

# PENGORGANISASIAN PENANGGULANGAN BENCANA DI RUMAH SAKIT



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PRESIDENT  
ASIAN HOSPITAL FEDERATION  
( AHF )

# Pokok Bahasan dan Sub Pokok Bahasan :

## 1. PRINSIP PRINSIP PENGORGANISASIAN

- Dasar Pemikiran
- Struktur Organisasi dan manajemen di Rumah Sakit
- Sistem Alarm dan Mobilisasi

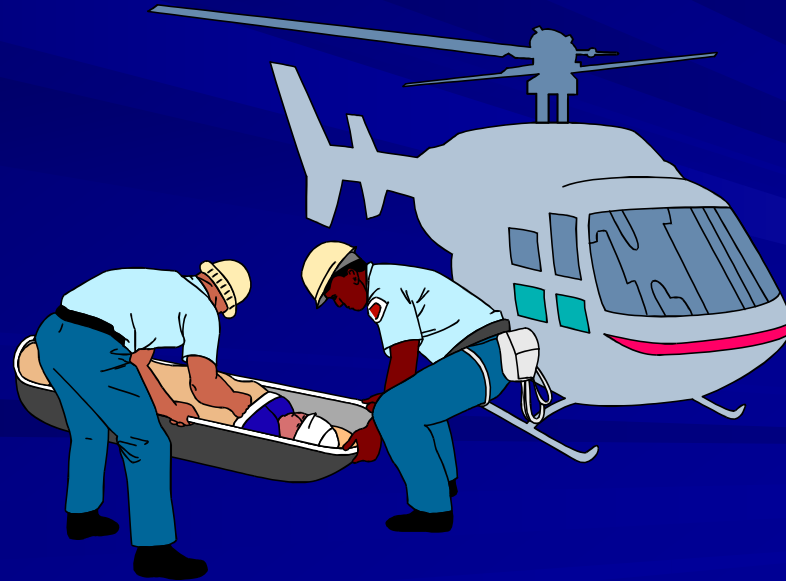
## 2. SISTEM PENGENDALIAN DI RUMAH SAKIT

- Struktur /Bagan Organisasi
- Penyusunan bagan organisasi dengan sistem "Crosswalk"
- Minimal Staffing
- Fleksibilitas

## 3. URAIAN TUGAS

## 4. KARTU TUGAS ( JOB ACTION SHEETS/JAS)

# PRINSIP PRINSIP PENGORGANISASIAN



- **Chaos** cannot be prevented during the first minutes of a major accident or disaster.
- It has to be the aim of every disaster operation plan to keep this time **as short as possible**.



# Dasar Pemikiran

- This plan has to be based on **existing organization structures** as any re-organization holds the danger of failure
- Keep the plan **as simple as possible** but as **comprehensive** as necessary.
- Have the following principle in mind:

The Plan-file is useful for preparation and training but in case of emergency only **checklists** will be helpful.

# Struktur Organisasi dan manajemen di Rumah Sakit

- a **simple and clear** organization should be mobilized within short notice
  - a crisis staff consisting of 40 members will prove inoperable
  - headquarters at predefined and prepared site with the required **infra-structure**
  - no re-organization but developing on the existing base
  - to ensure that the **remaining routine hospital work continues**

# Sistem Alarm dan Mobilisasi

- In case of emergency the alarm has to be **quick and reliable.**
- The competence to set the alarm in motion has to be settled **as low as possible in the hierarchy**
- Alerting must never be a privilege of the **director of administration** or to the **head of the physicians.**



# **PEMBERITAHUAN KEADAAN BENCANA**

- **1. KARYAWAN RS YANG MENERIMA INFORMASI TENTANG TERJADINYA BENCANA HARUS BERUSAHA MENGKLARIFIKASI :**
  - **A. NAMA DAN NO TELP. SUMBER INFORMASI**
  - **B. LOKASI BENCANA DAN TINGKAT KERUSAKAN**
  - **C. PENYEBAB BENCANA**
  - **D. JUMLAH KORBAN**
  
- **2. INFORMASI SEGERA DISAMPAIKAN KE RESEPSIONIS / BAGIAN TELEKOMUNIKASI**
  
- **3. RESEPSIONIS / TELEKOMUNIKASI MELAPOR KEPADA DIREKTUR / KOMANDAN BENCANA / PEJABAT YANG DITUNJUK ( DILUAR JAM KERJA)**
  
- **4. PEJABAT YANG BERWENANG MEMBERLAKUKAN RENCANA PENANGGULANGAN BENCANA (HOSPITAL DISASTER PLAN) SECARA PENUH ATAU SEBAGIAN, SESUAI SITUASI BENCANA**



# KEWASPADAAN

- Bila ada informasi tentang kemungkinan bencana, Komandan Bencana melakukan “Immediate Action” :
  - Kapasitas RS ditambah
  - Pengorganisasian area penerimaan pasien
  - Pengaturan transportasi
  - Arus informasi yang terorganisir
- Rumah Sakit dinyatakan dalam keadaan “Waspada “ atau “Stand By”
- Keseluruhan aktivitas dikoordinasikan oleh Komandan Bencana (INCIDENT COMMANDER)

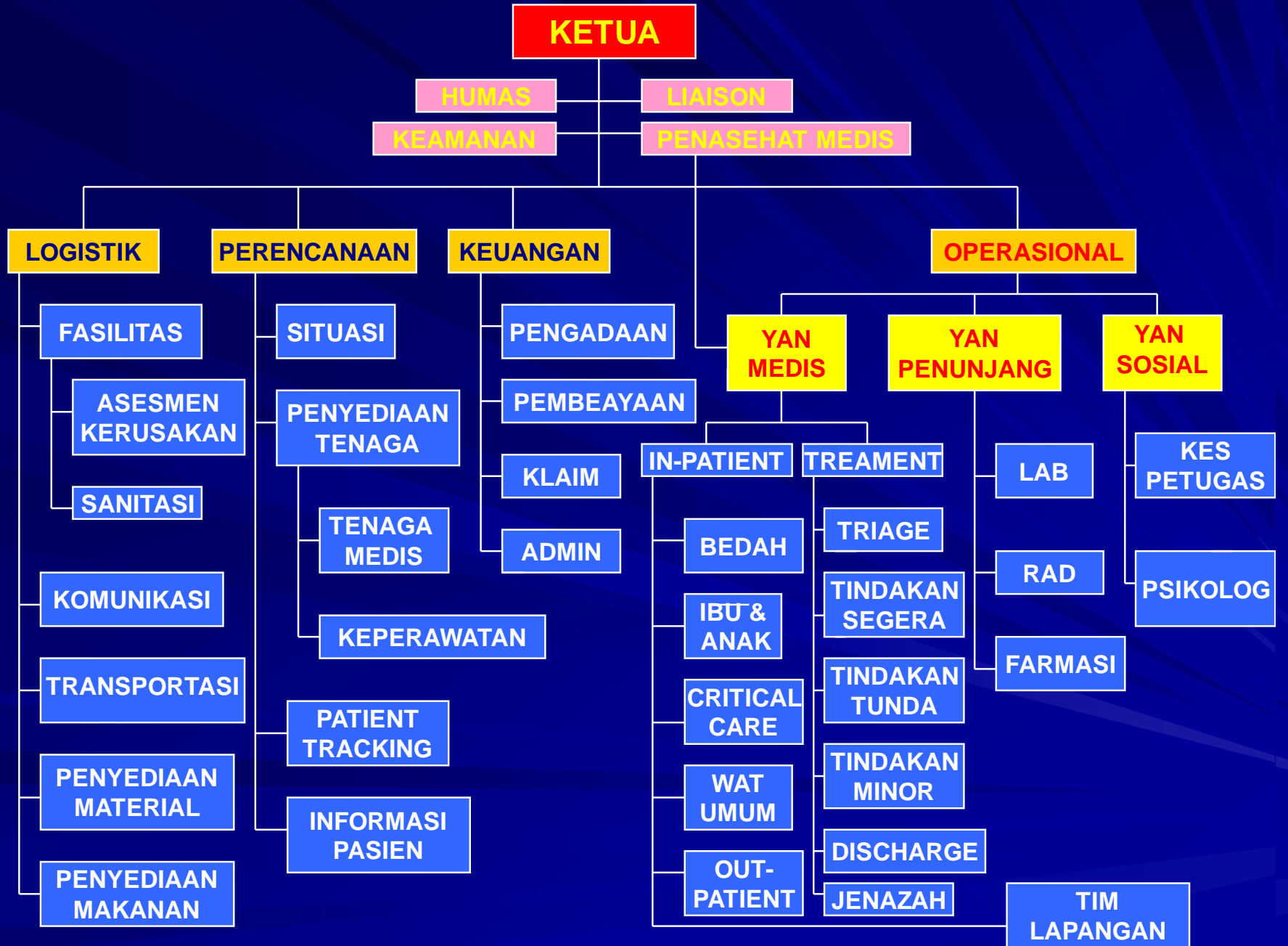
# SISTEM PENGENDALIAN DI RUMAH SAKIT



## Bagan Organisasi

- The organizational chart shows the variety of positions which may be needed to address an emergency situation.

