



## Analysis of The Individual Health Efforts Quality After Accreditation Assessment at Public Health Centers of Semarang City in 2019

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### Abstract

Accreditation is the beginning to improve the quality of services including improving the quality of management and leadership, planning strategies, satisfaction of service users, strengthening coordination between stakeholders and increasing the ability of Human Resources. 37 Semarang City Public Health Centers have been accredited with predicate; 1 Plenary, 4 Main, 23 Intermediate and 9 Basic. The purpose of this study was to analyze the implementation of quality management as a service quality control system in the Semarang City Public Health Center after the accreditation assessment. This type of qualitative research with descriptive analytic design. Data collection techniques with in-depth interviews, observation, and document search. The population is the Public Health Center that passed the plenary and primary accreditation, the sampling technique used was using random sampling. Analysis of the data was using data reduction, data presentation and drawing conclusions which are carried out simultaneously. The results showed that the internal quality instrument of *UKP* services in health centers after the accreditation assessment was not fully implemented, it was necessary to strengthen commitment, standardize facilities and infrastructure to support clinical services, analysis of human resource adequacy both in quantity and quality, increase in knowledge for employees about the clinical service quality system through regular training and assistance, capacity building of accompanying human resources on accreditation assistance techniques, support from the Department of Health and cross-sectoral, basic document review, restructuring of quality organizations and Public Health Center organization, monitoring and evaluation which is carried out maximally and continuously.

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## INTRODUCTION

In order to produce optimal health services at the Health Center, a good quality service is needed, for this it is necessary to have a standardized instrument as a quality control for the delivery of health services at the Public Health Center, one of the external instruments in maintaining the quality of Public Health Center services is the accreditation of Public Health Center.

Based on data from Pusdatin Ministry of Health of the Republic of Indonesia as of 30 June 2018 the number of Public Health Center in Indonesia reached 9,909 Public Health Center, of that number as of 31 October 2018 only 5,227 (57.75%) accredited Public Health Center, of which 44 (1%) Public Health Center were plenary accredited, 555 (11%) primary accredited Public Health Center, 2,871 (55%), intermediate accredited and 1,784 (34%) basic accredited (Directorate of Yankes Accreditation Quality & Accreditation Commission, 2018). Data from the Semarang City Health Office has 37 Public Health Center where all Public Health Center have been accredited, where in the first accreditation for the period 2015 to 2018 there were Public Health Center with a plenary status of 1 Public Health Center, primary 4 Public Health Center, intermediate 23 Public Health Center and basic 9 Public Health Center, even 2 Public Health Center had implemented reaccreditation in 2018 with the intermediate and major categories. From the above data there are still many primary and intermediate Public Health Center status both at the national level and in Semarang City, based on a descriptive study conducted by the Directorate of Quality and Accreditation of Health Services this is due to the low assessment results on improving quality, performance of Public Health Center and patient safety at the Public Health Center. For this reason, Public Health Center are required to be able to guarantee quality improvements, performance improvements and the implementation of risk management that is carried out on an ongoing basis. It is hoped that

Public Health Center Accreditation is truly an instrument to maintain the quality of Public Health Center services not merely to fulfill the credential requirements of the Health BPJS. so that the main purpose of accreditation as a means to improve the quality of health services in Public Health Center can be achieved.

Improving the quality of health services is carried out in all aspects of services performed at the Public Health Center, both the Community Health Efforts and Individual Health Efforts services. Public Health Efforts have a quality system that has been implemented long before there was a Public Health Center accreditation, namely through the mechanism of evaluating the performance of Health Center with indicators based on Minimum Service Standards (SPM) where most of the indicators are Public Health Efforts activities. On the other hand, the Health Center Individual Health Efforts Quality Instrument (UKP) has actually implemented a new system in monitoring and evaluating the quality of UKP services at Public Health Center. However, the new system in clinical quality services cannot be ruled out even as an important part of service in Public Health Center so that providers and users of clinical services in Public Health Center can have the same sense of security as services in hospitals, for that researchers intend to carry out analysis of clinical service quality in Public Health Center. However, there is still a scarcity of accreditation research in primary health care where research is needed on how accreditation can affect health services, how accreditation can improve service quality, utilization of health services and financing (PMP, P. D. S. B., & Lait, J, 2013). For this reason, researchers are interested in conducting research on accreditation in primary service facilities (Public Health Center) especially on Individual Health Efforts (UKP). The purpose of this study was to analyze the implementation of quality management as a quality control system for service quality in the Semarang City Public Health Center after the 2019 Public Health Center accreditation assessment.

## METHOD

This type of research is qualitative analytic descriptive design. Data collection techniques using in-depth interviews, observation and document search. The population is the Public Health Center which has passed the plenary and primary accreditation. The sampling technique used is random sampling. Data analysis using data reduction, data presentation and drawing conclusions is done simultaneously.

## RESULTS AND DISCUSSION

Based on the results of the study above where X Public Health Center has a fairly large working area (28,926 km<sup>2</sup>) divided into 8 villages and a relatively large population of 99,192. When compared with the total population that must be served at the Public Health Center, which is as many as 30,000 people, the population in the Public Health Center area X is 3 times greater. This of course has its own consequences for the Public Health Center where health problems will be increasingly complex, and the range of health services needs to be expanded. So that for the equal distribution of health services in the area, 2 helper Public Health Centers were established. However, the density of the population and with the presence of 2 Public Health Centers assistants must be balanced with an adequate number of workers, for that Public Health Center must conduct an analysis of staffing needs to meet the needs of providing quality services with an adequate number of human resources. Based on a review of the Public Health Center profile documents that the researchers have done, the number of personnel at X Public Health Center is still relatively insufficient compared to the ratio of the population and the size of the work area of X Public Health Center.

