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Strengthening Hospital Classification Regulations on Service Quality and Patient Safety That Are Equitable in Realizing

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ABSTRACT

Maximum service quality and patient safety in hospitals have become global issues today. The government through the Ministry of Health is responsible for public health, where this is in accordance with the mandate of the 1945 Constitution article 28 H, it is stated that everyone has the right to health services, gets facilities and special treatment to get the same opportunities and benefits, is entitled to health services. social security that allows his full self-development as a dignified human being. Talking about health services in hospitals, it certainly cannot be separated from the issue of Quality and Patient Safety. There are external and internal factors that trigger Patient Safety Incidents in hospitals. Problems Why Patient Safety Incidents still occur in hospitals, b. How is the regulation of hospital classification for quality and patient safety at this time and c. How to strengthen hospital classification regulations for fair quality and patient safety. The research method uses an empirical juridical approach (sociological juridical), analyzed qualitatively, with a constructivism paradigm, emphasizing the regulation of hospital classification on service quality and patient safety in hospitals. The results of this study indicate that patient safety incidents still occur in hospitals caused by internal factors (hospital HR competencies) and external factors in the form of: the nature of work, organizational and management environmental factors as well as physical and workplace environmental factors including various regulations related to with patient safety, one of which is the regulation on hospital classification. The current hospital classification regulation still has many weaknesses, where the hospital classification requirements contained in the attachment to the hospital classification regulation which are an integral part of the regulation are very loose which has the potential to decrease the quality of services and the occurrence of patient safety incidents in hospitals. The strengthening of hospital classification regulations is required in the attachment of Government Regulation No. 47 of 2021 on the requirements that must exist in the competency standards of outpatient services, both specialist outpatients for all hospital classes and subspecialty for class A and B hospitals, inpatient services for all hospital class, competency standards for human resources for specialist medical personnel for all hospital classes and sub-specialists for class A and B hospitals as well as other health workers for all hospital classes as well as competency standards for

infrastructure, especially for the availability of HCU (High Care Unit) rooms.), medical rehabilitation and morgue for all hospital classes. Recommendations for the government as policy makers should be in drafting a regulation that must be in harmony between its contents and attachments. Hospital owners should continue to prioritize service quality and patient safety in providing their services. The community also plays an active role in voicing the quality of service and patient safety in hospitals.

1. Introduction

Health is a state of health both physically and spiritually. Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the Constitution of the Republic of Indonesia Indonesia In 1945 article 28 H that everyone has the right to health services, to get convenience and special treatment to obtain equal opportunities and benefits, the right to social security that allows the full development of himself as a dignified human being, entitled to protection of private property rights and these property rights must not be taken over by anyone. Public health is defined as an integrated application and activity between sanitation and treatment in preventing diseases that affect the population or society. Public health is a combination of theory (science) and practice (art) that aims to prevent disease, prolong life, and improve the health of the population (society). Public health is an application of the integration between medical sciences, sanitation, and social sciences in preventing diseases that occur in society [1].

National development must pay attention to public health. This is also the responsibility of all parties, not only the government but also the community. To be able to improve the degree of public health, one of them is to build access and health facilities that can be reached by the entire population / all levels of society. The level of need for health facilities, especially hospitals, is increasing. This is supported by the increasing number of Indonesians that occurs every year, accompanied by an uneven distribution of the Indonesian population. This resulted in the level of education and the level of welfare of the residents of the area experiencing significant differences, namely between the upper middle class and the lower middle class. This can also indirectly result in Indonesians not enjoying access to health facilities properly, especially hospitals. With the increase in the number of people with uneven income levels and with the development of various patterns of disease types in the community, the need for hospitals that provide quality health services and buses an ensure patient safety (*patient safety*) in a hospital is absolutely necessary.

Hospitals are organized based on Pancasila and are based on human values, ethics and professionalism, benefits, justice, equal rights and anti-discrimination, equality, protection and patient safety, and have social functions, this is stated in article 2 of Law no. 44 of 2009 concerning hospitals. The implementation of the Hospital aims to: (a) facilitate public access to health services; (b) provide protection to the safety of patients, the community, the hospital environment and human resources in the hospital; (c) improving the quality and maintaining hospital service standards; and (d) provide legal certainty to patients, the community, hospital human resources, and hospitals [2].

ISSN: 0005-2523
Volume 62, Issue 10, December, 2022

As a follow-up to the mandate of the law mentioned above, one of the government's efforts in maintaining the quality of services in hospitals is to issue regulations regarding the classification of hospitals. The purpose of making hospital classifications, among others, is to make it easier for the public to obtain access and information about hospital competencies, as well as to organize a tiered referral system. The making of hospital classifications began with Permenkes number 147 of 2010 which regulates hospital licensing and Permenkes number 340 of 2010 which regulates hospital classification, which was updated with Permenkes 56 of 2014 concerning hospital classification and licensing, which was further updated with Permenkes number 30 of 2019 concerning hospital classification and licensing, then another revision was made so that the issuance of Permenkes number 3 of 2020 concerning the classification and licensing of hospitals, and the latest is the issuance of Government Regulation (PP) no. 47 of 2021 as a follow-up to Law no. 11 of 2020 concerning Job Creation.

