

**DECISION OF THE GENERAL CHAIRMAN OF THE CENTRAL BOARD
OF THE HEALTH SERVICE ACCREDITATION PROVIDER INSTITUTION (LPA-PKP)**

NUMBER: 8641.4/LPA-PKP/01/11/2024

**REGARDING
GOVERNANCE OF THE HEALTH SERVICE ACCREDITATION PROVIDER
INSTITUTION (LPA-PKP)**

BY THE GRACE OF GOD ALMIGHTY

**THE GENERAL CHAIRMAN OF THE CENTRAL BOARD OF THE HEALTH SERVICE
ACCREDITATION PROVIDER INSTITUTION (LPA-PKP),**

- Considering :
- a. That in order to support the smooth implementation of the tasks of the Health Service Accreditation Provider Institution (LPA-PKP) so that it can function in accordance with its duties, authorities, and responsibilities to be effective and efficient, it is necessary to establish the Governance of the Health Service Accreditation Provider Institution (LPA-PKP);
 - b. That based on the considerations referred to in point (a), it is necessary to establish a Decision on the Governance of the Health Service Accreditation Provider Institution (LPA-PKP).
- Referring to :
1. Law of the Republic of Indonesia Number 17 of 2023 concerning Health;
 2. Decision of the Minister of Law and Human Rights Number AHU-0006019.AH.01.07 YEAR 2022 dated June 21, 2022, concerning the Ratification of the Establishment of the Independent Institution for Primary Health Service Accreditation Providers (LIPA-PKP);
 3. Decision of the Minister of Law and Human Rights Number AHU-0001682.AH.01.08 YEAR 2022 dated September 8, 2022, concerning Approval of Amendments to the Articles of Association of the Association of the Health Service

- Accreditation Provider Institution, abbreviated as LPA–PKP;
4. Decision of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/32/2023 concerning Health Service Accreditation Provider Institutions for Community Health Centers, Clinics, Health Laboratories, Blood Transfusion Units, Independent Medical Practices, and Independent Dental Practices;
 5. Director General of Health Service Development, Directorate of Basic Health Service Development, 2017, concerning Guidelines for the Preparation of Accreditation Documents for First-Level Health Facilities (FKTP);
 6. Articles of Association of the Independent Institution for Primary Health Service Accreditation Providers (LIPA–PKP) Notarial Deed No. 1 of 2022 and Articles of Association and Bylaws of the Decision of the Independent Institution for Primary Health Service Accreditation Providers (LIPA–PKP) Number 1 of 2022;
 7. Amendments to the Articles of Association of the Association of the Health Service Accreditation Provider Institution (LPA–PKP) Notarial Deed Number 2 of 2022 and Amendments to the Articles of Association and Bylaws of the Association of the Health Service Accreditation Provider Institution (LPA–PKP) in 2022;
 8. Decision of the Founder of the Independent Institution for Primary Health Service Accreditation Providers (LIPA–PKP) Number: 10/LIPA-PKP/01/VI/2022 dated June 23, 2022, regarding the Organizational Structure of the Independent Institution for Primary Health Service Accreditation Providers (LIPA–PKP).

DECIDES

- MENETAPKAN** : GOVERNANCE OF THE HEALTH SERVICE ACCREDITATION PROVIDER INSTITUTION (LPA–PKP).
- First** : The governance of the Health Service Accreditation Provider Institution (LPA–PKP) is as stipulated in the attached document.
- Second** : The attachment to this decision is an inseparable part of this decision.
- Third** : All Administrators, Surveyors, Members, and Staff shall implement and manage the governance of the Health Service

Accreditation Provider Institution (LPA–PKP) with full responsibility.

This decision is effective as of the date of its enactment.

Enacted in Jakarta

On November 19, 2024

**HEALTH SERVICE ACCREDITATION PROVIDER
INSTITUTION (LPA-PKP)
CENTRAL BOARD**

GENERAL CHAIRMAN



**LPA-PKP
PENGURUS PUSAT**



dr. DIEN EMAWATI, M.Kes

**Endorsed by the Chairman's Decree
Annex to the Decree:**

**GOVERNANCE
INSTITUTE FOR ACCREDITATION OF COMPREHENSIVE
HEALTH SERVICES (LPA-PKP)**



**INSTITUTE FOR ACCREDITATION OF
COMPREHENSIVE HEALTH SERVICES (LPA-
PKP)
2024**

CHAIRMAN'S FOREWORD

Photo dr Dien
E.

Praise be to God Almighty for His grace that the Guidelines for Governance of the Institute for Accreditation of Plenary Health Services (LPA-PKP) can be completed in accordance with the needs of LPA-PKP in carrying out its vision and mission as an Accreditation Institute for Puskesmas, Clinics and Health Centres.
Laboratory.

This institutional governance guideline was prepared as an effort to optimise the management and operational management of the institution in carrying out program activities according to its vision and mission as an institution that accredits clinics, laboratories and efficiently, effectively, innovatively, by ensuring accountability and upholding established values in order to create objectivity in decision making and commit to the development of LPA PKP in order to improve the quality of health services and patient safety in health centres and carry out the mandate of Law Number 17 of 2023 concerning Health which requires every Health Care Facility to carry out accreditation in order to improve the quality of services in Health Facilities.

Institutional governance is a reference for the Board of Supervisors, the Ethics and Discipline Board, the Board of Experts and all Surveillance Management and staff, which is based on the Vision, Mission, Values, Principles and Code of Ethics of LPA-PKP.

Finally, we would like to thank the drafting team and those who have supported us. Hopefully the Institutional Governance can bring benefits in carrying out accreditation tasks at Puskesmas, Clinics, Laboratories and Blood Transfusion Units so that the quality of health services in Indonesia continues to advance and develop, so that it can have an impact on the welfare of the community towards Healthy Indonesia.

Jakarta, December 2024

Chairman of LPA-PKP

dr Dien Emawati, MKes.

REMARKS BY THE CHAIRMAN OF THE SUPERVISORY BOARD



Alhamdulillah Robbil 'alamin, all praise and gratitude are due to God Almighty for His grace that the Governance Guidelines for the Primary Health Care Accreditation Organisation (LPA-PKP) can be completed. The preparation of this book is in accordance with the needs of LPA-PKP in carrying out its vision and mission as a primary health service accreditation institution that is leading and professional in organising health service accreditation primary in Indonesia

On this occasion, on behalf of the Supervisory Board, I would like to express my appreciation and gratitude to the guideline drafting team for their cooperation and hard work in completing the preparation of these guidelines. This guideline is important for an institution because it will be the basis for running the organisation to create *good governance*. LPA-PKP as one of the health centre accreditation agencies that has been approved by the Ministry of Health of the Republic of Indonesia some time ago is required to have a high commitment in accrediting health centres in a professional manner so that it has a positive impact on the quality of health services provided to patients in achieving patient *safety*.

Finally, I hope that this Governance can be useful for all organs of the institution in running the wheels of the organisation and the accreditation process of Puskesmas, Clinics, Health Laboratories and Blood Transfusion Units.

Jakarta, December 2024,

Chairman of the Supervisory
Board,

Prof Dr Ede Surya Darmawan, SKM. MDM.

ENDORSEMENT PAGE

Chairman of the Supervisory Board,

Prof Dr Ede Surya Darmawan, SKM. MDM.

Member of the Supervisory Board Dr. dr. Supriyanto, SpP. MARS.	Member of the Supervisory Board Rudatin, S.St. MK. SKM. MSi.
Member of the Supervisory Board Linda Gumelar, MSi.	Member of the Supervisory Board Prof. dr. Abdul Kadir, PhD. Sp.THT-BKL (K). MARS.

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CHAPTER I INTRODUCTION

A. Background.

Based on Health Law Number 17 of 2023 in Article 9, it is stated that one of the responsibilities of the Indonesian Government is to carry out registration and accreditation of Health Service Facilities. Accreditation is one of the efforts to improve the quality of Health Services internally and externally continuously and continuously. Accreditation of Health Service Facilities can be organised by an accreditation organising body established by the Minister. In the Regulation of the Minister of Health Number 34 of 2022 concerning Accreditation of Community Health Centres, Clinics, Health Laboratories, Blood Transfusion Units, Independent Practices of Doctors, and Independent Practices of Dentists, article 6 states that the Minister of Health establishes an Accreditation provider institution that has met the requirements in accordance with applicable regulations. This Accreditation organising body is tasked with assisting the Minister in carrying out the Accreditation survey. In carrying out its duties, the Accreditation Agency is independent and must be able to accredit Puskesmas, Clinics, Health Laboratories, UTD, TPMD, and TPMDG.

The existence of the Governance of the Association is in line with the Decree of the Minister of Health of the Republic of Indonesia Number YM.02.01/VI.1/829/2022 concerning the Establishment of Accreditation Institutions and the Decree of the Minister of Health of the Republic of Indonesia Number Hk.01.07 / Menkes / 32 / 2023 concerning the Accreditation Organising Agency for Community Health Centres, Clinics, Health Laboratories, Blood Transfusion Units, Doctors' Independent Practices, and Dentists' Independent Practices, that the Institute is encouraged to take part and participate in building and improving the Governance of service quality and patient safety by realising it through a superior LPA-PKP and synergising with all stakeholders, and making LPA-PKP an objective forum and upholding honesty and commitment in carrying out its duties. Meanwhile, in implementing its operational policies, LPA-PKP adapts to the needs of the institution and its resources so that it can be optimal and efficient in achieving institutional goals in accordance with its vision and mission.

B. Purpose of Association Governance

The Governance of the Association aims to optimise the management and operational management of the association in carrying out program activities in accordance with its vision and mission as an association that conducts Accreditation of Community Health Centres, Clinics, Health Laboratories and Blood Transfusion Units, efficiently, effectively, innovatively, by ensuring accountability and upholding established values including loyalty, integrity, care, accountability, professionalism, justice, and priority in order to create objectivity in decision making and commitment in the development of LPA PKP.

C. Scope

The scope of this Governance is to provide direction to all organs of the association in carrying out the activities of the institution and managing interactions between organs so that in carrying out their duties as an organisation that organises accreditation of Puskesmas, Clinics, Health Laboratories and UTDs can run optimally in accordance with the vision and mission.

