

Implementation of Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2020 Concerning Hospital Accreditation

Endang Diana Fitri*, Isnaini** & Marlon Sihombing***

*Master's Program in Public Administration, Graduate Program, Universitas Medan Area, Indonesia

**Master's Program in Law, Graduate Program, Universitas Medan Area, Indonesia

***Department of Political Science, Faculty of Social and Political Sciences, Universitas Sumatera Utara, Indonesia

ABSTRACT:

This research aims to comprehend the implementation of accreditation and governance by the Republic of Indonesia Minister of Health Regulation No. 12 of 2020 regarding Hospital Accreditation. A qualitative research method was employed through interviews as a data collection tool. The interview results were processed to analyze the accreditation implementation based on the Minister of Health Regulations and accreditation standards, aligning with Law No. 44 of 2009 and the 2012 Hospital Accreditation Standards. The study demonstrates that the accreditation implementation, as per these regulations, is in harmony with Law No. 44 of 2009 and the 2012 Hospital Accreditation Standards. Evident through sustained excellent patient services at the Regional Public Hospital in North Sumatra Province. Minister of Health Regulation No. 12 of 2020 strengthens hospital governance in line with the principles of Good Hospital Governance, encompassing accountability, fairness, ethics, safety, transparency, independence, legality, and human rights protection. Thus, Minister of Health Regulation No. 12 of 2020 positively enhances hospital governance, particularly at the Eye Hospital in North Sumatra Province.

KEYWORDS: Accreditation Implementation; Governance; Minister of Health Regulations; Law No. 44 of 2009; Hospital Accreditation Standards.

INTRODUCTION

The hospital is a service organization that has specificity in terms of human resources, infrastructure, and equipment used so the hospital is said to be an organization that is capital-intensive, human-resource-intensive, technology- and science-intensive, and regulatory-intensive. The complexity of services in hospitals requires quality assurance and service safety in hospitals that are determined in the form of accreditation. Hospitals are required to carry out accreditation to improve service quality regularly (Faluzi et al., 2018; Purba, 2019).

This is in line with the health services provided by the North Sumatra Provincial Eye Hospital which was established in 1995 on the initiative of the Regional Office of the Ministry of Health of the Republic of Indonesia, North Sumatra Province with the support of the Regional Government

and the Helen Keller International Non-Governmental Organization (HKI) with the composition of the Eye Health Center. The community with the name Pre BKMM According to the Decree of the Minister of Health No. 442/Menkes/SK/VI/1999 became the Community Eye Health Center (BKMM) of North Sumatra Province became the Eye Health Technical Implementation Unit/UPT of the Ministry of Health of the Republic of Indonesia which is under and directly responsible to the Directorate General of Community Health Services of the Ministry of Health of the Republic of Indonesia (Nurpahmila, nd; Siregar, nd).

So thus through Law Number 44 of 2009 concerning Hospitals, in Article 40 part three it is also stated that all hospitals in Indonesia are required to carry out accreditation to increase the quality of hospitals. Meanwhile, the law also emphasizes that the implementation of health services must be based on ethics and morals.

The Hospital Accreditation Commission (KARS) in 2012 through the Ministry of Health standardized hospital accreditation assessment of the four most important things, namely: 1). The service standard group focuses on patients, 2). Hospital management standards group, 3). Hospital patient safety goals, and 4). Millennium development goals. Where in the implementation process it involves all professional human resources of the hospital starting from medical staff and medical support, nursing staff, pharmaceutical staff, hospital management staff, and non-health workers (Ismainar, 2015; Maryati & Wannay, 2017; Pain, 2017).

In hospital accreditation, human resources have been regulated, namely by determining the number and specifications of personnel and service support facilities that must be owned by the hospital (SOEPOJO, 2002). Standardized resources such as human resources, management, and standardized technology are indispensable components to face competition and create hospitals that have quality health services which are indicators to improve the image of the hospital and its profitability (Hafizurrachman, 2009)

One of the government's efforts to encourage hospitals to prioritize service, safety, and protection of the community is to require hospitals to carry out accreditation. Accreditation is closely related to the quality of services provided by the hospital. The effect of hospital accreditation is to improve the quality of health services that prioritize patient safety and ensure that it is carried out properly and correctly. Hospital accreditation is not only a process of completing documents in a hospital operating permit and license renewal, but hospital accreditation is a process of maintaining and improving the quality of services and patient safety provided.

