

ANALYZE ROLE OF THE MEDICAL COMMITEE EFFORT TO ACHIEVE QUALITY OF HEALTH SERVICES AT THE HOSPITAL JASMINE.

M.Suharso Pane¹,

¹Post Graduate Student Public Health, Faculty Public Health Universitas Prima Indonesia, North Sumatera Indonesia

Chrismis Novalinda Ginting², Sri Wahyuni Nasution³, Ermi Girsang⁴

^{2,3,4}Lecture Of Magister Public Health, Faculty Public Health Universitas Prima Indonesia, North Sumatera, Indonesia.

Abstract

This study describes the assessment of the role of the medical committee in the effort to achievequality health services at Melati Perbaungan Hospital in 2019. This type of research is qualitative by using purposive sampling technique to determine the source of information. Because the Hospital is emphasized on improving the quality, coverage and efficiency of hospital services through the improvement and development of hospital management, especially from its human resources, financing and information towards the independence of the hospital while maintaining its social functions. The quality of hospital services is largely determined by the performance of the medical staff in the hospital. The results of the study were that the credential management by the medical committee in the hospital was not in accordance with the standards in accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 755 / MENKES / PER / IV / 2011 concerning the implementation of the Medical Committee in the hospital in managing credentials. The medical quality maintenance procedures at the hospital have been carried out in accordance with the standards regarding the implementation of the Medical Committee in hospitals in the management of the quality maintenance of the medical profession. The management of the discipline, ethics and behavior of the medical profession in the hospital has been carried out in accordance with the standards regarding the implementation of the Medical Committee in the hospital in the management of the discipline, ethics and behavior of the medical profession by the medical committee. To maintain the management of the quality of the medical profession and the management of safeguarding the discipline, ethics and behavior of the medical profession in the Melati Perbaungan Hospital.

Keywords: Medical Committee, Quality of Health Services, Hospital

I. INTODUCTION.

The hospital director must build a better hospital image in order to be able to face the needs and demands of the community and be able to compete with other health care facilities. The hospital director's leadership greatly determines the performance of the hospital itself so that hospital functions can be realized optimally. As the head of the hospital, the hospital director has a positive influence on the achievement of hospital programs and organizational goals, in other words once again, the hospital director is a very important figure in the management of hospital management. The hospital director needs to improve the quality and ability of himself through his

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leadership so that the hospital as an organization can progress and develop. Thus, the leadership of the hospital director is an absolute requirement for the hospital to achieve its goals by arranging harmonious cooperation between the leadership and all hospital staff.

The medical committee is a hospital tool to implement clinical governance so that medical staff in the hospital maintain their professionalism through a credential mechanism to filter the professionalism of medical staff, maintain professional quality to maintain the competence and professionalism of medical staff, and safeguard ethics and professional discipline to maintain discipline, ethics, and professional behavior of medical staff. The medical committee was formed with the aim of improving and maintaining the quality of medical services in hospitals. The medical committee is the supervisor and developer of the implementation of the medical profession in hospitals (Ministry of Health, 2011).

The concept of professionalism above is based on social contracts between the medical profession and the community. On the one hand, the medical profession agreed to protect the community by conducting screening (credentials) on medical staff who would carry out practices in the community. Only good (credible) medical staff are allowed to serve the community. In the real world, in many countries, the social contract between the medical profession and the community is outlined in the form of a medical practice act. The implementation of medical profession control in daily life is carried out by an institution formed by medical practice law (statutory body) which is usually referred to as a medical council (medical council or medical board). The action of professional discipline is carried out after going through a professional disciplinary tribunal. In addition to giving permission to run the professional standards. At the hospital level, social contracts occur between medical staff who carry out medical services with patients

Thus the medical committee in the hospital can be analogous to the medical council at the national level (Indonesian Ministry of Health, 2011).In accordance with the Ministry of Health No. 631 / Menkes / IV / 2009, the hospital medical committee has the highest authority in organizing medical staff. Hierarchically within the organizational structure of government hospitals, the medical committee is directly under the hospital director. Whereas in the organizational structure of private hospitals, the medical committee can be under the hospital director or under the hospital owner and its position is in line with the hospital director (Ministry of Health, 2005).

