

ROLES OF THE STAKE HOLDER AND PROVIDER OF BATAM CITY IN AN ATTEMPT TO ENHANCE CLINICAL GOVERNANCE OF HEALTH SERVICES IN CONNECTION WITH DOCTOR PRACTICE LAWS

PERAN STAKE HOLDER DAN PROVIDER KOTA BATAM DALAM UPAYA MENINGKATKAN CLINICAL GOVERNANCE PELAYANAN KESEHATAN DIHUBUNGKAN DENGAN UNDANG UNDANG PRAKTIK KEDOKTERAN

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ABSTRACT

Background: Deming (1984), Crosby (1979, 1985), and Juran (1988), all found that more than 85% of errors are related to a system; whereas, only 15% of them constitute human error, or an employee's. According to NGO coordinator, Iskandar Sitorus, 2000 victims of malpractice have been recorded throughout Kepulauan Riau. This malpractice occurs when a system does not have a proper policy, standard procedure, and equipment needed.

Objective: The purpose of this research is to find out the management, obstacles, and expectations with regards to clinical governance management from the point of view of the stakeholder and provider of Batam City.

Method: The method used in this research was a qualitative method with a grounded theory. The primary data are derived from in-depth interview. The respondents involved are the commission IV chairperson of Batam City local Parliament, Kepulauan Riau, chairperson of Medical Committee of Batu Aji Local Public Hospital Kepulauan Riau using a purposive sampling with an extreme case sampling approach.

Result and conclusion: The research shows that clinical governance by the stakeholder and provider still needs further improvement. There are still obstacles in terms of regulations and implementation of clinical governance. Based on the Minimum Service Standard, some indicators of Batam City in 2008 did not meet the performance target and national standard. Therefore, the clinical governance system has not been implemented throughout health services in Batam City.

Suggestions: For IV Legislative Commission for People's Welfare and Human Resources Batam Riau Islands are expected to lack of regulation and appropriate systems in improving health services. And then for Hospital Medical Committee Batu Aji, Batam Riau Islands is expected to implement Clinical Governance.

It is expected that the recording and reporting systems as well as obtaining accurate data in making the next Batam health profile based on the quality of evidence-based.

Keywords: Clinical Governance, stakeholder, provider

ABSTRAK

Latar belakang: Deming (1984), Crosby (1979, 1985), maupun Juran (1988), semuanya menemukan bahwa lebih dari 85% kesalahan terkait dengan sistem, sedangkan hanya 15% yang memang benar kesalahan manusia atau pekerja. Menurut opini Koordinator LSM Kesehatan, Iskandar Sitorus, mereka mencatat sekitar 2.000 korban malpraktik di seluruh Kepulauan Riau.

Kesalahan terjadi ketika sistem tidak memiliki kebijakan yang tepat, prosedur standar, dan perlengkapan yang dibutuhkan.

Tujuan: penelitian ini bertujuan untuk mengetahui penatalaksanaan, hambatan serta harapan yang berkaitan dengan penatalaksanaan *clinical governance* ditinjau dari peran *stakeholder* dan *provider* kota Batam.

Metode: Penelitian ini menggunakan metode kualitatif dengan rancangan penelitian *grounded theory*. Data primer didapatkan dari wawancara mendalam. Responden yang diambil adalah Ketua Komisi IV DPRD kota Batam Kepulauan Riau, Ketua Komite Medik RSUD Batu Aji kota Batam Kepulauan Riau dengan metode pengambilan sampel *Purposive sampling* dengan pendekatan *extreme case sampling*.

Hasil dan kesimpulan: Berdasarkan hasil penelitian didapatkan bahwa pelaksanaan *Clinical Governance* oleh *stakeholder* dan *provider* masih belum cukup baik. Masih banyaknya kendala dalam regulasi dan implementasi *Clinical Governance*. Berdasarkan Standar Pelayanan Minimal (SPM) kota Batam 2008 beberapa indikator masih belum memenuhi target kinerja dan standar nasional. Dengan demikian, sistem *Clinical Governance* belum dilakukan secara menyeluruh pada pelayanan kesehatan di kota Batam.

