



Hospital Credentialing at a Private General Hospital in Depok, Indonesia (A Qualitative Study)

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Abstract. Credentialing is a formal activity used by hospitals to assess the performance of doctors by thoroughly reviewing the suitability of their competencies, supported by relevant and validating documents. Consequently, hospitals must establish a robust credentialing implementation system to uphold the esteemed reputation and credibility of both the medical staff and the institution. This study aimed to comprehensively elucidate the various components of credentialing activities, which encompassed the collection of application documents, process of assessment, issuance of clinical authority letters, and archival of relevant documents. Furthermore, it was conducted in a private hospital in Depok City, West Java, and a qualitative approach was used. The key informants in this investigation were the Chairperson of the Credentialing Sub-Committee, the Head of the Medical Division, the Medical Secretary, and the Doctors who played pivotal roles in the direct implementation of credentialing activities. Technical analysis was carried out by analyzing information using content analysis and the data were triangulated, including source and method triangulation. The results showed that the credentialing system had been well implemented, but there were some challenges and obstacles. The hospital had a policy that regulated this system and was stipulated in the Minister of Health Regulation Number 755 of 2011. There were observed shortcomings in the credentialing file record system but the hospital must develop comprehensive and detailed technical implementation strategies in line with the applicable policy. This measure aimed to regulate the course of credentialing activities, ensuring their effective and efficient execution based on the available resources of the hospital.

Keywords: Hospital Credentialing, Hospital Administration, Hospital Archive System.

1. Introduction

Hospital is required to create technical guidelines to ensure that the credentialing process can be executed in a unified location and within a single session, enhancing the effectiveness and efficiency of the assessment process. This entails conducting thorough risk assessments, identifying and managing patient-related hazards, reporting and analyzing incidents, fostering a culture of learning from these occurrences, and implementing effective solutions to minimize risks. To uphold patient safety, healthcare

professionals involved in providing services are required to show the utmost professionalism and possess a high level of accountable competencies [1].

Professional behavior refers to actions performed under competency standards and medical professionalism upholds patient safety as the supreme law of the physician's duty. A doctor should recognize primary responsibility to patients, the community, other healthcare professionals, and oneself [2]. In this situation, medical practice demands competency and authority based on scientific knowledge, skills, and professional attitudes. In making ethical clinical decisions, a doctor is responsible for moral judgments to ensure patient safety [3].

The credentialing process is an evaluation to grant clinical privileges to healthcare providers to perform specific clinical procedures. This authority is granted by the hospital after the individual meets document requirements, such as a clinical privilege list, and receives peer recommendations. In this process, the hospital's sub-credentialing committee assesses the alignment of competencies with documents issued by official bodies. A clinical appointment letter is received when a doctor or healthcare provider is deemed to possess specific competencies. The clinical privileges should be subjected to periodic reviews to maintain the quality of services provided by each healthcare professional [4].

The hospital has been providing healthcare services to the community for over 20 years. Therefore, the quality of its services needs to be maintained by ensuring that the staff providing medical care are credentialed. In conducting their practice, the medical staff should have a clinical appointment letter obtained through the credentialing process. Without a clinical appointment letter, medical staff is not allowed to provide healthcare services. The credentialing activities should be performed periodically for two main reasons, namely competency certificates can expire, and the health condition of the doctors can change. However, the completeness of the credentialing documents for each doctor is not uniform. Some doctors do not have a complete credential assessment and already received a Clinical Appointment Letter (CAL). The incompleteness of the credentialing documents in the hospital's record system can have an impact on future accreditation activities. The documents can serve as evidence of accountability in case of errors during the provision of healthcare services by doctors. Therefore, this study aimed to identify the factors causing the incompleteness of the credentialing documents using an input-process-output approach.

2. Methods

This study was conducted at a private hospital management unit located in Depok City from February to May 2023 using secondary and primary data. Secondary data were obtained by collecting the names of doctors with their specialties and data related to the completeness of credentialing or recredentialing processes from 2017 to 2021, as well

as the services provided by the hospital's Management Unit. Additionally, the data were obtained through the applicable Standard Operating Procedures at the hospital. Primary data were collected through observations and interviews to gather information related to the study.

The method used a qualitative approach with a case study design. The data collection technique employed was content analysis, where the interviews were conducted with six informants. This included the Chairman of the Credentialing Sub-Committee, the Head of the Medical Department, the Medical Secretary, and doctors practicing at Bunda Margonda Hospital. Subsequently, the results of the interviews were compared with theories and literature studies.

3. Results

Informant Characteristics. The interviews were conducted to gain an in-depth understanding of the implementation process of credentialing and recredentialing activities at Bunda Margonda Hospital with three informants. These informants played a role in the credentialing activities, particularly in the execution and documentation processes.