- think of it as **a tool box**. All the equipment necessary to perform a job can be found in this "box", however, **some tools are used immediately and more often than others**

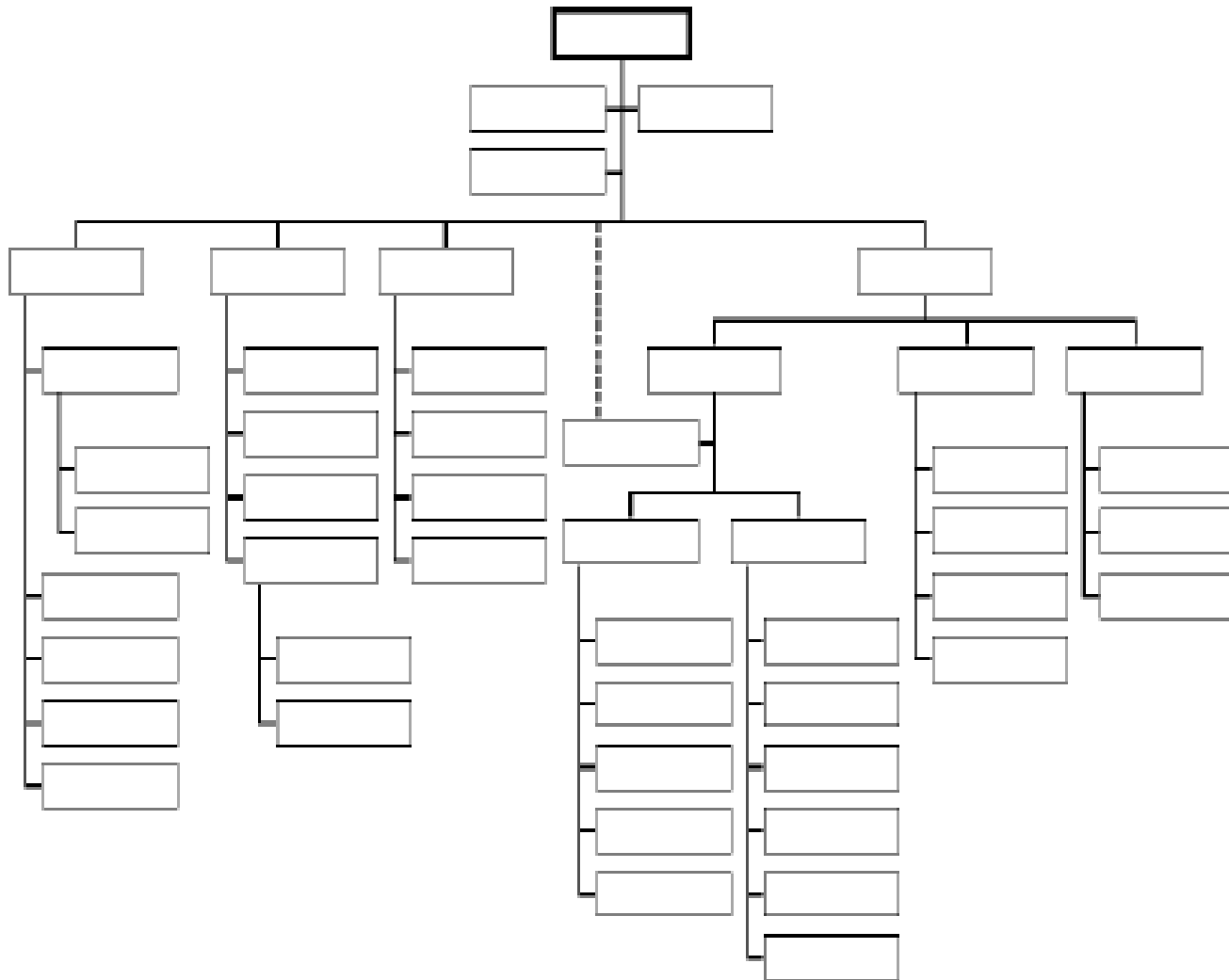


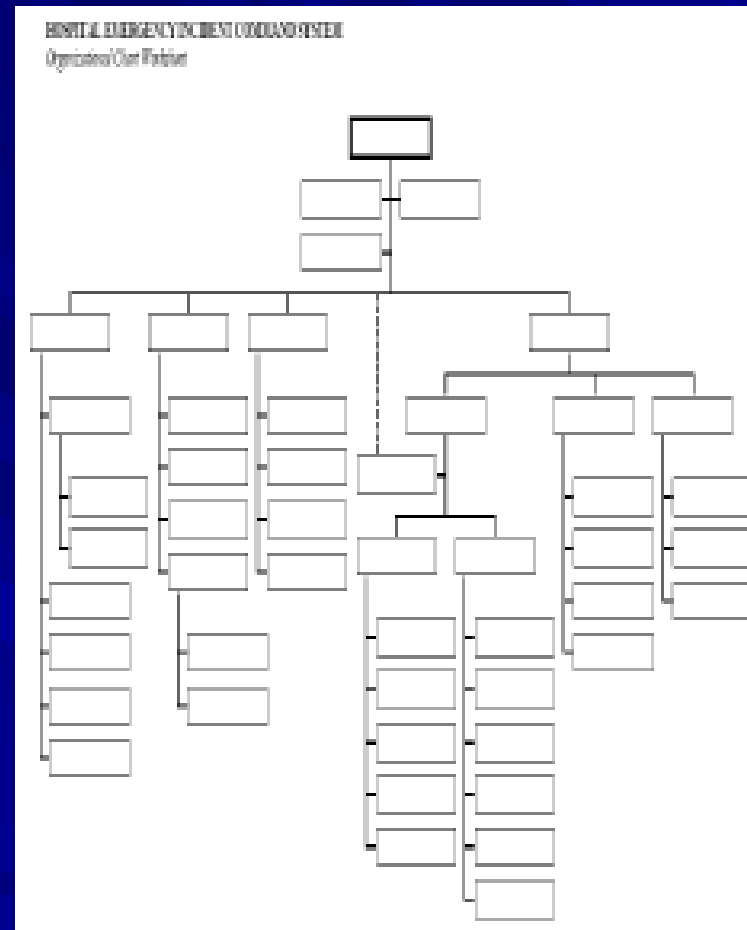
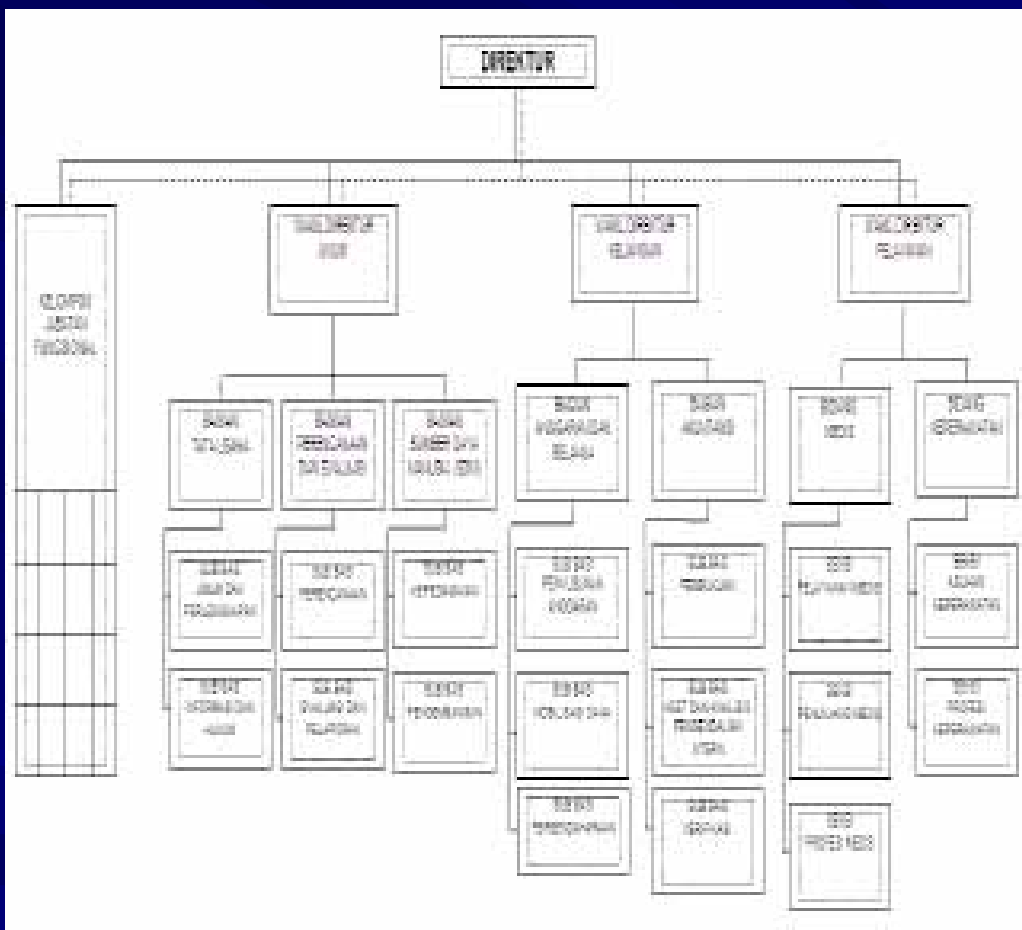
# metode "Crosswalk"