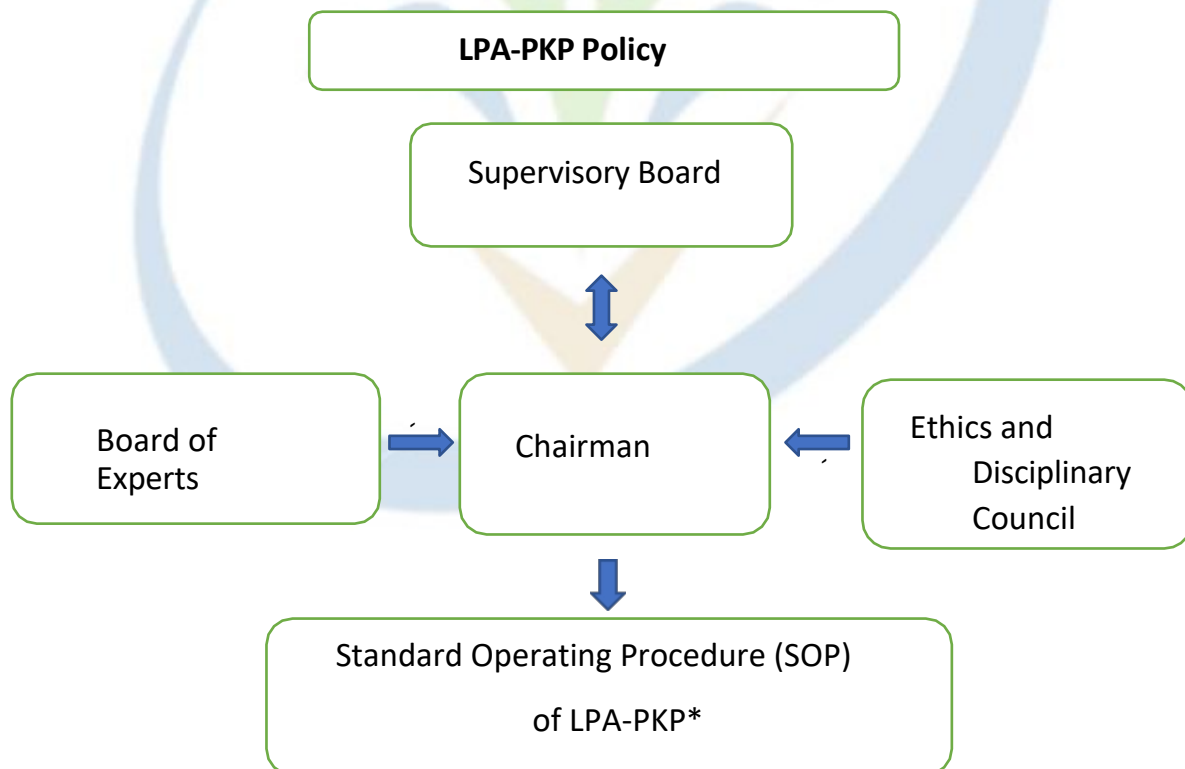


CHAPTER II GOVERNANCE POLICIES AND STRUCTURE

A. Policy Hierarchy

This chapter will discuss the hierarchy of LPA-PKP Organisational Governance Policies and Organs starting from the function of the existence of the AD/ART, National Deliberation, Central Executive Board, Supervisory Board, Ethics and Discipline Board, Expert Council and Executive Board.

1. The Organisational Governance Policy contains all the main guidelines for good organisational management in accordance with the principles of good organisational governance, is a guideline for the board of the association in implementing all programs that have been prepared together, according to the Vision and Mission which involves coordination and cross-departmental cooperation which is the policy of the board of management in order to achieve the Organisation's Vision;
2. Supervisory Board Policy is a policy of the Supervisory Board as a consideration for the board in performing the management function of the Association;
3. The Board Policy is an institutional policy as the basis for the management function to implement all the Organisation's Work Programmes in accordance with the Vision and Mission of the Organisation;
4. Standard Operating Procedure (SOP) is a work guideline for each component of the Organisation in carrying out existing work programme activities, based on certain quality standards that have been determined and compiled as needed, and can be changed at any time according to the results of the technical team evaluation.



*Standard Operating Procedures customised to each department's needs.

The hierarchy includes:

1. Articles of Association and Bylaws.

The Articles of Association and Bylaws are the highest legal basis of the institution that regulates the existence of the Association, Vision, Mission, Goals, Composition of the Board of Management of the Association, Responsibilities, Obligations and Rights of the Management as well as the Long Term and Short Term Work Programme of the Association.

2. Decision of the National Conference

The National Conference is the highest power holder in the Association carried out to determine; Articles of Association and amendments to the Articles of Association; General policy in the field of organisation, business management and capital of the Association; election of appointment and dismissal of the Chairman of the Supervisory Board, Chairman of the Ethics and Discipline Board; ratification of the accountability of the Chairman of the Supervisory Board, Chairman of the Ethics and Discipline Board and; merger, consolidation, division and dissolution of the Association; and Dismissal of members of the Association.

3. Decision of the Supervisory Board

The Central Supervisory Board Policy is a decision made by the Supervisory Board as direction and consideration for the Central Executive Board in running the wheels of the association organisation to carry out the vision and mission that has been set including ensuring that the association implements the governance of the association in achieving *good governance*.

4. Chairman's Regulation

The Chairman's Regulation is a regulation related to the Governance of the Institute's Operational Policies after obtaining the Approval of the Board of Supervisors. This regulation is binding for all administrators in running the institution related to the Accreditation of Puskesmas, Clinics, Laboratories and Blood Transfusion Units.

5. Chairman's Decision

Contains technical provisions of institutional operations related to Governance, Work Program, Promotion, Accreditation Governance, Surveillance Training, Human Resource Management, Cooperation with Other Institutions and Organisational Development in accordance with established authority.

6. Chairman's Circular

Contains important information related to the Accreditation of Puskesmas, Clinics, Laboratories and Blood Transfusion Units and other important activities signed by the Chairman.

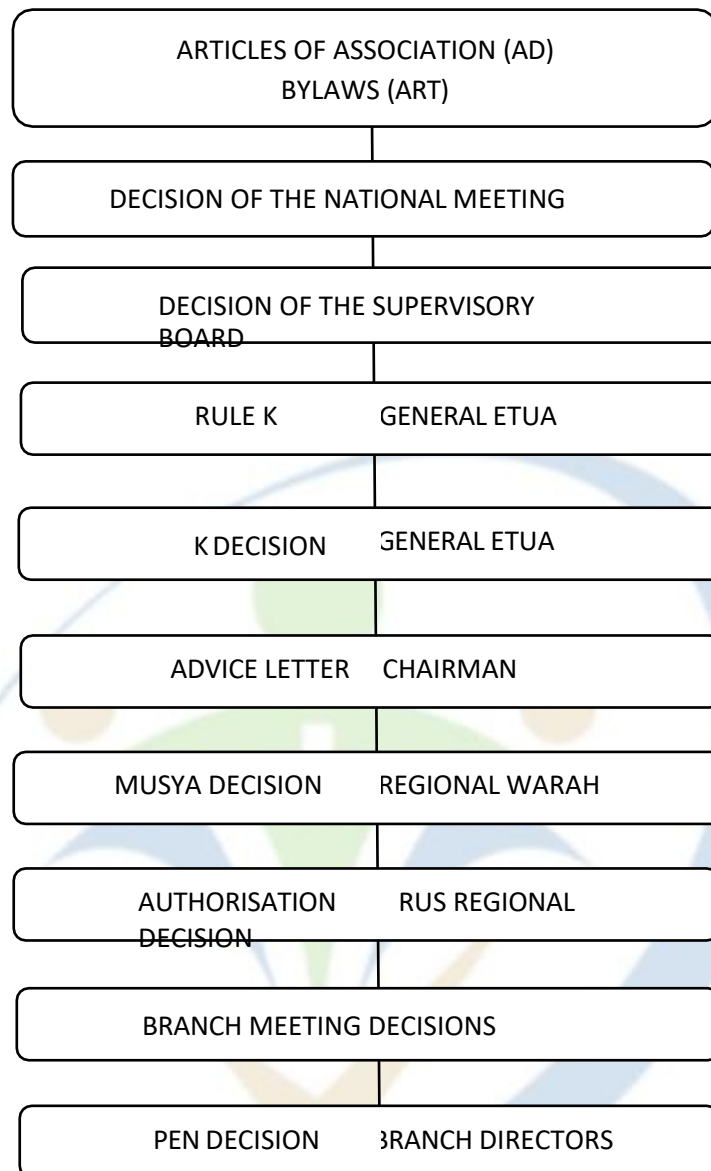
7. Regional Conference Decision

The Regional Conference is the highest forum at the regional level that ratifies the work programme and management at the regional level.

8. Regional Board Decision
Decisions issued by the Regional Committee as a follow-up to the results of regional deliberations are binding for all and regional administrators and surveyors.
9. Decision of the Branch Conference
The branch meeting is the highest forum at the branch level that approves the work programme and management at the branch level.
10. Branch Management Decision
Decisions issued by the Branch Management as a follow-up to the results of the branch meeting are binding for all and branch administrators and surveyors.



Hierarchy of Organisational Rules and Decisions



B. Meaning of Institutional Governance

Institutional Governance is a reference for the Board of Supervisors, Ethics and Discipline Board, Expert Council, Management, Surveyors and Staff, which includes the Vision, Mission, Values, Principles, Code of Ethics of LPA-PKP and the working relationship of institutional organs.

1. Vision:

To become a Professional, Accountable and Trustworthy Primary Health Care accreditation organisation.

2. Mission:

- a. Organising professional, accountable and trustworthy organisational governance;

- b. Improving the Quality and Professionalism of First Level Health Facility Surveyors, Health Laboratories, and Blood Transfusion Units;
- c. Providing affordable and integrated accreditation services.

3. Value:

- a. Loyalty:
Faithful to the Association in carrying out the vision, mission and goals of LPA-PKP Peduli.
- b. Integrity
Have consistency and firmness in upholding the Ethics of the Association and the Surveillance code of ethics.
- c. Care
Be proactive and considerate towards the Institution, Members and Customers.
- d. Accountable
Responsible responsible full with duties according to regulations and applicable laws and regulations.
- e. Professional
Master the task with credibility, discipline and competence.
- f. Justice
Carry out tasks in accordance with facts and data and commit fairness and transparency.
- g. Priority
Prioritising the interests of the Nation and State.

objecti

ves of LPA-PKP Peduli.

4. Motto of LIPA - PKP

A KEY PARTNER IN REALISING EXCELLENT HEALTH CARE

5. Principle

LIPA-PKP in organising Accreditation is guided by the principles:

- 1. Guided by applicable regulations and rules;
- 2. Uphold Ethics in decision-making and be guided by the association's code of ethics and surveillance code of ethics;
- 3. Uphold Commitment to Fairness and transparency;
- 4. Ensure Accountability and Transparency in Recruitment, Selection, appointment of Surveyors;
- 5. Efficient, transparent and non-profit financing.

