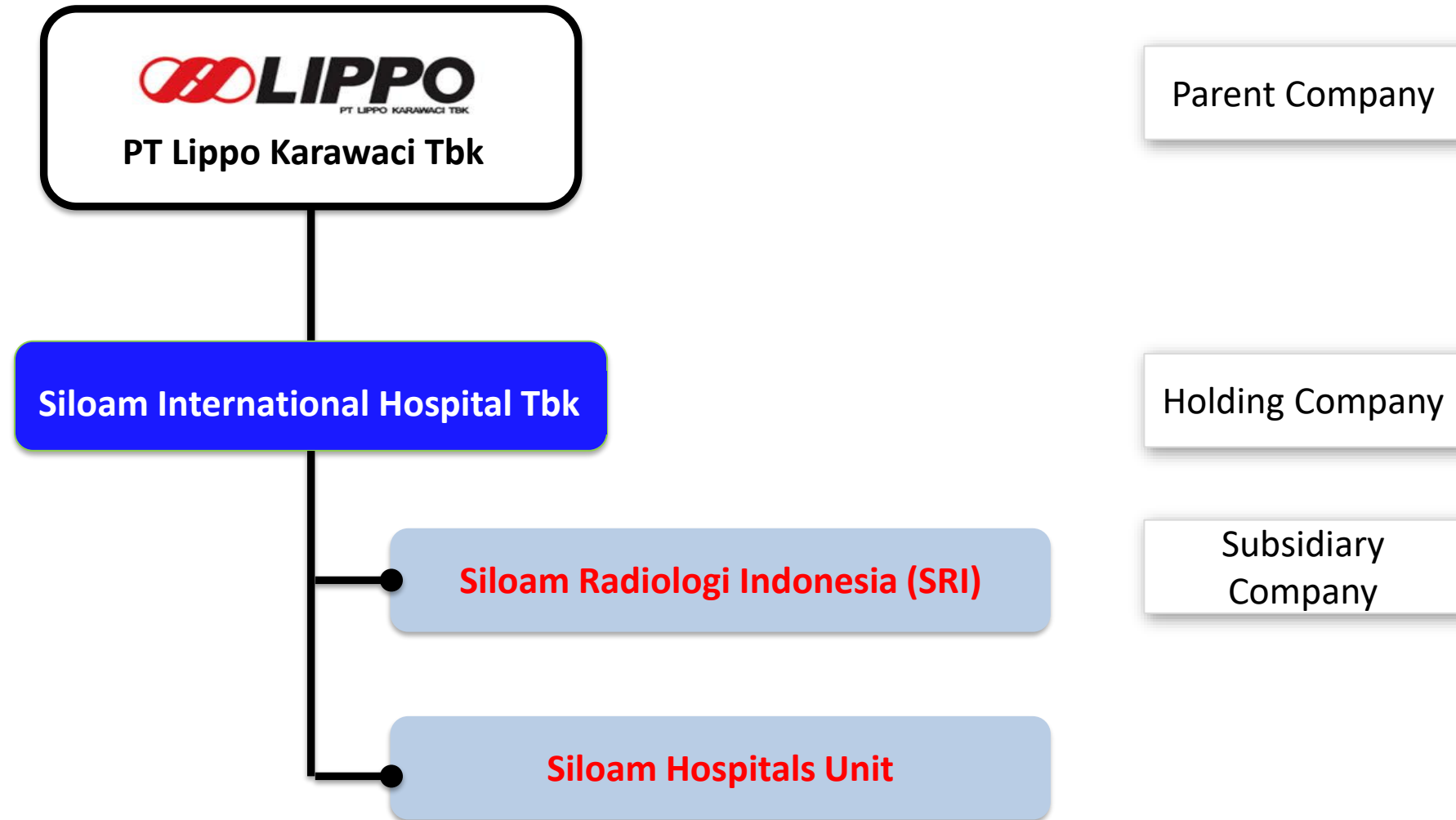




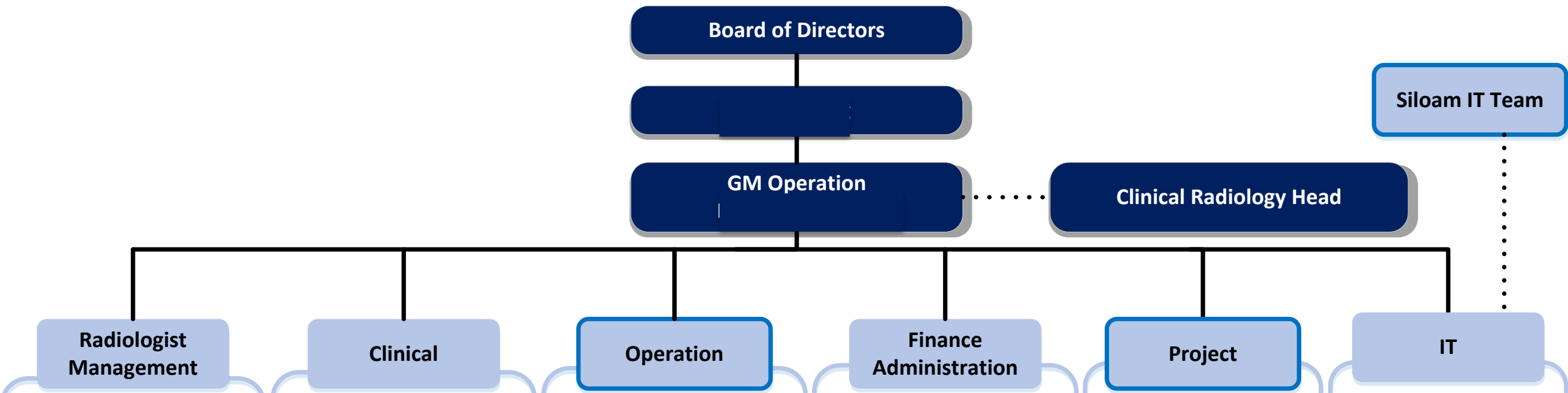
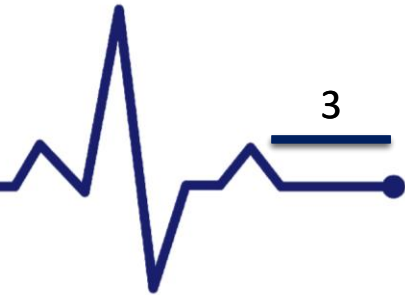
Quality Assurance

dr. Sri Inggriani, Sp. Rad (K)

