



Barriers To The Implementation Of Internal Regulations Of Rsud Dr. R.M Djoelham Binjai In Realizing Good Clinical Governance In 2021

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The purpose of this study was to analyze: rules and regulations related to internal regulations in RSUD Dr. R.M. Djoelham Binjai, rules and regulations related to the implementation of good clinical service governance in Dr. RSUD. R.M. Djoelham Binjai, implementation of internal regulations of RSUD Dr. R.M. Djoelham Binjai in carrying out good clinical service governance. This type of research is an empirical juridical research using primary data and secondary data and data analysis carried out by qualitative methods. The results obtained: Regulations related to internal regulations at RSUD Dr. R.M. Djoelham Binjai is regulated in Binjai Mayor Regulation Number: 45 of 2018 concerning Hospital Internal Regulations (Hospital Bylaws) RSUD Dr. R.M. Djoelham City of Binjai which refers to the Decree of the Minister of Health Number: 772/MENKES/SK/VI/2002. The Decree of the Minister of Health of the Republic of Indonesia No.772/2002 was made based on the Law of the Republic of Indonesia Number: 23 of 1992 concerning Health; Law of the Republic of Indonesia Number: 22 of 1999 concerning Regional Government, Government Regulation Number: 32 of 1966 concerning Health Workers and Regulation of the Minister of Health of the Republic of Indonesia Number 159.b/1988 concerning Hospitals. RI Law Number: 23 of 1992 concerning Health has changed to RI Law Number: 36 of 2009 concerning Health while RI Law Number: 22 of 1999 concerning Regional Government has changed to RI Law Number: 23 of 2014 Regarding Regional Government while the Regulation of the Minister of Health of the Republic of Indonesia Number: 159.b/1988 concerning Hospitals has changed to Regulation of the Minister of Health of the Republic of Indonesia Number: 3 of 2020 concerning Hospital Classification and Licensing; Regulations related to the implementation of good clinical service governance in RSUD Dr. R.M. Djoelham Binjai refers to the Regulation of the Mayor of Binjai Number: 45 of 2018 concerning Hospital Internal Regulations (Hospital Bylaws) RSUD Dr. R.M. Djoelham City of Binjai as the highest person in charge for establishing hospital operational policies covering the fields of medical and nursing services, general and financial services, as well as human resources; Barriers to the implementation of internal regulations of RSUD Dr. R.M. Djoelham Binjai in carrying out good clinical service governance is a human resource because each individual has a different character when carrying out his duties and responsibilities



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INTRODUCTION

Along with the development of human civilization, as well as the development of the socio-cultural order of society, and in line with advances in science and technology, especially in the fields of medicine and health, the hospital has developed into an institution in the form of a plural "socio-economic unit". Hospitals in Indonesia, in accordance with their historical journey, have had a distinctive identity, namely based on the principles of Indonesian hospitals based on the principles of Pancasila and the 1945 Constitution, as the philosophy of the nation and the Unitary State of the Republic of Indonesia. Facing a future full of challenges requires efforts to maintain the purity of the basic values of Indonesian hospitals.

In practice, hospitals face many challenges in providing safe and quality health services. Advances in medical technology, limited hospital funds/budget, and patient expectations that continue to increase in line with increasing education in the community as well as ethical dilemmas and controversies that often occur have become things that are often faced by every hospital. Based on this, the hospital must have an ethical framework that ensures that patient care is provided within business, financial, ethical, and legal norms that protect patients and their rights. The ethical framework can be in the form of guidelines or other forms of regulation including references or ethical sources from where, and education is needed for all hospital staff in order to provide excellent and quality services.

