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# ACHIEVEMENT OF COMMUNITY HEALTH CENTER SEEN THROUGH ACCREDITATION RESULTS: CASE STUDY IN PUSKESMAS "X", IN SURABAYA

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### ABSTRACT

**Background:** Accreditation and recognition of a Community Health Center (Puskesmas) are given by an independent accredited organization, established by the Minister of Health after comply the accreditation standards. The accreditation achievement in East Java is at most of main level 76.7%. Puskesmas "X" is one of Puskesmas in Surabaya which has been accredited with basic level of status in 2015. This study aims to provide a comprehensive overview of the issues affecting the achievement of Puskesmas accreditation.

**Methods:** This research is a qualitative descriptive study with in-depth interview and document searching using an accreditation instrument standard.

**Results:** Based on accreditation results, the planning of the health centre was less appropriate because it was not based on identification of need and expectation. The mobilization and implementation was not working well due to lack of human health resource. Monitoring, control, and performance appraisal of the health centre have not been done.

**Conclusions:** The accreditation of the health center, the Puskesmas X, in Surabaya is not only assessed by the document but also by the processes and system implementation activities. Achievement of Puskesmas accreditation status represents as a description of Puskesmas management and the result will have an impact on Puskesmas performance, and service quality.

**Keywords:** Puskesmas, Accreditation, Performance, Service quality.

### INTRODUCTION

Public Health Center, hereinafter referred to as *Puskesmas*, is a health service facility that organizes public and individual health efforts at the first level of health service, by prioritizing promotive and preventive efforts to achieve the highest degree of public health in its working area [1] Accreditation of *Puskesmas*, Accreditation of *Puskesmas*, Pratama Clinic, Doctor and Dentist's Self-Practice Place is an acknowledgment given by an accrediting independent institution stipulated by the Minister of Health after meeting accreditation standards. Paassing rates in *Puskesmas* accreditation are basic (*dasar*), intermediate (*madya*), primary (*utama*) and plenary (*paripurna*) [2]–[4]

The accreditation process is designed to create a culture of safety and quality within an organization that seeks to improve process and outcome of service on patient continually. Thus, it is expected that the organization can: increase public confidence that the organization takes into account patient safety

and service quality; provide a safe and efficient working environment that contributes to employee satisfaction; negotiate with source of financing to obtain a service quality; listen to patients and their families, respect their rights, and involve them in the health care process; create an open culture to learn from timely reporting of adverse event and security; and build collaborative leadership that sets priorities for sustained leadership and for quality and safety of patient at all levels.[5]

The status of *Puskesmas* accreditation will have an impact on improving the performance and quality of health service to the standard service. [1] In addition, the quality and performance of accreditation status will also have an impact on the capitation of the Health Insurance Provider (*BPJS Kesehatan*) who can work with BPJS are accredited Aside from the quality and performance, the accreditation status will also affect the capitation of the Health Insurance Provider (*BPJS Kesehatan*). *Puskesmas* is one of the providers of public service in the health sector that is required to be able to meet the quality of service that can increase public satisfaction, so that the society wants to reuse the service. Determination of the quality of health services can be seen from five dimensions of quality, namely *reliability, responsiveness, assurance, empathy, tangible*. [6], [7]

The main purpose of *Puskesmas* accreditation is to foster quality improvement and performance through continuous improvement of management system, quality management and service delivery system and program, and implementation of risk management. It is also not merely an assessment to obtain accreditation certificate. The approach used in *Puskesmas* accreditation is the safety and rights of patients and their families, with due regard to officer rights. This principle is enforced as an effort to improve the quality and safety of service. Performance refers to the level of perfection of health services, in which on the one hand it can lead to satisfaction on each patient and on the other hand the procedures of implementation meet the standard and professional code of ethics. Thus, the officer in carrying out health services should always pay attention to patient safety.[4], [8]

Based on data from Ministry of Health, the achievement target of *Puskesmas* accreditation on December 31, 2017 is 46% of 9,825 *Puskesmas* with category 36% *Basic*, 53% *Intermediate*, 10% *Primary* and 1% *Plenary*. East Java is a province that achieves the accreditation of *Puskesmas* in second place after Central Java. The number of *Puskesmas* already certified by Accreditation is 68.47% of 961 *Puskemas* with category 19.6% *Basic*, 58.2% *Intermediate*, 76.7% *Primary*, and 1.75% *Plenary*.

