



## ***EVALUATION OF CREDENTIAL AND RE-CREDENTIAL IMPLEMENTATION FOR GENERAL DOCTORS AT HOSPITAL IN YOGYAKARTA***

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**Abstract:**

*Credentialing is a process to achieve the standard as an effort to promote patient safety. The doctor must have a good competency and accountability so they can provide professional and high quality services. There was no clear study and evaluation at hospital in yogyakarta regarding the sustainability of the credentialing process from the beginning, especially for general practitioners. Analyze the implementation of credentialing of general practitioners and the outcomes resulting from the implementation of credentialing at hospital in yogyakarta. Researcher used a case study design with descriptive qualitative approach. Researchers used qualitative research to obtain descriptive data in oral and written form. This research was conducted at hospital in yogyakarta in June 2018. The credentialing process at the Hospital were often confused with the employee recruitment process. Implementation of credential process, written clinical authority, professional development, audit system, professional discipline and sanctioning reflect a better performance of the medical committee. Evaluation for the future is in line with the credential model "delineation of clinical privilege". This model is based on the credential triangle process consisting of clinical privileges, white papers, and peer groups, with the output is clinical appointments. The system of credentials in hospitals used "delineation of clinical privilege" model was very possible to be implemented because various elements that were needed have been found in the medical profession in Indonesia.*

# 1 INTRODUCTION

The latest regulations imposed by hospitals today are prioritizing and maintaining patient safety. In Indonesia itself currently also applies clinical governance for all medical staff. Each special medical practitioner who is a general practitioner working in a hospital must be in the clinical privilege established by the head of the hospital so that medical personnel or doctors do not violate professional standards (professional misconduct) and are not expected to commit malpractice. If the doctor conducts a malpractice, the practice license will be suspended. Credence is a clinical privilege process for medical personnel (nurses, general practitioners, and specialist doctors) in carrying out medical actions. This authority is given by the relevant health institution after receiving a recommendation from the best partner which states that the general practitioner is eligible. In this stage, if a doctor or health worker is considered to have certain competencies, he will get a clinical appointment from the hospital's Governing Board which can be entrusted to the Hospital Director. Every particular clinical authority possessed by a doctor must be reviewed periodically, to see whether the doctor is still competent in their field in accordance with the development of medical science. For this credentialing process itself is actually not foreign to Indonesia, this condition which causes the credential process carried out by medical committees in Indonesia is still inadequate because at that time there was no fundamental law to guarantee patient safety. Therefore, this guideline was prepared by the Team for the Preparation of Guidelines for Doctor Credential Mechanisms in Hospitals based on PERSI's Central Management Decree No. 41 / SK / PP. PERSI / II / 2008 on the prevalence of good hospital practices in developed countries, including JCAH. This guideline is used as a guideline in every hospital so that it can work properly and correctly and can be accounted for. Based on the results of observations and preliminary interviews conducted at Hospital in Yogyakarta, it is known that the form of credence to general practitioners in Harjulukito Hospital is not optimal. The credential process is limited to filing when applying for a job. Prospective employees are required to complete the required documents including all training certificates that will support their competencies, and those required are ACLS and ATLS certificates. This is used as a form of competition for a general practitioner in psychomotor field. However, it is not yet known how the sustainability process of evaluating these credentials is when the employee has been on duty for some time. The obstacle in the process of credence at hospital in yogyakarta own hospital,

which is often found for general practitioners is the process of verifying a diploma from the hospital and not getting a reply when sent to campus and constrained by SIP. Besides that there has been no further review of the credentialing process of general practitioners and the problems that exist in at hospital in yogyakarta, therefore it is necessary to conduct an in-depth study of these credentialing activities and evaluations both at the beginning of the selection until the evaluation when serving as a general practitioner. Based on the formulation of the problem, the following research questions arise: how is the evaluation of the implementation of credentialing of general practitioners and outcomes resulting from the implementation of credence in at hospital in yogyakarta?

# 2 METHOD

In this study, researchers used a qualitative approach. This research uses case study research and is descriptive in nature. Researchers used qualitative research to obtain descriptive data in the form of oral and written from sources obtained. This research will be conducted at at hospital in yogyakarta in June 2018.