In 2011 - 2014 the growth of hospitals in Indonesia increased by almost 11 percent per year. Most of them are hospitals developed by the private (domestic) sector that invest their shares in the construction of such hospitals. To regulate the balance between the number of existing hospitals and the quality of hospital services, in 2014 the Minister of Health issued a Regulation (Permenkes) number 56 of 2014, concerning classification and licensing of hospitals. This makes the construction and operation of hospitals in Indonesia have standards that are in accordance with each hospital classification. The government is tightening regulations related to hospitals in the hope that the hospital will provide good quality services for all its patients [3].

According to statistics from the Ministry of Health, before the enactment of Permenkes 56 of 2014 concerning the Classification and licensing of hospitals, nationally the number of hospitals from 2012 - 2013 increased from the previous number of 2083 to 2228 hospital units, while at the end of 2015 the number of hospitals increased to 2490 hospital units. As of April 2018, the total number of hospitals in Indonesia amounted to 2820 hospital units. In 2020 the total number of hospitals in Indonesia amounted to 2959 hospital units. The latest from *online* hospital data and data from the Central Bureau of Statistics (BPS) the number of hospitals in Indonesia at the end of 2021 is 3112 with details of the number of class A hospitals as many as 66 hospitals, class B hospitals as many as 440 hospitals, class C hospitals as many as 1609 hospitals, class D hospitals as many as 862 hospitals, 92 hospitals and 56 hospitals have been assigned to Primary D hospitals. Of the total number of hospitals, private hospitals are growing more rapidly every year with an average of 15% compared to public (government) hospitals with growth of about 0.4% per year. The number of private (private) hospitals is more than that of public (government) hospitals. In general, private hospitals have a more significant growth with an average growth of 7% per year compared to government hospitals whose growth is only 3% per year. Based on ownership, the growth of private hospitals is more aggressive than other types of hospitals. Of the number of hospitals, 20 hospital units are the result of Foreign Investment (PMA), while the rest are hospitals with domestic capital. With an average significant growth of 17.3%, the growth in the number of private/private hospitals in each region has increased 3-fold over the past 6 years with dominance in the Java Island region which every year, the growth is 7 - 8% [4].

Talking about health services in hospitals, it is definitely not bisa separated from the issue of Quality and Patient Safety (*Patient Safety*). According to Herkutanto, patient safety is defined as a patient free from harm/injury that should not occur or free from potential *harm* that will occur (illness, physical/social/psychological injury, disability, death, etc.), related to health services. What is meant by patient safety is the process in a hospital that provides safer patient services.

Patient safety has become a key global issue for hospitals as well. Patient safety is a priority as main which should be implemented in each hospital. It relates to issues of quality and image of the hospital [5].

According to Rowland and Rowland in their 1984 *Hospital Administration Handbook*, states that hospitals are one of the most complex and most effective health systems in the world. The many influencing factors and the complexity of the existing system in the hospital do not rule out the possibility of Patient Safety Incidents such as Unexpected Events (KTD) and Near-Woe Events (KNC). Patient safety is a basic principle of health care. However, many medical practices and the risks associated with healthcare emerge as major challenges to patient safety globally and contribute significantly to the burden of loss from unsafe care. Data from the WHO (*World Health Organization*) in 2019 showed hospitalizations in low- and middle-income countries caused 134 million side effects each year, contributing to 2.6 million deaths. About 134 million side effects worldwide cause 2.6 million deaths each year. Estimates show that in high-income countries, about 1 in 10 patients are injured while receiving treatment in hospitals. This problem affects both high-income countries and low- and middle-income countries even if priorities and problems may differ. The most important side effects concern treatment procedures, health care-related infections, surgical procedures, injection safety, blood transfusions, venous thromboembolism, sepsis, and diagnostic and radiation errors. Since 1999 when the Institute of Medicine (IOM) published its report "To error is human," some progress has been made but patient injuries are still a daily problem in health care. In fact, new threats are emerging due to the aging of the population, along with new treatments and technologies that must be addressed in addition to the old problems that remain unresolved. In this context, it is imperative to adopt an international joint strategy that creates networks, shares knowledge, programs, tools, good practices, and develops and tracks indicators that focus on each country's specific priorities and regions [6].

Data on reports on Patient Safety Incidents in Indonesia from the National Committee for Quality and Patient Safety for the last 3 (three) years is 2921 IKP cases during the period of time in 2020, there were 1087 IKP cases in 2021 and 394 in the first half of 2022. The most incidence types: Medical (39%), Clinical process (14%), Fall (11%), Clinical administration (9%), Laboratory (7%) and Blood transfusion (5%) [6].

Patient safety incidents (IKP) are influenced by internal factors (individual hospital HR: HR competence) as well as external factors (factors of the nature of the work, organizational and management environmental factors as well as factors of the physical environment and workplace including various regulations related to patient safety). The factors that most influence the occurrence of IKP are individual factors (competence of medical personnel) and organizational-management factors. Communication and teamwork are needed in integrating the components in the hospital [7].

An example of a case regarding a Patient Safety Incident occurred in the city of Medan - A patient at General Hospital E died allegedly due to the negligence of a nurse. The victim's family reported to the police and conducted an autopsy to Bhayangkara Hospital Medan. An atmosphere of mourning enveloped the house of Sakti Fernando Napitupulu (35) in Gang Amal Pasar Satu Tengah, Subdistrict 600 Soil, Medan Marelan District, Medan City. The victim with minor injuries from the accident died allegedly due to negligence of the nurses of RSU E. Rosnani Napitupulu, the victim's brother, cried hysterically, not accepting that his only brother who worked as a security guard at one of the banks in Medan died. He explained that initially the younger brother had an accident on Monday night and suffered minor injuries to the legs and hands. But because his sister felt dizzy, she was taken to the hospital. Upon entering the room, the victim's family informed the hospital that her sister was allergic to antibiotic drugs. However, it is alleged that due to the negligence of one of the hospital nurses who injected antibiotics, the victim had a

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seizure and the mouth secreted foam until he died.