Table 1 Informant Characteristics

Informant	Gender	Position	Length of Service (Year)	Education
1	Male	Chairman of the Credentials Sub Committee	9	Specialize I Internal Medicine
2	Female	Head of Medical Division	1	Master of Hospital Management Diploma III of Hospital Administration
3	Female	Medical Secretary	2	Doctor Profession
4	Female	General practitioners	3	Specialize I in Neurology
5	Female	Neurologist Specialist Doctor	1	Specialize I in Orthopedics
6	Male	Orthopedic Specialist Doctor	3	

Input into the Hospital Credentialing System. To gain an overview of the input into the hospital credentialing system, interviews were conducted by categorizing questions using the 5M method (Man, Materials, Method, Money, Machine). In general, the stakeholders included the Hospital Director, Head of the Medical Department, Medical Secretary, Chairman of the Medical Committee, Credentialing Sub-Committee, and peer groups or peer reviewers. Before the credentialing process, doctors were expected

to fulfill the requirements for the Clinical Assignment Letter. These requirements included a Letter of Application, Curriculum Vitae, Certificate of Registration (STR), Last Diploma, Verification of STR and Diploma, Academic Transcripts, Competency Certificates, and an Annex of a Detailed Clinical Privileges List (Self-Assessment). The hospital referred to the Standard Operating Procedure, which was adjusted according to the Minister of Health Regulation (PERMENKES) No. 755 of 2011, as the reference for the credentialing process. The funding was only allocated for the transportation costs of the assessment team, while the hospital was responsible for providing the necessary facilities and infrastructure. After conducting in-depth interviews, several challenges were found in the 5M aspects.

Table 2 Credential System Input Constraints

Themes and Sub-Themes	Interview Excerpt
Man Medical Secretary Jobdesc Overlap	<i>"Since there is no medical committee secretary role, I am responsible for all administrative credentialing activities. It is difficult to divide my time between being a medical administrator and a medical secretary." (Informant 3)</i>
Materials The hospital does not have detailed files of clinical authority for all types of doctor specialties	<i>"The hospital does not have all the detailed documents of clinical privileges for each specialist. If it involves a new specialization, the hospital needs to communicate with the candidates, and this process often takes a long time." (Informant 2)</i>
Method Implementation instructions are not regulated in detail	<i>"The credentialing assessments are not conducted simultaneously, the activities are repeated and we have to wait for each other, sometimes disrupting patient care if we have to visit the clinics." (Informant 4)</i>
Money Transportation costs	<i>"The hospital provides funding in the form of transportation expenses." (Informant 1)</i>
Machine Facilities and infrastructure	<i>"The hospital has good facilities and infrastructure." (Informant 2)</i>

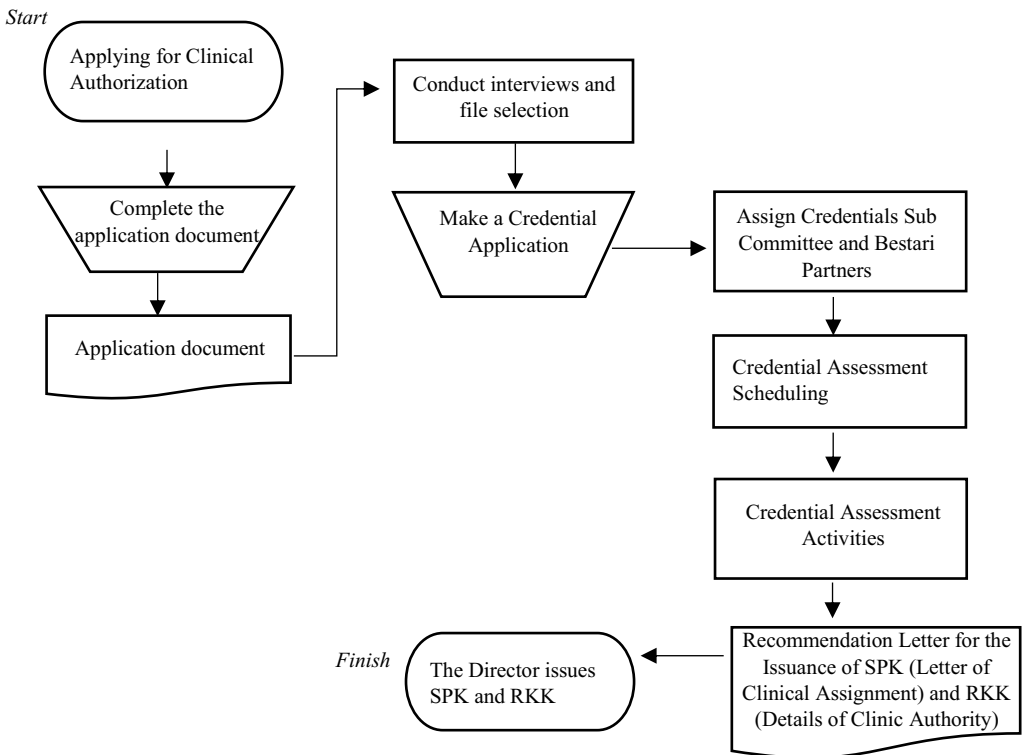
The Hospital Credentialing Process. Interviews were conducted with 3 doctors who applied for clinical privileges and were subjected to the credentialing process to understand the actual implementation of the activities. From the information provided, the process was divided into the document collection stage, followed by scheduling, and assessment.