Hospital accreditation is an acknowledgment to a hospital that is given by an independent accreditation agency that has been determined by the minister of health after it is assessed that the hospital meets applicable hospital service standards to improve the quality of hospital services and patient safety on an ongoing basis (Permenkes No. 12 of 2020 concerning Hospital Accreditation). This regulation should be the basis for every hospital to conduct an assessment of the services it has. Furthermore, every hospital that has received an operational permit must be registered and accredited.

Accreditation is closely related to the quality of services provided by the hospital. This means that if accreditation is carried out properly, there will be an increase in the quality of hospital services and patient safety. Hospitals are required to carry out accreditation checks to improve the quality of their services regularly every three years. This is written in Law Number 44 of 2009 concerning

Hospitals, Article 40 paragraph (1) which states that to improve the quality of hospital services, periodic accreditation must be carried out at least once every three years.

According to (Lumenta, 2013) Accreditation is very closely related to the quality of services provided by the hospital. This means that if accreditation is carried out properly, there will be an increase in the quality of hospital services. However, according to (Soepojo et al., 2012) Accreditation results do not automatically improve the quality of hospital services. This is because the accreditation of health services in Indonesia has not assessed clinical indicators of health services (Soepojo et al., 2012). Questions about the efficacy of accreditation on the quality of patient care and patient recovery rates were also raised by several experts abroad (Hinchcliff et al., 2012).

The policy for implementing hospital accreditation has been written in the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2020 concerning Hospital Accreditation, The regulation states that hospital accreditation is an acknowledgment of the quality of Hospital services after an assessment is made that the Hospital meets the Accreditation Standards. The Accreditation Standard in question is a guideline that contains the level of achievement that must be met by a hospital to improve the quality of service and patient safety.

The accreditation process itself involves all staff or Human Resources (HR) in the hospital, starting from medical staff and medical support, nursing staff, pharmacy staff, hospital management staff, and non-health workers. To improve the quality of hospital services, good employee performance is needed. Employee performance in carrying out their roles and functions is inseparable from the knowledge factor. Knowledge is a predisposing factor for someone to act or behave positively. Behavior-based on knowledge will be more lasting than behavior that is not based on knowledge (Isabella Barus et al., 2021; Samrah et al., 2021; Tawai et al., 2021). According to (Gibson, 2001) knowledge is a psychological variable that affects employee performance.

The direct benefits of accreditation are that the hospital listens to patients and their families, respects patient rights, and involves patients in the care process as partners; increasing public confidence that the hospital has made efforts to improve the quality of service and patient safety; provide a safe and efficient work environment that contributes to employee satisfaction; negotiating capital with health insurance and other paying sources with data on service quality creating a culture that is open to learning from proper reporting of adverse events; and setting priorities on quality and patient safety at all levels (Anshori, 2018).

The development of the Indonesian nation is emphasized by improving the quality of human resources, which means that humans are the central point of development because high-quality humans are a nation's resource. One of the main requirements for improving the quality of human resources through quality health services, of which is a hospital. Hospital organizations have several characteristics that are not shared by other organizations in general, namely most of the staff are professionals, the workload cannot be regulated, the amount and nature of work are very diverse and the output cannot be standardized (Djojodibroto, 1997).

Data from the Hospital Accreditation Commission (KARS) in 2020 recorded only 535 hospitals that were accredited nationally out of 2,424 registered hospitals in Indonesia, including the Eye Hospital in North Sumatra Province, among others. So the number of hospitals that have not been accredited is 1,889 hospitals. In proportion, only 22% of hospitals are accredited in Indonesia. The target that has been planned by the Ministry of Health of the Republic of Indonesia in 2019 is for

accredited hospitals to reach 60% and the target for 2020, hospital accreditation to reach 90% (Ismainar, 2015).

This shows that less than 90% of the accredited hospitals in 2019 or it can be interpreted that the target of the Ministry of Health has not been achieved. Achieving targets is not an easy thing to do without a commitment from hospital owners to be accredited. Commitment arises from knowledge about accreditation. Knowledge or cognition is an important domain for the formation of one's actions where there are five levels of knowledge, namely knowing, understanding, application, analysis, and evaluation.