C. Strategic Objectives

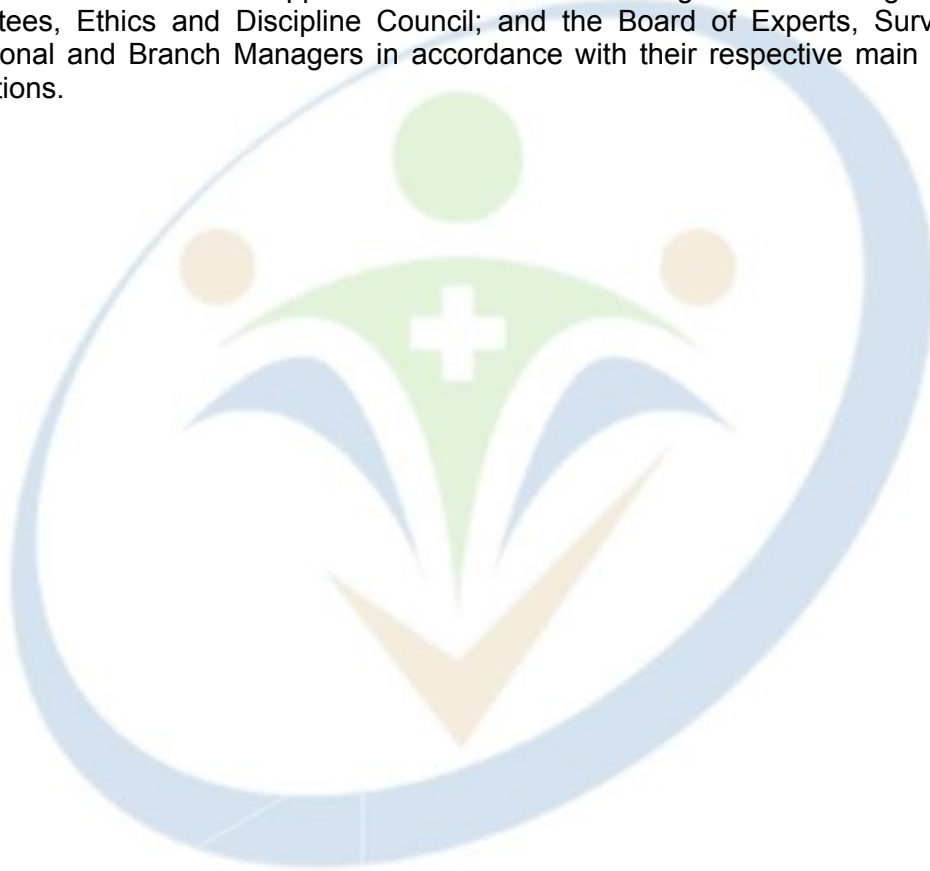
The goal of institutional governance is the creation of an independent and professional management of the institution as an accreditation body for Puskesmas, Clinics, Laboratories and UTD, which includes:

- 1. Certification for surveyors of health centres, clinics, health laboratories and UTDs;
- 2. Strengthening Governance Governance Management and Quality Health Centre, Clinics, Health Laboratories and UTDs;
- 3. Improved service quality of Puskesmas, Clinics, Health Laboratories and UTD; which are accredited and fostered;
- 4. Fulfilment of LPA-PKP surveyor needs;

5. Increased number of certified and competent surveyors;
6. Organisation of Scientific Meetings for surveyors on a regular basis;
7. Implementation of ethical and disciplinary guidance and organisational governance for all LPA-PKP administrators and members in a professional manner.
8. Increased competence of administrators and surveyors in implementing Organisational Governance;
9. Strengthened Organisational Governance at Headquarters, Regions and Branches;
10. Establishment of regional and branch management throughout Indonesia;
11. Strengthened co-operation and partnerships at regional and branch levels;
12. Conducted research and development Puskesmas, Clinics, Health Laboratories and UTDs;

D. Person in charge

The General Chairperson of LPA-PKP is responsible for the entire Governance of the Association with the full support of the Association Management including the Board of Trustees, Ethics and Discipline Council; and the Board of Experts, Surveyors and Regional and Branch Managers in accordance with their respective main duties and functions.



CHAPTER III ORGANS OF ASSOCIATION

In this chapter will be discussed about the organs that exist in the association, rights, authorities, main duties and responsibilities.

A. Supervisory Board

The Supervisory Board is fully responsible to the National Conference (MUNAS) in carrying out its daily duties for the benefit of the association.

1. Supervisory Board Rights

- a. Receive periodic reports every month on the implementation of activities in the form of meeting minutes and financial reports;
- b. Receive periodic written reports every 6 months from the management as a form of accountability for the association's activities;
- c. Conduct scheduled and regular meetings with the board.

2. Duties of the Supervisory Board

The Supervisory Board shall in good faith and with full responsibility perform duties for the benefit of the association with the following details:

- a. Establish policies consisting of guidelines and key objectives and provide advice whether requested or not;
- b. Support in raising funds to help run the organisation; and
- c. Conducting both internal and external supervision of all activities carried out and other supervision in accordance with the Articles of Association (AD) and Bylaws (ART) of the Association.

3. Supervisory Board Obligations

- a. Provide feedback on directors' reports;
- b. Provide direction to the board of directors;
- c. Provide considerations related to policies taken by the board of directors.

4. The Supervisory Board is authorised

- a. Visiting the activity place used by the association;
- b. Checking documents;
- c. Checking bookkeeping;
- d. Certify the association's organisational governance documents;
- e. Conduct audits of the institution including financial and organisational compliance in accordance with the principles of *good corporate governance* by establishing an audit committee;
- f. Approve the use of association funds with a value above Rp. 100,000,000, - (One Hundred Million Rupiah).
- g. Endorse the association's Strategic Plan and Annual Plan documents;

- h. Be aware of all activities carried out by members of the Central Executive Board;
- i. Organise regular meetings with the Executive Board;
- j. Calling the Executive Board to hold a meeting with the Supervisory Board outside the regular meeting schedule;
- k. Provide guidance and supervision on the implementation of programmes and performance of the board.
- l. Give warnings to members of the Central Executive Board if there is non-compliance in carrying out their duties and authorities.

B. Board of Experts

1. The Board of Experts is an organ of the association whose members are appointed based on the decision of the Supervisory Board Meeting;
2. The term of service of the Central Expert Council is 4 (four) years;
3. The Board of Experts is led by a Chairman who is responsible to the Chairman of the Central Supervisory Board;
4. The Board of Experts is not allowed to hold any position on the Executive Board and/or other organisations/health centre accreditation bodies;
5. In the event that the position of the Central Board of Experts is vacant, then at the latest within 30 (thirty days) days from the occurrence of the vacancy, a replacement must be determined at the Joint Meeting;
6. Membership of the Board of Experts terminates when:
 - a. Passed away;
 - b. Resign with reasons acceptable to the Joint Meeting;
 - c. Guilty of a criminal offence based on a court decision; and
 - d. Term of office ends.
7. Authority of the Board of Experts
 - a. The Board of Experts is tasked with providing ideas according to their field of expertise to the central board to solve problems and develop the Association's programme;
 - b. The Board of Experts is fully responsible to the Supervisory Board in carrying out its day-to-day duties for the benefit of the Association;
 - c. The Board of Experts shall in good faith and with full responsibility perform their duties for the benefit of;
 - d. The Board of Experts is authorised:
 - 1) Visit activity sites used by associations at the Centre level;
 - 2) Knowing the actions taken by the Central Committee;
 - 3) Advise the Central Committee.
 - e. The task of the expert council:
 - 1) Providing technical input related to science in the fields of Puskesmas, Clinics, Health Laboratories and UTD;

- 2) Do update related to scholarship in the field of Puskesmas, Clinic, Health Laboratory and UTD.

C. Ethics and Disciplinary Council

The ethics and discipline board is an organ of the institution obliged to provide ethical and disciplinary considerations for administrators and surveyors in carrying out the institution's work programme.

1. The Ethics and Discipline Council is fully responsible to the National Conference (MUNAS) in carrying out its daily duties for the benefit of the association;
2. The Ethics and Disciplinary Council shall in good faith and with full responsibility perform duties for the benefit of the association;
3. The term of service of the Ethics and Disciplinary Council is 4 (four) years;
4. The Council is led by a Chairperson who is responsible to the National Conference;
5. The Ethics and Disciplinary Board is not allowed to hold any position in the Executive Board and/or other organisational bodies of the association;
6. In the event that the position of Ethics and Discipline Council is vacant, then at the latest within 30 (thirty days) days from the occurrence of the vacancy, a replacement must be determined at the Joint Meeting;
7. Membership of the Ethics and Disciplinary Board terminates when:
 - a. Passed away;
 - b. Resign with reasons acceptable to the Joint Meeting;
 - c. Guilty of a criminal offence based on a court decision; and
 - d. Term of office ends.
8. The Ethics and Disciplinary Council is authorised:
 - a. Upholding the Dignity of the Association;
 - b. Investigate members of the association who commit offences;
 - c. Search for facts and documents needed for the purpose of the examination;
 - d. Give warnings, impose penalties on members who violate the code of ethics, and violations of the provisions in the AD, ART and other provisions;
 - e. Maintain confidentiality of ethical and disciplinary checks;
 - f. Entitled to answers for all offences committed;
 - g. Implementation of anti-bribery guidelines.
9. Ethics and disciplinary board duties:
 - a. Socialising the code of ethics
 - b. Conduct ethical and disciplinary training
 - c. Enforcing discipline
 - d. Recommend resolution of ethical and disciplinary issues
 - e. Recommend sanctions related to surveillance authority
 - f. Provide consideration to the board in making decisions related to ethics and discipline.

D. Chairman

The Chairperson is part of the organ of the institution that is responsible to the members of the organisation through national deliberations; as the person in charge of the governance of the starting from the preparation of planning, implementation, reporting and evaluation of the institution's work program; including reporting all the results of the institution's activities to the supervisory board to get input and feedback from the supervisory board.

1. Chairperson's Authority

Chairperson's authority in an organisation may vary depending on the structure and type of organisation. However, in general, the chairperson has several key authorities, namely:

- a. Leadership: Inspiring and directing members of the organisation to achieve common goals.
- b. Decision Making: Make strategic decisions that are critical to the survival of the organisation.
- c. Representation: Representing the organisation in various internal and external events and meetings.
- d. Coordination: Coordinate the various activities and programmes of the organisation.
- e. Evaluation: Evaluate the performance of the organisation and members.

