

# Accountability of Service Bureaucracy Emergency Installations (IGD) on General Hospital Makassar City Areas, South Sulawesi, Indonesia

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**Abstract:**-This type of Qualitative research approach through Phenomenology. Data collection was done through: observation, interview and documentation. The informant's research includes: (a) the leadership of the Provincial Hospital, (b) medical personnel, and (c) of the patient. Pengabsahan data using: credibility, transferability, dependability and conformability. Data analysis is used: data collection, data presentation, data condensation, and withdrawal of the conclusion.

The results showed that: (1) implementation of accountability performance of service bureaucracy IGD is (a) performance accountability is responsible for the handling of the IGD, (b) the legality of a formal performance accountability at central position, and the realization of the duties and functions of the medical personnel, (c) Accountability professional performance powered by the level of education of medical personnel with title of Doctorate; Master's degree; Bachelor's degree; Bachelor/Diploma; and ADMIN. Line and the adequate and extremely variable. (2) performance accountability of service bureaucracy in IGD reflects: (a) adequate Reliability performance yet. (b) performance of Tangibles embodies a sense of effort there is safe and comfortable. (c) Sameness personnel-medical response is quite sufficient, (d) Empathy performance almost all actions useful medical personnel, (e) the Assurance of performance adequate enough medical personnel, (f) Confidence performance, medical personnel loyalty towards the Office still need to be improved. Continuous integrity medical personnel belong to either. Integrity of normative medical personnel who have not been adequately give appreciation service, (g) Effectiveness of the performance has created the atmosphere and conditions are transparent, accountable, and democratic and (h) Quality performance identified five positive properties, namely: provide the best service, advice, motivating accommodate medical personnel, developing institutions, responsible, quality of facilities supporting the rising performance of medical personnel. and (3) the Proto-type of service improvement model IGD

reflects: (a) the Proto-type single delivery quality improvement and competencies, and (b) the Proto-type model of collaboration must – reflecting simply patient service flow and applicative.

**Keywords:**-Bureaucratic Performance Accountability, Performance Benchmarks, and IGD Services Prototype Models.

## I. INTRODUCTION

The General Hospital is the Regional public service agencies, in providing service to the public HOSPITALS should pay attention to international standards (ISO) in order to improve the quality of service. The improvement of the quality of service can be done by applying ISO standards 9001:2015 through the application of process approach that combines a cycle of Plan-Do-Check-Action (PDCA) and risk-based thinking.

The basic concept of PDCA and risk-based thinking as follows: (1) Planning (plan) set a target of the system and the process and the resources needed in order to deliver results in accordance with customer's requirements and policies of the Organization, as well as addressing risks and opportunities. (2) Do (do) apply what is planned. (3) Check (check) monitor and (if appropriate) to measure the processes and resulting products and services against the policies, objectives and planned activities and persaratan and report the results, and (4) Action (follow-up) take action to improve the performance of the process is necessary.

Quality management system standard ISO 9001:2015 is a capital standard quality management system consisting of PDCA and risk-based thinking is called Total Quality Management (TQM). TQM is a management system that elevates the quality as a strategy-oriented and business satisfaction customers by involving all members of the organization.

The more intense global competition, has prompted many organizations to implement TQM as one strategy to meet the needs of consumers. The PROVINCIAL HOSPITAL as a public service organization, has responsibility for providing health services in accordance with the quality standards of achievement of outputs in the form of satisfaction towards the excellent service quality can be one factor supporting the increase the degree of health for the community. Where, the increase in public health degree is one indicator of the realization of people's welfare in the country.

Health is a State of health, both physical, mental, spiritual and social events allows everyone to live a socially and economically productive. Health is an important element in human life, the fulfillment of health is one of the requirements to be met by human beings. In addition to basic needs, secondary and tertiary health care compliance, is key for human beings to run all activities and can eventually meet the three elements of human needs.