Another case in point occurred in the city of Aceh; Videos of dying patients have not been treated by the hospital on social media. The patient eventually passed away. The viral incident occurred in the Pinere room, a Regional General Hospital (RSUD). The dying patient is a father and the video was recorded by the child in July 2020. In the 3.51-minute video, the family can be seen angry with medics who are wearing PPE clothes while the patient is dying. One of the victim's relatives complained about the slow pace of medical treatment provided by the hospital officials. Before long, the family cried hysterically after learning that their parents' lives were gone. Confirmed by Kompas.com, the patient is BR, a retired TNI. The recorder is IW (25), br's son. He admitted that he deliberately recorded the moment because he was disappointed with the doctors and nurses at the hospital who were judged negligent. Their negligence resulted in his father's death without getting any help.

Above are some examples of cases of many cases of Patient Safety Incidents in Hospitals. The foregoing will not happen if the hospital classification requirements are strict, which unfortunately in the current hospital classification regulations [8] the requirements are very loose, both for service requirements, infra structure and HR requirements.

In addition to making regulations regarding hospital classification, another government effort in maintaining the quality and quality of services to patients is with Hospital Accreditation. According to permenkes (2012), accreditation is the recognition of hospital health service facilities provided by independent institutions that provide accreditation set by the Minister of Health, after it is judged that the hospital can meet the applicable Hospital Service Standards to improve the quality of hospital services on an ongoing basis. Accreditation of hospitals in Indonesia at both national and international levels has been regulated by the government through laws and other written regulations, namely: Law Number 44 (2009) about hospitals, namely in article 40 paragraph 1 "in an effort to improve the quality of hospital services, accreditation must be carried out periodically at least 3 (three) once a year". Hospital accreditation refers to the most relevant standards related to the quality of service of the *International Patient Safety Goals* (international targets of patient safety), so that Accreditation greatly affects the implementation of patient safety in hospitals run by nurses. Infrastructures both medical and non-medical, maintenance including calibration of medical/non-medical infrastructures, competence of hospital human resources, service care (medical, nursing and the other) to patients is a form of hospital accreditation, if all of the above is carried out correctly by each hospital, then the higher the implementation of quality and quality of service to patients will be enforced by each hospital. All the requirements in the accreditation of the hospitals mentioned above are one of the foundations for the Government, especially the Ministry of Health in drafting various\regulations, especially regulations regarding hospital classification so that quality and patient safety in hospitals can be implemented optimally.

With the creation of a Regulation on Hospital Classification, the latest of which is PP 47 of 2021, it is hoped that every hospital has the required standards, both in terms of infrastructure, the types and competencies of its human resources, SPO (Operational Service Standards) its Medical Services and its governance [7].

Personal quality refers to the quality of health workers in providing services. These circumstances include responsiveness, reliability, friendliness, including interactions between health workers and patients, as well as attention. A friendly and empathetic attitude also illustrates personal qualities. Resource capacity is also important because it affects personal quality in connection with the increase in patient visits to the hospital

[9].

Apart from human resources, the building and infrastructure of a hospital is also one of the determinants in determining the qualifications or classification of a hospital. In Permenkes no. 24 of 2016 concerning Building and Infrastructure Technical Requirements Hospital which explains the provisions of Permenkes number 56 of 2014 concerning Classification and licensing of hospitals There are several requirements that are considered quite onerous to be possessed by a hospital [10].

Medical equipment is one of the important parameters in determining the qualifications of equipment in addition to human resources, buildings and infrastructure. In the annex to Permenkes no. 56 of 2014 concerning the classification and licensing of hospitals, it is described in detail regarding the minimum medical equipment that must be present that is in accordance with the each - each classification hospital. If you study further, the medical equipment that must be there is very much and requires considerable costs so it is not uncommon for many hospitals to find difficulties in providing medical equipment that must conform to the hospital's classification criteria. There are still many hospitals do not have the availability of medical equipment according to the specified classification of hospital.

Infrastructure is a dimension that will describe the physical appearance of a service facility. I infrastructure that is converted into infrastructure, is expected to be different by patients from the existing definition. They don't really mind the physical appearance like the design of the building, but they pay more attention to the completeness of the facility, especially medical devices on medicine–medicine. Hygiene is also considered an important aspect because some informants also argue cleanliness is synonymous with health. Another thing that is in the center of attention is the capacity of facilities due to the increase in patient visits to hospitals in this era of the National Health Insurance so that capacity is important in infrastructure dimensions [11].