Saran: Penerapan *clinical governance* yang baik adalah dengan melakukan pencatatan dan pelaporan yang transparan serta akurat sebagai dasar dari pengambilan kebijakan di bidang kesehatan dengan melibatkan semua unsur mulai dari *stakeholder*, pelaksana dan masyarakat.

Kata kunci: clinical governance, stakeholder, provider

BACKGROUND

According to Deming in *Out of the Crisis* in the year 1948 - 1949, Japan attempted to recover from the defeat of World War II and finding ways to rebuild its economy. Some Japanese engineer observed that quality improvement is almost always resulted in increased productivity.¹

Indonesia has been using strong policies and institutions dealing with quality of health services and have recently implemented these policies through a strategy that can be accepted at various levels.²

Duties and functions of health services in the initial understanding is that health care is to relieve

symptoms of the disease. Such understanding is becoming obsolete and has now led to health services as part of the educational process and learning and healthy living to every member of society. This is where the code changes the role and functions of health services performed. This means that a health worker is required to provide comprehensive services from start of symptoms, causes, until the effects of the disease itself. So a patient can truly have a quality of quality of life.³

Weak coaching practice doctors in Indonesia either from government, professional organizations, as well as the medical committee at the hospital level will greatly provide opportunities for doctors to perform an inappropriate practice competency standards.⁴

In medical science depends on many factors such as in its management, how to check, accuracy and precision of a physician and depends also on the patient such as the level of illness, body resistance, age, willingness to heal, complications of diseases and other factors. Sometimes a doctor has a patient very much, to become less rigorous in the examination. Patient as if it were just a number of the many numbers. Time for a checkup and to think further reduced. No longer have time to think holistically. This can cause "Misdiagnosis".⁵

The hospital is also an essential role in health care visits from, one of professional responsibility for the quality of hospital treatment/care (duty of due care). This means that the provision of health services to the level of pain, both by doctors and by nurses and other health personnel should be based on the size of professional standards. Thus, the hospital legally responsible if there is provision of services "cure and care" are not uncommon or under standard.⁶

The need for good service in a system, need a policy binding, firm and clear. Basically, the hospital is a complex organization, with a source of power and autonomy, for example, involves the government in the interests of human society, the government controls are quite large.⁷

Society does not want to be served by a poor doctor (has the intent and purpose of good but not supported with adequate knowledge or skills) or a bad doctor (maybe have a good knowledge and skills but do not behave/morally good, or even criminal).⁴

The concept of Clinical Governance is a framework to ensure that the entire organization under the National Health Service (National Health Service) has adequate mechanisms to monitor and improve the quality of the clinic, in order to ensure that health services according to high service standards, and

conducted in a work environment with a level high professionalism. This concept was later adopted as one of the guarantors of quality health services strategy.⁸

Professor Liam Donaldson made a descriptive study of discipline problems that involve the doctor (Medic staff). Medic carrying 49 staff who violate the profession; acting and behaving badly (32 doctors), is less committed to the obligations of clinical (21 doctors), have problems in terms of competence (19 doctors), dishonest (11 physicians).⁴

One essential element in clinical governance is the competence of a practicing physician. Problems will arise if the relevant will be assessed for recertification of competence, because not all the professions in this country have professional standards and service standard medic respectively.⁹

Professional attitude is important because a patient does not always know the identity of the doctor gave himself fully to his doctor.⁴

In this study as the research object is the city of Batam. The existence of Local Rule No. 1 Batam city in 2006 Article 25, Minimum Service Standards in Batam, which rely on the Medical Practices Act No. 29 of 2004. Viewed from the Minimum Service Standards Health Batam city are still there indicators that have not reached the target of national standards. Not to maximal clinical governance system that makes health care level is still below the national standard. The existence of malpractice cases are caused by negligence of doctors. This becomes important because in carrying out clinical governance systems, the standard of a competent medical profession to be one important factor.