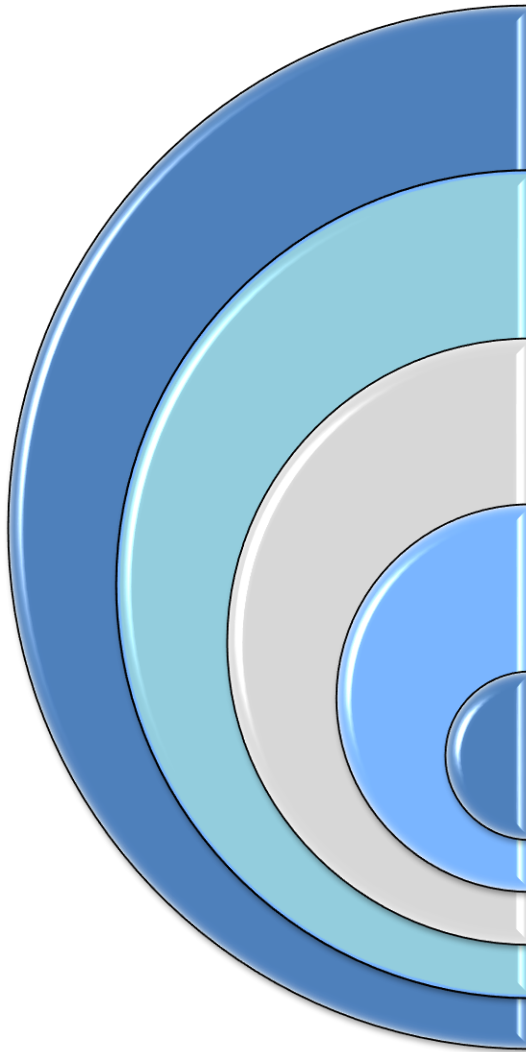
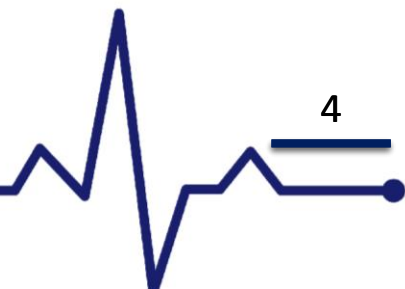
SILOAM RADIOLOGI INDONESIA (SRI)



SRI MANAGEMENT TEAM STRUCTURE



BACKGROUND



Medical imaging have been undergoing rapid advances in recent years.

The volume and complexity of work are steadily increasing, but the supply of the professional workforce is not growing sufficiently to meet this increasing demand.

The workload and work force imbalance is one of the factors which could potentially threaten the quality of care and patient safety.

Siloam group Hospital is one of the great healthcare provider in Indonesia and currently has spread its wings in nearly all corners in Indonesia, until now we have 40 Hospital units in Indonesia.

Radiology is one of the important organisation and must provide leadership, manage this challenging conditions effectively and ensure the quality of care and patient safety.

PROBLEM



Limited number of Radiologists in Indonesia

(1646 Radiologists in 2020 ; 30-50 new specialist p.a. growth
Subspecialist Radiologist in Indonesia : +/- 175 Radiologist

Major Clinical Competency issue in Indonesia

- Licensing for Radiologist : max 3 hospitals
- Clinical Accuracy in reporting (eg Siloam 72% vs Industry benchmark outside 97%)
- **Low Productivity and Higher cost of Radiology equipment**
 - Low productivity (Siloam 9,300 p.a. vs Global Benchmark 14-15,000 p.a.)
 - Rising costs due to higher cost of medical equipments and accessory
 - Using of Hard copies film instead of CD's

