

ASSESSING ACCREDITATION REFORM BASED ON QUALITY AND PUBLIC VALUE: A NOISE ANALYSIS OF LAFKI'S INTERNATIONAL ACCREDITATION BY ISQUA EEA

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ABSTRACT

This study aims to examine the results of the organizational accreditation survey conducted by the International Society for Quality in Health Care External Evaluation Association (ISQua EEA) for LAFKI (Indonesian Health Facility Accreditation Institution), using the NOISE (Needs, Opportunities, Improvements, Strengths, Exceptions) analytical framework. The research method involves document analysis of the 2025 Final Survey Report, which scored LAFKI 94% overall, including perfect ratings in governance, ethics, and surveyor management. The findings reveal several areas of improvement, such as the need for performance evaluation systems for the Chairperson and Supervisory Board, enhanced information management protocols, and individualized feedback for surveyors. Strategic opportunities include the expansion of digital governance and corporate social responsibility practices. LAFKI's strengths lie in its ethical leadership, adaptive structure, and national mandate as the only accrediting body for both hospital and non-hospital health facilities. This study concludes that LAFKI's achievement not only strengthens its institutional legitimacy but also offers a reflective foundation for health accreditation reform based on public value in Indonesia's healthcare governance.

Keywords: accreditation; health facility; noise analysis; public value; quality assurance

1. INTRODUCTION

In confronting the complexity of healthcare quality governance, accreditation bodies hold a strategic role not merely as external oversight mechanisms, but also as catalysts for institutional reform that promote an orientation towards safety, professional ethics, and public value. Accreditation has evolved from a mere administrative obligation into a transformative instrument that reinforces public trust in the healthcare delivery system. Along this trajectory of change, the Indonesian Healthcare Facilities Accreditation Agency or *Lembaga Akreditasi Fasilitas Kesehatan Indonesia* (LAFKI) marked a significant milestone by securing recognition from the International Society for Quality in Health Care External Evaluation Association (ISQua EEA) in January 2025, achieving a total score of 94% – the highest among its peers in Southeast Asia – and obtaining perfect ratings in the domains of governance, ethical framework, and surveyor management. This achievement signifies a pivotal moment that reflects LAFKI's capacity to engage on equal footing

within the global quality ecosystem.

Nevertheless, such recognition is accompanied by several critical observations, highlighting areas for institutional improvement, including the absence of a leadership performance evaluation system, weak internal data management, and suboptimal individual feedback mechanisms for surveyors. These issues reaffirm that accreditation is not an end in itself but rather a continuous process of institutionalising governance values. Within this framework, ethical leadership, adaptive organisational structures, and a commitment to institutional learning are essential prerequisites for the long-term credibility of accreditation. Recent studies underscore the importance of integrating institutional evaluation approaches with the paradigm of public value, ensuring that accreditation yields not only technical legality but also broad social legitimacy. The NOISE analytical framework (Needs, Opportunities, Improvements, Strengths, Exceptions), as developed by Al-Hadidi et al. (2022), offers a conceptually robust tool for reassessing LAFKI's strategic position as a national accreditation body within an increasingly globalised accreditation landscape. Yet, scholarly literature in Indonesia remains limited in exploring the nexus between accreditation performance and public value as the foundation of trust in service systems. Much of the existing research remains fixated on procedural compliance, falling short of engaging with reflective dimensions of accountability, autonomy, and institutional role in systemic transformation. This article thus positions itself to evaluate LAFKI's accreditation outcomes through the NOISE framework, identify strategic opportunities and areas for sustainable reform, and offer a reflective interpretation of LAFKI's role within the governance architecture of public value-oriented accreditation. Accordingly, the study seeks to enrich the evaluative literature while contributing to conceptual discourse on the evolution of accreditation bodies—from administrative regulators to public institutions endowed with legitimacy and institutional innovation.

