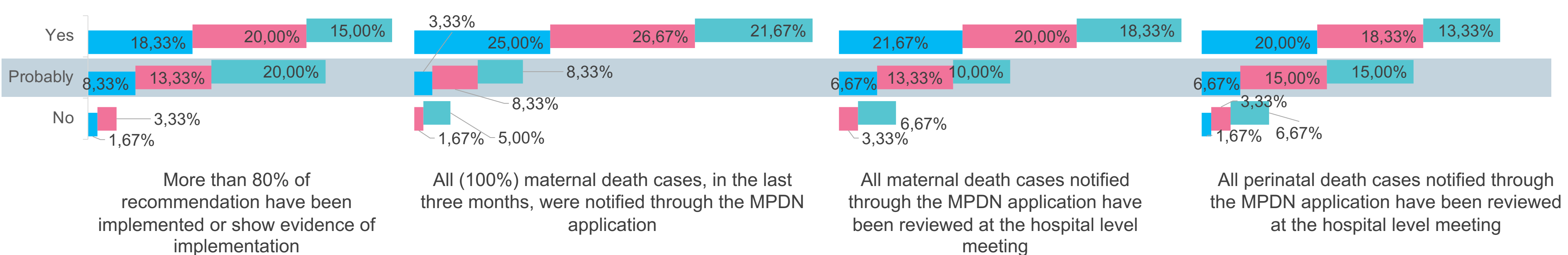
RESULTS

We surveyed 60 hospital accreditation surveyors, 46,67% were female, and 53,33% were male. Most (85%) were medical surveyors, and the rest were management surveyors. Most (71,67%) have served as surveyor for more than five years. The referred hospitals were Type A (28,22%), Type B (36,67%), and Type C (35%).

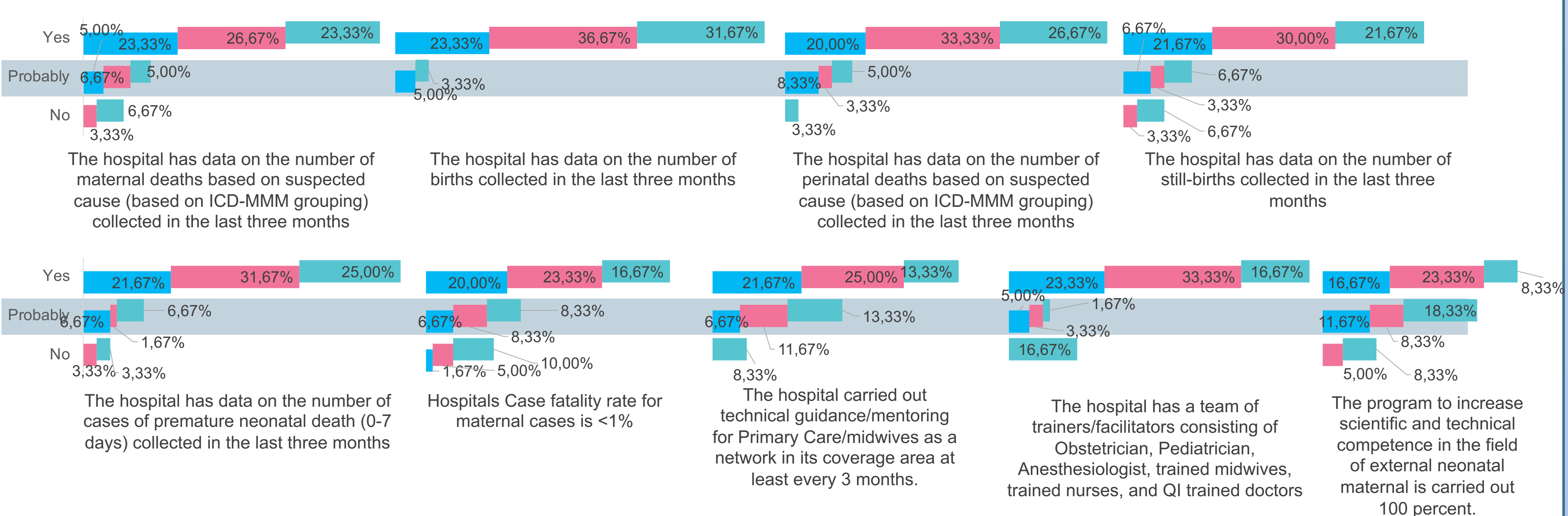
Only 40% of hospitals fully implemented audits within two weeks of a maternal death case. This indicates a reasonably quick response, but there's room for improvement.



68.33% of hospitals always conducted clinical audits immediately or within three months after a mortality case, indicating a strong commitment to reviewing adverse events. However, it is still a large room for improvement to achieve more than 90% prevalence.



There were room for improvements to achieve 100% reporting of maternal and perinatal death in MPDN applications. This lack of consistent MPDN utilization hinders the ability to collect accurate and timely data, which is crucial for identifying patterns, implementing targeted interventions, and monitoring the effectiveness of efforts to reduce maternal mortality.



- 73.33% of hospitals had training teams consisting of various specialists, indicating a multidisciplinary approach to capacity building.
- 48.33% of hospitals fully implemented programs to enhance scientific and technical competencies in maternal and neonatal care, suggesting a need for more comprehensive training programs.
- Despite high prevalence of hospitals achievements in all indicators, there were room for improvement regarding the MPDSR.

CONCLUSIONS

- Hospital accreditation surveyors play a crucial but currently underutilized role in accelerating the reduction of maternal mortality in Indonesia. Key findings highlight significant gaps in several critical areas, such as implementation of timely medical audits and case reviews, involvement of quality improvement teams in maternal mortality meetings, use of SMART recommendations for addressing maternal/perinatal mortality cases, variations in data collection, reporting, and analysis practices, or implementation of comprehensive training programs for maternal and neonatal care.
- These gaps present opportunities for accreditation surveyors to drive improvements by strengthening audit processes, enhancing case review mechanisms, improving data quality and utilization, promoting comprehensive training programs, and aligning accreditation standards with national and WHO goals. Therefore, surveyors can significantly impact maternal health outcomes.
- Ultimately, this research highlights the untapped potential of hospital accreditation surveyors as key agents in improving maternal health services and outcomes in Indonesia. Their role, when optimized, can serve as a powerful mechanism for accelerating progress towards national and global maternal mortality reduction targets.

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