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Credentiality and Recredentiality of Medical Services at Panglima Sebaya Hospital East Kalimantan

Nurdiana AS[1], Rifdan[2], Risma Niswaty[3], Wahira[4]

[1]Panglima Sebaya Hospital

[2,3,4]Postgraduate Program of Universitas Negeri Makassar

ABSTRACT: This study aims to examine the determinants, mechanisms, and optimality of the implementation of credentialing and recredentialing of medical services at Panglima Sebaya Hospital, Paser Regency, East Kalimantan in order to realize good clinical governance. The research method used was a phenomenological approach with primary and secondary data sources, involving informants such as the hospital director, medical committee, and medical staff. The results showed that the credentialing process has been running but not optimal due to leveling with the acceptance of non-medical employees, while recredentialing has not been implemented consistently. Determinant factors that influence implementation include human resources (HR), ethics, expertise, and leadership support. The findings indicate the need to improve the credentialing and recredentialing system to increase accountability and quality of health services in hospitals.

KEYWORDS: Credentialing, recredentialing, good clinical governance, RSUD Panglima Sebaya, medical services

I. INTRODUCTION

A hospital is a health facility that organizes inpatient, outpatient, and emergency services along with all supporting facilities. To be able to carry out its activities, each hospital must establish regulations governing the procedures for organizing health services, this is regulated in hospital regulations. Hospital regulations are established by the hospital owner or his representative and serve as guidelines governing the order in the hospital (Leana & Bachtiar, 2017). Hospitals are business entities engaged in providing health services to the community, must be equipped with facilities and infrastructure that can be utilized by the hospital management to carry out its operations (Khasanah & Fajar Imani, 2022). Hospitals are health services that organize comprehensive individual health services that provide inpatient, outpatient and emergency services (Marbun, Ariyanti, & Dea, 2022). The basic essence of the hospital is to provide the best service to patients which is expected to solve the patient's health problems.

Hospitals, as a public service, have the task of organizing activities in order to fulfill the basic human right to obtain health services (Amran, Apriyani, & Dewi, 2022). The hospital as a health care institution is expected to be able to provide quality health services, so as to provide satisfaction to consumers. The services provided by the hospital are not only limited to medical services, but the hospital is expected to be able to provide good supporting services. One of the supporting services that are considered is medical records (Amran et al., 2022). The task of the hospital in its juridical formulation can be seen in the provisions of the Hospital Law, namely a hospital is a health service institution whose main task is to organize a full range of health services that provide services in the form of inpatient, outpatient, and emergency services. To carry out its duties, the hospital has functions, namely organizing treatment and health recovery services, maintaining and improving individual health through secondary and tertiary level health services, as a place of education and training for medical or paramedical personnel in order to improve their ability to provide health services, and organizing research and development of science and technology in the health sector in order to improve the quality of health services (Amran et al., 2022). The duties and functions of the hospital are also outlined in Law Number 44 of 2009 concerning Hospitals, namely providing comprehensive individual health services which include preventive, promotive, curative and rehabilitative (Kristiana, 2020).

To ensure that these functions and duties are carried out properly, hospitals need a governance system that can ensure hospital professionalism. this can be achieved through a combination of implementing good corporate governance, hospital bylaw, and clinical governance. Good corporate governance is one of the concepts that can be applied in order to improve hospital performance. In addition, the implementation of good corporate governance is very important in order to improve the quality of the organization (Rusydi et al 2020). In general, the application of good corporate governance principles aims to carry out proper organizational management (Rizqiani Rusydi, Palutturi, Bahry Noor, & Pasinringi, 2020). In addition, hospitals also need

qualified human resources in order to carry out their functions properly. One of the instruments to measure the quality of human resources in hospitals is through the credentialing and recredentialing process. Therefore, this article will examine the issue of determinant factors in the implementation of credentialing and recredentialing of medical services at RSUD Panglima Sebaya Paser Regency and describe the mechanism and optimality of the implementation of credentialing and recredentialing of medical services for the realization of good clinical governance at RSUD Panglima Sebaya Paser Regency.

