


The Role Of The Medical Committee Towards Services At Dr. H. Jusuf SK Tarakan Regional Public Hospital 2024

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Article Info	ABSTRACT
<p>Keywords: Hospital Medical Committee Service.</p>	<p>The role of the medical committee in health facilities includes several important sub-roles related to the credential committee, maintaining the quality of the medical profession, and maintaining the ethics of medical behavior. Each sub-role has certain challenges or problems that can affect the effectiveness of the committee in carrying out its duties. The purpose of this study was to analyze the influence of the role of the medical committee on services at the Dr. H. Jusuf SK Tarakan Regional General Hospital. The method in this study is a quantitative analytical survey, using a cross-sectional design. This study began with an initial survey to a research results seminar, starting from October 2024 until completion. The sample in this study was 89 people using the Accidental Sampling sampling technique. Data analysis in this study used the Chi-Square test. The results of this study indicate that out of 89 respondents, 51.7% had optimal doctor sub-credentials with a p value of 0.003 <0.05, optimal professional quality maintenance sub-value of 66.3% with a p value of 0.012 <0.05, good ethics and behavior sub-value of 57.3% with a p value of 0.005 <0.05. The results of the logistic regression test obtained the most dominant t value of the three independent variable indicators, namely the doctor sub-credentials with a partial t value of 2.436. Therefore, it is hoped that the head of the medical committee will provide more in-depth direction to the members of the medical committee regarding the implementation of credentials, maintaining the quality of the medical profession, maintaining professional ethics and behavior, in accordance with the Decree of the Minister of Health of the Republic of Indonesia.</p>
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INTRODUCTION

The role of the medical committee in a health facility includes several important sub-roles related to the credential committee, maintaining the quality of the medical profession, and maintaining the ethics of medical behavior. Each sub-role has certain challenges or problems that can affect the effectiveness of the committee in carrying out its duties. Problems that often arise related to medical credentials involve various aspects that affect quality, patient safety, and the legality of medical practice, there are no clear guidelines or standard operating procedures (SOPs) regarding the credentialization of doctors in health institutions. So that the credentialization process becomes inconsistent and has the potential to cause injustice.

Maintaining the quality of the medical profession lack of regular monitoring and feedback medical committees may not carry out regular evaluations and feedback on doctor performance, both from medical audit results and peer reviews. The impact of suboptimal medical practices or deviations from professional standards can remain undetected, reducing the quality of service. Meanwhile, the problem in maintaining ethical behavior of doctors is the lack of monitoring of professional behavior where the medical committee may have difficulty in monitoring and assessing the ethical behavior of doctors effectively in daily clinical practice, because often ethical problems only arise in certain cases, so that some unethical or unprofessional behavior may not be detected until they cause bigger problems, affecting the quality of the doctor-patient relationship (Black et al., 2011).

Professional behavior is an action carried out in accordance with competency standards. Doctors' professionalism always upholds patient safety which is *aegroti salus lex suprema*. For thousands of years the medical profession has regulated its behavior through the Hippocratic oath which has historically guided the professional behavior of doctors. A doctor must acknowledge the first and foremost responsibility to patients, society, other health professionals and themselves. Medical practice demands the competence and authority of a doctor in providing medical services. Competence is the ability of a doctor based on knowledge, skills and professional attitudes to practice, while authority is the authority given by an authorized party to a doctor to carry out practice. In making ethical clinical decisions, a doctor is responsible for moral judgment to maintain patient safety. Patient safety is an effort to prevent injury caused by errors due to carrying out an action or not taking action that should be taken (Gosal et al., 2022).

So that the medical committee has a function as a director (steering) in the provision of medical services while the medical staff is the implementer of medical services. The medical committee in the hospital acts as a guardian of the quality of medical services, with the main function of supervising medical practices and ensuring compliance with clinical procedures and standards. However, the role of the medical committee is often not optimal due to a lack of understanding of its duties and responsibilities (Arifuddin et al., 2022) Based on research conducted by M. Andriady Saidi Nasution (2019) on the role of the medical committee in efforts to improve the quality of service, the results of the World Health Assembly data stated that the results of monitoring and evaluation of services by the medical committee were useful that only 40% of services in hospitals were supported by the medical committee in efforts to improve the quality of service (Amalia, 2024).

