ACADEMIC HEALTH CENTER
IN UNIVERSITAS INDONESIA

DR.dr.Ratna Sitompul, Sp.M(K)
• The process
• How we do it
• Jakarta Sehat (collaboration with secondary and primary health care)
• The evidence how AHC-AHS UI will give us benefit
FMUI AND CMGH PARTNERSHIP

• Established since colonial era → two side of a coin
• FMUI is under the ministry of research technology and higher education through Universitas Indonesia and CMGH is a technical implementation unit under the ministry of health
• All the medical staff in Cipto Mangunkusumo General Hospital (CMGH) were the teaching staff for clinical education in FMUI
• Collaboration of FMUI and CMGH are implemented through a joint strategic planning (Renstra) 2010-2014 and continue 2015-2019
FKUI and RSCM problems in achieving the mission

• FKUI and RSCM are separate institution, but functionally interdependent
  • less coordination in planning, organizing and controlling services, education and research activities
  • less efficient in resources management
  • the relation between institution depend on the human relation between CEO and the Dean
  • sub-optimal achievement in all three mission

• Difficulties in align vision, strategy across school of medicine and hospital
FKUI and RSCM commitment

• “FKUI and RSCM need to support each other to achieve both vision”
• Medical student and residency in training should be assigned in the best performed quality of care patient safety
• Need variety place of work (primary, secondary or tertiary teaching hospital), RSCM role is critical
• Faculty as a role model, excellence clinical teacher and excellence clinical leadership
• FKUI need to increase volume and quality of international publication
The first periods of collaboration

• Year 2010 to 2014

• Without any support (policy or financial) from university nor government, we developed:
  • strategic planning,
  • shared key performance indicator,
  • design program and person in charge from FKUI and RSCM
  • Fit and proper test for Head of Department
  • Patient safety and quality of care
  • Apply for JCI accreditation
FKUI-RSCM’S VISION, MISSIONs

CUSTOMER PERSPECTIVE

- To become the best teaching hospital
- To achieve stakeholder satisfaction
- To achieve holistic comprehensive healthcare services
- To achieve excellent excellent healthcare services
- To develop translational research
- To develop network system in healthcare services and medical education
- To achieve cost-effective healthcare services, medical education and research
- To achieve re-engineering through operational research

IBP PERSPECTIVE

- To develop integrated healthcare services, medical education and research through the use of information-technology system
- To develop network system in healthcare services and medical education
- To achieve cost-effective healthcare services, medical education and research

L&G PERSPECTIVE

- To develop caring and performance-based culture
- To develop excellent staffs with comprehensive competency
- To develop excellent facilities and technology according to best practice
- To develop hospital information technology system
- To develop hospital management system according to best practice

FINANCIAL PERSPECTIVE

- To raise medical education, research and development fund
- To optimize net income
- To expand segment for private customer
- To achieve integrated healthcare services, medical education and research through the use of information-technology system
- To develop network system in healthcare services and medical education
- To achieve cost-effective healthcare services, medical education and research
- To achieve re-engineering through operational research

JOINT FINANCIAL PERSPECTIVE

- To develop excellent facilities and technology according to best practice
- To develop hospital information technology system
- To develop hospital management system according to best practice
FMUI-CMH: HOW DO WE WORK?

1. Vision & Mission
2. Common Strategic objectives
3. Shared Key Performance Indicator (KPI)
4. Programs
5. Monitoring and evaluation
6. Department KPI
   - Department programs
   - Department activities
| Strategic and policy | Indonesian Clinical Training and Education Center  
|                     | Center for Clinical Epidemiology & Evidence-Based Medicine  
| Supervisory in charge and clinical teacher  
| Jakarta Urban health studies  
| Leadership training for young staff  
| Joint Ethic Committee for Health Research  
| Coordinating Committee or Medical Education Integrated  
| Research and healthcare services  
| • Reproduction and Infertility  
| • Stem Cell  
| • Virology and Cancer Pathobiology  
| • Silent Mentor Education  
| • Strategic planning and shared KPI  
| • Remuneration system  
| • Policy of Human resources management  
| • Policy of faculty recruitment |
Stem Cell Therapy for End Stage Heart Disease

UNIV

LLS

NOGA

Prof. Teguh Santoso, MD
• Facilitate medical students, general practitioners, residents and specialists in achieving and maintaining skills to perform low to high end procedures.

