

Public service Accountability of Sawerigading Public Hospital of Palopo (Medical Staff Case)

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Abstract:

Background: The frequency of complaints from customers on service delivery at Sawerigading Public Hospital of Palopo in several local media stresses that the quality of service is still low. The quality of service is certainly related to the professional competence of the bureaucratic apparatus at the executive level or street level bureaucrat. One of the factors may improve public service quality is to ensure that street level bureaucrats (doctors/medical staff) serve the patients accountably. The purpose of the research is to describe how professional accountability model of public service applies at Sawerigading Public Hospital of Palopo, which is viewed from relation between street level bureaucrats and professional forum. The research used qualitative approaches. The data were collected using observation, interview and documentation. The data were analyzed by collecting, condensation, displaying and concluding. The results of the research shows that the professional accountability of health workers at the front level of Sawerigading Public Hospital of Palopo has been running through the medical committee forum although it is not optimum yet.

Key Word: Public Service, Street Level Bureaucrat, Professional Accountability.

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I. Introduction

Public service as an activity or a series of activities of government institutions must be carried out accountably, as stated in Law Number 25 regarding to act of public service number 25, 2009. This principle of accountability should inspire every regulation, relationship and behavior pattern of the civil servants in carrying out their duties as service providers to service users.

Accountability in public service is essential thing because it connects to democracy/citizen and bureaucracy/government. Besides, it also may be as bechmarking of the service quality or performance of public service agency. Accountability still has some problem in service delivery. As research result form Wicaksono (2015), accountability of public sector is still not optimum yet.

Sawerigading Public Hospital of Palopo is located quite strategically because it is located in the area of an administrative city surrounded by several districts. In terms of the distance, it will be more efficient if public hospitals both government and private in other districts refer patients to Sawerigading Public Hospital of Palopo. For this reason, in 2008, based on the Governor's Decree No. 15, 2008 concerning the regionalization of the referral system, Sawerigading Publik Hospital of Palopo was one of the referral hospitals of Luwu, North Luwu, East Luwu, Tana Toraja and North Toraja.

As a referral hospital, Sawerigading Public Hospital of Palopo must establish continuous improvements oriented to quality improvement of service towards the citizens as recipients of services by relying on a broader spectrum of interests and satisfaction of citizens as service recipients, especially Palopo residents and service users from other districts.

Preliminary information shows that public services provided by Hospital in Palopo are not optimal because there are still complaints from the public service users who feel that their rights are ignored by Sawerigading Public Hospital to get quality services based on their expectations. The information above is supported by the number of local reports which contain several service users who complained about the service received from the hospital. As we can see on the online news on Friday 18 January 2019, Rakyatku.com.Palopo, where one of the patients who was bleeding, was then taken to the hospital, lying for 10 hours in the ward without being given any control. Then a complaint was also found in the online media luwu raya.com palopo that a patient complained about a nurse who carried out improper and sometimes ignorant services. The problems captured through media that the services at Sawerigading Public Hospital of Palopo in the perspective of the service user is not fully accountable.

Harmon and Mayer (2014,) accountability and discretion in relation to public administrators when making decisions based on public law, regulations and traditions are decisions based on values and judgments that arise from the unique configuration of factors that exist in certain situations or based on mutual influence between the personal and impersonal. Furthermore, according to Durant (2014), Resolving complicated problems in society requires a high degree of flexibility and discretion without intending to ignore the merit system. Then it strengthened again by Lipsky (2010, that basically lower level employees are policy makers in the realm of implementation that needs to have a discretion because the service environment requires considerations / views that cannot be programmed automatically and replaced by machines and has the responsibility to make unique decisions and truly respond appropriately to the client's according to the situation.

Theoretically, there are several factors that make services unable to be carried out accountably by the public service apparatus according to Sedarmayanti (2013). It is stated that accountability does not work because (1) the lack of understanding of the public service apparatus; (2) low salaries earned by public service providers; (3) management "all I want"; (4) cultural barriers; (4) monopoly; (5) poor accounting system; (6) lack of ability to apply accountability; (7) bureaucratic rigidity (8) institutional relationship conflicts; (8) low quality of human resources (9) technological lag; (10) mental colony; (11) weak rule of law; and (12) the environment is less conducive.

Based on the description above, both theoretically and empirically obtained from preliminary information through interviews and observations, the researcher considers that it important to conduct more in-depth research to reveal how the accountability mechanism or model is implemented by Sawerigading Public Hospital of Palopo.

II. Research Method

This research uses qualitative approach. It was applied in Sawerigading Public Hospital of Palopo. Primary data from this study was the result of the interview and observed action of the informant or service provider. Informants in this study were the Director of Service Affairs, Director of Quality and Patient Safety Affairs, Secretary of Medical Committee, Medical staff / Doctors. The data was collected by observing, interviewing and documenting. The research instrument was the researcher himself using interview guides, observation sheets, design tools, stationery and mobile phones. Data analysis techniques was the theory of Miles & Huberman used interactively through data collection, data condensation, data presentation and conclusion.