# 3 RESULTS

The implementation of credence as an instrument for employee acceptance is carried out quite well based on the observation evidence conducted by the researcher as shown in table 3.1

**Table 3.1 Completeness of Employee Acceptance Credentials No Completeness of Available / Not Amounted Files**

No	Completeness of File Available	
1.	Permanent Procedure regarding Medical Staff Credentials	8 people
2.	Policies, guidelines, or standard operating procedures regarding the recruitment path of Medical Personnel (Doctors)	8 people
3.	Standard forms for credential assessment	8 people
4.	Minutes of credential assessment results	8 people
5.	Decrees on staff appointment	8 people

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forms for credential assessment There are 8 people  
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 Implementing credentials can be the Credential Team Medical Committee, credential committee or types of groups appointed by the Board of Directors. In principle, the current credential process tries to capture the knowledge, attitude, character, skills and professionalism of candidates. However, the credency assessment done is not well socialized, and not all doctors understand. As revealed by the following research informant. "The process uses examination and assessment of competence, physical health, mental, behavioral, professional ethics. There was also an interview. But what is the next selection procedure and what kind of assessment do I not know because it does not involve other doctors ". [Informant 3]  
 The assessment and completeness of the credential file at hospital in yogyakarta is not well documented.

Details are shown. Table 3.2

No	Completeness of Number of Files	Available / No	File
1.	ote about general practitioners who are permitted to provide services to patients without supervision and their job descriptions (Details of Clinic Authority / RKK)	No	0
2.	Issuance of clinical appointment letters from directors to medical staff	Available	8 people
3.	At the initial appointment there is a Clinical Assignment Letter and Details of the Clinical Authority	Available	8 people
4.	hospitals use a standardized process to give clinical authority to each medical staff to provide services at the time of initial appointment (credentials) and at the time of being reappointed (Recredential)	Available	8 people
5.	SPK and RKK every medical staff has	No	0

	been informed to all units in the hospital		
6.	Each medical staff only gives the services specified in SPK / RKK	No	0

Completeness of File Follow Up Credentials No  
 Completeness of Number of Files Available / No 1  
 Note about general practitioners who are permitted to provide services to patients without supervision and their job descriptions (Details of Clinic Authority / RKK) 0 No 2 Issuance of clinical appointment letters from directors to medical staff it has joined the 8 People's Hospital 3 At the initial appointment there is a Clinical Assignment Letter and Details of the Clinical Authority of the 8 person director 4 hospitals use a standardized process to give clinical authority to each medical staff to provide services at the time of initial appointment (credentials) and at the time of being reappointed (Recredential) 8 people there 5 SPK and RKK every medical staff has been informed to all units in the hospital 0 No 6 Each medical staff only gives the services specified in SPK / RKK 0  
**No Table 5.3 Verification of education documents**

No	Document Verification	File
1.	Diploma	8 people
2.	STR	8 people
3.	SIP	7 people
4.	ACLS certification	7 people
5.	ATLS certification	3 people

Although file storage such as diplomas and STRs are done well, there are no follow-up such as Clinical Assignment Letters, Details of Clinical Authority, and Clinical Assignment Letters to each doctor. The credential process results are a recommendation to the Board of Directors regarding the feasibility of the doctor. Based on this recommendation, the Board of Directors will issue a Decree on the appointment of a candidate as an employee doctor. In the case when a candidate applies as a guest doctor, the person who gets the permission to take care at the hospital. Most informants think that this process is not yet ideal, because false positive is often found. The doctor who at first appears "fine", over time begins to show problematic attitudes. The hospital finds it difficult to terminate the working relationship of a doctor who has a permanent employee status because it is limited by the Manpower Act or because of a relationship between colleagues. Most informants see this problem arising because the credential process is currently only photographing candidates at one point in time. The absence of the recounting was revealed by the informant at the interview as follows "As long as I have never had a good evaluation of this task, CME. Just work.

Evaluation is only at the beginning of entry here "[informant 2] These opinions are in line with those found in file observations. That is, there is no clear policy to regulate the process of re-credence, as shown in table 5.3 Table 5.4 Completeness of Re-Credential Files No Completeness of Available / Not Amounted Files 1 There is a policy regarding the evaluation of credential files from each staff at least every 3 years (Recredential) There is no 0 2 There is an evaluation process and the quality of the services provided by each medic staff, and is reviewed annually and communicated to other medical staff No 0 3 Evaluation results are recorded in the medical staff credentials file and in other files about staffing there is no 0 4 There are files regarding staff re-credentials that are: a. A valid STR b. Healthy letter or results of Medical Check Up c. Recommendation letter from the Ethics Sub Committee d. The latest certificate in accordance with the competence of the last 3 (three) years e. A copy of the professional insurance that is owned f. Recredential candidates apply for clinical authority back to the director by submitting a form listing clinical authority that has been provided by the Hospital. No 0 5 There is the establishment and re-issuance of clinical assignment letters.