In this regard, given the great importance of accreditation for hospitals, including the special eye hospital in North Sumatra as a tool to determine whether the hospital meets standards designed to improve safety and quality of service, where accreditation standards are in the form of an optimal requirement and can be achieved. Accreditation shows a hospital's real commitment to improving the safety and quality of patient care, ensuring that the service environment is safe and the hospital always seeks to reduce risks for patients and hospital staff. Thus accreditation is needed as an effective way to evaluate the quality of a hospital and at the same time acts as a means of hospital management.

Based on the description above, looking at the condition of the Special Eye Hospital in North Sumatra Province, which is the only hospital that has received recognition from the government for the standards and quality of services provided to the people of North Sumatra, the research objective is to understand the implementation of accreditation and governance of Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2020 Concerning Hospital Accreditation.

RESEARCH METHODS

The type of research used in this study is a qualitative research method. The research was conducted by interview, and then the results of the interviews were processed into data. According (Sugiyono, 2017) states that the qualitative research method is a research method that is based on the philosophy of postpositivism, used to examine the conditions of natural objects, (as opposed to experiments) where the researcher is the key instrument, sampling of data sources is carried out purposive, collection techniques with triangulation (combined), data analysis is inductive/qualitative, and the results of qualitative research emphasize more meaning than generalization.

According to Erickson, (Sugiyono, 2017), qualitative research is carried out intensively, the researcher participates in the field for a long time, carefully records what happened, conducts analysis reflexive to various documents found in the field, and makes a detailed research report. Usually, qualitative research is more theoretically oriented, where theory is limited in the sense that a systematic statement relating to a set of propositions is derived from data and empirically tested.

According to (Bungin, 2019), informants are people who have extensive and deep knowledge of research problems. Informants function to help capture as much data and information that will be useful for analysis material. The selection of informants in the research focused on representing the problems studied. Informants must go through selective selection, informants must also know or be actors who are directly involved in research problems. In this study, researchers determined

informants through snowball sampling data sources. This is interpreted as choosing a source of information starting from a few and then increasing the greater the number of sources of information.

In this form, the researcher only needs to take one informant first. Then to this first person, ask another person who knows and understands the case about the information that is the focus of research in the social situation in the research area/site and so on, until the researcher is sure that the data and information collected is sufficient and the data obtained after being processed in the field since the beginning of the study has shown the same results and has not changed anymore (Joseph, 2016).

In data collection techniques, researchers use multiple sources of evidence (triangulation), which means researchers use different data collection techniques to obtain data from the same source. In this case, the used are observation, participatory, interviews, and documentation for the same data source. service quality which is arranged based on 5 (five) dimensions of service quality according to (Parasuraman et al., 1988) is *reliability* (Reliability), Responsiveness (Responsiveness) Assurance (Guarantee) Emphaty (Empathy) Tangibles (Clarity). So that The data collection techniques used by researchers in this study are as follows (Sugiyono, 2017): Interview: Collecting data by asking directly to informants or related parties, using open-ended questions. The type of interview used was an in-depth interview with semi-structured questions. Observation: Collecting data through direct observation of the phenomenon under study. Observed symptoms are recorded to gain a deeper understanding. Documentation: Data collection through records or documents at the research location and relevant sources, used as an important reference in research.

By the research method, the data analysis technique used in this study is a qualitative data analysis technique. Qualitative data analysis techniques are carried out by presenting data that begins by examining all the collected data, compiling it in one, which is then categorized in the next stage, and checking the validity of the data and interpreting it with analysis according to the researcher's reasoning ability to make research conclusions (Moleong, 2018).

According to Miles and Huberman (Sugiyono, 2017), there are several steps in conducting data analysis, namely: Data reduction: This step involves summarizing and highlighting the core information that is important in research. The main themes are identified with patterns, providing a clearer picture, and guiding subsequent data collection if needed. Presentation of Data (Data Display): This stage means presenting structured information that makes it possible to draw conclusions and take action. Data is presented through narration, graphs, and tables, which help researchers understand the situation and plan the next steps based on the understanding gained. Conclusion Drawing: Initial conclusions are tentative and subject to change if stronger data do not support them. However, if the initial conclusions are supported by valid and consistent evidence during further data collection,

RESULTS AND DISCUSSION

Implementation of Accreditation Standards from Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2020 Concerning Hospital Accreditation

1. The implementation of the accreditation of 5 (five) service activities that have been carried out by the 2012 Version Hospital Accreditation Standards was followed by intensive document improvement of 11 (eleven) other service activities.

