

MANAGEMENT EVALUATION AND SHARIA CERTIFIED HOSPITALS COMPLIANCE (CASE STUDY OF SARI ASIH CILEDUG HOSPITALS)

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Abstract

Sari Asih Ciledug Hospital is a hospital with management based on sharia principles, which is equipped with modern health facilities and equipment. However, based on the author's preliminary observations, that there are several implementations in the operation of hospitals based on sharia principles that contradict the basic reference, namely the Fatwa of the National Sharia Council of the Indonesian Ulema Council (DSN-MUI) Number 107 of 2016. This research has purposed to: first, how the management evaluation and compliance in implementing management and service based on sharia principles? Second, how Sari Asih Ciledug Hospital apply Islamic principles in management and service based on sharia principles? This research is juridical empirical research with Islamic law regulation approach, which then carried out a quantitative analysis with descriptive statistics and inferencing statistics, then analyzed qualitatively. The conclusion of this research is Sari Asih Ciledug Hospital management has met the aspect of sharia compliance with a percentage of 87,5%. As for the difference of that percentage is 12,5% found in the practice that the hospital civitas has not yet embodied good morals with image brand which build by the hospital that is smiling and greeting in service to the patient, have not cooperated with Islamic education institute in human capital recruitment and the surrounding community has not felt the impact of social activities carried out by the hospital. Besides, the limited number of medicines

that are halal-certified by the organizing agency for guaranteeing halal products (BPJPH) is an obstacle for hospitals in grouping formularies containing haram elements.

Keywords : *management evaluation; sharia certificate; sharia compliance; sharia hospitals*

INTRODUCTION

Islamic health services and following the principles of sharia have been discussed at scientific events for a long time. Related to problems and benefits that are often discussed in the discussion area about the internalization of Islamic values in the management and health services in hospitals. This is due to the large number of hospitals that have been established by Islamic social organizations.¹

With the public demand for the implementation of sharia values in health services, in 2015 the Indonesian Islamic Health Effort Council (MUKISI) submitted a fatwa implementation to the National Sharia Council of the Indonesian Ulema Council (DSN-MUI), followed up by a consignment meeting between the two parties was held in Bogor on 8-10 February 2016. Until finally the DSN-MUI issued fatwa Number 107/DSN-MUI/X/ 2016 concerning Guidelines for Hospital Management Based on Sharia Principles.

With standards that have been set with sharia values issued by MUKISI, every hospital that wants to transform into a sharia hospital must implement Islamic values that are guided by the standard version 1436. Currently, 54 hospitals are in the process of reaching the hospital. ill whose management is based on sharia principles. Of these, there are at least 20 hospitals that have officially obtained sharia certificates and the rest are still in the process of mentoring, pre-survey, and so on.²

The explanation above illustrates that nowadays many hospitals have been legally recognized sharia labeling. There is certainly an effort conducted by a related institute for implementing sharia values to meet the standard criteria made by MUKISI and DSN-MUI. In the process, it is also undeniable that there are problems, such as ensuring that all nutritional installations are halal-certified by the Indonesian Ulema Council (LPPOM MUI) for the Assessment of Food, Medicine, and Cosmetics, guaranteeing all transactions carried out using a contract based on the provisions of the DSN-MUI fatwa number. 107 of 2016, and so on.

Such as the establishment of standard assessment criteria in sharia hospital certification by DSN-MUI and MUKISI related to halal and hygiene food and drink. Bandung Islamic Hospital has not been able to obtain a

certificate after the accompaniment process, because of indicators that have not been fulfilled, namely the halal certificate from LPPOM MUI, even though the procurement, management, storage, and distribution of food/beverages are following the sharia concept and all packaged products are halal certified.³ This does not guarantee that a hospital that uses the Islamic name qualifies as a hospital that is managed by sharia principles.

This is evidenced by the Sari Asih Ciledug Hospital which is the second and largest hospital built by the Sari Asih Group in 2006 and has complete facilities and is supported by modern health equipment⁴ that has obtained a sharia certificate in 2018. This was confirmed by the Secretary of the House Director sick stating that Sari Asih Ciledug Hospital has passed assistance and verification from DSN-MUI and MUKISI as a hospital with management based on sharia principles on July 17, 2018.

However, based on the author's preliminary observations on the Sari Asih Ciledug Hospital that there are several implementations in organizing a hospital-based on sharia principles that are contrary to the basic reference, namely the DSN-MUI Fatwa Number 107 of 2016. Regarding the provisions of financial fund management, for each hospital that manages hospitals based on sharia principles, the hospital must use the services of sharia financial institutions (LKS). This is of course in contrast to Sari Asih Hospital which still includes conventional financial institutions as a place for transactions between the hospital and other parties.

Besides, the hospital has not fully renewed the contract with the third party like assurance, medical equipment supplier, and so on. It is caused by some reasons, this is contrary to the MUKISI chairman's statement related to the focus point of hospital transformation in conducting the hospital-based on sharia principles.

Currently, there is still no research that specifically addresses management evaluation and sharia compliance in the sharia certified hospital. Given that sharia certification is indeed proclaimed by Indonesia as the first country that has certified sharia standard to the hospital.⁵

Although the limited research related to sharia hospital, the author found some relevance previous studies, including the ideas of Omar Hasan Kasule⁶ about the development and hospital evolution from time to time in the world. The article has explained the concept of Islamization which means combining dynamic Islamic teachings as a form of improvement and completeness in a concept, system, paradigm, and moral framework by including the value of sharia compliance.