#### 4 DISCUSSION

The hospital (RS) must empower the medical committee as a means to ensure the safety of patients. The credential process and the provision of clinical privileges are the duties and authorities of important medical committees. The existence of clinical privileges provides opportunities for hospitals to control medical practitioners through the medical committee. The RS Medical Committee has the authority to evaluate clinical medical privileges including taking disciplinary and corrective actions in the form of revoking or suspending certain political privileges. Credentials are a key element in reducing the risk of litigation (court lawsuits) against hospitals and doctors who work in them. The doctor's evaluation of the credentials also needs to be done even though it is more difficult to do objectively. Effective credentialing processes can reduce adverse events risk in patients by minimizing therapeutic errors provided by specialists who have certain clinical authorities at the hospital. The credential subcommittee on the medical committee is the main instrument to determine the clinical privileges of medical practitioners. The credential committee is to convince and declare that a doctor is competent to carry out the services requested by the Hospital that. The Medical Committee is therefore responsible for the management of hospitals and medical institutions through management of the

Hospital. The main purpose of establishing a medical committee is to maintain the professionalism of medical personnel in a hospital. With the guaranteed professionalism of medical personnel, the safety and dignity of patients in hospitals will always be well maintained. Two main components of medical professionalism that must always be maintained by the hospital are the problems and conduct of medical personnel). The hospital is obliged to maintain both the main components of medical professionalism through medical committees, and even have legal responsibility for the consequences of not applying professionalism. Komitemedis is still perceived as a group functioning to protect the (economic) interests of doctors in the hospital. The function of credentials, professional quality improvement, and professional disciplinary safeguards have not been carried out properly because professionalism concepts have not been implemented by the medical committee. The main effort to protect safety of patients is the hospital guarantees the competency of every doctor who performs medical actions through the credential mechanism. By lacking in medical policy, of course you want to know what can hamper the process of good credentials at the hospital. This research has shown that the process of credentials has not been as expected because of misperceptions from paradokter. However, improvements to the credentials at the hospital are very possible because doctors still have needs for improvement and have thought that is in line with the ideal credential process elements. Doctor's Misperception about Credential Concept In this study it appears that akarmispersepsi credential process is overlapping the process of credentials with the employee acceptance process. This dominant perception underlies the entire credential process that exists today. During this time, credentials have not become a procedure to guarantee the professionalism of doctors, but have a role as part of the selection process for hospital employees. This study also shows that doctors are of the opinion that the current process of credentials is not yet ideal. This credential model relies on three core processes. First, the medical practitioner applies clinical privilege with the self-assessment method. Second, the partner should review and provide a whitepaper-based application that contains the requirements of a doctor to perform certain medical actions. Third, the hospital published clinical appointments based on recommendations from best partners. Periodically, the doctor will go through a recredential process, wherever the core process will repeat. In addition, if a doctor is considered to endanger patient safety, his clinical privileges can be partially or completely suspended (suspension of clinical privileges), so that the relevant doctors are not allowed to do medical actions in the

hospital. The final decision to accept a medic staff was at the hospital control body, the medical committee had an important role in the decision. The medical committee needs to critically examine the doctor's new application to maintain high performance standards. The credentials are the screening of the clinical competencies of medical practitioners which is a process of medical regulations, on behalf of the regulatory body which is a process of medical regulations, on behalf of the regulatory body, carefully determining what can be done or not to be done by a physician at a particular hospital. The credential process must be distinguished from the acceptance of medical staff to work in hospitals. Afterwards there is a misunderstanding that credentials are an assessment of the physician's qualifications when the medical staff admission process takes place both as employees and as partner doctors. The real credentials are the process of matching the doctor's desire to take medical action in the hospital at a certain time and competence to do the job. Competency assessment when the credentialing process is carried out by bestari partners (peer group). Professional development and medical auditing are two other things that are the duty and authority of the medical committee. From the results of the study it appears that the performance in this aspect is still low. Patient safety can be improved by improving the system, especially in routine habits in hospitals such as: rounds, how to make medical recordings, meetings, training programs, policy implementation guidelines, and observations of patient handling protocols because this prevents medical errors. The Medical Committee (KM) needs to pay attention to this task because it is a function of maintaining the professionalism of medical practitioners in hospitals. There may be opinions that question the authority of hospitals in regulating doctors in conducting medical actions at the hospital. Doctors who have registration documents (STR) from the Indonesian Medical Council (KKI) are indeed authorized to take medical action in the Indonesian territory according to their specialist diplomas issued by the collegium. However, KKI and Collegium cannot be sued or prosecuted by the patient if it turns out that an incompetent doctor performs certain medical actions, causing injury. In addition to the doctor, the hospital is also responsible for incompetent doctors (non-delegable duty). Hospitals are obliged to protect patients from incompetent doctors by applying credential mechanisms. The concept of the delineation of clinical privileges was followed internationally in hospital accreditation by the Joint Commission International (JCI). (Joint Commission International, 2007) The credential model is widely applied in various countries because it is a classic form of professionalism concept that is based on

