

LEGAL REVIEW OF ACCREDITATION AND ITS IMPACT ON HEALTHCARE FACILITY COMPLIANCE

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Abstract

The research aims to review the legal provisions that govern the accreditation of health service facilities and analyze their influence on the compliance behavior of facilities in meeting service standards. The research method used is normative legal research through the analysis of laws and regulations, doctrines, and related legal sources, supported by literature studies that examine official documents, scientific journals, and accreditation regulations, while the data is analyzed qualitatively through a descriptive-analytical approach to understand the application of legal norms and their implications on the compliance of health facilities. The results of the study show that legal provisions regarding accreditation are comprehensively regulated through the Minister of Health Regulation and official standards that stipulate accreditation as the obligation of every health facility to ensure the quality and safety of patients, including as a condition of cooperation with BPJS Kesehatan. The arrangement encourages facilities to streamline service management, strengthen the implementation of procedures, and improve compliance with operational standards. However, the implementation of accreditation still faces significant obstacles in the form of limited human resources, lack of training, infrastructure that does not meet standards, weak internal coordination, high workload, budget limitations, and lack of local government support. These factors affect the quality of accreditation preparation and cause some facilities to only meet standards administratively without substantive changes. Accreditation still has a positive impact in the form of increasing awareness of patient safety, strengthening a culture of quality, and improving compliance behavior, but its effectiveness depends on the facility's ability to maintain consistent and sustainable implementation of standards.

Keywords: *Accreditation, Compliance, Health Service Facilities.*

INTRODUCTION

Accreditation of health service facilities is one of the main instruments to ensure the quality of health services provided to the community. The accreditation process aims to ensure that health facilities meet certain standards that have been set nationally and internationally. These standards cover various aspects ranging from medical services, facility management, to patient safety. With accreditation, it is hoped that health service facilities will be able to carry out medical practices in accordance with standards and be able to provide legal protection for both patients and service providers (Aminah & Kahpi, 2021).

The role of law in the accreditation of health care facilities is crucial as a regulatory framework that regulates implementation and supervision. This regulation establishes the obligations and rights of facilities in carrying out the accreditation process and establishes

sanctions in the event of violations of the standards that have been set. Legal regulations also function as an instrument of control over the quality of health services in order to protect the public interest. In addition, the law provides legitimacy and legal certainty to the accreditation procedure so that all parties involved carry out their roles in accordance with the applicable legal corridor (Amrullah et al., 2020).

The effect of accreditation on the behavior and compliance of health care facilities is an important aspect that requires in-depth study. This compliance includes the implementation of health service quality standards that have been regulated in various laws and regulations. The facility's response to accreditation not only has an impact on the quality of service, but also on the legality aspects and legal risks that can arise if standards are not met. The positive impact of accreditation is an increase in patient trust, while the consequences of non-compliance can result in administrative sanctions to litigation risks that are detrimental to the facility (Arifin et al., 2023).

Although various regulations have regulated the accreditation and standards of health services, the reality is that there are still many health service facilities that have not fully complied with these provisions. This non-compliance can be caused by various factors, ranging from a lack of resources, low legal understanding, to weak supervision. This condition poses a vulnerability to the quality of service and has the potential to pose risks to patients. The gap between regulation and practice in the field poses serious problems that require further research to find the right obstacles and solutions.

The problem that arises then is related to how effective the legal regulations governing accreditation are in improving the compliance of health service facilities. Existing regulations are not necessarily implemented consistently so that accreditation achievements do not guarantee perfect compliance. This raises the need to review the legal aspects of the accreditation process while understanding its impact on healthcare facilities' compliance behavior. This study aims to review the legal aspects that govern the accreditation of health service facilities and analyze their influence on the level of compliance of facilities in meeting service standards.

LITERATURE REVIEW

Accreditation of Health Service Facilities

Accreditation is an external assessment process that is carried out periodically to assess whether health care facilities meet quality and patient safety standards. Accreditation aims to improve service quality, ensure that the management system runs effectively, and encourage continuous improvement. This assessment refers to national standards compiled by official accreditation bodies.