The function of the medical committee is as steering (steering) in the provision of medical services while the medical staff is implementing medical services. In carrying out its duties the medical committee always strives to carry out the duties and functions of the medical committee in a directed, balanced and continuous manner. The medical committee seeks to integrate various efforts in accordance with the elaboration of the functions of the medical committee as set out in Permenkes No.631 / Menkes / SK / IV / 2009, as follows:

1. Provide advice to the hospital director regarding medical technical services

2. Coordinate and direct medical service activities

3. Dealing with matters relating to medical professional ethics



4. Compile medical service policies as a standard that must be implemented by all medical staff groups (Ministry of Health, 2009).

Medical audit is not to judge the guilty doctor but for the learning process for all parties to improve quality. However, based on the preliminary interview, there was a lack of clarity on the duties, principles and functions of the medical committee which caused the decline of the role of the medical committee in this hospital to realize better clinical service quality. The role of the medical committee is not as a management subterfuge, it even functions no more than a medical staff in a narrow sense so that its function only demands an increase in medical services and welfare for doctors.

II. LITERATURE REVIEW.

A committee once group of people in an organization that functions collectively, as a means of forming a particular activity. Health organizations need the existence of this committee to help consolidate the quality of hospital services is largely determined by the performance of the medical staff at the hospital. a managerial power namely the organization of medical staff and the organization of administrative staff (Liebler and Mc Connell, 1999).

A medical committee is a non-structural institution whose membership is chosen from the head of the functional medical staff (SMF) or who represents SMF in the hospital. The medical committee is under and responsible to the president director (RI Ministry of Health, 2011).

In Indonesia, the existence of a medical committee based on the Regulation of the Minister of Health of the Republic of Indonesia Number 755 / Menkes / Per / IV / 2011 concerning the implementation of medical committees in hospitals. According to the Minister of Health Regulation, the medical committee is a hospital tool to implement clinical governance so that medical staff in the hospital maintain their professionalism by controlling medical staff who carry out medical services in hospitals. The control is carried out by regulating in detail the authority to conduct medical services (delineation of clinical privileges).

This control is carried out jointly by the head / director of the hospital and the medical committee. The medical committee conducts credentials, improves the quality of the profession, and upholds professional discipline and recommends follow-up to the head / director of the hospital, while the head / director of the hospital follows up on the recommendations of the medical committee by mobilizing all the resources for the professionalism of medical staff.

The concept of professionalism above is based on social contracts between the medical profession and the community. On the one hand, the medical profession agreed to protect the community by conducting screening (credentials) on medical staff who would carry out practices in the community. Only good (credible) medical staff are allowed to do service to the community, this is done through a licensing mechanism (licensing). Whereas medical staff who have not met the requirements can undergo a proctoring process in order to have the necessary competencies so that they can be allowed to do service to the community after going through credentials. On the other hand, the professional group of medical staff has privileges to practice medicine exclusively, and no other party should do so. With these privileges medical staff can obtain economic benefits and prestige of the profession. However, if there are medical staff who violate professional



standards, professional disciplinary measures can be taken. This disciplinary action takes the form of suspension of privileges (suspension of clinical privacy) so that people are spared from unprofessional medical practitioners.

Clinical governance or clinical governance is an effort to improve the quality of clinical services in hospitals. Clinical governance is a system that ensures that health care organizations are responsible for continuously improving the quality of their services and ensuring that they provide services with high standards by creating an environment where excellent service will develop (Scally & Donaldson, 1998). Clinical governance in its history is one of the manifestations of the quality aspects described by WHO as professional management, resource efficiency, risk management and patient satisfaction (Swage, 2000).

III. METHOD OF RESEARCH.

The method of data collection in this study used in-depth interview method to the research subjects who were guided by a structured questionnaire equipped with probing. Probing is an interview activity to obtain further information, so that data and information can be obtained more clearly and deeply from the respondent. The results of in-depth interviews were recorded on a tape recorder and documented using a camera. To complete the results of in-depth interviews, researchers also collected secondary data through observing reports and documents related to medical committees obtained from hospital administration and scientific articles that supported the research discussion.

Data analysis is a very important part of the research because from the analysis we will find findings, both substantive and formal findings. Miles and Huberman (2009) suggest three steps that must be done in analyzing data, meaning that these activities are carried out also during and after data collection.

1. Reducing data is an activity summarizing, choosing the main things, focusing on important things, and looking for themes and patterns ..

2. Data that has been reduced then the data is explained. Exposure of data as a collection of data information arranged, and the possibility of drawing conclusions and taking action.