The specific powers of the chairperson may include:

- a. Endorse the vision and mission of the organisation with the Supervisory Board;
- b. Approve the organisation's budget.
- c. Make organisational policies.
- d. Appointing and dismissing administrators.
- e. Signing important organisational documents.
- f. Assign surveyors to conduct accreditation assessments of Puskesmas, clinics, Health Laboratories and UTDs;
- g. Signed the certificate of accreditation assessment results of Puskesmas, clinics, Health Laboratories and UTD with the Director General of Health Services of the Indonesian Ministry of Health;
- h. Consult with the Chairman of the Board of Trustees and the Chairman of the Ethics Council regarding the establishment of institutional policies;
- i. Consult with the Ministry of Health in the event of an appeal against the accreditation assessment results;
- j. Assess the performance of administrators and surveyors.

2. Principal Duties of the Chairman

- a. Establish and ratify regulations that related to its existence and operationalisation;
- b. Establish and ratify the Strategic Plan and Annual Plan;
- c. Implement, monitor, evaluate and report on the achievement of the Strategic Plan and Annual Plan;
- d. Manage institutional resources;
- e. Pursue sustainable funding;
- f. Establish and ratify the Budget of Expenditure and Revenue;
- g. Establish accreditation operational policies;

- h. Fostering Puskesmas, Clinics, Health Laboratories, UTD and other Accreditation according to accreditation results;

E. Chairman 1

The General Chairperson is part of the institutional organs in charge of assisting the General Chairperson in running the wheels of the organisation with certain tasks assigned by the General Chairperson.

1. Chairman's Authority 1
 - a. Consult with the Chairperson regarding the tasks assigned by the Chairperson;
 - b. Coordinate with Regional Heads of Sumatera and Kalimantan;
2. Main duties of the Chairperson 1
 - a. Assist the Chairperson in carrying out organisational duties internally;
 - b. Represents the Chairman, in his absence;
 - c. If the Chairperson is permanently absent for more than 3 consecutive months, the 1st Chairperson is appointed to perform the duties of the Chairperson;

F. Chairman 2

1. Chairman's Authority 2

Consult with the Chairperson regarding the tasks assigned by the Chairperson;
2. Main duties of the Chairman 2
 - a. Assist the Chairperson in carrying out organisational duties internally;
 - b. Represents the Chairman, in his absence;
 - c. If the Chairperson is permanently absent, for more than 3 consecutive months, then Chairperson 1 or Chairperson 2 is appointed to perform the duties of the Chairperson;

G. General Secretary

It is the organ of the association under the Chairman who is responsible for the internal management of the association.

Main duties of the General Secretary

1. Coordinate administrative and secretarial activities;
2. Prepare the final Annual Plan document;
3. Develop the Association's Annual Plan;
4. Implement, monitor, evaluate and report on the achievement of the Strategic Plan and Annual Plan of the association;
5. Prepare Member Cards.

H. Secretary 1

Secretary's main duties 1

1. Assist the General Secretary in carrying out the Association's operational activities;
2. Represents the General Secretary in his absence;
3. Perform other duties as directed by the General Secretary;
4. If the General Secretary is permanently absent for more than 3 consecutive months, the Secretary 1 is appointed to perform the duties of the General Secretary.

I. Secretary 2

Secretary's main duties 1

1. Assist the General Secretary in carrying out the Association's operational activities;
2. Perform other duties as directed by the General Secretary;
3. If the General Secretary is permanently absent for more than 3 consecutive months, the Secretary 1 is appointed to perform the duties of the General Secretary.

J. General Treasurer

It is the organ of the institution under the Chairman who is responsible for the financial governance of the institution.

1. Prepare the Association's Budget and Revenue Plan;
2. Perform Financial Management;
3. Collect other legal and non-binding sources of income;
4. Recording the association's financial receipts from Puskesmas, Clinics, Labkes and UTD.
5. Perform tax management of associations and surveyors;
6. Perform surveior insurance management;
7. Make payments for accreditation survey services to surveyors;
8. Prepare monthly, trimester, semester and annual financial reports.
9. Compile a balance sheet;

K. Treasurer 1

Treasurer Duties 1

1. Assist the General Treasurer to conduct treasury activities;
2. Represent the General Treasurer in his absence;
3. Perform other duties as directed by the General Treasurer;
4. Record the financial expenditure of the association;
5. Collecting payment for accreditation survey services to Puskesmas, Clinics and UTD;
6. If the General Treasurer is permanently absent, for more than 3 consecutive months, the Treasurer1 is appointed to perform the duties of the General Treasurer.

L. Head of PR

It is the organ of the institution under the Chairman who is responsible for public relations governance.

Main Duties of the Head of Public Relations

1. Provide information, plan strategies, generate interest from health centres, clinics, health laboratories, UTDs and stakeholders;
2. Create, maintain, enhance and improve reputation, image and communication;
3. Provide information media to introduce to Puskesmas, Clinics, Health Laboratories, UTD and stakeholders;
4. Ensuring the satisfaction of Puskesmas, Clinics, Health Laboratories, UTD and stakeholders with the services of the Association;

M. Head of Pusdatin

This is the organ of the institution under the Chairperson who is responsible for web-based data and information governance.

Main Duties of the Head of Pusdatin

1. Designing enterprise information system architecture blueprints for Puskesmas, Clinics, Health Laboratories, UTD;
2. Develop a strategic plan for the implementation and development of the Association's enterprise information system;
3. Manage and maintain the security, confidentiality and integrity of data and information;
4. Provide data and information according to the needs of the central committee, regional committee, branch committee, and department;
5. Create policies and reference standards for the development of information systems within the Association;
6. Build communication and information technology networks with relevant external stakeholders;
7. Manage users' access rights to the system.

N. Surveior Development Department

It is an organ of the institution under the Chairman who is responsible for the guidance of surveyors.

Main tasks of the Surveior Development Department

1. Conduct Surveior Recruitment;
2. Managing Surveior Assignments;
3. Conducting Surveior Coaching;
4. Conduct Surveior Development.

O. Accreditation Assessment Department

It is an organ of the institution under the Chairperson who is for preparing the accreditation assessment of Puskesmas, Clinics, Health Laboratories, UTD.

Main tasks of the Accreditation Assessment Department

1. Assessing the completeness of the requirements for accreditation of Puskesmas, Clinics, Health Laboratories, UTD;
2. Ensure the eligibility of primary health care facilities, health labs and UTDs to be surveyed;
3. Conduct Survey scheduling and Implementation;
4. Conducting completeness assessments of Puskesmas, Clinics, Health Laboratories and UTDs;
5. Facilitate the accreditation assessment decision process, announcement, and preparation of accreditation certificates;
6. Monitoring and evaluation of survey activities.

P. Pre and Post Accreditation M&E Department

It is an organ of the institution under the Chairperson who is for monitoring pre- and post-accreditation evaluation of Puskesmas, Clinics, Health Laboratories, UTD.

Main Duties of Pre and Post Accreditation M&E Department

1. Lead monitoring activities to Puskesmas, Clinics, Health Laboratories, UTD, Pre and Post accreditation;
2. Evaluating Puskesmas, Clinics, Health Laboratories, UTD, Pre and Post accreditation;
3. Conducting coaching to health centres, clinics, health laboratories, UTD, pre- and post-accreditation.

Q. Organisational Development Department

It is an organ of the institution under the Chairperson who is for organisational development related to the implementation of accreditation of Puskesmas, Clinics, Health Laboratories, UTD.

Main tasks of the Organisational Development Department

1. Develop bylaws and amendments;
2. Develop a Strategic Plan;
3. Establish a working relationship within the organisation;
4. Prepare other attributes (Flag, Mars, Uniform, Pin);
5. Developing coaching instruments for the Region;
6. Conduct regional coaching in conjunction with relevant Departments;
7. Propose new regulations/legislation for accreditation development as per organisational needs.

R. Training and R&D Department

It is an organ of the institution under the Chairman who is for education, training, research and development of surveillance and accreditation of health centres, clinics, health laboratories and UTDs.

Main tasks of the Training and R&D Department

1. Analyse the needs of type of training and the personnel to be educated and trained;
2. Bela deemed it necessary to select members of the association to be prioritised for training;
3. Prepare a committee or similar to organise training for personnel who have met the requirements and the types of training needed;
4. Sending personnel if the type of training cannot be carried out by the Association to other competent Associations order to obtain competent personnel in certain fields;
5. Collaborate with partners in the framework of education to government and private institutions;
6. Guidance on the preparation of guidelines, needs analysis, goal setting and development of programmes of activities related to R&D;
7. Provide recommendations or input based on the results of R&D in the framework of regulations and policies to the management;
8. Organise Research from the results of the analysis that has been carried out;
9. Provide information on research results for publication in accordance with the provisions of the association;
10. Organisation Cooperation of research and development activities with government and private R&D institutions.

S. Partnership and Enterprise Department

It is an organ of the institution under the Chairman who is for partnerships with third parties and businesses that generate profits for the institution.

Main tasks of the Partnership and Business Department

1. Create an advanced marketing strategy for the Association;
2. Responsible for the marketing of the Association in terms of communication, market segmentation, target and development of short-term and long-term concepts;
3. Assist in the process of creating and evaluating partnership agreement documents or deeds;
4. Provide information on the partnership system in place;
5. Collecting data on Association partnerships that have collaborated and will be established.

T. Legal Department

An organ of the organisation under the Chairman, for the regulation and legal protection of surveyors.

Main tasks of the Ministry of Law

1. Carry out the formation of the Rules of Association needs;
2. Carry out the provision of Legal Advocacy and socialisation of regulations;
3. Providing Legal Consideration and legal assistance;
4. Providing legal considerations in binding agreements;
5. Implementing and fostering the management of legal documentation and information.

U. Regional Board

It is an organ of the institution under the Chairperson who is responsible for the guidance of surveyors in the region and coordination with health centres, clinics, health laboratories and UTDs that will be (marketing) and have been accredited.

Main duties of the Regional Committee

1. Assist the Chairman in recruiting prospective surveyors;
2. Develop a regional work programme;
3. Mentoring and coaching surveyors;
4. Establish partnerships with health centres, clinics, health laboratories and UTDs as potential clients for accreditation assessment and assistance;
5. Conduct scientific activities at the regional level in collaboration with the Central Training Division.
6. Produce regional activity reports.