In the *Journal of Medical Ethics and History of Medicine*, there is a writing of Hossein Dargahi⁷ that in essence medical ethics cannot separate

religious and spiritual elements of the patient. Furthermore, the writings of Yusuf Alam Romadhon⁸ published in *Cermin Dunia Kedokteran Journal* discuss the mindset in medical practice. This article focused on the medical ethics theory and basic bioethics principles between Western and Islam. With the same theme, Muhammad Khalilur Rahman, etc,⁹ also, discuss related the factors that influencing satisfaction and loyalty the visitor to private hospitals in Malaysia.

In Indonesia, the research related to the impact of the implementation of sharia hospital certification on hospital performance was conducted by Siti Aisyah Ismail¹⁰ in Sultan Agung Islamic Hospital Semarang at 2017 with a mixed-method, that is a quantitative and qualitative method using performance measurement instruments from European hospitals, namely *Performance Assessment Tool for Quality Improvement in Hospital*, better known as PARTH.

According to the previous studies, this research has similarities with previous studies regarding the implementation of hospitals based on the sharia principles. However, the advantages of this research are focused on the evaluation of the management and sharia certified hospital compliance in Sari Asih Ciledug Hospital based on the fact of several aspects that have not been implemented following sharia provisions. The first problem, how is the evaluation of the management and compliance of Sari Asih Ciledug Hospital in conducting management and service based on sharia principle? Second, how is Sari Asih Ciledug Hospital applies Islamic principles in management and service based on the sharia principles?

RESEARCH METHOD

In this research, the authors used the Islamic law regulation approach to conduct a review of regulations related to legal issues that the authors will examine.¹¹ By this approach, the authors give a historical explanation regarding the fatwa of the DSN-MUI Number 107 of 2016 discussing guidelines for hospital administration based on sharia principles. According to the characteristic, this descriptive research aims to illustrate appropriately of the situation.¹² While in terms of classification, this research is categorized as evaluative research, in which the authors will analyze hospitals that are certified sharia, whose implementation refers to the Fatwa of DSN-MUI Number 107/DSN-MUI/X/2016 regarding the implementation guidelines for hospital-based on sharia principles.

Therefore, this research is sociological research on evaluation of the validity of the law,¹³ then this research can be said to be empirical juridical

research as it discusses the laws that govern or bind society. In this case, several factors influence, including the regulation itself, law enforcement officers/enforcers, the facilities used by law enforcers, and people's awareness.¹⁴ In this research, the fatwa of DSN-MUI Number 107/DSN-MUI/X/2016 regarding the implementation guidelines for hospitals based on sharia principles will be binding on the sharia certified hospital.

In this research, the method will be used the authors is gathering the data with the interview as a non-legal data source¹⁵ by asking structured questions to the hospital director, head of marketing, head of nurses, head of nutrition installations through interview guidelines that are arranged systematically or planned.

The second data collection technique is by using a questionnaire for inpatients with closed questions through the unidimensional check list and multidimensional check list, so that it cannot provide the opportunity for respondents to answer freely the questions asked.¹⁶ The questionnaire in this research used the Likert scale, which is a scale used to measure the attitude, opinion, perception of people or groups about a certain case.¹⁷ The questionnaire analyzed used Microsoft excel 2016 and Statistical Package for Social Science (SPSS) version 22.0 for windows.

RESULT AND DISCUSSION

Management Evaluation and Sari Asih Ciledug Hospital Compliance

The result of the questionnaire obtained by the authors is a part of primary data used by the authors as a base to analyze management evaluation and Sari Asih Ciledug Hospital compliance in apply sharia principles. According to the result of three variable being tested, the average results of the management evaluation and Sari Asih Ciledug Hospital compliance toward overall sharia principles has a score of 3,50 which is in the statement of agreeing and strongly agrees with the acquisition of percentage of 87,5 which is in very good value range as can be seen in the following **Table 1** below.

Table 1 data illustrate of budgeting, service, facilities, and infrastructure in Sari Asih Ciledug Hospital, the authors conducted a Spearman correlation analysis to determine the relationship between these variables in this research. The data from the Spearman correlation analysis carried out in this research can be seen in **Table 2**.

Table 1. Result of Management Evaluation and Compliance

Variable	The Average of Variable Score
Budgeting	3,53
Services	3,50
Facilities and infrastructures	3,48
Result	3,50
Percentage	87,5

Source: Author, 2020

Table 2. The Results of the Spearman Correlation Test

Correlations					
			Budgeting	Service	Facilities and Infrastructures
Spearman's rho	Budgeting	Correlation Coefficient	1.000	.766**	.723**
		Sig. (2-tailed)	.	.000	.000
		N	99	99	99
	Service	Correlation Coefficient	.766**	1.000	.821**
		Sig. (2-tailed)	.000	.	.000
		N	99	99	99
	Facilities and Infrastructures	Correlation Coefficient	.723**	.821**	1.000
		Sig. (2-tailed)	.000	.000	.
		N	99	99	99

Correlation is significant at the 0.01 level (2-tailed).

Source: Author, 2020

According to the data in table 2 it can be seen that the significance score of all variables < significance level 0,5, so it can be seen that these variables are correlated with each other significantly. table 2 also known that the correlation coefficient score between variables is quite varied start from 0,723 up to 0,821. It shows that the correlation level between budgeting, services, facilities, and infrastructures in Sari Asih Ciledug Hospital is strong.

The existence of a strong correlation between the three variables tested indicates that budgeting, services, facilities, and infrastructures in Sari Asih Ciledug Hospital are closely related to each other in realizing the sharia principle based on the applicable rules.