LITERATURE REVIEW

The implementation of good corporate governance is useful for (1) improving the internal control system; (2) increasing efficiency to increase competitiveness; (3) protecting the rights and interests of stakeholders; (4) increasing company value; (5) increasing the efficiency and effectiveness of the work of the governing board and CEO; (6) and improving the quality of the relationship between the governing board and the CEO (Nugroho & Kusumaningrum, 2024). This Good Corporate Governance can be regulated in Hospital Bylaws. Hospital Bylaws comes from two words, namely Hospital (hospital) and bylaws (local or internal regulations) (Sunartejo, 2024). Hospital Bylaws / Statute / Constitution / Articles of Association are self-imposed regulations to regulate the actions of hospital parties. These regulations are guidelines for carrying out management and obeying the law, within the scope of which the hospital seeks to carry out its mission properly and legally (Nugroho & Kusumaningrum, 2024). Hospital bylaws encompass a wide range of regulations and policies that govern various aspects of hospital operations, including legislative mandates, procedural rules, and uniform standards. Narrowly defined hospital bylaws specifically address the relationships and responsibilities between medical staff, hospital administrators, and hospital owners (Danasti & Aini, 2024). Hospital Bylaws are an effort to protect hospital administration, health workers and protect patients, so hospitals need to have internal hospital regulations (Maulana, 2021).

Ahmed et al. (2023) defined clinical governance as a set of relationships and responsibilities established by healthcare organizations between state or territory health departments, governing executive bodies, clinicians, patients, consumers, and other stakeholders to ensure good clinical outcomes. Clinical governance is described as a systematic and integrated approach that supports any action to maximize healthcare quality. Clinical governance combines all patient care activities into one strategy that leads to organizational integration, coordination, cooperation, and communication between departments. Meanwhile, for Macfarlene (2019) clinical governance can be defined as a framework that enables responsible healthcare organizations to continuously improve the quality of their services and maintain a high quality of service. According to Arifuddin et al. (2022) Clinical governance is responsible for continuously improving the quality of services, and maintaining high standards of service by creating an environment in which clinical services will develop.

Nursing credentialing is a series of evaluation processes for nursing personnel in hospitals to determine the feasibility of granting clinical authority to patients in order to obtain nursing care and services by competent nurses who adhere to the ethics of the nursing profession. re-credentialing periodically, with a predetermined time is a much needed strategy (Agusnita, Hartono, Hamid, Ismainar, & Lita, 2022; Agusnita, Jepisa, & Purwonegoro, 2022). Credentialing will provide assurance to the public to get safe services and quality care. Credentialing is a reflection of the determination of requirements and evaluation of individuals and organizations for professional development, training and competencies required in the form of certificates (Idhan, Erika, & Tahir, 2022). The credentialing process verifies data on education, training, work experience, and certificates of the health worker (Afroni & Santoso, 2020). Thus, it is expected that health workers who pass the test have adequate competence (Idhan et al., 2022).

Meanwhile, recredentialing refers to the process of reevaluating medical staff who have clinical authority to determine the feasibility of granting clinical authority (Asnawi, Kamil, Marthoenis, Marlina, & Rahayunignsih, 2021; Azhari, Ariadi, & Paramitha, 2023; Jaksa, Sigit, A'la Al Maududi, Latifah, & Arifianti, 2023). Recredentialing can be done at any time if: a. There are new competencies b. There are competencies that are rarely performed c. There are recommendations from the medical staff group, if there is a change in physical condition / health, there is a reduction in competence from the results of a medical audit or even revocation of changes / modifications and granting clinical authority again.

RESEARCH METHODS

This research approach is a phenomenological approach that aims to reveal and obtain various data and phenomena related.
Directly to the governance of the credentialing and recredentialing process at Panglima Sebaya Hospital, Paser Regency, East Kalimantan. Data sources in this study include primary data sources, namely data derived from observations, interviews and documents related to the object of research and secondary data including data and reports related to the credentialing process, the results of previous research both national and international journals related to this study. The source of data in this study is Panglima Sebaya Hospital, Paser Regency, East Kalimantan. The informants of this study consisted of: Hospital Director, Deputy Director of Services, Head of Medical Services, Chairman of the Medical Committee, Secretary of the Medical Committee, Credentialing Sub-Committee (5 people) and Functional medical staff (3 people).