- Penyusunan bagan organisasi dengan metode "Crosswalk"
  - The crosswalk chart is a listing of possible positions which might have day-to-day responsibilities similar to those found in the Job Action Sheets.
- "Worksheet"
  - The blank organizational chart entitled "Worksheet" is provided to assist the hospital in identifying positions within their own facility which may provide leadership in a key position.

# HOSPITAL EMERGENCY INCIDENT COMMAND SYSTEM

*Organizational Chart Worksheet*





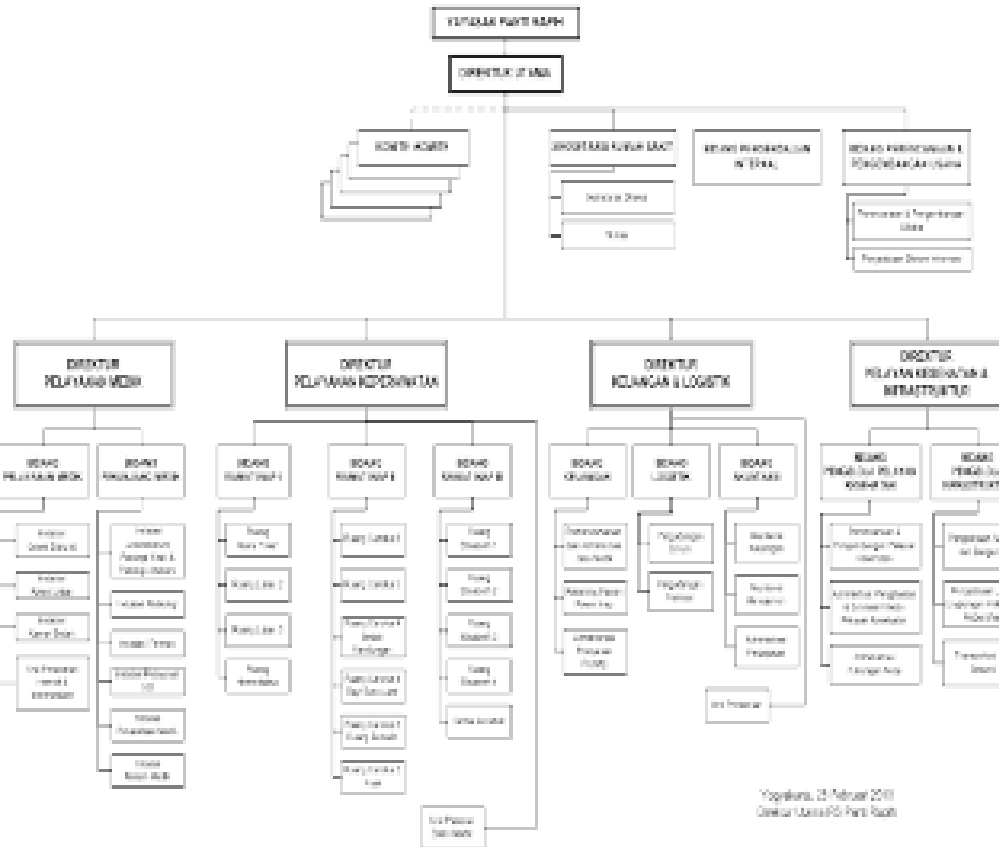


| KETUA               |                   |                 |                      |                 |              |
|---------------------|-------------------|-----------------|----------------------|-----------------|--------------|
| HUMAS               |                   | LIAISON         |                      |                 |              |
| KEAMANAN            |                   | PENASEHAT MEDIS |                      |                 |              |
| LOGISTIK            | PERENCANAAN       | KEUANGAN        | OPERASIONAL          |                 |              |
| FASILITAS           | SITUASI           | PENGADAAN       | YAN MEDIS            | YAN PENUNJANG   | YAN SOSIAL   |
| ASESMEN KERUSAKAN   | PENYEDIAAN TENAGA | PEMBEAYAAN      |                      |                 | KES PETUGAS  |
| SANITASI            | TENAGA MEDIS      | KLAIM ADMIN     | IN-PATIENT TREATMENT | LAB             |              |
| KOMUNIKASI          | KEPERAWATAN       |                 | BEDAH                | TRIAGE          | PSIKOLOG     |
| TRANSPORTASI        | PATIENT TRACKING  |                 | IBU & ANAK           | TINDAKAN SEGERA | FARMASI      |
| PENYEDIAAN MATERIAL | INFORMASI PASIEN  |                 | CRITICAL CARE        | TINDAKAN TUNDA  |              |
| PENYEDIAAN MAKANAN  |                   |                 | WAT UMUM             | TINDAKAN MINOR  |              |
|                     |                   |                 | OUT-PATIENT          | DISCHARGE       |              |
|                     |                   |                 |                      | JENAZAH         | TIM LAPANGAN |