RESEARCH METHOD

This study uses qualitative methods. Qualitative method by conducting grounded research, namely finding a theory based on data obtained in the field or social situations.¹⁰ The data collection technique that is primary data and secondary data. Primary data collection is done through in-depth interviews. In-depth interview guide based on the variable points of research, secondary data collection is a source of indirect data obtained from existing documentation in Batam city health department in the form of tables, facts, and more research. Variabel in use is Clinical Governance, management, obstacles, expectations. The research subjects were Chairman of Commission IV DPRD Batam city and Chairman of Medical Committee Batu Aji Batam city hospitals. The sampling technique used was purposive sampling with the approach of extreme case sampling. The instrument in use is the depth interview guide and a

tape recorder. Research done at the office of Legislative and District Hospital Batu Aji Batam city in March 2009 until January 2010.

The procedure is to arrange in-depth interview guide, making the research permit from Maranatha Christian University School of Medicine submitted to the Chairman of Commission IV of the Legislative Committee and Chairman of the Batam City Medical Hospital Batu Aji Batam city and researchers are given permission. Researchers began the study by obtaining data from the Chairman of Commission IV of the Legislative and study it. Then the researchers conducted in-depth interviews based on interview guides. Afterward, the researchers made a qualitative analysis.

Data analysis was carried out through thematic analysis with quotations and metaphors. In conducting the identification of several processes that are being done: transcribe the interview, doing coding, open coding, selective coding and preparing the main theory.

RESULTS AND DISCUSSION

Qualitative Analysis of Legislative Affairs Commission Chairman IV Social Welfare and Human Resources Batam Riau Islands

From the results of qualitative research, actually legislative commission has not been maximal in doing Clinical Governance, this seems the appropriate knowledge of the respondents said *"The point is to prevent all medical errors, poor quality health care is a universal problem. ..."* But still there is a problem as we are told by respondents *"To my knowledge this is already implemented, although not maximum"* indicates the health service is still stuck with quality problems. This was in accordance with the statement of Abu B.S, Maimunah A.H, Rusnah H, Ding L.M, Concentration in Quality Assurance in Malaysia (2009)⁽¹¹⁾ that various problems have made the quality as an important agenda in the formulation of policies and plans in many countries, including Malaysia.

By looking at the implementation of already undertaken by regional parliamentary in Batam as part of the legislative function is engaged in one of People's Welfare and Human Resources (Commission IV), e.g. health, has the task that aims to provide health services to the public. As respondents *"existing regulation of hospitals and of course Minimum Service Standards"* this indicates that the role of parliament in the health service in making a policy that is general and will become a standard in the area. As in the Ministerial Regulation No. 741/MENKES/PER/2008 that Minimum Service

Standards in Health is a health care performance measures organized the Regional District. But according to the IGP Wiadnyana, Namita Pradhan, Philip Stokoe in Health Care Quality: Experiences in Indonesia (2009)⁽²⁾ : any standard resource and standard operational procedure is not a guarantee that service quality would improve. There is also a duty - another task undertaken by the Parliament as the respondent said:

"Parliament is watching, what is in conformity with existing rules"

"... fight for responsible budgeting budget and appropriate regional capability to serve the public...."

"Monitoring (controlling) intensively to hospitals and health centers"

As IGP Wiadnyana, Namita Pradhan, Philip Stokoe in Health Care Quality: Experiences in Indonesia (2009)² that mentioning again the existence of a facilitator to help facilitate the process are important, as well as the implementation of monitoring and evaluation systems to support ongoing quality efforts.

However, in practice still showed some resistance as we are told by respondents that *"The programs there, sorry I did not know the details, because for these programs in the Executive"* programs to improve the Clinical Governance is not yet fully served by the Legislative Commission IV and the parliament will do the best in basic health services. As the saying IGP Wiadnyana, Namita Pradhan, Philip Stokoe in Quality Health Care; Experience in Indonesia (2009)² its quality program should also be felt not only by the central government level, but also by local governments to make it easier to maintain and instituted a quality program. *"... implementation has not so technically we know ..."*

"Socialization is a little slow"

"Lack of quality human resources and equitable"

"... There is often not uniform in decision-making among members of the Council itself"

"Limited budget"

This is in accordance to Al-Assaf said, in 2009 the Quality in Health Care: A Summary⁽¹²⁾; now, even the health-care institutions must demonstrate their ability to provide the most effective and most efficient due to limited funds and resources.