With the acquisition of a percentage of 87.5 and a difference of 12.5, the hospital should make improvements in terms of service so that the expected morals can be implemented in hospitals that implement sharia principles. This is also in line with the results of the correlation which states that there is a strong correlation between services and facilities/infrastructure with a score of 0.821, which the hospital civitas should be able to maximize this potential so that the brand image (smiling and greeting) built by Sari Hospital Asih Ciledug reaches the community, especially patients.

The Implementation of Islamic Principles in Sari Asih Ciledug Hospital

The existence of a hospital with sharia principles is certainly a challenge in which management must be carried out in a balanced manner from 2 contradictory sides, namely the social humanity and the commercial economy.¹⁸ So that Islam can show as a way of life religion and *rahmatan lil alamin* (grace for all nature) in the form of guidelines that can guide humans to live in a balanced and dynamic.

In practice, the ownership of Sari Asih Ciledug Hospital is under the control of the Sari Asih Limited Liability Company (PT) shareholders, so the decisions that are enforced at Sari Asih Ciledug Hospital are taken through the General Meeting of Shareholders (GMS). Where in carrying out the operational governance of the Hospital is submitted and represented to the Board of Commissioners and the Board of Directors.

As is known, the management of Sari Asih Ciledug Hospital in fulfilling sharia provisions begins with the establishment of the vision, mission, and objectives which are endorsed by the Board of Commissioners and the Council of Directors. Besides, the Board of Directors and the Board of Commissioners have the authority to determine the organizational structure applicable to the hospital. Furthermore, the Board of Commissioners and the Board of Directors assign responsibility to the Hospital Director to evaluate the hospital's performance following the hospital development master plan. Therefore, the Board of Commissioners and the Board of Directors have full rights to the appointment, replacement, and dismissal of Hospital Directors.

Also, at Sari Asih Ciledug Hospital, there are important components that have a role in overseeing the implementation of sharia standards at the hospital, namely the existence of the Sharia Supervisory Board (DPS). Where DPS is at the same level as the Supervisory Board's function as the supervisor of the Board of Directors. Therefore, DPS is obliged to supervise hospital operational activities, make sharia opinions on requests and/or findings, and provide reports on the results of supervision to DSN-MUI on activities carried

out at the hospital.¹⁹

In carrying out hospital operational to meet sharia-based hospital standards concerning the vision, mission, and objectives, the Hospital Director, in this case, is specifically assisted by the Sharia Committee in planning, directing, coordinating, controlling, and evaluating sharia compliance standard programs has been determined so that it is carried out properly. Thus, the Sharia Committee has the responsibility to make regular written reports, either monthly, quarterly, or annually, to be submitted to the Director, so that they can be reviewed, which is then followed up and forwarded to the Board of Commissioners, Board of Directors, and DPS.

Furthermore, operational activities at Sari Asih Ciledug Hospital in applying sharia principles refer to the grouping of sharia *maqashid* by implementing sharia quality indicators as hospital guidelines, including:

The first, Accompanying the Patient in *Sakaratul Maut* with *Talqin* (Whispering). Accompanying *talqin* (whispering) to patients is an effort of the hospital community so that patients can die by saying the words *laa ilaha illallah* at the end of their lives. For the frequency of collecting related data, this is done every month with analysis of results every 3 months. *Talqin* assistance is also part of the *hifdz al-din* dimension (maintaining religion) in the scope of the patient's faith.

The second, Reminds Prayer Times. Prayer is the first practice that will be asked on the doomsday so that in a sick condition someone is still obliged to pray. Reminding that prayer times are an obligation for inpatient nurses or midwives in carrying out Islamic service patients, including helping patients to pray.

The third, Gender-Appropriate DF Defibrillator Installation. The dimension of guarding religion or *hifdz al-din* (maintaining religion) in the area of worship for patients and employees to avoid the *ikhtilat* element is carried out in the process of installing a DC defibrillator according to gender, so the procedure for installing a DC defibrillator becomes a guideline for the hospital community in implementing sharia principles in the hospital.

While the minimum standard of service which is a mandatory requirement as a hospital with sharia principles, as followed. The first, Reciting *Basmallah* on Medicine Administration and Action. It has become routine in the services at Sari Asih Ciledug Hospital is taking action to start with reciting *basmallah* and ending it with *hamdallah*, both in taking medical actions, or giving medicine to patients. Nurses are also accustomed to invite patients to recite *basmallah* when giving medicine. The measurement of indicators is the activity of the hospital civitas in reciting and the patient and/or the patient's family read *basmallah* before giving drink and/or medicine, giving

the injection, and inserting the infusion.²⁰

The second, Giving the *Hijab* for the Patient. One of the facilities that should be had by the hospital is providing a *hijab* in the form of a veil, clothes, or fabric to close the genitals, except face and palms. Besides, the community of hospitals also giving education related to a part of genitals in which this activity is a part of preaching. Moreover, it is undeniable that patients who previously did not wear the *hijab* were moved to wear the *hijab* in their daily lives.

The third, Mandatory Training for Patient's *Fiqh*. This activity is a learning media for all the community of hospitals in learning *fiqh* and Islamic knowledge, including *thaharah*, woman's *fiqh*, prayer guidance to the patient, covering the corpse, etc. Mandatory training in the Sari Asih Ciledug Hospital is carried out every month, both in the form of new learning or review of what has been taught.

The fourth, Islamic Education. Islamic education in the Sari Asih Ciledug Hospital is in the form of a leaflet or spirituality book for the patient. *Tayammum* pads are also provided for the patients who are unable to excessive activities and installing the *murottal* Quran through loudspeakers in several corners of the hospital room.

The fifth, Gender-Appropriate Electrocardiogram (EKG) Installation. Because the EKG is an installation on the patient's body in an intimate area, it is performed by medical personnel who are gender-appropriate to the patient. This action cannot be equated with a tension check which currently can be done by both male and female nurses regardless of the patient's gender.

