

The Evaluation of Program Implementation of Comprehensive Emergency Obstetric Neonatal Care (CEONC) in Wahidin Sudiro Husodo Hospital in the Achievement of the MDG's 2015

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Abstract- Based on the report of Indonesian millennium development goals (MDGs) in 2010, the maternal mortality rate still has to become special concern. Maternal mortality rate per 100,000 live births in 1991 is 390 in 2007 to 228, while the target achievement in 2015 is 102. Wahidin Sudiro Husodo Hospital (RSWS) is one of the top referral hospital Comprehensive Emergency Obstetric Neonatal Care (CEONC) services in South Sulawesi. In order to improve the achievement of the MDG's, especially a decrease in maternal and child mortality rates, the Ministry of Health issued Comprehensive Emergency Obstetric Neonatal Care (CEONC) guidelines on hospital. Based on the research result of South Sulawesi Provincial Health Office is only 17.8 % of hospitals met the criteria of CEONC. The purpose of this study is to evaluate the achievement of hospital performance management in implementing Comprehensive Emergency Obstetric Neonatal Care (CEONC). This research is a quantitative study with examining the case study method. The results indicated that the performance achievement of 86.79 % perinatology unit which means there is still a gap of 13.21 %. While the magnitude of obstetric units or performance of 81.44 % is still a gap of 18:56 %. It is recommended for the low achievement in service performance CEONC in hospital where achievement of performance targets ideal is 100 % then all the parties concerned should prioritize and collaborate in the improvement of the implementation of the national action program to support the achievement of the MDG's by 2015.

Index Terms: Evaluation, comprehensive care program, the MDG's

I. INTRODUCTION

From all of the MDGs, the reduction of maternal mortality rate is low globally. In Indonesia, the maternal mortality rate (MMR / Maternal Mortality Rate) decreased from 390 in 1991 to 228 per 100,000 live births in 2007. MDG target by 2015 is 102 per 100,000 live births, so that it takes hard work to achieve these targets (Bappenas, 2010). In the future, the effort on increasing

maternal health can be prioritized especially on expanding the quality of health care and comprehensive obstetric care, improving family planning services and dissemination of communication, information and education to the community.

The maternal mortality rate (MMR) and Neonatal Mortality Rate (AKN) in Indonesia is still the highest among ASEAN countries. While it is relatively slow decline in numbers, (AKI from 1994 to 307/100.000 390/100.000 1997 and AKN from 282/1000 live births to 21.8 in 1997). One of the major obstacles slow declines in MMR and AKN in Indonesia is a barrier to the provision of and access to emergency obstetric and neonatal care (DGYannmed, 2008).

Based on the report of achievement of the Millennium Development Goals Indonesia in 2010, the maternal mortality rate still needs special attention. Maternal mortality rate per 100,000 live births in 1991 amounted to 390 in 2007 to 228, while the target achievement in 2015 amounted to 102 (Bappenas, 2010)

In Indonesia the causes of maternal death are hemorrhage and infection eclampsia, obstructed labor and complications abortion. Death cause was bleeding mostly due to the retention of this placenta. This is indicated that management of the third stage is less adequate. Whereas maternal mortality due to infection of an indicator of less the good prevention and management infection. Death of mother due to complications of abortion is the result of unwanted pregnancies (KTD).

Programs to reduce maternal mortality and infant (maternal neonatal) and improving maternal and infant care problems that have the labor and complications of preterm birth is very required. Therefore, it is necessary to obtain the support factor CEONC special skills of health workers and maternal and infant health care quality in Hospital.

Obstetric and neonatal care is a regional effort to provide services for pregnant women and newborns in an

integrated manner in the form of services Comprehensive Emergency Obstetric Neonatal (CEONC) at the Hospital of Obstetrics and Neonatal Emergency Services Association (BEONC) at the health center (PUSKESMAS) level. 24 Hours CEONC hospital is part of the referral system in the emergency services in maternal and neonatal, who was instrumental in reducing maternal and infant mortality of new baby birth. Key of CEONC success is the availability of appropriate health personnel competence, infrastructure, facilities and reliable management.