Legal Framework for Accreditation of Health Service Facilities

The legal framework for accreditation is regulated in various regulations, especially the Health Law, Government Regulations on Health Facilities, and Permenkes regarding accreditation standards and assessment procedures. The regulation requires health facilities to undergo accreditation as a form of fulfilling the minimum standards of public services. Legally, accreditation is an instrument of government supervision to ensure patient protection and the achievement of the right to safe and quality health services.

Healthcare Facility Compliance

Health facility compliance refers to the extent to which hospitals, health centers, and clinics carry out legal obligations related to service standards, patient safety, medical records, and organizational governance. Compliance is influenced by an understanding of regulations, managerial capabilities, and organizational culture. A high level of compliance indicates that the facility operates according to regulations and minimum service standards.

RESEARCH METHOD

The normative research method is an approach used to systematically and critically analyze laws and regulations, legal doctrines, legal principles, and other legal sources. This approach focuses on the study of applicable legal norms, how they are formulated, and how they are applied in practice. The normative method is often used in legal research because it is able to provide an in-depth understanding of the legal basis and interpretation of norms relevant to the object of study (Askin & Masidin, 2023). In this study, a normative method was applied to examine the accreditation regulations of health service facilities and their legal implications in the facility's compliance with the specified standards.

The data collection technique used is a literature study, which involves searching and studying various written sources such as books, scientific journals, laws and regulations, official documents, and related articles that discuss the legal aspects of accreditation and compliance of health service facilities. Literature studies allow researchers to obtain rich theoretical materials and legal facts as well as supporting empirical data from various reliable and relevant sources. This process also helps to identify the development of related legal concepts, applicable regulations, and the results of previous research that are the basis for critical analysis in this research.

Data analysis was carried out qualitatively using a descriptive-analytical approach, which is to describe and analyze the content of literature sources to understand the authorities, rules, and legal implementation related to health accreditation. The data collected is classified and critically analyzed against the applicable legal provisions and the reality of their application in health care facilities. The results of this analysis will be used to identify the extent to which legal regulations can affect the facility's compliance in carrying out accreditation and provide recommendations for legal improvements that can increase the effectiveness of accreditation as a quality control instrument for health services.

RESULT AND DISCUSSION

Legal Provisions Regulating the Accreditation Process of Health Service Facilities in Indonesia

The legal provisions that govern the accreditation process of health care facilities in Indonesia serve as a normative framework that ensures that all health service providers operate according to the quality standards set by the state. This regulation was built to create a structured and measurable health service system so that the quality of services can be maintained in a sustainable manner. Permenkes Number 34 of 2022 is the main foundation that regulates the accreditation of primary health service facilities, such as health centers, clinics, laboratories, blood transfusion units, as well as independent practice places for doctors and

dentists. The regulation emphasizes that accreditation is not an option, but a legal obligation that must be fulfilled by each facility in order to be able to carry out service functions legally in accordance with government policies (Dewi et al., 2025).

The regulation contained in this Permenkes expressly stipulates that accreditation plays a role in ensuring that health facilities provide safe and quality services. The focus of the assessment includes relevant clinical, management, and infrastructure aspects to support services ranging from patient enrollment to handling complex medical cases. Service standards are made to be able to evaluate whether health facilities are really carrying out service processes in a professional, effective, and procedural manner. Healthcare facilities are also required to complete the accreditation process within two years of obtaining the initial operational permit, while the validity period of accreditation status is set at five years to ensure that assessments are carried out periodically (Ariyanti & Arofi, 2021).

Law Number 17 of 2023 concerning Health is also the legal basis that regulates hospital accreditation, stipulating that every hospital is required to carry out accreditation according to its role, including teaching hospitals that must meet the requirements, standards, and accreditation as stipulated in Article 187 paragraphs (5) and (6), while Government Regulation No. 28 of 2024 as an implementing regulation strengthens the mechanism for hospital implementation, including quality monitoring and accreditation of health facilities; Law 17/2023 also stipulates the obligation of hospitals to provide safe, quality, and meet hospital service standards as mentioned in Article 189 paragraph (1) letter g, which supports the quality control function through accreditation, and the accreditation mechanism of educational hospitals involves the Minister of Health and related ministers (education) together with competent accreditation institutions so that the quality of education and clinical services remains guaranteed.