2. METHOD

This study adopts a qualitative approach with a documentary research design to analyse the processes, outcomes, and strategic value of the external accreditation of LAFKI by ISQua EEA. The analysis focuses on the 2025 Final Survey Report, employing the NOISE framework (Needs, Opportunities, Improvements, Strengths, Exceptions), which enables a critical interpretation of LAFKI's institutional positioning within the global accreditation ecosystem. The research variables are derived from the eight thematic dimensions of ISQua EEA's organisational accreditation standards (version 5.1), encompassing governance, strategic and financial management, risk management, human resources, information systems, surveyor management, client management, and the awarding of accreditation status. While each variable is quantitatively scored, they are qualitatively analysed through narrative interpretation. Primary data were sourced from the official ISQua EEA accreditation documents, based on the field survey

conducted from 20–24 January 2025 by an international team (from the United States, France, and India), while secondary data were drawn from LAFKI's internal records. Data analysis was conducted through content analysis, pattern matching, and triangulation among external audit findings, internal management reports, and programme implementation documentation. Guided by the NOISE structure, this study critically maps reform needs, institutional strengths, and the strategic potential of LAFKI as a public value-oriented accreditation institution.

3. RESULTS AND DISCUSSION

This analysis adopts the NOISE framework (Needs, Opportunities, Improvements, Strengths, Exceptions) to examine the process and outcomes of LAFKI's organisational accreditation by the International Society for Quality in Health Care External Evaluation Association (ISQua EEA). The method employed is a document analysis of the 2025 ISQua EEA Final Survey Report alongside LAFKI's internal documents. Overall, LAFKI attained a score of 94% (355 out of 376 points), achieving perfect ratings in the domains of ethics, governance, and surveyor management. While this result reflects significant institutional reform, it also opens avenues for critical reflection on system enhancement and governance founded on public value.

3.1 Needs

Despite obtaining a commendable 94% overall score in the 2025 ISQua EEA assessment, a major structural gap remains: the absence of a formal annual performance evaluation system for the Chairperson and Board of Supervisors. Within the governance of public sector institutions—particularly in healthcare accreditation—leadership evaluation is not merely a bureaucratic formality but a vital mechanism to ensure accountability, organisational learning, and sustainable quality improvement.

The Public Health Accreditation Board (PHAB) in the United States underscores that credible accreditation is underpinned by leadership subjected to regular, objective, and reflective evaluation. Such evaluations foster transparency and enhance public trust, reinforcing the institution's responsiveness to environmental change (PHAB, 2025).

Field research in Addis Ababa, Ethiopia, reaffirms this urgency. Teame et al. (2022) found that only 46.8% of healthcare managers demonstrated effective leadership performance. Critical factors such as emotional intelligence, democratic leadership style, and educational attainment were shown to significantly influence leadership outcomes. However, the lack of a comprehensive evaluation system was identified as a principal barrier to evidence-based decision-making and capacity development (Teame et al., 2022).

Furthermore, a systematic review by Almeharish and Bugis (2023) in the

Saudi Arabian health sector concluded that self-leadership, when reinforced with structured training and collegial feedback, substantially enhances performance and staff engagement (Almeharish & Bugis, 2023).

According to the Chartered Governance Institute UK & Ireland (2024), board evaluations—including of the chair and individual members—should be conducted internally at least annually, and externally every three years. Such evaluations should address strategic insight, decision-making processes, organisational culture, and personal integrity. The goal is not punitive but developmental: to strengthen collective accountability and detect stagnation or emerging organisational risks (CGIUKI, 2024).

In parallel, Health.vic—Australia’s public health agency—emphasises that the real value of board evaluation lies not in the assessment itself but in the feedback generated and the concrete actions taken to address performance gaps (Health.vic, 2024).

Effective leadership evaluation is inseparable from the cultivation of feedback literacy. Yan and Carless (2021) describe feedback literacy as a critical foundation for self-assessment and performance calibration. This process involves three core stages: establishing criteria, data-based reflection, and collective sense-making. Leaders who are open to collegial feedback and humble enough to learn from data are more capable of guiding their organisations toward sustainable transformation (Yan & Carless, 2021).

In a related perspective, Yao et al. (2021) advanced the concept of health-promoting leadership, in which leadership is viewed not merely as a functional role but as a determinant of organisational well-being. Within this framework, evaluating institutional leaders is not limited to assessing outcomes, but becomes part of a broader strategy to position leadership itself as a vital health resource within the organisation (Yao et al., 2021).

Drawing from ISQua EEA’s findings, it is imperative that LAFKI develops and implements a formal annual evaluation system for its Chairperson and Supervisory Board. This could adopt a hybrid model, combining self-assessment, feedback from regional managers, and cross-reflection with organisational performance surveys. Indicators should be objective, measurable, and embedded within the strategic planning cycle.

