

Hospital governance through accreditation (SNARS 2018) the implementation of good corporate governance (case study at Tamar's Hospital Medical Center – Pariaman, Indonesia)

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Abstract: Hospital Governance (HG) is a working group that is in the National Standards Accreditation of Hospitals (SNARS Issue 1, 2018). This standard is assessed in its application in the hospital. Descriptive qualitative study conducted using the method for observation and interviews as well as using software ATLAS.ti 8 read in the transcript of an interview with the Commissioner, the Director and the Internal Audit Unit (IAU). Hospital Governance (HG) were Also assessed from the application of the standards that have been done in the hospital, to assess good corporate governance be based on the principle of Fairness, Transparency, Accountability, responsibility and Independency arranged and adapted to the instrument Hospital Governance (HG).

The results Showed that the application of the Hospital Governance (HG) based on National Instruments Hospital Accreditation Standards (SNARS) and the Principles of Good Corporate Governace Tamar's Hospital Medical Center has not been optimally implemented a staff or the resulting limitations of human resources are willing to do.

Key Words: Hospital Governance, Good Corporate Governance,

1. INTRODUCTION:

Hospital accreditation is an acknowledgment of government given to hospitals that meet the standard. Accreditation purpose to achieve the extent of the Hospital can meet standards set by the Commission on Accreditation of Hospitals, thereby improving the quality of the service at the Hospital can be increased, maintained and accounted for. Benefits of accreditation to improve the quality of the Hospital itself, the owners, patients and the community around it.

Accreditation implies a recognition given by the Government to the hospital because it meets established standards. Hospitals that have been accredited, received recognition from the Government that all things that exist in the infrastructure and facilities owned by the Hospital already meet standards. where Hospital governance management should be uniform so that made the standardization of service that the Hospital must comply with the Hospital Accreditation Standards which have been prepared.

In early 2018 the Accreditation Standards KARS 2012 updated with the name of National Standards of Accreditation of Hospitals (SNARS) first edition which was implemented on January 1, 2018 consisting of various Standards Accreditation in the table below :

Table 1.1
SNARS Accreditation Standards Issue 1, 2018

1.	Access to Hospital and Continuity Services
2.	Patient and Family Rights
3.	Patient Assessment
4.	Services and Patient Care
5.	Anesthesia and Surgical Care
6.	Pharmaceutical Services and Use of Drugs
7.	Communication and Education Management
8.	Quality Improvement and Patient Safety
9.	Prevention and Infection Control
10.	Hospital Governance * (To Be Discussed)
11.	Facility Management and Safety

12.	Competence and Authority staff
13.	Information Management and Medical Record
14.	Patient Safety Goals
15.	The National Program
16.	Integration Services In Education Clinical Hospital

Public demand for hospital services is increasing. It can be seen from the number of visits to the hospital community that has been applied due to the higher BPJS (Government health program) service system. Accreditation is a very important requirement to cooperate with BPJS therefore Hospitals are trying to make changes and meet the Standards contained in the instrument of accreditation.

Increasing the number of patient visits can lead to increased workload of staff at the hospital. The high workload can affect quality of care provided by the hospital staff so that it will affect patient satisfaction. Therefore, one of the strategies needed to improve the quality of care for patients, so that patients feel satisfaction in health care is the empowerment of corporations in the Hospital Governance through the implementation of Good Corporate Governance in real.

Good Corporate Governance is a concept to improve the fairness, transparency, accountability, and responsibility that is currently recommended in business institutions (Trisnantoro, 2005). It is expected that with the use of existing corporate governance will improve the management system efficiency. Understanding this efficiency is how to increase the yield as much as possible (Eldenburg, 2001).

Hospital is one of the industry are included in the goods and services that can not be separated from these changes. Hospital is a venture capital-intensive, labor-intensive, as well as technology-intensive, so it is difficult to imagine where today there are hospitals that can survive only by relying on the generosity of the sponsors and money for treatment of the patient that is not how (usri & Moeis, 2007) ,

According to the Organization for Economic Cooperation and Development (OECD 2004), GCG is a structure consisting of shareholders, directors, and managers of the company setting goals and means to achieve the objectives - these objectives and monitor performance. According to the Forum for Corporate Governance in Indonesia (FCGI), the purpose of good corporate governance is to create added value for all company stakeholders. Good Corporate Governance is used to prevent the occurrence of errors in the company to run its strategy and to ensure the error can be corrected so that the relationship of all parties interested in the company to be good (Sedarmayanti, 2012).

In the health sector there is a particular good governance principles, namely Clinical Governance (CG) or clinical governance that is part of an approach to ensure the implementation of quality health care at all levels of society, or the best care for every Patients every where. Clinical Governance The main objective is to ensure access to adequate services for the whole population, to provide the best service to patients wherever they are and to improve service standards, while protecting the public from the risk of side effects with the service in question (Armen, 2013).

Clinical governance is a system that guarantees health care provider organization is responsible for the continual improvement and assure the quality of providing services to a high standard by creating an environment of good health services are constantly evolving, (Scally and Donaldson, 1998).

Definition of clinical governance in Law No. 44 of 2009 Article 36 of the Hospital, namely the implementation of clinical management functions that include clinical leadership, clinical audit, clinical data, evidence-based clinical risk, performance improvement, complaint management, service delivery outcomes monitoring mechanisms, development professional and Hospital Accreditation Clinical Governance addition known also for hospital governance in Hospital Good Governance with the basic principle according to Meeta Ruparel in Sitohang (2014) includes accountability, fairness and ethics, safety, transparency and idependence. According to George C. Clover Jr. in Sitohang (2014), the hospital governance issues include size, representational issues, accountability issues, delegation issues, budget issues and strategic planning issues.