Man is a creature of the ranges against all kinds of diseases, health maintenance, therefore should also be supported by a good infrastructure and facilities. Health can be realized in a variety of activities/efforts of a series of activities that are done in a concerted, integrated and continuous improvement to maintain and increase the degree of public health in the form of disease prevention, increased health, treatment of disease, and restore health by the Government. Thus, health development goals to raise awareness, willingness, and ability to live a healthy life for everyone in order to manifest the degree of public health the high, as an investment for human resource development a socially and economically productive.

The Government established a provincial hospital as facilitators of community health service in order to accelerate the improvement of public health degrees. The existence of provincial hospital is extremely beneficial to help communities in need in order to obtain quick and proper treatment. The provincial hospital is a health services agency organizes health services individuals in plenary that provide inpatient, outpatient and emergency (Act No. 44 of the year 2009 of the hospital).

One of the sections in HOSPITALS that provide Emergency agencies are servicing which is the main road entry gerban emergency sufferers. Emergency clinical state of the patient who is in need of immediate medical action to rescue lives and further disability prevention. The Ministry of health to critical human rights daruratan is at once an obligation that should be given attention by everybody. The Government and the whole society is responsible for the maintenance and improvement of the quality of health services to the departments of emergency as a major part of health development so sporadic and have not pelaksanaanya system services structured. (Ministry of health of the Republic of Indonesia, 2004).

Case of emergency that should be rescued first, namely: chest pain, bleeding that can't be stopped, the pain is not unbearable, coughing blood or vomit blood, shortness of breath, impaired vision acute, diarrhea or vomiting violently and decline awareness. As for the criteria of patients based on the kegawat daruratan and the waiting time of service, namely:

1. Patients with categories and life threatening emergency requiring resuscitation were immediately given aid.
2. The patient will be dealt with in a time of 2-5 seconds.
3. Patients with emergency departments not category will be dealt with in time < 30 minutes.
4. Patients with emergency no criteria but have a history of chronic disease (non-urgent) will be handled within 60 minutes <.
5. Patients with emergency no criteria and had no history of chronic disease (false emergency) will be redirected to poli clinic and have to wait.

According to Moewardi (2003), one indicator of the success of the emergency medical relief of sufferers is the speed of an adequate to provide succor the sufferer both on the State of emergency routine daily or during disaster.

In the execution of the task and the work of health care professions, according to (Suriana, 2016) surely must have a purpose that is the same i.e. increase an outcome of good jobs and tasks as well as satisfy the patient who comes to seek treatment in accordance with what is expected of the patient so that the patient felt cared for.

But in fact what the purpose of the Government to provide health services to the community could not satisfactorily be realized to its full potential. The problems and complaints of dissatisfaction over the Ministry received the patient and family is the main problem that organizations often found in HOSPITALS. In addition to the issue of satisfaction, which further highlighted is the performance problems and these problems obviously connected with the quality of service the provincial hospital.

The problems and complaints of dissatisfaction over the Ministry received the patient or the patient's family is the main problem that organizations often found in HOSPITALS. In addition to the issue of satisfaction, which further highlighted the performance problem is bureaucracy and the problems certainly problem related to the quality of service the provincial hospital.

To improve the performance of the regional HOSPITALS needed some factor endowments such as organizational culture, organizational commitment and accountability of the bureaucracy. Accountability a good bureaucracy will boost regional HOSPITALS in providing health services to the community. This is because the bureaucratic accountability is

the power of the individual in the Organization to support the achievement of performance.

Performance assessment on the Organization of public health services in particular there are some indicators that are commonly used to measure the performance of public bureaucracies (Dwiyanto, 2011), namely: (1) productivity, productivity concept not only to measure the level efficiency, but also the effectiveness of the service. (2) quality of service, the issue regarding the quality of services are likely to become increasingly important in explaining the performance of public service organizations. (3) Response-sivines, is the ability of the Organization to recognize the needs of the community.

Regional General Hospital Makassar city is the only Government owned HOSPITALS Makassar city which has the facilities and capabilities of the medical service at least: four (4) basic specialist, four (4) medical support specialist, 8 (eight) and other specialist 2 (two) subspecialty Foundation, and is also a referral centre Gate North of the city of Makassar. With the number of patients each year reaching 135,418 people with the amount of power that existed in the year 2016 Makassar city HOSPITALS as much as 274 people, the number of doctors available i.e. 42 people, consisting of a general doctor, a specialist doctor 8 26 people and doctors the teeth of 8 people. The amount of power available at the PROVINCIAL HOSPITAL doctors Makassar city much more compared to other Government HOSPITALS. Thus this research is limited to akuntabilitas the performance of the bureaucracy with the aim to formulate a health care model prototype accountable.