Excellent service to patients requires hospitals to have effective leadership. This effective leadership is determined by a positive synergy between hospital owners, hospital directors, hospital leaders and heads of service unit work units. The hospital director collaboratively operates the hospital together with the leaders, heads of work units and service units to achieve the vision and mission set and has responsibility for managing quality improvement and patient safety, contract management and resource management. The director of the hospital is responsible for everything that happens in the hospital as referred to in Article 46 of the Law of the Republic of Indonesia Number: 44 of 2009 concerning Hospitals. The existence of medical staff in a hospital is a necessity because the quality of hospital services is largely determined by the performance of the medical staff in the hospital. More importantly, the performance of medical staff will greatly affect patient safety in hospitals. For this reason, hospitals need to implement good clinical governance to protect patients. This is in line with the mandate of the legislation related to health and hospitals.

In recent years, many studies related to health services have found public complaints that hospitals do not serve the community well. In fact, not a few hospitals in Indonesia are currently being sued for services that do not meet patient expectations. Often patients think that the loss suffered by the patient is caused by an error or negligence committed by the doctor, even though to prove the loss was caused by the doctor's mistake or negligence is not an easy job, because the position between the doctor and the patient is subordinate, the doctor as a health worker. who are experts in their fields, while patients are people who need help from doctors.

Departing from the many legal problems in handling health in hospitals, hospitals need to have internal regulations that have an accountable legal position. These regulations are commonly referred to as Hospital By Laws which contain regulations relating to health services, personnel, administration and management of a hospital.

According to the Decree of the Minister of Health of the Republic of Indonesia Number: 772/Menkes/SK/VI/2002 concerning Guidelines for Hospital Internal Regulations (Hospital By Laws), hospital internal regulations (hospital bylaws) are a legal product which is the constitution of a hospital set by hospital owner or representative. The hospital's internal regulations are not a collection of technical administrative or clinical regulations of a hospital, therefore, SOPs or procedures, job descriptions, director's decrees and so on but are more hospital operational technical policies.

Considering that some patients who feel disadvantaged in medical services still do not know who to ask for legal accountability. In reality, the dispute resolution efforts that have been carried out at this time cannot satisfy the patient as the injured party, while for doctors and hospitals the emergence of disputes is something to be feared because it is related to the dignity and good name of the hospital so that legal certainty is needed in the implementation service. The hospital's internal regulations (hospital bylaws) are a manifestation of the principle of legal certainty. The principle of legal certainty provides guarantees for the parties involved in medical services in hospitals to be legally responsible in the event of a dispute. Likewise, hospital internal regulations should be the legal basis for the activities of providing medical services in hospitals.

Hospital Dr. R.M. Djoelham Binjai City has been established since 1927, which was founded by Tengku Musa. Significant developments in the implementation of health services occurred in RSUD Dr. R.M. Djoelham City of Binjai. Based on the letter from the Ministry of Health of the Republic of Indonesia, the Directorate General of Medical Services Number: TU.07.01/III.3.2/407, it was determined that the Class Status of Binjai General Hospital was changed from Class C Hospital to Class B Hospital NonEducational. April 11, 2008. RSUD Dr. RM. Djoelham, Binjai City, was temporarily named as a Class B Regional General Hospital in Binjai City. Furthermore, based on the Letter of the Ministry of Health of the Republic of Indonesia, the Directorate General of Medical Services Number:

YM01.10/III/3139/09 dated August 13, 2009, RSUD Dr. R. M. Djoelham, Binjai City, was determined to have the full status of 5 POKJA Accreditation. During this period, hospital directors often change.

In accordance with the Strategic Plan of RSUD Dr. R.M. Djoelham City of Binjai 2017- 2020, the motto of RSUD Dr. R.M Djoelham Binjai City, namely "SMART" which stands for: Always Prioritizing Patient Safety Upholding the Value of Professional Ethics Accurate in Establishing a Friendly and Courteous Diagnosis Integrated and Open in Implementing Actions. With this motto, it can be seen that RSUD Dr. R.M. Djoelham Binjai City highly upholds the rights and obligations of patients and medical personnel who work in hospitals. This is realized in the Binjai Mayor's Regulation Number: 45 of 2018 concerning Hospital Internal Regulations (Hospital Bylaws) RSUD Dr. R.M. Djoelham City of Binjai which is guided by the Decree of the Minister of Health Number 772/MENKES/SK/VI/2002. The decision confirms that the management of the Regional General Hospital Dr. R.M. Djoelham Binjai as an institution that can act as a legal subject, needs to regulate the relationship, rights and obligations, authorities and responsibilities of hospital owners or those who represent, hospital managers and medical staff groups, by establishing Hospital Internal Regulations (Hospital Bylaws) as reference in carrying out hospital administration.

