

LEGAL RESPONSIBILITIES OF THE SERVICE CITY HEALTH CENTER EMERGENCIES TIGHT TO PATIENT SAFETY INCIDENTS

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Abstract: This research was conducted to examine the legal responsibilities of Tegal City health centers in providing emergency services for patient safety incidents. The focus of this research is on emergency services that operate 24 hours. This research is closely related to legal risks arising from potential patient safety incidents that can occur at any time. This is an important concern considering that emergency services have a high level of risk. This research method adopts a positivism paradigm with an empirical and qualitative juridical approach. Data was collected through field observations with the head of the community health center, health workers in the emergency department, doctors, and the PMKP team. Data analysis is carried out by comparing operational standards, patient safety quality standards with the reality of services and systems that are running well, through interviews or direct observation in the service. Observations include risks in emergency services related to identifying patient safety and legal risks that could occur. The results of the research show that the quality standards for patient safety in the community health centers which are the object of research have not been fully achieved, so this could give rise to legal risks. Improvements in facilities, infrastructure, quality of human resources are needed, education needs to be carried out on understanding legal responsibilities, service responsibilities according to standards, and system improvements that ensure the implementation of emergency service standards and patient safety quality runs as expected. From this research, it is hoped that suggestions and input from researchers can be a constructive contribution to the community health center agency in order to improve service quality, safety and comfort for both staff and the community who use the community health center services.

Keywords: Legal Responsibility, Public Health Center emergency service standards, Patient safety incidents

I. INTRODUCTION

Health as one of human rights, every individual has the right to live a physically and mentally prosperous life, including the right to have a decent place to live and a healthy environment. These rights are recognized and regulated in the 1945 Constitution of the Republic of Indonesia, especially Article 28. This article states that every citizen has the right to live in prosperity in all aspects of life, including the right to receive adequate health services. Thus, the 1945 Law emphasizes the importance of protecting and fulfilling the basic rights of every individual in order to realize a dignified life.

Law Number 36 of 2009 emphasizes that every person has the right to health along with the right to obtain information and education about health in a balanced and responsible manner and this law has been updated to become Law Number 17 of 2023 concerning health which states that Health Services are a series of activities carried out directly for individuals or the community with the aim of maintaining and improving public health. According to Law Number 17 of 2023, it is stipulated that the Community Health Center (Puskesmas), Puskesmas, is the first level Health Service Facility which is responsible for the implementation and coordination of comprehensive Health Services.

These services include promotive, preventive, curative, rehabilitative and/or palliative aspects, with priority given to promotive and preventive efforts in the work area. Thus, the Puskesmas is directed to become a health service center that focuses on prevention and promotion of health within its area. One of the services provided within the scope of the Puskesmas is emergency and delivery ready services. This is part of the City of Tegal's commitment to provide complete and continuous facilities. provide better service.

Regulation of the Minister of Health of the Republic of Indonesia Number 47 of 2018 concerning emergency services explains that health facilities are facilities or locations used to carry out various types of health services, including promotion, prevention, treatment and recovery efforts. These services can be provided by the central government, regional government, or the general public. One of these services is emergency services.

Emergency services are medical procedures required by emergency patients immediately to save lives and prevent disability. Emergency services must be able to provide services 24 hours a day and seven days a week, meaning non-stop. Every Puskesmas emergency service must be based on multi-disciplinary, multi-professional and integrated criteria, with elements of leadership and execution, who have responsibility for carrying out services to patients with those in charge answered by a doctor who has full authority in the event of an emergency.

Puskesmas in Tegal City include Puskesmas A, Puskesmas B, Puskesmas C which have 24 hour emergency services with several doctors, several nurses and midwives who serve 24 hours a day. However, in the implementation of emergency services at existing community health centers, community health centers still do not meet the standard criteria set out in Ministry of Health Regulation number 4 of 2018, such as doctors who are not available 24 hours, the health facilities or equipment they have are not yet complete in accordance with service standards, because These limitations become obstacles, which will result in many gaps in negligence in the implementation of services.