3. Drawing conclusions is the result of research that answers the focus of research based on the results of data analysis.

IV. ANALYZE AND RESULT.

4.1. Management of Credentials by the Medical Committee of Melati Perbaungan General Hospital

Based on the results of the study it was known that the credential management by the medical committee at the Mela Perbaungan General Hospital had been carried out. In accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 755 / MENKES / PER / IV / 2011 concerning the implementation of medical committees in hospitals in the management of credentials. The results of interviews conducted with the Chairperson of the Medical Committee, Deputy Chairperson of the Medical Committee, Secretary of the Medical Committee, Credential Committee, Medical Record Committee, Members of the Medical Committee 1 and Members of the Medical Committee 2 said that they had implemented the



credential management. Although the results of interviews with informants showed that only a portion of the interviews were conducted by the medical committee at Melati Perbaungan General Hospital.

Starting from the implementation of credential assignments, evaluation of ongoing medical / dentistry professional education data, interviews with clinical authority applicants, reporting of credential assessment results, submission of clinical authority recommendations to the medical committee and recredential process at the end of the validity period of the clinical assignment letter medical and compilation of appropriate clinical authority lists with input from the medical staff group has been carried out.

4.2. Procedure for Maintenance of Medical Professional Quality at Melati Perbaungan General Hospital.

Based on the results of the study it is known that the management of the quality maintenance of the medical profession at the Mela Perbaungan General Hospital has been carried out. In accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 755 / MENKES / PER / IV / 2011 concerning the Implementation of Medical Committees in hospitals. The results of interviews conducted by the Chairperson of the Medical Committee, Deputy Chairperson of the Medical Committee, Secretary of the Medical Committee, Credential Committee, Medical Record Committee, Members of the Medical Committee 1 and Members of the Medical Committee 2 indicated that the implementation of quality management in the hospital was implemented. General Melati Perbaungan. Starting from the implementation of medical audits, recommendations for internal scientific meetings, recommendations on external activities, recommendations on the process of assistance (proctoring) have been carried out in accordance with the rules made at the Melati Perbaungan General Hospital in accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 755 / MENKES / PER / IV / 2011 concerning the Implementation of Medical Committees in hospitals in the management of quality maintenance for the medical profession. Professional quality subcommittee plays a role in maintaining the quality of the medical profession with aim: a. Provide protection for patients so that they are always handled by qualified, competent, ethical and professional medical staff. b. Providing fairness principles for medical staff to have the opportunity to maintain clinical competence and authority. c. Prevent the occurrence of unexpected cruelty. d. Ensuring the quality of medical care through empowerment efforts, continuous evaluation of professional performance, focused professional performance.

Efforts to improve the professionalism of medical staff are carried out by implementing medical professionalism development programs and disciplining professional behavior of medical staff in the hospital environment. In handling medical care it is not uncommon to find difficulties in ethical decision making so that there is a need for a work unit that can help provide consideration in making ethical decisions. The implementation of the ethics and professional disciplinary decisions in the hospital is a disciplinary effort by the medical committee on the medical staff in the hospital so that the implementation and decision are not related or unrelated to the process of enforcing medical professional discipline in government institutions profession, as



well as law enforcement. Ethics and professional disciplines compile material on medical professionalism

The implementation of medical professionalism can be carried out in the form of lectures, discussions, symposiums, workshops, etc. carried out by work units of related hospitals such as education and training units, medical committees and so on. Medical staff can ask for consideration of ethical decision making in a case of treatment at the hospital through their professional group to the medical committee.

The ethics and professional discipline subcommittee held a case discussion meeting by including relevant parties who were competent to give consideration to ethical decision making and to give advice to doctors, especially in making ethical decisions on patient medical care.

V. CONCLUSIONS.

1. The management of credentials by the medical committee at Melati Perbaungan General Hospital is not in accordance with the standards regarding the implementation of the Medical Committee in the hospital in the management of credentials by the medical committee, namely:

a. The management of Melati Perbaungan General Hospital credentials starting from the implementation of credential duties, evaluation of ongoing medical / dentistry professional education data, interviews with applicants for clinical authority, reporting of credential assessment results and submission of clinical authority recommendations to the medical committee and recredential process at the expiration clinical assignment letter, preparation of appropriate clinical authority list with input from the medical staff group and a request from the medical committee has been made.

b. The management of the credentials of the General Hospital in the North Sumatra Province starting from the examination and assessment of competencies, physical and mental health, behavior, ethics and profession has not been carried out.