## II. RESEARCH METHODS

### A. Location and time Study

This research was conducted in the city of Makassar, with the object of research is the regional General Hospital of the city of Makassar.

### B. Types and Research Approaches

This research is a descriptive qualitative research approach belongs, whereas the type of research used was phenomenological. This is intended to give description in a systematic, factual and actual against objects that are examined. According to Sugiyono (2005:1) research methods qualitative research methods are used to examine the conditions of natural objects, where the researcher as a key instrument. Engineering data collection done in a triangular nature of the inductive, data analysis and qualitative research emphasizes the meaning rather than generalities.

### C. Data sources and Informants Research

This research dijaring data source from the data source for the primary and secondary data in accordance with the proportion of research objectives. As for the source of the data then become resources qualitative and quantitative, are: (a) the Director of the PROVINCIAL HOSPITAL city of Makassar (b) the Deputy Director of the PROVINCIAL HOSPITAL, II (c) Kabid medical services, (d) nursing, Kabid (e) installation of Emergency Chief, Head of the Chamber (f), (g) IGD The Board of Trustees, IGD Nurses (h), (i) IGD, Nurse (j) the nurse IGD, and (k) the patient's family.

### D. Research Instrument

Qualitative research instrument is focused on the research about the Accountability of service Bureaucracy Emergency Installation at Regional public hospital Makassar city, which be described according the empirical data by using a qualitative approach. Research instrument is the researchers themselves. Researchers as an instrument of research using multiple fittings which include: (1) guidelines for interviewing, observation Guidelines (2), and (3) Note document.

### E. Data analysis Technique Research

This research used the qualitative approach, so that data analysis techniques are suitable for interactive analysis techniques used are as expressed by Miles & Huberman (2014) with the process of data analysis as follows: (1) Data collection (collection of data) (2) Data Condensation (condensation of data), (3) Data Display (presentation of data) (4) Conclusion/verification (verification and withdrawal of the conclusions).

## III. RESULTS AND DISCUSSION

### A. The Implementation of the Accountability of Service Bureaucracy Igd Makassar City Hospitals

#### a). Accountability of the Performance of the Bureaucracy

Results penelitianm in mind that well informant of the medical personnel and the medical as a maid, as well as of patients served, and the survey results and analysis of the documentation of the IGD, then researchers may conclude that; responsibility in the handling of emergency already carried out by medical personnel and the medical IGD, although still limited in responsibilities on the dimension of accountability. Also expected is the responsibility on the dimension of the obligationdan cause the third showed the role of medical personnel and the accountability obligation, i.e. medical and cause.

With regard to the accountability of bureaucratic performance researchers have conducted observations and document search results found that HOSPITALS were reinforced by the employees as much as 626 people with details as follows: (a) the Personnel status of CIVIL SERVANTS as many as 282 people, (b) personnel that is a labor contract as much as 228 people, and (c) personnel are volunteers as much as 116 people. As for the areas of its work are: (a) Isiotherapi as many as 11 people, (b) Labo-ratorium as many as 16 people, (c) Radiografer as many as 10 people, (d) Gizisebanyak 33 people, (e) 5, IPSRSsebanyak (f) Keslingsebanyak 11 (g) a total of 11 people, Laundry (h) Record medical as much 27 persons, (i) pharmaceutical as much 30, blood as much Bank (j) 5, Epidemiologi as much (k) 2 persons, (l) occupational health as much as 2 people, (m) PPI as much as 2 people, landscaper as much as 1 (n) and (o) PPATRS as many as three people.