This negligence can give rise to "potential service negligence" which causes "potential malpractice" or legal errors that can occur at any time. Health workers also have feelings of anxiety because they are afraid of making mistakes in providing services which will have a negative impact on services to patients and legal consequences, for implementers. There have been several previous studies regarding the impact of health services at community health centers/hospitals which can provide gaps in negligence which can result in harm to patients and non-compliance with the laws that have been established in Indonesia specifically regarding service responsibilities, including: Research regarding the Responsibility of Community Health Centers for Providing Expired Vitamins To Patients In view of the

Regulation of the Minister of Health of the Republic of Indonesia Number 74 of 2016 concerning Pharmaceutical Service Standards at Community Health Centers. Book III of the Civil Code, the approach method used is normative juridical, the research specifications in this research are descriptive analytical, the data collection technique in this research is a literature study and the analysis method in this research uses qualitative analysis methods. Then the results were obtained that there was negligence committed by the Pharmacist.

The pharmacist's actions are considered unlawful and the health center must be responsible for the pharmacist's actions. Puskesmas responsibilities based on Article 11 of the Regulation of the Minister of Health of the Republic of Indonesia Number 74 of 2016 concerning Standards of Pharmaceutical Services at Puskesmas can be subject to administrative sanctions, namely verbal warnings, written warnings, temporary suspension of activities, administrative fines. It can be concluded that the Community Health Center's responsibility is to provide compensation for losses which can be realized in the form of monetary compensation or treatment for losses suffered by victims (Jaenuddin, 2022).

The research focuses on hospital responsibility regarding negligence of health workers in providing emergency medical services. The research method used is normative juridical research. Findings from the study indicate that emergency medical services involve 24-hour emergency department efforts to provide first aid to patients, establish nursing diagnoses, and carry out life-saving efforts. The goal is to reduce disability and pain in patients. If there is negligence by health workers in carrying out their professional duties in treating medical emergency patients, the initial resolution can be done through mediation. However, if the negligence is intentional and can cause serious disability/injury or even death, then criminal sanctions may be imposed (Triana, 2022).

The case examples in this research show that there are still many aspects that need to be paid attention to in services which cause vigilance and attention for researchers. Several incidents in several health centers in Tegal City in emergency services almost caused KTD [unexpected events] and several services that caused a potential risk of infection.

For example, in patients with wire puncture wounds at the service, inappropriate service behavior is found, not cleaning the wound properly, the triage process, and assessment in emergencies are not carried out, causing negligence, delays in help or wrong management errors which can increase the risk of infection and the condition of the incident. not expected in emergency services.

The description of the background of the problem and previous research, a review of cases in the service, makes the reason that the service responsibilities of community health centers still need to be studied so that in this case, researchers through this research want to study the problems in the 24-hour emergency services of several community health centers in Tegal City, the responsibilities what laws are attached, look at the legal risks that can occur at any time.

II. RESEARCH METHOD

This research uses a positivism paradigm. Positivism means that researchers focus on studying phenomena objectively and scientifically finding explanations regarding the laws of cause and effect, so that humans can predict or control events. Qualitative research is a research method that produces data in the form of descriptions, both in the form of written and spoken words, regarding views and behavior that can be observed from individuals (Moleong, Lexy J, 2004). Research using qualitative methods analyzes primary data and secondary data qualitatively with the aim of gaining an in-depth understanding of the problems related to this research. This research uses an empirical juridical approach. Empirical juridical research is research with secondary data in the form of library materials supported by primary data in the field.

III. DISCUSSION

Legal Responsibilities of Community Health Centers in Emergency Services for Patient Safety Incidents

The results of interviews with Puskesmas employees regarding procedures for handling patients who experienced incidents at their respective Puskesmas include; Every health center already has quality management and management. patient safety or the PMKP team, based on interviews at the community health center, this community health center already has incident identification, monitoring and evaluation reporting. with a reporting system that can be evaluated in quality management. In certain conditions, the results of observations still found several situations in emergency services that were not in accordance with the Public Health Center in carrying out services, including: having a quality management team, patient safety management team/PMKP, having a service flow, namely SOP, having an incident identification and monitoring reporting system. and evaluation.