The sixth, Wearing *Hijab* for Breastfeeding Mother. The availability of *hijab* facilities for breastfeeding mothers is an indicator in services at Sari Asih Ciledug Hospital, and also provides education to breastfeeding mothers to cover the breasts while breastfeeding without reducing the baby's access while breastfeeding.

The seventh, Wearing *Hijab* in the Operating Room. Hospitals should be put on the *hijab* to the patient who is going to the operation, as well as wearing the *hijab* on the patient in the process of operation.

The Eighth, The Schedule of Elective Surgery Does Not Conflict with Prayer Times. Elective surgery is an operation whose scheduling can be arranged in such a way by the hospital. Therefore, this type of operation is forbidden to carry out by the hospital during prayer times or intentionally *jamak* prayers due to elective surgery.

The ninth, Use of Sharia Contracts in Transactions and/or Agreements at Hospitals. The use of sharia contracts in transactions in sharia principles hospital becomes a requirement. Both transactions are conducted in the

hospital, hospital with the employee, or hospital with the vendors. Based on the sharia quality indicators and minimum hospital service standards can be concluded that *hifzd al-din* (maintaining religion) is the main focus in implementing sharia compliance in hospitals that are certified by the DSN-MUI, both in the side of faith, worship, guarding of *ikhtilath* elements (mingle between men and women), guarding genital, and how to transact with the patient and the hospital community.

In addition to indicators of the quality of sharia and minimum hospital service standards, a certified hospital must also realize the standards and assessment instruments of a certified hospital in its management. These standards and instruments have changed, from version 1438 to version 1441 which can generally be explained as follows:²¹ 1). Systematic in the standard book and assessment instruments version 1441 is no longer based on the sharia *maqashid* chapter, but instead becomes the name of the chapter in the standard itself. 2). Adding a special explanation regarding the relevance of sharia *maqashid* with each standard and its assessment elements. 3). Adding absolute requirements for hospitals that want to apply for sharia hospital certification to DSN-MUI. 4) Provide clarity regarding the procedures for submitting a visitation for sharia hospital certification by the DSN-MUI. 5). There is a change in the name of the standard as an effort to align with the National Hospital Accreditation Standards (SNARS), such as the Sharia Standard for Service Access and Continuity (SSAPK) to become the Sharia Standard for Access to Hospitals and Continuity (SSARK), the Sharia Standard for Patient Services (SSPP) to become Sharia Standards for Patient Service and Care (SSPAP), as well as Sharia Standards for Patient and Family Education (SSPPK being the Standards for Management of Communication and Islamic Education (SSMKPI). 6). Removing and combining several standards and assessment elements that are considered inappropriate in grouping and avoiding repetition of assessment elements. 7). Explain the purpose of the assessment elements in each standard, making it easier for the hospital to implement it.

The classification of chapter and standards in the guidelines for version 1441 can be briefly explained at **Table 3** below. Based on the **Table 3**, the following is the implementation of standards and instruments at Sari Asih Ciledug Hospital as follows: The first Sharia Standards Access to Hospitals and Service Continuity (SSARK). The first standard is the Sharia Standard of Access to Hospitals and Service Continuity (SSARK) where the hospital must have procedures for the acceptance, guiding, returning patients, and establishing internal and external patient transfer processes by applying Islamic values. The implementation of SSARK at Sari Asih Ciledug Hospital

is carried out by providing consultation services through spiritual guidance which is carried out by officers every day. Patients can also propose a consultation time if deemed necessary by conveying their wishes to the nurse who will then be rescheduled with a spiritual guidance officer. Moreover, the patient transfer process is also carried out by an ambulance equipped with Islamic audio, both in the form of *murottal* Quran and Islamic studies, so that patients feel safe and comfortable with the facilities provided by Sari Asih Ciledug Hospital.²² The basis that underlies the implementation of the above standards, namely Ali Imran verse 159. To be achieved from this standard, namely the call or preaching made by the civitas of Sari Asih Ciledug Hospital is inviting patients to *amar ma'ruf* (invite for kindness) and *nahi munkar* (prevent crime) as in the word of Allah Qs. Ali Imran: 104.

Table 3. Classification of Standards and Assessment Instruments for Sharia Hospitals Version 114

No	Chapter Name	Standard (Total)	Assessment Element (Total)	Sharia <i>Maqashid</i>
Services Category				
1	Sharia Standards Access to Hospitals and Service Continuity (SSARK)	2	8	<i>Hifdz al-Nafs</i> (Maintaining the soul)
2	Sharia Standard Patient Assessment (SSAP)	3	11	<i>Hifdz al-Nafs</i> (Maintaining the soul)
3	Sharia Standards for Patient Care Services (SSPAP)	7	28	<i>Hifdz al-Nasl</i> (Maintaining the generation)
4	Sharia Standard for Sharia M Services (SSPO)	3	11	<i>Hifdz al-Nafs</i> (Maintaining the soul)
5	Sharia Standards for Service and Spiritual Guidance (SSPBK)	5	13	<i>Hifdz al-Nafs</i> (Maintaining the soul)
6	Sharia Communication and Education Standards (SSKE)	5	13	<i>Hifdz al-Aql</i> (Maintaining the mind)
Management Category				
7	Sharia Standards for Organizational Management (SSMO)	9	29	<i>Hifdz al-Din</i> (Maintaining the religion)
8	Sharia Standards for Quality Management (SSMM)	3	10	<i>Hifdz al-Din</i> (Maintaining the religion)