#### *b). The Formal Legality of Bureaucratic Performance Accountability*

Various policy instruments in the form of legislation that became the basic rules (legal frame work), including: (1) Law No. 8 year 1999 on the protection of Consumers over the legal protection of the rights of the consumer in Indonesia, consumer (the patient) to be an important focus of both stakeholders as well as the leadership of hospitals to be more responsive to the needs of the patient and Hospital users, so built and maintained relationships between doctors, patients and managers home sick. (2) Act No. 36 of the year 2009 about health in Chapter 1 verse 13 of Preventive health services, verse 14 of Pelayana Curative Health, and paragraph 15 of Rehabilitative health care. Further in section 22, 33, 34, regarding the health care personnel have a minimum qualification, each direction of HIV health care facility patient 1st IGD must have the patient's health management competencies required, and IGD organizing individual healthcare management competencies required, governed by regulation of the Minister of health. (3) law number 44-year 2009 about the hospital, set up the leadership of a hospital should be effected with knowledge in the medical field as well as the management of the perumhaskitan (Health, 2009). Next, review the document further provides that the existence of the PROVINCIAL HOSPITAL, understanding Makassar city clearly and firmly set upon the issuance of the Permenkes number 971/Menkes/Per/XI/2009 on the competency Standards of structural Health Officials, as determination of the basic model of the competence of the leadership or the Manager of the Summit accord that mandated Law 44 years 2009. and (4) Kepmenkes RI number 856 year 2009 on standard Intalasi Emergency hospital, confirmed that the general principle of: (1) every hospital emergency services required to have have the ability: (a) Conduct the examination of the initial critical cases (b) Perform emergency resuscitation and stabilitasi (life saving). (2) Pela-yanan at IGD should be able to provide service 24 hours a day and seven days a week.

(4) a hospital may not request a cash advance at the time of handling emergency cases. (5) emergency Patients should be handled more than 5 (five) minutes after arriving at IGD. Next target achievement points B outlines the standards includes: (1) the Target achievement of the standard installation of emergency hospitals nationwide are a maximum of 5 years from the date of the decision letter of assignment (SK). (2) every Hospital can determine the target achievement of the target faster than the maximum close nationally. and (3) Plan the attainment and application of standard installation of emergency hospitals implemented gradually, based on the analysis of the capabilities and potential of the region.

#### *c). Accountability Professional Performance*

According the analysis of research data it is known that the potential of HUMAN RESOURCES adequate in terms of educational qualifications and the reality of HUMAN RESOURCES owned HOSPITALS enough available to provide services according to needs of the patient. contains of: (1) Physician Workforce consists of: (a) Doctors clinical pathology as much as 2 people, (b) Doctor orthopedi 2 person, (c) Urology Physicians as much as 2 people, (d) 1 person as much Anaesthetic Doctor, (e) digestive surgeon as much as 2 people, (f) Physician oncology 2 persons, (g) general practitioners as much as 13 the man, a dentist (h) a total of 10 people, (i) the child's doctor as much as 2 people, Doctor (j) disease in as many as 4 people, (k) the ENT Doctor as much as 3 people, (l) Dermatologist & Gender as much as two (m) Surgeon as much as 3 people, (n) Physician of nerve as much as 3 people, (o) eye doctor as much as 2 people, (p) Obgin Doctor as many as 6 people, (q) Radiology Doctor as much as 3 people, and (r) Doctor of the soul as much as 1 person, and (2) Berda Friday-sarkan field tasks are: (a) Isiotherapi as many as 11 people, (b) the Labora-thorium as many as 10 people, (c) Radiografe as many as 7 people, (d) Gizi as many as 15 people, (e) 5, IPSR as many as (f) Kesling as many as 6 people, (g) Laundry as much as 5 people, (h) Record medical as much as 7 persons, (i) Pharmacy as much as 30, Blood as much as Bank (j) 5, (k) Epide-miologi as much as 2 people, (l) occupational health as much as 2 people, (m) PPI as much as 2 people, (n) PPATRS as many as three people, (o) Nurses as much as 58 people, as many Areas (p) 28 people, and (q) Landscaper just 1 person. Thus the number of HR owned HOSPITALS Makassar city is as many as 260 people.