III. Result

To find out whether professional accountability is working or not, it can be seen by using the approach model of professional accountability relationships introduced by Mark Bovens using the proposed criteria, namely the existence of actor and forum relations, actor obligations, explanations and justifications by actors, actions regarding what, forums that can ask questions, forums that can issue decisions, and actors that can bear the consequences.

In the findings of research related to professional accountability of Sawerigading Public Hospital of Palopo, it found that professional accountability has been running with the criteria proposed by Bovens. This can be seen by the data from medical committee forum that the actions found from medical staff, nurses or midwives who were not in accordance with applicable professional standards. This was explained by the informant in this case the medical committee secretary, "If there are actions or decisions made by medical staff that are not in accordance with professional standards or rules, they will be audited by the medical committee of Sawerigading Public Hospital of Palopo." (9 September 2019).

In the forum, as explained by the chair of the quality and patient safety committee, Sawerigading Hospital, medical staff or relevant doctors was called by the medical committee to be present at the forum to explain and justify the things related decisions or actions that were considered to be in conflict with quality standards or ethics standards applied in the regional hospital at the medical committee forum.

The medical committee forum as explained by informant LR as the quality and patient safety committee, was in accordance with the medical committee duties as stated in the document of medical committee guidelines of Sawerigading Public Hospital of Palopo 2016, which included: (1) recommendations for granting permission to perform medical services , (2) maintaining the competence and behavior of medical staff who have obtained licenses, (3) recommendations for the suspension of certain clinical authority to revoke licenses for medical services. If these three tasks run well, it can be ensured that the accountability of medical services in the hospital can run in accordance with the purpose of establishing the hospital itself, namely to ensure patient safety.

Furthermore, the results of the interview done with Informants AN explained as follows: "There was a death audit where the responsible doctor who handled the patient. The doctor was ordered by the medical committee through the committee secretary to be present at the forum to explain and convey justification for the actions taken in carrying out services to patients who have died. "(October 19, 2019).

According to the researcher, the presence of the responsible doctor when ordered by the committee as stated in the interview above shows that there was a relationship between the actors in this case the doctor who was responsible for an action on the patient and the forum in this case the medical committee. This relationship is also clarified in the standard operational procedure that regulates how an action will be accounted for if it violates the code of ethics or the applicable quality standards and the rules regarding to audit procedures in hospitals. This ongoing relationship according to Bovens is that a diagonal relationship. It means that reporting the actions taken in the forum are semi-compulsory. This is in accordance with the explanation by the informant and the documentation of medical service guidelines in which there was no punishment or obligations for the relevant actors (medical staff) to report their actions, which was considered to have errors based on quality standards or professional code of ethics.

The actions reported in the medical committee forum was how the responsible doctor carried out medical actions based on standard operating procedures and applicable ethical codes regarding how the patient is handled. Furthermore, the types of reported actions can also be seen from two aspects namely, the results aspects and procedures of a medical treatment if there are complaints from patients, either directly or indirectly through the responsible one who handles complaints and then forwards to the director of service and finally the director of service delivered to the medical committee.

The decision or action meant is the action related to how their procedures provide services to patients, whether they have carried out their duties or competencies in accordance with procedures and professional ethical standards. In addition to decisions or actions that are reported based on procedures, medical staff explains the results of their actions. The intended results can be assessed by service users whether the service user, in this case the patient felt disadvantaged by the decisions or actions taken by medical staff. Actions that are accountable both in terms of procedures and results are illustrated in the results of interviews done with informants AN, "If an action is found that is not in accordance with PPK (Clinical Practice Guidelines), then the doctor will be called if there are reports coming to the public relations or directly to the director of service. In addition, at the medical audit there was one specialist doctor who reads the results of the roentgen which is considered to be wrong by some clinical doctors (DPJP) as the results do not match the diagnosis of the doctor in charge, while the results of the roentgen is used to provide the following medical treatment. This condition created insecurity and confusion to the patient because the patient read the results of the roentgen is different from the results from the doctor who is handling it. After being operated based on the diagnosis of the DPJP, it is true that there was something in the patient's body. It contradicts with the results of the previous roentgen "(9 September 2019).

The result of the interview is also supported by documentation in the medical committee guidelines at Sawerigading Public Hospital. The problems related to violations of professional discipline by a medical staff as follows (1) clinical competency, (2) management of medical cases, (3) the use of drugs and medical devices that are not in accordance with hospital medical service standards, (5) inability to cooperate with hospital staff that can endanger patients.