V. Surveior

1. Surveyors are organs of the Association formed by the Executive Board to carry out accreditation survey activities of Puskesmas, Clinics, Health Laboratories and UTD which are responsible to the Chairman;
2. Surveyors are individuals who meet the requirements, among others, training of prospective surveyors (online and offline) and pass the competency test held by the Ministry of Health to carry out accreditation survey activities for Puskesmas, Clinics, Health Laboratories, UTD;
3. The requirements, process of determination, coaching, development and career path of the surveyors are regulated in the guidelines set by the Association;
4. Surveyors carry out tasks based on the letter of assignment issued by the chairman of the association.

Surveyors' rights

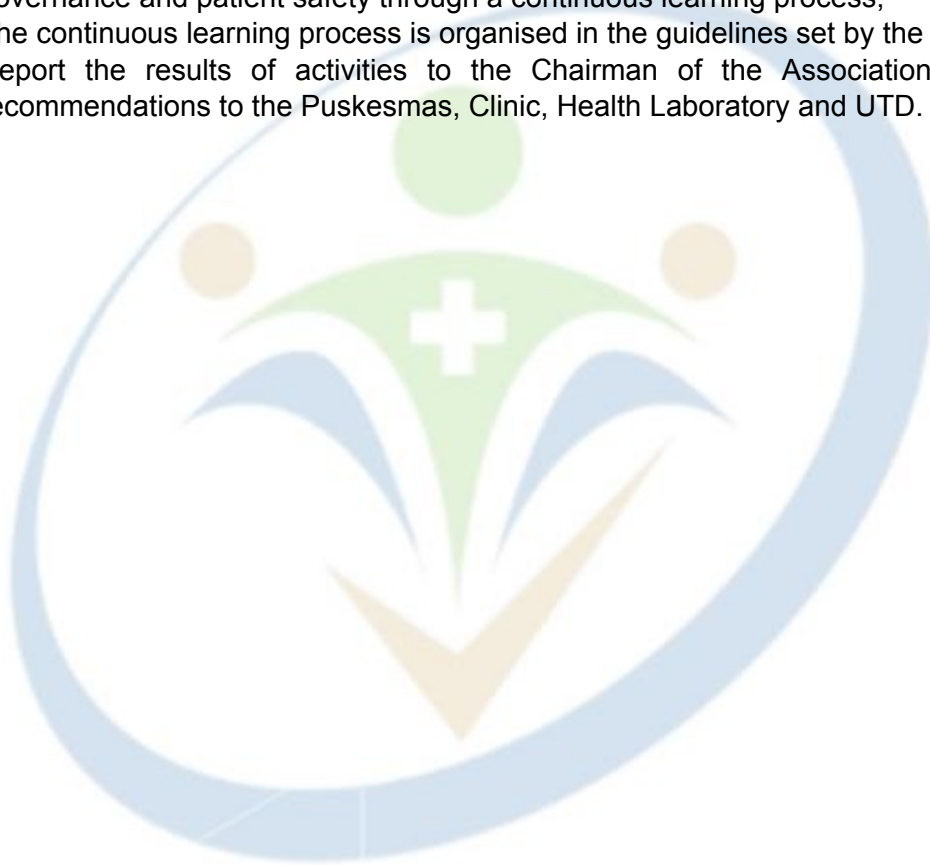
1. Receive training in order to increase knowledge related to accreditation on a regular basis;
2. Obtain personal accident insurance when conducting accreditation, especially in risky areas;
3. Receive an honorarium after conducting an accreditation survey;

Obligations of the surveyors

1. Surveyors must have core competencies, managerial competencies, and functional competencies as stipulated in the guidelines;
2. Surveyors are required to have health insurance for themselves;
3. Surveyors are liable for taxes relating to honoraria received after carrying out accreditation.

The main tasks of the surveyors

1. Conduct Accreditation Survey of Puskesmas, Clinics, Health Laboratories and UTDs based on the Accreditation Standards for Puskesmas, Clinics, Health Laboratories and UTDs set by the Indonesian Ministry of Health;
2. Facilitate Puskesmas, Clinics, Health Laboratories and UTD to improve quality governance and patient safety through a continuous learning process;
3. The continuous learning process is organised in the guidelines set by the Association;
4. Report the results of activities to the Chairman of the Association and make recommendations to the Puskesmas, Clinic, Health Laboratory and UTD.



CHAPTER IV BOARD MEETING

Like an organisation, LPA-PKP in organisational activities that have the aim of achieving *good governance*, the implementation of board meetings is always carried out regularly and periodically. Meetings conducted by the management board include national deliberations, extraordinary national deliberations, supervisory board meetings, ethics board meetings, management board meetings and regional management meetings.

The Executive Board meeting consists :

1. National Conference (Munas);
2. Extraordinary National Conference (Munaslub);
3. National Working Meeting (Rakernas);
4. Supervisory Board Meeting;
5. Ethics, and Discipline Board Meetings;
6. Council of Experts Meeting;
7. Executive Board Meeting;
8. Joint Meeting.

A. National Conference

1. Deliberations at the Central level, Regional level, and Branch level are held once in a period of 4 (four) years;
2. In cases of emergency, deliberations may be conducted prematurely in the form of extraordinary deliberations;
3. The National Conference (MUNAS) is attended by the Central Committee and delegates from the Regions;
4. The National Deliberation can be conducted directly (offline), indirectly (online) or a combination of offline and online (hybrid) which has the same legal force;
5. The Regional Deliberation (MUSREG) is attended by the Central Board, Regional Board and delegates from Branches in the region;
6. The Branch Conference (MUSCAB) is attended by the Regional Committee, Branch Committee and its members;
7. Invitations to MUNAS, MUSREG, MUSCAB are made by registered mail sent at least 14 (fourteen) calendar days before the date of the deliberation;
8. The National Conference is the highest authority in the Association;
9. The National Conference of the Association is held to determine:
 - a. Articles of Association and amendments to the Articles of Association;
 - b. General policies on organisation, business management and capital;
 - b. Election of appointment and dismissal of the Chairman of the Executive Board, Chairman of the Ethics and Discipline Board, Chairman of the Supervisory Board;

- c. Ratification of the accountability of the Chairman of the Executive Board, Chairman of the Ethics and Discipline Board and Chairman of the Supervisory Board;
 - d. Merger, consolidation, division and dissolution of the Association;
 - e. Dismissal of Association members.
10. Vote in the National Conference
- a. Decision-making of the National Conference is based on deliberation to reach consensus;
 - b. In the event that no consensus is reached, then decision-making by the National Deliberation is based on the majority vote of the number of members present;
 - c. In the event of a vote, each member has the right to one vote by taking into account the voting rights of each member in question, which will be regulated in detail in the Rules of Procedure of the National Deliberation;
 - d. Members who are absent can represent their votes to other members, who are present at the Member Meeting by including a special power of attorney in writing;
 - e. Voting may be conducted openly and/or in private, except in respect of persons, which may be conducted in private;
 - f. Every decision of the National Deliberation is recorded in the Minutes of the Meeting and signed by the Chairman of the Meeting.
11. Participants
National Conference (Munas)
- a. Central Committee as many as / a maximum of 20 () people;
 - b. Regional Management A total of 5 (five) people, delegate representing 10 Members including surveyors;
 - c. There were 8 (eight) surveyors.

B. Extraordinary National Conference

- a. Extraordinary National Conference can be held in the event of urgent needs of the Association related to matters that are the authority of the National Conference;
- b. An Extraordinary National Conference can be held if it is proposed by a decision of the Joint Meeting of the Board of Trustees, the Ethics, Legal and Disciplinary Council and the Executive Board or proposed by at least 50% plus one of the total number of Regions;
- c. The provisions for the implementation of the Extraordinary National Conference are as follows:
 - 1) Must be attended by at least 50% plus one of the total number of Regions;
 - 2) Its decisions must be approved by 50% plus one of the total number of Regions present;
- d. The Extraordinary National Conference can be conducted directly (offline), indirectly (online) or combined offline and online (hybrid);

- e. The decision of the Extraordinary National Conference has the same legal force as the National Conference.

C. National Working Meeting (Rakernas)

1. The National Working Meeting (RAKERNAS) consists of the Supervisory Board, Ethics and Discipline Board, Expert Council, Executive Board and all Regional Chairs;
2. Rakernas is conducted 1 (one) time a year, is an agenda that must be implemented, this rakernas aims to formulate and ratify the work programme and evaluate the work programme that has been implemented by the Association for one year.

D. Supervisory Board Meeting

1. Supervisory Board meetings are held at least once a year, at the latest within five months after the end of the financial year as an annual meeting;
2. Invitations to Supervisory meetings shall be made by the Supervisor in person, or by mail with acknowledgement of receipt, at least seven days before the meeting is held without taking into account the date of the invitation and the date of the meeting;
3. The meeting shall be chaired by the chairman of the Supervisory board, and if the chairman of the Supervisory board is absent or unable to attend, the Supervisory meeting shall be chaired by a person elected by and from the Supervisory members present;
4. Minutes of each Supervisory meeting shall be drawn up and signed by the chairman and secretary of the meeting.

E. Ethics and Discipline Council Meeting

1. Meetings of the Ethics and Disciplinary Board may be convened at any time deemed necessary at the written request of one or more Ethics and Disciplinary Board members;
2. Meetings of the Ethics and Discipline Council Board are held at the seat of the association or at the place of activity of the association;
3. Meetings of the Ethics and Discipline Council Board are chaired by the Chairperson of the Ethics and Discipline Council;
4. In the absence of the Chairperson of the Ethics and Disciplinary , the meeting of the Ethics and Disciplinary Board shall be chaired by one of the Ethics and Disciplinary Board members elected by and from the Ethics and Disciplinary Board members present.

F. Board of Experts Meeting

1. Meetings of the Board of Experts may be convened at any time deemed necessary upon the written request of one or more of the Board of Experts;
2. The meeting of the Board of Experts is held at the seat of the association or at the place of activity of the association;
3. The Board of Experts meeting is chaired by the Chairman of the Board of Experts;
4. If the Chairman of the Board of Experts is absent, the meeting of the Board of Experts will be chaired by one of the Board of Experts elected by and from the Board of Experts present.

G. Executive Board Meeting:

1. Management meetings are held at least once a month;
2. Meetings of the management may be held at any time deemed necessary at the written request of one or more of the management, the Board of Trustees, the Ethics and Discipline Board and the Board of Experts;
3. The invitation to the board meeting is made by the entitled board or representing the board;
4. The board meeting is held at the seat of the association or at the place of activity of the association;
5. The board meeting is chaired by the Chairman;
6. If the chairman is absent, the board meeting is chaired by the Chairman 1 or Chairman 2, if also absent, the meeting is chaired by a member of the board elected by and from the board present.