#### *B. Accountability of Service Bureaucracy Determinant Factor IGD Makassar city Hospital*

##### *a) Reliability (Reliability) the performance of the bureaucracy*

The speed of emergency service officers can be dijelaskan the existence of a division officer services and affixed in each room as well as emergency service unit at the PROVINCIAL HOSPITAL. This is intended to avoid the officer's negligence

in providing the service. On the schedule of service listed three goals/functions are: (1) Divide tasks evenly outside working time, (2) Divide tasks judged interesting or somewhat difficult, and varied tasks equitably among officers, and (3) divide the extra employment among the entire medical personnel and the medical on each unit of work. Thus, the application of politeness medical personnel and the medical emergency in the Ministry assumed that the service medical personnel and the medical emergency in HOSPITALS fairly reliably.

The reliability of the medical personnel and the emergency medical service can be assumed to medical personnel and the emergency medical HOSPITALS have not been adequately possibly in order to realize the granting of emergency services against patients.

*b). Tangibles (proven) Bureaucratic Performance*

The leadership of the hospital is responsible for: (1) the provision of a room and adequate facilities, (2) the supporting facilities and infrastructure Improvements, (3) environmental health examination and treatment rooms especially for patients, (4) the provision and management of clean water, as well as (5) Setup building and structuring of the hospital as a whole. To make it happen implementation efforts have to do a clean culture in the hospital.

Regarding with cleanliness may experience constraints, if not based on human nature. There are several ways that can be applied in realizing clean culture among other things: (1) give examples of the good, (2) to give a suitable stimulus, (3) and persuasive Approach lighting, and (4) Fostering and nurturing to all components of the hospital. It is necessary to have a method of the application of the net culture with emphasis on approaches, namely: (1) was carried out in a persuasive, (2) more encouraged, giving motivation than on the force, (3) Example of the formal leadership of the holder and officers of the hospital is the participation of the patient, the patient's family, (4) Awareness for the patient/patient's family against the attitude of responsibility and concern for the environment of the hospital in a clean and orderly, and (5) Create programs that support the culture of clean, beautiful, neat, orderly, harmonious and harmonious to the environment of a hospital that ultimately aims to bring about better service to patients/families of patients due to the implementation of the culture supported by a clean hospital.

*c). Responsiveness (responsiveness) Bureaucracy*

Delay emergency services to patients due to the density of the meeting schedule of the medical personnel and the medical emergency. But to anticipate the occurrence of patient complaints, then the officer still provide service although only partially served.

With regard to medical personnel and responsiveness of the medical emergency in the Ministry, according to the results of interviews with survey, then it can be assumed the medical personnel and the medical response was adequate enough HOSPITALS in emergency services in order to realize the the responsiveness of his Ministry's response to emergency patients.

*d). Emphaty (Empathy) the performance of the bureaucracy*

Almost any act committed officers IGD is beneficial to emergency patients. For that officer IGD make plans based on the knowledge service is valid and can be valid in General. The risks that may arise will be reduced minimal-probably while its benefits must be sufficient for patients.

Nevertheless, cultural responsiveness experienced constraints, since it is not based on the nature of service that is effective and efficient. There are four ways that can be applied in the embody the attitude of empathy towards patients among others: (1) give examples of the good, (2) Demonstrate an attitude of caring, (3) and persuasive Approach lighting, and (4) Fostering and nurturing to all components of the Provincial Hospital. It is necessary to have a method of the application of the culture at ease with emphasis on five approaches, namely: (1) was carried out in a persuasive, (2) more encouraged, giving motivation than on coercion, (3) Example of the formal leadership of the holder and officers of the PROVINCIAL HOSPITAL is the participation of the patient, the patient's family even more patients, (4) the establishment of self awareness for patients against an attitude of responsibility and concern for the environment comfortable and HOSPITALS regularly, and (5) Create programs that support a culture of comfortable, beautiful, neat, orderly, harmonious and harmonious environment in HOSPITALS that ultimately aims to bring about better service to patients.

