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Evaluation of the Implementation of Clinical Accreditation Standards in Surakarta, Central Java, Indonesia

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ABSTRACT

Background: Clinical accreditation is an effort to improve the quality of healthcare services, but its implementation in primary healthcare facilities still faces various challenges, particularly in ensuring quality sustainability. This study aims to evaluate the implementation of clinical accreditation standards and analyze their impact on service quality based on the 5M management approach.
Subjects and Methods: This study used a qualitative evaluative approach, encompassing four levels: input, process, output, and outcome evaluation. Data were collected through in-depth interviews with key informants, field observations, and document studies at four clinics in Surakarta, Central Java, Indonesia. The study was conducted from September to December 2025. Data validity was triangulated by creating a descriptive analysis.
Results: Accreditation implementation has improved aspects of service structure and processes, including organizational governance, availability of SOPs, increased human resource understanding, and arrangement of service facilities and documentation. However, implementation is still dominated by administrative fulfillment and has not been fully integrated into a sustainable quality management system. Impacts on outcomes, such as patient satisfaction and quality culture, are beginning to be seen, but are not yet supported by data-based quality indicators and systematic evaluation. Key supporting factors include leadership commitment, availability of basic resources, and regulatory support, while inhibiting factors include limited human resources, workload, a suboptimal monitoring system, and the perception of accreditation as an administrative burden.
Conclusion: Implementation of accreditation acts as an initial step in improving service quality, but is not enough to guarantee sustainability without strengthening the monitoring system, indicator-based evaluation, and internalization of a quality culture.

Keywords: clinical accreditation, service quality, patient safety, sustainable quality management.

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BACKGROUND

Accreditation is a systematic approach to improving the quality of healthcare services and patient safety through the implementation of measurable standards. Several studies have shown that accreditation contributes to improved organizational governance and compliance with service standards (Alkhenizan & Shaw, 2019; Greenfield & Pawsey, 2020). However,

accreditation implementation is often more focused on administrative compliance than on continuous quality improvement (Braithwaite et al., 2020).

In Indonesia, accreditation is a requirement for primary healthcare facilities, including clinics partnering with BPJS Kesehatan (Social Security Agency for Health). However, clinical accreditation coverage has yet to reach national targets. This indicates a gap between policy and implementation at the healthcare facility level.

Previous research has shown that limited human resources, funding, and weak monitoring systems are major obstacles to accreditation implementation (Nguyen et al., 2022; Saleh et al., 2023). Furthermore, accreditation success is heavily influenced by leadership and organizational culture (Antony et al., 2022).

Research related to the implementation of accreditation at the clinical level that integrates the operational management (5M) and organizational strategy (SWOT) approaches is still limited. This study evaluates the implementation of clinical accreditation standards in Surakarta City based on the 5M management approach and SWOT analysis. This research is expected to provide a deeper understanding of the realities on the ground and provide recommendations that can be used to improve the effectiveness of accreditation implementation in clinics. Therefore, the results of this study will benefit not only healthcare workers but also policymakers, clinic management, and accreditation institutions in developing policies that are more appropriate to conditions on the ground.

SUBJECTS AND METHOD

1. Study Design

This study employed a qualitative design with an evaluative approach. Data collection involved in-depth interviews, observation, text analysis/document study, and audio and video recordings. The study was conducted from September to December 2025 at four clinics collaborating with the Surakarta City Health BPJS.

2. Population and Sample

Informants were selected through purposive sampling who had experience or a direct role in the clinic accreditation process, health workers and medical personnel who had worked in clinics undergoing the accreditation process and were willing to become informants and provide data openly.

The informants in this study consisted of 14 informants, consisting of 4 owners, 6 health workers as key informants and main informants and 4 patients as supporting informants.