Such a step would not only respond to international accreditation recommendations but also concretely embody the values of “Accountability” and “Improvement” championed by LAFKI. Honest, reflective, and ongoing leadership evaluation represents a foundational pillar in the reform of accreditation systems driven by quality and public value.

3.2 Opportunities

Drawing from the Final Survey Report by ISQua EEA on LAFKI's organisational accreditation in 2025 and analysed through the NOISE framework, two key strategic opportunities were identified: the strengthening of digital governance and the development of corporate social responsibility (CSR) practices. These elements represent a foundational potential to reinforce institutional legitimacy and expand LAFKI's contribution to public value as a national and international health facility accreditation body.

The ISQua EEA report notes that LAFKI has developed a digital-based Hospital Accreditation Information System (SIAR), which is already integrated with the Indonesian Ministry of Health's National Accreditation Information System (SINAF). This integration reflects LAFKI's digital capacity in supporting efficient data management and reporting processes. However, the accreditation report also highlights critical gaps: the absence of a scheduled information security audit and the lack of comprehensive cybersecurity training for technical and managerial staff. These findings present an opportunity to enhance digital governance by referencing global standards and best practices. According to the WHO (2020), accreditation bodies must adopt digital governance principles encompassing data management policies, information protection, periodic digital audits, and adaptive monitoring systems to mitigate cyber risks. In the absence of such systems, institutions are exposed to data breaches and loss of public trust (World Health Organization, 2020).

Supporting this, Cavallaro et al. (2023) in the International Journal of Medical Informatics emphasise the need for cybersecurity protocols, data integrity audits, and certified staff training for digital platforms integrated with national systems. Therefore, the implementation of annual SIAR audits and the development of digital security SOPs represent critical entry points for LAFKI's digital reform.

Further, ISQua EEA (2025) recommends that LAFKI conduct routine contingency testing for data backup systems and reinforce internal training mechanisms. These recommendations align with ISO/IEC 27001, which promotes structured information security management systems as a cornerstone of institutional resilience.

Beyond technology, the accreditation report also identifies the strengthening of social legitimacy through CSR as a strategic opportunity. LAFKI received positive recognition for CSR activities, including free technical guidance for Type D hospitals and community health services in Baduy, Banten. These initiatives were acknowledged as tangible expressions of ethical commitment and contributions towards healthcare access for vulnerable populations.

From a global standpoint, ISO 26000 positions CSR as an integral component of institutional sustainability, aligning organisational values with stakeholder expectations and contributing to the Sustainable Development Goals (ISO, 2010). Baur and Arenas (2014), writing in the Journal of Business Ethics, also contend that

CSR in non-profit health institutions can enhance public trust when accompanied by public reporting, stakeholder engagement, and data-driven evaluations.

However, an analysis of LAFKI's internal documents indicates the absence of a structured impact assessment framework for CSR, such as KPIs, stakeholder mapping, or community involvement in programme design. This presents a clear opportunity for LAFKI to formulate a CSR model grounded in social impact assessment, especially for targeted health interventions in indigenous and primary care communities.

Strategically, CSR may also serve to strengthen institutional image amid evolving public perceptions of accreditation bodies. Walker et al. (2022), in *Health Policy and Planning*, argue that the legitimacy of accreditation institutions is not solely derived from technical survey rigour, but also from perceived social contributions and ethical awareness in promoting equitable access to healthcare.

In this context, the development of annual CSR reports, partnerships with local organisations, and participatory programme planning can serve as initial steps to actualise accountability and improvement—core to LAFKI's institutional philosophy.

Digital governance and CSR are not isolated domains but can be synergised into a unified accreditation governance system grounded in transparency and public orientation. The SIAR platform can be optimised not only for accreditation reporting but also for documenting CSR initiatives, facilitating digital public feedback, and tracking programme impacts through data-driven tools.

Gasser et al. (2021), in the *Digital Public Governance Review*, advocate for a “data for accountability” approach wherein digital platforms reinforce public participation, transparency of social initiatives, and institutional accountability in managing public resources and decision-making.

Thus, the strategic opportunities identified herein are not limited to administrative improvements or technological expansion, but rather call for the integration of digital and social values within a cohesive institutional ecosystem oriented toward the public good.