GOALS

6



Operational Excellence



**Radiology Images
& Report Accuracy**



Minimal Waiting Time



**Staff & Radiologist
Productivity**

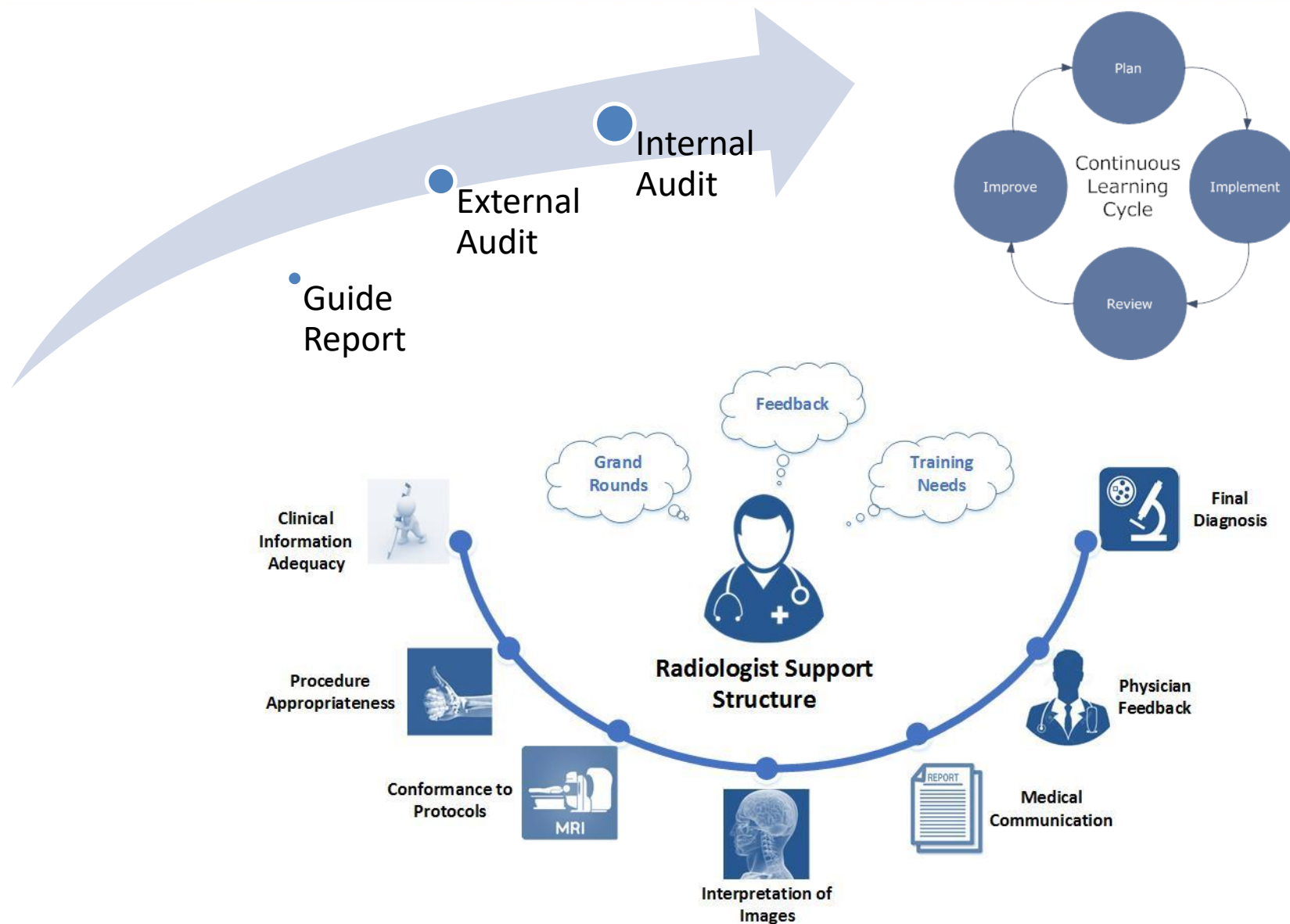


**Teleradiology -
Cross Reporting &
Coverage**



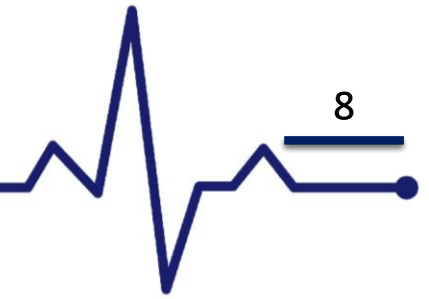
Filmless Hospital

LEARNING CYCLE



QUALITY IMPROVEMENT ACTIVITIES

1. Radiologist Sub - specialty Training (Six Sub - specialty Radiologist)
2. Radiologist Monthly Case Discussion (Error and Clinical) Meeting
3. Radiologist Quality Assurance Audit Peer Review for all sites Hospital
4. Radiologist Annual Gathering and Radiologist Annual Symposium
5. Radiologist e-Bulletin
6. Radiology Report Template
7. Radiologist National On – Call Night Shift SRI
9. Radiographers Program (Training, Monthly Case Discussion Meeting, Radiographers Bulletin)
10. Credentialing for the new radiologist recruitment and annual recredential SRI Radiologist