PREVIOUS RESEARCH

According to research by Dzulkifli et al., (2020) there is a correlation between customer satisfaction and the effectiveness of good corporate governance. The determinant factors in the implementation of good corporate governance in this study are the principles of independence and the principles of justice in hospital services. The higher the independence and fairness, the higher the customer satisfaction with hospital services.

Related to credentials, research from Asnawi et al. (Asnawi et al., 2021) There is an effect of nurse credential training on increasing knowledge, behavioral attitudes so it can be concluded that nursing credential training is very important. Meanwhile, from the results of research by Ida Asep et al. (2021) revealed a correlation between credentialing and the perspectives of growth, customer focus, business process, and clinical performance. There is a significant increase in the perspective of growth, customer focus, business process, and clinical performance after credentialing compared to before credentialing. Then in the research of Asqar et al. (2024) showed the influence of credentials on nurse performance at UPTD Regional General Hospital Dr. Zubir Mahmud Idi in 2024, namely: 1. The credentials of nurses at UPTD Regional General Hospital dr. Zubir Mahmud Idi in 2024 showed that out of a total of 71 respondents, 18.3% had not been credentialed, 33.8% were PK1, and the rest were PK2 and PK3 each 23.9%. in addition, nurses at UPTD Regional General Hospital dr. Zubir Mahmud Idi in 2024 generally had good performance. Of the total 71 respondents, 93% showed “Good” performance and 7% “Fair”. There were no nurses who received a “Poor” rating.

RESEARCH RESULTS AND DISCUSSION

RESULTS

From the results of in-depth interviews regarding the credentialing and recredentialing process conducted with informants, it was revealed that:

1. The credentialing process has been running but is not optimal because the acceptance of doctors is considered the same as the procedures for acceptance as other hospital employees. Meanwhile, the recredentialing process has not been implemented in accordance with applicable regulations.
2. Determinant factors in the credentialing and recredentialing implementation process include human resources (HR), ethics, expertise and leadership support.
3. The mechanism for implementing the credentialing and recredentialing process related to file completeness has not been implemented in accordance with existing regulations.

The implementation of the credentialing process as an instrument for employee recruitment has been carried out quite well based on the evidence of observations made by researchers as shown in table 1.

Table 1. Completeness of Credentialing File.

No	Completeness of File	Exist / No
1	SOP for the implementation of credentialing and recredentialing.	Exist
2	Standard form for credentialing and recredentialing assessment.	Exist
3	Verification of education documents, registration that has been verified by the issuing source (diploma, registration certificate, logbook, MCU results, certificate of competence: ATLS and or ACLS and or Neonate Resuscitation and or Hygiene, etc.).	Exist, although some are On The Way
4	Minutes of the results of credentialing and recredentialing assessment.	Exist
5	Details of Clinical Authority (RKK).	Exist
6	Staff appointment decision letter.	Exist
7	Clinical Assignment Letter (SPK) and Details of Clinical Authority (RKK).	Exist
8	The hospital carries out the credentialing process at the beginning of employee appointment, then the recredentialing process is carried out for reappointment.	Exist
9	SPK and RKK of each medical staff are already in all service units.	Exist

The results of interviews with informants related to the recredentialing process are in line with what was found in file observations, namely that the regulation of the recredentialing process has not been maximized, as shown in table 2.