Regional General Hospital dr. H. Jusuf SK Tarakan is a Type B Hospital owned by the North Kalimantan Provincial Government which is accredited according to National Standards which are useful for improving health services. The location of this hospital is quite strategic so that it is easy for the public to reach in an effort to obtain health services. This hospital has medical personnel, both general practitioners and specialist doctors, therefore a medical service concept is needed that is able to realize good quality health services. This medical service concept is supported by the role of the medical committee as an integral part of the hospital, to support hospital leaders in efforts to find a HEES (Highly effective, efficient & shared accountability) medical service model concept (Amalia, 2024).

Based on data from the medical records of the dr. H. Jusuf SK Tarakan Regional General Hospital, the hospital utilization rate during July-October 2024 was still at the ideal level for TOI 1.18 days, and BTO 50.7%, GDR 0.5.1% and NGR 0.5.1%. Meanwhile, utilization is in the low category, namely BOR below the standard, namely 55.60% and AVLOS tends to be prolonged in certain cases, especially in patients with multiple organ disorders (disease complications), namely 5.8 days and even up to 10 days. Based on the data above regarding the use of services that are not optimal, the researcher assumes that there is a decrease in the number of patients due to less than optimal services and this is related to the role of the medical committee in services. Lack of clarity of task and authority boundaries in situations, especially in certain cases such as hypertension with other organ disorders, severe kidney disorders that are sometimes still handled by internal medicine which should be handled by sub-specialists in kidney and hypertension, because there is no firmness from the medical committee in the implementation of credentialing, causing confusion about who has the main authority to lead patient care. The medical committee is usually tasked with aligning this division of tasks, but conflict can arise if each member of the committee has a different view or approach. Based on this description, the researcher is interested in conducting research on the role of the medical committee in services at the Dr. H. Jusuf SK Tarakan Regional General Hospital. The purpose of this study was to analyze the influence of the role of the medical committee on improving the quality of service at Dr. H. Jusuf SK Tarakan Regional General Hospital.

METHODS

The method in this study is a quantitative analytical survey. because it aims to determine the influence of an incident in an effort to improve the quality of service. This study uses a cross-sectional design where an analytical study studies the causes of an incident or event (Sudin, Kartini, and Haris 2023). The research was conducted at the Dr. H. Jusuf SK Tarakan Regional General Hospital. This study began with an initial survey to a research results seminar, starting from October 2024 until completion. The population and sample in this study were all doctors serving at the Dr. H. Jusuf SK Tarakan Regional General Hospital, who served as shift managers totaling 89 people. The technique used in using the sample was Accidental Sampling. The data collection technique in this study is by questionnaire. The questionnaire is a method used for data collection, where researchers obtain information or information from respondents by filling out the questionnaire. Data Processing and Analysis using univariate, bivariate and multivariate analysis.

RESULTS AND DISCUSSION

Research Results

Based on the results of data collection using questionnaires on general practitioners and specialist doctors who work in the Inpatient Room and Polyclinic at Dr. H. Jusuf SK Tarakan Regional General Hospital from November to December 2024, the data was then processed using the SPSS for Windows version 20.0 program, which can be presented in the form of a table as follows:

Respondent Characteristics

Age

Table 4.1 Respondent Distribution Based on Age Groups at Doctors At Dr. H. Jusuf SK Tarakan Regional General Hospital

Age Group (years)	Total (n)	Percent (%)
<35 years	10	11.2
36-40 years	50	56.2
> 40 years	29	32.6
Total	89	100.0

The table above shows that the highest number of respondents is in the age group between 36-40 years, which is 50 people (56.2%) and the lowest is in the age group <35 years, which is 10 people (11.2%) while those who are >40 years old are 29 people (32.6%).

Gender

Table 4.2 Distribution of Respondents Based on Gender at Doctors of Dr. H. Jusuf SK Tarakan Regional General Hospital

Gender	Jumlah (n)	Persen (%)
Female	43	48.3
Male	46	51.7
Total	89	100.0

The table above shows that the most dominant respondents are male, namely 46 people (51.7%), while those who are female are 43 people (48.3%).