3. Study Instrument

Data collection was conducted through in-depth interviews, participant observation, and documentation studies. Data validity in this study was maintained through triangulation techniques of sources, methods, and time. In qualitative research, data validity is generally tested through triangulation techniques, namely the process of checking data from various sources, methods, researchers, or theories to increase the credibility of the findings (Sugiyono, 2023). Data analysis was conducted qualitatively with the stages of data reduction, data presentation, and drawing conclusions. Data obtained from interviews, observations, and documentation were analyzed thematically by grouping information based on evaluation components and clinical accreditation standards, thus obtaining an overview of the implementation of accreditation standards and the factors influencing their success.

4. Data Analysis

Qualitative data analysis is the process of selecting, sorting and organizing data

collected from field notes, observation results, in-depth interviews and documentation, so that a deep, meaningful, unique understanding and new findings are obtained which are descriptive, categorization and/or patterns of relationships between categories of the objects being studied (Sugiyono, 2023).

5. Research Ethics

Research ethics issues including informed consent, anonymity, and confidentiality were carefully addressed throughout the research process. A research ethics approval letter was obtained from the Health Research Ethics Commission of Dr. Moewardi Regional Hospital Number: 1.720/-VIII/HREC/2025 on August 7, 2025.

RESULTS

1. Characteristics of Research Location

This study was conducted at four primary clinics in Surakarta City, each with varying operational characteristics and accreditation achievements. In general, all clinics provide outpatient services using a two-shift system (morning and afternoon), except for Clinic D, which operates daily with extended hours.

The number of employees at the clinics ranges from 8 to 24. Clinic D has the largest number of employees, which aligns with the number of BPJS Kesehatan participants it serves, which is approximately 12,000. Meanwhile, Clinics A, B, and C have between 4,100 and 5,800 BPJS participants.

Regarding accreditation, two clinics (Clinic C and Clinic D) have achieved Full Accreditation, while Clinic A and Clinic B have achieved Main Accreditation. Clinics with Full Accreditation tend to have a larger number of participants and service capacity, as well as a more complex service system. Overall, these variations in characteristics indicate differences in resource capacity, service coverage, and level of quality system maturity among the clinics studied.

2. Implementation of Clinical Accreditation Standards reviewed from the 5M Management Analysis and SWOT Analysis

a. 5M Management Analysis Input Elements

Based on the research results, the implementation of 5M management in input elements in four clinics showed variations in resource capacity and level of readiness in supporting accreditation.

In terms of Human Resources (HR), all clinics have met the legal requirements for healthcare workers, as indicated by their active STR and SIP (Serving Certificate). However, Clinic A still faces challenges in task allocation due to dual positions, resulting in more centralized organizational management by the owner. Clinics B and C have begun strengthening their HR capacity through training and administrative monitoring, while Clinic D demonstrates a more structured HR management system with regular monitoring by management.

In terms of funding, there are differences in funding patterns between clinics. Clinic A relies entirely on the owner's personal funds, while Clinics B and C have established financial management, although not yet based on a planned quality budget. Clinic D demonstrates a more mature financing system, with foundation support and a dedicated allocation for quality and accreditation activities.

In terms of material (infrastructure), the condition of the facilities varies. Clinic A has limitations in terms of building structure that does not meet optimal standards, while Clinics B and C have fairly good building conditions but still have space limitations. Clinic D shows the most adequate infrastructure conditions with a

more structured layout, ventilation, and safety system.

Method aspect (SOP and quality system), all clinics have SOP documents that meet accreditation standards. However, implementation is uneven. Clinic A showed that SOPs were no longer actively used after accreditation, while Clinics B and C still implemented SOPs, although evaluations were not yet structured. Clinic D has a better document management system with SOPs located in the service room and a dedicated staff member.

In terms of machine (equipment and systems), all clinics have basic medical equipment. Clinics B, C, and D have utilized electronic information systems (eRM), with Clinic D having the most comprehensive facilities, including a generator, UPS, laboratory, and ambulance. Meanwhile, Clinic C still has limitations in scheduling equipment calibration.

Overall, Clinic D demonstrated the most comprehensive level of input readiness, while Clinic A still faced limitations in the organizational, facilities, and implementation aspects of the quality system.

b. 5M Management Analysis of Process Elements

The process of implementing accreditation standards at the four clinics shows variations in the level of maturity of the quality management system.