The results of observations and interviews in carrying out service duties. Emergency service procedures at community health centers, not all soups can be obeyed or not obeyed due to negligence on the part of officers, limited human resources, limited supporting equipment that is not yet owned, are complex factors causing service standards to not be implemented optimally. Likewise in reviewing cases of patient safety incidents, this can result in legal negligence, whether intentional or not, and can be detrimental to service recipients or officers and agencies. The location of the space is adequate, that is, it is easy to access. The location of the space is adequate, namely that it is easily accessible to the public. The space area is classified as inadequate and the facilities and tools are not all available, such as tools that support aid services during emergency conditions at the health center, such as tools for checking saturation. oxygen for infants and pediatrics, emergency medicines which are not all available.

Compliance of Emergency Services at Community Health Centers with patient safety incidents with Regulation of the Minister of Health of the Republic of Indonesia Number 47 of 2018

Patient Safety Incidents, abbreviated as Incidents, include any event or condition that is unintentional and has the potential to cause preventable injury to a patient. Types of incidents in health care facilities include Potential Injury Conditions (KPC), Near-Injury Events (KNC), Non-Injury Events (KTC), Unexpected Events (KTD), and Sentinel Events.

Minister of Health Regulation Number 11 of 2017 concerning Patient Safety, in article 19, states that health service facilities are required to report incidents online or in writing to the National Patient Safety Committee (KNKP). KNKP is a functional institution that is under the coordination of the Directorate General and is directly responsible to the Minister of Health. KNKP's task is to improve the quality and safety of patients in health service facilities

Emergency services at Community Health Centers related to patient safety incidents, as regulated by the Regulation of the Minister of Health of the Republic of Indonesia Number 47 of 2018, can be said to be not fully compliant. The Community Health Center which was the focus of the research did not fully comply with all the provisions stated in the regulation. As a result, implementation has become problematic at the Community Health Center. This is related to the discrepancy between what is mandated by the regulations of the Minister of Health of the Republic of Indonesia.

Legal responsibility of the Community Health Center for patient safety incidents in the Emergency Unit

Based on the results of the interview, if the Puskesmas does not comply with procedures starting from the doctor or nurse in carrying out emergency services, it results in patient harm, then the head of the Puskesmas will receive a verbal warning, written warning, administrative fine and license revocation. However, if the health worker deliberately does not have the knowledge and takes action. without procedures and causing harm to the patient, these sanctions are the responsibility of the health worker in the form of criminal sanctions in the form of: a. verbal warning, b. written warning c. administrative fines, and/or d. license revocation. The parties authorized to provide administrative sanctions are the Central Government, provincial regional governments and district/city regional governments.

IV. CONCLUSION

Emergency services at Community Health Centers for patient safety incidents as regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 47 of 2018 can be said to be inappropriate because everything contained in the regulation of the Minister of Health of the Republic of Indonesia Number 47 of 2018 and standardization in patient safety quality cannot be fully implemented. From the results of interviews and observations at the community health center, the infrastructure is not adequate to provide emergency services that are operational 24 hours. Doctors are not yet available 24 hours, paramedics are not all able to carry out emergency procedures.

The responsibility of the Puskesmas refers to Health Law Number 17 of 2023. If there are health workers at the Puskesmas who commit unlawful acts in the implementation of health services, they will be subject to sanctions. If this negligence results in harm to the patient, the head of the Community Health Center will receive administrative sanctions, such as a verbal warning, written warning, administrative fine, and license revocation. For health workers who do not have competence and carry out emergency services in their own way, causing harm to the patient, the sanctions given to them are in the form of criminal sanctions. If there is evidence of a violation, they will be subject to criminal sanctions as regulated in Article 308 of the Health Law Number 17 of 2023

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