Law number 44 of 2009 concerning Hospitals article 24 regulates the classification of hospitals, in 2010 it is stated in 2 different Permenkes, Permenkes number 147 in 2010 which regulates hospital licensing and Permenkes number 340 of 2010 which regulates the classification of hospitals. The existence of these 2 regulations is considered to be difficult for parties, both policy makers at the regional level and business actors in the regions. Therefore, in 2014, Permenkes number 56 of 2014 was issued concerning the classification and licensing of hospitals which contains the merger of hospital classifications and permits hospital. This Permenkes was then evaluated in 2019 with the issuance of Permenkes number 30 of 2019 concerning the classification and licensing of hospitals. In the course of time, Permenkes number 30 of 2019 concerning the classification and licensing of hospitals was revised and revoked, then Permenkes number 3 was issued Year 2020 on Classification and Licensing of Hospitals. The latest regulations regarding the Classification of Hospitals are contained in Government Regulation no. 47 of 2021 concerning the Implementation of the Hospitality Field which in it (Chapter II) regulates about Hospital Classification. In PP no. 47 of 2021 in article 1 paragraph 3 it is stated that the Hospital Classification is a grouping of hospital classes based on service capabilities, facilities health, supporting facilities, and human resources. In article 25 paragraph 4 of PP 47 of 2021, it is also stated that changes in hospital classes are carried out by assessing the fulfillment of service capabilities, health facilities and supporting facilities, and sources human power in accordance with the provisions of the Hospital Classification. In article 26 PP 47 it is stated that further provisions regarding the Classification of General Hospitals and the Classification of Special Hospitals as referred to in Article 5 to article 24 is contained in the Appendix which contains an integral part of this Government Regulation. After almost a year since the issuance of PP 47 of 2021, in November 2021 an annex to PP 47 of 2021 has been issued. But unfortunately, in PP 47 of 2021, there are

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Volume 62, Issue 10, December, 2022

many shortcomings. This is because between the torso and the annex to PP 47 of 2021, many things are not in line, including: In terms of services, care services roads are mentioned +/- for all hospital classifications, starting from class D – class A. This means outpatient services may and may not be for all hospital classes. In fact, the function of the hospital is as a health service institution that provides individual health services plenary that provides inpatient services, outpatient, and emergency. Thus, the function of the hospital does not run optimally which has an impact on the quality and safety of neglected patients. For basic specialist medical services, only pediatric specialist medical services are required to exist (+), while other basic specialist medical services (surgery, obstetrics and gynecology and internal medicine) it says +/-, which means it can exist and it can't. Of course, this affects the quality of services provided by a hospital which also has an impact on patient safety which is not guaranteed. Other specialist medical services (33 other specialist services) are written +/-, which means that the specialist services may and may not. For class D and C hospitals, this is still understandable, because patients can still be referred to class B or A hospitals. This is not the case with class B and A hospitals, if other specialist services are not available in class B and A hospitals, the quality of service can be ascertained in The hospital is very suboptimal which has an impact on low patient safety as well. In the annex to PP no. 47 of 2021, for subspecialty services, both basic subspecialists and other subspecialties are all written +/-, which is understandably biased to even class D, class C and class B hospitals. However, this is not the case for class A hospitals which are tertiary referral hospitals, where basic subspecialty services should be present (+) and some services other subspecialties should also be present (+). This is so that the quality of service to patients can be optimal, as well as patient safety. In the annex to PP no. 47 of 2021, it is stated that medical rehabilitation services and also corpse rehabilitation services may not exist. This is very unfortunate because the quality of service to patients, including patients who die will never be optimal/ complete. In the annex to PP 47 of 2021, it is stated that the service / availability of HCU beds (*IGH* Care Unit), ICCU / ICVCU (Intensive Coronary Care Unit / Intensive *Cardiovasculer* Care Unit), RICU (*Respiratory Intensive Care Unit*) + / -, which means that there can be and may not. For class D, C and even B hospitals may be accepted, but preferably for class A hospitals that are tertiary referrals then there should be (+). In terms of human resources: In the annex to PP no. 47 of 2021, especially for medical personnel, it is stated that there must be (+) only pediatric specialist medical personnel, while the other medical personnel are written +/-. This will certainly be very detrimental to patients who need comprehensive and complete health services when they come to the hospital. In terms of infrastructure: In the annex to PP no. 47 of 2021, it is stated that medical rehabilitation facilities and also corpse rehabilitation services may not exist (+/-). This is very unfortunate because the quality of service to patients, including patients who die will never be optimal / complete. It is also mentioned in the annex to PP 47 of 2021, for several rooms: HCU, IICU, RICU there can be no (+/-) for all classes of hospitals. This is very unfair to patients who need space for the services mentioned above. HCU should be present for all classes of hospitals, while ICCU and RICU should be present for class A hospitals.

The theories of natural law from Socrates to Francois Geny, still maintained justice as the crown of huum. The theory of natural law encapsulates "*The search for justice*" [12].

According to O. Notohamidjojo "law is a whole of written and unwritten regulations that are usually coercive, for human behavior in the association of life and society of the state (as well as between The state), which leads to justice, for the realization of a peaceful system, with the aim of humanizing people in society while the purpose of the law is directed at providing protection to the interests of the individual or society in a balanced way." [13]

The main philosophy of the nature of law is justice, without justice the law is not worthy of being called law. The reality of law in society is sometimes different from that which leads to further distancing the law

from its essence. Justice becomes jargon, it has not animated all aspects of the law. So ideally the regulations regarding the Classification of Hospitals should also think about the interests of the community, which in this case is the patient, not only for the benefit of investment.