2. Procedures for maintaining the quality of the medical profession that are available at Melati Perbaungan General Hospital, namely:

a. In carrying out a medical audit at the Melati Perbaungan General Hospital, it has been carried out but not yet thoroughly, only in certain parts carried out by the medical committee at the hospital.

b. For recommendations on internal scientific meetings, recommendations for external activities, recommendations on the process of assistance (proctoring) have been carried out in accordance with the standards regarding the implementation of the Medical Committee at the hospital.

3. The management of discipline, ethics and behavior of the medical profession in Melati Perbaungan General Hospital has been carried out in accordance with the standards regarding the implementation of the Medical Committee in the hospital in the management of discipline, ethics and behavior of the medical profession by the medical committee.



REFERENCES.

- Ali, R., Rahman, J., Tamang, E. L. & Kochhar, A., 2016. A Quasi-Experimental Study to Assess the Effectiveness of Cold Application Versus Glycerin Magnesium Sulphate Application in Relieving Phlebitis Among Patients Receiving Intravenous Therapy in A Selected Hospital of Delhi. *Journal of Surgery*, 5(2).
- Asrin, Triyanto, E. & Upoyo, A. S., 2006. Analisis Faktor-Faktor yang Berpengaruh Terhadap Kejadian Plebitis di RSUD Purbalingga. *Journal Keperawatan Soedirman*, 1(1), pp. 41-54.
- Bathla, G., Dandapat, S., Soni, N. & Maheshwarappa, R. P., 2019. Neuroimaging Findings in Intracranial Sarcoid Phlebitis: A Case Report. *Journal of Stroke and Cerebrovascular Diseases*, 28(2), pp. 369-370.
- Bohony, 1993. Common IV Complications and What Do About Them. Am J Nurs, 10(45-49), p. 93.
- Dorland, N., 2011. Kamus Saku Kedokteran Dorland Edisi 28. Jakarta: EGC.
- Goransson, K., Forberg, U., Johanssson, E. & Unbeck, M., 2017. Measurement of peripheral venous catheter-related phlebitis: a cross-sectional study. *The Lancet Haematology*, 4(9), pp. e424-e430.
- Greenbaum, L. A., 2016. Composition of Bidy Fluid. In: *Nelson Textbook of Pediatric Edition* 20th. US: Elsevier, pp. 346-350.
- Greenbaum, L. A., 2016. Maintenance and Replacement Therapy. In: *Nelson Textbook of Pediatrics 20th Edition*. us: eLSEVIER, pp. 384-387.
- Ho, C. & Spry, C., 2017. Central Venous Access Devices (CVADs) and Peripherally Inserted Central Catheters (PICCs) for adult and pediatric patients: A review of clinical effectiveness and safety. Ottawa: CADTH.
- Jacinto, A. K. d. L., Avelar, A. F. M., Wilson, A. M. M. M. & Pedreira, M. d. L. G., 2014. Phlebitis Associated with Peripheral Intravenous Catheters in Children: Study of Predisposing Factors. *Eso Anna Nery*, 18(3), pp. 220-226.
- Kaur, P., Thakur, R., Kaur, S. & Bhalla, A., 2012. Effect of Chlorhexidine Gluconate before Peripheral Intravenouscannulation on Phlebitis. *Journal of Nursing Science & Practice*, 2(1).
- Kumar, R., 2011. *Research Methodology A Step-By-Step Guide for Beginners*. 3rd ed. Cornwall: SAGE.
- Liu, D. et al., 2017. Effect evaluation of 2% anisodamine cream in preventing chemotherapy phlebitis caused by 5-fluorouracil. *Western Pacific Region Index Medicus*, 46(21), pp. 2902-2905.



Lynn, H., 2005. Reopen the Pipeline for IV Therapy. Nursing2018, 35(8), pp. 54-61.