• Training and education teaching of trainer for 10 other medical faculties all over Indonesia.
The Role of Mesenchymal Stem Cell in Non-union Fracture Treatment and Fracture Reconstruction

1. Male, 23 years old
   Neglected, non union shaft femur fracture

2. X-ray image of the femur

3. Image of a medical procedure

4. Microscopic image of cells

5. Surgical image with cells being injected

6. X-ray image of the treated femur
• We have a monitoring and an evaluation team
• Routinely meeting of Dean and CEO to discuss problem, obstacle and decide action for improvement program (AVI)
• The idea of Dean FKUI and CEO RSCM as a team is across department, university of Indonesia and Ministry.
Achievement of Collaboration

• Kontrak Kinerja Departemen dan individu
• JCI accreditation
• Asean University network review
• Increase of international publication
• QS Ranking 301-400 Life science and medicine
FKUI-RSCM still have difficulty

BACKGROUND OF AHS UI

• Limitation of human resource as Faculty, funding, and coordination in health service, education, and research
• Integration of major teaching hospital similar to AHC model is essential
• Implemented in the second Strategic Plan FMUI-CMGH (2015-2019)
The second period of FMUI AND CMGH PARTNERSHIP 2015-2019

To Fortify Integration of patient care, education and research

Vision:

To create infinite experience for all through academic health system
Mision:

• Provide comprehensive, high quality and affordable health care for all levels of society.
• Conduct education that produce the excellent graduates, based on research in the international standard hospital.
• Carry out medical research and medical education research with international standard, cross-discipline to solve and anticipate future health problems.
• Actively assist the central government and local governments in health care, education and health research.
• Perform integrated, effective, efficient, and accountable organizational governance, to realize financial growth and reliable management.
VISION 2020
“To create infinite experience for all through Academic Health system”

Financial Perspective

Realization of Strategic Public-Private Partnership

Realization of Cost Containment in Education, Service, and Research

Realization of Service and Education Network System towards RSCM-FKUI as Acute Tertiary Care

Realization of Specialist Doctor Education to Support Primary Services

Realization of Effective Advocacy System for Stakeholders

Realization of IT Integration Acceleration

Realization of Stakeholder Satisfaction

Realization of Excellent Service, Education, and Research

Realization of Integrated Advanced National Research, Service, and Education Centre