CERTIFIED 6 RADIOLOGIST IN SUB - SPECIALTY FELLOWSHIP



Abdominal Imaging
dr. Natalia Sp Rad
SHTS



Chest and Cardiac Imaging
dr. Mira Yuniarti, Sp.Rad (K)
SHLV



Women's Imaging
dr. Vera Nevyta, Sp.Rad
SHKJ



Musculoskeletal Imaging

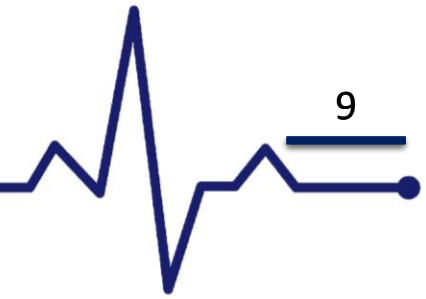
dr. Patricia Jorisal, Sp.Rad
SHKJ



dr. Santoso Suhendro, Sp.Rad (K)
SHBP



Central Nervous System Imaging
dr. Ratna Sutanto, Sp.Rad (K)
SHLV



Monthly Radiologist Case Discussion (Error and Clinical) Meeting

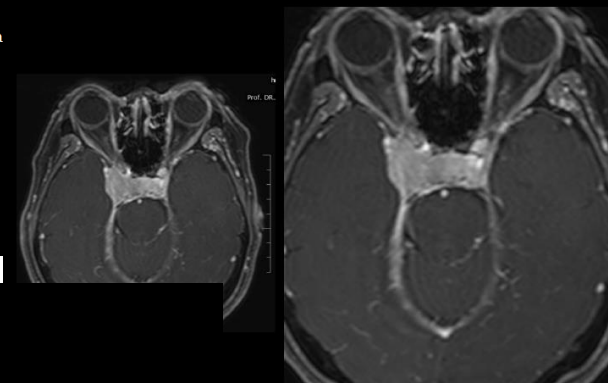
10

Day / Date	Radiologists	Hospital Unit
2019		
Friday, 25th January, 2019	DR. dr. Rusli Muljadi, Sp.Rad (K)	SHLV
Friday, 1st February, 2019	dr. Santoso Suhendro, Sp.Rad (K)	SHBP
Friday, 29th March, 2019	dr. Nungky Kusumaningtiyas, Sp.Rad	MRCCC
Friday, 26th April, 2019	dr. Dewi Tantra, Sp.Rad	MRCCC
Friday, 24th May, 2019	dr. Steven Harsono, Sp.Rad	SHMN
Friday, 28th June, 2019	dr. Grace Chandra, Sp.Rad	SHMK
Friday, 30th August, 2019	dr. Daniel Ruslim, Sp.Rad	MRCCC
Friday, 27th September, 2019	dr. Stephanie Ariyanti, Sp.Rad	SHMD
Friday, 25th October, 2019	dr. Daniel Nugraha Aji, Sp.Rad	SHJB
Thursday, 28th November, 2019	dr. Natalia, Sp.Rad	SHTB
Friday, 20th December 2019	dr. Patricia Jorisal, Sp.Rad	SHKJ
2020		
Friday, 31 st January, 2020	dr. Vera Nevyta, Sp.Rad	SHKJ
Thursday, 27 th February, 2020	dr. Made Kurniati, Sp.Rad	SHTB
Friday, 27 th March, 2020	Dr.dr. Rusli Muljadi, Sp.Rad(K) dr. Sri Inggriani, Sp.Rad(K)	SRI
Thursday, 14 th May, 2020	Dr.dr. Rusli Muljadi, Sp.Rad(K)	SRI
Friday, 26 th June, 2020	dr. Steven Harsono, Sp.Rad dr. Yonathan William, Sp.Rad	SHMN SHKJ
Friday, 5 th August, 2020	dr. Grace Chandra, Sp.Rad, DFM	SHMK

Case 3

Woman, 64 y.o right cavernous sinus meningioma

- Massa tumor extraaxial menyangat kontras dengan dural tail di parasellar kanan yang mengobliterasi sinus cavernosus kanan, Meckel cave kanan dan fisura orbitalis superior kanan, memberikan encasement ke arteri karotis interna kanan serta menonjol ke intrasella (ukuran +/- 2.7 x 2.34 x 2.5 cm) :Cavernous Sinus Meningioma kanan.
- Massa tampak mendesak pangkal nervus opticus kana hipofise.
- Chiasma opticum normal.



Learning point

- Cavernous sinus meningioma encasing ICA with extensions into sella, Superior Orbital Fissure and Meckel's cave
- Extra cerebral tumor especially meningioma should raise for dural involvement /dural tail

Not mentioned :

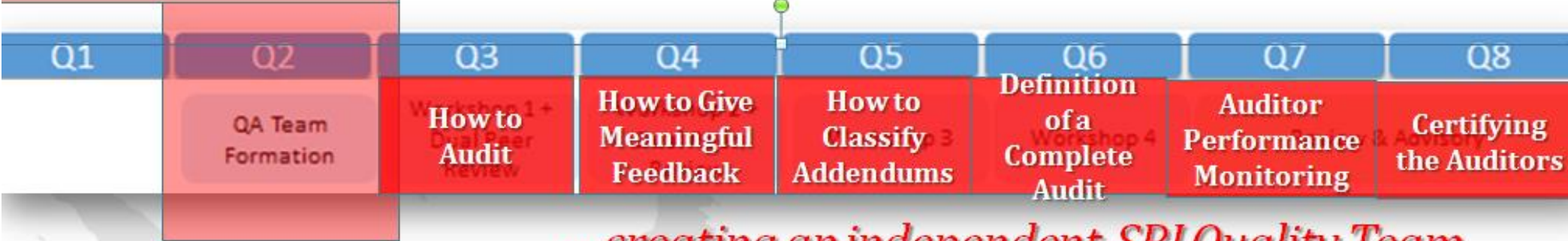
Dural enhancement extending to the posterior fossa along the dorsum sella and clivus + tentorium

RADIOLOGIST QUALITY ASSURANCE AUDIT PEER REVIEW

Forming the Quality Team QA Program Overview

Quality Assurance Training

Reporting | Quality Assurance | Education | Research



...creating an independent SRI Quality Team

Step 1	minutes	Session	File
Recruitment Overview	8:30-10 am	Recruitment Tool CV Scoring Method Answer: dr. Mock 1 CV Score	SRI Recruitment Tool 2018 dr. Mock 2 Recruitment Tool
Technical Assessment	10-11 am	Technical Assessment Make 3 RQ slides from given PPT Answer: 1 RQ slide	Mock 1 PPT
Oral Interview	11-12 noon	Oral Interview Score: dr. Mock 1 Oral Interview Answer: dr. Mock 1 Oral Interview Score	dr. Mock 1 Recruitment Tool
Participation	12-12:30 pm	Participation Score: dr. Mock 1 Participation Answer: dr. Mock 1 Participation Score	dr. Mock 1 Recruitment Tool
LUNCH			
Interview	1-2 pm	Interview Grade Rule Play of dr. Mock 1 Interview Answer: dr. Mock 1 Interview Score	dr. Mock 1 Recruitment Tool
Recruitment Summary	2-3 pm	Recruitment Summary Prepare Recruitment Summary Answer: Recruitment Summary	dr. Mock 1 Recruitment Tool
Step 2			
Reporting	3-4 pm	Reporting Template + RQV Define RQV compliance for all templates Answer: RQV compliance for all templates	RQV Exercise
Training		CARD Training Method All Plan: Plan a single theme Training for SRI Present: single-theme Training for SRI	
LUNCH			
TQI		Total Quality Score (TQS) Tool Score: dr. Mock 2 TQI	SRI TQS Tool 2018 dr. Mock 2 TQS Tool
Career Development		Career Gap Analysis Grade Rule Play: Career Gap Analysis: dr. Mock 2 Formulate Career Development Plan	SRI TQS Tool 2018 dr. Mock 2 TQS Tool



