



## **THE ROLE OF THE MEDICAL COMMITTEE IN IMPROVING THE QUALITY OF HEALTH SERVICES AR DR. PRINGADI HOSPITAL MEDAN CITY**

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### **Abstract**

*This study aims to analyze the role of the Medical Committee in improving the quality of health services at Dr. Pirngadi Hospital, Medan City. The Medical Committee plays an important role in maintaining the professionalism of medical personnel and ensuring quality medical services through medical audits, continuing education, scientific meetings, and mentoring new medical personnel. Using a qualitative descriptive method with an in-depth interview approach to informants consisting of medical staff, doctors, patients, and nurses. This study shows that the role of the Medical Committee at Dr. Pirngadi Hospital has been carried out well, especially in medical audits, although there are obstacles in implementing follow-up audit results due to limited time and facilities. The role of the Medical Committee in organizing scientific meetings and continuing education is still limited and not made a routine program, while the mentoring process (proctoring) for new medical personnel has not been well structured. Through this study, it is clear that although the Medical Committee has played a role in improving the quality of services through medical audits, there is still room for improvement, especially in terms of continuing education and proctoring new medical personnel.*

**Keywords:** Medical Committee, Quality of Health Services, Medical Audit, Continuing Education, Proctoring, Dr. Pirngadi Hospital.

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## INTRODUCATION

Hospitals are healthcare facilities that play a vital role in the national health system (Laassili & Ejbari, 2023). As institutions that provide comprehensive healthcare services from outpatient care and inpatient care to emergency care hospitals are expected to ensure dignified, safe, and equitable service quality for all levels of society, as stipulated in Government Regulation Number 47 of 2021 concerning Hospital Management. In the context of modern healthcare, hospitals serve not only as places for healing but also as centers for learning, research, and the professional development of healthcare workers. Therefore, effective hospital management requires structured, accountable, and patient safety-oriented clinical governance(Almushait et al., 2022).

One of the main pillars of the clinical governance system is the existence of a medical committee. The medical committee serves as an internal mechanism to ensure that medical services in hospitals are carried out in accordance with professional standards, ethical principles, and laws and regulations(Berry et al., 2024). The strategic role of the medical committee is regulated in Minister of Health Regulation Number 55/Menkes/Per/IV/2011, which states that the medical committee is a crucial instrument in the implementation of medical practice in hospitals. This committee has the authority to carry out the credentialing process and delineation of clinical privileges, provide professional ethics guidance, and provide recommendations to the hospital director regarding the assignment of medical personnel (Ministry of Health of the Republic of Indonesia, 2011). Thus, the medical committee serves not only an administrative function but also plays an ethical, professional, and legal role in maintaining service quality and patient safety (Gosal et al., 2022).

In practice, the medical committee's responsibilities are extensive, encompassing oversight of the performance of medical personnel, enforcement of service standards, and evaluation of clinical practices to ensure compliance with scientific guidelines and medical codes of ethics. Through systematic oversight, the medical committee acts as a balance between the authority of hospital management and the professional independence of physicians. Furthermore, the medical committee has a moral responsibility to ensure that every clinical decision made by medical personnel is always based on patient interests and patient safety principles. Successful implementation of this function will directly contribute to improving the hospital's reputation, patient satisfaction, and the hospital's success in meeting national and international accreditation standards(Naqvi et al.,

2024).

However, the effectiveness of medical committees is determined not only by the existence of regulations but also by their implementation in the field. Various studies have shown that the role of medical committees is often suboptimal. According to Marpaung and Sara (2022), the decline in the quality of medical services at the University of North Sumatra Hospital in June–July 2018 was closely related to the weak performance of the medical committee, which directly impacted patient satisfaction levels. This finding indicates a gap between normative policies and operational practices. In many hospitals, the function of medical committees remains limited to administrative activities such as credential approval, without a mechanism for continuous monitoring and evaluation of clinical performance.

This gap is even more apparent when looking at data from Hartati et al., (2014), which states that only around 40% of hospitals in Indonesia actively involve medical committees in efforts to improve service quality. This means that most hospitals have not fully utilized the strategic role of medical committees as a driving force for improving service quality. Research by Zulfa et al., (2023) also confirms that declining service quality is often related to weak implementation of medical committee functions, both in terms of fostering professionalism and maintaining consistent application of clinical standards. This condition illustrates the need for stronger clinical management reforms to ensure that medical committees are not merely formal structures, but institutions that truly play a role in ensuring the quality of hospital services.