Hospital as a health institution that does not focus on profit is one tool that can be utilized by the community. Hospital utilization function well for the lower class, middle and upper class is a requirement that must be met. Most of the lower and middle class people do choose to use the facilities provided by the Hospital of the Government and Private. Facilities that are enjoyed indeed can be quite in accordance with their ability to use health services card is registered. In contrast to the upper class who can freely choose the best hospital, even to go abroad to get better health care and a maximum.

Society expects more of the services provided by a hospital owned by government or private, hospitals should provide an excellent service and can be satisfactory for patients who utilize these services. Patients receive the best facilities can be provided by the Hospital, both in terms of friendliness Hospital services, responsiveness, seriousness and the ability of the staff in the hospital, then the hospital is always required strive to improve service delivery to the patient (Gagliano and Wiratno, 1998) , Quality of service, namely consumer point of view given the outcome between consumer expectations and the real state that can be obtained through the services carried out. Satisfaction that the views of customers on service something that has been received (Cronin and Taylor, 1992). Consumers feel satisfied

when functioning can be obtained as expected, while consumers are disappointed when the expected performance is not as expected and consumers will feel very satisfied that given the performance exceeded his hopes. In connection with how to get the service, where patients have loyalty to a hospital, then customer satisfaction is a very important thing serious run.

Formulation of the problem, In order to anticipate developments and business organizations in the Hospital in the future, the implementation of the principles of Good Corporate Governance in all aspects of the activities in the hospital is required. It is expected that with the implementation of basic and these standards, accountability and better management efficiency. Based on the above, problems to watch out for me are: 1. The extent to which good corporate governance is the responsibility comprises (responsibility), justice (fairness), openness (Transparency) and accountability (accountability) and independence (independency) applied Tamar's Hospital Medical Center. 2. The challenge anything that may be faced by Tamar's Hospital Medical Center in the implementation of good corporate governance principles.

Research purposes, 1. Knowing the Hospital Governance in serving patients by organizing dimension given by Tamar's Hospital Medical Center in implementing good corporate governance, whether it is in accordance with the principles of Good Corporate Governance. 2. To study the problems and constraints of what will be encountered by management in applying the Accreditation SNARS Issue 1, 2018 towards the implementation of Good Corporate Governance.

Benefits of research, This study is expected to provide a benefit and input or consideration for management in determining a strategy for taking decisions concerning the Hospital Governance in the service provided to patients, to improve the quality and service quality. By implementing good corporate governance, it can be benefits to be gained such as: 1. Provide input to the Director on the condition of the Hospital Accreditation in implementing SNARS issue1, 2018, whether it has been applying the principles of good corporate governance or not. If it is applied is known to what extent has implemented Corporate Good Governance. 2. Assist the Director to identify the obstacles encountered in the implementation of good corporate governance principles. 3. If the Good Corporate Governance is not applied,

2. LITERATURE REVIEW :

Good Corporate Governance is a system in which to operate them is human, while the success of its implementation depends heavily on the integrity and commitment. Good Corporate Governance is a universal principle, which can be found in cultures everywhere.

Some definitions of the framework in understanding the basic concepts of the theory of good corporate governance and its relationship with the Hospital Governance. According to the Forum for Corporate Governance in Indonesia (FCGI), Corporate Governance is a set of arrangements that govern the relationship between the shareholders, the Board (manager) of the Company, creditors, government, employees, and stakeholders of other internal and external relating to the right - the right and their obligations or in other words, a system that controls the company with the aim to create added value for all parties concerned (Sedarmayanti, 2012).

The term Corporate Governance refers to the relationship between the shareholders, Board of Directors and Top Management in determining the direction and performance of a corporation. Hunger and Loheelen argued that the corporation is a mechanism that is built so that all parties can contribute in the form of capital, expertise, and energy for mutual benefit (Tjager, et al, 2003). Meanwhile, according to the Initiative Wahyudi Sedarmayanti, (2012), Corporate Governance is an administrative mechanism that regulates the relationship between the Management Company, Commissioners, Directors, Shareholders, and Interest Groups (Stakeholders) in the other.

There are several kinds of definitions that is associated with the notion of corporate governance, such as the International Organization According to the OECD definition is as follows: "Corporate governance is the system by the which business corporations are directed and controlled. The corporate governance structure specifies the distribution of rights and responsibilities among different of participants in the corporation, such as, the board, managers. Share holders and spell out the rules and procedures for making decisions on corporate affairs, by doing this, It also Provides the structure through the which the company objectives are set and the means of Attaining those objectives and monitoring performance ".

Model structure company located in the UK, USA, and countries that are directly affected by the model of Anglo-Saxon or embracing Common Law, essentially based Single Board System, the membership of the Board of Commissioners, Board of Directors basically inseparable, in the model the members of the Board of Commissioners serves as the Board of Directors at this second council called the Board of Directors. Companies in Indonesia based on the model Two Board System strict separation Board Members, namely between Commissioners, Board of Directors, due to differences in the Indonesian legal system is based on Civil Law, in the company consisting of shareholders, the

Board of Commissioners and Board of Directors. So the Board of Directors is a management based on the terminology used in the Corporate Governance,

According to Prof. Dr. Emil Salim (BPK, 2001), Corporate Governance is: "ways to manage a good company, which is responsible to the owners (shareholders) and holder (stakeholders)".