social contracts. This social contract concept starts from the European mainland for more than 150 years, and continues to the present in many countries in the form of Medical Practices act). In the social contract, the medical profession group is bound to protect the public by conducting screening (credentials) on doctors who will practice in the community. In contrast, the medical profession group has the privilege of practicing medicine with licensing mechanisms. This licensing is carried out by institutions formed by statutory bodies which are usually referred to as medical councils or medical boards. Those who do not have permission are prohibited from practicing medicine with criminal threats. Doctors who have clinical privileges will enjoy economic benefits in the form of honorarium from patients. However, if the doctor violates professional standards (professionalism) then the practice license can be suspended (suspension of clinical privileges) of the community avoided from unprofessional medical practitioners. Initially the Indonesian medical profession did not recognize the concept of professionalism with the social contract model because the Dutch colonial government did not introduce it in the Dutch East Indies in the past. However, at present, the main basis for applying the credential model has been found in Indonesia because the concept of professionalism with the social contract model has been applied in the Indonesian medical world since 2004. The application of the concept of professionalism with the current social contract model in Indonesia has been carried out by KKI and the Indonesian Medical Disciplinary Assembly. To ensure the safety of patients in the hospital, a disciplinary mechanism is also needed. The 'appl apples' approach needs to be applied to medical staff who cannot meet service standards or competencies. Then, through the process of credentials (recredentials) and evaluation of clinical authority, a doctor can be removed from service to patients by withdrawing clinical authority to perform certain medical actions based on recommendations from the medical committee. This is non-negotiable, considering that patient safety is the main priority of current health services. Increased efforts at patient safety programs can certainly prevent hospitals from prosecuting lawsuits due to accidents suffered by patients. In general, there are three mechanisms that can stimulate hospitals to improve patient safety and service quality, namely professionalism, regulation, and markets. Professionalism is a system of self-governance that members of a profession maintain standards based on values, shared norms and educational activities through training, education and research efforts. Values, norms and knowledge of health care professionals can reduce medical errors. However, even though the market mechanism also plays a

role, the factor that has the greatest impact on the RS's efforts to improve patient safety is the regulatory body, and the market is in fact. On the other hand, the biggest obstacle to achieving patient safety is not technically intensive, but rather on beliefs, desires, culture, and choices. We will not be safe until we choose to be safe.

## 5 CONCLUSIONS

In research conducted at hospital in yogyakarta by researchers, this study can draw conclusions in the form of:

1. The researcher analyzed that the credentialing process of general practitioners at hospital in yogyakarta was not in accordance with the clinical competency standards, there were general practitioners who had not followed ACLS 1 person and or ATLS 5 people and there were also those who did not have SIP as many as 1 person. This does not fulfill verification of the completeness of credentialing documents. There is no credency evaluation.
2. During the study, there was no malpractice that was carried out by a general practitioner on duty because the new doctor would be accompanied by a senior doctor when he would take action or provide therapy.
3. The general practitioner who served at at hospital in yogyakarta was in accordance with the SKDI stages.
4. The general practitioner who served at hospital in yogyakarta already had clinical authority.

### B. SUGGESTIONS

1. For at hospital in yogyakarta should conduct an evaluation of the credibility of general practitioners so that when accreditation is carried out and the recapitalization can meet the requirements and protect patient safety.
2. For Further Researchers Further research is expected to provide additional data to be refined in subsequent studies, especially additional variables such as the duration of the study, in-depth interviews, and monitoring of the ability of each doctor.
3. For Educational Institutions This research should be used as a reference in clinical practice in providing nursing care with one of them being self-evaluation in the duties and budgets of safety patients with the correct credence and also according to the clinical stage.

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