After the doctor explains his actions either related to the procedure or the results, the forum, in this case the medical committee, has opportunity to provide responses in the form of questions or suggestions about the information provided by the doctor in relation to the actions carried out and the procedure or outcome in the implementation of health services at Sawerigading Public Hospital.

The case is in line with the results of an interview done with the director of service affairs of Sawerigading Public Hospital. He stated "In carrying out medical practice by medical staff / doctors in a hospital, there will be a forum that will conduct an evaluation to ensure that medical staffs are truly professional in working based on their duties. The forum is the medical committee of Hospital, which has 2 (two) sub-committees, namely the quality committee and the ethic committee. The quality committee carries out the the quality of the service at the hospital and ethic committee handles the matter of violations of the ethic code conducted by medical staff. For example, if there are deviations from the procedures or professional standards applied, the doctor will be called to explain and the medical committee forum has the opportunity to provide comments or suggestions on the explanation of the doctor "(January 1, 2020).

According to researchers, using the Bovens approach, the results of the interview illustrate that the responses given to the doctors were not assessed based on the available facts. This is due to the unpleasant factors from the forum to express objectively in order to keep the feelings of the doctor. The forum should realize that bureaucracy is impersonal, where decisions were made based on objectivity and public interest, not based on personal interests.

Furthermore, the actor who explained his actions in the forum, the researcher found that there were 2 (two) types of accountability based on the findings of the researcher, namely individual and collective nature. This was clearly stated by the medical committee secretary in the interview, as follows: "If a person is found to have violated medical staff, he will be summoned to the medical committee forum to question on cases that have occurred or reported by patients through the service director. There is actually a routine audit based on data on

cases that a minimum of 30 medical record samples from the PPI are submitted to the medical committee ... the medical audit case does not mention the person, but only looks for causes based on the information provided by the medical staff group (KSM) consisting of 4 people "(1 January 2020).

Based on the results of the interview above shows that if a medical action is only carried out by a doctor, then the consequences will only be owned by the doctor itself. This event is called individual accountability in the sense of Bovens.

Another case is collective professional accountability. Collective accountability is accountability with more than one actor, in this case a group of medical staff (CBOs) doing cases related to services that are considered deviant or that are deemed to have urgency for the quality of medical services received by patients. This is in line with what was conveyed by the service director of Sawerigading Public Hospital, the cases were taken based on input from PPI, such as post-operative bleeding where the cases numbered at least 30 cases where KSM (medical staff group) were invited to the medical committee as a forum which carries out evaluation and control of the quality of medical services carried out by medical staff groups. The consequences of the results of the medical audit taken to the forum did not exist because these cases did not have consequences that sanctioned the medical staff personally because there were only recommendations based on the discussion of cases in the medical committee forum to forward to the president director.

This collective accountability has not run at Sawerigading Public Hospital of Palopo in the routine medical committee audit forum. This was stressed by the results of an interview with the medical committee secretary of Sawerigading Public Hospital which stated as follows: The competency of medical staffs' problems in these cases cannot be known because this routine audit has never been carried out while this routine audit is clearly contained in the rules of audit procedures. "(9 September 2019).

In connection with the results of the interview, the researchers concludes that the accountability of services on the professional aspect in relation to the collective nature is not optimal yet because there are no routine audits conducted regularly by the hospital medical committee to discuss cases that arise with patients as regulated in the audit procedure. Whereas routine audits are very important to find the causes of the important cases to be resolved in order to provide quality services to citizens in this case patients as users of health services.

On the other hand, the consequences that must be received by medical staff personally if in the forum found a violation or deviation committed by medical staff has not been running optimally. This can be seen based on the results of the interview delivered by AN Informants as follows: "If there are actions taken by medical staff that are not in accordance with the rules, an audit will be conducted through a medical committee, but this is not yet optimal because there is a case of a specialist doctor who have repeatedly made mistakes in reading the results of roentgen according to some DPJP doctors. The reading error directly harms others, both DPJP doctors and patients. However, until now the doctor has not yet gotten the consequences of the wrong 'reading' decision. The director should take firm action on the case because it has harmed many parties "(9 September 2019).

Uncertainty in carrying out accountability, especially the consequences that must be accepted by unscrupulous doctors caused by unprofessionalism. This was conveyed by the chair of the quality and safety committee as follows: "Regarding cases related to competence involving unscrupulous health workers, a license revocation of clinical practice will have been applied after training as a consequence of misreading the results of the roentgen, but until now there has been no follow-up due to unprofessional issues. There is nothing explicit in the medical committee forum, including the director in this matter. " (September 20, 2019).

