

Accountability in Health care Services: A Study at Community Lung Health Care Center of Makassar, Indonesia

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ABSTRACT

This research is a qualitative descriptive study that aims to provide an overview of the accountability of health services at Community Lung Health Care Center of Makassar. There are eight informants as the main data source and documents as secondary data sources. Data were collected through in-depth interviews and document review. Miles and Huberman data analysis was used for data analysis. The findings revealed that there were twelve indicators of service to health services at Community Lung Health Care Center of Makassar. The results of the study examined the achievement of the realization of the indicator towards the target achieved. The obstacles found in the process of health services are the patient's lack of knowledge about health services which are offered at at Community Lung Health Care Center of Makassar, the need for a change in status to a special pulmonary hospital and increasing the capacity of human resources. There are some ways to figure out the obstacles; large-scale promotions, status change drafting teams, and training for health worker need to be held.

Keywords: Health Care Services; Community Lung Health; Accountability

INTRODUCTION

Health is one of the basic needs for humans. The quality of public health is strongly supported by the government's participation in providing good and affordable health services for all people. In Indonesia context, the principles of good governance in the management of government become a major demand for improving the service performance. The main tasks and functions of the government apparatus are increasingly in the public spotlight because getting good service is the human right of the society, while the governor bureaucracy is obliged to provide excellent service.

One of the important contents in health services is accountability issues. Health without accountability is a challenging task in hand. Accountability is the quality or state of being accountable, and it is an important component of the health-care reforms in Indonesia. The implementation of good governance is absolutely necessary in order to improve good public services. Developing the accountability of the institution is very meaningful in order to restore public trust in an institution. In addition, the principle of accountability is very important to be applied to the implementation of public services. Accountability is one of the performance measurements to increase the effectiveness of the performance of government institutions. One

of the responsibilities given here is administrative accountability which focuses on accountability for the duties and authorities given directly to the leadership or higher bodies.

The role of government institutions in preparing their accountability must be transparent and can provide information about the management of development programs. The level of success is widely accessible, known, and evaluated by interested parties, such as the wider community, for the improvement of government programs and strategies. Public participation is highly affects the progress and success of government institutions in the future.

Hospitals as a form of health care facility must provide good and quality services. Hospital management must try to satisfy its patients, in this case the community with various levels of needs. The Community Lung Health Care Center of Makassar which has become a reference in East Indonesia is trying to improve its health care services. As one of the Technical Implementation Units of the Directorate General of Health Services, the Indonesian Ministry of Health, the role of Community Lung Health Care Center of Makassar is quite large by not only carrying out individual health efforts but also public health efforts. These efforts have strategic value and require good, measurable, systematic and comprehensive management. Therefore, this research is to find out the accountability of health care services at Community Lung Health Care Center of Makassar. This study is based on the Government Performance Accountability System standard.

Accountability in Health Care Services in Indonesia Context

Accountability means the procedures and progressions by which one stakeholder justifies and takes responsibility for its action. There are three critical concepts of accountability are the loci of accountability, the domains of accountability, and the procedures of accountability (Emmanuel EJ, Emmanuel JJ, 1996).

Accountability is any effort to improve quality, build team, and get results (Connors et al, 2004). An accountable should know the real world situation and accepts responsibility for the situation (owns it), finds and implements creative solutions to problems (solves it), and exhibits the commitment and courage needed to follow through (does it). Human factors, lapses, and errors by individuals in a system, including communication failures, had been at the core of errors in health care.

Accountability mechanisms and processes can play an important role in driving health equity. Accountability is about more than judicial accountability. Understanding accountability as an ongoing process helps to identify multiple entry points and levels for different actors and diverse processes that play a role in enhancing accountability, enabling it to help to remove new, and address emerging, barriers to health equity (Hammonds, 2019).

Specifically, the accountability in health care is directly related to the level of safety and quality of care patient receives (O'Hagan J, Persaud D, 2009). The knowledge relationship between patient and health care organization is very crucial to recognize the needs of patients and the wants of the organization (Porter-O'Grady T, Malloch K, 2007). An account health-care programmer and policy will constantly investigate and restructure the processes to meet the needs of the patient to improve on the quality of care.

In Indonesia's context, that hospitals or health care services are one form of efforts to meet the needs of the community in (Suparto and Ratminto,2005). Hospitals are functioned to provide comprehensive and integrated health services carried out in an effort to improve health, prevent disease, cure disease, and restore quality and affordable health in order to improve the community's health. Hospitals as a form of health care facility must provide good and quality services. Hospital management must try to satisfy its patients, in this case the community with various levels of needs. All of this is regulated in the Decree of the Minister of Health Number 129/Menkes/SK/II/2008 concerning Minimum Hospital Service Standards.