- Macklin, D., 2003. Phlebitis: A painful Complication of Peripheral IV Catheterization That May Be Prevented. *AJN*, 103(2), pp. 55-60.
- Madiyono, B., Sastroasmoro, S., budiman, I. & Purwanto, S. H., 2018. Perkiraan Besar Sampel. In: *Dasar-Dasar Metodologi Penelitian Klinis Edisi Ke-5*. Jakarta: Sagung Seto, pp. 352-385.
- Marsh, N. et al., 2015. Inter-Rater Aggrement on PIVC-Associated Phlebitis Signs, Symtoms ans Scales. *Journal of Evaluation in Clinical Practice*, 21(5).
- Mattox, E. A., 2017. Complications of Peripheral Venous Access Devices: Prevention, Detection. and Recovery Strategies. *Crit Care Nurse*, 37(2), pp. e1-e14.
- Mescher, A. L., 2009. Junqueira's Basic Histology Text & Atlas. US: McGraw-Hill Medical.
- Mihala, G. et al., 2018. Phlebitis Signs and Symptoms with Peripheral Intravenous Catheters: Incidence and Correlation Study. *Journal od Infusion Nursing*, 41(4), pp. 260-263.
- Noor, N. N., 2008. Epidemiology. Jakarta: Rineka Cipta.
- Palese, A. et al., 2016. Nursing Care as a Predicator of Phlebitis Related to Insertion of Peripheral Venous Cannula in Emergency Departements: Findings from A Prospective Study. *Journal of Hospital Infection*, 92(3), pp. 280-296.
- Rizky, W., 2016. Analisis Faktor yang Berhubungan dengan kejadian Phlebitis pada Pasien Yang Terpasang Kateter Intravena di Ruang Bedah Rumah Sakit Ar. Bunda Prabumulih. *JNKI*, 4(2), pp. 102-108.
- Roberts, J. R. & Hedges, J. R., 2013. *Roberts and Hedges' Clinical Procedures in Emergency Medicine E-Book.* 6th ed. US: Elsevier Health Sciences.
- Santoso, S., 2014. Statistik Non Parametrik Konsep dan Aplikasi dengan SPSS Edisi Revisi. Jakarta: Elex Media Komputindo.
- Sastroasmoro, S., 2018. Inferensi: dari Sampel ke Populasi. In: *Dasar-Dasar Metodologi Penelitian Klinis Edisi Ke-5*. Jakarta: Sagung Seto, pp. 13-29.
- Sherwood, L., 2011. Fisiologi Manusia dari Sel ke Sistem Edisi 6. Jakarta: EGC.
- Siswosudarmo, H. R., 2015. Pendekatan Praktis Penelitian Epidemiologi Klinis dan Aplikasi SPSS untuk Analisa Statistika. Yogyakarta: Departemen Obgyn FK UGM.
- Sugiono, 2016. Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Bandung: Alfabeta.

Sujarweni, V. W., 2015 . SPSS untuk Penelitian. Yogyakarta: Pustaka Baru Press.



- Tambunan, T., Soetomenggolo, T. S., Passat, J. & Agusman, I. S., 2018. Studi Kohort. In: *Dasar-Dasat Metodologi Penelitian Klinis Edisi ke-5*. Jakarta: Sagung Seto, pp. 167-185.
- Tang, T. Y. & Tiwan, A., 2018. The VenaSeal[™] Abnormal Red Skin Reaction: Looks Like but is not Phlebitis!. *European Journal of Vascular & Endovascular Surgery*, 55(6), p. 841.
- Thomas, J. & Monaghan, T., 2014. *Oxford Handbook of Clinical Examination and Practical Skills*. 2nd ed. London: Oxford University Press.
- Tumbelaka, A. R. et al., 2018. Pemilihan Uji Hipotesis. In: *Dasar-Dasar Metodologi Penelitian Klinis Edisi Ke-5*. Jakarta: Sagung Seto, pp. 328-350.
- Urbanetto, J. d. S., Peixoto, C. G. & May, T. A., 2016. Incidence of Phlebitis Associated with the Use of Peripheral IV Catheter and Following Catheter Removal. *Rev. Latino-Am. Enfermagem*, 24(e2746), pp. 1-9.
- Villa, G. et al., 2018. In-LIne Filtration Reduces Postoperative Venous Peripheral Phlebtis Associated with Cannulation. *Anasthesia & Analgesia*, 127(6), pp. 1367-1374.
- Wagan, K., 2014. Peripheral Intravenous Catheter Securement in Infants in The Neonatal Intensive Care Unit. Hamilton: MacSphere.
- Webster, J. et al., 2015. Postinfusion Phlebitis: Incidence and Risk Factors. *Nursing Research and Practice*, pp. 1-3.
- Widiana, I. G. R., 2015. Aplikasi Statistik pada Penelitian Kedokteran. Jakarta: EGC.