RADIOLOGIST QUALITY ASSURANCE AUDIT PEER REVIEW

12

Quality Assurance Audit Workshop

8th October - 11th October 2018	Audit Workshop 1
21st January - 24th January 2019	Audit Workshop 2
13th May - 16th May 2019	Audit Workshop 3
17th June - 20th June 2019	Audit Workshop 4
5th August - 8th August 2019	Audit Workshop 5
2nd September - 6th September 2019	Audit Workshop 6

Radiologist	Audit Sample Size	Audit Cases Type
dr. M Y Sp.R(K)	60	General + Chest and Cardiac Imaging
dr. N Sp.Rad	30	General + Abdominal Imaging
dr. PJ. Sp.Rad	60	General + Musculoskeletal Imaging
dr. RS, Sp.R(K)	60	General + Central Nervous System Imaging
dr. RM Sp.R(K)	60	General + Cardiac and Thoracic Imaging
dr. SS Sp.R (K)	60	General + Musculoskeletal Imaging
dr. SI Sp.R(K)	60	General + Abdominal imaging
dr. VN Sp.R	60	General + Women Imaging

RADIOLOGIST SUB - SPECIALTY QUALITY AUDIT PEER REVIEW FORM

13



Radiology Subspecialty Quality Audit Peer Review

Accession # :
Medical Record # :
Patient Name :
Patient Age :
Examination : MRI MUSC CRURIS NON - CONTI Modality : MR

Date of Examination :
Hospital Unit :
Reporting Radiologist : dr. IA, Sp.Rad
Drafting Radiologist :
MR

Return to :
Before : ____ / ____ / ____
Audit Date :
Auditor Name : dr. PJ, Sp.Rad

Auditor's Comment :
Auditor Signature :

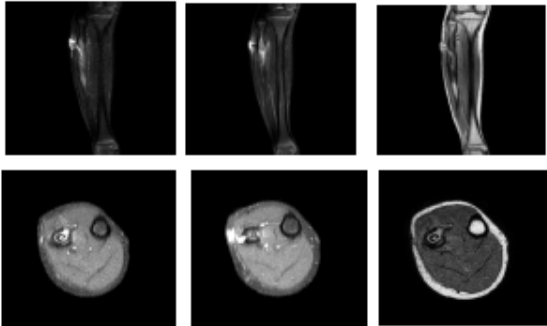
ACR Category of Error :

- | | | | |
|--------------------------|----|-------------------------------------|----|
| <input type="checkbox"/> | 1a | <input type="checkbox"/> | 3a |
| <input type="checkbox"/> | 1b | <input type="checkbox"/> | 3b |
| <input type="checkbox"/> | 2a | <input type="checkbox"/> | 4a |
| <input type="checkbox"/> | 2b | <input checked="" type="checkbox"/> | 4b |

American College Radiology RADPEER Scoring System

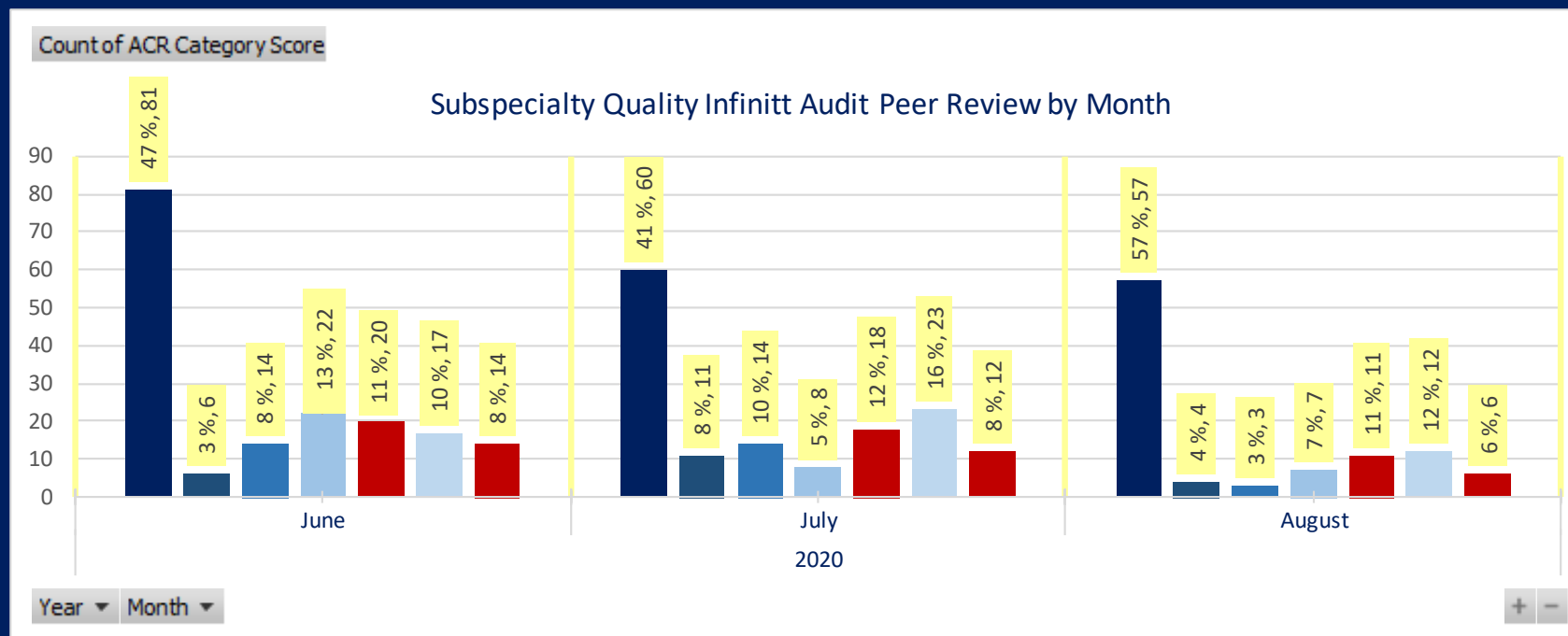
Journal of the American College of Radiology/Vol. 6 No. 1 January 2009