Table 2. Completeness of Recredentialing File

No	Kelengkapan Berkas	Exist / No
1	Policy on the evaluation process of staff credential files every minimum of 3 (three) years (Recredentialing).	Exist
2	There is an evaluation process and the quality of services provided by each medical staff and reviewed annually and communicated to other medical staff.	Exist (not all implemented)
3	Evaluation results are recorded in the medical staff credential file and in other files on staffing.	Exist (not all implemented)
4	There are files regarding staff recredentialing, namely: a. Valid STR b. Health certificate or Medical Check Up results c. Letter of recommendation from the Ethics Sub-Committee d. The latest certificate according to the competence of the last 3 (three) years f. Recredential candidates apply for clinical authority again to the director by filling in the clinical authority list form provided by the Hospital.	Exist (not all implemented)
5	There is a determination and reissuance of SPK and RKK.	Exist

DISCUSSION

1. The credentialing process has been running but not optimal because the acceptance of doctors is considered the same as the procedure for acceptance as other hospital employees. While the recredentialing process is still not implemented according to applicable regulations.

After the recruitment process, medical and other health workers are credentialed through their respective committees. For doctors, it will be scheduled by the Medical Committee after the person concerned gets a cover letter from the hospital management department. Credentialing is carried out in accordance with established rules (according to the applicable SOP) and the results obtained by the Medical Committee Sub Credentialing Team will be submitted to the Director through a recommendation letter from the Chairman of the Medical Committee for further issuance of employee appointment letters if the results of the medical personnel (doctors) are declared eligible to carry out service tasks.

Some informants stated that the process is not ideal for capturing the maximum eligibility of a medical personnel (doctor) because sometimes false positives are found. Doctors who at the beginning of their entry seemed "just fine", over time began to show problematic attitudes. Hospital management finds it difficult to terminate the employment of doctors who have the status of permanent employees, not only because of labor regulations but also because there is still a lack of medical personnel who want to work at the hospital. Some informants said that this problem arises because the current credentialing process only captures candidates at one point in time during the initial registration. As for the recredentialing process, the informant revealed in the interview as follows:

"As far as I know, there has been no special reassessment implementation like when we first started working here"

"there is recredentialing for specialists on their own initiative to request it"

Some doctors also felt that recredentialing had not been carried out, "There has been no special socialization regarding the implementation of recredentialing".

2. Determinant factors in the credentialing and recredentialing implementation process include human resources (HR), ethics, expertise and leadership support.

Based on the results of interviews with informants about credentialing and recredentialing starting from the definition, process and regulations underlying it, all informants already know in outline that the credentialing process is the process of granting clinical authority when returning at a predetermined time / when there is an additional clinical authority whose process is called recredentialing. However, some informants were not socialized in detail (only the outline). Even though the credentialing and recredentialing process is important and must be known by medical staff. as revealed by Siagian (2014), that human resources are a strategic resource. Human resources are the most important input factor to achieve success. As with the hospital as a health service organization, the hospital has full responsibility for the provision of health services in its coverage area. According to Werther & Davis in Sutrisno (2019), human resources are employees who are motivated, capable, and agile to achieve organizational goals. Thus, it must be reviewed in detail and in depth. In the clinical authority of doctors, their abilities must be in accordance with the reality and skills needed in the field. To achieve this, doctors need knowledge regarding the process they go through including credentialing and recredentialing, including what the purpose and benefits are.

CONCLUSION

1. The credentialing process that ensures accountability in good clinical governance has not been implemented optimally by Panglima Sebaya Hospital, Paser Regency because it is still the same as the way other employees are hired through the staffing department. Medical personnel make a request to the director for the credentialing and recredentialing process. The director disposes to the Deputy Director of Services / Head. Medical Services which will be continued to the medical committee and the credentialing / recredentialing process will be carried out by the Credentialing Sub-Committee according to schedule. After the medical committee has completed carrying out the credentialing stage, the medical committee makes recommendations to the director according to the results submitted by the credentialing sub-committee. Furthermore, the director makes SPK (Clinical Assignment Letter) and RKK (Clinical Authority Details) for the medical personnel.

2. Acceptable factors in the credentialing and recredentialing process at Panglima Sebaya Hospital in the implementation of medical service credentials at Panglima Sebaya Hospital, Paser Regency are human resources (HR), ethics, expertise of the director's support, active medical committees, competent credentialing sub-committees so that they can assess the abilities and expertise of medical personnel according to their competencies. resistance from medical personnel who do not want to cooperate in the implementation of recredentialing, shared competencies that can cause friction between fields of knowledge.

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