Realization of Seamless and Integrated Business Process

Realization of Mutual Assistance and Good Performance Culture

Realization of Staff with Superior Comprehensive Competences

Realization of RSCM-FKUI as the Best Place to Work

Stakeholder Perspective

BPI Perspective

International Accreditation

Realization of Governance and Quality Assurance Systems at Work Unit Level

L & G Perspective
<table>
<thead>
<tr>
<th>SASARAN STRATEGIS</th>
<th>INDIKATOR KINERJA</th>
<th>TARGET 2015</th>
<th>CAPAIAN 2015</th>
<th>TARGET 2016</th>
<th>CAPAIAN 2016</th>
<th>KET</th>
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<tbody>
<tr>
<td>Terwujudnya Kepuasan Stakeholder</td>
<td>1. Tingkat Kepuasan Peserta Didik</td>
<td>60%</td>
<td>69,60%</td>
<td>70%</td>
<td>Data masih diolah bagian Bakordik</td>
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<tr>
<td></td>
<td>2. Jumlah Translational/operational research yang diterapkan dalam layanan</td>
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<td>11</td>
<td>23</td>
<td>Masih diolah Bagian Penelitian</td>
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<td></td>
<td>3. Persentase lulusan tepat waktu yang mendapatkan pengalaman lebih</td>
<td>12%</td>
<td>62,15%</td>
<td>BL</td>
<td>30%</td>
<td>Masih diolah Tim Renstra</td>
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<tr>
<td></td>
<td>Persenatase proses bisnis terintegrasi yang dikelola AHC</td>
<td>5 / 11</td>
<td>5 / 11</td>
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<td>5 / 11</td>
<td>Tercapai</td>
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<tr>
<td>Terakreditasi International</td>
<td>6. Akreditasi LAMPT-Kes</td>
<td>Persiapan</td>
<td>S1 telah terakreditasi sedangkan untuk Sp1 tidak ada akreditasi AUN yang ada akreditasi LAMPT-Kes</td>
<td>Persiapan</td>
<td>Persiapan</td>
<td>FKUI</td>
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<td>Terwujudnya pusat unggul riset, pelayanan dan pendidikan yang terintegrasi</td>
<td>7. Jumlah pusat unggul riset, pelayanan dan pendidikan yang terintegrasi dengan kinerja ekselen</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>Tercapai</td>
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<tr>
<td>Terwujudnya sistem jaringan pelayanan dan pendidikan menuju RSCM FKUI sebagai acute academic tertiary care</td>
<td>8. Jumlah program pendidikan pelatihan RS Jejaring kesehatan primer RSCM FKUI</td>
<td>7</td>
<td>12</td>
<td>12</td>
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<td>Terwujudnya Pendidikan Dokter Spesialis dalam rangka menunjang layanan primer</td>
<td>9. Jumlah dokter spesialis baru lulusan FKUI yang bekerja di RSUD</td>
<td>5</td>
<td>5</td>
<td>BL</td>
<td>6</td>
<td>Tercapai (data capaian belum FIX, masih akan diolah kembali)</td>
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<tr>
<td>Terwujudnya budaya menolong dan berkinerja</td>
<td>10. Indeks Budaya Kinerja AHC RSCM FKUI</td>
<td>BL</td>
<td>53,16%</td>
<td>Di ukur tahun 2017</td>
<td>Diklat dan FKUI</td>
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<td>Values</td>
<td>Meaning</td>
<td>Main Behaviors</td>
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<tr>
<td>Integrity</td>
<td>Harmony between words and deeds in accordance ethical, moral, and humanitarian</td>
<td>Faithful and Cautious Honest and Consistent Persistent with Ethics</td>
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<td>Professionalism</td>
<td>Competent and responsible in duty</td>
<td>Competent &amp; Continuous Learning Responsible &amp; Dedicated Discipline &amp; Obey the Rules</td>
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<tr>
<td>Collaboration</td>
<td>Cooperate in an integrated manner and equality in order to achieve the common goal</td>
<td>Proactively Team Work Help Each Other &amp; Synergy Integration in Equality</td>
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<tr>
<td>Awareness</td>
<td>Serve with empathy, sincere and caring</td>
<td>Care and Empathy Quick Response Mutual Respect</td>
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<tr>
<td>Excellence</td>
<td>Provide the best with creative, innovative, and sustainable way</td>
<td>Highest Standard Oriented Innovative, Creative &amp; Advanced Open Minded and Visionary</td>
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</table>
ACADEMIC HEALTH SYSTEM UI

JAKARTA SEHAT PROGRAM

JAYA RAYA
JAKARTA SEHAT PROGRAM

Mutual collaboration among FKUI, RSCM and Jakarta local government

• To improve the quality of health of urban community (Jakarta population) through the development of 4 main programs:
  • Effective referral system
  • Improvement of primary care service quality
  • Improvement of financing system
  • Emergency respond plan
  • To involve Jakarta government in health education and
Jumlah Pasien Rujukan Dewasa di Puskesmas Kecamatan Tahun 2014 (Rencana Vs Realisasi)

Angka rujukan kumulatif dapat ditekan hingga 72% (2013) 81% (2014)

Penurunan Angka Rujukan di PKM:

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<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>Cilincing</td>
<td>83%</td>
<td>82%</td>
</tr>
<tr>
<td>Koja</td>
<td>71%</td>
<td>82%</td>
</tr>
<tr>
<td>Tambora</td>
<td>66%</td>
<td>91%</td>
</tr>
<tr>
<td>Tanah Abang</td>
<td>68%</td>
<td></td>
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Jumlah Pasien Rujukan Anak di Puskesmas Kecamatan Tahun 2014 (Rencana Vs Realisasi)

Angka rujukan kumulatif dapat ditekan hingga 2013: 72% 2014: 81%

Penurunan Angka Rujukan di PKM:

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<thead>
<tr>
<th>Kecamatan</th>
<th>2013</th>
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<tbody>
<tr>
<td>Cilincing</td>
<td>78%</td>
<td>82%</td>
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<tr>
<td>Koja</td>
<td>65%</td>
<td>89%</td>
</tr>
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<td>Tambora</td>
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<td>78%</td>
</tr>
<tr>
<td>Tanah Abang</td>
<td>66%</td>
<td>70%</td>
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</table>
PRESTASI FKUI-RSCM-AHS UI

DR.dr.Ratna Sitompul, Sp.M(K)
Pendidikan di FKUI
Total Student body

- undergraduate  1200
- postgraduate
  - Residency       1600
  - Fellowship     350
  - Magister        50
  - PhD           100
SURVEI KEPUASAN
PESERTA PENDIDIKAN DOKTER SPESIALIS di R S C M-
FAKULTAS KEDOKTERAN UNIVERSITAS INDONESIA

PHEEM
(Postgraduate Hospital Educational
Environment Measure) 40 item pernyataan

RSCM 14 item pernyataan
Indeks Kepuasan
Keseluruhan
Valid n = 1102

Berdasarkan kuesioner PHEEM, rerata (SD) tingkat kepuasan peserta didik pada keseluruhan item adalah sebesar 73,0% (0.12).

Berdasarkan kuesioner RSCM, rerata (SD) tingkat kepuasan peserta didik pada keseluruhan item adalah sebesar 60,5% (0.16).

Bila kedua kuesioner tersebut digabungkan, maka rerata tingkat kepuasan peserta didik adalah sebesar 69,6% (0.15).
PROFIL
STAF FKUI
Data Dosen Berdasarkan Jabatan Fungsional 2014 - 2016

Asisten Ahli: 2014 = 60, 2015 = 76, 2016 = 87
Lektor: 2014 = 95, 2015 = 135, 2016 = 176
Lektor Kepala: 2014 = 59, 2015 = 74, 2016 = 76
Jabatan Fungsional Berdasarkan Status Kepegawaian September 2016

<table>
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<tr>
<th>Pengajar</th>
<th>Asisten Ahli</th>
<th>Lektor</th>
<th>Lektor Kepala</th>
<th>Guru Besar</th>
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<tr>
<td>Akademik CPNS UI</td>
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<tr>
<td>Akademik PNS UI</td>
<td>24</td>
<td>51</td>
<td>69</td>
<td>28</td>
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<tr>
<td>Akademik UI-BHMN</td>
<td>22</td>
<td>23</td>
<td>26</td>
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<tr>
<td>Akademik PNS DEPKES</td>
<td>274</td>
<td>13</td>
<td>81</td>
<td>47</td>
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<tr>
<td>Total</td>
<td>332</td>
<td>87</td>
<td>176</td>
<td>76</td>
</tr>
</tbody>
</table>
FACULTY EVALUATION BY RESIDENCE IN TRAINING
Hasil Tingkat Kepuasan

PHEEM

1. Terdapatnya masa pendidikan yang jelas.
2. Memiliki tanggung jawab yang sesuai.
3. Pengajar klinis memiliki keterampilan komunikasi yang baik.
4. Dapat berpartisipasi aktif dalam kegiatan pendidikan.
5. (Tidak) ada diskriminasi gender.
6. Menjalin kerja sama yang baik dengan dokter sejawat lain.
7. Mendapat kesempatan memberikan pelayanan berkelanjutan.
9. Mendapat pengalaman belajar klinis yang dibutuhkan secara cukup.
10. Pengajar klinis memiliki keterampilan mengajar yang baik.
11. Menjadi bagian dari tim yang bekerja di sini.
13. Pengajar klinis memotivasi menjadi pelajar yang mandiri.
Area for improvement
Hasil Tingkat Kepuasan