Based on Permenkes number 3 of 2020 concerning the classification and licensing of hospitals, article 11 paragraph 6 reads "the number and qualifications of human resources are adjusted to the results of the load analysis the work, needs, and service capabilities of the hospital". Ideally, the number and qualifications of human resources are not only adjusted to the analysis of the workload, needs, and capabilities of the hospital, but also need to be determined by the number of Minimum human resources in this case health workers and also adjusted to the analysis of workload, needs, and hospital services.

Patient safety issues in hospitals that are considered unsafe from dangers or risks in health services, hospital classification regulations on patient safety in an effort The improvement of public health in force, and the need to strengthen hospital classification regulations on patient safety in an effort to improve public health are the reasons for the authors as background to this writing.

Based on the presentation of the thoughts that have been described above, the author is interested in carrying out a writing entitled, "Strengthening Hospital Classification Regulations towards Service Quality and Equitable Patient Safety in Realizing Optimal Community Health Degrees".

2. Research Methods

The method used for this writing is the empirical juridical approach method. In this writing, the empirical juridical approach method is carried out using primary data and secondary data. Empirical law writing is writing - writing in the form of empirical studies to find theories about the process of working law in society. Legal writing taken from facts that exist in a society, legal entity or government body h [14].

The data collection method in this writing is carried out by collecting primary data and secondary data. In qualitative research, researchers go into the field themselves to hold observations, observations or interviews (for field research). Researchers do not conduct questionnaires, so they will take distance from the data source. Therefore, in qualitative research, research data is direct, because researchers [15] always carry out an observation process, especially in capturing the meaning contained in the data research.

But by no means in qualitative research researchers are taboo with numbers. Researchers who use qualitative research methods need to collect and analyze numbers if needed. However, these numbers are not the main data in his research. In a sense, quantitative data are used as support for arguments, interpretations or research reports.

3. Results and Discussion

3.1 Foundation of Pancasila Philosophy

A society, a nation always has its own outlook on life or philosophy of life, which is different from other nations in the world. The Indonesian nation as one of the nations of the international community, has a history and principles in its life that are different from other nations in the world. These basic principles were discovered by the foundation of the state which was lifted from the philosophy of life of the Indonesian nation, which was then abstracted into a basic principle of state philosophy, namely Pancasila. Pancasila philosophy as a view of life of the Indonesian nation.

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Volume 62, Issue 10, December, 2022

The values of Pancasila as the basis of the state make the Indonesian nation have a solid foundation and establishment to continue to develop in accordance with the times and not be affected or wavered by interference from outsiders who seek to disrupt the stability of the Indonesian nation. Pancasila as the basis of state philosophy and as a philosophy of life of the Indonesian nation is essentially a systematic value, therefore as a philosophical basis then the precepts of Pancasila are a round, hierarchical and systematic unity, in this sense the precepts of Pancasila are a philosophical system, so that the fifth Precepts are not fragmentary and have their own meanings but have a complete essence.

The precepts of Pancasila as a basis of state philosophy are a value system, therefore the precepts of Pancasila are essentially a unity. Each precept contains values that have differences from one another, all of which are a systematic unity but cannot be separated from their interrelationships with other precepts. Value is the thing contained in the human conscience that gives more basis and moral principles which is the standard of beauty and efficiency or wholeness of the heart. The initial steps of value are just like the human idea which is the underlying potential. Value is not apparent in the world of experience, but it is real in the human soul.

Notonagoro [16] is one of the Indonesian thinkers who developed Pancasila philosophically, and divided the values into three types, namely:

1. Material value, everything that is useful to the physical element of man, for example, fruits, food, vegetables, all of which are useful for the human body.
2. Vital value, everything useful to man, equipment to help human labor.
3. Spiritual value, everything that is useful to the spiritual of man. This spiritual value is divided into 4 types:
    a. The value of truth that comes from the element of human reason (creation), for example questions in the scientific field.
    b. The value of kindness that comes from the element of human will (karsa), for example living a prosperous life, donating to those affected by disasters.
    c. The value of beauty comes from the element of human taste (taste), for example enjoying the work of art enjoying the natural scenery.
    d. Religious values that are rooted in the belief in wholeness (belief), fulfilling God's commands.

This can be seen in the systematic and hierarchical arrangement of Pancasila, namely that the values of the precepts in Pancasila underlie each other starting from the "One True Godhead" to the precepts of "Social justice for all Indonesians" that good is an action that causes the greatest happiness for humans.

The value of the Pancasila precepts also contains values, while the values contained in the precepts are as follows: [17]

1. Almighty Godhead.

These precepts of the Almighty Godhead include and animate the other four precepts. The precepts of the Almighty Godhead as an embodiment of man's purpose as a being of God Almighty. All matters relating to the implementation and administration of the state and even the morals of the state, the laws and regulations of the state, the freedoms and human rights of citizens must animate the values of the Almighty Godhead. Indonesia has many religions but they still have the Soul of the One True Godhead.

2. Just and Civilized Humanity.

The precepts of humanity contain the values that the state must uphold the dignity and dignity of man as a civilized being. The value of just humanity implies that the essence of man as a civilized being must be of fair nature. The essence of man must be fair in relation to oneself, fair to other human beings, fair to the people of the nation and state, fair to the environment and fair to God Almighty. Human beings in state life must always be based on humanitarian morals, including in the life of state government, politics, economy,

law, social, culture, defense and security as well as in religious life. Common life in the state must be imbued with the moral of humanity to respect each other even if there is a difference because it is an innate human nature to maintain harmony in each other's common life.