Table 4. Proposed RADPEER scoring language		
Score	Meaning	Optional
1	Concur with interpretation	
2	Discrepancy in interpretation/not ordinarily expected to be made (understandable miss)	a. Unlikely to be clinically significant b. Likely to be clinically significant
3	Discrepancy in interpretation/should be made most of the time	a. Unlikely to be clinically significant b. Likely to be clinically significant
4	Discrepancy in interpretation/should be made almost every time—misinterpretation of finding	a. Unlikely to be clinically significant b. Likely to be clinically significant

Quality Review	
Discrepancy	
Reporting Discrepancy	
Description of Error : Kelainan terletak di os fibula bukan os tibia. Terdapat sequestrum dan involucrum pada 1/3 proksimal-mid os fibula serta dua buah cloaca pada sisi lateral dan anteromedial 1/3 proksimal os fibula dengan opening ke kutis pada cloaca yang di sisi lateral.	Imaging : 
Learning Point(s) : Membaca ulang deskripsi dan kesan hasil MRI sebelum di approved, pastikan lokasi kelainan di tulang. Perhatikan semua kelainan yang ada, telusuri kelainan dari 3 planes sehingga tidak ada kelainan yang terlewat.	

RADIOLOGIST SUB - SPECIALTY QUALITY AUDIT PEER REVIEW MONITOR

14



Count of ACR Category Score	Col in Labels							
Row Labels	1	2a	2b	3a	3b	4a	4b	Grand Total
2020	198	21	31	37	49	52	32	420
June	81	6	14	22	20	17	14	174
July	60	11	14	8	18	23	12	146
August	57	4	3	7	11	12	6	100
Grand Total	198	21	31	37	49	52	32	420

RADIOLOGIST ANNUAL GATHERING & ANNUAL SYMPOSIUM

15

RADIOLOGIST ANNUAL GATHERING

August 3, 2019

Aryaduta

Participant: 29 SRI's Radiologist
Topic: Update SOP, Critical Finding, Q&A



RADIOLOGIST SYMPOSIUM

August 3-4, 2019

Fakultas Kedokteran UPH

Topic: Oncology Imaging

Simposium
"What's New on Oncology Imaging"

Sabtu, 3 Agustus 2019 | 08.00-17.00 WIB
• Neuro Oncology Imaging
• Chest and Cardiac & Head and Neck Imagings

Minggu, 4 Agustus 2019 | 08.00-15.00 WIB
• Abdominal Imaging
• Musculoskeletal & Women's Imagings

Gedung Baru Fakultas Kedokteran UPH
Jl. Boulevard Sudirman No. 1688, Lippo Village, Karawaci, Tangerang 15811

HARGA TIKET MASUK*		
Peserta	Regular	On Site
Mahasiswa kedokteran (10 pendaftar pertama gratis)		Rp 500.000
Dokter umum	Rp 1.000.000	Rp 1.200.000
Dokter spesialis	Rp 1.500.000	Rp 1.700.000

*Harga tiket masuk untuk 2 hari (3-4 Agustus 2019) termasuk coffee break, makan siang, seminar A&E dan sertifikat

Pendaftaran:
<http://ggs.go.id/SimposiumSiloamRadiologiIndonesia>
Anastasia: 0817 0199 455 (WA) • Sani: 0821 2288 8199 (WA)
siloamradiologiindonesia@gmail.com

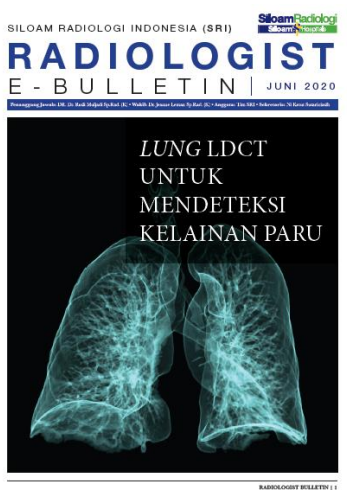
2020: September
Topic: Radiology Emergency

RADIOLOGIST e-BULLETIN

2019



2020



SILOAM RADIOLOGI INDONESIA(SRI)

RADIOGRAPHER BULLETIN

JULY 2019

Penanggung Jawab: DR. Dr. Rudi Mulyadi Sp.Rad (R) • Wakil: Dr. Jansen Leman Sp.Rad (R) • Anggota: Tim SRI • Sekretaris: Ni Ketut Santiahi



"Pemeriksaan ini sangat aman karena tidak menggunakan radiasi pengion serta tanpa risiko."

I. PENDAHULUAN

MRA (*Magnetic Resonance Angiography*) adalah pemeriksaan pembuluh darah tungkai menggunakan modalitas MRI (*Magnetic Resonance Imaging*). Teknik pemeriksaan MRA tungkai ada dua yaitu MRA tanpa kontras (*Non contrast MRA*) dan MRA dengan kontras (*Contrast enhanced MRA*).