Profession

Table 4.3 Distribution of Respondents Based on Profession in Doctors In Dr. H. Jusuf SK Tarakan Regional General Hospital

Profession	Number (n)	Percent (%)
General Practitioner	50	56.2
Specialist Doctor	39	43.8
Total	89	100.0

The table above shows that the most dominant respondents who have a profession as a general practitioner are 50 people (56.2%), while those who work as a specialist doctor are 39 people (43.8%).

Length of Work

Table 4.4 Distribution of Respondents Based on Length of Work at Doctors At Dr. H. Jusuf SK Tarakan Regional General Hospital

Length of Work	Total (n)	Percent (%)
≤ 5 Tahun	27	30.3
> 5 Tahun	62	69.7
Total	89	100.0

The table above shows that the most dominant length of work of respondents is > 5 years as many as 62 people (69.7%), while the length of work of doctors ≤ 5 years is as many as 27 people (30.3%).

Univariate Analysis

Doctor Sub-Credentials

Table 4.5 Respondent Distribution Based on Doctor Sub-Credentials At Dr. H. Jusuf SK Tarakan Regional General Hospital

Doctor Sub-Credentials	Total (n)	Percent (%)
Optimal	46	51.7
Less Optimal	43	48.3
Total	89	100.0

The table above shows that the optimal doctor sub-credentials are 46 people (51.7%) while the less optimal ones are 43 people (48.3%).

Professional quality maintenance sub-

Table 4.6 Respondent Distribution Based on Professional Quality Maintenance Sub-Committee at Dr. H. Jusuf SK Tarakan Regional General Hospital

Professional quality maintenance sub-division	Number (n)	Percent (%)
Optimal	59	66.3
Less Optimal	30	33.7
Total	89	100.0

The table above shows that the optimal professional quality maintenance sub-division is 59 people (66.3%), while the less optimal sub-division is 30 people (33.7%).

c) Sub Ethics and behavior

Table 4.7 Distribution of Respondents Based on Sub Ethics and Behavior at Dr. H. Jusuf SK Tarakan Regional General Hospital

Sub Ethics and Behavior	Total (n)	Percent (%)
Good	51	57.3
Poor	38	42.7
Total	89	100.0

The table above shows that the good sub ethics and behavior are 51 people (57.3%) while the poor ones are 38 people (42.7%).

Service

Table 4.8 Distribution of Respondents Based on Service Quality at Dr. H. Jusuf SK Tarakan Regional General Hospital

Kualitas Pelayanan	Number (n)	Percent (%)
Good	61	68.5
Poor	28	31.5
Total	89	100.0

The table above shows that good service quality is more dominant, namely 61 people (68.5%), while the poor quality is 28 people (31.5%).

Bivariate Analysis

The influence of doctor sub-credentials on services at Dr. H. Jusuf Sk Tarakan Regional General Hospital

Table 4.9 The Influence of Doctor Sub-Credentials on Services at Dr. H. Jusuf Sk Tarakan Regional General Hospital H. Jusuf Sk Tarakan

Doctor sub-credentials	Service Quality				Total		P Value
	Good		Less		N	%	
	n	%	n	%			
Optimal	38	82,6	8	17,4	46	100,0	0,003
Less Optimal	23	53,5	20	46,5	43	100,0	
Total	61	68,5	28	31,5	89	100,0%	

The table above shows that the respondents who are more dominant have optimal doctor sub-credentials with good service quality, namely 42.7% or 38/89 people and less as many as (9.0%) or 8/89 people while sub-credentials of doctors who are less than optimal with good service are 53.5% or 23/89 people and less 46.5% or 20/89 people.

The results of the statistical test obtained a p value = 0.003 < alpha value ($\alpha = 0.05$) so that H_0 was rejected with the interpretation that there was a significant influence between the sub-credentials of doctors on services at the Dr. H. Jusuf Sk Tarakan Regional General Hospital.

The influence of the sub-maintenance of the quality of the medical profession on services at the Dr. H. Jusuf Sk Tarakan Regional General Hospital

Table 4.10 The Influence of the Sub-Maintenance of the Quality of the Medical Profession on Services at the Dr. H. Jusuf Sk Tarakan Regional General Hospital H. Jusuf SK Tarakan

Medical profession quality maintenance sub	Service Quality				Total		P Value
	Good		Less		N	%	
	n	%	n	%			
Optimal	45	77.6	13	22.4	58	100.0	0.012
Less Optimal	16	51.6	15	48.4	31	100.0	
Total	61	68.5	28	31.5	89	100.0%	

The table above shows that the respondents who are more dominant have optimal medical profession quality maintenance sub with good service, namely 77.6% or 45/89 people and less as many as 22.4% or 15/89 people while sub-maintenance of medical profession quality that is less than optimal with good service quality is 51.6% or 16/89 people and less as many as 48.4% or 15/89 people.