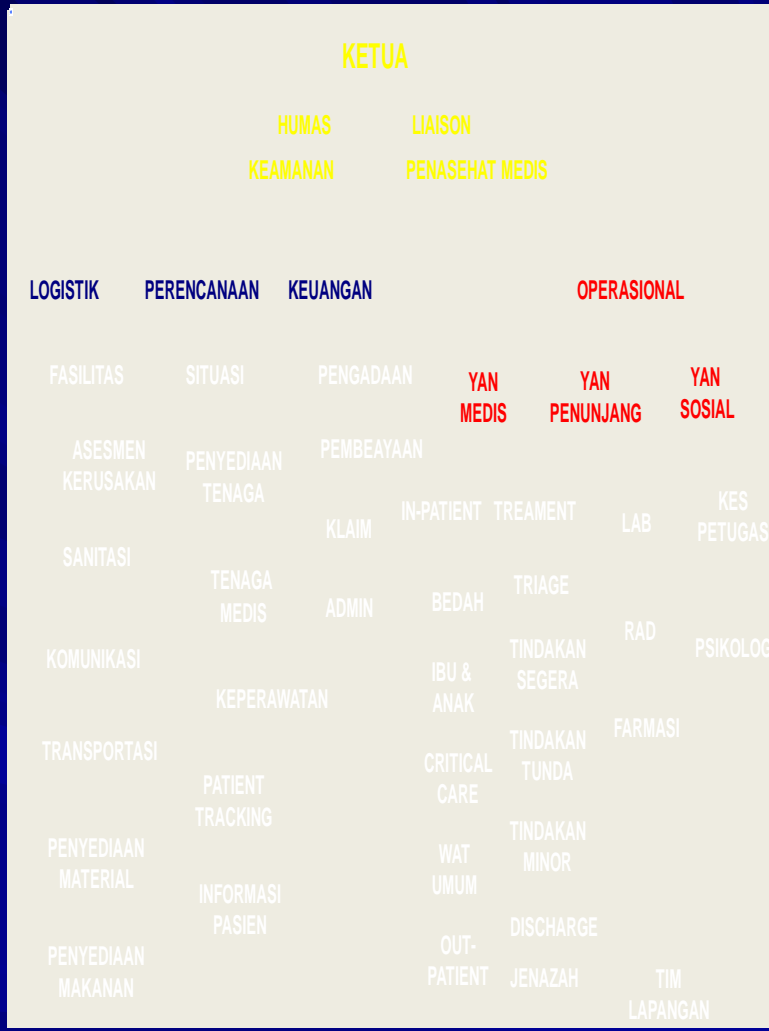
**STRUKTUR ORGANISASI RUMAH SAKIT PANTI RAPIH YOGYAKARTA TAHUN 2010**

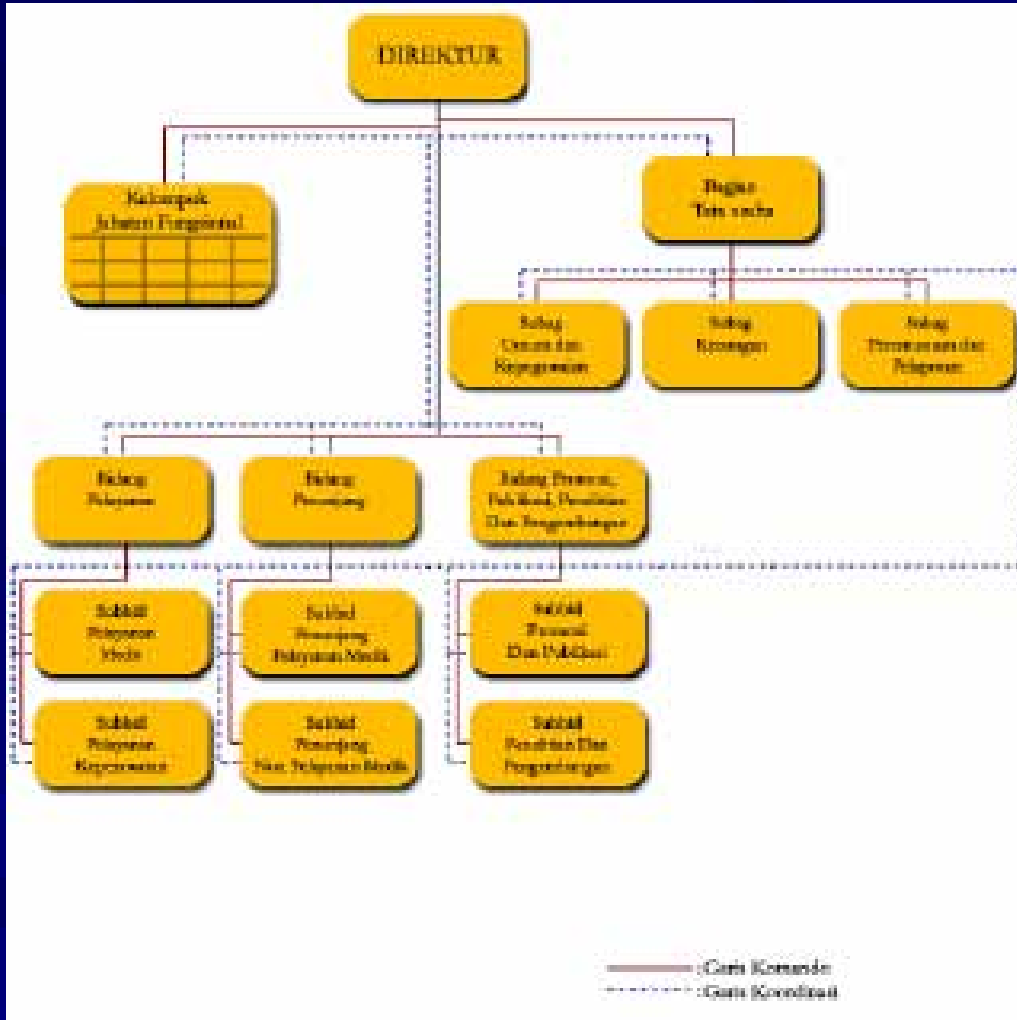
Lampiran No. 001/2010/RS Panti Rapih - 01/02/2010, 01/02/2010 Tanggal 20 Februari 2010