Through the regulation of the Mayor of Binjai, it is necessary to know more deeply how it is implemented at Djoelham Binjai Hospital which refers to the Decree of the Minister of Health Number: 772/MENKES/SK/VI/2002 so that from the description above, researchers are interested in examining more deeply about "Barriers to Implementation of Internal Regulations of Djoelham Binjai Hospital in Realizing Good Clinical Governance in 2021".

CONCEPTUAL FRAMEWORK

This research is an empirical juridical research, namely legal research regarding the enforcement or implementation of normative legal provisions in action on every particular legal event that occurs in society. In this study, the authors conducted normative legal research with the type of positive law inventory research and research on legal principles. This research is analytical prescriptive. Prescriptive which aims to provide an overview of the facts accompanied by an accurate analysis of the applicable laws and regulations related to legal theories and practices related to internal hospital regulations and good clinical governance. This study uses secondary data as legal material consisting of primary legal materials, secondary legal materials and tertiary legal materials. The analysis was carried out with qualitative methods, namely "research methods based on the philosophy of postpositivism, used to examine the condition of natural objects, where the researcher is the key instrument, data collection techniques are carried out by triangulation (combined), data analysis is inductive/qualitative, and the results of qualitative research emphasize meaning rather than generalizations

DISCUSSION

A. Regulations and Regulations Related to Internal Regulations of RSUD Dr. R.M. Djoelham Binjai

Satjipto Rahardjo in his book "Legal Science" argues that in a state of law, the function of laws and regulations is not only to give form to the values and norms that apply and live in society and the law is not just a product of state functions. in the settings field. The existence of laws in a country has a strategic and important position, both seen from the conception of the rule of law, the hierarchy of legal norms and in terms of the function of the law in general. In the conception of the rule of law, the law is one form of formulation of legal norms in the life of the state.

In the Decree of the Minister of Health of the Republic of Indonesia Number: 772/MENKES/SK/VI/2002 concerning Hospital Internal Guidelines (Hospital Bylaws), it is known that the purpose of the preparation of Hospital Internal Regulations is divided into two parts, namely: 1) general objectives with the aim of providing information and a reference for hospitals in compiling internal hospital regulations, 2) special objectives with the aim that the hospital can know what is meant

by internal hospital regulations and so that the hospital can know the materials and substances that must exist in the hospital's internal regulations, so that the hospital can prepare its own hospital internal regulations. respectively, can be used as a reference for the Ministry of Health in conducting hospital development and spurring professionalism in hospital administration.

Likewise in Binjai Mayor Regulation Number: 45 of 2018 concerning Hospital Internal Regulations (Hospital Bylaws) RSUD Dr. R.M. Djoelham Binjai City had a role when this regulation was enacted, namely to improve health services to the community based on the fact that the hospital was no longer a social institution that was above the law, but had shifted into an institution that could be a legal subject. This means that every health service provided by RSUD Dr. R.M. Djoelham Binjai City can have an impact on applicable law if an error occurs in carrying out its services to the community and each individual in it can be legally responsible when carrying out their duties. From the contents of the Decree of the Minister of Health of the Republic of Indonesia, it can be seen that every hospital can provide maximum health services to the community so that it becomes a hospital that is able to answer every desire of the community.