No	Chapter Name	Standard (Total)	Assessment Element (Total)	Sharia <i>Maqashid</i>
9	Sharia Standards for Human Capital Management (SSMMI)	9	26	<i>Hifdz al-Aql</i> (Maintaining the mind)
10	Sharia Standard for Facilities (SSMF)	5	15	<i>Hifdz al-Din</i> (Maintaining the religion)
11	Sharia Standards for Marketing Management (SSMP)	3	11	<i>Hifdz al-Maal</i> (Maintaining the)
12	Sharia Standard for Accounting and Finance Management (SSMAK)	8	23	<i>Hifdz al-Maal</i> (Maintaining the wealth)

Source: DSN-MUI and Mukisi, 2019

The second, Sharia Standard Patient Assessment (SSAP). Hospitals are required to conduct a comprehensive assessment of the patient's spiritual medical condition. Where the patient's assessment is divided into two parts, namely a medical assessment which can be done by examining the physical and medical history, and a psychospiritual assessment which can be carried out with the patient's religious approach.²³ This assessment is carried out by the hospital at the time of patient acceptance so that the hospital civitas can find out the results of decisions needed by patients during their treatment at the hospital so that patients can be classified according to their spiritual service needs such as: a). Patients who disturbed emotional and/or psychological disorders. b). Patients who obstacles in carrying out worship activities. c). Patients in conditions *sakaratul maut* and so on. Besides, in this standard, Sari Asih Ciledug Hospital has implemented laboratory and radiology services following sharia, in the form of efforts for both doctors and nurses to protect the patient's genitals, as well as taking blood specimens as much as possible by other genders.

The third, Sharia Standards for Patient Care Services (SSPAP). In contrast to the Sharia Standard Patient Assessment (SSAP), this SSPAP is carried out after the implementation of the SSPAP. In this standard, at least discuss the following: a). Hospital civitas assist patients who have psychospiritual disorders, As research conducted by David R. Hodge and Violet E. Horvath concluded that services in the form of assistance for spiritual needs are often neglecte.²⁴ Therefore, assistance for patients who have psychospiritual disorders is an emphasized part of sharia-certified hospital services. b). The hospital civitas guarantees halal, hygiene, food safety, and

nutritional therapy for patients. Sari Asih Ciledug Hospital has committed to ensuring that the food and beverage ingredients used are free from haram elements as proven by having been certified by LPPOM MUI and evaluated every 2 years. This stipulation refers to the teachings of Islam found in the verse of the Koran Qs. Al-Baqarah: 168. With the rules for selecting food ingredients at Sari Asih Ciledug Hospital, which is known as 10 menu cycles 31. Then the materials are classified into 2, namely material for positive leaves and material for non-positive leaves. The material for positive leaves is including ingredients that come or grow from the ground such as fruits, vegetables, nuts, and so on. Especially for non-positive leaves materials, other halal standards are needed by referring to the material certification on the LPPOM MUI halal certification label and can confirm this also on the website portal www.halalmui.org.²⁵ c) The hospital civitas guarantees the patient's genitals when there is medical action, and maintains the *ikhtilath* element (mingling between men and women). The efforts made by the Sari Asih Ciledug Hospital in this assessment instrument is by not combining inpatient rooms between men and women, so that patient guards are also required to match gender except for the *mahram*. Besides, Sari Asih Ciledug Hospital has also implemented services in the delivery room carried out by female nurses to reduce the elements of *ikhtilath* (mingling between men and women) in a transaction. d). The hospital civitas guarantees that anesthesia and surgery services are based on the sharia principles. Not different from the services applied in the inpatient room or the delivery room. In the operating room, the hospital also strives to keep running according to sharia. Where patients at Sari Asih Ciledug Hospital continue to close their genitals during the operation, doctors are prohibited from scheduling non-emergency surgeries that interfere with the time of *fardhu* prayer. e). The hospital civitas provide services in the form of sharia pain management. Regarding services in the form of sharia pain management, in this case, the nurse is tasked with guiding *dzikir* and prayers to reduce the pain felt by patients.²⁶ As Allah says in surah al-Ra'd verse 28. As it is known that one of the trials that Allah gives to humans is a physical test or what is known as pain which aims to test the patience and willingness of the servant to His destiny. f). The hospital civitas provide services to the mothers and babies based on sharia. The legal basis for services to mothers and babies refers to the Luqman verse 14. Also to promote the model of breastfeeding (ASI) according to the guidance of Islamic teachings which can be found in verse 233 of al-Baqarah. So the hospital has an obligation not only to provide maternal and neonatal health services to pregnant women but also to educate pregnant women regarding women's *fiqh* regarding pregnancy, breastfeeding, caring for children, and the Islamic view of family planning. With the

obligations of the hospital civitas as above, Sari Asih Ciledug Hospital has carried out mandatory training for all its employees so that they understand related matters that are carried out every month in the form of training, workshops, and seminars. g). The hospital civitas provide services Islamic reproduction. Reproduction Islamic can provide to the hospital's patients in the form of information about contraception based on Islamic teaching so that the pregnancy and birth of children can be well planned. This part is can be seen in the Quran An-Nisa verse 9.