Based on the facts and analysis obtained from the report of accreditation assessment result in 2017, the problem affecting the achievement of accreditation status is a poor management of *Puskesmas* consisting of: planning, mobilization and implementation, supervision, control and performance appraisal. *Puskesmas* management is a series of processes consisting of planning, organizing, implementing and controlling to achieve goals or objectives effectively and efficiently.

The cause of poor is the preparation of the activity plan has not been based on the identification results of societies' need and expectation especially in the selection of method, the performance indicators have not been clearly arranged and the preparation of planning activities is not well understood.[9] Basically *Puskesmas* planning is arranged based on identification of community need and expectation and related to result of performance assessment of *Puskesmas* in 2 (two) previous years. The activities are prepared based on predetermined performance indicator. The stages of palan preparation start from the proposed and implementation activity plans.

The problem that often arise in mobilization and implementation is about the number of health workers. This problem influence the placement of health workers and the Minister of Helath rule (*Permenkes*) Number. 75, 2014. The determination of the service provider is not based on competency standards and job descriptions, both the main and additional tasks. Aside from the influence of human resources, another factor that affects the implementation of activities is access to services, such as schedule and service flow are not standardized yet.

Monitoring, controlling and appraising of *Puskesmas* performance are the next factors that become a problem. This is because monitoring and evaluation is not well implemented and supported by evidence

of scheduling and instrument. Internal audit has not been implemented because the majority of health workers does not understand the procedure of internal audit implementation. In the guidance of *Puskesmas* Management, monitoring, controlling and evaluating of *Puskesmas* performance are conducted through monitoring and evaluation activities in all service units and programs. Internal audit is conducted to improve the quality of service. Evaluation of *Puskesmas* performance is run at least once every 6 months to measure the success of indicators [9]. Internal audit is the activity of collecting factual and significant information that can be accounted for through a systematic, objective and documented interaction process with focusing on the principle of extracting value or benefit.

According to data from Ministry of Health in 2017, there are 239 accredited *Puskesmas* in East Java surveyed in 2015-2016. 8.4% of them is in Surabaya City with category 10% *Basic*, 30% *Intermediate*, 50% *Primary* and 10 % *Plenary*. Based on the descriptions above, the researchers are interested to know the problems faced in the achievement of *Puskesmas* accreditation status as *Basic* category with a case study at *Puskesmas* "X" in Surabaya City.-

## METHODS

The method used in this study is descriptive qualitative approach. Data collection is done by interview and document search. The interview guide used is Standard Instrument of *Puskesmas* Accreditation as stated in *Permenkes* Number 46 in 2015, which consists of Chapter. I *Puskesmas* service, Chapter. II leadership and management of *Puskesmas*, Chapter. III quality improvement and risk management, Chapter. IV targeted-based community health effort, Chapter. V leadership and management of UKM, Chapter. VI performance goals of UKM, Chapter VII patient-oriented clinical service, Chapter. VIII clinical service support management and Chapter. IX improvement of clinical quality and patient safety.

### a. Interview

Interview was carried out on Head of *Puskesmas* (KP), Head of Administration (KT), Officer of Public Health Responsibility (PJ1), Officer of Individual Health Service (PJ2), Officer of Network and Networking Service (PJ3) and Team Leader of Quality Control (KTM).

### b. Searching document

The instruments used are checked based on requirements proposed in Standard Instrument of *Puskesmas* Accreditation.

## RESULTS

*Puskesmas* "X" is a category of Non-Inpatient Public Health Center with 35 employees consisting of 25 Civil Servants and 10 local contractors. This *Puskesmas* has passed ISO 9001: 2008 in 2011. The achievement of *Puskesmas* "X" performance at the time of accreditation proposal in 2015 includes the coverage of UKM and UKP services 59.9% and coverage of achievement management 8.7%.

The result of the "X" *Puskesmas* accreditation conducted by the First Level Health Facility Accreditation Surveyor are different from the result of Pre- Survey of *Self Assessment* conducted by Accreditation Accompanying Team. The description of different assessment result can be seen in the following Table 1.