The results of the statistical test obtained a p value = 0.012 < alpha value ($\alpha = 0.05$) so that H_0 was rejected with the interpretation that there was a significant influence between the sub-maintenance of the quality of the medical profession on services at the Dr. H. Jusuf SK Tarakan Regional General Hospital.

The influence of sub ethics and medical professional behavior on services at Dr. H. Jusuf SK Tarakan Regional General Hospital.

Table 4.11 The Influence of Sub Ethics and Medical Professional Behavior on Services at Dr. H. Jusuf SK Tarakan Regional General Hospital. H. Jusuf SK Tarakan

Sub ethics and behavior of	Service Quality				Total	P Value
	Good		Less			
	n	%	n	%	N	%
Good	41	80.4	10	19.6	51	100.0
Less	20	52.6	18	47.4	31	100.0
Total	61	68.5	28	31.5	89	100.0%

The table above shows that the respondents who are more dominant have good sub ethics and behavior of the medical profession with good service as many as 80.4% or 41/89 people and less as many as 19.6% or 10/89 people while the sub ethics and behavior of the medical profession that are less with good service as many as 52.6% or 20/89 people and less as many as 47.4% or 18/89 people.

The results of the statistical test obtained a p value = 0.005 < alpha value ($\alpha = 0.05$) so that H_0 was rejected with the interpretation that there was a significant influence between sub ethics and medical professional behavior on services at the Dr. H. Jusuf SK Tarakan Regional General Hospital.

Multivariate Analysis

Table 4.12 Results of Logistic Regression Analysis Between Variables of Doctor's Sub-credentials, Sub-maintenance of Medical Professional Quality, and Sub-ethics and Behavior of Medical Professionals towards Services at Dr. H. Jusuf SK Tarakan Regional General Hospital

Variabel	B	SE	Exp (B)	t	Sig.
Doctor's Sub-credentials	.237	.097	.255	2.436	.017
Professional Quality Maintenance Sub	-.004	.185	-.004	-.019	.985
Ethics and Behavior	.219	.177	.234	1.239	.219

Table 4.12 shows that the results of the logistic regression statistical test, the highest partial t value is the doctor's sub-credentials, which is 2.436, so of the 3 independent variable indicators that have the greatest influence on services are the doctor's sub-credentials.

Discussion

The influence of sub-credentials of doctors on improving the quality of services at Dr. H. Jusuf SK Tarakan Regional General Hospital.

Credentials are the gateway to trust and quality in healthcare. Credentials, which are often overshadowed by more visible aspects of healthcare, are an important process for verifying the qualifications and competencies of healthcare providers. This careful verification process includes assessing the educational background, training, residency, licenses, and any certifications relevant to medical practice. The thoroughness of this procedure ensures that

only qualified professionals provide healthcare services, which directly affects patient safety and quality of care.

The table above shows that the respondents who predominantly have optimal sub-credentials with good service quality are 42.7% or 38/89 people and less than (9.0%) or 8/89 people while sub-credentials that are less than optimal with good service are 53.5% or 23/89 people and less than 46.5% or 20/89 people. The statistical test results obtained a p value = 0.003 < alpha value ($\alpha = 0.05$) so that H_0 was rejected with the interpretation that there was a significant influence between the doctor's sub-credentials on services at the Dr. H. Jusuf SK Tarakan Regional General Hospital.