H. Joint Meeting:

1. A joint meeting is a meeting held by the management and attended by the Supervisory Board, Ethics and Discipline Board, and Expert Council;
2. Joint meetings are held to discuss matters considered strategic to the interests of the association;
3. Meeting invitations are made by the Management;
4. The joint meeting is chaired by the Chairman, in the absence of the Chairman, the meeting is chaired by the Chairman of the Supervisory Board;
5. If both are absent, the joint meeting shall be chaired by the management or Supervisory Board selected by and from the management and Supervisory Board present.

I. Decision Making Meeting

1. Decision-making is conducted at meetings that fulfil the quorum requirement;
2. If the quorum requirement for the decision-making meeting is not met, the meeting shall be adjourned for a maximum period of 10 (ten) minutes and if the adjournment has been made for 2 (two) times 10 (ten) minutes the quorum has not been met, then the chairman of the meeting may make a decision in accordance with the number of meeting participants present;
3. Decision-making can be based on consensus or majority vote;
4. A decision based on consensus is a decision made by deliberation for consensus;
5. Decisions based on consensus are valid if decided at a meeting that has fulfilled the quorum;
6. A decision by majority vote is a decision made by voting if a consensus-based decision cannot be reached;
7. Decision-making by majority vote is carried out by conducting a direct vote count of the participants present;

8. Every decision of the deliberation/meeting, whether based on consensus or majority vote, must be accepted and implemented with honesty, sincerity, and responsibility.



CHAPTER V

WORKING RELATIONSHIP OF INSTITUTIONAL ORGANS

The working relationship system regulates the relationship between the component organs within the LPA-PKP, among others:

A. The working relationship between the Supervisory Board and the Management

1. The working relationship between the supervisory board and the management a reciprocal relationship in the form of guidance and consultancy related to institutional policies in carrying out the vision and mission as an accreditation institution for Puskesmas, Clinics, Health Laboratories and UTD;
2. The working relationship mechanism can be in the form of regular and scheduled meetings every 3 months, namely January, April, July and October with the supervisory board with the management, incidental meetings of the supervisory board with the management and consultation of the management with the supervisory board.
3. The January meeting is for the evaluation of last year's work programme and the planning of the current year's work programme; the July meeting is for the evaluation of the work programme from January to June of the current year.

B. The working relationship between the Ethics and Discipline Council and the Board of Management

1. The working relationship between the ethics and discipline board and the management is a reciprocal relationship in the form of ethical and disciplinary considerations for the management and surveyors related institutional policies in carrying out the vision and mission as an accreditation institution for Puskesmas, Clinics, Health Laboratories and UTD;
2. The working relationship mechanism can be in the form of regular / scheduled meetings of the ethics and discipline board with the management, incidental meetings of the ethics and discipline board with the management and ethics and discipline consultations with the management.

C. Working relationship between the Board of Experts and the Management

1. The working relationship between the board of experts and the management is a reciprocal relationship in the form of providing input and technical considerations for the management related to institutional policies in carrying out the vision and mission as an accreditation institution for Puskesmas, Clinics, Health Laboratories and UTD;
2. The working relationship mechanism can be in the form of regular / scheduled meetings of the board of experts with the management, incidental meetings of the board of experts with the management and consultation of the board of experts with the management.

D. Working relationship between the Management and the Data and Information Centre

1. The working relationship between the management and the data and information centre is a reciprocal relationship in the form of providing input and technical considerations for the management regarding data, information and technology related to institutional policies in carrying out the vision and mission as an accreditation institution for Puskesmas, Clinics, Health Laboratories and UTD;
2. The working relationship mechanism can be in the form of regular / scheduled meetings of the board with the data and information centre, incidental meetings of the board with the data and information centre and consultation of the data and information centre with the board.

E. Working relationship between management and public relations

1. The working relationship between the board and public relations is a reciprocal relationship in the form of providing input and technical considerations for the board regarding public relations and marketing of LPA-PKP and institutional policies in carrying out the vision and mission as an accreditation agency for Puskesmas, clinics, health laboratories and UTD;
2. The working relationship mechanism can be in the form of regular / scheduled meetings of the board with the data and information centre, incidental meetings of the board with the data and information centre and consultation of the data and information centre with the board.

F. Inter-departmental working relationships

1. The working relationship between departments is a coordination relationship in carrying out the institutional programmes that have been prepared in the accreditation activities of Puskesmas, clinics, health laboratories and UTD;
2. In carrying out the working relationship between departments, it is fully supported by the management board.

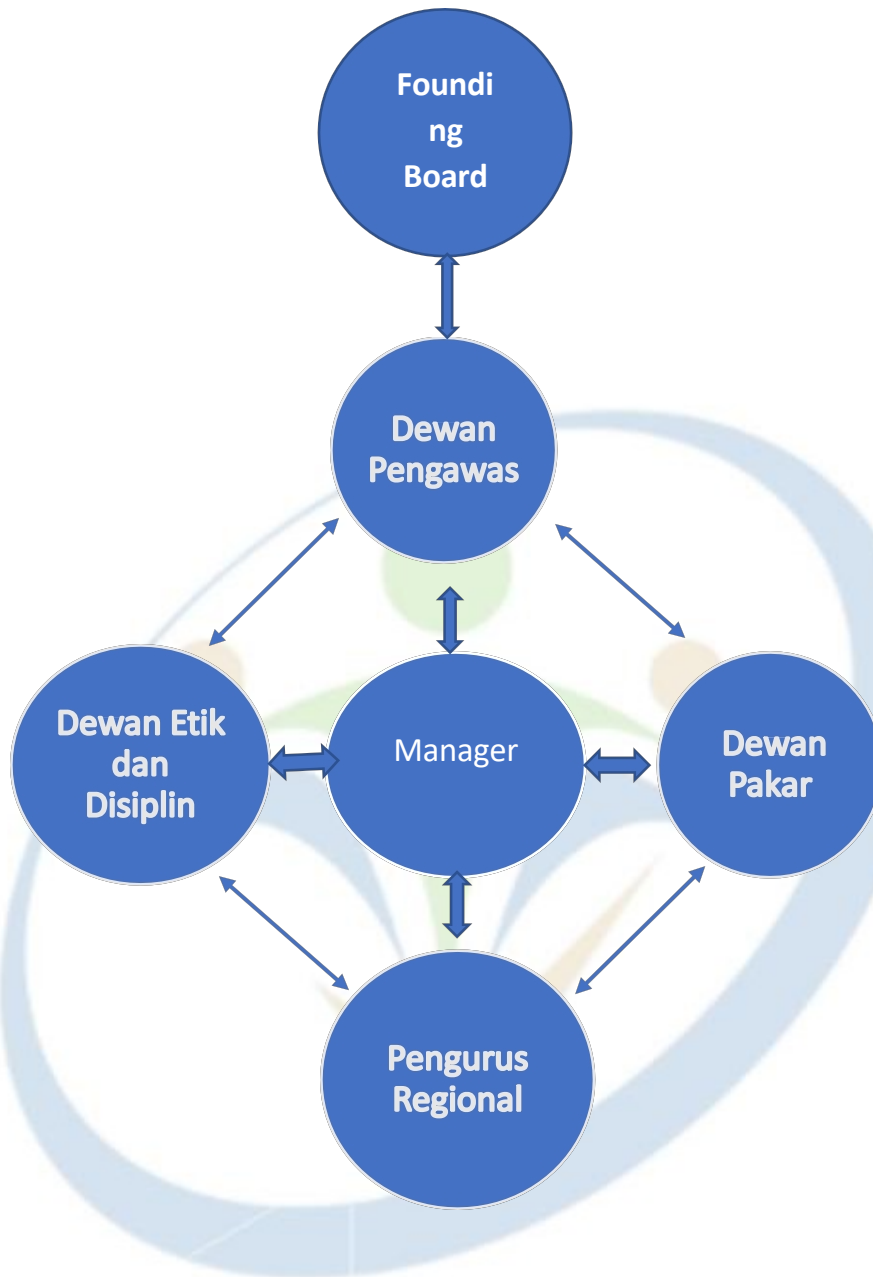
G. The working relationship between the Executive Board and the Regional Chairperson

1. The working relationship between the management board and the regional chairman is a functional relationship related to the planning, implementation, monitoring and evaluation of the institution's work programmes at the regional level including the promotion of the institution to Puskesmas, clinics, health laboratories and UTDs in the region, communication with surveyors, plans for webinars, workshops and other activities;
2. In coordinating all planning, implementation, monitoring and evaluation of activities at the regional level, the regional chair may communicate directly with the Chairperson or relevant departments;
3. Coordination of technical programmes can be done with departments according to their fields.