Decree of the Minister of Health of the Republic of Indonesia Number: 772/MENKES/SK/VI/2002 concerning Hospital Internal Guidelines (Hospital Bylaws) (Kepmenkes RI No.772/2002) was made based on Law of the Republic of Indonesia Number: 23 of 1992 concerning Health; Law of the Republic of Indonesia Number: 22 of 1999 concerning Regional Government, while Government Regulation Number: 32 of 1966 concerning Health Workers and Regulation of the Minister of Health of the Republic of Indonesia Number 159.b/1988 concerning Hospitals. If you look at the basis or reasons for the enactment of the Decree of the Minister of Health of the Republic of Indonesia No.772/2002, it is very clear that the basis of these laws is no longer valid. RI Law Number: 23 of 1992 concerning Health has changed to RI Law Number: 36 of 2009 concerning Health while RI Law Number: 22 of 1999 concerning Regional Government has changed to RI Law Number: 23 of 2014 Regarding Regional Government while the Regulation of the Minister of Health of the Republic of Indonesia Number: 159.b/1988 concerning Hospitals has changed to Regulation of the Minister of Health of the Republic of Indonesia Number: 3 of 2020 concerning Hospital Classification and Licensing.

If you look at this, then the Decree of the Minister of Health of the Republic of Indonesia No.772/2002 as a reference in making internal regulations through mayoral regulations as internal regulations in government-owned or private hospitals cannot be used as a reference for making regulations such as mayoral regulations to regulate hospital internal regulations. areas managed by local governments as well as private hospitals because the basis of the Decree of the Minister of Health of the Republic of Indonesia is no longer valid or at least gives rise to multiple interpretations of the regulation. This is based on the fact that every policy set forth in the legislation must still be valid to be applied as a legal norm.

The position of legal principles or principles in all legal systems has an important role, where legal principles or principles are the basis or foundation that supports the strength of a legal norm, even Y. Sogar Simamora stated that legal principles in this case are needed as a basis for establishing legal rules and regulations as well as the basis for solving legal problems that arise when the available legal rules are inadequate.

On the other hand, Arum Sutrisni Putri as quoted from the kompas.com page stated that in the context of a state of law, there are various types and levels of public policy as outlined in the form of legislation. Based on the Law of the Republic of Indonesia Number: 12 of 2011 concerning the Establishment of Legislation, legislation is defined as a written regulation that contains legally binding norms in general. Legislative regulations are established and stipulated by state institutions or authorized officials through the procedures set out in the Legislations. In the explanation of Article 7 paragraph 2 of Law of the Republic of Indonesia Number: 12 of 2011 concerning the Establishment of Legislations, what is meant by hierarchy is the hierarchy of each type of Legislation. The ranking is based on the principle that lower laws and regulations must not conflict with higher laws and regulations [6]. Interpreting "lower ones must not conflict with higher laws and regulations" it can also be understood that the applicable laws and regulations must still be valid and in line with the highest laws and regulations to the lowest regulations such as Binjai Mayor Regulation No. : 45 of 2018 concerning Hospital Internal Regulations (Hospital Bylaws) RSUD Dr. R.M. Djoelham City of Binjai.

B. Regulations and Regulations Related to the Implementation of Good Clinical Service Governance in Dr. RSUD. R.M. Djoelham Binjai

Clinical governance is an effort to improve service quality and ensure service quality by building a good clinical service environment in an organization that provides health services. Therefore, to realize the maximum degree of public health, the hospital as an institution in the health sector is expected to be able to carry out every activity in the health sector and the hospital is a health facility in carrying out health efforts by empowering various units of trained and educated personnel to deal with and deal with any medical problems. for the restoration and maintenance of health. Based on this, the Law of the Republic of Indonesia Number: 44 of 2009 concerning Hospitals was made with the aim that the community gets better health services at affordable costs from every level of society. As a technical implementation of clinical governance, the Minister of Health of the Republic of Indonesia issued a Regulation of the Minister of Health of the Republic of Indonesia Number: 755/Menkes/PER/2011 concerning the Organization of Medical Committees in Hospitals as stated in Article 4 which reads: "Medical committees are formed with the aim of organizing clinical governance. (clinical governance) is good so that the quality of medical services and patient safety is more guaranteed and protected, while Article 5 reads: (1) The medical committee is a non-structural organization formed in a hospital by the head/director, (2) The medical committee as referred to in paragraph (1) is not a representative forum for medical staff.