Medical credentialing is a rigorous process to verify the qualifications, experience, and licenses of health care providers that protect providers and patients from undue risk. However, if credentialing is done manually or inefficiently, the consequences can be dire. According to the NPDB, each year approximately 9,000 "never events" are reported due to systemic errors, with that number including errors in medication, systems and processes, and communication. When reviewing the entire NPDB data, Public Citizen found that 1 in every 20 health care providers will have negative data on their records, which can include revocation of practice licenses, suspensions, and exclusions. Without proper credentialing controls, providers who lack credentials or have fraudulent credentials could potentially be exposed to patients. An NIH study found that approximately 90% of medical errors that occur in hospitals and health systems are related to system errors, and rigorous credentialing alone can reduce adverse patient safety events by 25%. Compliance with credentialing standards is required by accreditation bodies such as The Joint Commission and NCQA (National Committee for Quality Assurance). According to The Joint Commission, facilities accredited by organizations such as them, as well as NCQA, tend to show higher patient safety scores and report 50% fewer sentinel events (Anonymous, 2023).

Meanwhile, the results of a study conducted by (Pipit Mulyah, et al., 2020) at the Sriwijaya Eye Center Hospital in Palembang stated that they had not carried out their legal responsibilities in the form of obligations to implement a credential system in accordance with good clinical governance, due to a conflict of interest between the owner and the hospital manager, causing the implementation of credentials not to run according to professional and scientific standards.

Where we know that credentials are an evaluation process (checking documents from applicants), interviews, and other provisions according to the needs of the hospital carried out by the hospital on a medical worker to determine whether the person concerned is worthy of being given a clinical assignment and clinical authority to carry out certain medical care/actions in the hospital environment for a certain period. A credential document is a document issued by an official body to show evidence that requirements have been met such as a diploma from a medical faculty, registration certificate, practice permit, fellowship, or proof of education and training that has been recognized by a medical professional organization.

The hospital organizes a uniform and transparent credential process for medical personnel who are permitted to provide care to patients independently (Wahid et al., 2023).

This credentialing process is carried out for two main reasons. The first reason is that many factors affect competence after someone receives a certificate of competence from the college. The development of science in the field of medicine for a particular medical service is very rapid, so that the competence obtained when receiving a certificate of competence can expire, and can even be considered an unsafe action for patients. In addition, the scope of a particular branch of medical science continues to develop over time so that an action that was originally not taught to recipients of the brevet in a certain period, can later be taught in the next period, and even be considered a standard ability. This results in a group of medical staff who hold a certain certificate of competence may have different scopes of competence. The second reason is that a person's health condition can decline due to certain diseases or increasing age, thereby reducing the safety of the medical services they provide. Physical and mental competence are assessed through physical and mental health eligibility tests. The action of verifying the competence of the medical profession by the hospital is called a credentialing mechanism, and this is done for the safety of patients. This action of verifying competence is also carried out in other professions for the safety of their clients. For example, the competence of the profession of a pilot who is always checked regularly in a certain period by the airline company. After a medical staff is declared competent through a credentialing process, the hospital issues a permit for the person concerned to perform a series of certain medical services in the hospital, this is known as clinical privilege. Without this clinical privilege, a medical staff is not allowed to perform medical services in the hospital. The scope of the clinical privilege of a specialist doctor/dental specialist may differ from that of his/her colleagues in the same specialty, depending on the determination of the medical committee regarding the competence to perform each medical service by the person concerned based on the results of the credentialing process. In the event that a medical staff's medical services endanger the patient, the clinical privilege of a medical staff can be revoked so that he/she is not allowed to perform certain medical services in the hospital environment. The revocation of clinical privilege is carried out through a certain procedure involving the medical committee (Ida et al., 2021).

The obligation of hospitals to determine clinical privileges has been strictly regulated in the laws and regulations on hospitals that every hospital is required to prepare and implement hospital bylaws, which in the explanation of the laws and regulations stipulates that every hospital is required to implement good clinical governance (E. Sihotang, 2014). This must be formulated by every hospital in the hospital's medical staff regulations (medical staff bylaw), including regulating clinical privileges. The hospital's weakness in carrying out its credential function will give rise to legal liability for the hospital in the event of a medical service accident. The credential and recredential mechanisms in hospitals are the responsibility of the medical committee which is carried out by the credential subcommittee (Herkutanto, 2009), (Kitta, 2021). The credential process is carried out with a spirit of openness, fairness, objectivity, in accordance with procedures, and documented. In the credential process, the credential subcommittee carries out a series of activities including compiling a team of bestari partners, and assessing the competence of a medical staff requesting certain clinical privileges. In

addition, the credential subcommittee also prepares various credential instruments that are approved by the head/director of the hospital.