Clinic A has administratively implemented all 5M elements, but its implementation remains adaptive and has not been integrated into the sustainable quality system. Human resource involvement in document fulfillment is quite good, but internalization of the quality culture is not yet consistent. Funding management is carried out in stages according to capacity, while facility maintenance and internal audits are not routinely documented. This indicates that implementation is still oriented towards meeting minimum standards.

> *"We're going to participate in this accreditation process first. The important thing is that we've been accredited, regardless of the outcome, we'll just accept it. That's a requirement for us to extend our collaboration with BPJS Kesehatan ..."* (KU1, October 15, 2025)

At Clinic B, the implementation process was relatively more structured. Staff involvement in document preparation was quite good and supported by training, although understanding of quality indicators was not yet widespread. Financial management was more organized, but still limited. SOPs had been disseminated through regular briefings, but internal audits had not been conducted systematically. This indicated a gap between planning and quality monitoring.

> "*Thank God, with accreditation, I now understand knowledge that I didn't have before* ..." (KU4, September 3, 2025)

Clinic C's implementation is hampered by limited human resources and funding, including the presence of multiple positions that impact SOP implementation and quality monitoring. Although SOPs are available, implementation and internal audits are inconsistent. Management processes remain administrative, and quality sustainability depends heavily on leadership commitment.

Clinic D demonstrates a higher level of maturity. Clear division of tasks, financial support from the foundation, and complete infrastructure support more systematic implementation of standards. Internal audits, incident reporting, and quality evaluations are conducted regularly,

bringing the management process closer to a sustainable quality system.

Overall, the implementation of accreditation standards is still dominated by administrative compliance, with Clinic D demonstrating the practices that are closest to a continuous quality improvement approach.

c. 5M Management Analysis of output elements

The output of the implementation of accreditation standards at the four clinics shows variations in the level of achievement, especially in the transition from administrative fulfillment to sustainable quality.

Clinic A's outputs include meeting accreditation standard documents, providing standard operating procedures for patient care and safety, and implementing patient identification and general IPC procedures. Administration and documentation have become more organized, and staff have begun to understand the importance of patient safety. However, implementation consistency is not yet optimal. Funding limitations do not hinder the provision of basic facilities, but incident reporting and quality indicators are not yet optimal. Output is still dominated by administrative aspects and has not yet developed into a measurable quality system.

Clinic B's output shows improvements in service practices, such as the implementation of patient identification, effective communication, the PPI program, and more orderly medical record documentation. Healthcare workers' legality has also been met. Changes in service behavior toward quality standards are beginning to be seen, although quality indicators are not yet fully data-based and periodic audits are suboptimal, so sustainability still needs to be strengthened.

Clinic C's outputs include complete accreditation documents, availability of standard operating procedures (SOPs), and basic medical equipment and personal protective equipment (PPE). However, limited human resources and funding impact implementation stability, particularly in quality monitoring and incident reporting. Outputs are still at the administrative fulfillment stage, and the implementation of sustainable quality has not yet reached its full potential.

Clinic D demonstrated more comprehensive output. SOP implementation was more consistent, supported by internal audits and periodic quality evaluations. Medical record documentation was more systematic, equipment maintenance and calibration were documented, and patient safety incident reporting was ongoing. Adequate human resources, funding, and infrastructure enabled more stable services and routine evaluations.

Overall, the output of accreditation implementation is still dominated by administrative fulfillment in some clinics, with Clinic D showing achievements that are closer to a sustainable quality system.

d. 5M Management Analysis of outcome elements

The impact of accreditation implementation on service quality in the four clinics showed varying results, both in terms of management and patient perception.

Clinic A accreditation is seen as a financial burden because it hasn't been accompanied by a significant increase in capitation, so there are no plans for further accreditation. However, from the perspective of service users, patients have expressed satisfaction with the services provided without any significant issues.