*e). Assurance (Assurance) performance of the Bureaucracy*

HOSPITALS need to make party moral advocate caution use and provides services to patients in writing and tacked on the wall of room service at the PROVINCIAL HOSPITAL. As for the moral question, namely: (1) management services is one of the responsibilities of the medical personnel and the medical, and (2) the medical personnel and the medical emergency must be skilled, knowledgeable, and accuracy of the service, and (3) The delay of service can update the akibatkan loss of time for the patient.

Based on the moral messages can be defined that turned out to be the granting of fast service and appropriate it is important for the patient. This is a great satisfaction for patients when the emergency certificate has been received emergency service patients within not too long without adequate limits working hours (over the lot) appropriate Standard Operational Procedures (SOP) City HOSPITALS Makassar. Reality

according to search document showed that a number of files emergency petition still piled on top of Workbench medical personnel and the medical HOSPITALS. Thus the results of the research can be assumed that the medical personnel and the medical quite sufficient in providing guarantee service of emergency patients.

*f). Confidence (Trust) the performance of the bureaucracy*

Loyalty and its Office against medical still need improved. Some of the medical it is kind of difficult to expect. This happens due to a mutation system there is often not predictable. A the medical at anytime can be demoted to another unit without a known in advance by the concerned. As a result the a medical career in a particular work unit will be disconnected. These things can lead to apathy and loyalty appreciation does not give the Medic against the Office now.

Review of will not be concerned with its headquarters now in moved though without the increase of Office, feel heavy to leave the improvements this time though there is a desire for that matter, will not be disturbed if any mening-galkan work Currently, one of the reasons to keep working in its place now is the move will require much sacrifice other jobs are not necessarily providing benefits such as these, the Office gets to feel the consequences of principal leaving a job that now is sacrificing the opportunities that will come by this time, and worked for him was a necessity rather than desire, integrity continuous predictors of medical personnel and the medical IGD belongs either.

Agencies place work reserves the right to prosecute his loyalties, because this aspect still needs to improve work ethic compared to other aspects. The findings in this study that there were medical personnel and the medical IGD that has not been adequately give appreciation of service to patients. Meanwhile, as the medical personnel and the medical they prosecuted his loyalties towards the Office career. To overcome this assertiveness required leadership in directing and aware of their responsibilities including should be loyal towards the institution.

*g). Effectiveness (Efficacy) the performance of the bureaucracy*

The role of the Director is the attitude or activity that relates to the position of a Director because of authority and status. Identification of the role of a Director is based on the following classification: (1) the role of the interper-sonal, include: the figurehead leader of the liaison, and the giver of influence, (2) the role of giver information, include: monitor, spread (dissemination), and spokesperson, and (3) the role of policy makers, including: entrepreneur, handle the distractions, and allocating resources.

Meet the elements of accuracy and empowerment in the utilization of all the resources of the Ministry of health. The position of the Provincial Hospital is governed by the number 44-year 2009 of the Provincial Hospital, instructed the leadership setting event-based knowledge in the medical field. It is based on the regulation namely Kepmenkes RI number 856 year 2009 Emergency standard of Intalasi with the aim to create an atmosphere and conditions transparent, accountable, democratic and in organizing and medical service.

*h). Quality Performance and Bureaucratic Facilities*

The meaning of the quality performance of medical personnel and the medical IGD is the ability of medical personnel and the medical interests of patients respond to IGD to obtain health care is good and correct.

The use of the resources of the superior potential for a hospital, such as the achievement of greater efficiency and lower costs, improved quality and kemung-kinan's market share and profitability. In this analytical approach is relevant to the Resource-Based View (RBV) that emphasizes the increased competitive advantage derived from the strategic resources of the organization.

The quality of the facilities is the State of the quality of Hospitals and infrastructure that can be used in the service of the patient's health.

The field perumahsakitan is supposed to be tinged with health services and a complex with various types of competence. Activities in health service patients in the effort included references to IGD health and medical referral. IGD services consist of different types of services from simple servicing up to modern services in accordance with ability and class of the Provincial Hospital.

*C. The Prototype Model Improved service of the IGD Makassar city Hospitals*

*a). Single Delivery (Handling Independently)*

Implementation of the law No. 8 Year 1999 about Perlindungan Consumers in legal protection over consumer rights in Indonesia, consumer (the patient) to be an important focus of both stakeholders as well as the leadership of hospitals to be more responsive to the needs of the patient and hospital users, so built and maintained relationships between doctors, patients and hospital managers.