UPT. The Special Eye Hospital of North Sumatra Province has carried out accreditation with the 2012 Version Hospital Accreditation Standards and has passed the basic level of 5 (five) services, namely administration and management, medical services, emergency services, nursing services, and medical records. The 2012 Version Hospital Accreditation Standards cover 16 (sixteen) services: administration and management, medical services, emergency services, nursing services, medical records, operating rooms, laboratories, radiology, pharmacy, K3, infection control, high-risk perinatal, rehabilitation medical, intensive, nutrition, and blood.

With the experience of following and graduating in 5 (five) services, UPT. The Special Eye Hospital for North Sumatra Province is trying to fix documents in other work units. Guidance activities are given to each work unit, assisting the person in charge of the work unit in completing documents and constantly evaluating each standard in the 2012 Version Hospital Accreditation Standard assessment instrument.

Whether or not there are complete documents in each work unit influences the UPT Hospital. Specifically for the Eyes of North Sumatra Province in preparing themselves to accept rapid changes in the implementation of the 2012 Version Hospital Accreditation Standards. The implementation process by the working group of the 2012 Version Hospital Accreditation Standards is also influenced by the readiness of work units by fulfilling documents for each work unit. The success of fulfilling the parameters requested in each standard and each work unit is influenced by the UPT Hospital bureaucracy. Especially for the Eye of North Sumatra Province itself because the bureaucracy is the dominant institution in the implementation of each policy. The director of the hospital has different interests in each hierarchy.

2. Implementation of Hospital Accreditation Standard Version 2012 at UPT. Special Eye Hospital of North Sumatra Province using the theory of George Edwards III George Edwards III's theory focuses on four factors, namely communication factors, resource factors, disposition factors, and bureaucratic structure factors, which are related to the successful implementation of the 2012 Version Hospital Accreditation Standards at UPT. Special Eye Hospital in North Sumatra Province. (Akib, 2010) explained the view of George Edwards III (1984) that without effective implementation, policymakers' decisions will not be successfully implemented. Policy implementation is an activity that can be seen after a legitimate direction has been issued from a policy which includes efforts to manage inputs to produce outputs or outcomes for the community.

The view of George Edwards III (1984) is that policy implementation is necessary because there are policy problems that need to be addressed and solved. George Edwards III (1984) introduced an implementation problem approach by questioning what factors support and hinder successful policy implementation (Winarno, 2008). Based on the rhetorical question, 4 (four) factors were formulated

as a source of problems as well as preconditions for the success of the implementation process, namely communication, resources, the attitude of the bureaucracy or implementers, and organizational structure including the bureaucratic workflow.

According to George Edwards III (Winarno, 2008), Policy implementation is a complex activity with many factors that influence the success of a policy implementation. Study of the four factors that influence the success of a policy implementation according to George Edwards III (Winarno, 2008) as follows:

A. Bureaucratic Structure

The bureaucracy is one of the institutions that most often even as a whole implements activities. The existence of the bureaucracy is not only in government structures but also in private organizations, educational institutions, and so on. Even in certain cases, the bureaucracy was created only to carry out a certain policy. Ripley and Franklin (Winarno, 2008) identified 6 (six) characteristics of bureaucracy as a result of observing the bureaucracy in the United States, namely:

- a. The bureaucracy was created as an instrument for dealing with public needs (public affairs).
- b. The bureaucracy is the dominant institution in the implementation of public policy which has different interests in each of its hierarchies.
- c. The bureaucracy has several different objectives.
- d. The bureaucratic function is in a complex and broad environment.
- e. The bureaucracy has a high survival instinct, so it is rare to find a dead bureaucracy.
- f. The bureaucracy is not a neutral force and is not under full control from outsiders.

The implementation of complex policies requires the cooperation of many parties. When the bureaucratic structure is not conducive to the implementation of a policy, this will lead to ineffectiveness and hinder the implementation of the policy. Based on the explanation above, understanding the structure of the bureaucracy is a fundamental factor for assessing the implementation of public policies.

According to George Edwards III (Winarno, 2008), there are two main characteristics of the bureaucracy namely "Standard Operating Procedure (SOP) and fragmentation". "Standard operating procedure (SOP) is the development of internal demands for certainty of time, resources and the need for uniformity in a complex and broad work organization" (Winarno, 2008). The basic size of this SOP or work procedure is commonly used to deal with general conditions in various public and private sectors. By using SOPs, implementers can optimize available time and can function to standardize the actions of officials in complex and widespread organizations, thereby creating great flexibility and greater uniformity in the application of regulations.