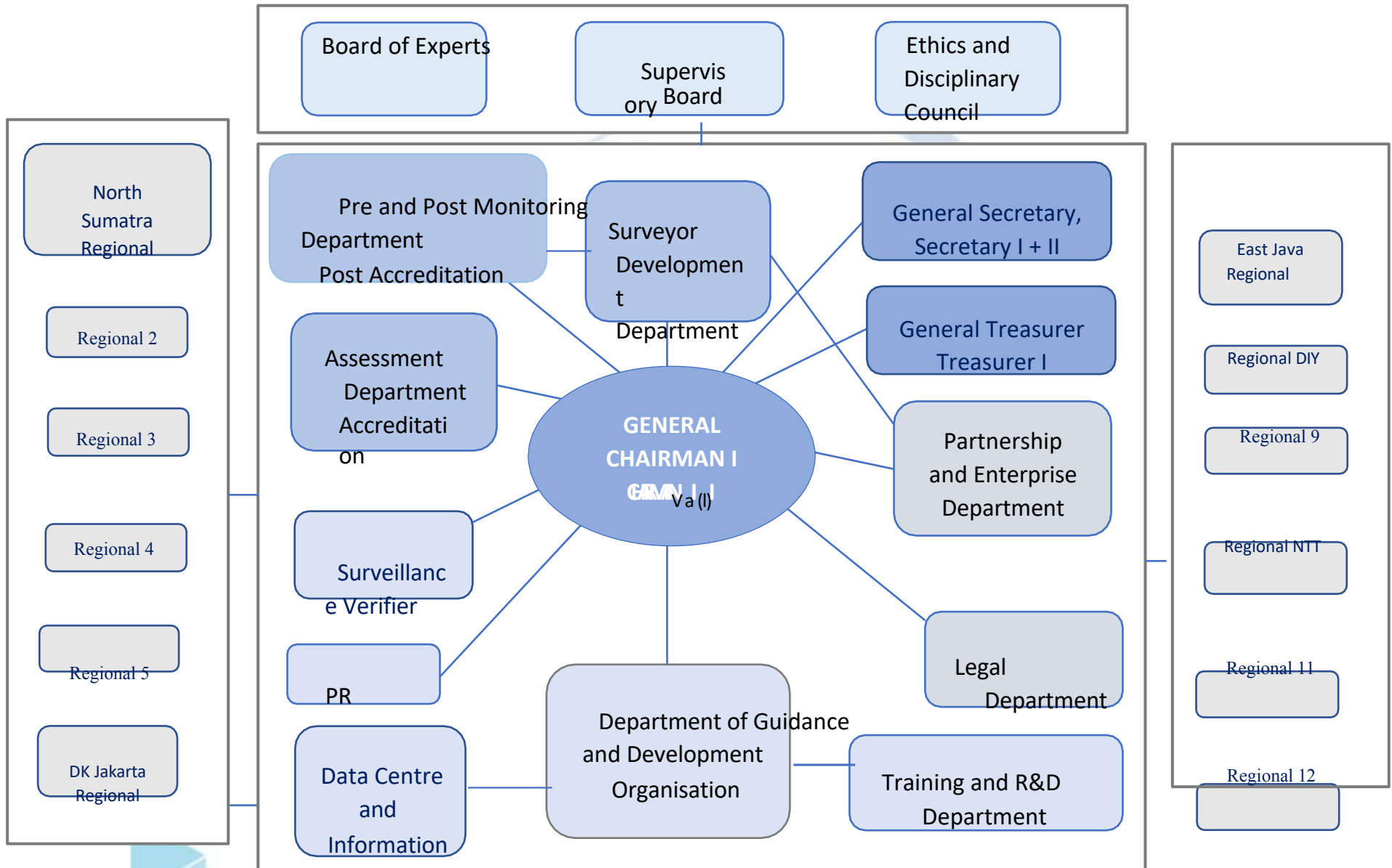
H. Management board working relationship with *partners/stakeholders*

1. The board's working relationship with relevant *partners/stakeholders* is a partnership relationship that is built between LPA-PKP and working partners both with the ministry of health, health service organisations, health centres, clinics/professions, other health centre accreditation agencies and health centres, clinics, health laboratories and UTDs;
2. Working relationships with Ministry of Health are mostly related to consultation on accreditation standards for Puskesmas, clinics, health laboratories and UTD and requests for resource persons;
3. Working relationships with other Puskesmas accreditation agencies are related to requests for resource persons, comparative studies and other activities determined by LPA-PKP;
4. Working relationships with prospective Puskesmas, Clinics, health laboratories and UTDs to be accredited in the form of LPA-PKP introduction, accreditation-related education and post-accreditation coaching;
5. Working relationships with associations of health services, health centres, clinics, health laboratories and UTDs and professional organisations related to requests for resource persons at training and scientific seminars.

Institution Organ Working Relationship Chart



LPA-PKP BOARD COMMUNICATION AND COORDINATION FLOW



CHAPTER VI

ACCREDITATION

ASSESSMENT

As stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 34 of 2022 concerning Accreditation of Puskesmas, Clinics, Health Laboratories, Blood Transfusion Units, Independent Medical Practices, Independent Dental Practices; the main task of LPA-PKP is to assess the accreditation of Puskesmas, Clinics, Health Laboratories and UTD. The main task is carried out through a predetermined mechanism, namely registration by health service facilities to LPA-PKP and then completing the required documents through the National Information System for Health Facility Accreditation (SINAF) application.

A. Accreditation Assessment

Accreditation Standards The accreditation standards used in the accreditation survey assessment are the accreditation standards for Puskesmas, Clinics, Health Laboratories and UTDs set by the Minister of Health.

The category of surveyors who assess the accreditation of Puskesmas and Clinics consists of 2 (two) surveyors, namely: Surveyors in the field of resource management and Public Health Efforts (UKM) and Surveyors in the field of service governance and support; Health Laboratory and UTD Accreditation Surveyors The Health Laboratory and UTD accreditation team consists of 2 (two) surveyors, namely Surveyors in the field of health service management; and Surveyors in the technical field of Health Laboratory and UTD services. The surveyor criteria mentioned above are selected in accordance with the competencies possessed through a selection process carried out by the LPA-PKP team and then attend online and offline training organised by the Dillat Institute accredited by the Ministry of Health and have passed the competency test conducted by the Ministry of Health.

B. Survey Method, Survey Days, and Number of Surveyors

The survey method for accreditation of Puskesmas, clinics, health laboratories, and UTDs, is carried out using 2 methods, namely online and offline methods; the procedure for implementing the survey, namely the first day is carried out online for presentation activities of the Head of Puskesmas, Clinics, Health laboratories and UTDs and document searches; the second day of the survey is carried out offline with field visits for facilities and services at Puskesmas, Clinics, Health laboratories and UTDs, officer interviews, simulations, and other activities.

C. Reporting of Survey Results

The report on the results of the Puskesmas, Clinic, Health Laboratory and UTD accreditation survey is made by the Surveillance Team in accordance with the survey result reporting format in the National Information System for Health Facility Accreditation (SINAF) application and sent no later than 2 (two) working days after the survey is carried out by the head of the Surveillance team. The report is sent through the National Information System application

Accreditation of Health Facilities (SINAF) accompanied by other supporting data or documents (photos of survey activities).

D. Determination of Accreditation Status

The Director General will determine the accreditation status based on the recommendation given by the head of the accreditation organising institution by issuing an electronic accreditation certificate (esertifikat). The electronic accreditation certificate signed by the Director General will include: the name of the health centre, clinic, health laboratory, UTD, address, date of certificate determination, certificate validity date, accreditation status, and the name of the accreditation provider institution.

Electronic accreditation certificates and survey result recommendations are sent by the Ministry of Health to Puskesmas, Clinics, Health Laboratories and UTDs, copied to Provincial/District/City Health Offices and Accreditation Providers through the National Information System for Health Facility Accreditation (SINAF). For Puskesmas, Clinics, Health Laboratories and UTD, which are recommended not to pass, the Director General will inform the status of not passing through the National Information System for Health Facility Accreditation (SINAF). The issuance of electronic accreditation certificates or notification letters of non-passage is carried out no later than 14 (fourteen) working days after the survey is conducted.

E. Accreditation Results:

In accordance with the technical guidelines for accreditation of Puskesmas, Clinics, Health Laboratories and UTDs, accreditation status can be classified as follows:

Health Centre

The determination of Puskesmas accreditation status consists of 5 (five) levels with the fulfilment of each Chapter at each graduation level can be seen in the table below:

Accreditation Status	Criteria
Plenary	All Chapters score at least 80%
Main	a. If chapters 1, 2, and 4 get a minimum score of 80% b. If chapter 3 scores at least 70% c. If chapter 5 scores at least 75%
Madya	a. If chapters 1, 2, and 4 get a minimum score of 75% b. If chapter 3 scores at least 60% c. If chapter 5 scores at least 70%
Basic	a. If chapter 1 scores at least 75% b. If chapters 2, 4 and 5 get a minimum score of 60% c. If chapter 3 scores at least 50%
Not accredited	a. If chapter 1 scores less than 75% b. If chapters 2, 4 and 5 score less than 60% c. If chapter 3 gets less marks

Clinic

Accreditation Status	Criteria
Plenary	All Chapters score at least 80%
Main	a. The TTK chapter scores at least 80% b. PMKP chapter scores at least 60% c. PKP chapter scores at least 80%
Madya	a. TTK chapter scores at least 75% b. PMKP chapter scores at least 40% c. PKP chapter scored at least 75%
Not accredited	a. TTK chapter scored less than 75% b. The FMD chapter scored less than 40% c. PKP chapter scored less than 75%

Health Laboratory

Accreditation Status	Criteria
Plenary	All Chapters score at least 80%
Main	a. 4-6 Chapters scored at least 80%; and b. SKP chapter scored at least 80%.
Madya	a. 2-3 Chapters scored at least 80%; and b. SKP chapter scores at least 80%
Not accredited	SKP chapter scores less than 80%

Blood Transfusion Unit

Accreditation Status	Criteria
Plenary	All Chapters score at least 80%
Main	a. 5-8 Chapters scored at least 80%; and b. SKP chapter scored at least 80%.
Madya	a. 2-4 Chapters scored at least 80%; and b. SKP chapter scores at least 80%
Not accredited	SKP chapter scores less than 80%

F. Appeal

Puskesmas, Clinics, Health Laboratories and UTDs that have been assessed for accreditation can appeal if the accreditation score obtained is not in accordance with expectations. The appeal mechanism is carried out by submitting an appeal addressed to the Directorate General of Health Services which is copied to the Chairperson of LPA-PKP.

G. Post-Accreditation Activities

Puskesmas, Clinics, Health Laboratories and UTDs are required to create and submit a Strategic Improvement Program (PPS) to the Accreditation organising agency, District / City Health Office, and Provincial Health Office based on recommendations for improvement of survey results from the Ministry of Health by utilising information and communication technology. PPS is used as material for the implementation of monitoring and evaluation

accreditation by the accreditation organising agency, District/City Health Office, and Provincial Health Office. Feedback on the Implementation of the Accreditation Survey Puskesmas, Clinics, Health Laboratories and UTDs are required to fill in the accreditation survey implementation feedback form through the National Information System for Health Facility Accreditation (SINAF) no later than 7 (seven) working days after the electronic accreditation certificate and survey result recommendations are received through the National Information System for Health Facility Accreditation (SINAF).

Detailed technical explanations related to accreditation assessment will be further explained in the technical guidelines for accreditation of Puskesmas, Clinics, Health Laboratories and UTD.



CHAPTER VII

ETHICS AND DISCIPLINE OF ADMINISTRATORS AND SURVEYORS

In an effort to realise *good governance*, the LPA-PKP institution has established a code of ethics for administrators and surveyors as the basis and foundation for communication and interaction in the form of norms that must be obeyed by all organs of the institution starting from the supervisory board to the surveyors who are the spearhead in the implementation of accreditation of puskesmas, clinics, laboratories and blood transfusion units.