Another policy states that accreditation is an absolute requirement for health service facilities that want to collaborate with BPJS Kesehatan. This obligation encourages health facilities to immediately prepare facilities, procedures, and human resources to comply with assessment standards. The placement of accreditation as a condition for BPJS cooperation shows the existence of an integrated control mechanism between the health insurance system and the quality of facility services. Facilities that do not meet the accreditation requirements automatically lose the opportunity to reach BPJS participants, which are very large, so the encouragement of regulatory compliance becomes stronger (Dewayanti & Suryono, 2023).

The accreditation process involves independent institutions that have been designated by the Minister of Health. This institution is responsible for conducting field surveys, document evaluations, continuous monitoring, and assessment of the integrity of the service system implemented by health facilities. Evaluation is not only carried out when facilities apply for accreditation, but also carried out in a biennial period or at any time if indications of violations are found that have the potential to reduce quality or endanger patient safety. The use of information technology also supports the transparency of the accreditation process, facilitates monitoring, and accelerates the communication process between accreditation institutions and health facilities (Eptara et al., 2023).

The accreditation standard framework used by health facilities refers to official documents set by the government, one of which is the Decree of the Minister of Health Number HK.01.07/MENKES/1983/2022. This document regulates clinical accreditation standards which include the qualifications of health workers, professional competence, legality of licensing, training certificates, as well as job descriptions and performance assessments of medical and non-medical personnel. The assessment instrument ensures that all health service activities, from administrative management to medical measures, meet accountable standards. This standard also ensures that facilities provide safe, quality, and community services (Maharani & Diatri, 2024a).

The quality control function in accreditation is carried out consistently by the government as part of the supervision of the national health service system. The accreditation process does not leave room for healthcare facilities to ignore standards, as accreditation is an integral part of the legality and operational licensing aspects. Non-compliant facilities have the potential to reduce the quality of service which has a direct impact on public safety. The sanction mechanism is prepared ranging from administrative reprimands to cancellation of accreditation status, and at a certain level can lead to legal proceedings if there is an element of serious violations of the provisions of the law (Fajarwati et al., 2024).

The formulation of accreditation provisions as a whole reflects the state's seriousness in maintaining the quality of health services through a structured, standardized, and periodically evaluative system. The series of rules regarding implementation, standards, assessments, updates, and sanctions provide an idea that accreditation is an instrument for strengthening the national health system that must be carried out consistently. This meaning shows the need to ensure that all health service facilities are able to meet the set standards, so that the public gets safe, professional, and high-quality services from every health facility operating in Indonesia.

Data shows that hospitals' compliance with accreditation standards is quite high: according to the Performance Accountability Report of the Directorate General of Advanced Health for the first semester of 2025, as many as 3,130 hospitals (around 96.7%) of the total have been accredited, while only 105 hospitals (3.3%) have not. The details of the accreditation level show that the majority of hospitals are at the *plenary* level (2,631 hospitals; 84.1%), followed by *the main* (384 hospitals; 12.3%) and *intermediate* (113 hospitals; 3.6%), and there are 2 hospitals that have international accreditation (JCI) (Ministry of Health of the Republic of Indonesia, 2025).

Obstacles Faced by Health Service Facilities in the Implementation of Accreditation in Accordance with Regulations

The difficulties experienced by health service facilities in fulfilling the accreditation process are largely rooted in the limited readiness of human resources. Health workers and administrative staff in various health centers and clinics often face challenges when they have to understand technical procedures, assessment indicators, and documents required by accreditation standards. This condition arises because access to formal training on accreditation is not evenly distributed, even in some areas it is not available at all. This situation causes many staff to fill out accreditation documents based on personal interpretations that are not fully up to standards, so that the results of file preparation are inconsistent and prone to errors. The motivation of health workers often decreases due to the lack of incentives, recognition, or structural support from local governments, so the implementation of accreditation is considered an additional burden, not part of improving the quality of services (Lisnawaty et al., 2020).