Hope in improving health services in Batam can be seen in respondents who said that:

".. Must Have a lot of arguments to support a propeople policies"

"... Will be made to the rules of the implementation of recent legislation in the area" as performed by the

Government of the United States issued two laws - laws relating to the quality, the Comprehensive Health Planning Act, such as the use of funds for better planning and the Regional Medical Program Act regulates provision of funds for research towards improved health services, both issued in 1966.² "Hospitals become more professional, both human resources and services" This is what otherwise of Crosby (1979) as 'Zero defect' or 'no disability'. In other words, health professionals should make best efforts to improve processes and procedures and to do their work without error.

"Medical Errors progressively reduced"
"I believe there is an increasing public service."
"... That program Healthy Batam in 2010 will be realized and all people can enjoy vibrant health service"

According to Heideman¹¹, Malaysia has also been described as a country that has an amazing performance in the development of standards and evaluation, which may ultimately lead to accreditation as a result of government policy.

Qualitative Analysis of Hospital Medical Committee Batu Aji, Batam Riau Islands

From the results of qualitative research, the Medical Committee can explain the understanding about the definition of Medical Committee as we are told respondent "Medical Care Committee is a structure in the functional Hospital whose presence is required once in order to improve health care .." Respondents also revealed that "... It's charge all doctors in hospitals such as general practitioners, specialists, dentists .." "When referring to 631/Menkes/SK/IV/2005 date April 25th 2005 concerning the Internal Regulation of the Medical Staff (*Medical Staff bylaws*) at the Hospital of the Medical Committee and about Medical Staff Group (MSG)/ Medical Staff Functional (MSF); that by definition is a container of Medical Committee whose membership consists of medical professionals from the chairman MSG/SMF. While the definition of MSG/SMF itself is a group of doctors/dentists, specialists and the duties and authority subspecialis based expertise.¹³

The treatment is carried out by the Hospital Medical Committee Batu Aji clearly visible with a structural explanation by the Chairman of Medical Committee and functions of each division in the health care of respondents said such a "sub-disciplines such as ethics committees and ethics which is not whether there is either done by a physician so that medical committee should undertake measures " other division on" the sub committee of

professional quality should be improved by training human resources for example by following the training (ACLs, ATLS), training, scientific papers, seminars ... ". Medical Committee works in accordance with Standard Operating Procedures and Minimum Service Standards, which already can be said of Medical Committee to meet national health standards for each area, as the respondents said "... always be preventive Medical Committee every week there's always evaluation once a week and the Morning Report .. "coupled with" we discuss the existing problems, either outpatients, inpatients was a patient who died, or inpatient / street discussed the morning .. "with the positive response of the respondents said "...whether it is appropriate Minimum Service Standards or not?.. "

So it is with Fatmawati Hospital, briefly Fatmawati Hospital Medical Committee since 2003, has developed several systems and guidelines for the level of hospital, medical committee and MSF in order to anticipate the practice of medicine laws that time was still in the draft laws on medical practice.¹³

In an effort to increase the professionalism of Medical Committee is also concerned about any physician practicing in hospitals especially in practices license and Certificate of Registration was revealed at the "... filter out the doctor who wants to work in hospitals .." and respondents were also revealed. "... Batam city Hospital Medical Committee looked at the MCI (Medical Council of Indonesia) ". Medical Committee also reviewed the completeness of the requirements for physicians practicing in hospitals, doctors in hospitals shall have a license to practice in hospitals and the Medical Committee is asking every doctor's license and the license is held by the hospitals. As respondents "Physician practices have three places (the obvious one in the hospital)". This can be compared to the Fatmawati Hospital, on policies regarding Practice Permit, according to the Plenary Meeting of Fatmawati Hospital Medical Committee on June 13, 2005 agreed to not question the amount of the practice, but every doctor in the environmental profession Fatmawati Hospital should have in accordance with rules and licensing the prevailing medical law and for carrying out the profession in accordance with Professional Standards, Standard Operating Procedures and Standards of medical service in the corridor agreements and Medical Committee System and MSF Systems.¹³

In the exercise of Medical Committee also experienced the installation of barriers at each poly practices license has not been done as in the statement that "hospitals have not done that ..." with

constraint "... Ideally yes but if the room is already big". The government made the policy, however responses Medical Committee "Enough..It's meaning is still a general /global". So there should be no addition of other policies. According to Al Assaf, 2009 on Quality Assurance in Malaysia that the official quality protection methods, which include registration of doctors, nurses and pharmacists, hospital and pharmacy licensing, codes of conduct and code of ethics, there have been tens of years ago.¹¹