MRA tungkai non contrast adalah pemeriksaan pembuluh darah tungkai dengan menggunakan modalitas MRI

tanpa memasukkan bahan kontras ke dalam pembuluh darah. Pemeriksaan ini sangat aman karena tidak menggunakan radiasi pengion serta tanpa risiko karena tidak memasukkan bahan kontras ke dalam pembuluh darah dan tidak memerlukan persiapan, sangat baik digunakan untuk deteksi stenosis untuk pasien dengan kelainan pembuluh darah yang merupakan gangguan fungsi ginjal dengan GFR dibawah 60. Kekurangannya, waktu yang lebih lama karena waktu pemeriksaan yang lama.

RADIOGRAPHER BULLETIN | 1

SILOAM RADIOLOGI INDONESIA(SRI)

RADIOGRAPHER BULLETIN

OKTOBER 2019

Penanggung Jawab: DR. Dr. Rudi Mulyadi Sp.Rad (R) • Wakil: Dr. Jansen Leman Sp.Rad (R) • Anggota: Tim SRI • Sekretaris: Ni Ketut Santiahi



"Posisi pasien adalah faktor kunci di dalam pemeriksaan mamografi."

PENDAHULUAN
Mamografi adalah pemeriksaan payudara dengan menggunakan sinar-X yang bertujuan untuk mendeteksi lesi pada payudara. Mamografi dilakukan pada pasien wanita dengan usia di atas 40 tahun. Untuk mendapatkan hasil gambar mamografi yang berkualitas, ada delapan kriteria yang harus terpenuhi antara lain, posisi pasien, faktor clipposi, kompresi, ketajaman, kontras, artefak, view, dan labeling.

Tidak pemeriksaan mamografi dilakukan dengan melakukan kompresi pada jaringan payudara. Hal ini bertujuan supaya jaringan payudara menjadi rata dan homogen. Pemberian kompresi harus secara maksimal agar ketebalan jaringan menjadi seminimal mungkin. Dengan jaringan yang lebih tipis akan menghasilkan citra yang detail. Selain mendapatkan citra yang baik, tujuan pemberian kompresi yang maksimal adalah agar dosis yang diterima pasien lebih rendah.

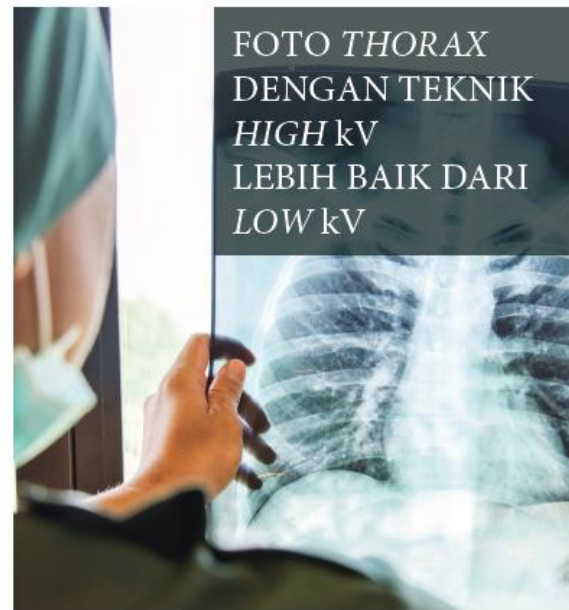
RADIOGRAPHER BULLETIN | 1

SILOAM RADIOLOGI INDONESIA (SRI)

RADIOGRAPHER BULLETIN

DESEMBER 2019

Penanggung Jawab: DR. Dr. Rudi Mulyadi Sp.Rad (R) • Wakil: Dr. Jansen Leman Sp.Rad (R) • Anggota: Tim SRI • Sekretaris: Ni Ketut Santiahi



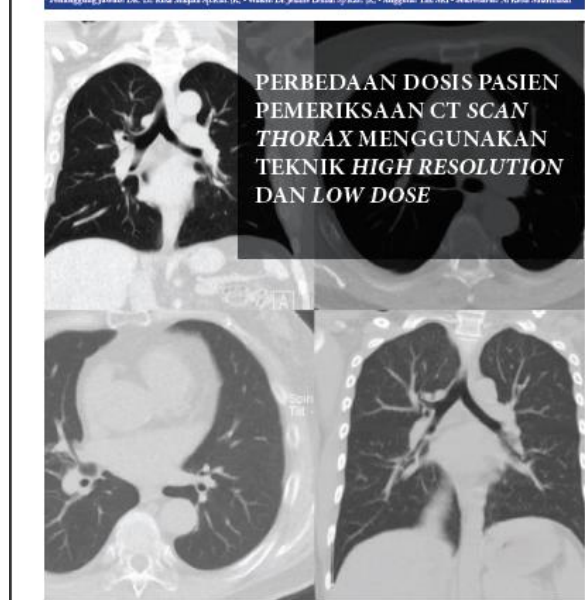
RADIOGRAPHER BULLETIN | 1

SILOAM RADIOLOGI INDONESIA (SRI)

RADIOGRAPHER E - BULLETIN

JUNI 2020

Penanggung Jawab: DR. Dr. Rudi Mulyadi Sp.Rad (R) • Wakil: Dr. Jansen Leman Sp.Rad (R) • Anggota: Tim SRI • Sekretaris: Ni Ketut Santiahi



RADIOGRAPHER BULLETIN | 1

RADIOLOGY REPORT TEMPLATE

18

CT Abdomen and Pelvis with oral and intravenous contrast:

LIVER:

- Features of chronic liver disease in the form of volume redistribution, widened fissures, retraction from the anterior abdominal wall, rounded margins and undulated surface.
- Ill-defined/ well-defined, solid, round/ irregular, homogeneous/ heterogeneous focal lesion in segment.....measuring.....that appears: ~~hypodense~~/ isodense/ hyperdense on PLAIN scan, non-enhancing/ enhancing on ARTERIAL phase, hyperdense/ isodense/ washed-out on EARLY VENOUS PHASE, hyperdense/ isodense/ washed-out on LATE VENOUS phase, and associated with intra-lesion arterial flow/ AV shunting.
- Cyst(s) in segment....., measuring.....
- Mosaic attenuation/ flip-flop phenomenon