Cadbury (1999) gives the following definitions: "Corporate Governance is concerned with holding the balance between economic and social goals and between individual's communal goals. The governance framework is there to encourage the efficient use of resources and equally to require accountability for the stewardship of Reviews those resources. The aim is to align as nearly as possible the interests of individuals, corporations an society "

While Prayudi Initiative, in Tjager (2003) gives the following definitions: "... take care of administrative procedures in the relationship between management, shareholders, commissioners and Board of Directors as well as interest groups (stakeholders). Relations were executed at various game rules and incentive systems of the framework necessary basis for the management of the company's goals and ways to achieve the purpose of monitoring the various performance will be achieved "

Donaldson and Davis (1989), which provides the definition of Corporate Governance as follows: "Where by managers at the organizational apex are controlled through the board of directors, it's associated structures, executives and other incentive schemes of monitoring an bonding".

The above definition is a definition of Corporate Governance that can be developed from a variety of perspectives that can be illustrated in the figure below.



Figure 2.1
 Corporate Governance in Perspective

As shown in the picture above, the Corporate Governance can be defined in a broad standpoint (stakeholder perspective) as defined above or FCGI in a narrow viewpoint (viewpoint of stakeholders), and in the light of corporate management.

Organizational governance Hospitals that can either make all stakeholders Hospital sense of justice (fairness) transparency (transparency), independence (independency), accountability (accountability) and accountability (responsibility) so that each organ Hospital from the bottom to the top level can be run well. Hospitals were running with all of its activities are both expected to be able to survive and develop themselves according to their landcape and to achieve the vision and mission of the Hospital (Sutojo & Drige 2005).

Government plays a central role in shaping the legal framework, institutional and policy making, which in this framework "Governance System" was developed. Without a supportive framework, "Governance" can not walk up. Corporate Governance is more than just a process and procedure that requires a change of mind or paradigm that fundamentally changed the corporate culture starts from the values, norms, mental, and behavioral (Trisnantoro, 2005).

Hospital Good Governance, Law No. 44 Year 2009 on governance defines Hospital (Hospital Good Governance) good as application functionality Hospital management functions are based on the principles of transparency, accountability, and resposibilitas, equality and fairness.

According to (Kristof Eeckloo 2004) defines Governance Hospital or the Hospital Governance as a process of setting the overall functioning of the hospital which is understood by all components of the Hospital and Hospital set goals, as well as further support and monitor the implementation of the mission and goals of the Hospital at the level of hospital operations.

Hospital Good Governance System in the hospital (widrya, 2012) are as follows: 1. Corporate Governance created the regulations, 2. Corporate Governance assist Hospitals in developing performance, and 3. Corporate Governance assist in the management and planning of the Hospital. Hospital governance guided by two main principles are also the main principles of Good Coporate Governance system in general, namely, transparency and accountability. Accountability in this case is the responsibility of the shareholders which ultimately leads to long-term shareholder value. The system should also involve stakeholders, both group and individual who can affect or be affected by the achievement of organizational goals.

Principles of Corporate Governance, In regard to the growing awareness of the importance of good corporate governance, the OECD has developed the principles of Good Corporate Governance and can be applied in accordance with the circumstances, cultures and traditions of each - each country (Sedarmayanti, 2012).



Figures 2.2
Principals GCG

- Fairness and equality, Simply put, fairness or reasonableness may be defined as the fair and equal treatment in fulfillment of rights - the rights arising under the agreement and applicable legislation (Sedarmayanti, 2012). Fairness or reasonableness expected to provide protection to the party - related parties either to the hospital or the patient on deception and fraud that harm.
- Disclosure and Transparency, an openness in disclosing information and relevant material for the company and the management company is professionally without collisions from any party that does not comply with the laws - laws and principles - principles of healthy corporate (Regulation of the Minister of State Enterprises, 2011). In relation to health, Hospital give patients information about things - things that are needed by the patient and hospital personnel to perform its obligations in a professional manner without any conflict of any party.
- Accountability, the responsibility of management through effective supervision by the balance of power between the Managers, Shareholders, Board of Commissioners, and Auditor (Sedarmayanti, 2012). In terms of health, accountability describes the ability of the hospital to comply with and be accountable to the policy rules set by the Hospital.
- Responsibility (CSR), is a suitability in the management of the company to the laws - laws and principles - principles of healthy corporate (Regulation of the Minister of State Enterprises, 2011). In terms of health, responsibility or management responsibility suitability Hospital illustrates the principle the principle in running a good hospital.
- Idependency, is a situation where being professionally managed company with no conflict of interest and influence / pressure from any party that does not comply with the regulations - applicable law and the principles of a healthy corporation. In terms of health, independence of management independence Hospital illustrates the principle - the principle of running the Hospital is a situation where being professionally managed company with no conflict of interest and influence / pressure from any party that does not comply with the regulations - applicable law and the principles of a healthy corporation. In terms of health, independence of management independence Hospital illustrates the principle - the principle of running the Hospital is a situation where being professionally managed company with no conflict of interest and influence / pressure from any party that does not comply with the regulations - applicable law and the principles of a healthy corporation. In terms of health, independence of management independence Hospital illustrates the principle - the principle of running the Hospital the good one.

Corporate Ethics, is a system and the rules governing how companies interact with other companies or external parties in achieving corporate goals. Objective implementation of corporate ethics is to prevent the occurrence of Conflict of interest which includes the interests of employees, third parties, society and the environment and prevent illegal actions. Corporate ethics embodies the company's accountability towards society in achieving social justice.

Good Corporate Governance is strongly influenced by the culture of law, including the effectiveness of law enforcement and the regulations governing companies and institutions. If the application of the law is not effective, then the implementation of Good Corporate Governance also tidak be effective. In addition it is necessary to regulations that specifically regulate the development of enterprises and institutions. In Indonesia regulation relating to the Good Corporate Governance is Act No. 1 of 1995 on corruption, Law No. 8 of 1995 on capital markets also regulates public company, a draft of the code for good corporate governance, which was published in March 2000, on the application of the principles of corporate governance in all companies and institutions.