Clinic B accreditation has an impact on improving work order, clarity in the division of tasks between management and employees, and better relationships with

patients, especially in the aspects of health services and education.

Clinic C accreditation has improved SOP clarity and staff responsibilities, resulting in more organized and scheduled work. Although patient numbers aren't directly affected by accreditation status, patients experience an improved quality of care.

> *"I've been here for decades, sis, seeking treatment...it used to be simple...just once, but now there are various services...it's like being a brother, basically."* (KU14, September 13, 2025)

Clinic D believes that accreditation improves service quality through the implementation of more targeted and systematic standard operating procedures (SOPs). While it doesn't have a direct financial impact, services are more organized and streamlined. This is also supported by patient perceptions, who consider Clinic D's services more orderly despite its relatively high patient volume.

Overall, accreditation has a positive impact on aspects of service governance and patient satisfaction, but has not shown a significant impact on the clinic's financial aspects.

e. SWOT Analysis of Implementation of Accreditation Standards for each Clinic

The results of the SWOT analysis show variations in internal capacity and external challenges in implementing accreditation standards in each clinic. Clinic A's main strengths lie in leadership commitment, team coordination, and the availability of basic facilities and accreditation documents, including standard operating procedures (SOPs) and a patient safety program. However, weaknesses remain, including inconsistent SOP implementation, the lack of documented performance evaluations, budget constraints, and a suboptimal monitoring system. Opportunities include collaboration with BPJS Kesehatan and the momentum to strengthen the management system, while threats stem from the perception of accreditation as an administrative burden that can demotivate staff.

Clinic B's strengths lie in strong leadership and direct leadership involvement in quality management, supported by a well-organized financial system and the availability of basic service facilities. Weaknesses include concurrent positions, the lack of systematic performance evaluations, and suboptimal quality-based budget planning. Documentation of equipment maintenance and SOP monitoring are also unstructured. Opportunities include strengthening a quality culture through leadership and increasing revenue from BPJS collaborations, while threats include the risk of managerial burnout, which could impact consistency of oversight.

Clinic C's strengths lie in its relatively orderly administrative system, clear division of functions, and financial support and collaboration with the National Health Insurance (BPJS) as its primary source of income. However, weaknesses remain, including limited space, the lack of quality-based budget planning, and lack of systematic documentation of equipment maintenance and internal audits. Opportunities include strengthening its document-based management system and developing a quality culture through accreditation, while threats include limited funding for facility and technology development.

Clinic D demonstrated more comprehensive strengths through institutional support, systematic administrative governance, adequate facilities, and the effective implementation of standard operating procedures (SOPs) and patient safety programs. Weaknesses identified included the lack of long-term planning for human

resource competency development and suboptimal performance evaluation documentation. Opportunities include strengthening an organization-based quality culture and increasing competitiveness through networking and collaboration with the National Health Insurance Agency (BPJS). Threats stem from potential budget constraints and inter-clinical competition.

Overall, the main strengths lie in the commitment of the leadership and the availability of documents, while the dominant weaknesses lie in the aspects of monitoring and sustainability of the quality system.

3. Supporting and Inhibiting Factors in the Implementation of Accreditation Standards in Clinics

Based on the results of the 5M management analysis combined with the SWOT approach, the implementation of clinical accreditation standards is influenced by various internal and external factors that interact with each other in determining the success of the implementation of the quality system.

The main supporting factors come from human resources and leadership. Strong leadership commitment and the active involvement of the quality team are key drivers in the accreditation implementation process. Furthermore, the availability of healthcare workers who meet basic qualifications and training related to accreditation and patient safety strengthen the organization's capacity to implement standards. Operational funding, although not yet fully based on quality indicators, still allows for the fulfillment of basic needs such as infrastructure, training, and equipment calibration. The availability of basic service facilities, medical equipment, and complete quality documentation and standard operating procedures (SOPs) are also essential foundations for accreditation implementation.