Based on The results of Edwards III's research summarized by (Winarno, 2008) explained that: "SOPs are very likely to become obstacles for the implementation of new policies that require new ways of working or new types of personnel to implement policies. That way, the greater the policy requires changes in the ways that are prevalent in an organization, the greater the probability that SOPs hinder implementation." "However, apart from hindering the implementation of the SOP policy, it also has benefits. Organizations with flexible planning procedures and a great deal of control over flexible programming may be more able to adapt to new responsibilities than bureaucracies without these characteristics."

The second characteristic of the bureaucratic structure that influences policy implementation is fragmentation. Edwards III (Winarno, 2008) explains that "fragmentation is the spread of responsibility for a policy to several different agencies that require coordination". In general, the greater the coordination required to implement a policy, the less likely the program or policy is to succeed.

Fragmentation resulted in narrow views of many bureaucratic institutions. This will have major adverse consequences for the successful implementation of the policy. The following are the obstacles that occur in bureaucratic fragmentation related to the implementation of public policy (Winarno, 2008): "First, there is no strong authority in policy implementation because certain functions are divided into different institutions or bodies. In addition, each agency has limited jurisdiction over a particular field, so important tasks may be neglected in various piling-up bureaucratic agendas. "Second, the narrow view of the agency may also hinder change. If an agency has low flexibility in its missions, then the agency will try to maintain its essence and will most likely oppose new policies that require change.

UPT. The Special Eye Hospital of North Sumatra Province has an organizational structure adhering to hierarchies and positions. The Director of the Special Eye Hospital as the highest leadership element is responsible for the entire process of administering the hospital both administratively, technically medically, and non-medically. According to laws and regulations, every hospital administrator is required to have a license and the hospital's operational permit can be renewed as long as it meets the registration and accreditation requirements. The hospital accreditation process every 3 (three) years must be carried out by the hospital to improve the quality of hospital services on an ongoing basis.

B. Resource

The condition for the running of an organization is the ownership of resources (resources). An expert in the field of resources, (Raelin & Schermerhorn Jr., 1994) grouping resources into: "Information, Material, Equipment, Facilities, Money, People". Temporary (Hodge & Anthony, n.d.) grouping resources into: "Human resources, Material resources, Financial resources, and Information resources". This grouping is derived from a more specific categorization, namely human resources: "Human resources can be classified in a variety of ways; labors, engineers, accountants, faculty, nurses, etc".

(Winarno, 2008) quote opinion (Tachjan, 2006) "Resources are positioned as input in the organization as a system that has economic and technological implications. Economically, resources relate to direct costs or sacrifices incurred by the organization that reflects the potential value or use in its transformation into output. Technologically, resources are related to the transformation capabilities of the organization.

Resources are one of the inputs in hospital management that is needed to be able to implement the 2012 Version Hospital Accreditation Standards at UPT. Special Eye Hospital. Resources involve things that are economical about cost sacrifices by the UPT. Special Eye Hospital in Sumatra Province to support the successful implementation of the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2020 Concerning Hospital Accreditation against the 2012 Version Accreditation Standards at UPT. Special Eye Hospital of North Sumatra Province and its

technological relation to UPT capabilities. Special Eye Hospital of North Sumatra Province to follow the paradigm shift towards regulations that often change.

C. Disposition

According to Edwards III (Winarno, 2008) argued, "tendencies or dispositions are one of the factors that have important consequences for effective policy implementation". If the executors have a tendency or a positive attitude or there is support for the implementation of the policy, then there is a high probability that the implementation of the policy will be carried out by the initial decision. And vice versa, if the implementers have a negative attitude or refuse to implement the policy because of a conflict of interest, the implementation of the policy will face serious obstacles.

The disposition or attitude of the workgroup is one of the factors that have important consequences for the effective implementation of Hospital Accreditation as contained in the 2012 Version of Hospital Accreditation Standards for UPT accreditation assessment. Special Eye Hospital in North Sumatra Province.

D. Communication

According to (Agustino, 2018), "communication is one of the important variables that influence the implementation of public policy, communication is crucial to the success of achieving the goals of the implementation of public policy". Effective implementation will take place if decision-makers know what they are going to do. Information known to decision-makers can only be obtained through good communication.