"The first step is collecting the required documents before credentialing, then scheduling with the credentialing team, and conducting the assessment. The assessment forms are managed by the management." (Informant 4)

"After all the documents were complete, the credentialing assessment was scheduled." (Informant 5)

"I applied to the credentialing subcommittee through the secretary, then I received an invitation for the credentialing assessment." (Informant 6)

The information obtained aligns with the Standard Operating Procedure (SOP) in the hospital, which is under the process outlined in the Minister of Health Regulation 755 of 2011. The flow of the credentialing process is depicted through a flowchart as follows:



Output of Hospital Credentialing. Observations were made on all the file record in the hospital's storage to determine the number of completed credentialing files. Besides, the completeness of recredentialing and additional credentialing files was also examined. In the hospital's file record, there were a total of 103 doctors.

Table 3 Percentage of File Record Completeness

Activity	File Status			
	Complete		Incomplete	
	N = 103	%	N = 103	%
Credentials	21	20	82	80
Recredential and Additional Credentials	62	60	41	40

Based on Table 3, 21 doctors, or 20% of the total medical staff in the hospital, completed the credentialing files. However, 82 doctors, or 80%, do not have completed credentialing files. A total of 62 doctors, representing 60%, have complete recredentialing and additional credentialing files. There are also 41 doctors, or 40%, who do not have complete recredentialing and additional credentialing files.

"Many doctors have not reached the period to conduct recredentialing or additional credentialing." (Informant 2)

The primary reason for the incompleteness of recredentialing and additional credentialing files among the majority of doctors is that they have not yet reached the timeframe required to undertake these activities. Recredentialing is conducted three years after the initial credentialing activity, while additional credentialing is carried out when a doctor acquires additional competencies.

4. Discussion

The implementation of the credentialing system in the hospital is based on Minister of Health Regulation No. 755, which was issued in 2011 and specifies the establishment of the Medical Committee in Hospitals. In terms of organization, the Medical Committee in a private hospital in Depok City has played a role in implementing governance to ensure the professionalism of the medical staff. However, in its implementation, there is no specific sub-section responsible for credentialing authority. The credentialing sub-committee, present in the medical committee, is the main instrument in determining the clinical authority of medical practitioners. The credentialing sub-committee is tasked with declaring that the respective doctor is competent to provide the required services. Therefore, the presence of a credentialing

sub-committee in the hospital is necessary to ensure the professionalism of medical personnel [5].

Credentialing files should be integrated into the online file unit and in the verification process, physical files are no longer required. Accordingly, when incidents such as the COVID-19 pandemic occur, the filing activities can be accommodated effectively. There is a system that can monitor the authenticity of files during the credentialing assessment process without the need for additional filing activities. This process is well-regulated but burdensome for both doctors and administrators. In most cases, doctors spend time preparing and presenting a complete set of physical credentials requested by the management. The management verifies the authenticity of the documents through physical examination and makes the necessary copies for archiving. Consequently, the hospital's credentialing system can be made more effective by simplifying the activity and filing system to reduce the workload of the personnel involved [6].

In its implementation, the credentialing activities in the hospital use generic instruments applied to all groups of medical staff and have not been designed based on the specificities of medical professions. The Medical Staff Group is a non-structural entity consisting of several functional positions, including doctors, dentists, specialists, and dental specialists. According to the policy of the health department, hospitals should provide services under clinical pathways or guidelines for doctors in providing appropriate care [7].

In the output of the credentialing process, there is a high level of incompleteness in credentialing files. The file management system has not been prioritized compared to clinical care actions considered more critical. The lack of attention to archiving activities can reduce the efficiency of hospital performance, and incomplete files can jeopardize the protection of staff and patients. Meanwhile, well-managed personnel records enable the hospital to produce accurate, easily accessible, and well-organized information [8].

The credentialing assessment document contains assessment criteria divided into three categories. The first assessment is on ethics, followed by knowledge, and skills assessment. After the assessment is completed, there is a conclusion column indicating whether clinical authority can be granted to the candidate doctor. The credentialing process entails a comprehensive evaluation of a practitioner's background to verify the possession of requisite competence and qualifications to deliver the necessary care [9].

The optimal credentialing process should be centralized, streamlined, and completed in a single location and timeframe. This approach enables reviewers to maintain a greater level of objectivity when evaluating medical staff based on their portfolios. Moreover, centralization allows the consolidation of administrative procedures, resulting in more efficient and time-effective completion of the process. The internal environment, such

as leadership and culture in the hospital, impacts the decision-making process in the implementation of credentialing. Assessing individuals' experiences directly and simultaneously can significantly enhance the ability to make more effective decisions in the process of credentialing assessment [10].

5. Conclusion

In conclusion, the overall credentialing system was operating effectively regarding output. Certain challenges persisted concerning the adequacy of human resources responsible for the implementation of credentialing administration. The hospital did not have instruments based on each group of medical staff, and no guidelines regulated the technical aspects of credentialing. Therefore, the addition of a medical committee secretary responsible for credentialing administration and the development of instruments accommodating each group was necessary. The hospital should formulate technical guidelines to ensure that the credentialing process could be executed in a unified location and within a single session, thereby enhancing the effectiveness and efficiency of the assessment process.

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