Achieving the continuity of operating a clean and free hospital from corruption, collusion and nepotism, in its implementation it must be guided by the general principles of state administration which include the principles of legal certainty, orderly hospital administration, public interest, openness, proportionality and accountability. The Government Performance Accountability System was built in an effort to realize good governance and at the same time result oriented governance. Government Performance Accountability System is a system with a performance-based management approach for providing performance information. In order to improve government administration that is more efficient, effective, clean and responsible, and as a form of better accountability of government agencies, an annual performance accountability report is prepared. The principle of accountability is the principle that determines that every activity and the final result of the hospital's operating activities comply with the provisions of the law. Presidential Instruction Number 7 of 1999 concerning Accountability for Performance of Government Agencies requires every government agency as an element of government administration to be responsible for the implementation of its main tasks and functions as well as to account for the management of resources and policies entrusted to it based on strategic planning that has been formulated and determined previously.

In sum up, health care services are developed on accountability issues. These can be assessed in terms of three purposes of accountability (Brinkerhoff, 2003). The first and most fundamental is to control the misuse and abuse of public resources and/or authority. This relates directly to financial accountability. The second is to provide assurance that resources are used and authority is exercised according to appropriate and legal procedures, professional standards, and societal values. The third is to support improved service delivery and management through feedback and learning; the focus here is primarily on performance accountability.

METHOD

This is a qualitative study that is used to describe the description of accountability in health services at Community Lung Health Care Center of Makassar. This study was conducted from September to November 2021. The primary data of this study were the results of in-depth interviews with eight key informants who had knowledge and authority in health services at the Community Lung Health Care Center of Makassar. Secondary data was obtained from official documents and literature studies. Miles and Huberman (2014) data analysis was used to analyze the existing data. There are three stages. The first stage is data reduction. The process at this stage is selecting, simplifying, and categorizing data according to the phenomena found. The second stage is presenting the data. At this stage all the data that has been sorted and then

interpreted. The third stage is drawing conclusions. At this stage the conclusions are stated to answer the existing questions. Triangulation was used to ensure the validity of data triangulation is carried out by cross-check one data with another to examine the consistency of the data.

RESULT AND DISCUSSION

Result

The results of in-depth interviews and document review showed that there was performance indicators used as a reference at Community Lung Health Care Center of Makassar. There were 12 target indicators were set in health services at Community Lung Health Care Center of Makassar. These indicators were 1) cost effectiveness 2) customer satisfaction, 3) suggestions for infrastructure funds for Class A pulmonary specialty hospitals, 4) management of class A pulmonary specialty hospitals, 5) types of health services, 6) quality class A special pulmonary hospital services, 7) networking, 8) cross-sectorial collaboration and programs in health promotion, education and training and lung health research, 9) Makassar pulmonary hospital as a primary lung health care center, 10) human resource management , 11) ICT integration, and 12) workperformance culture.

There are two things that become benchmarks in the indicators of budget effectiveness, namely general service income and operational income and operational expenditure. The results showed that from the general service revenue of Rp. 13,485,932,000. However, only 55% were realized with a total of Rp. 7,414,633,057. Based on the results of interviews with informants, it was concluded that this year's income achievement decreased from the previous year at achievement of 98%. Based on interviews and document review, it was shown that the target of operational income and operational expenditure set was 29% but only 16.06% was realized with achievement rate of only 55.37%. This result showed there was decrease from the previous year, because the previous year's achievement was 112.44%.

The benchmark for customer satisfaction was seen from three aspects, namely the results of customer satisfaction surveys, mortality rates, waiting time for outpatients, and institutional accreditation. Customer satisfaction surveys were administered to approximately 30 patients every month apart from several service units. This survey used the Community Satisfaction Index on 14 service units covering 4 services, namely service procedures, speed of service and fairness in getting services and the obligation to get services. The results showed customer satisfaction at 80 percent which is same as on the set target. Another achievement indicator of customer satisfaction is the relatively small mortality rate in the emergency installation and the outpatient waiting time of less than 30 minutes. It means the indicator met the set targets. In addition, the target for compiling the wholesale institutional accreditation had also reached 80%.

The fulfillment of health equipment owned by Community Lung Health Care Center of Makassar was in accordance with the target and can achieve level class at 80%. The use of advanced medical equipment with a purchase price of over Rp. 500,000,000 also showed that it had been used according to the existing target and helps health services.

The completeness of the permit for Community Lung Health Care Center of Makassar to become a special hospital had been 85%, which is adjusted to the regulation of the Minister of

Health of the Republic of Indonesia number 56 of 2014. Based on the results of interviews, the obstacle for compelling accreditation's document was the statue of health care should be changed to become hospital.

The health services run 11 specific services related to lung disease and had provided pulmonary subspecialty services in collaboration with the Department of Pulmonology, Faculty of Medicine, Hasanuddin University. Blood stream infections, compliance in using the national formulary and returning medical records within 1 x 24 hours had been carried out according to the target to meet the quality target for class A hospitals. Even though the realization had not been 100 percent on the existing standard, it had reached the target that had been set.