Communication is one of the important factors that determines the success of achieving the goals of implementing the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2020 concerning Accreditation which is then regulated in hierarchical derivative regulations contained in the 2012 Version Hospital Accreditation Standards, especially at UPT. Three indicators can be used to measure the success of communication variables.

Edwards III in (Agustino, 2018) put forward these three variables, namely:

a) Transmission.

Channeling good communication will be able to produce a good implementation as well. Problems often occur in the distribution of communication, namely misunderstanding (miscommunication) caused by the many levels of bureaucracy that must be passed in the communication process, so that what is expected is distorted in the middle of the road.

Special Eye Hospital in North Sumatra Province. Good communication about the 2012 Version of Hospital Accreditation Standards requires good communication (transmission) about the 2012 Version of Hospital Accreditation Standards to the workgroup by supervisors assisted by the accreditation teamwork group leader and by the working group implementing coordinator working group members to avoid misunderstanding (miscommunication).

b) Clarity.

Communications received by policy implementers (street-level bureaucrats) must be clear and not confusing or ambiguous/ambiguous. Special Eye Hospital in North Sumatra Province. Good communication about the 2012 Version of Hospital Accreditation Standards requires good communication (transmission) about the 2012 Version of Hospital Accreditation Standards to the

workgroup by supervisors assisted by the accreditation teamwork group leader and by the working group implementing coordinator working group members to avoid misunderstanding (miscommunication).

c) Consistency.

Orders given in the implementation of a communication must be consistent and clear to set or execute. If the orders given change frequently, it can confuse implementers in the field. Special Eye Hospital in North Sumatra Province. For good communication about the 2012 Version of Hospital Accreditation Standards, communication about each standard in the chapter and assessment elements in the standards listed in the 2012 Version of Hospital Accreditation Standards from the supervisor and/or head of the accreditation teamwork group to the workgroup must be clear and not confusing or unambiguous/ambiguous. In the clarity of communication about the 2012 Version Hospital Accreditation Standards.

Governance of the Special Eye Hospital in North Sumatra Province Regarding the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2020 Concerning Hospital Accreditation

Article 33 Paragraph (1) of Law Number 44 of 2009 concerning Hospitals stipulates that every hospital must have an effective, efficient, and accountable organization. Then in the explanation of paragraph (1) it is determined that the Hospital Organization is structured to achieve the Hospital's vision and mission by implementing good corporate governance (Good Corporate Governance) and good clinical governance (Good Clinical Governance).

Furthermore, Article 36 of Law Number. 44 of 2009 concerning Hospitals stipulates that every hospital must carry out good hospital governance and clinical governance. In the explanation it is determined that good hospital governance is the implementation of Hospital management functions based on the principles of transparency, accountability, independence and responsibility, equality and fairness, and good clinical governance is the application of clinical management functions which include clinical leadership, clinical audit, clinical data, evidence-based clinical risk, performance improvement, complaint management, outcome monitoring mechanisms, professional development, and hospital accreditation. This is in the opinion of Meeta Ruparel in his writing "Hospital Good Governance" stating that there are 5 (five) key elements of good governance in hospitals, namely: 1) Accountability; 2) Fairness and Ethics; 3) Safety; 4) Transparency, and (5) Independence (Ruparel, 2018).

Of the two articles linked to the division of hospitals based on their ownership, namely government (public) hospitals, and private (private) hospitals, the management of these two hospitals must be subject to good hospital governance. To carry out this medical service, hospitals must pay attention to the principles or principles regulated in Law Number 44 of 2009 concerning Hospitals in Chapter II Article 2 stipulates: "Hospitals are organized based on Pancasila and based on human values, ethics and professionalism, benefits, fairness, equal rights and anti-discrimination, equity, patient protection, and safety, and has a social function".

In connection with this medical service relationship, Komalasa as quoted by (Machmud, 2017) mentions several principles that must be guided and used as a basis by doctors in entering into agreements or therapeutic transactions with patients. The principles or legal principles in question are the principles of legality, the principle of balance, the principle of timeliness, the principle of

good faith, the principle of prudence, and the principle of openness. In contrast to the principles put forward by Syahrul Machmud above, according to the academic text of the Hospital Act, it stipulates several principles that must be considered by health workers when they want to perform medical procedures at a hospital, namely: 1) Principles of being on time; 2) Principle of Legality; 3) The principle of proportionality; 4) Principle of Balance; 5) Honesty Principle; 6) The Principle of Freedom to Choose Action; 7) Principles of Social Functions.