The instrument at least includes hospital policies on credentials and clinical authority, clinical competency assessment guidelines, required forms (Runggandini, 2023). At the end of the credentialing process, the medical committee issues a recommendation to the head/director of the hospital regarding the scope of clinical authority of a medical staff. The credentialing process must be distinguished from the acceptance of medical staff to work in the hospital. So far, there has been a misunderstanding that credentials are an assessment of a doctor's qualifications when the process of accepting medical staff takes place, either as employees or as partner doctors. Furthermore, the regulation of the organization of the Hospital also requires the organizer to carry out Clinical Management, as formulated in Article 36 of the Hospital Law that: "Every Hospital must organize good Hospital governance (good corporate governance) and good clinical governance (good clinical governance)." In organizing good hospital governance and hospital clinical governance, each Hospital has an obligation to prepare and implement internal Hospital regulations (hospital bylaws); Hospital organizational regulations (corporate bylaws) and Hospital medical staff regulations (medical staff bylaw/MSBL). In the Hospital medical staff regulations (medical staff bylaw/MSBL), the Clinical Privilege Details are regulated, which are made by the Medical Committee. The Medical Committee is a hospital apparatus to implement clinical governance so that medical staff in the hospital maintain their professionalism through credential mechanisms, maintaining the quality of the medical profession and maintaining the ethics and discipline of the medical profession. Through credentials, medical personnel can be determined whether or not they are eligible to have clinical privileges in order to provide health services in the hospital. Then the special rights of a medical staff to carry out a certain group of medical services in the hospital environment for a certain period which is carried out based on clinical assignments (clinical appointments). The Hospital must include work requirements such as a Practice License/SIP, Registration Certificate/STR, Clinical Authority Details/RKK, and Clinical Assignment Letter/SPK in the work agreement (Maya et al., 2023). If the credentialing process is carried out effectively, it can certainly reduce the risk of adverse events in patients by minimizing therapeutic errors given by specialist doctors who hold certain clinical authority at the Hospital (Maya et al., 2023).

Credentialing Mechanism and Granting of Clinical Authorization for Medical Staff in Hospitals The head/director of the hospital establishes various policies and procedures for medical staff to obtain clinical authority by referring to the internal regulations of medical staff credentials (medical staff bylaws). In addition, the head/director of the hospital is responsible for the availability of various resources needed so that this activity can be carried out. To implement credentials, several instruments are needed, including a detailed list of clinical authority for each medical specialty, a list of peer reviewers representing each medical specialty, and a white paper for each medical service. Each hospital develops these instruments according to its needs. In general, the stages of granting clinical authority that must be further regulated by the hospital are as follows:

1. Medical staff submits a request for clinical authority to the Head/Director of the Hospital by filling out a detailed list of clinical authority form provided by the hospital, complete with supporting materials.
2. The complete medical staff application file is submitted by the Head/Director of the hospital to the medical committee.
3. review of the detailed list of clinical authority form that has been filled out by the applicant.
4. In conducting the study, the credential subcommittee can form a panel or ad-hoc committee by involving bestari partners from disciplines that are in accordance with the clinical authority requested based on the white paper.
5. The credential subcommittee selects members of the panel or ad-hoc committee by considering reputation, conflict of interest, field of discipline, and the relevant competence.

In its implementation in hospitals, the credential process often does not run perfectly due to several things below:

1. Misperception of the concept of credentials: in Herkutanto's research, in 2009 it was seen that the credential process misperception with the employee recruitment process, this dominant perception underlies the entire credential process that currently exists. So far, credentials have not been a procedure to guarantee the professionalism of doctors but have played a role as part of the employee selection process in hospitals.
2. There is a conflict of interest between the owner and the manager: In the implementation of hospital management, there are differences in perception and orientation between the owner and the manager. The owner as a commissioner is only oriented towards profit. In the owner's view, the hospital operates to make a profit, meaning that the non-profit principle is only a slogan. Meanwhile, the manager wants the hospital to operate to provide optimal medical services for the community by maximizing the role of all structural elements of the hospital so that public trust continues to increase. This conflict of interest has an impact on the management of the hospital structure, one of which is the medical committee that carries out the credential function.
3. Lack of knowledge about the standardization of the credential process: The need for standardization of credential rules and instruments is an effort to reduce the subjectivity of colleagues in the credential process. Standardization of the credential process refers to the duties of the Medical Committee Credential Subcommittee as stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 17 of 2023 concerning the Implementation of the Medical Committee in Hospitals.
4. Use of fake documents: There is a risk of using fake documents or inaccurate information in the credential process. This can endanger patient safety and the quality of health services. Law enforcement efforts against illegal medical practices carried out by fake doctors are to use criminal (penal) and non-penal laws. Non-penal means preventively, namely prevention before a crime occurs which is more emphasized by