Limited facilities and infrastructure are another major obstacle that hinders the smooth accreditation process. Many health centers and clinics operate with infrastructure that does not meet the physical and functional standards set by the government. These non-conformities include service rooms that are not in accordance with safety standards, limitations of supporting facilities such as sterilization rooms or emergency installations, and medical waste management systems that are not optimal. Hard-to-reach geographical conditions also exacerbate the situation, especially for facilities located in archipelagic or highland areas that require large costs for facility repairs. The availability of information technology that supports the storage and management of accreditation documents is also uneven, so the administrative process becomes slow and unsystematic.

Coordination between departments in the organizational structure of health facilities often does not run effectively during accreditation preparation. Accreditation teams formed by facility leaders often consist of members who do not understand the specific responsibilities

and workflows that must be met. This condition causes the preparation of documents and the implementation of internal evaluations to take place without a clear direction. Some health facilities even face inconsistencies in policy implementation due to the distance between policy-making and implementing units in the field. This disintegration results in an unstable, unintegrated, and difficult accreditation process to achieve the standards that have been set.

Extremely high workload pressure complicates the preparation of accreditation in various healthcare facilities. Healthcare workers must handle the increasing volume of patients every day, while the demands for completing accreditation documents are piling up and require high precision. This condition makes it difficult for health workers to divide their time proportionally between direct service to patients and the fulfillment of administrative obligations. The employee turnover that is common in healthcare facilities adds new challenges because newly placed staff often do not have a deep understanding of accreditation. *Transfer of knowledge* due to employee turnover causes the accreditation process to have to be repeated or improved from the beginning, thus hindering the sustainability of preparation.

Budget constraints are a serious obstacle that greatly determines the success of accreditation. Health centers and clinics that rely on local government funding and BPJS capitation often face gaps between the need and availability of funds. Financing for the training of health workers, procurement of medical equipment, infrastructure improvements, and the preparation of accreditation documents requires a large budget allocation. Insufficient funds force facilities to choose certain priorities and ignore some components of accreditation standards, so the preparation process does not run in its entirety. This limited funding situation is often the reason why the implementation of accreditation is delayed or does not meet the assessment criteria.

Support from local governments is also unevenly distributed throughout the region, so health facilities face increasingly complex difficulties. Some local governments have not provided regulations or special programs that accommodate the needs of accreditation preparation, either in the form of budgets, training, or supervision. The lack of monitoring and evaluation from the local government makes the accreditation process run without adequate assistance. This condition causes many health facilities to not know their level of readiness objectively and only realize shortcomings during the survey process. This disalignment of structural support has an impact on the slow improvement of service quality that should be achieved through accreditation.

Irregularities in the preparation of documents are technical obstacles that arise very often and have a major impact on accreditation results. Documents such as work instructions, medical resumes, quality indicator reports, and records of operational activities have strict writing standards and need to be updated regularly to comply with accreditation guidelines. Many health facilities do not have a neat document management system so that these records are not stored centrally or are not updated for a long time. This condition causes the documents displayed during the survey to be inaccurate and do not meet verification standards. Emergency preparedness is also included in the assessment component, but training and simulation of emergencies have often not been carried out routinely, affecting the completeness of documents and physical evidence of assessments (Maharani & Diatri, 2024b).

Improving the quality of human resources is the main foundation in strengthening the readiness of health service facilities to face accreditation. Special training and education on accreditation standards must be carried out in a structured manner so that health workers and administrative staff understand the requirements for documents, audit flows, quality indicators, and objective evidence that must be shown. Training organized by competent institutions provides an opportunity for health facilities to professionally increase internal capacity. Health workers who are equipped with adequate knowledge will be more confident in compiling documents, executing procedures, and showing evidence of standard implementation.

Incentives and appreciation for staff who contribute to accreditation activities can also strengthen motivation so that the process runs consistently and not just becomes an annual administrative burden (Mawarni et al., 2022).