The fourth, Sharia Standard for Sharia Medicine Services (SSPO). In the standard book and certification instrument for sharia hospitals version 1441, the Sharia Standard for Sharia Medicine Service Service (SSPO) is categorized as a domain in the effort to maintain the soul (*hifdz al-nasl*). The implementation of sharia principles must be carried out by the hospital starting from the process of selecting planned medicine and entering the hospital formulary. So, to ensure the medicine ingredient, it is necessary to study the formulary first by presenting at least the medicine that is suspected to contain elements that are forbidden in Islamic teachings such as pork, blood, and so on. Including the urgency if the medicine is needed.²⁷ There are limitations in the *halal* certification of medicine, so in this matter, Sari Asih Ciledug Hospital strives to assure patients in the form of reassurance by identifying the ingredients in these medicines. However, if a medicine containing elements that are prohibited is required due to the unavailability of the medicine, in this case, the hospital has requested an opinion from the DPS through the Sharia Committee that the practice is permitted on condition that it obtains permission from the patient or the patient's family. The ability for this action is due to an emergency condition which is allowed in the *fiqhiyyah* rule. In the MUI explanation that the use of medicine that is made from *haram* materials for treatment is prohibited, except for the following requirements:²⁸ a). The use of medicine during an emergency condition (*al-dlarurat*), can threaten human life, or a condition of urgency which is equivalent to an emergency (*al-hajat allati tanzilu manzilah al-dlarurat*), which is a condition of urgency which if not done it will be able to threaten the human soul in the future. b). Not found *halal* ingredients. c). There is a recommendation of competent medics and trusts that not found the same *halal* medicine.

The fifth, Sharia Standards for Service and Spiritual Guidance (SSPBK). Duties and responsibilities in providing services and spiritual guidance for patients are imperative in a sharia-certified hospital. Where this service is not only limited to *dzikir* and prayer but is related to the condition of the patient who can interpret every event, including exams in illness. Hospitals must have spiritual service standards in assisting patients who have special requests.²⁹

The spiritual assessment of patients at Sari Asih Ciledug Hospital has been carried out since the patient entered the Emergency Room (IGD) in particular. Furthermore, the treatment in the inpatient room is carried out by an *ustadz* and/or *ustadzah* (Islamic teacher) who has been assigned by the hospital to carry out daily control with 10-20 patients per day.

The sixth, Sharia Communication and Education Standards (SSKE). This standard discusses matters related to how the hospital educates the patient's family to provide moral, spiritual, and motivational support for the patient's recovery. Where it can be seen that the family has a role in the process of identifying the patient's spiritual condition to assisting the patient in the treatment process.³⁰ Sari Asih Ciledug Hospital also facilitates patients and their families with several reference books that can be accessed during their treatment at the hospital, such as *fiqh* about the sick, patient *fiqh* leaflets, and so on.

The seventh, Sharia Standards for Quality Management (SSMM). The first group of management standards, namely the Sharia Standard for Quality Management (SSMM) which is the establishment of hospital quality policies and guidelines to maintain faith, worship, morals, and transaction for all hospital civitas. The measurement of this quality indicator is seen based on the hospital's achievement of the minimum hospital service standards and the mandatory hospital sharia standards which are the main benchmarks in implementing hospital management based on sharia principles. This refers to the commandment that a Muslim should study or practice the teachings of Islam as a whole as the word of Allah swt in Al-Baqarah: 208. So that in this aspect the hospital can carry out risk management for existing problems, both related to faith, worship, morals, and transaction. Therefore, the Sari Asih Ciledug Hospital always strives to minimize risk by identifying the risk of problems, then selecting risks using priority methods so that the steps taken can have a significant impact.

The eight, Sharia Standards for Organizational Management (SSMO). There are 8 aspects in the Sharia Standards for Organizational Management (SSMO) that needed to do by the certified-sharia:³¹ a). Hospital owners have a sense of responsibility and accountability in managing the hospital. In this aspect, hospital owners at least pay attention to legal entity licensing, organizational structure, and governance as well as financing that ensures there are no elements prohibited by Islamic teachings. As it is said that every leader will be held accountable in the future. b). Establish the Board of Sharia Supervisory (DPS) which functions to oversee hospital operations. The Board of Sharia Supervisory (DPS) can be seen in Law Number 21 of 2008 concerning Sharia Banking, in article 23 which states that DPS is appointed

based on the recommendation of the MUI which is tasked with providing advice and suggestions to the directors and supervising activities so that they run according to the sharia principles.³² Even though the law states that it is limited to bank activities, it is still the authority of DPS to provide direction and supervision of hospital management that runs with sharia principles as stated in fatwa Number 107/DSN-MUI/X/2016 concerning Guidelines of Hospital Operation Based on Sharia Principles. Therefore, DPS is an independent institution placed in the hospital with the role of supervision management of sharia principles. In which DPS consists of experts in the field of *fiqh* with competent knowledge that provides solutions to daily operational problems.³³ Of course, the role of DPS is in synchronization with the Sharia Standard for Quality Management (SSMM) in minimizing risks that can damage the reputation and credibility of sharia-certified hospitals in the public view. Therefore, MUI, in this case, DSN, needs to tighten the qualifications for the appointment of DPS through a more selective process, so that the selected DPS has the ability and competence that cannot be doubted. c). Corporate by-laws containing Islamic values. In-hospital management operations, corporate by-law are known as hospital by-law. Hospital by-laws are internal regulations established by the hospital as a reference in managing the hospital both regarding ownership, recruitment, cooperation, and so on. The provision based on the hospital by laws regarding recruitment that a person is a Muslim is a mandatory requirement to become part of the Sari Asih Ciledug Hospital. This includes procedures for reward and punishment for the hospital community. The rewards and punishments carried out by Sari Asih Hospital refer to the hospital by-laws themselves. Where punishment is divided into 3 categories, namely light, medium, and heavy. The light category is in the form of a warning letter or warning from the leadership because the community does not heed their duties or obligations, such as arriving not on time, not following routine weekly and/or monthly studies. Whereas punishment with a heavy category, which can be in the form of termination of a work contract such as committing immoral acts, murder, or theft. Meanwhile, the rewards that have been implemented in this hospital include *Haji* and *Umrah* programs, annual incentives, and so on. Moreover, from the program above, reward in the form of words is also something that is always used in the community of Sari Asih Ciledug Hospital. d). The hospital's vision and mission contains Islamic values explicitly. Islamic values have been published by the Sari Asih Ciledug Hospital on the hospital's mission, namely "Islamic Hospital with Affordable Rates and Quality Service", by this mission it can be the spirit and motivation of the hospital to continue to improve quality in managing to stay is in the corridor of Islamic teachings. As every human being has a responsibility in