1. Harus melakukan tugas yang tidak semestinya.
2. Terdapat buku panduan pengajaran yang informatif bagi residen.
3. Jam kerja sesuai dengan peraturan yang ada.
4. Rumah sakit menyediakan akomodasi (kamar jaga) yang baik.
5. Tidak ada budaya menyalahkan.
6. Ketersediaan konsumsi (makanan dan minuman) yang cukup saat jaga.

Hasil:
- Tingkat Kepuasan PHEEM
  - <60%
Empat strategi FKUI-RSCM untuk mengembangkan riset kedokteran

1. Penguatan sumber daya penelitian
2. Pengembangan riset interdisiplin
3. Penguatan riset klinik
4. Public-private-partnership
Academic Health System UI

Indonesian Medical Education & Research Institute (IMERI)

RSCM  RSUI  RSP  RSF  RSPI  RSJP  RSAB  RSPON  RSKD
RSUD  RSUD  RSUD
PUSKESMAS

CLINICAL RESEARCH
COMMUNITY RESEARCH
MEDICAL TECHNOLOGY
DRUG DEVELOPMENT

UI INNOVATION for Health
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<th>No</th>
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<td>BOPTN 2014</td>
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<td>4</td>
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<td>Penelitian Kompetensi</td>
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<td>5</td>
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<td>INSENTIF RISET SINAS</td>
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**TOTAL**

| Rp 42.380.913.559 | TOTAL | Rp 46.107.622.460 |
### DEPARTEMEN BIOMEDIK

#### PUBLIKASI TAHUN 2016

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## CAPAIAN PUBLIKASI INTERNASIONAL DAN IMPACT FACTOR

### Jumlah Publikasi Internasional

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Increase 30% from targeted by the UI
PENGABDIAN MASYARAKAT FKUI (47 Kegiatan)

PEROKONDA, SUMBA
Hasil Kepuasan PPDS
Survey on Faculty’s Opinion of Residency in Training

SURVEI OPINI STAF MEDIK AKADEMIS

RSUPN Dr. CIPTO MANGUNKUSUMO – FAKULTAS KEDOKTERAN UNIVERSITAS INDONESIA

Developed by FKUI and RSCM but Funded by RSCM
Secara umum, tingkat kepuasan responden terhadap kompetensi Peserta Didik FKUI termasuk dalam kategori TINGGI, dengan Indeks 97%.
HASIL AUDIT KEPATUHAN KEBERSIHAN TANGAN PERIODE JAN-APR 2015

MHS KEDOKTERAN

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<tr>
<th>Jan-15</th>
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<th>Mar-15</th>
<th>Apr-15</th>
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<td>68%</td>
<td>81%</td>
<td>80%</td>
<td>79%</td>
<td>77%</td>
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MHS KEDOKTERAN
AHS UI MEMBER

1. Faculty of Medicine Universitas Indonesia
2. Cipto Mangunkusumo General Hospital
3. Fatmawati Hospital
4. Persahabatan Hospital
5. National Cancer Center Dharmais Hospital
6. Sulianti Sarosono Infectious Diseases Hospital
7. National Mother and Child Center Harapan Kita
8. National Cardiovascular Center Harapan Kita
9. Universitas Indonesia Teaching Hospital *
10. National Brain Center
<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>MoU</th>
<th>Strategic Plan</th>
<th>Departement</th>
<th>Self Assesment</th>
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<td>Cipto Mangunkusumo General Hospital</td>
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<td>+</td>
<td>+</td>
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<tr>
<td>Persahabatan Hospital</td>
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<td>National Cancer Center Dharmais Hospital</td>
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<td>National Mother and Child Center Harapan Kita</td>
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<tr>
<td>National Brain Center</td>
<td>-</td>
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ACADEMIC HEALTH SYSTEM
UNIVERSITAS INDONESIA
(AHS-UI)
MEMUTUSKAN