Improvements in facilities and infrastructure are an urgent need because accreditation standards require the readiness of facilities from both physical and operational aspects. The local government together with the Ministry of Health need to provide budget support so that facilities can make repairs and procure relevant equipment. Many health service units face obstacles in the form of service spaces that do not meet standards, limited medical equipment, and lack of patient safety facilities. The use of information technology is also a priority because modern accreditation document management relies heavily on a digital storage system that is secure, neat, and easy to audit. When facilities have an adequate information technology system, the process of compiling reports, tracking quality activities, and sending documents to assessors can be carried out transparently and efficiently (Phonna et al., 2021).

Strengthening internal coordination is a big step that cannot be ignored because accreditation requires solid teamwork, not individual performance. The formation of an accreditation team involving all service units must be carried out clearly, directed, and accompanied by a detailed division of tasks. Regular meetings, cross-unit communication, and discussion of internal audit findings help create a work environment that is aligned with the requirements of accreditation standards. When each team member understands their roles, the document preparation process is more systematic and does not cause confusion. Periodic internal audits can help facilities objectively assess readiness, identify deficiencies, and make improvements before external assessments are conducted (Sarri & Misnaniarti, 2020).

Arrangement of work schedules is the next factor that greatly affects the smooth preparation of accreditation. The high workload of health workers is often the reason for delays in the preparation of documents or the lack of preparation of evidence of implementation. Health facilities need to regulate the division of time between patient services and administrative activities so that they do not collide with each other. The assignment of accreditation assistant staff or special coordinators who monitor all accreditation-related activities can help maintain continuity when there is employee turnover or personnel change. This coordinator plays the role of ensuring that every step of accreditation activities is documented, not missed, and continues to run despite changes in human resources.

Transparent and planned funding management is a necessity that cannot be separated from the success of accreditation. Health service facilities require special budget support to meet various components of accreditation ranging from human resource training, equipment procurement, physical facility improvement, to documentation system development. Local governments play a big role in ensuring the availability of companion funds or special support so that facilities are not financially burdened. Cooperation between health facilities, BPJS Kesehatan, and the private sector can be an alternative to additional funding that strengthens the facility's ability to meet standards. Stable funding helps avoid rushed standard-complying practices and provides an opportunity to do long-term planning (Sejati & Kurniawan, 2024).

Strengthening local government policies is a structural aspect that determines the success of accreditation as a whole. Clear regional regulations regarding coaching, supervision, and accreditation assistance will help facilities undergo the process continuously. Local governments may establish specific instructions that emphasize the facility's obligation to prepare for accreditation as well as provide a periodic evaluation mechanism to measure readiness. An award program for facilities that successfully obtain accreditation can foster a healthy competitive spirit while increasing the organization's commitment to maintaining service standards. When local governments show real support, health facilities have a clearer direction in implementing quality programs.

The implementation of emergency response training and simulations is an important step to strengthen the safety culture in healthcare facilities. Activities such as fire drills, natural disasters, and medical equipment failures need to be carried out periodically so that health workers have real readiness when facing critical situations and so that evidence of their implementation can be shown in the accreditation process.

Meanwhile, the completeness and order of documentation are also crucial aspects that are assessed by assessors. Therefore, staff need to receive special training related to report preparation, filing, and document maintenance procedures so that the data presented is accurate and accountable. This improvement in administrative capabilities helps minimize the risk of documentation errors and supports the reliability of services in maintaining patient safety.

The Effect of Accreditation on the Compliance Behavior of Health Service Facilities

The influence of accreditation on the compliance behavior of health service facilities is reflected in the extent to which facilities are able to adjust to the service standards that have been determined by the government. Accreditation plays a role as a guiding instrument for changes in organizational behavior, because the assessment process requires each element of service to run according to the provisions that have been formulated in detail. Health facilities that follow the accreditation process are required to prepare evidence of standard application in the form of documents, systematic recordings, and consistent implementation of procedures. This obligation fosters awareness of health workers to work according to the rules, not just routines that are carried out based on habits. This change in mindset shows that the written standards are no longer mere administrative documents, but mandatory operational guidelines that must be met in order for facilities to be able to maintain service quality (R. Utami & Sunarsi, 2020).