Table 1. Pre-survey of Self-assessment and Achievement Accreditation of *Puskesmas* “X” in 2015

CHAPTER		PUSKESMAS “X”	
		Pre-survey of Self-Assessment Result	Achievement of Accreditation
I	Implementation of <i>Puskesmas</i> (PPP) Service	84,75%	75%
II	Leadership and Management of <i>Puskesmas</i> (KMP)	90,50%	75%
III	Quality Improvement and Risk Management (PMMR)	100%	20%
IV	Targeted-based Community Health Effort (UKBMS)	92.26%	50%
V	Leadership and Management of Public Health Effort (KMUKM)	83.17%	50%
VI	Performance Goal of Public Health Effort (SKUKM)	72.41%	20%
VII	Patient-Oriented Clinical Service (LKBP)	71.52%	20%
VIII	Clinical Service Support Management (MPLK)	51.16%	20%
IX	Improvement of Clinical Quality and Patient Safety (PMKP)	40.30%	20%

Source: Ministry of Health, 2015

In this study, researchers conducted the interview and traced the documents based on accreditation instrument standard. The 9 (nine) chapters of evaluation were grouped based on *Puskesmas* Management system consisting of: planning, mobilizing and implementing, monitoring, controlling and evaluating of *Puskesmas* performance. Here are the result of interview and document searching from informants:

a. Planning

The delivery of health service in *Puskesmas* should be based on a plan through identification of community needs and expectations and government policies.

"We have been developing *Puskesmas* planning, but it is not based on identification of community needs and expectations, it is still following the previous year's planning." (KP, KT)

"Currently identification of needs and expectations is obtained from *Mawas Diri Survey* (SMD) for public health effort and *Customer Satisfaction Survey* for individual health effort, but we do not yet understand the implementation of SMD" (PJ1, PJ2)

"Aside from the survey, it is also obtained from the suggestion box, SMS center and WhatsApp group." (KTM)

At the time of planning preparation at *Puskesmas* level, it consists of preparation of RUK proposal activity plan, RPK activity implementation plan and target or performance indicator.

"So far, we have made a Plan of Action (POA) of Operational Health Assistance, we never made RUK and RPK, especially program and service implementation." (KP, KT, PJ1, PJ2)

"Our weaknesses relating to our performance indicators is we only know the target of SPM, but many programs did not have a target." (PJ1)

From the result of document search, it was found that *Puskesmas* planning document is not complete, especially the proposed activity plan of each program and service unit. Content of planning is more activities on Essential UKM program. Identification evidence of community needs and expectations is incomplete and no evidence of discussion result. The results of the analysis and follow-up plan are not in line with the proposed activities.

Based on these results, it proves that the *Puskesmas* planning affects the accreditation assessment in which the achievement of Chapter I. Implementation of *Puskesmas* service is 75% and Chapter. IV targeted-based community health effort is 50%.

#### b. Movement and implementation

The mobilization and implementation of health service in *Puskesmas* are influenced by the limitations of Human Resources and access to service. Health workers at *Puskesmas* perform their duties according to the position, competency standard and job description.

"We have constructed the organizational structure based on *Permenkes* Number 75, but many staffs have a double position because of short in number of health workers, especially nurses." (KP, KT)

"When the accreditation staff requested the competency standard, we set the standard based on the person occupying the position." (KP, KT, PJ1, PJ2, PJ3)

"At the time of formulating the job description both the main and additional tasks, we, based on our understanding, refer to Decree of *Puskesmas* Head because we never made it before, so that we do not know which the main and additional tasks are." (KT, PJ1, PJ2, PJ3)

The implementation of service access activities, especially the schedule of activity implementation must be informed to the target.

"So far, we have informed about the schedule of our activities, especially *Posyandu*, *Penjaringan Anak Sekolah* and BIAS, but we have not implemented it yet for other programs." (KP, PJ1)

"For the schedule of service at *Puskesmas*, the society has already known because we have made the schedule of daily service." (PJ2)

From document search, it was found that organizational structure of *Puskesmas* is not line with *Permenkes* Number 75 in 2014 that implementation of program in organizational structure is adjusted with number of staffs available. The schedule of activities is incomplete, except the schedule of *Posyandu* and *Imunisasi* programs. Many evidences of the activity implementation do not exist, primarily for development programs.

Based on the results, these implementation and mobilization affects the accreditation achievement in which Chapter. II leadership and *Puskesmas* management 75%, Chapter. V leadership and management of UKM 50%, and Chapter. VII clinical service support management 20%.

#### c. Monitoring, Controlling and Evaluating Performance Appraisal of *Puskesmas*

Implementation of health services at *Puskesmas* needs to be monitored and evaluated periodically, audited internally and given a performance appraisal.

"The implementation of the monitoring and evaluation in our *Puskesmas* has not run smoothly, we have not set up a regular schedule of monitoring and evaluation and there is no instrument for them." (KT)

"Usually we are monitored and evaluated by Health Agency (*Dinkes*), there is no special monitoring by us." (PJ1, PJ2, PJ3)

One of them is an effort to improve the quality of internal audit service.