Benefits of Corporate Governance, With the applied principles of corporate governance, in the long term to benefit, among others, namely :

- a. Obtaining resources efficiently. Good Corporate Governance to ensure a company can increase the value to achieve efficient resource on the assumption that in the financial markets and to function well. The failure of the implementation of corporate governance will result in the allocation of resources is not optimal, all the problems in the investment, the abuse carried out by management, shareholders control of Own Shares bit and also creditors, or bankruptcy.
- b. Effective decision making and adapted. Transparency in the management of a company at the Well Governed will bring the company in conditions of effective decision making and adapted. The principle of transparency will run from top management down, if the top management down to seriously implement them. Relevant information on the spread of material openly to the manager so that this decision can be taken accurately and quickly. Availability of all information related to the particular case may allow management have a strong foundation in deciding something.
- c. Directions Company. Well Governed company has a clear direction and precisely because of the important information learned and guidelines available to everyone in the company. All employees know the short-term goals and long term. The company's philosophy, vision and mission of the company. Each individual would have to know both the direction and management actions so that they can be given the support of the management programs that run on toward the target company.
- d. This increase in efficiency. The application of the principles of good corporate governance can improve the efficiency of the company by reducing the costs incurred due to the high bureaucracy, behavior - unethical behavior, and activities of other counter productive. The lower costs can also be achieved from the process of purchasing / provision / procurement of goods and services better.

Framework. Based on the formulation of the problem, the purpose of the study and review of the literature that has been raised, it can be made the conceptual framework of the implementation of corporate governance principles at Hospital,



3. METHODS :

The research method is basically a scientific way to obtain data for the purpose and specific uses (Sugiono, 2008). This research is qualitative descriptive and inductive as well as using software ATLAS.ti 8 to analyze the interviews conducted. Descriptive is a way to define, collect, classify and interpret the data can provide an image problem to be analyzed and become clear from the state of the object to be studied. Inductive is something that the scientific method, the data were analyzed by using the theory, especially highly associated with Good Corporate Governance.

This study uses a case study approach, According to Yin (2011) case studies or empirical intuition are investigating this phenomenon in real life, when boundaries - boundaries between phenomenon and context does not appear explicitly and clearly.

This study is based on observations and data collection early as contemplated by sekaran (2001), which became the source of the problem or observed in the real life of an organization or the results of previous studies can report published in research journals and other relevant media.

Object of research.The object of research and explain what or who is the object of research and also where and when research is done, can also add things - another thing if considered necessary (Umar, 2005). The object of research at

Tamar's Hospital Medical Center for longer face SNARS preparation for the Accreditation of Issue 1, 2018, and focusing the research on the application of good corporate governance in the hospital. In this study, researchers used five variables to be measured, which is a basic principle of Good Corporate Governance in companies such as: 1. Fairness, 2. Transparency, 3. Accountability, 4. Responsibility (CSR), 5. Independence.

The fifth basic principle is manifested in the following five: 1. Rights of Shareholders, which is a manifestation of the principle of transparency. 2. Corporate Governance Policy, which is a manifestation of the principle of accountability. 3. Practices of Corporate Governance which is a manifestation of the principle of responsibility. 4. Disclosure is a manifestation of the principle of fairness. 5. Audit function, is a manifestation of the principle of independence.

Data collection technique. Data in the study conducted way method: 1. Observation, namely: Doing Something observation activities directly or indirectly to an object by recording the things that are studied and discussed systematically to complete the necessary data. 2. Interview, namely: How to research by conducting interviews related to the writing of this work, and carried out by judging of the field in accordance with the instrument SNARS issue 1, 2018, here in after these data are collected to support the writing of this study.

Data analysis. Based on the data obtained, the authors conducted a qualitative analysis method. The qualitative analysis carried out by processing the data obtained from the Hospital. Analysis performed included: 1. Analysis company profile. 2. Internal Environmental Analysis 3. Analysis of interview by using software ATLAS.ti 8 is used in Qualitative research. This software includes the type of program CAQDAS (Computer-Aided Qualitative Data Analysis Software) or the same as QDA software (Qualitative Data Analysis Software). In naming this software, the general public is more familiar with the name of this ATLAS.ti as a collection of maps (a model of the world, a globe) that can help us to get to the destination. Judging from history, the originator of this ATLAS.ti software named Thomas Muhr, from Germany. Because of that, in German ATLAS.ti stands for Archiv fur Technik, Lebenswelt, Alltags Sprache (Archives of Technology, Lifeworld and Everyday Language). Name ATLAS sustain the idea of a world map and is described in a meaningful document management. As for the abbreviation .ti in naming the software, give meaning interpretation of the text (Friese, 2014).

4. ANALYSIS :

Assessment through SNARS Instrument Issue 1, 2018 :

Standard HG 1. Organizations and authorities of the owners and owners of representation are described in the regulations that have been established;

The owners have established regulations governing authority between the owner, the representation of the owners listed in the Hospital's bylaws, in the hospital Bylaws no determination of the organizational structure in accordance with the legal form of ownership of the Hospital in accordance with regulations and legislation, names of positions within the organizational structure vaguer and also the determination of the organizational structure in accordance with the laws and regulations, while the appointment of the Director granted the Decree of appointment for five (5) years and is attached with the job description.

Standard HG 1.1. The responsibility and accountability of owners and representations owner has been implemented according to regulations and the appropriate legislation;

There Is No approval, availability and operational budgets and other resources necessary to run the hospital in accordance with the mission and strategic plan of the Hospital. There is no evidence of the owner and the performance evaluation results of the performance evaluation results by the owner of the Hospital Director.