The implementation of strict accreditation standards creates the need to conduct regular monitoring of all service procedures, both medical and administrative. This monitoring makes staff more careful in every action so that there are no irregularities that have an impact on the assessment of accreditation and patient safety. Healthcare workers' vigilance increases because they understand that adherence to procedures can reduce the risk of errors, safety incidents, or potential malpractice. The existence of continuous control helps to form a more disciplined and systematic work pattern so that the services provided no longer depend on individual initiative, but refer to the standard standards that have been set. The culture of safety also slowly grows through the habit of adhering to structured work measures.

The paradigm change in health workers is one of the impacts seen from the implementation of accreditation in health facilities. The assessment process requires staff to understand why a procedure should be carried out consistently. This awareness drives an orientation shift from simply completing tasks to ensuring that each action delivers the best quality for patients. When service standards are considered the foundation of professionalism, staff are more motivated to carry out their obligations responsibly. This behavior has a direct effect on professional integrity because accreditation provides a clear picture of duties, authorities, and work limitations so that each individual knows the specific role they must play to achieve quality standards (S. N. Utami & Lubis, 2021).

The compliance formed through accreditation is not only dependent on individual health workers, but is also influenced by an internal monitoring system that is strengthened during the assessment process. Accreditation encourages facilities to build more structured coaching, supervision, and performance evaluation mechanisms. Healthcare facility management usually starts to set monitoring schedules, quality meetings, internal audits, and follow-up findings that are integrated into the quality management system. A supportive work environment accompanied by ongoing training makes staff feel guided to maintain compliance, rather than forced to comply with it. The process creates an organizational culture that places compliance as part of the healthcare facility's identity.

Increased compliance is also seen from the increased participation of staff in various activities related to accreditation. Their involvement in document preparation, simulation, internal audit, and quality evaluation makes responsibility for service standards collective. Each staff feels they have a certain role in the success of the accreditation so that the concern for the procedure increases. The evaluation framework used in accreditation is clear and measurable so as to minimize violations due to ignorance or technical errors in the implementation of tasks. Facilities that successfully increase staff participation usually show more stable compliance because standards are understood and applied together (Widianto et al., 2022).

The consistent implementation of compliance has an impact on increasing public trust in health care facilities. Facilities that have been accredited are considered more capable of providing safe, orderly, and scientifically standard services because the quality of service is reflected in the behavior of staff when interacting with patients. This public trust strengthens the position of health facilities in providing services while improving their reputation in the eyes of the public. The success of maintaining accreditation also triggers healthy competition among healthcare facilities to demonstrate a commitment to service quality. The long-term impact can be seen in the increased enthusiasm of facilities to continue to comply with standards because compliance is a strategic value for operational sustainability. Although the influence of accreditation on improving compliance has a major impact, there are conditions where compliance is not fully achieved due to internal limitations of the facility. Obstacles such as a lack of a deep understanding of standards, a high workload, or a lack of training can cause staff to run procedures only to meet requirements, rather than because they understand the essence of compliance. This situation creates a pattern of compliance that is formalistic and unable to maintain the quality of service in the long term. The accreditation process requires consistent coaching from management so that compliance values become part of the organization's culture. This effort is very necessary so that health facilities are able to maintain the standards that have been achieved while ensuring that compliance behavior is truly embedded in every service activity (Wulandari et al., 2019).

CONCLUSION

Accreditation of health service facilities has a strategic function as a legal instrument to ensure the quality, safety, and professionalism of services through the implementation of standards set by the government, but its implementation still faces various obstacles such as limited human resources, inadequate infrastructure, weak internal coordination, high workload, limited funding, and lack of support from local governments; These conditions affect the level of readiness of facilities in meeting accreditation requirements and affect compliance behavior with service standards, so it is necessary to strengthen regulations, increase human resource capacity, improve infrastructure, and continue structural support so that accreditation is truly able to encourage health service facilities to achieve consistent service quality and based on patient safety.

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