Results of research conducted in Yogyakarta indicates that there are still many obstacles encountered in the implementation of the program at the hospital CEONC. In order to improve the quality of health care in Yogyakarta Province, Provincial Health Office D.I Yogyakarta in cooperation with the Quality of Health Services conducted a study beginning CEONC activities aimed to look into the readiness of hospital emergency obstetric referral hospital in DIY. This was conducted in 10 hospitals were randomly selected, and the result gives the following picture (Quality of Health Care Agency of Yogyakarta, 2006):

1. SOP is used as a reference in the service / is still plenty of action has not been found in a particular service unit.
2. The lack of trained personnel in a hospital emergency room referral in accordance with the services provided by the unit.
3. Have not found the presence of the midwife in emergency scheduling at each hospital.
4. Most hospitals have not yet visited who work full-time.
5. System acceptance referral from the referrer and feedback to the referrer does not have a clear path.
6. There is no feedback system acceptance of referral to the referring hospital and / or vice versa.
7. Activities that do not have this specific portion in program evaluation for quality guard.
8. Not infrequently found that access to the maternity ward was difficult, it is probably due to spatial design hospitals that have not right/ appropriate.
9. No procedure / system of hospitals reporting to the local health service.
10. Still found some hospitals that do not have a regular schedule in order to develop a midwife - BEONC.
11. Drug storage without labels.
12. The need for blood in hospitals are generally supplied directly from the nearest PMI, this is done because of the availability of blood bank at the hospital has not been found.
13. Have not found the routine evaluation schedule for ambulance provided.

At the level of South Sulawesi Province Neonatal Care Management Comprehensive Emergency Obstetric

Complications (CEONC) in the hospital is still very low , based on data submitted by the South Sulawesi Provincial Health Office amounted to only 17.8 % of hospitals met the criteria CEONC. (Kadinkes South Sulawesi Province, 2012).

One of hospitals that became the main reference CEONC services in South Sulawesi is Wahidin Sudiro Husodo hospital in Makassar. Role of Wahidin Sudiro Husodo hospital in Makassar in achieving the MDG 's by 2015 is enormous decreased , especially in maternal and child mortality . Regarding to some of the problems above, it is necessary to do a study to evaluate the implementation of the CEONC program in Wahidin Sudiro Husodo hospital in Makassar. The purpose of this study is to evaluate the implementation of the Neonatal Comprehensive Emergency Obstetric Care (CEONC) in Wahidin Sudirohusodo Hospital Makassar.

II. MATERIAL AND METHODS

2.1 Study Area

The experiment was conducted at the Wahidin Sudiro Husodo Hospital on the Perinatology Unit and the Obstetrics Unit is CEONC program implementation unit at the hospital.

2.2 Research design, Sample and Data Collection

This research is examined as a case study with a quantitative approach which assessing the achievement of performance standards implementation CEONC Program in Hospital using questionnaires, field observation and document study. Then, in assessing the factors inhibiting the implementation of the field program conducted with a qualitative approach by conducting in-depth interviews with informants responsible for key of CEONC programs in Wahidin Sudiro husodo Hospital Makassar.

III. RESULTS AND DISCUSSION

Implementation of comprehensive care program in Wahidin Sudiro Husodo Hospital Makassar divided into two units implementing the program and obstetric Perinatology unit.

Table 1. Result of performance evaluation of the implementation of the Perinatology Unit of CEONC programs in Wahidin Sudiro husodo Hospital Makassar in 2013.

No	Monitoring Point	Required	Actual Value
A.	STANDAR INPUT		
1	Hand washing area	12	8
2	Areas Resuscitation and Stabilization in Neonates Space / ER	35	33
3	Special care units	58	54
4	intensive care units	65	53
5	Lactation Area	7	7
6	Washing Incubator	5	4
Total		182	159
Percentage		87.36%	
B.	MANAGEMENT STANDARD/ MANAGEMENT		
1	References	1	1
2	Medical Records	3	3
3	Human Resource Management	18	17
4	Management quality	5	1
5	Maintenance Management	3	3
TOTAL		30	25
Percentage		83.33%	
OVERALL TOTAL		212	184
Performance Percentage		86.79%	

Source: Primary Data, 2013

Assessment of performance in this study were divided into two standards that includes: Standard Input includes Hand Wash Area, Area Resusuitasi and Stabilization in Space Neonatal / ICU, Special Care Unit, Intensive Care Unit, Area Lactation, Washing Area Incubators, and Management Standards, among others: Reference, medical records, human resources, Quality Management, Maintenance Management overall assessed on each of the program implementation unit of CEONC programs in Wahidin Sudiro Husodo Hospital Makassar.