Yogyakarta, 20 Februari 2010  
 Direktur Utama/RS Panti Rapih

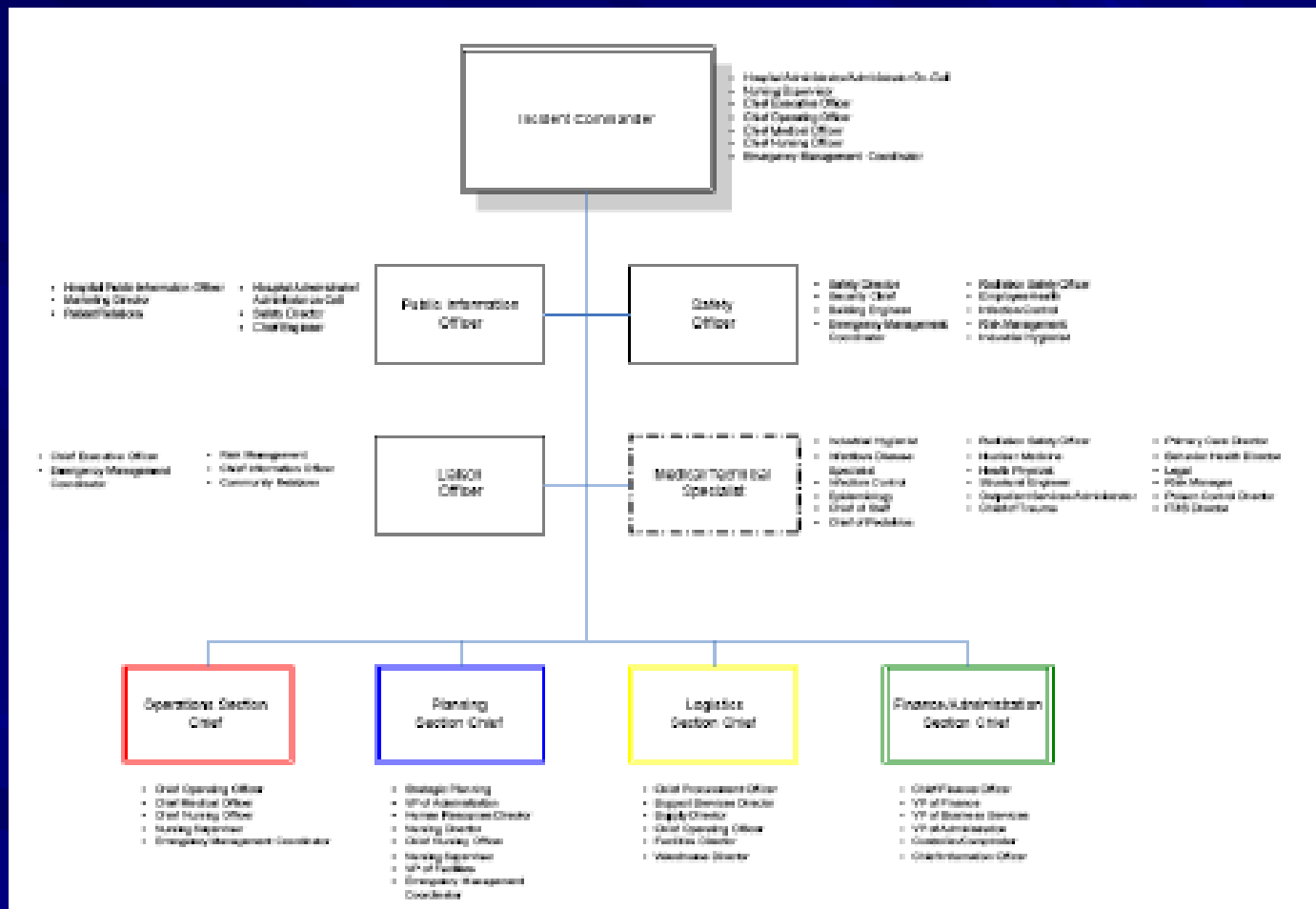
di Tebh Jombang, Mlaj





| KETUA               |                   |                            |                      |                 |              |
|---------------------|-------------------|----------------------------|----------------------|-----------------|--------------|
| HUMAS<br>KEAMANAN   |                   | LIAISON<br>PENASEHAT MEDIS |                      |                 |              |
| LOGISTIK            | PERENCANAAN       | KEUANGAN                   | OPERASIONAL          |                 |              |
| FASILITAS           | SITUASI           | PENGADAAN                  | YAN MEDIS            | YAN PENUNJANG   | YAN SOSIAL   |
| ASESMEN KERUSAKAN   | PENYEDIAAN TENAGA | PEMBEAYAAN                 |                      |                 |              |
| SANITASI            | TENAGA MEDIS      | KLAIM                      | IN-PATIENT TREATMENT | LAB             | KES PETUGAS  |
| KOMUNIKASI          | KEPERAWATAN       | ADMIN                      | BEDAH                | TRIAGE          | PSIKOLOG     |
| TRANSPORTASI        | PATIENT TRACKING  |                            | IBU & ANAK           | TINDAKAN SEGERA | FARMASI      |
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|                     |                   |                            | OUT-PATIENT          | DISCHARGE       |              |
|                     |                   |                            |                      | JENAZAH         | TIM LAPANGAN |