Other obstacles that affect health services such as the Medical Committee of respondents say look at the excerpt below:

"... .. the things that have limited infrastructure is often an obstacle"
".. Sometimes a room full / not enough, the tool is not complete, anesthesia personnel who happened absent this will disrupt the service .."
"... Protection of the doctor is still less "
".... A sense of appreciation is less of a doctor .."
"... The construction of hospitals become major constraints .."
".... Not to mention the many demands of the profession ..."
"... There is also equation Hospital and Health Center ..."
"... .. We also need partners such as midwives, nurses'
"The doctor considered not as an asset the city ..."
".... There is no reward for the doctors so passion in working to reduce... .."
"... .. Nothing special"

Some obstacles to above also in a natural at Al-Hussein Hospital, Salt, in Jordan's first meeting on February 18, 1994 QA problems have also occurred outside the hospital authority, salaries, acquisition of equipment, hiring and other.¹⁴

Medical Committee will also have expectations as disclosed respondents "... hope in Batam City government for the protection of doctors ..." and then the Medical Committee add ".... make doctor as Batam City Government assets" and "... Give proper rewards on such doctors in other areas ...". Another important expectation by respondents was "... Construction of Hospitals can also be realized .." and the last hope of Medical Committee for each doctor in the hospital "for his former colleagues, let us work in a professional manner, always follow the rules ...".

Patient satisfaction is an indication of why health care quality improvement is important. Hospital Medical Committee looks at Batu Aji Batam who are engaged in the health services of Clinical

Governance, for example on the function and authority of the Medical Committee is to uphold the ethics of the medical profession and the quality of evidence-based medical services and as a director (stering) in the provision of medical services while the medical staff is implementing a medical to services .

Clinical governance in the implementation of the necessary leadership (clinical and managerial) full commitment and active participation of each member and directors of hospitals and the profession in a clear organization in terms of structure, authority and duties, respectively. Therefore, in order to achieve optimal results in providing health services to patients, we need a good and proper decisions in a clear and consistent system. This will happen when having a spirit of leadership (leadership) is a visionary, 'survivalist' and consequently as well as having insight 'leadership' is good and is expected to be able to make a 'decision' right in the challenges of globalization in the future.⁸

Qualitative Comparative Analysis With Direct Observation of Secondary Data

From the results of qualitative research with in-depth interviews obtained Batam City legislative role in clinical governance to make regulations such as Perda in 2006, the Standard Minimum Service General Hospital, while still leaning on the Medical law No. 29 of 2004. This regulation is implemented at the District Hospital Batu Aji Batam for example on standards implementation and operation of hospitals. But hospitals felt that obstacle is the lack of the government's attention to the doctor at the hospital, so passionate doctors working in hospitals does not exist. As a result, physicians can reduce professional attitude.

While the role of the Medical Committee of the Clinical Governance visible in upholding the ethics of medical profession and the quality of evidence-based medical services and as a director (stering) in the provision of medical services. Improvement of public health services is good enough by the Hospital Medical Committee Batu Aji seen in the absence of malpractice cases conducted by the Hospital Batu Aji. Medical Committee has an independent attitude in the execution, although technically they are not good relations with the government like a meeting with the mayor just complicated and not yet the realization of the hospital director. Another thing there is a problem as we are told respondent "... things that have limited facilities and infrastructure that often become obstacles and sometimes a room full / not enough, the tool is not complete" This is not suitable as a secondary data that I got, Health profile of Batam

Table 1. Minimum Services Standard Table Performance Data Performance in 2008 and Target 2009, 2010 in Batam