Globally, the role of medical committees as drivers of clinical governance has become a crucial indicator in hospital accreditation. An effective clinical governance model demands transparency, ongoing clinical audits, and data-driven evaluation mechanisms to ensure service quality(Amaral & Norcini, 2023). In developed countries, medical committees function as an independent professional oversight system that synergizes with hospital management. Meanwhile, in Indonesia, challenges include limited resources, inadequate training for committee members, and weak integration of clinical quality data. Therefore, strengthening the function of medical committees is crucial to adapting to the demands of a modern, evidence-based service system and patient safety(Deritana et al., 2023).

The urgency of research into the effectiveness of medical committees is growing as pressure on hospitals to provide efficient yet high-quality services increases. In the era of the National Health Insurance (JKN), hospitals face increasing workloads and limited resources, which can threaten service quality if not balanced with good clinical governance. Medical committees play a strategic

role in ensuring a balance between operational efficiency and clinical quality, as they can objectively assess the competence and professional behavior of medical personnel through credentialing and peer review mechanisms. This makes research into the effectiveness of medical committees not only relevant but also urgent in addressing the need for healthcare management transformation in Indonesia.

Furthermore, the success of the medical committee in carrying out its role not only impacts the quality of medical services but also increases public trust in hospital institutions. Research by Tadda et al., (2022) shows that an optimally functioning medical committee can improve patient satisfaction by strengthening clinical supervision and implementing patient safety-based care standards. Weak oversight, on the other hand, can lead to the risk of malpractice, ethical conflicts, and a decline in public trust in medical institutions. Therefore, an in-depth evaluation of the effectiveness of the medical committee is necessary to ensure that every medical service process truly runs according to the principles of quality assurance and continuous improvement.

In line with this urgency, this study focuses on Dr. Pirngadi Regional General Hospital, Medan, as one of the main referral hospitals in North Sumatra. Based on initial observations conducted by researchers in 2024, patient complaints were found regarding aspects of service speed, communication between healthcare workers, and consistency of service quality between units. This indicates the potential ineffectiveness of the medical committee's function in overseeing service standards and the professionalism of medical personnel. Therefore, an in-depth study is essential to assess the extent to which the medical committee contributes to improving service quality and strengthening the clinical governance system at the hospital.

This study aims to comprehensively analyze the effectiveness of medical committees in improving the quality of hospital services, identify factors influencing their success, and provide strategic recommendations for strengthening clinical management in the future. Although numerous studies on medical committees have been conducted, most have focused on structural and normative aspects, while aspects of implementation, professional dynamics, and the socio-organizational context in regional hospitals are still rarely studied. Therefore, this study is expected to fill this scientific gap and serve as a reference for policymakers and hospital management in strengthening clinical governance oriented towards quality and patient safety.

## METHOD

Based on the background of this study, a qualitative descriptive study was used to describe in depth the role of the medical committee in improving the quality of services at Dr. Pirngadi Regional General Hospital, Medan City. This study was conducted at Dr. Pirngadi Regional General Hospital, Medan City, North Sumatra Province, from July to August 2025, taking into account that this hospital is one of the regional referral hospitals that has an active medical committee structure and involves various health workers in managing clinical governance. The research informants were determined using a purposive sampling technique based on the criteria of direct involvement in medical committee activities and clinical services. The number of informants consisted of four people, namely one member of the medical committee as a key informant, one implementing physician as a primary informant, one nurse as a supporting informant, and one patient as an additional informant. This number was considered adequate because it had reached the point of data saturation, where no new information emerged from the last interview.

Primary data were obtained through direct observation, in-depth semi-structured interviews, and documentation of medical committee activities and hospital services. The research instrument was a semi-structured interview guide containing open-ended questions to explore informants' perceptions, experiences, and views regarding the implementation of the medical committee's functions, the obstacles encountered, and its contribution to improving service quality.

Observations were made of clinical service activities, interactions between health workers, and the implementation of policies related to the medical committee's functions. To ensure the validity and legitimacy of the data, this study used source and method triangulation techniques, namely by comparing the results of interviews, observations, and supporting documents to obtain a complete and credible picture. The collected data were then analyzed using an interactive analysis approach that includes the stages of data collection, data reduction, data presentation, and conclusion drawing and verification. The analysis process was carried out simultaneously from the beginning of data collection to the final stage of the study.

## RESULTS

As a referral hospital and teaching hospital owned by the regional government, Dr. Pirngadi Regional Hospital faces a high level of complexity in the provision of medical services. In this context, the Medical Committee plays a strategic role as a functional institution that regulates, supervises, and evaluates medical practices to ensure they comply with professional standards and patient safety

principles. The Medical Committee is also responsible for the credentialing process, medical audits, and fostering the professionalism of medical personnel through continuing education and scientific activities.