holding socialization or training in the health sector, especially medical practices and fake doctors for the community (Jaksa et al., 2023).

Therefore, the researcher assumes that credentialing is a process of evaluating medical staff to determine the eligibility to be given clinical privileges which aims to ensure that the doctor has the qualifications and competencies in accordance with the standards set by the hospital. The hospital's obligations and responsibilities in implementing internal hospital regulations (hospital bylaws); hospital organizational regulations (corporate bylaws) and hospital medical staff regulations (medical staff bylaw/MSBL) related to the credentialing process are a must. Providing medical services by medical personnel who are not competent has the potential to cause errors in the form of negligence and legally the hospital must be responsible for these errors. This credentialing model is based on three processes, namely: (a) Medical practitioners apply for clinical privilege using the self-assessment method. (b) Reviewers review and approve the application based on a white paper containing the requirements for a doctor to perform certain medical procedures. (c) The hospital issues clinical appointments based on recommendations from reviewers.

The influence of sub-maintenance of medical professional quality on services at Dr. H. Jusuf SK Tarakan Regional General Hospital.

The quality of medical services provided by medical staff is largely determined by all aspects of medical staff competence in carrying out medical care management. The quality of medical care management depends on the efforts of medical staff to maintain optimal competence. In accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 17 of 2023 concerning the implementation of medical committees in hospitals, in the implementation of the implementation of medical professional quality maintenance (Pertiwati & Alfianur, 2018).

The table above shows that the respondents who are more dominant have sub-maintenance of optimal medical professional quality with good service, namely 77.6% or 45/89 people and less than 22.4% or 15/89 people, while sub-maintenance of sub-optimal medical professional quality with good service quality is 51.6% or 16/89 people and less than 48.4% or 15/89 people.

The statistical test results obtained a p value = 0.012 < alpha value ($\alpha = 0.05$) so that H_0 was rejected with the interpretation that there was a significant influence between the sub-maintenance of the quality of the medical profession on services at the Dr. H. Jusuf SK Tarakan Regional General Hospital.

The results of this study are in line with research conducted by Dedi Mulyadi, M. Fadli and Fitriani Cipta Kusuma Ningsih in 2013 on the analysis of health service quality management, where health service quality management is considered quite good in handling patients. From the results of the health service quality management standards because the most dominant human resources receive complaints so that maximum service to patients has not been achieved (Jaksa et al., 2023).

The results of research conducted by (Pertiwati & Alfianur, 2018) on the role of the nursing committee in nursing services at the ULIN Banjarmasin Regional General Hospital showed that 79 respondents or 85.9% were categorized as having an optimal role. The

quality of nursing services in inpatient care at Banjarmasin Regional General Hospital as many as 70 respondents or 76.1%, is categorized as good. The results of the analysis of the relationship between optimizing the role of the nursing committee and improving the quality of nursing services at Ulin Regional General Hospital, Banjarmasin (p value = 0.043 < 0.05).

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The researcher assumes that the role of the medical profession quality maintenance committee greatly influences the quality of hospital services. With this committee, the hospital is able to maintain and improve service standards through supervision, evaluation, and development of medical personnel competencies. This not only increases patient satisfaction but also builds the hospital's reputation as a high-quality health service provider.

The influence of sub-ethics and professional medical behavior on improving the quality of service at Dr. H. Jusuf SK Tarakan Regional General Hospital.

Every medical staff in carrying out medical care in the hospital must apply the principles of good professional performance medical professionalism so that they can demonstrate good professional performance. With good professional performance, safe and effective medical care will be obtained (Suryani, 2021).