# Potential Candidates for HICS Command Positions



# ALTERNATIF POSISI JABATAN

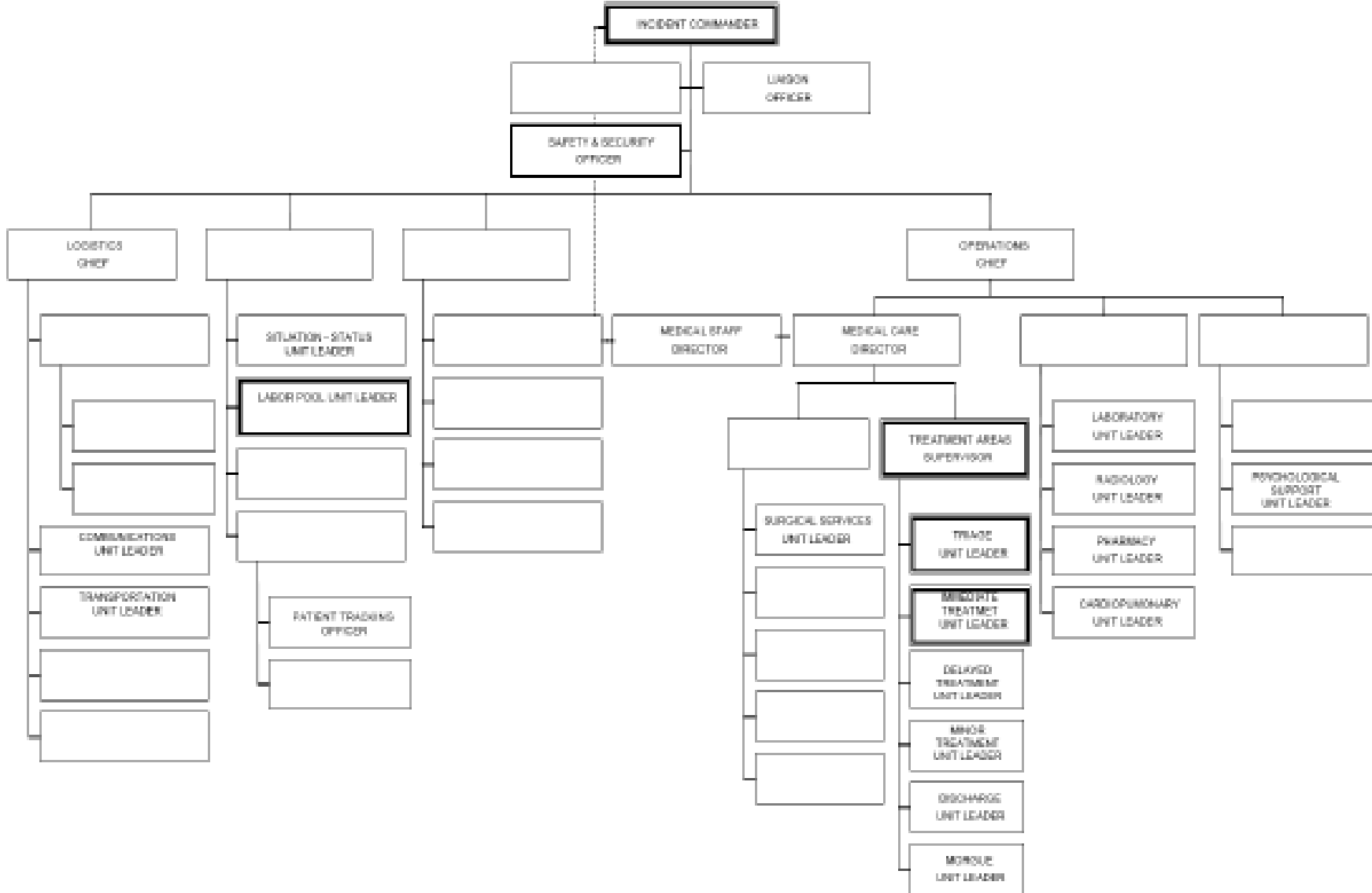


# MINIMAL STAFFING

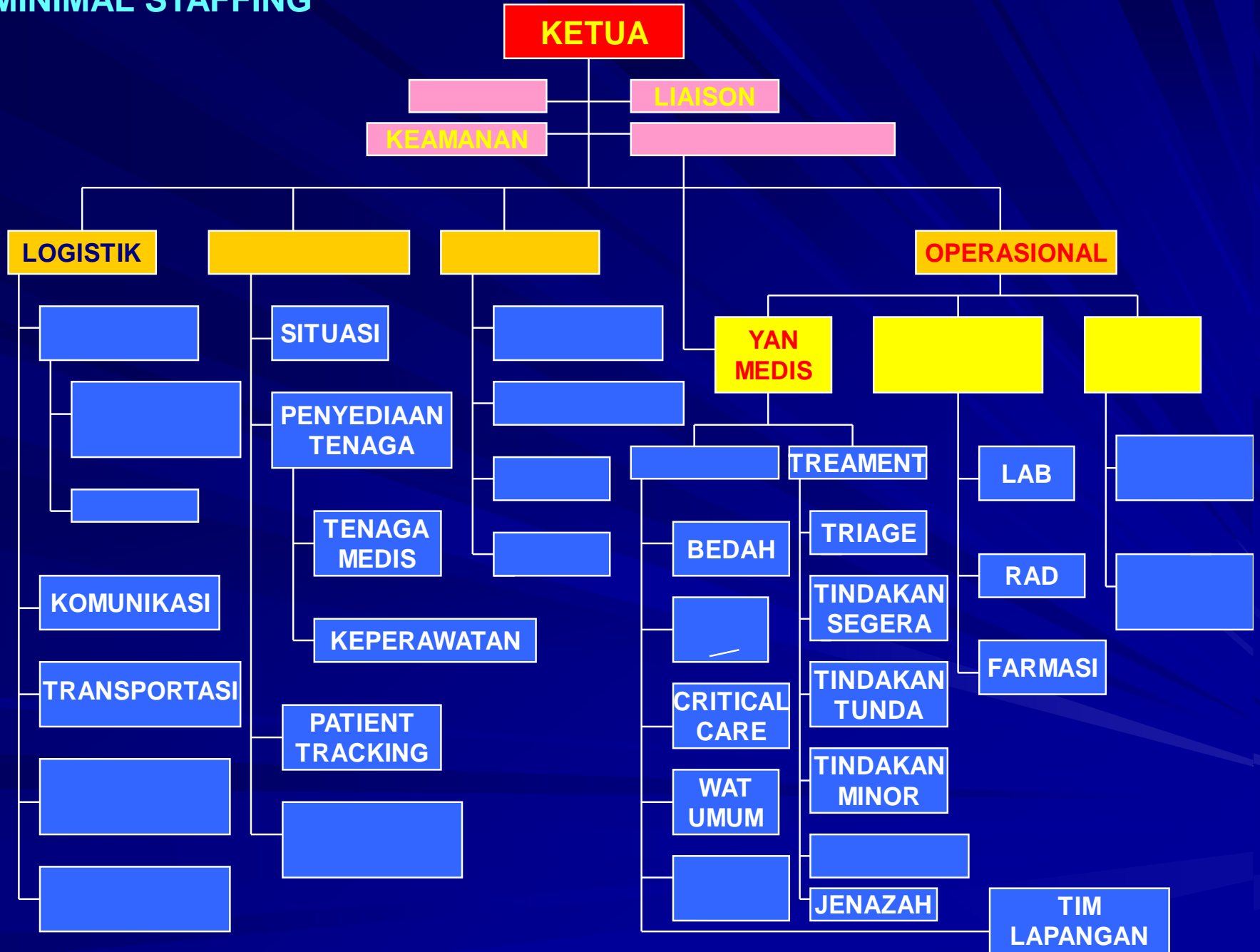
- A bus crash in the early A.M. hours will find hospital management and staff at a minimum.
- a minimum activation of positions necessary to care for the arriving injured.
- The 5 positions with double-boxed borders are those which should be immediately activated upon notice of the crash.
- The other positions can be added as more personnel arrive.
- It should be remembered that a person might be required to perform more than one job.

For example: the **Night Supervisor** initially becomes the **Incident Commander and Labor Pool Unit Leader**