Dr. Pirngadi Regional General Hospital (RSUD) is a regional government-owned hospital that serves as a referral hospital in Medan City. As a teaching hospital, this facility offers a highly complex range of medical services, ranging from general case management to advanced referrals. In this context, the Medical Committee plays a central role as the body that regulates, supervises, and evaluates medical practices within the hospital, in accordance with applicable laws and regulations. The Medical Committee is

responsible for ensuring that medical personnel possess appropriate competencies, adhere to standard operating procedures (SOPs), and conduct regular medical audits to improve service quality. Furthermore, the Medical Committee is expected to facilitate continuing education, organize scientific meetings, and supervise new medical personnel.

However, preliminary findings from this study indicate that the Medical Committee's role is not yet fully optimized in all these areas. Some aspects, such as continuing education and organizing scientific meetings, remain limited, while medical audits remain the most dominant activity.

Table 1. Synthesis of Interview Results and Information Regarding the Role of the Medical Committee in Improving Service Quality at Dr. Pirngadi Regional Hospital Medan

Aspect	Key Informant (Dr. M)	Key Informant (Dr. Z)	Supporting informant (Patient)	Regular informant (Nurse)
Medical Audit	Implemented by inviting all relevant parties, focusing on solutions	The principle of no name, no shame, no prosecution, audit results accompanied by RTL	Not involved	Participate as a supporter, providing input from the nursing side
Scientific Meeting	There is no routine program, usually by Diklat	Implemented in each department, the Committee only issues credentials	Not involved	Usually by the Training or Nursing Committee, rarely involved by the Medical Committee
Continuing Education	Never submitted or participated in compiling a program	Only a recredential letter to continue education	Not involved	Participate in programs from the Nursing Training/Committee, there are not many cross-professional activities
Proctoring	Only credential process, orientation is done by medical services	Supervision by senior/contract consultant	Not involved	New nurses are accompanied by seniors, coordination with doctor proctors is beneficial
Input	Improve rewards, reduce workload, add facilities	Add training, tools, materials, synergy with management	Improve facilities and cleanliness	Increase collaboration between the Medical & Nursing Committees, improve supporting facilities

Based on the results of in-depth interviews summarized in the table above, it appears that the implementation of the Medical Committee's role at Dr. Pirngadi Regional General Hospital, Medan City, has been quite successful, particularly in the aspect of medical audits, which are carried out routinely and collaboratively. However, several other areas, such as scientific meetings, continuing education, and proctoring for new medical personnel, remain suboptimal. Furthermore, informants highlighted the need for improved facilities, incentives, and synergy between units to strengthen service quality. To further understand the factors influencing the effectiveness of the Medical Committee's role, a Fishbone Diagram analysis was conducted, as presented in the following section.