"Actually in 2011 because we got ISO, we have done internal audit, but after that we rarely run the audit, then at the time before accreditation, we start again internal audit." (KTM)

Implementation of *Puskesmas* performance assessment should be done twice a year. In fact, it is done once a year and there is no feedback from the assessment.

"We conduct a performance appraisal once a year with the instruments based on *Puskesmas* Management Book, we submit the result to the *Dinkes* but there is no follow-up of these results." (KP, KP)

From the document search, evidence of monitoring and evaluation is incomplete and there is no SOPs, instruments and follow-up results. Existing evidence of the internal audit implementation is only a plan and audit result. There is a *Puskesmas* performance appraisal result, but there is no evidence of follow-up from *Dinkes*.

Monitoring, controlling and evaluating of *Puskesmas* performance are not running well. Consequently, it has an impact on the performance and quality of service. Its effect can be seen in the assessment result in Chapter. III quality improvement and risk management 20%, Chapter. VI performance target of UKM 20% and Chapter. IX clinical quality improvement and patient safety 20%.

## DISCUSSION

The problem description of accreditation status achievement is influenced by the implementation of *Puskesmas* management which is less suitable, so that the achievement of accreditation got is only *Basic*. Aside from the lack of understanding about *Puskesmas* management, another problem is that *Puskesmas* only focuses on preparing the documents required in the standard of *Puskesmas* accreditation instrument without preparing other aspects.[4], [8], [10] Understanding and implementation of *Puskesmas* management are poor preparation on:

### a. Planning

The existing planning is not based on identification of existing planning needs and expectations RUK and RPK are the same activities from year to year because they refer to the financing patterns sourced from Operational Aid (BOK) and are made in the form of Plan of Action (POA). The existing planning is not based on identification of needs and expectations in RUK and RPK. It is the same activities from year to year because it refers to the financing pattern sourced from Operational Aid (BOK) and is made in the form of Plan of Action (POA).

Based on the *Puskesmas* Management, the planning should start with a planned activity proposal (RUK) prepared based on community needs analysis and program policies, then RUK will be discussed at village, sub-district and district level which will be the implementation plan of *Puskesmas* (RPK) [8], [9], [11]

### b. Mobilizing and Implementing

The problem of Human resources happens because the organization of *Puskesmas* which is not based on *Permenkes* Number 75 in 2014. Thus, at the time there is no clear standard of competence and job description (main and additional task). Government policy in *Permenkes* Number 75 in 2014 mentions there is a minimum standard of worker in *Puskesmas*. Requirement of worker is juxtaposed with calculation result of work load analysis at *Puskesmas*. Currently, Ministry of Health through Agency for Development and Empowerment of Health Human Resource has provided training related to the analysis of workload in all provinces.[4], [10], [12]

In addition, organizing access service related to the schedule and flow of service has not been well ordered, so that the implementation of activities is not running properly. Another reason is document completeness as evidence for activity implementation that is undocumented.

### c. Monitoring, Controlling and Evaluating Performance Appraisal of *Puskesmas*

Implementation of monitoring, evaluation and internal audit has not been run well. Therefore, this affects the implementation of health service in *Puskesmas*. To improve the quality of service, it is necessary to conduct performance appraisal in *Puskesmas* periodically. Implementation of internal

audit becomes one tool to formulate strategy in effort to improve service quality because it becomes one of requirements in accreditation assessment of *Puskesmas*. [5]–[7]

## CONCLUSION

Achievement of *Puskesmas* accreditation status may have influence to the implementation of *Puskesmas* management consisting of: planning, mobilizing and implementing, monitoring, controlling and performance appraisal of *Puskesmas*. The fulfillment of the evidence required in the standard of *Puskesmas* accreditation instruments is not only limited to the completeness of the documents but also to the understanding of the process and the system of implementation of activities in accordance with the policies, guidelines and SOPs. It is recommended that all *Puskesmas* employees should understand the importance of implementing *Puskesmas* management.

The status of *Puskesmas* accreditation will affect the performance and quality of health service in the future. It also influence the amount of capitation BPJS obtained. There needs to be improvement in the ongoing implementation of *Plan-Do-Check-Action* (PDCA) to achieve better accreditation in the future. *Puskesmas* management is an important thing to be studied and understood by health service personnel in *Puskesmas* as a reference in the implementation of activities.

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