TKRS HG 1.2. Hospitals have a mission, strategic plans, work plans, program quality improvement and patient safety, as well as the owners of accountability reports;

Approval, dissemination, periodic review and publication of the society about the mission and vision of the Hospital and there is evidence of a strategic plan approved by the owner as well as the lack of work plan proposed by each unit and hospital budgets approved by the owner.

Standard HG 1.3. The owner gave consent PMKP Hospital program, receive regular program implementation report and provide a response to reports submitted;

PMKP program (Improve patient quality and safety) created and approved by the Director. Where the Director has not received a report program PMKP because there is the passage of the Committee PMKP maximally caused by the limited staff or Human Resources, because there is no report that there was no evidence of follow-up of reports PMKP form of disposition, to conduct discussion meetings repair plan, budget increase, personnel or facilities.

Standard HG 2. Director as a top leader in the hospital is responsible for running hospitals and comply with regulations and legislation;

Director of the Hospital have job descriptions, responsibilities and authorities include :

- a) Knowing and understanding of all legislation related to the Hospital.
- b) Hospital operations run based on the rule of law.
- c) Hospital to ensure compliance with laws and regulations.
- d) Hospital impose regulations.

- e) Ensure compliance with hospital staff in the implementation of all regulatory Hospital has been defined and agreed.
- f) Following up on all reports of the results of the examination of the external audit body.
- g) Establish a process to manage and control the human and financial resources according to the rules and regulations.

Director selected the appropriate qualifications, job description, responsibilities and authority set forth in the organizational structure and governance in the hospital. In running task has been no monitoring of regulations that already established and the Director has done to follow up on all the results of an internal investigation of the external body (Health Laboratory) and the Environment which checks the Hospital as inspection Installation Escrow Wastewater (WWTP) liquid and Solid as well as checking the examination terhadap germs in the Operations room.

Standard HG 3. The head of the field hospital set up and jointly responsible for the mission and make plans and regulations required to carry out the mission;

Hospital define job requirements, job descriptions, responsibilities and authority of the head of the field in writing. Qualifications head of the field has been conformed to the requirements of office and duty. There is no evidence of coordination, between the head of the mission hospital, and no evidence of supervision by the head of the field to ensure adherence to regulatory compliance staff because bustle Hospital Doctors at other hospitals.

TKRS HG 3.1. Hospital Director and head of identifying and planning the type of clinical services required weeks to meet the needs of patients served by the Hospital;

Their decision making about the type of services provided in the hospital, the determination of the qualifying head unit service coordinator services including diagnostic, therapeutic and rehabilitative. To reinforce the types of services to be provided must be adapted to the availability of general practitioners and specialists as well as Human Resources is still limited because of the difficulty of finding a particular specialist doctors to join Tamar's Hospital Medical Center result is in the Municipal Hospital Pariaman within approximately 60 KM from the city of Padang.

TKRS HG 3.2. Hospitals have any regulation to ensure the implementation of effective communication in the hospital;

There are regulations that govern the meeting luminance and inter-level Hospital, effective communication between PPA (Professional Employer care) and an installation and service units, no evidence of the implementation of meeting each and inter-level hospital, effective communication between PPA (Professional Employer care) between units already implemented and the implementation of the provision of information that is timely, accurate and relavan in the hospital, but the recording of effective communication is still not optimally done by medical staff so as not carrying the activities of the communication.

TKRS HG 3.3. Hospital establishes a uniform process to carry out the reception, promotion, retention, development and continuing education of all staff by involving the head and the head field service units;

Hospitals have the regulatory process of planning and implementation of recruitment, staff development and compensation involving the head of the field and the head of the service unit. there is no evidence of a meeting of the planning and implementation of recruitment, retention, staff development and compensation, there is no evidence of program implementation remunirasi / compensation for staff retention, which should be considered carefully where its resources kedepanya an asset of the Hospital.

Standard HG 4. Hospital Director to plan, develop and implement programs to improve the quality and safety of patient (PMKP);

Director of the Hospital of the regulation of quality improvement and patient safety that can be shaped guide quality improvement and patient safety and other procedures, which among other things contains as berikut:

- a) Determination of the organization that has the task to direct, manage and coordinate the implementation of programs to improve the quality and patient safety.
- b) The role of Hospital Director and the leaders in developing the program and the plan for an increase in quality and patient safety.
- c) The role of Hospital Director and the leaders in the selection of quality indicators at the Hospital (indicator clinic area, area management and patient safety goals) and keterlibatannya in the follow-achievement indicators are still low.
- d) The role of Hospital Director and leaders in selecting priority areas as a focus area for improvement.
- e) Monitoring the implementation of quality improvement and safety program patients, who do the monitoring, when to do, how to do the monitoring.
- f) The process of data collection, analysis, feedback and provision of information to staff.
- g) How the flow of reports on the implementation of quality measurement Hospital, from the unit to the owner's Hospital.
- h) Help technology / hospital information system which will be applied for the collection and analysis of data.

Director of the Hospital of the regulation in the form of guidelines for quality improvement and patient safety, the lack of evidence of a meeting on development planning and implementation pmkp attended by the Director, the

Committee pmkp and all heads of field, there is no evidence of a meeting on the selection of indicators of quality of keys and an action plan for improvement, there is evidence of IT-based SIMRS, a list of equipment and the lack of evidence census forms daily and monthly recapitulation for quality and patient safety is integrated with surveillance census PPI in paper or electronic form.

TKRS HG 4.1. Director of the Hospital provides PMKP program implementation report to the owner in accordance with the regulations of the Hospital;

There is no evidence of a coordination meeting of the Director of monitoring and follow-up implementation of the action plan, the results of the data analysis and follow-up plan and the implementation of an action plan. The absence of evidence PMKP report of the Director to the owner of the time, as well as proof of delivery of results pmkp meeting and follow up plan. This is caused by not working optimally pmkp Committee so that all activities can not be carried out well.