Based on this article, it can be seen that the medical committee is the key to clinical governance. According to Lucia Murniati et al in the journal argued that to ensure the quality of health services and protect patient safety in hospitals, the professionalism of medical staff is absolute and needs to be improved continuously because with the professionalism of medical personnel, patients are expected to receive excellent and accountable service. Therefore, it is known that the medical committee in the hospital plays an important and strategic role in controlling the competence and behavior of medical staff to support professionalism. To achieve this goal, the current work procedures and governance of the hospital medical committee have made efforts to improve and improve. The old paradigm that placed medical committees "as if" were parallel to hospital management so that they took on many roles in hospital management, has now been reorganized.

The clinical governance must of course be based on minimum service standards which are also regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number: 4 of 2019 concerning Technical Standards for Fulfilling Basic Service Quality on Minimum Service Standards in the Health Sector. The basic concept that needs to be known before implementing various activities related to good clinical governance is an understanding of the components that build clinical governance and the standards that can be used to assess or audit the accuracy of the implementation of good clinical governance. Therefore, resources are not the only part that is responsible for professional development and management in the hospital, but it is the responsibility of all staff involved in the hospital, and the task of the internal auditor team is to ensure that all staff are involved in it. In this case, the participation of a leader is very influential on the success in implementing good clinical governance. Therefore, a leader is needed who can influence his staff in improving the performance of his staff, so that they can play an active role in implementing good clinical governance. Likewise, it is necessary to create guidelines for the implementation of clinical governance and monitoring its implementation.

Good hospital governance is regulated in the Law of the Republic of Indonesia Number: 44 of 2009 concerning Hospitals. The law explains how a good hospital is to have good facilities and infrastructure, quality human resources and in accordance with the number needed by hospital management, and regulates the rights and obligations of hospitals and also regulates the rights and obligations of patients when using services. hospital health services.

Likewise in its implementation, RSUD Dr. R.M. Djoelham Kota Binjai has made various implementation guidelines in emergency care installations for medical staff when carrying out their duties, starting from the initial assessment of emergency room patients to subsequent treatment therapy when treated in an inpatient room. The implementation of this health service is guided by the Ministry of Health of the Republic of Indonesia which states that several basic things that are important in providing medical services in order to obtain excellent service are: 1) guidelines and objectives for conducting medical services should be in accordance with the latest science in accordance with the specialist field and using the existing facilities in the hospital to the maximum; 2) management is carried out by the wadir Yanmed who has responsibilities, namely: designing procedures and rules,

coordinating with other parties, conducting ongoing education and courses, carrying out supervision; 3) regulate the recruitment of human resources who will perform medical services in hospitals, in accordance with the rules, namely: must provide professional services, HR recruitment must be in accordance with the planning of HR needs in hospitals and must have recommendations from the profession; 4) facilities and infrastructure for available services must be adequate so that the provision of medical services can be achieved optimally, including room for scientific meetings for medical staff, facilities for communication, human resources, management of data collection for medical services; and 5) regulations must be made, both clinical and non-clinical and in accordance with applicable policies.

By looking at the above, it can be seen that the internal regulations related to good clinical service governance come from qualified human resources and each human resource must be able to develop itself in carrying out the duties and responsibilities that have been given in medical services to the community optimally or excellently. Every medical service produced must produce satisfaction for the users of these health services, in this case the patient or the community. To produce quality human resources, it is necessary to evaluate the performance of each human resource and existing sections so that the hospital management can take steps to improve the capabilities of human resources such as training, undergoing education and so on. Improving the quality of human resources cannot be carried out just once, but must be sustainable and sustainable.