# MINIMAL STAFFING



# MINIMAL STAFFING

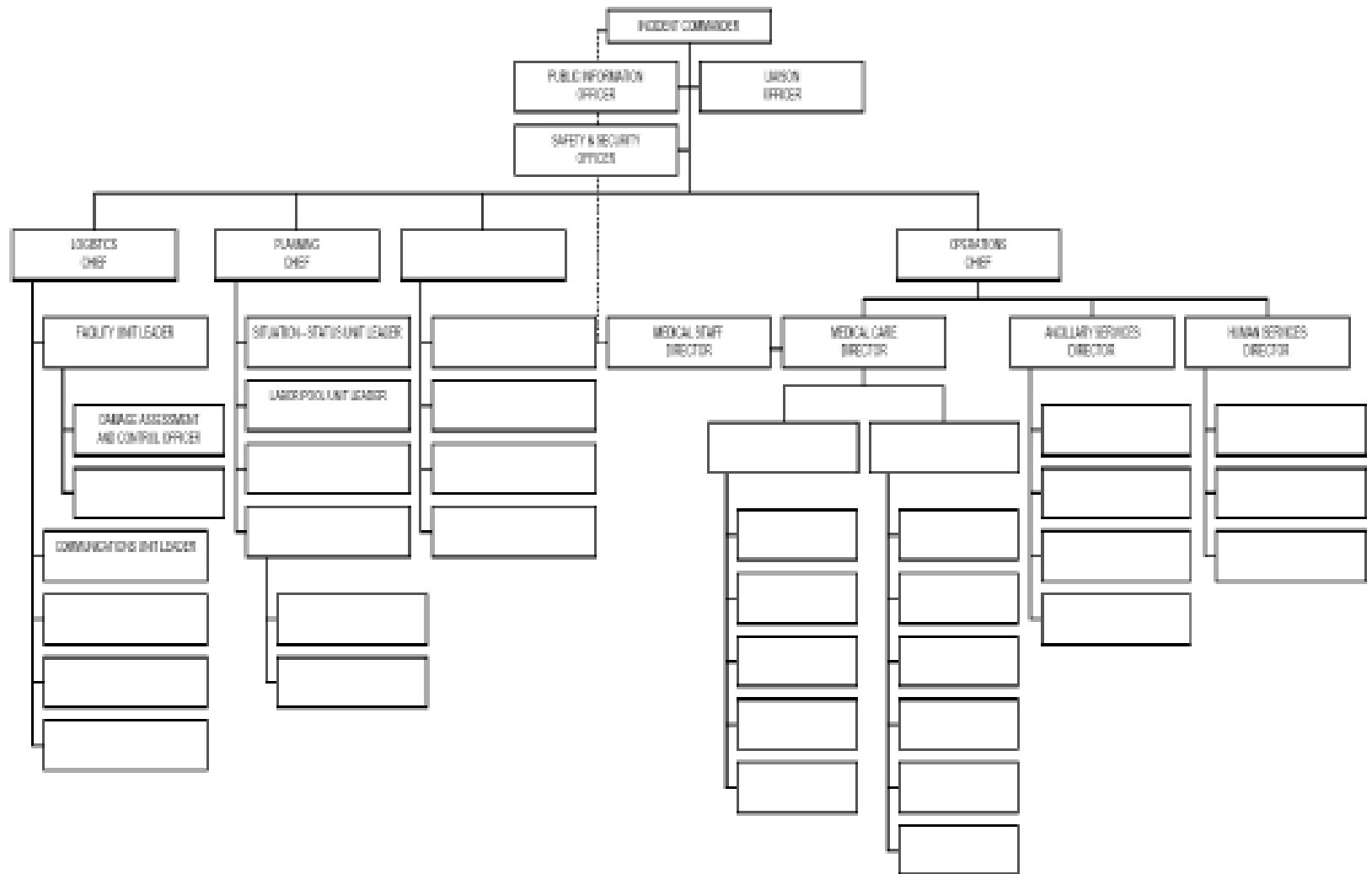


# Fleksibilitas

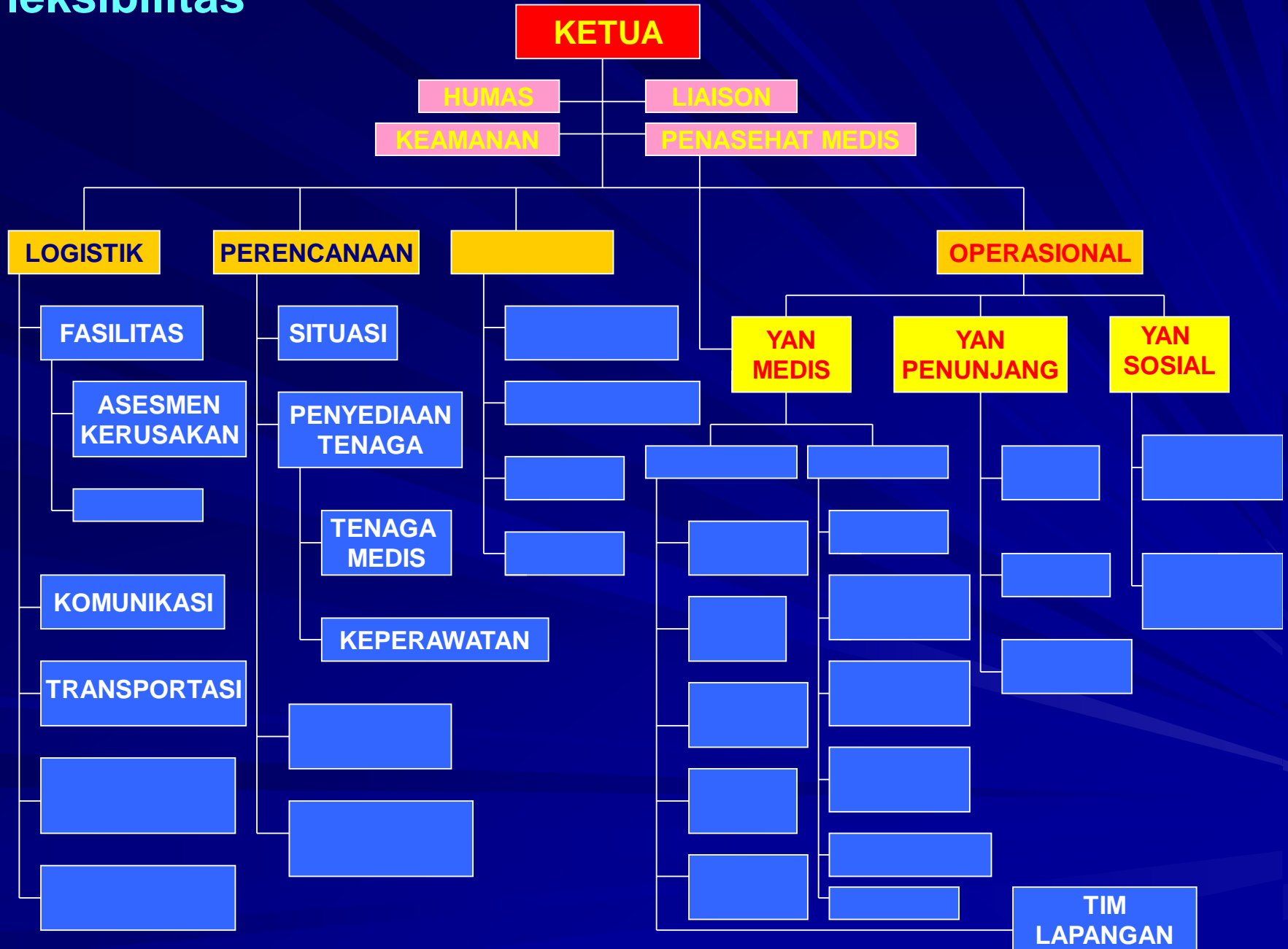
- The activation of positions for a mass casualty accident will be different than those activated for a hazardous material spill or an impending labor strike.
- accommodate the unique needs of each emergency.
- The chart illustrates those positions which may be opened to address issues associated with a **storm alert**.
- This pre-disaster activation allows alerted staff to be in a “stand-by” mode in **the event future positions need to be filled**



# FLEXIBILITY



# Fleksibilitas



# URAIAN TUGAS



# HOSPITALS SERVE AS A MAJOR RESOURCE

- FAKTOR UTAMA YANG MEMPENGARUHI KEMAMPUAN RS MENANGANI KEADAAN BENCANA :
  - KESIAPAN KAPASITAS LEBIH
  - PERSEDIAAN OBAT-OBATAN & ALKES
  - ORGANISASI YANG MEMADAI
  - INFRA STRUKTUR YANG TANGGUH
  - STAF YANG TERLATIH
  - RENCANA PENANGGULANGAN / Disaster plan

# **KOMANDO BENCANA / EMERGENCY INCIDENT COMMANDER**

## **COMMAND AND MANAGEMENT :**

- Organize and direct **Emergency Operations Center (EOC)**.
- Give overall direction for hospital operations and if needed, authorize evacuation.
- Initiate the response and recovery activities
- Notify staff and external authorities
- Identify and assign staff
- To manage the hospital's resources
- To be **the “face of the hospital”** to the outside world

## **TUGAS PUSAT KOMANDO :**

- Communication**
- Information processing**
- Identification of capacity**
- Resource management**
- Management of media inquiries**
  - Patient allocation**
  - Record keeping**

## ■ **PUBLIC INFORMATION OFFICER (P.I.O.)**

- Provide information to the news media.

## ■ **LIAISON OFFICER**

- Function as incident contact person for representatives from other agencies.

## ■ **SAFETY AND SECURITY OFFICER**

- Monitor and have authority over the safety of rescue operations and hazardous conditions.
- Organize and enforce scene/facility protection and traffic security.

## ■ **MEDICAL STAFF DIRECTOR**

- Organize, prioritize and assign physicians to areas where medical care is being delivered.
- Advise the Incident Commander on issues related to the Medical Staff.

# KEUANGAN / FINANCE SECTION CHIEF

- ADMINISTRASI KEUANGN DARI KEGIATAN PENANGANANBENCANA.
  - PENGADAAN/PEMBELIAN
    - KOMPENSASI
    - KLAIM
    - PEMBEAYAAN
- Monitor the **utilization** of financial assets.
- Oversee the **acquisition of supplies** and services necessary to carry out the hospital's medical mission.
- Supervise the **documentation** of expenditures relevant to the emergency



# LOGISTIK / LOGISTICS SECTION CHIEF

- Responsible for the procurement and provision of personnel, equipment (medical equipment, PPE) and support services needed to sustain the hospital's response, including food, drink, linen, and supplies which are critical .
  - Back up internal and external communications
  - Transportation of patients, staff and necessities
- Facilities for isolation and decontamination
- Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of food, shelter and supplies to support the medical objectives.

# PLANNING SECTION CHIEF

- Organize and direct all aspects of Planning Section operations.
- Ensure the distribution of **critical information/data**.
- Compile scenario/resource projections from all section chiefs and effect **long range planning**.
- **Document and distribute** facility Action Plan.

# OPERASIONAL / OPERATIONS SECTION CHIEF

- **Organize and direct** aspects relating to the Operations Section.
- Carry out **directives** of the Emergency Incident Commander.
- **Coordinate and supervise** the Medical Services Subsection, Ancillary Services Subsection and Human Services Subsection of the Operations Section.
  - PATIENT TREATMENT
    - EVACUATION
  - ALTERNATIVE CARE SITES
    - SECURITY
- REESTABLISHING USUAL OPERATIONS AFTER THE EMERGENCY

# KARTU TUGAS ( JOB ACTION SHEETS/JAS)



# UNSUR-UNSUR PENGENDALIAN

- **GARIS KEWENANGAN** DALAM ORGANISASI
- **PERAN DAN TANGGUNG JAWAB** PERSONEL
- **"KARTU TUGAS"** YANG MEMUAT JABARAN TUGAS DAN TANGGUNG JAWAB
- **IDENTIFIKASI PERSONEL INTI, DG. BAN LENGAN**

# KARTU TUGAS ( JOB ACTION SHEETS/JAS)

- Component that tells responding personnel :

"what they are going to do;  
when they are going to do it; and,  
who they will report it to after they have done it."