3.3 Improvements

Document analysis of the ISQua EEA 2025 survey report on LAFKI reveals that the ‘improvements’ dimension constitutes a critical juncture requiring strategic attention in the institutional governance reform of accreditation bodies. The recommendations issued by the ISQua survey team span several technical enhancements that demand immediate action to ensure institutional quality sustainability and public accountability. These include the redesign of the orientation programme for newly appointed members of the Board of Supervisors,

the development of a formal leadership performance evaluation system, and the improvement of feedback and appraisal mechanisms for surveyors and part-time staff.

Hindayanti et al. (2024) found that surveyor organisations often experience stagnation when performance evaluation relies solely on the 180-degree feedback model, as it fails to encompass organisational learning dimensions comprehensively. To address this, they proposed an assessment model based on the Analytical Hierarchy Process and Naïve Bayes method, advocating for a transition towards a 360-degree feedback approach that ensures fair evaluation and supports continuous competency development. This model offers relevant guidance for LAFKI in redesigning its internal performance appraisal systems.

The ISQua EEA report further underscores the absence of formal evaluation mechanisms for the performance of the Chairperson and the Board of Supervisors – a systemic gap within the organisation’s accountability structure. According to Boardable (2023), values-based and role-specific onboarding is essential to ensure that new Board members adapt not only administratively but also ethically and culturally to the organisation’s principles.

Strengthening individual feedback systems for surveyors is another key element in the reform agenda. While mentoring activities have been implemented effectively, individual documentation and performance evaluations remain insufficient. Li et al. (2024) demonstrated that performance appraisal systems, such as the Performance Appraisal for Tertiary Public Hospitals (PATPH) in China, directly contribute to improving job satisfaction among healthcare professionals. Their findings reinforce the notion that human resource quality is inextricably linked to a transparent and participatory performance management system.

Moreover, the principle of Continuous Quality Improvement (CQI) must be fully embedded as a systemic approach in accreditation reform. Studies by Arja et al. (2024) and Endalamaw et al. (2024) affirm that the success of accreditation should not be measured merely by the fulfilment of formal standards, but also by the institution's capacity to cultivate a culture of continuous improvement. For LAFKI, this entails integrating CQI principles into the organisational work cycle – including internal audits, feedback mechanisms, and data-driven decision-making processes.

According to ARMATURE (2023), CQI integration within accreditation processes requires the structured implementation of the Plan-Do-Study-Act (PDSA) cycle. In practice, this involves systematic data collection, gap analysis, intervention formulation, and performance impact evaluation. LAFKI must adopt this methodology to ensure that ISQua’s recommendations are not reduced to procedural compliance, but instead function as catalysts for managerial and organisational innovation.

In the policy domain, the implementation of performance-based incentive systems – such as Indonesia’s JKN capitation model – provides a relevant analogue. Research by Susanti & Khairani (2025) found that operational indicator-linked incentives can improve utilisation of primary care services and enhance chronic disease management, provided that data infrastructure, human resources capacity, and cross-sectoral coordination are in place. For LAFKI, these findings imply the need to develop an internal performance assessment and incentive system aligned with principles of quality, efficiency, and long-term sustainability.

This study has demonstrated that improvements within LAFKI’s accreditation system must be pursued through scientific, ethical, and strategic lenses. Leadership evaluation, Board orientation, surveyor feedback, and the integration of CQI form interconnected elements of an adaptive and competitive institutional quality architecture.

3.4 Strengths

One of the fundamental strengths of LAFKI as Indonesia’s health facility accreditation body lies in its model of ethical leadership. This is not only reflected in the perfect scores attained in the domains of ethical leadership and governance in the 2025 ISQua EEA survey, but also in the way institutional values are embedded into policies, daily practices, and operational structures. In health leadership theory, ethical leadership is defined as leadership grounded in integrity, fairness, transparency, and a commitment to public service as the highest moral value (Varkey, 2020). LAFKI embodies this through its institutional value acronym “LAFKI” – Logic, Accountable, Focused, Knowledge, Improvement – which functions not merely as a slogan, but as a normative framework shaping institutional governance.