C. Barriers to the Implementation of Internal Regulations of RSUD Dr. R.M. Djoelham Binjai in Implementing Good Clinical Service Governance

Article 36 of the Law of the Republic of Indonesia Number: 44 of 2009 concerning Hospitals states that good clinical governance is the application of clinical management functions which include clinical leadership, clinical audits, clinical data, evidence-based clinical risk, performance improvement, complaint management, mechanical monitoring service outcomes, professional development, and hospital accreditation. This clinical governance can only be carried out properly if it has good internal regulations and is able to manage health services to become excellent services in hospitals. Excellent service to patients requires hospitals to have effective leadership. This effective leadership is determined by a positive synergy between hospital owners, hospital directors, hospital leaders and heads of service unit work units. Direktur rumah sakit secara kolaboratif mengoperasionalkan rumah sakit bersama dengan para pimpinan, kepala unit kerja dan unit pelayanan untuk mencapai visi dan misi yang ditetapkan dan memiliki tanggung jawab dalam pengelolaan manajemen peningkatan mutu dan keselamatan pasien, manajemen kontrak serta manajemen sumber daya.

If referring to the Binjai Mayor's Regulation Number: 45 of 2018 concerning Hospital Internal Regulations (Hospital Bylaws) RSUD Dr. R.M. Djoelham City of Binjai, the owner of the hospital is the Local Government of Binjai City which of course wants the hospital to provide excellent service to the surrounding community so that people feel satisfied with the services provided. However, it is not as easy as one thinks because hospital owners must synergize with hospital administrators starting from hospital directors to medical personnel where each individual certainly has a different character in carrying out their respective duties, such as hospital directors. responsible for everything that happens in the hospital as referred to in Article 46 of the Law of the Republic of Indonesia Number: 44 of 2009 concerning Hospitals. The synergy between hospital owners and hospital technical implementers certainly has its own way of carrying out their obligations. This is an obstacle for hospitals managed by the government because every individual who has the authority has his own desire when carrying out his duties which of course always contradicts one another or in other words has a personal interest.

Based on this, it is very clear that hospital owners, directors to medical personnel must be in line or synergize in carrying out the hospital's vision and mission. These elements illustrate that Human Resources (HR) in hospitals have a very important role because human resources must be qualified who are able to solve problems that arise and are able to handle every task that is done.

To produce quality human resources, the owner has the highest responsibility to appoint the personnel needed to manage the hospital, namely to appoint a hospital director. Furthermore, the hospital director also has the responsibility to develop a good organizational structure by appointing the required personnel according to their respective functions through an implementation of policies and the implementation of these policies must be in accordance with the Binjai Mayor Regulation Number:

45 of 2018 concerning Hospital Internal Regulations. (Hospital Bylaws) RSUD Dr. R.M. Djoelham City of Binjai.

According to Edwards III's view that policy implementation is influenced by four interrelated variables, namely: 1) Communication, which indicates that every policy will be implemented properly if there is effective communication between program implementers and target groups. The objectives and targets of the program/policy can be properly socialized so as to avoid distortions in policies and programs, 2) Resources, which means that every policy must be supported by adequate resources, both human resources and financial resources. Human resources are the adequacy of both quality and quantity of implementers that can cover the entire target group. Financial resources are the adequacy of investment capital for a program/policy. Both must be considered in the implementation of government programs/policies. Because without the reliability of the implementor, the policy becomes less energetic and runs slowly and modestly, while financial resources guarantee the sustainability of the program/policy. Without adequate financial support, the program cannot run effectively and quickly in achieving its goals and objectives, 3) Disposition, which refers to characteristics that are closely related to policy/program implementers. The important character possessed by the implementer is honesty, commitment and democracy. Implementors who have a high commitment and honesty will always survive among the obstacles encountered in the program/policy.