Menetapkan

KEPUTUSAN BERSAMA MENTERI KESEHATAN DAN MENTERI PENDIDIKAN DAN KEBUDAYAAN REPUBLIK INDONESIA

DENGAN SEMBILAN RUMAH SAKIT PENDIDIKAN (ACADEMIC HEALTH SYSTEM)

DENGAN RAHMAT TUHAN YANG MAHA ESA

MENTERI KESEHATAN REPUBLIK INDONESIA DAN MENTERI PENDIDIKAN DAN KEBUDAYAAN REPUBLIK INDONESIA,

Menimbang:

a. bahwa dalam rangka meningkatkan mutu pendidikan, penelitian, dan pengabdian kepada masyarakat untuk menghasilkan pelayanan kecakatan yang berkualitas, diperlukan suatu sistem yang terintegrasi antara Fakultas Kedokteran Universitas Indonesia dan Rumah Sakit Pendidikan;

b. bahwa berdasarkan pertimbangan sebagaimana dimaksud pada huruf a, dibutuhkan integrasi antara Fakultas Kedokteran Universitas Indonesia dan Rumah Sakit Pendidikan dengan membutuhkan Sistem Integrasi Pendidikan dan Pelayanan Kesehatan dari Universitas Indonesia dengan Sembilan Rumah Sakit Pendidikan (Academic Health System);


KEDUA

Menetapkan Rumah Sakit Pendidikan berikut sebagai bagian dari Academic Health System Universitas Indonesia yaitu:

1. Rumah Sakit Umum Pusat Nasional Cipto Mangunkusumo;
2. Rumah Sakit Umum Pusat Fatmawati;
3. Rumah Sakit Umum Pusat Persahabatan;
4. Rumah Sakit Kanker Dharmaisi;
5. Rumah Sakit Penyakit Infeksi Suliandi Saroso;
6. Rumah Sakit Anak dan Bunda Harapan Kita;
7. Rumah Sakit Jantung Harapan Kita;
8. Rumah Sakit Universitas Indonesia;

KETIGA

Membuka kemungkinan Rumah Sakit Pendidikan atau perguruan tinggi lain, baik dari pemerintah maupun swasta untuk bergabung dalam Academic Health System Universitas Indonesia.

KEEMPAT

Kerja sama antara Universitas Indonesia dengan setiap rumah sakit pendidikan yang tergabung dalam Academic Health System Universitas Indonesia ditetapkan melalui perjanjian kerjasama.

KELIMA

Ketentuan terperinci dari Academic Health System Universitas Indonesia terdapat dalam Lampiran Keputusan Bersama ini.
Academic Health System UI (AHS UI)

**VISION**

*Academic innovation through collaborative outstanding health care for people and communities*
• Implementing excellent health care through evidence-based innovation
• Conducting new state of the art medical and health education which uphold moral and ethics
• Conducting innovative research to improve science mastery and medical technology in healthcare services
• Performing good governance for every member of Academic Health System and cultivating other healthcare facilities
• Supporting and providing input for the formulation of government policy
Academic Health System UI (AHS UI)

**Strategic Value**

- Integrated health center as a result of collaboration among teaching hospital and health science clusters
- Diminishing the institutional borders → effective and efficient collaboration
- Integrated research and medical education
- Creating holistic health service
How is our integration observed by external party?