1. The principle of transparency in hospital governance

Transparency in hospital governance refers to the clarity of mechanisms for formulating and implementing policies, programs, and projects created and run by the government. Good government is transparent to its people. This enables the public to fully understand the process of formulating and implementing public activities. This means that all policies and the implementation of policies, both at the central and regional levels, are always carried out openly and known to everyone.

In the context of hospital governance, transparency means that hospitals are willing to provide factual information about all aspects related to hospital governance. This principle of transparency includes the provision of information that is timely, adequate, clear, accurate, comparable, and easily accessible to all interested parties according to their rights.

Due to the development of an organization that prioritizes transparency, Law Number 44 of 2009 concerning Hospitals also includes this principle in its articles. The patient's right to obtain information about the rules and regulations that apply in the hospital, as stipulated in Article 32 letter a of Law Number 44 of 2009, is an example of the application of the principle of transparency. This principle is also reflected in Article 39 paragraph (1), which confirms that an audit must be carried out in the administration of a hospital."

2. The principle of professionalism in hospital governance

Louise Arnold and David Thomas Stern argued for the need to apply professional principles in medical practice, namely: Excellence; Humanism (Humanity); Accountability (Responsibility); and Altruism (Virtue). Excellence refers to efforts to continuously update knowledge by keeping abreast of developments in medical science. Humanism shows that medical practice is closely related to human nature, considering that patients are human beings with various desires and unique characteristics. Accountability means that actions are always based on responsibility, both horizontally and vertically. Altruism emphasizes the importance of putting the interests of the patient before oneself (Arnold & Stern, 2006).

Health workers, such as doctors in hospitals, in their work often interact with patients who experience physical and emotional suffering due to illness. Therefore, professional principles, including punctuality, honesty, and confidence in one's abilities, are very important. The hospital law also reflects these professional principles, such as Article 13 which requires medical personnel to have a Practice License, Article 24 concerning the facilities and capabilities of hospital services, and Articles 29, 30, and 38 which regulate honesty in medical information and secrets, as well as Article 43 regarding patient safety.

3. Principle of Social Function (Social Function Principle)

Academic texts on the Hospital Act suggest that hospitals must carry out social and humanitarian functions according to their capabilities. This social function must be balanced with economic aspects so that the hospital can survive and develop. The social function of hospitals based on Pancasila is realized in various ways, one of which is through the Emergency Unit which assists anyone who needs it without prepayment requirements.

Furthermore, the text mentions several possibilities regarding the social function of the hospital. First, hospitals can provide beds for the poor by involving the government in determining their use. Second, hospitals can set aside a portion of profits to assist in the care of the poor, by establishing a social service department that verifies the status of poor patients. Third, hospitals can develop the health of the poor in their surroundings or areas appointed by the government, with the results of the guidance being evaluated by the local government. Finally, hospitals have the right to receive compensation and set treatment rates by applicable regulations, as well as conduct marketing ethically and without deceiving consumers.

This implies that all types of hospitals, including government and private, must carry out the principle of a social function. Although a profit-oriented private hospital has a corporate social responsibility, this concept arose due to the nature of a profit-seeking company. In this context, Law No. 44/2009 adheres to the principles of good hospital governance, with an emphasis on legal accountability. If there are irregularities, this has more to do with implementation by individuals, not due to a lack of regulation in the law.

Viewed from the perspective of the principles of hospital governance in various countries and the views of previous academics, Law Number 44 of 2009 has implemented the principles of good hospital governance, which involve management and legal accountability. If there is a deviation, this is more related to the implementation by the individual.

CONCLUSION

Implementation of accreditation by the Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2020 concerning Hospital Accreditation is in line with Law Number 44 of 2009, which is listed in Article 40, and also the 2012 Hospital Accreditation Standards. This step contributes to improving the quality of service health in hospitals. Real evidence of this increase is consistently excellent service for every patient who enters the UPT Hospital in North Sumatra Province. Regulation of the Minister of Health of the Republic of Indonesia Number 12 of 2020 concerning Hospital Accreditation also renews the principles of hospital governance by Law Number 44 of 2009 concerning Hospitals. It's getting better, especially at the North Sumatra Provincial Eye Hospital, which has successfully implemented the principles of Good Hospital Governance, such as accountability, fairness, ethics, safety, transparency, independence, and adherence to the principles of legality and protection of human rights. These principles are integrated into the principles of equity and fairness to create a quality-focused governance system.

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