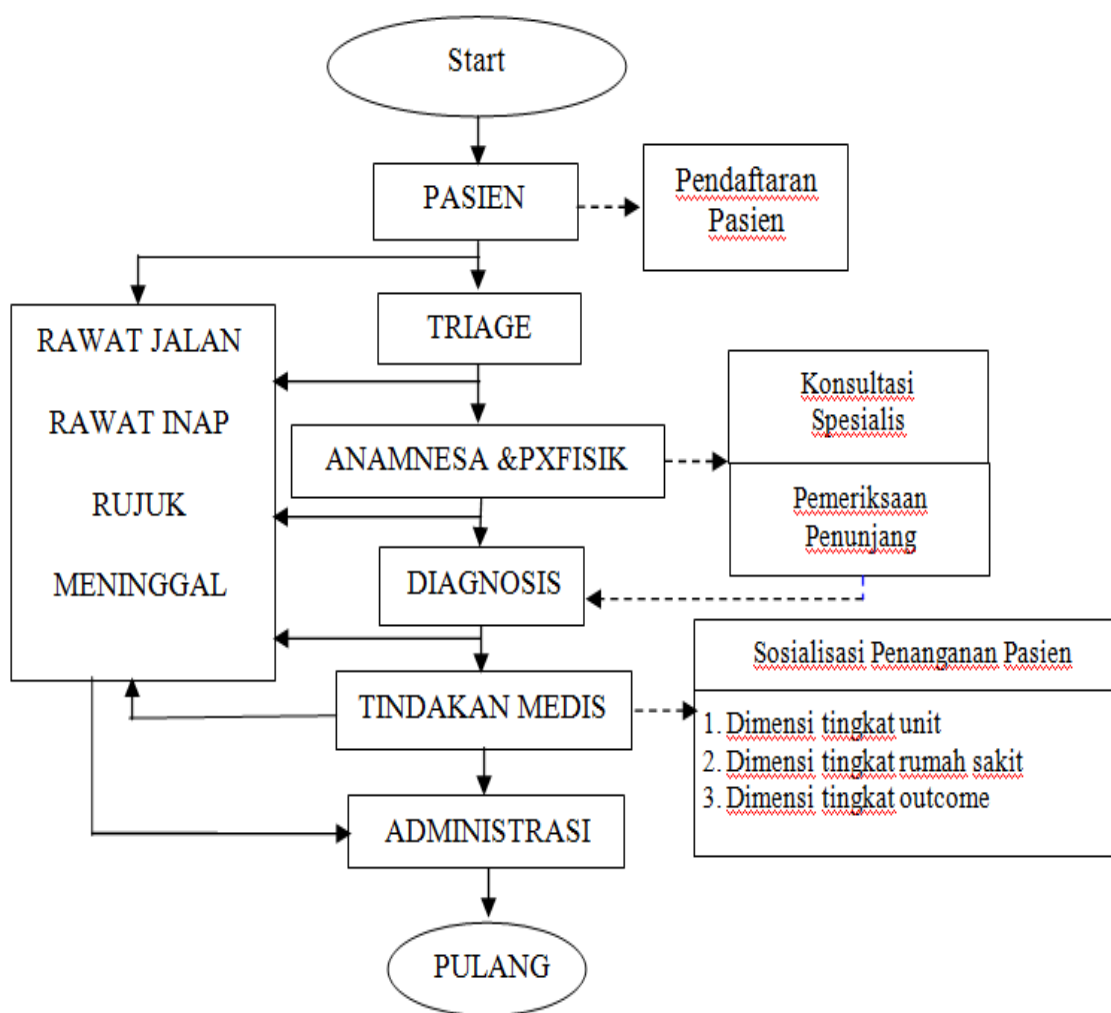
The expansion of the role of the private sector in the field of health, including easy access of citizens against a good treatment, absolutely necessary. Hospital service needs in the future will grow over a surge in population, economic growth, rising incomes, and increased lifespan. The number of the current hospital and each year is increasing. However, this has

not been accompanied by equitable distribution of health services as well as the needs of medical personnel and the medical specialist doctors and nurses that is trained.