maintaining the life of other humans as in Al-Maidah: 32. e). Establish a Sharia Committee in ensuring the operation of hospital services based on sharia. The sharia committee in the hospital environment can be appointed by the hospital manager which has a function, namely:³⁴(1). Oversee hospital operational activities regarding the implementation of service systems and products so that they are following Islamic values. (2). Responsible for fostering Islamic insight and treasures for all hospital civitas who refers to programmed religious guidance procedures. (3). Mengawasi pelaksanaan nilai-nilai Islam dalam operasional keseharian di lingkungan rumah sakit. If you look at the organizational structure of the Sari Asih Ciledug Hospital, the Sharia Committee is parallel to other committees such as the Medical Committee, the Hospital Ethics Committee, and the Nursing Committee which is directly responsible to the Hospital Director. f). Establish spirituality in the organizational structure and hospital work procedures. The existence of the spirituality unit has the responsibility of religious guidance to facilitate patients and hospital employees in carrying out instructions from Islamic teachings. Where the spirituality in the hospital can be in the form of a team or other forms that are presented in the organizational structure and work procedures (SOTK). g). Establish mosque *takmir* institution as an effort to carry out the function of preaching and prosperity of the mosque. As there is an order for the prosperity of mosques in Islamic teachings in surah at-Taubah verse 18. Based on the above verse, the mosque *takmir* in the hospital has the function as a center of worship, a center for community development, and a center for the unity of the people. h). Establish the guidelines on the ethics code for sharia hospital. In applying the sharia hospital code of ethics, it cannot be separated from the Indonesian Hospital Code of Ethics (Kodersi). Where the Sharia Hospital Code of Ethics is an improvement on the values not contained in the Kodersi. The Code of Ethics for Sharia Hospitals consists of six parts. First, Chapter I Obligations of Sharia Hospitals; second, Chapter II Hospital's Obligations to Society and Its Environment; third, Chapter III Hospital Obligations towards Patients; fourth, Chapter IV Hospital's Obligations to Leaders, Staff, and Employees; fifth, Chapter V Hospital Relations with Related Institutions, and finally Chapter VI Miscellaneous.³⁵

The ninth, Sharia Standard for Human Capital Management (SSMMI). The recruitment system is carried out based on procedures that contain Islamic principles, as carried out at Sari Asih Ciledug Hospital with the following procedure. a). Information related to recruitment is initiated by the Human Resources (SDI) section by collecting endorsement requirements. b). The next stage is the interview divided into 3 parts. Regarding self-development, it is included in the SDI field, while Islamic insight and treasure will be

interviewed directly by the hospital director and finally the head of room will hold the authority over the abilities of each profession, as well as a written examination of the expertise of the profession. In the procedure for the hospital recruitment carried out at the Sari Asih Ciledug Hospital, there has not been any cooperation with the Islamic education institution which is part of the standard assessment and instruments in Version 1441. The hospital also should develop civitas competence and careers. In the competency development, the hospital does this with various facilities such as holding or sending hospital civitas to attend training, workshops, or seminars according to their respective field expertise. The career process that is implemented at Sari Asih Ciledug Hospital begins with a statement of passing recruitment from the SDI section who is declared an apprentice for 6 months, followed by a 1-year contract, and then extended with a 2-year contract as well. After this stage, they can be processed to become permanent workers. Apart from administrative procedures, the hospital also looked at the *muamalah syar'iyah* of the person concerned during the working period and made the feasibility study be considered as the permanent workforce. Furthermore, the monitoring and evaluation of each part are carried out by an internal survey team which is determined through a Director's Decree Letter consisting of the SDI division, Doctors, Spiritual Guidance, Nurses, and the Sharia Committee. Monitoring and evaluation are carried out in the form of document review, interviews with related sections, and by measuring the performance indicators of each division.³⁶

The tenth one, Sharia Standard for Facilities (SSMF). The facilities provided by the hospital are required to support the needs of patients, families, staff, and visitors. Apart from that, it is of particular concern in the management of laundry and hospital waste disposal. Where this cleaning facility must be able to answer the patient's concerns about purity and hygiene in the hospital environment. Regarding laundry management at Sari Asih Ciledug Hospital, it was carried out in a collaboration agreement with the Bintang Arrahmah Foundation. In this case, the hospital has guaranteed that washing linen is carried out separately between those affected by unclean (*najis*) elements. Besides, the selection of halal detergents has also become an absolute requirement in laundry management at Sari Asih Ciledug Hospital. Meanwhile, the disposal of hospital waste still refers to the Regulation of the Minister of Health Number 7 of 2019 concerning Hospital Environmental Health, such as in implementing waste and radiation security to reduce the risk of health problems carried out on domestic waste which is divided into 2 categories of organic and inorganic, hazardous and toxic waste. (B3) such as medical materials, drugs, expired pharmaceutical materials, and so on, liquid

waste, and gas waste.