The table above shows that respondents who are more dominant have good sub-ethics and professional medical behavior with good service as many as 80.4% or 41/89 people and less as many as 19.6% or 10/89 people while sub-ethics and professional medical behavior that are lacking with good service as many as 52.6% or 20/89 people and less as many as 47.4% or 18/89 people.

The results of the statistical test obtained a p value = 0.005 < alpha value (α = 0.05) so that H_0 was rejected with the interpretation that there was a significant influence between sub ethics and medical professional behavior on services at the Dr. H. Jusuf SK Tarakan Regional General Hospital.

The medical ethics and professional conduct committee in the medical committee in the hospital is formed with the aim of:

- a. Protecting patients from medical staff services that are not qualified and not worthy of providing clinical care.
- b. Maintaining efforts to improve the quality of professionalism of medical staff in the hospital.

Efforts to improve the professionalism of medical staff in the hospital are carried out by implementing a program for fostering medical professionalism and efforts to discipline medical staff professionally in the hospital environment. In handling medical care, it is not uncommon to encounter difficulties in making ethical decisions so that a work unit is needed that can help provide considerations in making these ethical decisions.

The implementation of the decision of the ethics and professional conduct committee in the hospital is an effort to discipline by the medical committee against medical staff in the hospital concerned so that the implementation and decision are not related or have nothing to do with the process of enforcing medical professional discipline in government institutions, enforcing medical ethics in professional organizations, or law enforcement.

In handling cases of violations of ethics and professional discipline in the Hospital, the Ethics and Discipline Subcommittee has the authority and responsibility to provide recommendations for disciplinary action against medical staff who commit violations.

The results of another study conducted by Herkutanto in 2009 on the profile of the medical committee in Indonesia and the factors that influence performance in ensuring patient safety in various hospitals. One of the risks that can threaten patient safety is the competence and attitude of doctors in carrying out medical procedures. The mechanism used to ensure patient safety is to use the application of the "bad apple theory" principle by selecting and disciplining doctors working in hospitals. The hospital accreditation body in America (JCI) requires the existence of a mechanism for hospitals to maintain patient safety that can maintain the professionalism of medical practitioners because violations or principles of professionalism will result in medical practitioners losing their rights and authority to carry out medical procedures in hospitals (Shelemo, 2023). The results of the study conducted by (Gosal et al., 2022) showed that the behavior of doctors was in accordance with the elements of professionalism, but not all of them applied professional behavioral ethics according to the Hospital's standard operating procedures (SOP). In carrying out therapeutic transactions, not all doctors carry out their obligations, namely explaining the patient's diagnosis completely and in detail in language that is easy to understand. The implementation of credentials is in accordance with procedures, but the evaluation is not optimal because the re-credentialing process was not carried out.

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The results of the study were also conducted by Herkutanto in 2009, it was found that hospitals and medical staff are required to carry out medical care in hospitals and apply the principles of medical professionalism so that patients receive safe and effective medical care. Especially in the discipline of professional behavior, guidance, and advice. Likewise, the implementation of maintaining the ethics and behavior of the medical profession at the Dr. H. Jusuf SK Tarakan Regional General Hospital has been running well. Then the ethics and professional behavior committee prepares material for professional medical development activities. The implementation of professional medical development can be held in the form of lectures, discussions, symposiums, workshops, and so on which are carried out by related hospital work units such as the medical committee education and training unit and so on. Medical staff can ask for consideration of ethical decision-making in a case of treatment in a hospital through their professional group to the medical committee (Shelemo, 2023).

Researchers assume that the role of the committee to oversee ethics and professional behavior of the medical profession is very important in improving the quality of service. With good supervision and education, the committee can create an ethical work environment, reduce violations, and increase public trust in health institutions.

CONCLUSION

Based on the results of the discussion, the conclusion of this research is that of 89 respondents, sub-credentialed doctors who are optimally qualified are 51.7% with values of $p 0.003 < 0.05$. Sub maintenance mutu profesi yang optimal yaitu 66.3% dengan nilai $p 0.012 < 0.05$. then Sub etika dan perilaku yang baik semanta 57.3% um engan nilai $p 0.005 < 0.05$. Hasil uji regression logistikan nilai t yang paling dominan dari ketiga indikator variable independen yaitu sub credential doctor dengan nilai parsial t yaitu 2.436.

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