Standard HG 5. Hospital Director at the Hospital prioritize process to be measured, PMKP program will apply and how to measure success in efforts throughout the hospital;

Hospitals have and have put together a program PMKP priority, but the lack of evidence of a meeting led by the Director of the Hospital and was attended by the head of the field which deals with the preparation of priority programs, monitoring the implementation of priority programs and evidence of the results of data collection and analysis of each indicator set and evidence maintenance plan.

Standard HG 6. The Head of Hospital is responsible for reviewing, selecting and monitoring clinical contracts and managerial contracts;

Hospitals have any regulation about contracts or other agreements such as contract clinical and managerial contracts. Hospitals also have regulations on the employment agreement of medical staff which includes employment contracts, credentials, rekredensial and performance assessment. Yet all the employment contract was made because there is a new influx of clinical staff and managerial contracts have not all done by the Hospital in the purchase of new medical equipment. While the contract of carriage of medical waste has been carried out from 2015 to 2018 with PT.Bioteknika and now again made a new contract is / rectification for 2019 that is still in process.

TKRS HG 6.1. Contracts and other agreements are evaluated as part of the Quality Improvement and Patient Safety (PMKP Program);

Hospitals have any regulation on monitoring the quality of services provided under contracts and other agreements in which all contracts have quality indicators which should be reported to the appropriate mekanismen Hospital Hospital quality reporting. While the evidence of the data analysis, the contracted service quality indicators has been no follow-up done as well as evidence from the analysis of the quality information by the head of the field.

TKRS HG 6.2. Head of clinical services to make sure that is not an Independent Practice Physician Hospital staff have licenses and credentials appropriate to the service provided to patients Hospitals and regulations Regulations;

The absence of evidence of Directors determines the services to be provided by the physician independent practice from outside the hospital as well as the absence of proof of credentials and granting SPK, RKK by the Hospital for all physicians in independent practice of inner / outer Doctor patient to the hospital.

Standard HG 7. Hospital Director makes decisions related to the procurement of resources taking into account the quality and safety;

The hospital has not implemented the regulation of technology selection of medical and medicine as well as the regulation of the use of technology medical and new drugs are still in early stages of the trial, and there is no evidence regarding the determination of the team screening of medical technology, evidence of the recommendations of the clinical staff and or the Government or the National Organization and the International has used for the selection of medical technology and medicine.

standard HG 7.1. Director search and use data and information on the distribution chain of drugs and pharmaceuticals are safe to protect patients and staff from products derived from the black market, counterfeit, contaminated or defective;

Hospitals have any regulation on the management of procurement of medical equipment, medical materials consumables and drugs at risk include the vaccine with respect to flow distribution chain in accordance legislation, also identifies important risk of the distribution chain of medical devices, medical materials consumables and drugs risky high including vaccines and implement follow-up to avoid risk. Not to do an evaluation of the integration of each supplier in the distribution chain.

Hospitals already carry out the purchase of consumable medical materials and drugs are at risk including vaccines, always pay attention to the flow of the distribution chain that includes:

- 1) Certificate of incorporation and approval from the Ministry of Justice and Human Rights.
- 2) Company business license.
- 3) Tax registration number.
- 4) Licensed pharmaceutical trafficking - distributor of medical devices.
- 5) The cooperation agreement between the distributions with the principal and Hospital.

- 6) The name and work permit pharmacists for pharmacists in charge.
- 7) Address and map of the office.
- 8) Letter warranty guarantees the authenticity of the products distributed (of principal).

Standard HG 8. Hospital establishes the organizational structure of medical services, nursing services and clinical services more effectively, complete with a description of duties and responsibilities;

There is already a determination of the organizational structure of the Hospital up to the service unit, the medical committee organizational structure and governance of nursing and working relationships with the leaders of the Hospital, the establishment of the organization responsible for the quality improvement and patient safety, including the safety culture at the Hospital. PMKP committee as well as equipped with job descriptions among other things has the task to supervise the quality of clinical care and is equipped with a system of employment.

Standard HG 9. One or more competent individuals assigned as head of the unit at each hospital service unit in accordance laws;

Their regulatory work requirements, job descriptions, responsibilities and authority for each head unit including the services and service coordinator if any, that should be contained within the guidelines of organizing the service unit. Each head of service units complies with the requirements specified positions. The absence of the head of each service unit have guidelines and programs of their services to meet the physical standards of building and workforce. Not the way each unit that had a pattern of workforce, evidence of recruitment in the service unit in accordance with the needs of existing personnel in the workforce patterns.

Standard HG 10. Head of the unit identify in writing the services provided by the unit as well as identifying and-right coordinate these services with services from other units;

Not all service units have guidelines outlining services on current services and work program outlining the planned services and organize knowledge and skills of clinical staff who make an assessment of the patient and the patient's needs. And the lack of evidence of coordination and integration of services in the service unit and between the service unit. Evidence of implementation of a patient transfer between units that have been coordinated, there is evidence of the implementation of the replacement shift officer who had coordinated and integrated, and not maximal evidence of implementation of effective communication as a Speak Back among clinical staff.

Standard HG 11. Head of the service unit to improve the quality and safety of patients participating in the program PMKP Hospital, monitor, improve patient care which is specific to diunitnya;

The hospital already has regulations on the criteria for the selection of indicators for the quality of the unit and the lack of evidence of a proposal on indicators of the quality of each service unit so that there is no evidence of implementation of data collection from each unit and there is no evidence of periodic reports is integrated on the achievement of quality indicators, incidents patient safety and sentinel events.