The eleventh, Sharia Standards for Marketing Management (SSMP). In the Indonesian Hospital Code of Ethics (Kodersi) Article 23 states that hospitals are allowed to carry out promotions without making a comparative display of competitors' brands and/or products.³⁷ So that in terms of hospital marketing, of course, there is a difference, where it can only be done by conveying information to the general public such as the location of the hospital, the type, and capacity of the hospital, the facilities of services provided at the hospital, service facilities with facilities and/or infrastructure. support as well as quality and service quality such as the achievement of accreditation, The International Organization for Standardization (ISO), and awards.³⁸ In the case of the Sari Asih Ciledug Hospital, that is a promotion carried out through a midwife's referral to perform a cesarean section on a mother giving birth. In this case, the Board of Sharia Supervisory (DPS) has provided an opinion that this is not justified if it is not based on a cooperation agreement between institutions, namely the hospital and midwives. Because it will cause losses for the patient because the *ujrah* (wages) received by the midwife from the hospital is charged to the patient without the applicable nominal standard provisions. It is different when the hospital and the midwife have entered into a cooperation contract, where the nominal has been determined at the beginning of the contract, so the parties involved cannot raise the price to the patient.

The twelfth, Sharia Standard for Accounting and Financial Management (SSMAK). As one of the efforts of the Sari Asih Ciledug Hospital in implementing Sharia Standards for Accounting and Financial Management (SSMAK), by collaborating with several LKS such as Bank Syariah Mandiri (BSM), Bank Muamalat, and Bank Mega Syariah (BMS) for hospital operational. In addition, the hospital also records all *muamalah maliyah* (financial transactions) including reports on sources and distribution of *zakat* funds as well as reports on sources and use of benevolent funds. The *zakat*, *infaq*, and alms (ZIS) funds obtained by the hospital are distributed and managed by Dhuafa Hospital which is still a unit under PT. Sari Asih, namely Arrohmah Hospital, is a class C hospital. So that the existence of Arrohmah Hospital is intended as an effort by PT. Sari Asih Asih in treating patients who are unable to carry out financial administration processes during treatment and care.

Based on the discussion above, hospitals that apply sharia principles are intended to internalize Islamic values. Where these values refer to the concept of maqashid sharia with the aim of building and maintaining the benefit of the people. Where the standards set by the DSN-MUI have accommodated five

points commonly known as al-kulliyat al-khamsah, namely guarding religion (*hifdz al-din*), guarding the soul (*hifdz al-nafs*), safeguarding the mind (*hifdz al-nafs*), and protecting the mind (*hifdz al-aql*), protection of offspring (*hifdz al-nasl*) and protection of property (*hifdz al-maal*).

CONCLUSION

Based on the results above, the authors conclude that the operational management of Sari Asih Ciledug Hospital has met the aspects of sharia compliance which refers to the mandatory quality indicators of sharia and the guidelines for minimum service standards for sharia hospitals with a percentage of 87.5%. The difference in the percentage of 12.5% can be found in practice that the hospital civitas has not yet embodied good morals with the brand image built by the hospital, namely smile and greeting in service to patients, have not collaborated with Islamic education institutions in recruiting human capital. and the surrounding community has not felt the impact of the social activities carried out by the hospital. Besides, the limited number of medicines that are *halal*-certified by the Halal Product Guarantee Agency (BPJPH) is an obstacle for hospitals in classifying formularies containing *haram* elements.

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 - ² Admin MUKISI, “Mukisi Penggagas Rumah Sakit Bersistem Syariah”, <https://mukisi.com/494/mukisi-penggagas-rumah-sakit-bersistem-syariah/>, Artikel diakses pada tanggal 18 September 2018.
 - ³ Mia Putriyana, dkk., “Analisis Standar Sertifikasi Rumah Sakit Syariah Menurut MUKISI tentang Kehalalan dan Higienitas Makanan Terhadap Pelayanan di Rumah Sakit al-Islam Kota Bandung”, *Prociding Hukum Ekonomi Syariah*, 4 No. 2 (2018).
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- ¹² Amirudin dan Zainal Arifin, *Pengantar Metode Penelitian Hukum* (Jakarta: Raja Grafindo Persada, 2004), 25.
- ¹³ Amirudin dan Zainal Arifin, *Pengantar Metode Penelitian Hukum*, 30.
- ¹⁴ Zainudin Ali, *Metodologi Penelitian Hukum* (Jakarta: Sinar Grafika, 2009), 31.
- ¹⁵ Sugiyono, *Metode Penelitian Pendidikan (Pendekatan Kuantitatif, Kualitatif dan RnD)* (Bandung: Alfabeta, 2016), 15.
- ¹⁶ Amirudin dan Zainal Asikin, *Pengantar Metode Penelitian Hukum*, 93.
- ¹⁷ Sugiyono, *Metode Penelitian Pendidikan (Pendekatan Kuantitatif, Kualitatif dan RnD)*, 134.
- ¹⁸ Fitriyati Irviana, "Analisa Manajemen Rumah Sakit Syariah (Studi Aplikasi Kualitas Manajemen Syariah dalam Pelayanan Rumah Sakit Terhadap Hifdz al-Din Pada Rumah Sakit Bersertifikat Syariah di Indonesia)", *Disertasi*, (Jakarta: UIN Jakarta, 2019), 102.
- ¹⁹ Tim Dewan Syariah Nasional Majelis Ulama Indonesia (DSN-MUI) dan Majelis Upaya Kesehatan Islam Seluruh Indonesia (MUKISI), *Pedoman Dewan Pengawas Syariah pada Rumah Sakit Berdasarkan Prinsip Syariah* (Jakarta: MUKISI, 2018).
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- ³⁰ Fitriyati Irviana, “Analisa Manajemen Rumah Sakit Syariah (Studi Aplikasi Kualitas Manajemen Syariah dalam Pelayanan Rumah Sakit Terhadap Hifdz al-Din Pada Rumah Sakit Bersertifikat Syariah di Indonesia)”, 221.
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