From a systems perspective, the implementation of the Patient Safety and Quality Improvement Program (PMKP) and the use of clinical information systems in several facilities demonstrate efforts toward more structured service management. Furthermore, external factors such as government regulations, guidance from the health office, and collaboration with BPJS Kesehatan (Social Security Agency for Health) contribute to accreditation implementation. Other opportunities that can be exploited include the potential for increased capitation, quality-based incentives, and developments in health information technology that support the digitalization of services.

However, accreditation implementation still faces various obstacles. From a human resources perspective, limited healthcare workforce numbers, high workloads, and dependence on a single leader hinder consistent implementation of standards. Regarding financing, the lack of quality-based budget planning and limited funding for system development pose challenges to achieving sustainable quality.

Limited infrastructure, particularly regarding service space and meeting current facility standards, also hinders service development. On the technological front, the manual recording system and lack of digital integration lead to potential inefficiencies and the risk of documentation errors.

Furthermore, the main weakness lies in the methodological aspect, namely the suboptimal implementation of monitoring, internal audits, and outcome-based evaluations. Accreditation implementation still tends to be oriented towards administrative fulfillment, reinforced by the perception of some healthcare workers that accreditation

is an additional burden. This has the potential to lead to decreased compliance after the accreditation survey process is completed.

External threats also have an impact, including health workers, rising operational costs, uncertainty in financing regulations, and increasingly competitive competition between health facilities.

Overall, the supporting factors for accreditation implementation are dominated by organizational commitment and the availability of basic resources, while the inhibiting factors are mainly related to the limitations of the monitoring system, data-based quality management, and the less optimal integration of sustainable quality principles into daily service practices.

4. Impact of Implementing Accreditation Standards on Quality Services in Clinics

The implementation of accreditation standards has an impact on various dimensions of service quality, including aspects of input, process, output, and outcome which are interrelated in forming a more standardized service system.

In terms of input, accreditation promotes improved organizational governance through clearer structures and documented division of tasks, thereby enhancing accountability and coordination of services. Improving human resource capacity, particularly in understanding SOPs and patient safety, contributes to more consistent service delivery. Furthermore, improving infrastructure and the availability of calibrated medical equipment enhances the safety and comfort of services. Complete quality documentation, including SOPs and policies, facilitates audits and quality control processes.

In terms of process, accreditation results in a more systematic and structured service flow, reducing the potential for procedural errors. Medical record documentation becomes more complete, improving service traceability. The implementation of the Quality Improvement and Patient Safety (PMKP) program is beginning to show a monitoring and evaluation cycle, and awareness of patient safety is being raised through risk identification and incident reporting.

In the output dimension, improvements in compliance with standards and regulations, clinic readiness for external audits, and improvements in service administration systems are evident. This contributes to service consistency and operational efficiency.

Meanwhile, in terms of outcomes, accreditation has an impact on increasing patient satisfaction and trust in the services provided. Furthermore, it has begun to foster a culture of quality among healthcare professionals, leading to continuous improvement. Another impact is increased clinical competitiveness, which contributes to the sustainable operation of healthcare facilities.

Overall, the implementation of accreditation standards not only improves administrative aspects, but also encourages the transformation of the service system towards more structured and sustainable quality.

DISCUSSION

This study shows that the implementation of clinical accreditation standards consistently improves structural and administrative aspects, but has not yet fully transformed into a sustainable quality system. Therefore, accreditation in this context still functions more as a compliance mechanism than as an instrument for quality transformation. This finding reinforces criticism in the literature that accreditation often results in superficial changes if not accompanied by strong

quality system integration (Braithwaite et al., 2017; Shaw et al., 2014).

Within the framework of the Donabedian model (structure–process–outcome), this study shows that the most dominant improvements occur in the structural dimension (input), such as organizational structure, completeness of quality documentation, and provision of infrastructure. This is in line with systematic studies showing that accreditation has a faster impact on structural aspects than clinical outcomes (Alkhenizan & Shaw, 2019; Flodgren et al., 2011). However, contrary to the linear assumption in Donabedian's theory, the results of this study indicate that structural improvements do not automatically result in improved processes and outcomes. The availability of SOPs and quality documents has not been fully internalized in daily service practices.