Basic Types of Service	Indicators	SPM	Performance Data		Performance Target	
		National Standards	2008	2009	2010	
Basic Health Care	Coverage of pregnant women visit K4	95%	76.28%	80%	83%	
	Coverage of obstetric complications which handled	80%	46.43%	60%	65%	
	Coverage of aid delivery by health personnel who are competent midwifery	90%	100%	90%	90%	
	Coverage of puerperal	90%	37.67%	45%	60%	
	Coverage of neonatal complications treated	80%	17.65%	20%	35%	
	Coverage of babies visit	90%	70.00%	80%	90%	
	Coverage of Village of Universal Child Immunization (UCI)	100%	76.60%	80%	90%	
	Coverage of children under Breast-feeding companions	90%	68.60%	75%	90%	
	Coverage of children aged 6-24 months in a poor family	100%	100%	100%	100%	
	Coverage of Childhood malnutrition treatment	100%	100%	100%	100%	
	Crawl coverage and level of health of elementary school students	100%	28.49%	30%	80%	
	Coverage of active family planning participants	70%				
	The scope of discovery and treatment of patients with diseases (HIV / AIDS)	100%	100%	100%	100%	
	Coverage of basic health services of the poor	100%	100%	100%	100%	
	Health services referral	Coverage of health services referral for poor patients	100%	100%	100%	100%
		Emergency medical service coverage levels must be given a health facility (hospital) in the district / city	100%	100%	100%	100%
Epidemiological investigation and prevention	Coverage outbreak Village experiencing outbreaks of epidemiological investigations conducted <24 hours	100%	100%	100%	100%	
Promotion and community empowerment	Coverage Alert Village Active	80%	80%	80%	80%	

(Source: Batam city Health Department, 2008)

in 2008 according to compiled by the Health Department is the increasing role of government in the provision of facilities and infrastructure. One is the health sector, which represents local government assets such as the availability of hospitals, health centers, sub health, village maternity post.

Batam minimum service standards In fact there are still some indicators that have not reached the national standards and performance targets such as coverage of pregnant women visit K4, toddlers Coverage, Coverage of childbirth, the Coverage of

neonatal complications handled, active family planning participants Coverage, Coverage of obstetric complications that handled, the scope of health netting and grade of primary school students, visit baby Coverage, Coverage of Village of Universal Child Immunization (UCI). This shows not yet fulfilled all the basic health care community. According to legislative constraints of their own lack of quantity and quality of human resources, sustainability and a limited budget, a little slow to impede the socialization of health services.

However in 2008 the profile of health development in Batam is still not fully meet the expected target of minimum service standards and a healthy indicator of this is due in 2010 is still weak reporting and recording system and obtain accurate data, resulting in data and information shown in Batam city health profile is currently incomplete.

CONCLUSION

Process management of Clinical Governance by the Legislative Affairs Commission IV Social Welfare and Human Resources Batam Riau Islands by the Minimum Service Standards can be said is not good enough and at the Hospital Medical Committee Batu Aji, Batam Riau Islands has also not been good enough.

Problems in dealing with parliament's Commission IV for People's Welfare and Human Resources Batam Riau Islands as a lack of knowledge of Clinical Governance, a limited budget, socialization rather slow, the lack of quantity and quality of human resources is equitable and in the Hospital Medical Committee Batu Aji, Batam Riau Islands for example limited facilities and infrastructure and the welfare of doctors in public hospitals.

Legislative Commission IV of Hope for People's Welfare and Human Resources Batam Riau Islands is a lack of regulation for the implementation of Clinical Governance and the establishment of Batam in 2010 and hopes Healthy Hospital Medical Committee Batu Aji, Batam Riau Islands of Batam City Government attention to the doctor who was in Hospital Batu Aji.

Degree of Health Batam in 2008 is still not fully meet the expected targets according to Minimum Service Standards as an indicator of Coverage pregnant women visit K4, Coverage of children under five, puerperal Coverage, Coverage of neonatal complications are dealt with, Coverage of active family planning participants, Coverage of obstetric complications are treated, health crawl coverage and level of primary school students, visit baby Coverage, Coverage of Village of Universal Child Immunization (UCI).

SUGGESTIONS

For IV Legislative Commission for People's Welfare and Human Resources Batam Riau Islands are expected to lack of regulation and appropriate systems in improving health services. And then for Hospital Medical Committee Batu Aji, Batam Riau Islands is expected to implement clinical governance.

It is expected that the recording and reporting systems as well as obtaining accurate data in making the next Batam health profile based on the quality of evidence-based.

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