H. Organisational ethics built within LPA-PKP

1. Carry out duties and authorities in accordance with applicable regulations;
2. Maintain confidential information;
3. Implement every policy set by the management board;
4. Build work ethic and improve institutional performance;
5. Establish co-operative working relationships with other departments and relevant stakeholders in order to achieve accreditation goals;
6. Have competence in carrying out accreditation tasks;
7. Adhere to the operational standards and procedures of the institution;
8. Develop creative and innovative thinking in order to improve institutional performance, especially in accreditation activities;

I. Institutional Organ Commitment

1. In an effort to maintain professionalism and integrity, the commitment of all organs of the institution and LPA-PKP surveyors must prioritise the interests of the institution.
2. In order to maintain motivation, loyalty and pride in the institution, it is necessary to establish harmonious communication between the organs of the institution.
3. In order to improve the performance of the organisation, the board needs to be open to input, suggestions and criticism from all parties.

J. The Code of Ethics consists of :

1. Institutional Code of Conduct

- a. Commitment to Members:
 - 1) The Association values its members as assets of the Association and will continue to enhance education and training consistently;
 - 2) The Association rewards those who excel and sanctions those who do wrong;
 - 3) recruitment, promotion and career development systems are applied fairly and consistently based on competence;
 - 4) Compensation and member rights are provided fairly, appropriately and transparently based on performance and applicable provisions.

- b. Commitment to Government as Regulator
- 1) Comply with the Law, Government Regulations and Local Regulations that apply nationally and in the area where the association works;
 - 2) Fulfil the forms of licences stipulated by the Central and Local Governments;
 - 3) Pay taxes and levies as regulated by law and local regulations;
 - 4) Support national and regional programmes, especially in the fields of health, technology, education, social, economic and culture;
 - 5) Foster good relations with the Central and Local Governments.
- c. Commitment to Partners and Research Institutions
The association's commitment to partners can be realised:
- 1) Conduct clear and mutually beneficial cooperation in writing only with authorised and reputable strategic partners;
 - 2) Ensure the accuracy of information on services to be marketed by strategic partners;
 - 3) Maintain quality relationships with strategic partners and not engage in co-operation that could be detrimental to the association, partners or the community;
 - 4) Make the results of relevant research as a reference performance improvement;
 - 5) Be accommodating to needs research and advances in education and training.
- d. Commitment to Health, Safety, Security and Environmental Protection
The Association makes security part of the work culture to create an orderly, safe, reliable, comfortable and environmentally sound work atmosphere by:
- 1) Mastering and understanding the situation and conditions of the work environment and implementing a security system in the work environment consistently;
 - 2) Provides equipment and life and health insurance coverage;
 - 3) Security culture is integrated in every stage of activities including pre-, implementation and post-accreditation.
- e. Commitment to Neighbouring Communities and Social Responsibility
- 1) Implement social and community programmes required by the community;
 - 2) Socialising the Association's Social Responsibility Programme to the Community;
 - 3) Open to the widest possible public participation in the implementation of CSR programmes;

- 4) Programmes Social and Community preferably that can empower the surrounding community in a sustainable manner.

2. Code of Ethics for Surveyors

In carrying out the accreditation survey tasks, the surveyors must comply with the surveillance code of ethics as follows:

- 1) Uphold the values and principles of LPA-PKP and comply with applicable laws and regulations;
- 2) Be friendly, polite, disciplined, behave in a commendable manner, honest, transparent, and accountable in running the organisation and accreditation assessment;
- 3) Always develop your skills to become more professional;
- 4) Be friendly, polite and open;
- 5) Be honest and impartial;
- 6) Aware of his/her position, rights and obligations as a supervisor;
- 7) Present yourself as an advisor and mentor;
- 8) Uphold the secrets related to his/her duties;
- 9) Maintain a healthy physical condition and eliminate unhealthy habits;
- 10) Comply with local regulations at the Primary Health Care Centre/First Level Health Care Facility;
- 11) Maintain appearance in terms of dress;
- 12) Mastering and following the development of science and technology, in the field of expertise, especially in the field of health services, quality improvement, clinical practice, management of Puskesmas and First Level Health Service Facilities and accreditation instruments;
- 13) Work according to the guidelines and code of ethics set by the Institute;
- 14) Not using the Team for personal or group interests or self-promotion for the purpose of obtaining rewards;
- 15) Not committing acts of Corruption, Collusion and Nepotism (KKN), conflicts of interest and not receiving or giving gratuities;
- 16) In carrying out the activities of all organs of the Association and the Association Section are guided by the Code of Ethics above;
- 17) If the organs of the Association and parts of the Association are suspected of violating the Association's code of Ethics, the Ethics and Discipline Council can conduct ethical guidance;
- 18) If ethical guidance is not heeded, an ethics hearing may be conducted to impose ethical sanctions;
- 19) Ethical Sanctions may include:
 - (a) Light sanctions;
 - (b) Medium Sanction;
 - (c) Severe Sanctions.
- 20) The mechanism of the Ethics Hearing and sanctioning of ethical violations is guided by the Code of Ethics and Behaviour stipulated in the Association's special regulations.

3. Ethics towards the institution

Each Committee shall

- a. Comply with all applicable regulations and uphold the honour and good name of LPA-PKP;

- b. Serving as a LPA-PKP Board member and not as a daily manager of another health facility accreditation body;
- c. Foster good relations with all LPA-PKP administrators and surveyors;
- d. Provide constructive feedback based on valid data and facts and delivered in a good and correct manner.

4. Ethics towards fellow administrators

Every caretaker shall:

- a. Respect fellow administrators and do not undermine the dignity of other administrators.
- b. Cooperate with other fellow administrators to build synergy and collaboration in the spirit of teamwork.
- c. Prioritising collective interests over personal interests;
- d. Ethically remind fellow administrators if they make mistakes or commit acts that are contrary to applicable regulations.

5. Ethics Towards Self Every

caretaker must:

- a. Have a sense of national integrity.
- b. Maintain your health, healthy behaviour and appearance so that you can carry out your duties and obligations as well as possible;
- c. Keeping up with the development of health science and technology, especially in the field of hospitalisation;
- d. Always be , willing to receive feedback, and not abuse authority to gain advantage.

What surveyors should not do are:

- a. It's a tough face, to look authoritative;
- b. Expresses passing or not passing during the survey;
- c. Scare as if you didn't pass the *exit conference*;
- d. Yelling at staff at the Puskesmas/First Level Health Service Facility for various reasons (e.g. staff are slow in preparing documents etc.);
- e. Requesting facilities outside the field of accreditation;
- f. Requested facilities to bring family;
- g. Requesting excessive hotel, restaurant and transportation facilities beyond the capability of the Puskesmas/First Level Health Care Facility;
- h. Baseless blame and no solutions;
- i. Smoking (all surveyors should set an example of no smoking) during survey activities;
- j. Drinking liquor;
- k. Wearing sexy/dressy/immodest clothes/casual clothes/jeans during the assessment;
- l. Offering yourself or becoming a mentor outside the provisions of the Institute;
- m. Ask for souvenirs;

- n. Cut the number of survey days;
 - o. Leave a comment on

Health Centre/Facility	Health Service Facilities	First
Services	Health Service Facilities	First

 Level Health Service Facilities during working hours;
 - p. Promising graduation;
 - q. Requesting facilities that are not possible by the Puskesmas/First Level Health Care Facility;
 - r. Making negative comments about other supervisors or surveyors;
 - s. Receiving money and/or gifts from the assessed Primary Health Care Centre/Facility.
6. Handling violations of the code of ethics and discipline
Violations of the provisions of this code of ethics and discipline are regulated in separate provisions. Handling of alleged violations of ethics and organisational discipline prioritises the element of guidance.



CHAPTER VIII CLOSURE

A. Socialisation

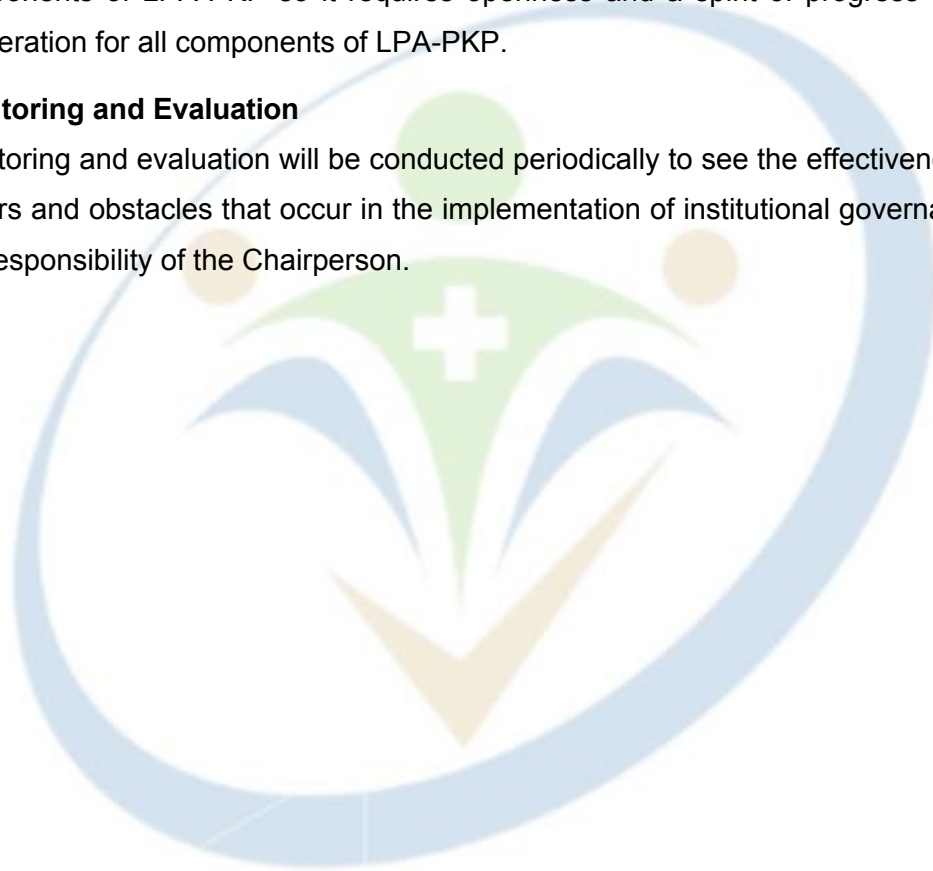
To understand in detail the governance of the institution, it is necessary to socialise socialisation to all administrators, staff and surveyors which aims to equalise understanding and perception so that it will facilitate its implementation.

B. Implementation

The implementation of this institutional governance is a learning process for all components of LPA-PKP so it requires openness and a spirit of progress and mutual cooperation for all components of LPA-PKP.

C. Monitoring and Evaluation

Monitoring and evaluation will be conducted periodically to see the effectiveness, driving factors and obstacles that occur in the implementation of institutional governance and is the responsibility of the Chairperson.



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