3. Unity of Indonesia.

The precepts of the Unity of Indonesia contain the value that the state as the incarnation of human nature, namely as an individual and social being. The state is a communion of living together among the elements that make up the state in the form of tribes, races, groups, and religions to realize all its potential in an integral common life. The purpose of the state is formulated to protect all its citizens and all their bloodshed, promote the general welfare, educate the lives of its citizens and in relation to association with other nations of the world to realize a world order based on lasting peace and social justice. Differences are innate human nature, variegated but one binds oneself in a union depicted in the symbol of Bhinneka Tunggal Ika. Differences are not to be tapered into conflict and hostility but rather to mutually benefit unity in common life to realize common goals as an Indonesian nation.

4. A People Led By Wisdom Wisdom in Consultative/Representative Affairs.

The values contained in the people's precepts led by wisdom in consultative/representative are based on the precepts of the One True God, Just and Bearadab Humanity and the Unity of Indonesia, and underlie and animate the precepts of Social Justice for all Indonesian people. The values contained in the People's Precepts led by wisdom in representative consultancy are concreted in common life, namely state life, both regarding aspects of state morality, political aspects, as well as legal and legislative aspects. People's precepts contain democratic values that absolutely must be carried out in the life of the country.

5. Social Justice for All Indonesians.

The values contained in the precepts of social justice for all Indonesians are based on the precepts of the One True God, just and civilized humanity, the unity of Indonesia, and the people led by wisdom in representative consultancy. The fifth precept contains values that are the goals of the state as goals in living together or justice that must be realized in common life (social life). Justice is also based on man's relationship with himself, man's relationship with other human beings, society, his nation's nation and man's relationship with his God.

These values of justice are the basis for the association between countries and the principle of wanting to create order to live together in a relationship between nations in the world based on a principle of freedom for each nation, eternal peace and justice in living together (social justice). The 1st precept in it there is freedom that must be accompanied by responsibility both to the people of the nation and morally to God Almighty, the 2nd Precept upholds the dignity and dignity of humanity, the 3rd Precept guarantees and strengthens unity and unity in living together, the 4th Precept recognizes the existence of equal rights inherent in every individual, group, race, ethnicity, religion, because differences are an innate human nature, the 5th Precept recognizes the existence of equal rights inherent in every individual, group, race, tribe or religion including in the field of health.

The value of justice is a value that upholds norms based on impartiality, balance, and equity in something. In essence, fair means a balance of rights and obligations that realize social justice for all Indonesians. All of this means realizing a unified state of society, where every member of society has the same opportunity to grow and develop and learn to live on his or her abilities. All efforts are directed to and for the people, fostering the improvement of the quality of the people, so that welfare is achieved equally for all Indonesians. This is the so-called value of justice based on Pancasila, namely fair treatment for all Indonesians in all fields, namely economic, political, socio-cultural including health and law.

The condition that must be met for the implementation of social justice is that all citizens must act, behave

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Volume 62, Issue 10, December, 2022

fairly, because social justice can be achieved if each individual acts and develops a fair attitude towards others. The condition that must be met is that all human beings have the right to live in accordance with human values, then they also have the right to demand and get everything related to the needs of their lives.

The precepts of Social Justice for all Indonesians contain the value of social justice. Some aspects that must be considered are fair treatment in all areas of life, especially in the fields of politics, economy, socio-culture and health, including that every citizen has the right to access treatment and get the quality of services to the hospital fairly. Aspects of the realization of social justice include welfare for all Indonesians. Aspects of the balance between rights and obligations, respect for the rights of others.

The practice of the fifth precept of Pancasila in everyday life is sometimes not in accordance with the meaning contained in the precept, so it will result in a change in the attitude of the Indonesian people. Indonesian society that behaves inconsistently with the values and norms of Pancasila, it can be said that the nation has lost its national identity.

3.2 Implementation of hospital classification regulations in Central Java

3.2.1 Implementation of hospital classification regulations in Semarang City

From the results of interviews with informants consisting of hospital directors in the city of Semarang, consisting of various levels of classification / hospital classes from class C (William Both Hospital and RS Pantiwilasa dr. Cipto), class B hospitals (Elisabeth Hospital, Sultan Agung Islamic Hospital, Wongsonegoro Ketileng Hospital, Tugurejo Hospital, Tlogorejo Hospital) and class A hospitals (RSUP dr. Kariadi Semarang), both government and private hospitals; The Visitation Team (from the Head of the Central Java Provincial Health Office represented by the Hospital Quality Development Kasi) and representatives of the Central Java Persi, it can be concluded that currently the implementation of hospital classification regulations already uses PP no. 47, where technical implementation in the field refers to annex PP no. 47 of 2021, which is almost similar to the annex Permenkes no 3 of 2020. Almost all informants gave almost the same answer, where it was said that technically in the field it was very confusing because of the indecision stated in the annex to PP no. 47 of 2021, where for service requirements, HR requirements and infrastructure requirements are listed +/- which can be interpreted as there can be and may not. All informants argued that this was very difficult on the ground and also very unsupportive of quality programs and patient safety in hospitals.