Based on Table 1 above it can be seen that for the total performance of CEONC programs new perinatology achieve massive performance of 86.79 % with the expected ideal number which is equal to 100 % or there is still a gap of 13:21 %.

Table 2. The results of the performance evaluation of the implementation of the comprehensive care of Obstetrics Unit of Wahidin Sudiro Husodo Hospital, Makassar in 2013

No	No point Monitoring	Required	Actual Value
A.	STANDARD INPUT		
1	Efforts PI (Processing Area + Wash Hand Tool)	12	9
2	Space Stabilization	34	30
3	Delivery Room	21	14
4	Intensive Care	27	26
5	Surgery Room	67	59
Total		161	138
Percentage		85.71%	
B.	STANDAR PENGELOLAAN /MANAJEMEN		
1	References	5	5
2	Medical Records	3	2
3	Human Resource Management	17	9
4	Management quality	5	1
5	Maintenance Management	3	3
Total		33	20
Percentage		60.61%	
OVERALL TOTAL		194	158
Performance Percentage		81.44%	

Source: Primary Data , 2013

Achievement of the obstetric unit performance is still below the unit Perinatology. Based on the table above it can be seen that for the total performance of the program in CEONC unit new perinatology achieve massive performance of 81.44 % with the expected ideal number which is equal to 100% or there is still a gap of 18.56 %.

In perinatology unit on standard input unit which includes hand washing area, an area in the room resuscitation and stabilization of neonates / ER, a special care unit, intensive care unit, and lactation and washing areas incubator, the required value is equal to 182 but the achievement of a new perinatology units at 159 or amounted to 87.36 %.

Similarly, the standard input on the obstetric unit which includes (Hand washing Area + Processing Equipment), stabilization room , birthing room , intensive care and operating rooms , the values obtained for only 138 of the total value of which amounted to 161 ideal new or achievement of 85.71 %.

The low of performance achievement of both unit caused the standard input contains a lot of standard

equipment, consumables, medicines and building where the development process Wahidin sudiro Husodo hospital initially patchy still not meet the standards in terms of space and equipment ideal for hospital general and in particular CEONC program. This can be seen in excerpts interviews respondents:

*"Start of construction of the CEONC building has not been in accordance with the proper layout or in accordance with the guidelines, is still patchy"(EM)
"Already built, dismantled again since the beginning of development is not true"
" After the construction of the building is finished, I asked why there is no installation such as oxygen, suction, and other" (EM). "We have limited land area" (EM .)*

In addition it is necessary to improve and develop the huge financial support from the hospital, but of course not all can be accommodated as well as the many other priorities that should be done with limited funds. This can be seen in the following interview:

*"... it will be fixed, no funds, run out of funds" (EM)
"Funding assistance from the Headquarter is still limited" (EM)" The isolation room still has a negative pressure, maybe the cost is too big so it cannot be fulfilled" (EM)*

In the standards management that includes a reference management, medical records, human resource management, quality management and maintenance management, the unit value required perinatology is 30 but new achievement perinatology units by 25 or by 83.33 % while for obstetric units get a value of 20 of the total value of 33 or attainment of an ideal is still very low , amounting to 60.61%.