In the process dimension, this study found that although service flows and documentation have become more systematic, core components of quality improvement, such as internal audits, indicator monitoring, and outcome-based evaluation, have not been optimally implemented. This condition indicates that implementation is still in the early implementation stage, where the primary focus is on meeting standards. This finding is consistent with the concept of ritual compliance proposed by Braithwaite et al. (2017), where organizations demonstrate formal compliance without substantive changes in clinical practice. Furthermore, a study by Greenfield et al. (2012) also confirmed that without a robust evaluation mechanism, accreditation tends not to result in sustainable quality improvement.

In terms of dimensions, increased compliance with SOPs and readiness for external surveys demonstrate that accreditation is effective as a standardization tool. However, the resulting output is still predominantly administrative and not fully based on measurable quality indicators. This reinforces previous research findings that accreditation has a greater impact on documentation than on measurable clinical quality (Shaw et al., 2014; Devkaran & O'Farrell, 2015). Thus, there is a gap between improving procedural compliance and substantive improvements in service quality.

In terms of outcomes, this study showed an increase in patient satisfaction and perceived service quality. This finding aligns with the study by Araujo et al. (2020), which stated that accreditation contributes to improved patient experience. However, this study also found that the financial impact was insignificant. This is consistent with the OECD report (2019) and the study by Ng et al. (2013), which showed that the relationship between accreditation and financial performance is not direct. Therefore, the benefits of accreditation are more prominent in non-financial aspects such as patient trust and institutional legitimacy.

The 5M and SWOT analysis show that leadership is a key determinant of successful accreditation implementation. Clinics with strong leadership and structured systems demonstrate more consistent implementation. However, reliance on a single leader without an institutionalized system is a major weakness. This aligns with research by Antony et al. (2019), which emphasizes that successful quality implementation requires a combination of strong leadership and organizational systems.

Another important finding is the perception of accreditation as an administrative burden, which has implications for low implementation sustainability post-survey. This phenomenon is known as post-accreditation fatigue, where compliance declines after the accreditation process is completed

(Ng et al., 2013; Pomey et al., 2010). This condition indicates that accreditation has not fully succeeded in building an intrinsic quality culture at the organizational level.

From a policy perspective, this study's findings indicate that a uniform accreditation approach is not fully adaptive to variations in clinical capacity. Clinics with limited resources tend to experience greater implementation burdens than benefits. Therefore, more contextual strategies are needed, such as strengthening mentoring, quality-based incentives, and integrating internal monitoring systems.

Overall, this study confirms that accreditation is an important starting point for improving service quality, but it is insufficient to ensure sustainability without the support of a robust monitoring system, adaptive leadership, and the internalization of a quality culture. Without a transformation from compliance to continuous quality improvement, accreditation has the potential to become a temporary administrative activity with little substantive impact on service quality.

This study shows that the implementation of clinical accreditation standards contributes to improvements in service structure and processes, particularly in organizational governance, standardization of standard operating procedures (SOPs), and increased patient safety awareness. However, this study is limited by its limited location coverage, the dominance of informant-perception-based data, and the lack of use of quantitative quality indicators, thus preventing a comprehensive assessment of the impact on service outcomes.

The implications of this research emphasize that accreditation needs to be positioned not merely as an administrative requirement, but as part of a sustainable quality management system. Strengthening monitoring, internal audits, and outcome-based evaluation are key to bridging the gap between standards and practice. Furthermore, a more adaptive policy approach through technical assistance, information system integration, and quality-based incentives is needed to improve implementation effectiveness.

In line with these findings, further research is recommended using a mixed methods approach with data-driven quality indicators and a longitudinal design to assess the sustainability of accreditation implementation. Further studies should also explore the role of leadership and organizational culture in driving the transformation from administrative compliance to continuous quality improvement, so that accreditation can have a more substantive impact on service quality.

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CONFLICT OF INTEREST

No conflict of interest.

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