The Community Lung Health Care Center of Makassar had expanded its network of health facilities to 73 health facilities consisting of 23 hospitals and 46 health centers and 4 medical centers. In addition to health facilities, 20 educational institutions had also collaborated with various educational institutions as evidenced by the existence of memorandum of understanding to maximize health services. The increase in lung health facility services causes the number of referrals to Community Lung Health Care Center of Makassar increase every year. The data for the current year was 6,674. According to the informant, this figure can still be increased in the future.

One of the assets in health services at Community Lung Health Care Center of Makassar is the presence of excellent human resources with various criteria. The implementation of the work system that had been implemented already had key performance indicators, unit performance indicators, and individual performance indicators. There was also evaluation system had been carried out to evaluate human resources performance? The evaluation showed the level of implementation of performance management had been achieved at 85%.

The role of ICT as the most important supporting platform had also increased annually. The utilize of ICT on Community Lung Health Care Center of Makassar's infrastructure platform was installed for the information system at outpatient system with admission, inpatient care, billing systems and diagnostic support installations. The achievement based on the IT master plan level was 70%.

The performance culture Community Lung Health Care Center of Makassar refers to the "Pro Healthy" values, namely Professional, Courteous, Empathetic, Harmonious, Accurate, and Reliable. This value system is socialized to all employees and is carried out at each morning meeting routines and its application is assessed using a work behavior format.

Discussion

Accountability is a measure that shows whether public bureaucratic activities or services are carried out by government agencies in accordance with the norms and values adopted by the community and whether these public services are able to accommodate the real needs of the community (Kumorotomo, 2005). In terms of health care, facilities must really be optimized, especially in the case of pulmonary health services, where 2020-2024 is a very crucial period for accelerating towards the elimination of tuberculosis by 2030. Accountability for lung health care services is highly needed to support this program. The Community Lung Health Care Center of Makassar has responsible to improve its accountability to give the best health care services.

There were 12 indicators for accountability that discussed in this study. Although the results show that several indicators are on target, there are still some indicator left behinds. One of the limitations of Community Lung Health Care Center of Makassar in providing specialist services is that many patients do not know the existence of this health care service. The massive promotion is very crucial. Corona virus 19 pandemic also gives contribution the inaccessibility of some indicators. The Community Lung Health Care Center of Makassar found some ways to figure out this problem. Massive promotion by using social media should high frequently used. Coordination with government and other health care services must be improved.

The improvements to procedures and patterns of service delivery must be carried out continuously and evaluate the reasonableness of service costs on a regular basis. The follow-up plan is to carry out accreditation, periodic evaluation of the fairness of service costs and still pay attention to the cost balance and improve service flow.

Along with its development in providing health services, especially pulmonary health services, it is no longer relevant to the current statue. The statue of Community Lung Health Care Center of Makassar should be hospital level. In accordance with the strategic plan that has been made for the next five years, Community Lung Health Care Center of Makassar has prepared itself to transform into a special hospital for lung diseases. The main problem is Community Lung Health Care Center of Makassar must obtain an establishment permit and an operational permit to provide services as a hospital. The permit contains the management and building construction. The follow-up action was taken out this problem by preparing a team to work for changing the statue. The team consists of managements, health workers, government and other stakeholders.

Human resources need to be improved their knowledge of skills in dealing with emergency room and inpatient patients by joining seminar or workshop. Health workers need to learn a lot about the implementation of infectious disease prevention and management. Transforming to Class A hospital, it is necessary to add medical personnel, especially lung disease specialists prepare a performance assessment instrument by monitoring and evaluation every month, quarter and semester in the current year.

CONCLUSION

This study provides an overview of accountability in health services at Community Lung Health Care Center of Makassar. The findings revealed that there were twelve indicators of achievement in the implementation of health services. The realization of the twelve indicators has met the set targets. The twelve indicators are cost effectiveness, customer satisfaction, suggestions for infrastructure funds for Class A pulmonary specialty hospitals, management of class A pulmonary specialty hospitals, types of health services, quality class A special pulmonary hospital services, networking, cross-sectorial collaboration and programs in health promotion, education and training and lung health research, Makassar pulmonary hospital as a primary lung health care center, 10) human resource management, ICT integration, and work performance culture. The obstacles found in the process of health services are the patient's lack of knowledge about health services which are offered at at Community Lung Health Care

Center of Makassar, the need for a change in status to a special pulmonary hospital and increasing the capacity of human resources. There are some ways to figure out the obstacles; large-scale promotions, status change drafting teams, and training for health worker need to be held. This accountability report can be accessed by the general public on the official website of at Community Lung Health Care Center of Makassar.

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