According to the researchers, professional accountability that runs Sawerigading Public Hospital of Palopo has not been running optimally due to unprofessional or cultural factors which hinder the implementation of one of the criteria that become an indicator of the 'consequences' of a relationship categorized as an accountability process. This is supported by the opinion of Sedarmayanti (2013), several factors that make the implementation of public services not going well are as follows: (1) accountability does not work because of the low understanding of the public service apparatus; (2) low salaries earned by public service providers; (3) management all I want; (4) cultural barriers; (4) monopoly; (5) poor accounting system; (6) lack of ability to apply accountability; (7) bureaucratic rigidity (8) institutional relationship conflicts; (8) low quality of human resources (9) technological lag; (10) mental colony; (11) weak rule of law; (12) the environment is less conducive. Some factors that become obstacles are cultural barriers.

The consequences have been very clearly regulated in the medical committee guidelines of Sawerigading Public Hospital of Palopo in 2016 which states that if medical staff are found to have violated professional standards, professional disciplinary action can be taken in the form of suspending privileges (clinical authority) so that the public is protected from medical practitioners who unprofessional. But in reality the consequences in the form of suspension of clinical authority have not been done in the medical committee forum. Based on these facts in the field, researchers assume that the hospital has not fully made the patient's

right to get professional and quality health services as a foothold in taking action or decisions. As Schacter (2000) argues that if there is an error in the process of accountability relations, corrective action is immediately taken.

According to the researcher, in the professional accountability forum held by the Medical Committee of Sawerigading Public Hospital, the authority over decisions made was still limited to recommendations. The final decision or execution of the decision issued by the medical committee is the president director. As stipulated in the 2016 Medical Guidelines of Sawerigading Public Hospital on the authority, the medical committee is only limited to issuing decisions in the form of consideration or recommendations to medical actors / staff or medical staff groups related to the issues discussed in the medical committee forum.

Another problem that arose in the field research found that the existing medical committee forum appeared to be not independent because it was still influenced by the absence of the forum in making decisions professionally and objectively because the actor had an emotional connection with the forum.

Furthermore, the consequences received by the actors based on decisions issued by the forum are actually proportional. This was confirmed by an interview with one of the medical staff who also served as the secretary of the medical committee, said that there would have been a suspension of clinical authority over the doctor, until the relevant doctor had completed the training and had authentic evidence that he had passed the competency as required in clinical authority (clinical privilege). This is confirmed by the consequences that must be received by medical staff who violate or do not meet quality standards so that sanctions are imposed by the medical committee. Sanctions and the authority of the medical committee are carried out in order to protect patient safety by ensuring that medical staffs conducting medical services at a credible hospital are regulated in the medical committee guidelines for 2016. However, until this study was conducted there has been no follow up on plans to provide re-trainings.

According to researchers, recommendations or considerations issued by the medical committee on a case of violation of professional standards carried out by medical staff should be required to be carried out or acted upon by the director because this concerns the basic rights of the patient, namely the responsibility of patient safety, so that the problems described in results of field research do not occur and can be overcome.

Based on the results of the interview, the researcher illustrates in the table whether accountability has been running at Sawerigading Public Hospital with several criteria to be easily understood. This can be seen from the following table:

Table 1. Professional accountability of medical staff at Sawerigading Public Hospital of Palopo

Accountability Criteria	Data	Decision
<ul style="list-style-type: none"> ❖ There is a relationship between forums and actors ❖ Responsibility of the actors ❖ Explanation and justification of actions ❖ Kinds of actions ❖ Forum has the right to ask ❖ Forum decision ❖ Actor consequence 	<ul style="list-style-type: none"> ❖ The actions or decisions of medical staff, nurses or other health workers who have problems will be audited in the medical committee or nursing committee. ❖ Actors attend the medical committee forum based on a letter from the medical committee ❖ Medical / paramedical staffs have sufficient opportunity to explain their actions ❖ Actions that are not in accordance with PPK or SPO whether nurses or doctors or other health workers will be called through public relations or service directors or committees. ❖ The medical committee forum proposes questions to the health workers ❖ Medical and nursing committee forums issue recommendations based on explanations and input from the participants of committee forum. ❖ Actors can bear consequences such as direct or written warning, mutations and suspension of clinical authority for doctors. 	<p>Professional accountability has been carried out at Sawerigading Public Hospital of Palopo to ensure that health workers are credible in carrying out their duties to make sure patient safety, although some criteria for accountability have not been implemented.</p>

IV. Discussion

The research on how accountability of public services done by the bureaucratic apparatus at the level of implementation at Sawerigading Public Hospital of Palopo has several findings that can be concluded as follows:

1. The implementation of accountability carried out by medical workers / street level bureaucrat apparatuses has been running at Sawerigading Public Hospital of Palopo through the medical committee forum, although the consequence criteria are still not going well due to cultural factors.

2. The accountability model applied at Sawerigading Public Hospital of Palopo is professional accountability model.

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