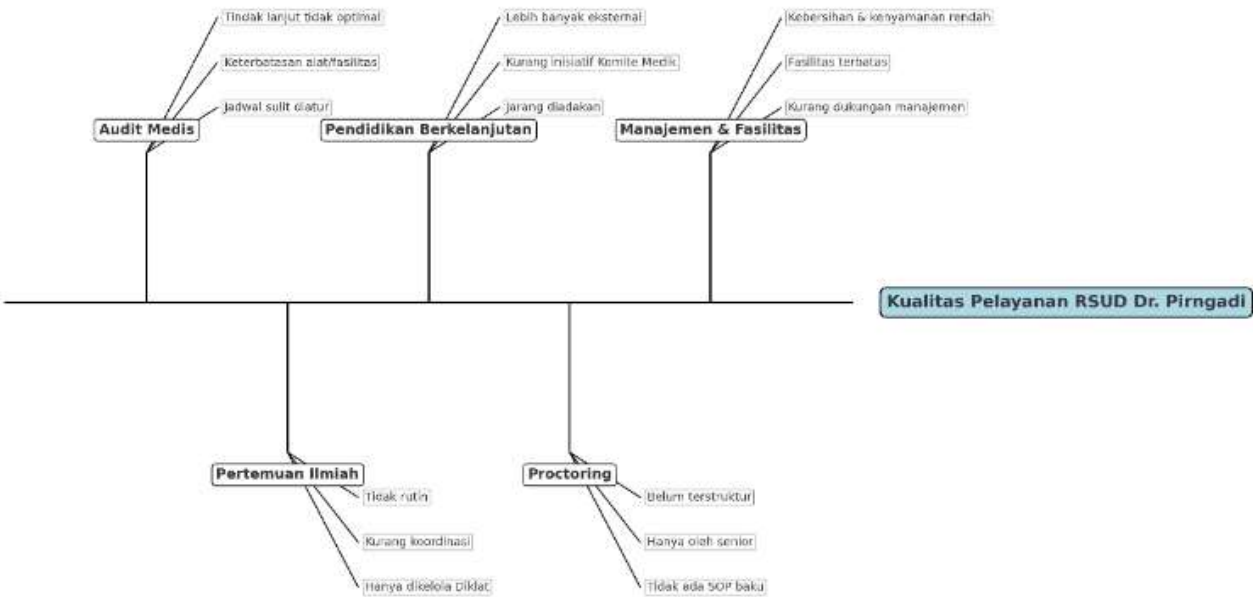


Figure 1. Fish Bone Diagram Information Regarding the Role of the Medical Committee in Improving Service Quality at Dr. Pirngadi Regional Hospital Medan

Based on the fishbone diagram depicting the causal factors influencing service quality at Dr. Pirngadi Regional General Hospital, it is clear that the role of the Medical Committee still faces various structural and managerial challenges. Regarding medical audits, although they have been carried out routinely, their implementation has not been fully optimized. Obstacles such as difficulty scheduling doctor appointments, limited medical facilities, and inconsistent follow-up on recommendations are the main challenges. This indicates that medical audits have not been fully capable of producing sustainable improvements in service quality.

Regarding scientific meetings and continuing education, the weakness lies in the Medical Committee's lack of initiative in organizing regular scientific activities. Scientific meetings tend to be managed by the Education and Training Division or individual departments, while continuing education programs are largely sourced from external sources. This situation indicates that the Medical Committee is not yet functioning optimally as a driving force for improving the competence of medical personnel in the hospital.

Another important factor is proctoring. Research shows that mentoring for new medical personnel is unstructured and informal, generally conducted only by senior doctors without established standard operating procedures. Consequently, the proctoring process is unable to systematically ensure the consistency of competency in new medical personnel.

In addition to internal factors, management support and facilities also play a significant role in service quality. Limited infrastructure, lack of improvements to supporting facilities such as

bathroom cleanliness and waiting room comfort, and minimal support for the Medical Committee's recommendations are serious obstacles To

improving service quality.

Overall, the fishbone diagram shows that service quality at Dr. Pirngadi Regional Hospital is influenced by multidimensional factors, including clinical governance by the Medical Committee, managerial support, and hospital facilities. This confirms that quality improvement efforts cannot be optimal if they rely solely on the Medical Committee. Strong synergy between the Medical Committee, hospital management, and adequate facility support is required to ensure sustainable service quality improvement.

Discussion

The results of this study show that the role of the Medical Committee at Dr. Pirngadi Regional General Hospital in Medan City is currently still focused on implementing medical audits, with active involvement in discussing cases requiring evaluation, particularly those related to patient deaths or complaints from patients' families. The mechanism for implementing medical audits at this hospital, which is implemented with the principle of no name, no shame, no prosecution, bears similarities to the results of a study by (Hekmat et al., 2015) which found that hospital committees that adopt a non-punitive approach tend to create an environment conducive to quality improvement. This approach encourages medical personnel to actively participate without fear of personal sanctions, thus maintaining the focus on improving systems and procedures.

Compared to the research by Ningsih et al., (2023)the medical audit function at Dr. Pirngadi

Regional General Hospital (RSUD) aligns with the basic concept of medical audit as an instrument to evaluate the compliance of services with standard operating procedures (SOPs). However, as Kartika Ningsih discovered in her research, the biggest challenge in medical audits is not only implementation but also the ongoing follow-up of audit recommendations. In the context of this research, the same problem is apparent: not all recommendations can be immediately implemented due to limited resources, facility support, and limited medical staff time.

The phenomenon of limited implementation of the Medical Committee's functions was also reported by Wulandari & Utama, (2020), who studied clinical governance at Deli Serdang Regional Hospital. They found that although medical audits were conducted routinely, the Medical Committee's role in continuing education, competency development, and the development of new medical personnel was still suboptimal. This situation is almost identical to the situation at Dr. Pirngadi Regional Hospital, where training and scientific meetings are primarily conducted by the Education and Training Division or individual departments, rather than directly by the Medical Committee.