The cultivation of institutional trust by LAFKI has not been instantaneous. As Gilson (2006) asserts, public trust in health institutions and accreditation bodies is shaped by consistent ethical conduct and transparent accountability mechanisms. LAFKI’s credibility is demonstrated through its robust conflict-of-interest policies, rigorous credentialing and training systems for surveyors, and transparent publication of accreditation outcomes. Rather than relying solely on certification, LAFKI builds trust through principled processes. Its legitimacy, therefore, derives not from formal authority alone, but from stakeholders’ confidence in the institution’s consistently internalised values.

The notion of institutional legitimacy, as outlined by Chinitz and Rodwin (2014) in their comparative study of Israel and the United States, suggests that public institutions earn recognition not merely through regulation, but through demonstrable benefits to the system and its beneficiaries. LAFKI holds a unique national mandate to accredit both hospital and non-hospital facilities, and thus its ISQua accreditation marks not a procedural success, but a declaration of substantive

legitimacy – validating that its values align with international standards and are worthy of national reference.

LAFKI's adoption of values-based leadership aligns with Stolk et al.'s (2020) concept of public leadership grounded in shared values. Accountability, service orientation, and continuous improvement are not only strategic foundations but also cultural drivers of an accreditation body that functions as both a quality controller and a reform agent within the health governance system. The principle of "Improvement" is evident in the institution's dynamic evaluation cycles and its responsiveness to the evolving needs of both primary and referral health services.

In the framework of public value governance, as articulated by Ferlie, Montgomery, and Reff Pedersen (2022), public sector organisations must not merely execute administrative mandates, but generate public value tangibly felt by citizens. LAFKI translates this imperative into quality improvement-driven accreditation practices, where the process extends beyond document compliance to include cultural transformation within health facilities. Corporate social responsibility (CSR) initiatives, such as free training for facilities in remote areas and public health education programmes, reflect the integration of social values into institutional action, not mere ceremonial gestures.

LAFKI's ethical credibility is further reinforced by the collective and collaborative integration of supervisory and executive functions. The ISQua final report highlights that LAFKI's strategic decision-making is rooted in evidence-informed deliberation, free from individual dominance or conflict of interest. This resonates with Sikka et al.'s (2015) assertion that transparency and integrity are prerequisites for achieving the Quadruple Aim: enhanced care quality, improved workforce experience, cost reduction, and better population health outcomes.

Through these achievements, LAFKI stands not only as a globally recognised accreditation body but as a national institutional model demonstrating that ethics, public value, and legitimacy can be integrated within a coherent and resilient organisational design. Ethics, in this paradigm, is not an add-on – it is the very foundation of the accreditation system. This is the essence of LAFKI's strength: to animate values within systems, and to systematise values within institutional practice.

Nonetheless, continued reinforcement remains essential. Ethical leadership is not a static attribute, but a dynamic competency requiring regular cultivation, testing, and renewal. Independent evaluation mechanisms to assess ethical leadership and institutional value implementation must be further developed, including two-way feedback systems between central management and field surveyors. Ultimately, LAFKI's strength does not reside merely in its official status as the national accreditation authority, but in its ability to preserve moral capital as a public institution – trusted by citizens, respected by healthcare professionals, and acknowledged by the global community.

3.5 Exceptions

In the realm of healthcare accreditation systems, exceptions should not be seen as anomalies, but rather as indicators of exceptional institutional performance. The 2025 Final Report from ISQua EEA noted that LAFKI achieved perfect scores in several critical domains, including conflict of interest management, objectivity in accreditation decision-making, and client support throughout the survey process. These achievements represent not merely administrative milestones, but concrete expressions of transparency, organisational integrity, and trust-based service delivery. As such, they constitute “positive exceptions” that affirm LAFKI’s alignment with ISQua’s core principles as a global accreditation authority.

Theoretically, ISQua EEA standards are designed not solely to measure administrative compliance, but to test the ethical legitimacy and institutional objectivity of accreditation bodies. Within this framework, the management of conflicts of interest is foundational. As Schenk and Johanson (2021) argue, although many global accreditation bodies claim to possess conflict of interest (CoI) control systems, few apply them with transparency, consistency, or auditability (PubMed: Schenk & Johanson, 2021). LAFKI distinguishes itself in this regard by implementing not only declarations of interest, but also authority-revocation mechanisms in cases of potential conflicts. This is evident in its use of independent reviewers to verify survey results, who are blinded to both the identities of surveyors and the institutions under review.