- JOB ACTION SHEETS

One for each position

Focused objectives

Concise mission statement

Prioritized activities

Can be customized to some extent (except for title and mission statement)

# All Officers Identified



# EXERCISE DESIGN



# TUJUAN LATIHAN

- SOSIALISASI HOSDIP
- MENGUJI HOSDIP
- MEREVIEW HOSDIP
- MENINGKATKAN KETRAMPILAN DAN KESIAPAN

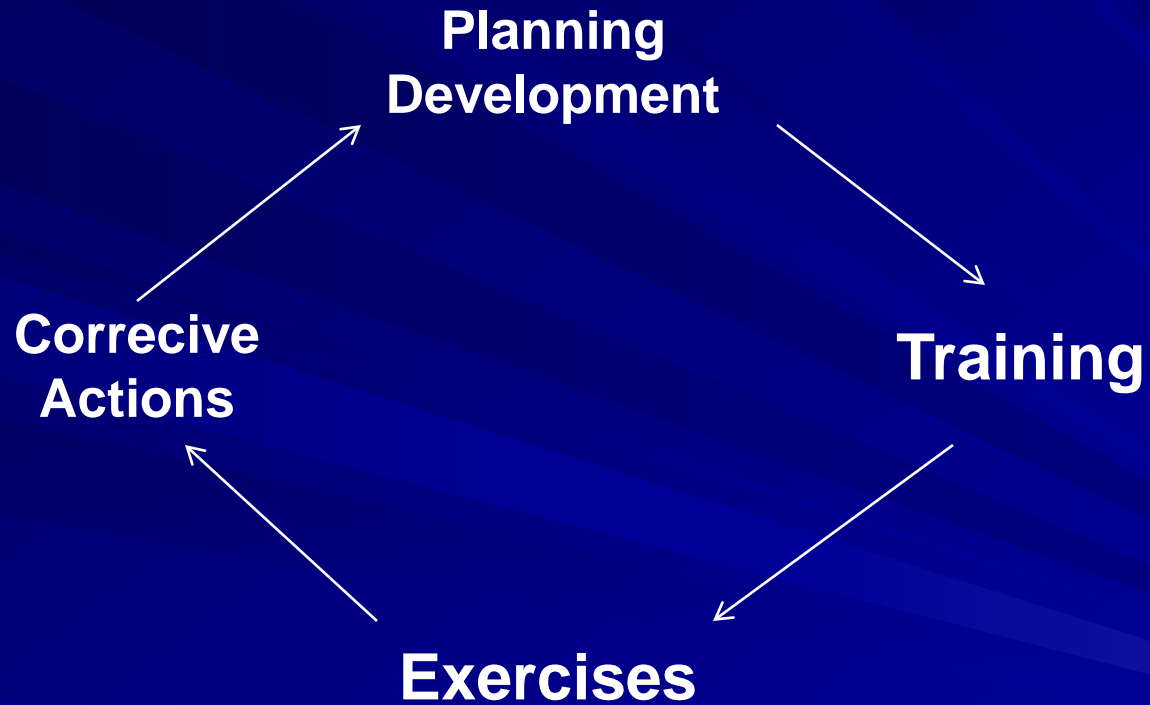
# BENTUK LATIHAN

1. Orientasi : - seminar  
- workshop
2. Tabletop
3. Drills
4. Fungsional
5. Simulasi
5. Skala Penuh

Program latihan ini diintegrasikan ke dalam program kesiapsiagaan secara keseluruhan. Program ini mengikuti sebuah siklus tahunan meliputi:

- Perencanaan dan Pengembangan
- Pelatihan dan Persiapan
- Gladi
- Perbaikan Rencana dan Tindakan Korektif.

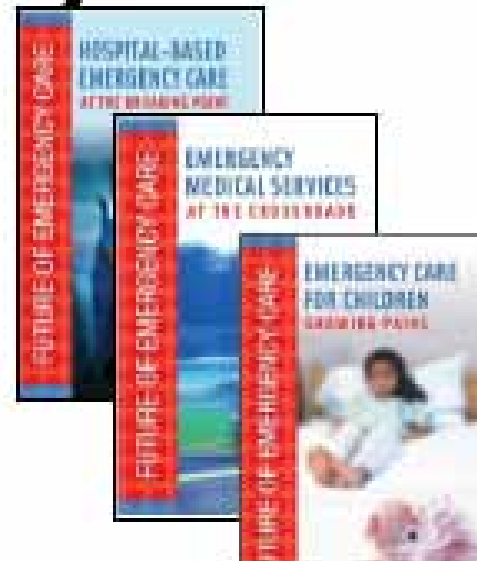
# 1-Year Cycle



# ***Vision for the Future of Emergency Care***

***Coordinated  
Regionalized  
Accountable***

***Emergency Care System***



# KOORDINASI

DISASTER



TRANSPORT  
DISTRIBUSI

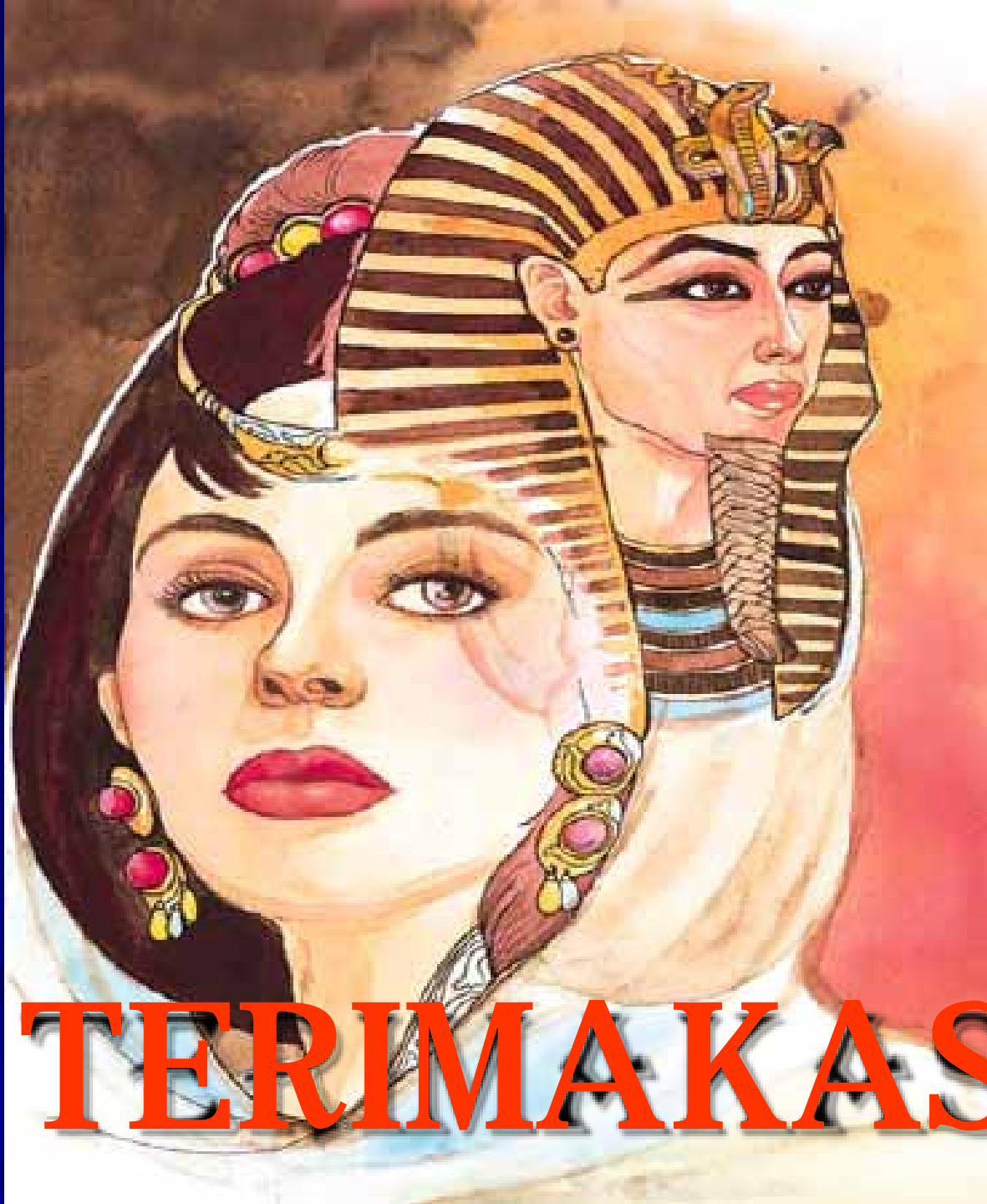


RUMAH SAKIT

- KOMANDO BENCANA
- POLISI
- MILITER
- DINAS KESEHATAN
- TIM KESLAP
- TIM AMBULANS
- LAIN-LAIN

- POLISI
- RS RUJUKAN

- KO BENCANA RS
- MULTI DISIPLIN ILMU
- RS RUJUKAN
- DINAS KESEHATAN
- DEPKES
- LAIN-LAIN



**TERIMAKASIH**