*b). Prototype Model Collaboration Pelayanan RSUD*

The flow of activity HOSPITALS IGD Makassar city covers the stages of planning, implementation and preservation activities. Before the start of the planning phase, it is important to do is do the orientation or introduction of emergency disease conditions in HOSPITALS of the city Makassar. During the introduction of emergency disease conditions in HOSPITALS and do socialization program IGD

informally to the public. At this stage should be utilized by the entire apparatus of IGD at all levels in an effort to encourage participation and supervision of all parties, so that all apparatus IGD has the same perception or understanding towards the program. Essentially the socialization can be done at any time or occasion by medical personnel and the medical at IGD. Local institutional systems and informal meetings such as meetings of the religious community and the Customs is a great alternative for disseminating information on precautions against disease emergency and expose through visual media and audio visual is a model of the application of the principle of transparency.



**Keterangan:**

- Garis Komando
- > Garis Koordinasi

Fig. 1 Pictures Prototype Model of Service Bureaucracy Neutrality IGD Hospital By: Muhajir

Explanation of Prototype models of Service Bureaucracy Neutrality IGD dimaksudkan for providing service without exception regardless of social background, ethnic, tribal, religious, and economic position of the patients described as follows:

1. Patient IGD registration (checking list), the patient or the patient's family register by providing a number of requirements {official ID cards (KTP/SIM/description of the domicile), BPJS, Jamsostek etc.}.
2. Triage, patient health pemeriksaan recommends (check-up) for checking the health of patients about the condition of the patient's disease such as blood pressure, thrombosis, etc. in order to make the handling of the disease the patient is not wrong (small practice). Here already can understand whether patients only need outpatient, if yes, then the patient is equipped with a variety of drugs in accordance with the needs of the patient's disease.
3. Anamnesa & Pxfisik, if necessary the specialist consultation and examination of supporting. This is done to ascertain whether patients need only to outpatient, or referred to other hospitals that have adequate facilities and competencies match the needs of patient care.
4. Diagnosis, if already done specialist consultation and examination of the institution, then the patient direkomendir do outpatient, equipped with a variety of drugs in accordance with the needs of his illness. But if it should be referenced, then immediately given any form of document and/or delivery facilities of the patient to the hospital recommended. But if the patient has already died, then the hospital provides news of the proceedings as a form of pertanggungjawaban to the patient's family and/or authorities.
5. The medical care Act (treatmentmeasure), the Act of care if the patient is already done through surgery or diagnosis of the disease. This was done so that the patient's disease conditions can be resolved soon and avoid the bad health of the patient or the patient's illness is getting worse. Unless the patient has already died, then the hospital provides news of the proceedings as a form of pertanggungjawaban to the patient's family and/or authorities.

#### IV. CONCLUSION

- The implementation of the accountability of service bureaucracy IGD at the PROVINCIAL HOSPITAL Makassar city tergambarbahwa emergency handling responsibility already undertaken by medical personnel and the medical IGD, although still limited in responsibilities on the dimension of accountability. Also expected is the responsibility on the dimension of the obligation and cause the third showed the role of medical personnel i.e. accountability, obligation and cause.

- Accountability of service bureaucracy determinant Factor IGD Makassar city HOSPITALS showed the approach used could be declared effective in handling the inaugural public health in a comprehensive manner.
- The Prototype model of bureaucratic accountability in improving the services HOSPITALS IGD Makassar city gave birth to the prototype model of collaboration simply patient service flow and applicative i.e. registration, identity then the medical examination, and then do the treatment for minor ailments and surgery or surgery for diseases that are categorized as heavy, intensive care, and then the last is socializing on the level of patient handling unit/section, the level of the hospital, and at the level of the learning outcomes (treatment outcomes that are dealt with in a comprehensive manner). The objective is the patient's rescue efforts and lowering the number of error handlers due to error-kega active or latent conditions or a combination of both ...

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