A major critique of global accreditation systems is the weak link between accreditation processes and tangible improvements in patient care. A recent scoping review by Connor et al. (2025) found that most studies in the United States failed to establish a robust association between hospital accreditation and patient outcomes—except in specialised areas such as bariatric and stroke services, where technical standards are more precisely defined. This underscores the importance of preserving objectivity in accreditation—not merely to obtain a certificate, but to build public trust through evidence-based, impartial, and scientifically grounded assessments.

LAFKI’s integrity is further demonstrated through its robust client support system, recognised by ISQua as free from conflicts of interest. This is especially significant, given the prevalent concerns around relational bias between accreditation bodies and healthcare providers. Research by Pasinringi et al. (2021) found a strong association between hospital accreditation levels and public perceptions of service quality, particularly in patient education, pharmaceutical management, and infection control. Hence, the transparency of client support processes is essential in ensuring that quality improvement is not merely rhetorical, but directly experienced by patients and families.

These achievements simultaneously elevate LAFKI’s international credentials. ISQua EEA recognition is not merely a prestigious accolade, but a

gateway to the internationalisation of healthcare quality values in Indonesia. According to ISQua EEA (2025), accreditation of external evaluation organisations such as LAFKI affirms institutional alignment with global best practices and confers legitimacy within the broader health quality assurance ecosystem. The experiences of agencies such as ACHS (Australia), CBAHI (Saudi Arabia), and HAI (Thailand) illustrate how ISQua accreditation reinforces national stature while unlocking opportunities for trust-based, quality-oriented international collaboration (ISQua EEA, 2025).

Nonetheless, these accomplishments bring new challenges. On the one hand, attaining perfect scores may lead to complacency, inhibiting innovation and entrenching a ‘comfort zone’ mentality. On the other, the pressure to uphold such standards can foster over-administration and defensive accreditation reporting. It is here that dynamic and reflective internal performance evaluation systems become critical to sustaining a culture of continuous improvement – an ethos exemplified by the Baldrige Performance Excellence framework adopted by the Tennessee Department of Health in the United States (Roberts et al., 2020).

In conclusion, “exceptions” in ISQua EEA’s final report are not mere statistical anomalies; they are testimony to LAFKI’s institutional capability and ethical alignment with global expectations. Yet, these milestones should not be mistaken for endpoints. Rather, they represent the beginning of a new chapter – one in which LAFKI expands the influence of value-based accreditation regionally and globally, while ensuring that each implemented standard translates into measurable improvements in service quality and patient safety.

3.6 Study Limitations and Ongoing Challenges

This study is limited to a document analysis and evaluation based on the external standards of ISQua EEA, without incorporating the perspectives of service users, healthcare professionals, or empirical data on the direct impact of accreditation on clinical service quality. Yet, the literature underscores that the effectiveness of accreditation should be assessed not only in terms of structure and process, but also by examining service outcomes and patient satisfaction. Accordingly, further research employing mixed methods is necessary to explore the relationship between accreditation, organisational culture change, workplace practices, and patients’ lived experiences in healthcare settings.

The ongoing challenges faced by LAFKI stem not only from the dynamic nature of national regulations and its reliance on formal endorsement by the Ministry of Health, but also from the imperative to maintain institutional independence and integrity amidst the political pressures of public health policymaking. Experiences from accreditation bodies in other countries demonstrate that long-term credibility is shaped by institutional role clarity, robust

conflict of interest governance, and transparent performance reporting. Going forward, LAFKI must reinforce its legitimacy through legal safeguards, networks of independent research, and public communication strategies grounded in accountability.

4. CONCLUSION

The reform of accreditation based on quality and public value in Indonesia, as reflected in the achievements of LAFKI recognised by ISQua EEA, signifies a critical advancement in strengthening the accountability and integrity of external evaluation systems in healthcare services. The findings of this study indicate that LAFKI's success in several key domains—such as conflict of interest management and the objectivity of assessments—serves as a positive signal for the internationalisation of national accreditation efforts. However, the sustainability of this reform remains highly contingent on institutional resilience in responding to national policy dynamics and the capacity to maintain independence from political pressure and sectoral interests. Consequently, this study recommends the integration of outcome-based evaluation mechanisms that encompass user satisfaction and clinical indicators, the enhancement of institutional capacity, and the continuity of regulatory support aligned with quality and sustainable public value.

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