SPLEEN:

- Normal/ mildly/ moderately/ markedly enlarged
- Scattered Gamma-Gandy bodies
- Foci of ~~hypoperfusion~~/ infarction

PORTAL VENOUS SYSTEM:

- PV =
- SUPERIOR MESENTERIC VEIN =
- SV =
- Recanalized umbilical vein =
- Collaterals noted in the perigastric/ peripancreatic/ splenic hilar/ perisplenic/ periesophageal/ pericholedochal region.
- Portal cavernoma at the porta replacing the normal portal vein.
- Enhancing/ non-enhancing thrombosis of the main portal vein, bifurcation, right portal vein, left portal vein, intrahepatic portal venous branches.
- Chronic occlusion of the main portal vein, bifurcation, right portal vein, left portal vein replaced by collaterals.

HEPATIC ARTERIAL ANATOMY:

IVC, HEPATIC VEINS:

- Intrahepatic venous collaterals between the hepatic and portal venous systems.
- Short segment IVC narrowing at the level of the hepatic venous ostia.
- IVC web
- RHV thrombosis/ occlusion/ non-filling/ delayed filling
- MHV thrombosis/ occlusion/ non-filling/ delayed filling
- LHV RHV thrombosis/ occlusion/ non-filling/ delayed filling
- Smooth extrinsic compression of the intrahepatic IVC without evidence of intrahepatic venous collateralization or abnormal hepatic veins.

BILIARY SYSTEM and GALL BLADDER:

- Pericholedochal venous collaterals and collaterals in the GALLBLADDER wall.
- GALLBLADDER wall edema/ increased thickness = ...mm

PANCREAS:

ADRENALS:

KIDNEYS:

PELVI-CALYCEAL SYSTEMS:

URETERS:

BLADDER:

BOWEL:

- Portal gastropathy, portal enteropathy, ~~portal~~ colopathy in the form of thickened, edematous mucosa involving the

PERITONEUM, OMENTUM, MESENTERY:

NODES:

FLUID: mild/ moderate/ massive ascites

UTERUS / PROSTATE:

OVARIES / SEMINAL VESICLES:

VISUALIZED BONES and JOINTS:

VISUALIZED LUNGS:

ABDOMINAL WALL:

- Collaterals in the anterior abdominal wall

IMPRESSION:

CT Abdomen and Pelvis with oral and intravenous contrast demonstrates features suggestive of:

1. Cirrhosis
2. Portal hypertension
3. Splenomegaly
4. Ascites
5. Focal liver lesion in segment.....(LIRADS Category 1/2/3/4/5)
6. HCC (LIRADS Category 5) in segments.....with portal vein/ hepatic vein/ IVC tumour/ bland thrombus, satellite nodules, bile duct invasion, extracapsular invasion, diaphragmatic infiltration, peritoneal metastases, nodal metastases, lung metastases
7. EHPVO (portal cavernoma)
8. Budd-Chiari syndrome
9. Portal gastropathy/ enteropathy/ colopathy/ biliopathy
10. Hepatic arterial anatomy – conventional / variants.....

RADIOLOGIST NATIONAL ON – CALL NIGHT SHIFT SRI

19

SRI Night Call Schedule - November 2019			
1	20.00 malam - 08.00 hari berikutnya		MRCCC, SHJB, SHTB, SHMK, SHLL
2	20.00 malam - 08.00 hari berikutnya		MRCCC, SHJB, SHTB, ASRI, SHLL
3	08.00 - 20.00		MRCCC, SHJB, SHTB, SHMK, SHLL
4	20.00 malam - 08.00 hari berikutnya		MRCCC, SHJB, ASRI, SHMD, SHLL
5	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHMK, SHMD, SHLL
6	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHMK, SHLL
7	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHKJ, SHMD, SHLL
8	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHMK, SHKJ, SHMD, SHLL
9	08.00 - 20.00		MRCCC, SHLY, SHJB, ASRI, SHKJ, SHLL
10	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHKJ, SHMD, SHLL
11	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, ASRI, SHKJ, SHMD, SHLL
12	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHMK, SHKJ, SHMD, SHLL
13	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHMK, SHKJ, SHLL
14	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHKJ, SHMD, SHLL
15	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHMK, SHKJ, SHMD, SHLL
16	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, ASRI, SHKJ, SHLL
17	08.00 - 20.00		MRCCC, SHLY, SHJB, SHMK, ASRI, SHKJ, SHLL
18	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHTB, SHBP, ASRI, SHKJ, SHMD, SHLL
19	20.00 malam - 08.00 hari berikutnya		MRCCC, SHJB, SHTB, SHBP, SHMK, SHKJ, SHMD, SHLL
20	20.00 malam - 08.00 hari berikutnya		MRCCC, SHJB, SHTB, SHBP, SHMK, SHKJ, SHLL
21	20.00 malam - 08.00 hari berikutnya		MRCCC, SHJB, SHTB, SHBP, SHMD, SHLL
22	20.00 malam - 08.00 hari berikutnya		MRCCC, SHJB, SHTB, SHMK, SHMD, SHLL
23	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHTB, ASRI, SHLL
24	08.00 - 20.00		MRCCC, SHLY, SHJB, SHTB, SHMK, SHLL
25	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHTB, SHBP, ASRI, SHMD, SHLL
26	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHTB, SHBP, SHMK, SHMD, SHLL
27	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHTB, SHBP, SHMK, SHLL
28	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHTB, SHBP, SHMD, SHLL
29	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHTB, SHMK, SHLL
30	20.00 malam - 08.00 hari berikutnya		MRCCC, SHLY, SHJB, SHTB, ASRI, SHMD, SHLL



THANK YOU