Standard HG 11.1. Head unit clinical services to select and implement a quality assessment and patient safety specific to the scope of services provided by the unit of the service as well as provide data and information on the results of those activities that can be used to evaluate physicians, nurses and clinical staff caregiver more provide care patient in the care unit;

Not the way the evidence on the quality indicator data in the unit used to evaluate the continuous professional practical of doctors who provide medical care in the unit.

Standard HG 11.2. Each group of medical staff select and define the clinical practice guidelines which can be fitted with a clinical workflow (clinical pathways) as a guide of clinical care that will be evaluated;

Already the regulation of the electoral process, preparation and evaluation of the implementation guide clinical practice, as well as evidence of a meeting of the selection guide clinical practice, the flow of clinical and already evidence of the implementation of the care of the guide clinical practice at the medical records of patients, there is no evidence of monitoring compliance the doctor in charge of the patient to guide clinical practice to do medical audit or quality indicators.

Standard HG 12. The hospital establishes ethical governance and ethics for management employees to ensure that patient care is given in the norms of business, financial, ethical and law that protects patients and their rights;

Director has set regulations on Governance Ethics Hospital referring to the Code of the National Hospital, establish the Ethics Committee who manage ethics Hospitals and coordinate sub-committee of ethics and establish a code of conduct of employees Hospital, not maximal evidence of the monitoring and evaluation of the implementation care of patients who do not violate the norms of business, financial norms, ethics and law. There is no evidence that non-discriminatory working relationships regarding ethnicity, religion, race and gender and no evidence of monitoring adherence to ethics staff employees.

Standard HG 12.1. Hospital framework for ethical management includes marketing, admissions of inpatients, patient transport, discharge and proprietary notices as well as business and professional conflicts that are not of interest;

Hospital disclose ownership and prevent conflicts of interest when making a referral. As well as honestly explain the services provided to the patient so that evidence of an accurate bill include no supplementary charge after

discharge. While registration of hospitalization also explained that the availability of rooms online has done so avoid errors in providing information to patients. For transporting patients where nurses explain to patients under doctor's orders to move to another unit where the nurse will contact the unit to the availability of the bed so that when tersedian bed, the patient will be transferred to the service unit in the doctor ordered. In evidence about the bill to the patient no replay bills charged to inpatients are common, while for inpatients BPJS no fee paid by participants as everything is covered by BPJS (government Health Program).

Standard HG 12.2. Hospital framework for ethical management supports ethical decision-desperation in clinical care and nonclinical services;

The absence of regulations on the reporting system in case of ethical dilemmas and the absence of evidence of ethical regulations that have been implemented in accordance with the involvement of the ethics committee, and there is no evidence of ethical management has been implemented according to regulations, reporting evidence dilemma clinical care and non-clinical dilemma.

Standards HG 13. Director of creating and fostering a culture of safety in all areas in accordance Hospital laws;

Director has supported the creation of a culture of openness that is based on accountability, and the lack of evidence to identify, document and implement improvements unacceptable behavior. Director has been organizing education and provide information related to the safety culture of the Hospital for all individuals who work in hospitals. Hospitals provide evidence staff resources are trained in safety culture, such as washing hands, use fire extinguisher, basic life support activities and so that support and encourage a culture of safety and have not made a work plan budget to support a culture of safety.

Standard HG 13.1. Director of the Hospital to implement, monitor, take action to improve the safety culture program throughout the hospital;

Director has set regulations regarding the system maintain the confidentiality, simplicity and easily accessible by the party that has the authority to report issues that relate to the safety culture in the hospital. There has been no evidence of a report related to the safety culture at the hospital have appropriate investigations, there is no evidence that the identification of problems in the system that causes health workers perform dangerous behavior has been implemented. There is no evidence the results of quality indicators of safety culture measurement, evaluation of evidence and proof of improvement.

Analysis ATLAS.ti 8, After the data transcripts of interviews that have been made and the author began to enter data into qualitative analysis software ATLAS.ti 8.

5. RESULT :

Good Corporate Governance. Assessment of Discussion on Hospital Governance is based on and adapted from the SNARS Issue 1, 2018 instruments that sequence consists of:

1. Fairness, are concerned about the interests of shareholders and other stakeholders based on fairness and equality.
2. Tranparancancy, which convey information in an open, timely, clear and accurate.
3. Accoutability, details of the duties, responsibilities of each organ of the company and the company's performance.
4. Responsibility, is a legal compliance and social responsibility towards the community and environment awareness.
5. Independence, is an independent management, not dominate and that no intervention by other parties.

5.1. Fairness,

Based Standars HG 1, owner has to make regulations governing authority between the owners and the management shall be entered in the hospital already bylaws. Where already established the organizational structure, organizational structure set by the owners and the Letter of desperation appointment of the Director. Here the author can see that Tamar's Hospital a private hospital where the shares owned by certain circles so in surveillance and monitoring of the hospital can not be performed optimally due to shareholders is their blood relatives (family), so that any limitations in doing evaluation, but all this can be solved quickly by way of the family.

5.2. Transparency

Based Standars HG 1.1, approval and the availability of budget and operational and other resources necessary to run the hospital in accordance with the mission and strategic plan of the Hospital has not been communicated to employees so that employees do not know, whereas document performance assessments owner and director who is running also never done so that employees are also not aware of the progress of the performance at the Hospital. The mission and vision of the Hospital has been published to the public by placing the writing on the walls of the Hospital so that visitors, patients and families can read it. The strategic plan at the time was made also been disseminated to all employees so that employees know what the strategic plan that will be made by the Hospital in the future. While progress has not been diberitahukannya annual plan to all employees at the hospital. The owners approved the

program pmkp in hospital, while the report given by the committee PMKP timely because there is not yet maximal operation pmkp officers due to employees who work part-time because of limited staff or resources available at the hospital. For job requirements Hospital has given a clear qualification, job descriptions, responsibilities and authority is given when making a decision letter, this has been done from the Director until all staff working at the hospital. In the reporting of activities, evaluation.