• Apply AIM program of AAHCl
• How other can learn from our experience?
AAHCI

• *The Association of Academic Health Centers International* (AAHCI) is a member-based association founded in 2008 as a subsidiary to the U.S.-based AAHC

• FMUI is the member of AAHCI since 2010
AIM Tools AAHCl

Completion by AHS UI
Five topics of AIM Tools

1. Mission alignment
2. Internal accountability
3. External accountability
4. Interprofessional education and practice
5. Knowledge generation and dissemination
Continue: there are four section each topic

1. Leadership
2. Workforce
3. Infrastructure
4. Practice
Mission Allignment

- The governance structure of institution is designed to optimize integration of its program areas (research, education, clinical care)
- Defined leadership roles, scopes of authority and accountability
- Leadership from each mission area interacts with other mission areas
- Alignment of education, research, and clinical practice is a major component of the work plan of the AHC leader and the deans of AHC schools
- Leadership has worked across departments to develop, implement, review and update a strategic plan
- Strategic Plan is linked with the institution’s budget cycle
Mission Alignment

• Alignment of education, research, and clinical practice is a major component of the strategic plan

• Alignment of education, research and clinical practice is resourced, e.g. line item in the budget of AHC and AHC Schools
**AIM tools form**

**Translation from topic**

**Description of measurable element based on indicator**

**Description of topics**

**Elaboration stage of collaboration (what we have done)**

**List of evidence to support current stage**

<table>
<thead>
<tr>
<th>Indicators – what is being measured</th>
<th>Measurable Elements</th>
<th>Current Stage</th>
<th>Required Documents</th>
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</thead>
<tbody>
<tr>
<td>The governance structure of institution is designed to optimize integration of its program areas (research, education, clinical care)</td>
<td>Stage 1: There is no structure designed to optimize integration of its program areas (research, education, clinical care)</td>
<td>Faculty of Medicine Universitas Indonesia and Cipta Mangunkusumo General Hospital are two distinct organization that has been collaborating in key area of research, education, and clinical care since decades ago. Even though collaboration between them is strong, each have their own organizational structure, and unfortunately, current governance structure of PMUI-CMCH is not specifically designed to facilitate strong interaction between leaders of each key area. Below are organizational structure of PMUI (based on Universitas Indonesia Rector Decree No: 2585/SK/9/2015 about PMUI Organizational Structure) and CMCH (based on CMCH Director Decrees No: HK 02/04/XI.3/8930/2015 about Establishment of Functional Working Unit Organization of CMCH).</td>
<td>1. Organizational Structure of PMUI 2. Organizational Structure of CMCH 3. Organizational Structure of PMUI-CMCH</td>
</tr>
<tr>
<td>Stage 2: N/A</td>
<td>Stage 3: There is a structure designed, not documented yet, to optimize integration of its program areas (research, education, clinical care) and the program areas (research, education, clinical care) are not fully integrated.</td>
<td>From governance structure point of view, there are no clear structure to encourage integration and collaboration between leaders in research, clinical care, and education, both in PMUI and CMCH.</td>
<td></td>
</tr>
<tr>
<td>Stage 4: There is a designed and documented structure, but the program areas (research, education, clinical care) are not fully integrated.</td>
<td>Stage 5: There is a designed and documented structure, stating the integration of all program areas (research, education, clinical care) to be optimized functionally.</td>
<td>Another important aspect of leadership to ensure integration between key area is the availability of clear policy regulating AHC leadership succession. This succession scheme is important to ensure and maintain integration when the hospitals and schools are navigating through leadership transition. In PMUI-CMCH, currently there are no specific policy regulating leadership succession. Appointment of Director,</td>
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AIM tools form (continue)

Hope of next level of collaboration

Self assessment

<table>
<thead>
<tr>
<th>Target areas for growth</th>
<th>Plans</th>
<th>Notes</th>
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- Develop structure specifically designed to optimize integration between the three program areas
- Develop policy regulating leadership succession in AMC schools and hospitals

Current Level of Alignment

5
Benefit of AHC-AHS UI:

• UKMPPD
• 30% have competency beyond expectation
• Increase of internasional publication
• JCI Acreditated (Academic medical center - Human subject program)
• Pusat penelitian berbasis pelayanan (12 pusat)
• QS ranking 301-400
• Jakarta Sehat budget 3-5M from Jakarta goverment
Will this be sustainable? What is the next challenge? How to serve better?
THANK YOU