3.2.2 Implementation of hospital classification regulations in Magelang City

From the results of interviews with informants consisting of the Director of RSUD Tidar Magelang and the Visitation Team (Head of Development and Services of the Magelang Regency Health Office) and representatives of Persi Central Java, It can be concluded that currently the implementation of the hospital classification regulation has used PP no. 47, where the technical implementation in the field refers to the annex to PP no. 47 of the year 2021, which is almost similar to the annex to Permenkes no. 3 of 2020. Almost all informants gave almost the same answer, where it was said that technically in the field it was very confusing because of the indecision stated in the annex to PP no 47 in 2021, where for service requirements, HR requirements and infrastructure requirements are listed +/- which can be interpreted as can and may not. All informants argued that this was very difficult on the ground and also very unsupportive of quality programs and patient safety in hospitals.

3.2.3 Implementation of hospital classification regulations in Demak Regency

From the results of interviews with informants consisting of the Director of Pelita Anugerah Mranggen hospital, Demak Regency and the Visitation Team, namely representatives of Persi Central Java,

conclusions can be drawn that currently the implementation of the hospital classification regulation has used PP no. 47, where the technical implementation in the field refers to the annex to PP no. 47 of 2021, which is almost similar with the attachment of Permenkes no. 3 of 2020. Almost all informants gave almost the same answer, where it was said that technically in the field it was very confusing because of the indecision stated in the annex to PP no 47 in 2021, where for service requirements, HR requirements and infrastructure requirements are listed +/- which can be interpreted as can and may not. All informants argued that this was very difficult on the ground and also very unsupportive of quality programs and patient safety in hospitals.

From one of the informants the author interviewed even more deeply (dr. Arief Setyo Wibowo) from the Central Java Provincial Health Office as one of the Visitator teams for licensing and determining the class of hospitals in Central Java, said that during the transition period, where the annex to PP no. 47 of 2021 has not been completed, the Visitator team consisting of Teams from the Provincial Health Office and the District Health Office, Persi The Central Java region and the Central Java DTMPTSP still use permenkes n0 3 of 2020 as juknis in the field. However, after the annex to PP no. 47 of 2021 came out around November 2021, the visitator team used the annex of PP no. 47 of 2021 as a juknis in the field. But according to dr. Arief Setyo W, the annex of PP no 47 of 2021 and the annex of permerkes no 3 of 2020 are very similar, most of which are written +/- for almost all good requirements requirements for HR competencies, Service competencies and Hospital Infrastructure/Infrastructure competencies. Both dr, Arief and most informants argue that the annex to PP nbo 47 of 2021 which is used as a juknis in the field is not ideal for enforcement of service quality and *patient safety* in hospitals. According to him, this is because there should be some requirements that must be in a written hospital class +, especially for classes A and B which are houses provincial referral hospitals as well as regional referrals in a region as well as nationally for some hospitals.

3.3 Strengthening hospital classification regulations on service quality and equitable patient safety

3.3.1 Government Regulation no. 47 of 2021

Hospital Classification. In article 26 PP 47 it is stated that further provisions regarding the Classification of General Hospitals and the Classification of Special Hospitals as referred to in Articles 5 to 24 listed in the Appendix which contains an integral part of this Government Regulation. After almost a year since the issuance of PP 47 of 2021, in November 2021 an annex to PP 47 of 2021 has been issued. But unfortunately, in PP 47 of 2021, there are many shortcomings. This is because between the torso and the annex to PP 47 of 2021, many things are not in line. In the torso of PP 47 of 2021 article in article 1 point paragraph 3 it is stated that the Hospital Classification is a grouping of hospital classes based on ability services, health facilities, supporting facilities, and human resources. However, in the annex to PP 47 of 2021, the opposite is stated, namely, among others.

A. From the service side:

1. Outpatient services are mentioned +/- for all hospital classifications, starting from class D – class A. This means that outpatient services may and may not exist for all classes. hospital. In fact, the function of the hospital is as a health service institution that provides plenary individual health services that provide inpatient, outpatient, and emergency services. Thus, the function of the hospital does not run optimally which has an impact on the quality and safety of neglected patients.
2. For basic specialist medical services, only pediatric specialist medical services are required to exist (+), while other basic specialist medical services (surgical, obstetric and gynecological as well as internal medicine)) it says +/-, which means it can exist and it can't. Of course, this affects the quality of services provided by a hospital which also has an impact on patient safety which is not guaranteed.
3. Other specialist medical services (33 other specialist services) are written +/-, which means that the specialist services may and may not. For class D and C hospitals, this is still understandable, because

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Volume 62, Issue 10, December, 2022

patients can still be referred to class B or A hospitals. This is not the case with class B and A hospitals, if other specialist services are not available in class B and A hospitals, the quality of services in these hospitals can be ascertained very suboptimal which has an impact on low patient safety as well.

4. In the annex to PP no. 47 of 2021, for subspecialty services, both basic subspecialists and other subspecialties are all written +/-, which is understandable for class D hospitals, class C or class B though. However, this is not the case for class A hospitals which are tertiary referral hospitals, where basic subspecialty services should be available (+) and some other subspecialty services should also be + (exist). This is so that the quality of service to patients can be optimal, as well as patient safety.

5. In the annex to PP no. 47 of 2021, it is stated that medical rehabilitation services and also corpse rehabilitation services may not exist. This is very unfortunate because the quality of service to patients, including patients who die will never be optimal/ complete.