Honesty directs implementors to stay within the program boundaries that have been outlined in the program guidelines. His commitment and honesty brought him even more enthusiasm in consistently implementing the program stages. A democratic attitude will increase the good impression of the implementor and the policy in front of the members of the target group. This attitude will reduce resistance from the community and foster a sense of trust and concern for the target group towards implementers and programs/policies. 4) Bureaucratic structure, which indicates that the bureaucratic structure is important in policy implementation. This aspect of the bureaucratic structure includes two important things, the first is the mechanism, and the implementing organizational structure itself. The program implementation mechanism is usually established through SOPs that are included in the program/policy guidelines. A good SOP includes a clear, systematic, uncomplicated and easy-to-understand framework because it will be a reference in the work of the implementor. Meanwhile, the implementing organizational structure as far as possible avoids things that are complicated, long and complex. The implementing organizational structure must be able to ensure that there is a rapid decision making on extraordinary events in the program. And this can only be born if the structure is designed succinctly and flexibly to avoid the rigid, too hierarchical and bureaucratic webberian virus. In the implementation of Binjai Mayor Regulation Number: 45 of 2018 concerning Hospital Internal Regulations (Hospital Bylaws) RSUD Dr. R.M. Djoelham Binjai City shows that the regulation does not cover everything as stated by Edwards III because in fact the implementation of the internal regulation is influenced by resources, including human resources and this human resource will certainly have an impact on communication.

Based on the description above, it can be seen that the biggest obstacle faced in implementing internal regulations is human resources because each individual has a different character when carrying out their duties and responsibilities. The Mayor's Regulation does not contain sanctions for every task and responsibility assigned to the hospital organizational structure.

CONCLUSIONS

1. Regulations related to internal regulations at RSUD Dr. R.M. Djoelham Binjai is regulated in Binjai Mayor Regulation Number: 45 of 2018 concerning Hospital Internal Regulations (Hospital Bylaws) RSUD Dr. R.M. Djoelham City of Binjai which refers to the Decree of the Minister of Health Number: 772/MENKES/SK/VI/2002. The Decree of the Minister of Health of the Republic of Indonesia No.72/2002 was made based on the Law of the Republic of Indonesia Number: 23 of 1992 concerning Health; Law of the Republic of Indonesia Number: 22 of 1999 concerning Regional Government, Government Regulation Number: 32 of 1966 concerning Health Workers and Regulation of the Minister of Health of the Republic of Indonesia Number 159.b/1988 concerning Hospitals. RI Law Number: 23 of 1992 concerning Health has changed to RI Law Number: 36 of 2009 concerning Health while RI Law Number: 22 of 1999 concerning Regional Government has changed to RI Law Number: 23 of 2014

Regarding Regional Government, while the Regulation of the Minister of Health of the Republic of Indonesia Number: 159.b/1988 concerning Hospitals has changed to Regulation of the Minister of Health of the Republic of Indonesia Number: 3 of 2020 concerning Hospital Classification and Licensing.

2. Regulations related to the implementation of good clinical service governance in RSUD Dr. R.M. Djoelham Binjai refers to the Regulation of the Mayor of Binjai Number: 45 of 2018 concerning Hospital Internal Regulations (Hospital Bylaws) RSUD Dr. R.M. Djoelham City of Binjai as the highest person in charge because it establishes hospital operational policies covering the fields of medical and nursing services, general and finance, as well as human resources and in its implementation refers to the Regulation of the Minister of Health of the Republic of Indonesia Number: 755/Menkes/PER/2011 concerning Implementation of Medical Committees Hospital. The medical committee is a key word for good clinical service governance but can have legal problems in the future because the medical committee is formed and is outside the hospital organizational structure.
3. Barriers to the implementation of the internal regulations of RSUD Dr. R.M. Djoelham Binjai in carrying out good clinical service governance is human resources, namely health workers who carry out medical services to patients because every health worker in the hospital has a different character when carrying out their duties and responsibilities.

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