5.3. Accountability

Standars HG 1 and 1.1 based on job descriptions, responsibilities, authority and accountability of owners have dituangka in hospital bylaws and in accordance to regulations and appropriate legislation. For job requirements Hospital has given a clear qualification, job descriptions, responsibilities and authority is given when making a decision letter, this has been done from the Director until all staff working at the hospital. Based Standars HG 2, describes has made qualification attached director job description, responsibilities and authority which has been described in the organizational structure and governance of the hospital. Standars HG 3, also explains the head of the field on the demands for the position, job description, responsibilities and authority which has been socialized in the hospital. As for the staff and nurses have also been given a job description but still overlapping the job done, and still there are staff who work not yet made a decision letter and job descriptions were given. Standars HG 6 here in described that in employing medical staff and nonmedical to do contract clinically so far has been done well but there are still clinical staff who have made a contract clinically due to delays in staff personnel to make the agreement because of the overlap of work to be done every day and limited manpower. While the managerial contract there has not been done because of the equipment owned Hospitals are usually sold by the owner kedistributor that the contract be neglected. In the reporting of activities, overlapping job or received the job description of staff working at the hospital.

5.4. Responsibility

All employees of the Hospital had to obey the rules that already exist, but according to the three sources sometimes there are also those who violate them. Circumstances where the hospital is managed professionally without any conflict of interest and pengaruh / pressure from any party that does not comply with the laws - laws and principles - principles of healthy corporate. In carrying Hospital, the Director must always conform to the rules and regulations that have been issued by the Government of the requirement Director, Doctors, Nurses and other professional staff in accordance with regulations and competence in their field. Standars HG 7.1 clear that any provision of pharmaceutical drugs must go through a chain of drug distribution and pharmaceuticals clear that the drug is needed is clear from the official distributor and in accordance with the rules and regulations. In conducting Hospital always based on legislation and comply with the regulations issued by the Ministry of Health as a representative of the government in regulating the activities of the Hospital. While the social responsibility to the community and local environmental awareness, every year the Hospital has been doing mass circumcision for the surrounding community, so it can help local children to run the Islamic religious laws. In the month of fasting is usually done to break the fast together where Hospital invite employees, patients, their families and the surrounding community to break fast so it will feel attachment to the surrounding communities with Tamar's Hospital Medical Center. This addition Tamar's Hospital Medical Center also provide mosque as a place of worship for Muslims that exist around the Hospital and the visitors who come to the hospital. the patient's family and the surrounding community to break fast so it will feel attachment to the surrounding communities with Tamar's Hospital Medical Center. This addition also provide mosque as a place of worship for Muslims that exist around the Hospital and the visitors who come to the hospital.

5.5. Independency

Hospital Tamar Medical Center is a hospital privately owned by the family so that the funds for its establishment are supplied by the family, for operational Hospitals gain from the services of patients coming to the hospital, so for the development of the Hospital is required to cooperate with BPJS a program serve in the government health service for the community. In cooperation BPJS always obliging to the hospital to be accredited Commission on Accreditation of Hospitals (KARS), so that the accredited improving quality of care can provide the better and measurable and satisfaction for patients. in providing a report to BPJS of patients treated hospital personnel have made a recapitulation of its own in its reporting to BPJS so BPJS only verify any statements made by Hospital Tamar Medical Center. within the existing tax reporting officer who did so Hospital Tamar Medical Center including one taxpayer who abide by the government.

6. CONCLUSION:

Based on the observations and the results of research by the author can make a conclusion that :

1. Implementation of Good Corporate Governance in Tamar's Hospital Medical Center has not performed optimally.

2. In performing its duties the Director has directed staff with good work and has provided training, both internally and externally Hospital.
3. Policies, Standard Operating Procedures (SOPs), in each of the standard has been created by the Accreditation Team has been endorsed by the Director, but because of limited staff working on, makes the implementation of good corporate governance through the Hospital Accreditation Governance can not be run with the maximum.
4. In establishing the organizational structure, qualifications of the Director, the head of the field, the head unit and the staff of clinical and non-clinical've done well with the Decree of the appointment, job descriptions, authority, for the clinical staff has done credentials both doctors, nurses, midwives, and Professionals other care givers (PPA) as Medical Records, Pharmacy Assistant, Physiotherapy, Chemical Analysis, Public Health.
5. Reporting from PMKP program has not done well because of the immature workers or staff who will do the monitoring and evaluation of the implementation of the PMKP program. And to measure the success of an activity indispensable Hospital engagement of all staff to maintain and defend it.
6. Employees in the work always responsible in carrying out the mission hospital to provide better services to patients.
7. Director, head of the field and the unit has made time to meet regularly, but because of the preoccupations of the medical staff at other hospitals, making the current activity is rarely done.

7. SUGGESTION :

Based on the results, discussion and conclusions of the research, the authors suggest :

1. Limitations of staff who want to work caused by work load is received, the authors suggest appointed two or three people in the Accreditation Team to work full help and do the work of the Accreditation working group in running the activities in accordance with the standards - the standards of instrument SNARS 1st edition 2018.
2. For the future, the employee receives must be adapted to their competence, so that the staff can work more effectively.
3. For further research is expected to examine more deeply the other working group in SNARS 1st edition 2018, relating to good corporate governance so that research results become one of the information can be used by the Hospital and for future research.

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