Related problems faced by HR management is related to the lack of power in terms of both quantity and quality as the respondents expressed as follows:

"Our human resources in terms of quantity and quality was still lacking" (EM). " If it's NICU ratio of nurse is 1 patients 1 nurse , we cannot fulfill that, we nurse our patients 5, 2-3 only to watch the day or night " (EM)"We make the calculation, we need 32 people now that we've got only 24"

"We actually need pharmacy; there is one in this new year but not in a full-time status to manage parental nutrition" In terms of quantity and quality, culture,

motivation and performance is still low, especially nurses, this can be seen in the results of the interview as follows:

"Even if we have a little of HR personnel, but HR should be cultured, cultured as nurses" (EM) "If 8 hour shift then should be 8 hours all subjects, but our nurse casually in and out, without permission

"If the night watch , nurses go to bed and sometimes sleep in the perfect place, nobody knows where they are"

Availability of Standard Operating Procedure is still very limited in terms of amount and still need to be improved, it can be seen from the following interview:

"We have made the SOP since 2007 to 2010, but for now may have to be revised but we have not had time to make it" (EM)

"One thing we cannot do it all well, SOP, the data, because we do not have a secretary, administrative, as required"

System monitoring and evaluation and reporting system is still an obstacle, such as data reporting, monthly, quarterly and yearly has not been done.

" During the time of Kars accreditation from KARS team I just found out that there are perinatal activities and maternal to the health ministry , there formula RL 3.4 and RL.3.5"

"So far, the RM person who manages it, but after I checked with our data, very much difference" "No administrative staff to take care of reporting"

When asked about what programs need to be developed to improve CEONC in Wahidin Sudiro Husodo Hospital respondents answered:

"Referral information network system, need to be developed ... it's so good is if there is a midwife willing to send referrals will sound an alarm tone and the tone will not stop alarming until it is answered, so it will be missed he would send an emergency mother, later answered what is acceptable "da" tone place and if there is no management of emergencies will be answered and directed to another hospital"

" ... If there is a case would be sent, the RS will be ready"

" If we're good, we should be ready for training places, it is still in Jakarta who hold"

"The most important of all is the data, I cannot manage my data properly, there must be a special person who understands about managing health about it"

Based on some of the interview eabove it can be seen that in terms of the input, that should be the primary concern of the hospital is a data management and health information on the activities CEONC RS, it is becoming important because good data management will become a source of making more accurate planning and materials to evaluate the program.

Based on the results of research conducted then formulated several recommendations related services CEONC in Wahidin sudiro Husodo hospital in Makassar :

- a. In making planning and development activities both in terms of provision of infrastructure such as buildings and equipment should always be guided by the standards of facilities and infrastructure at the hospital CEONC set by the Ministry of Health.
- b. Increasing CEONC is a national event which is one of the national strategy to reduce Maternal Mortality and Child in Indonesia for the achievement of the MDG 's 2015 and Wahidin sudiro Husodo hospitalis is a referral center in eastern part of Indonesia. It needs a great support from the hospital management on this program in particular in the allocation of funding.
- c. Need to increase the work motivation and work culture to all the service personnel, especially nurses continually by conducting training in which is not only focused on patient care skills but the ability to present the best service so that later they can do a good job, discipline and responsibility .
- d. Monitoring and evaluation systems need to be developed by conducting regular performance appraisal system to all staff as a material for developing programs of reward and punishment which is expected to increase motivation, discipline and employee's satisfaction.
- e. The need for the specialized administrative recruitment for data management and CEONC reporting regularly
- f. The need for the development of an integrated information system so that the data validation and reporting can be more accurate.
- g. As a referral center in eastern Indonesia, especially in the province of South Sulawesi, Wahidin sudiro Husodo hospital should develop networks and integrated with other hospitals which will help in patient referral system.

CONCLUSION

CEONC performance achievement in the unit perinatalogiy in Wahidin sudiro Husodo hospital in Makassar achieve the scale performance of 86.79 % with the expected ideal number which is equal to 100 % or there is still a gap of 13:21 %. While the new obstetrics unit achieve massive performance by 81.44 % or there is still a gap of 18.56 %

SUGGESTION

It is recommended for the low achievement in service performance CEONC Wahidin sudiro Husodo hospital where achievement of performance targets ideal is 100 % then all the parties concerned should prioritize and collaborate in the improvement of the implementation of the national action program to support the achievement of the MDG's by 2015.

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