6. In the annex to PP 47 of 2021, it is stated that the service / availability of HCU beds (High Care Unit), ICCU / ICVCU (Intensive Coronary Care Unit / Intensive Cardiovasculer Care Unit), RICU (Respiratory Intensive Care Unit) +/-, which means that there can be and should not be. For class D, C and even B hospitals may be biased, but preferably for class A hospitals that are tertiary referrals then there should be (+)

B. From the HR side:

In the annex to PP no. 47 of 2021, especially for medical personnel, it is stated that there must be (+) only pediatric specialist medical personnel, while other medical personnel are written +/-. This will certainly be very detrimental to patients who need comprehensive and complete health services when they come to the hospital.

C. In terms of infrastructure:

1. In the annex to PP no. 47 of 2021, it is stated that medical rehabilitation facilities and also corpse rehabilitation services may not exist. This is very unfortunate because the quality of service to patients, including patients who die will never be optimal/ complete.

2. It is also mentioned in the annex to PP 47 of 2021, for several rooms: HCU, IICU, RICU there can be no (+ / -) for all classes of hospitals. This is very unfair to patients who need space for the services mentioned above. HCU should be present for all classes of hospitals, while ICCU and RICU should be present for class A hospitals

3. Referring to the things above, it is necessary to revise / improve or strengthen several points, including:

a. Synchronization and consistency between the torso and attachments from PP no. 47 of 2021 with its attachments

b. It is necessary to make changes to the annex to PP no. 47 of 2021, especially for the requirements that must be in the hospital according to the competence of the hospital written + (positive) which means that it must be absolutely there, both for the requirements of human resources, services and infrastructure.

3.3.2 Regulation of the Minister of Health no. 3 of 2020

Permenkes number 3 of 2020 concerning classification and hospital license was born on January 14, 2020 and promulgated on January 16, 2020. In Permenkes number 3 of 2020 concerning the classification and licensing of hospitals, it does regulate the classification of general and special hospitals, but according to the author of the classification hospitals in Permenkes number 3 of 2020 concerning the classification and licensing of hospitals are not able to meet the sense of justice because the classification of hospitals is only based on the number of beds [14], [20], [21].

In the appendix to the table in Permenkes number 3 of 2020 concerning the classification and licensing of hospitals, for intensive care rooms, it is stated that only ICU rooms must be present in all hospital class,

while for other intensive rooms (HCU: High Care Unit, ICU: Intensive Coronary Care Unit, PICU: Pediatric Intensive Care Unit and NICU: Neonatal Intensive Care Unit) written +/- for all classes hospital. This of course greatly reduces the quality of services in a hospital, which also has an impact on the implementation of Patient Safety in the hospital. Ideally in class C, B and A hospitals, all intensive care rooms should be available, not only the ICU, but also the HCU, ICCU, PICU and NICU rooms, while the house class D pain may be enough HCU space available.

Permenkes number 3 of 2020 concerning the classification and licensing of hospitals article 40 paragraph 1 reads "the increase in hospital class is carried out by fulfilling the number of beds in accordance with hospital classification". Ideally, the regulation of hospital classification is not only based on the number of beds, but also based on the availability of human resources, facilities, facilities, and medical infrastructure in it so that the quality of service to be optimal.

Based on Permenkes number 3 of 2020 concerning the classification and licensing of hospitals, article 11 paragraph 6 reads "the number and qualifications of human resources are adjusted to the results of the load analysis the work, needs, and service capabilities of the hospital". Ideally, the number and qualifications of human resources are not only adjusted to the analysis of the workload, needs, and capabilities of the hospital, but also need to be determined by the number of Minimum human resources in this case health workers and also adjusted to the analysis of workload, needs, and hospital services.

4. Conclusion

The regulation of hospital classification of patient quality and safety must be strengthened by comprehensive, systemic arrangements, both from the aspects of legal culture, legal structure, and legal substance.

A. The substance of the law must be there sinsynchronization and consistency between the torso of PP no 47 of 2021 and its appendix. This is very important so that legal certainty is obtained from implementers in the field, especially when conducting assessments to determine the classifications of a hospital.

1. The substance of the law in the annex to Government Regulation no. 47 of 2021 concerning the competency requirements for subspeletistic hospital services for outpatient, inpatient, special treatment room services and other supporting services should be changed by changing the +/- sign to the + sign for class A and B hospitals. Basic specialist services and principal support specialists especially for outpatient and inpatient should change the +/- sign to the + sign for class C hospitals and services the basic specialist should change the +/- sign to the + sign for class D hospitals.
2. The substance of the law in the annex to Government Regulation no. 47 of 2021 concerning the requirements for the competence of hospital human resources, especially for subspelistic medical personnel both for outpatient treatment, inpatients, special care room services and other supporting services must be changed by changing the +/- sign to the + sign for class A and B hospitals. basic specialists and primary support specialists especially for outpatient and inpatient should change the +/- sign to the + sign for class C hospitals and HR medical personnel the basic specialist should change the +/- sign to the + sign for class D hospitals.
3. The substance of the law in the annex to Government Regulation no. 47 of 2021 concerning the requirements for competence of infrastructure, especially for HCU, medical rehabilitation and morgues must change the +/- sign to + sign for all hospital classes.

B. Legal or institutional structure, to provide legal certainty for the community, especially patients, by involving the Ministry of Health, hospital owners/directors, provincial/district/city health offices and hospital professional organizations.

C. Aspects of legal culture, functioning the law as an educational tool to socialize and educate

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hospital owners/directors, provincial/district/city health offices and hospital professional organizations about the importance of service quality. good as well as patient safety in the hospital, so that there is a change in mindset, attitudes and behaviors that support patient safety in the hospital.

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