Yennie et al., (2018) research in Jambi Province also revealed a similar pattern: the Medical Committee's role in clinical governance is often limited to administrative and evaluation activities, while initiatives to facilitate the development of medical personnel competencies remain limited. Ayuningtyas emphasized that the Medical Committee should be the driving force behind ongoing education to maintain and improve the quality of medical services.

Regarding proctoring, this study found that the mentoring mechanism for new doctors at Dr. Pirngadi Regional Hospital relies primarily on senior doctors or external consultants, using a relatively informal approach. This aligns with the findings of Lande & Gorda, (2023), who highlighted the weakness of the proctoring system in many hospitals, primarily due to the lack of standard operating procedures (SOPs) and a structured evaluation system. Lande & Gorda emphasized that without formal guidance, the proctoring process risks being inconsistent and poorly documented, thus undermining the goal of ensuring the competence of new medical personnel.

From the perspective of the relationship between the Medical Committee and hospital management, this study supports the conclusions of (Marpaung & Sara, 2022), who found that successful resolution of medical problems and improvement of service quality depend heavily on synergy between the Medical Committee, hospital

leadership, and other related units. At Dr. Pirngadi Regional Hospital, this support is evident in the medical audit process, but in other aspects, such as the implementation of continuing education programs and facility improvements, this support still needs to be strengthened.

The patient feedback aspect in this study also has strong relevance to the study by Rosianna et al. (nd), which emphasized that the quality of hospital services is not only measured by the success of medical procedures, but also by the comfort and adequacy of facilities. Patient complaints regarding bathroom cleanliness and a malfunctioning fan in the waiting room indicate gaps in support services that can affect patient perceptions of service quality.

The nurse informant's perspective reinforces the finding that the success of medical audits depends not only on physicians but also on the role of nurses as direct service providers to patients. Nurses' involvement in medical audits allows for the identification of cross-professional service issues, such as medication administration coordination, vital sign monitoring, and completeness of medical records.

This aligns with Minister of Health Regulation Number 49 of 2013 concerning the Nursing Committee, which emphasizes the importance of collaboration between the Medical Committee and the Nursing Committee in ensuring service quality. As in the study by Hajibabae et al., (2016) cross-professional synergy in clinical audits increased the effectiveness of improvement recommendations. Furthermore, nurses' input highlighted the lack of nurse involvement in scientific meetings initiated by the Medical Committee. This situation is similar to the findings of Wulandari & Utama, (2020), which found that competency improvement programs often operate separately across professions, limiting opportunities to build shared understanding in clinical governance.

The nurse informant's suggestion regarding strengthening cross-committee collaboration is in line with the research results of Maleki et al., (2015), which emphasized that role integration between medical and nursing staff can increase hospital productivity and patient satisfaction.

From an international perspective, Maleki et al., (2015) confirmed that hospital productivity is positively correlated with the functioning of internal committees, including the Medical Committee, in carrying out strategic roles such as quality control, continuing education, and facility improvement. This indicates that Dr. Pirngadi Regional Hospital still has significant room for improvement to achieve optimal productivity standards.

Overall, compared with previous studies, the results of this study reinforce the general

picture that Medical Committees in regional hospitals in Indonesia tend to be effective in their medical audit functions but face significant challenges in expanding their roles to other areas. These challenges, as noted by Hajibabae et al., (2016), include limited human resources, insufficient budget allocation, and weak integration of internal hospital policies. This study contributes by confirming that without full support from top management, the Medical Committee's strategic functions beyond medical audits will struggle to function optimally.

## CONCLUSION

The research findings suggest that the Medical Committee's role in improving service quality at Dr. Pirngadi Regional General Hospital in Medan City has been ongoing, but has not yet achieved optimal effectiveness across all functional areas. Medical audits have been conducted routinely, involving various parties and using constructive evaluation principles. However, follow-up to audit results still faces challenges in terms of resources, cross-unit coordination, and time constraints. Scientific activities and continuing education for medical personnel have not yet become fully structured programs under the coordination of the Medical Committee. Scientific meetings are mostly initiated by the Education and Training Division or respective departments, while continuing education still relies on external activities and individual initiatives. Furthermore, proctoring for new medical personnel remains informal without standard guidelines, so the competency development process has not been carried out systematically and well-documented.

Overall, these findings suggest that strengthening the Medical Committee's function is necessary through optimizing follow-up-oriented medical audits, developing a structured continuing education program, and implementing a more formal and measurable proctoring system. These efforts are expected to strengthen clinical governance and encourage continuous improvement in the quality of healthcare services at Dr. Pirngadi Regional General Hospital in Medan City.

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