Adequacy of human resources in the health service process at the Public Health Center is very important. One of the main

factors that influences the quality of health services in the Public Health Center, one of which is the adequacy of the number of HR in the Public Health Center. Where with adequate staffing, the health service process at the Public Health Center becomes more maximal and quality. Public Health Centers need to conduct an analysis of the adequacy of human resources in the planning process at the Health Center. Changing the Public Health Center to a Regional Public Service Agency (BLUD) is beneficial for the Public Health Center because the BLUD principle is flexibility in the use of the budget so that the health center has the flexibility to recruit BLUD personnel in meeting HR needs.

### Clinical Quality Management Structure

There are 2 types of organizational structure in the Public Health Center based on the existing Decree/ SK, namely the Public Health Center organizational structure based on the Decree of the Head of the Health Service referring to the Permenkes 75 of 2014 on Public Health Center and the BLUD organizational structure that refers to the Mayor's Decree of Semarang. With these 2 organizational structures, it must be fully understood by all staff in the Public Health Center, however the Decree of the Head of Service does not mention the job description in the organizational structure of the Public Health Center where in the decree there is only an organizational structure chart without mentioning the workflow in it. The Public Health Center makes a separate decree accompanied by a description of the task. This of course will make the staff concerned less understand their respective roles due to the dualism of the organizational structure in the Public Health Center, because the application of accreditation policies and management of public health services affects employee work productivity (Ensha, Ira Susanti. 2018).

The Public Health Center has a quality team that has been formed since 2016 with the Decree of the Head of the Public Health Center where the composition consists of the Quality

Chair, Quality Secretary, UKP Coordinator, Admen Coordinator and UKM Coordinator, this quality structure is not in accordance with the Guidelines for Quality Improvement which in the quality structure guidelines in the Public Health Center consists of the Chairperson of Quality, Quality Secretary, Admen Coordinator, UKP Coordinator, Clinical Quality Coordinator and Patient safety and the internal audit team therein. X Public Health Center has restructured the Quality Organization at the Public Health Center by appointing new staff at the Public Health Center to occupy the positions contained in the guidelines for quality improvement at the Public Health Center, however the appointment by the Head of Health Center was still verbal and there was no SK designation, so that the new workers occupying the new quality structure still do not understand their respective duties and functions. This condition will affect the ongoing clinical quality improvement activities at the Public Health Center.

Determination of the quality structure in the Public Health Center in the form of internal regulations is very substantive considering that with the formation of internal regulations, the team will automatically work immediately, and the team understands its tasks. This of course will complicate the new team in carrying out its tasks and functions. Planning for clinical quality improvement has not been carried out in a structured manner because clinical quality improvement that has been carried out previously has not been done by the handover of tasks by the old officer. So that the new clinical quality and patient safety team members have not been able to carry out their duties optimally while the clinical service is ongoing and must continue to be monitored and evaluated.

### **Review of Clinical Quality Management**

The clinical quality management review is carried out together with the management review of the Admen and UKM sectors in one

activity which is carried out at least every 6 months, namely the Management Review / PTM Meeting chaired by the Chair of Quality. Where in the cycle of implementation the Public Health Center Management Review Meeting cycle has been carried out in accordance with Standart Operating Prosedure/ SOPs and existing guidelines. Most of the inputs included in PTM are in accordance with existing guidelines, where PTM discusses, among others; internal audit results, feedback delivered by customers, service performance both results and process performance, follow-up to the results of past clinical management reviews, clinical quality policy and UKP services, and changes that need to be made in the UKP service system. The outputs in the PTM are also in accordance with the objectives set namely; Improvement of clinical quality and UKP service system, improvement of related services requested by service users, identification of changes that need to be made both clinical quality management and the UKP service system, provision of resources needed to carry out follow-up improvements. However, a good PTM cycle that runs in accordance with a predetermined SOP must be balanced with adequate data / input in conducting a management review which is the result of the performance of the system that has previously been running. Existing data are outputs from the current system implemented by implementers that have been established with internal regulations and have clear duties and responsibilities because both practitioners and management must understand the factors of the quality of health services (Mosadeghrad, A. M. 2014).

From the results of interviews with the quality chair, clinical data obtained were not produced continuously where the Quality Chair asked each unit before the PTM. There is no documented data that is continuously recorded in the risk book. This of course will make the data to be discussed in PTM incomplete, discussion in PTM even though it has gone through cycles and stages is correct,

but if the data entered is incomplete, the output from PTM only resolves problems that are accidentally submitted to the Chairperson Quality on the eve of PTM. PTM cannot overcome the overall problem from existing service problems.

### **Clinical Internal Audit**

The X Public Health Center has carried out an internal audit in which there is an audit of the SME, UKP and Admen service system on a periodic basis which is conducted every 6 months before PTM. The stages of UKP internal audits that have been carried out by the Public Health Center are in accordance with established internal audit guidelines where the Public Health Center first plans the audit process and determines the audit objectives and carries out audit activities in accordance with the guidelines. However, the Public Health Center has not yet carried out a clinical audit because it is because the Public Health Center employees do not know about the clinical audit and do not know that in the Public Health Center a clinical audit must be carried out. On the other hand the implementation of clinical audit is very important as monitoring and evaluation of clinical services that have been provided to service users, because the results of this audit will be a reference to the services to be provided in the future, so it can be said that the increasing role of internal auditors will affect the governance of an institution (Sari M, 2012).

### **Risk Management**

Based on the results of research that has been carried out both through interviews and observations of risk management instruments and document review, researchers conclude that risk identification and management are carried out during the preparation period prior to accreditation. Where the results of risk management performance documents are required for the completeness of the accreditation documents. Post accreditation of risk identification and its management is carried out by the Chairperson of Quality by

directly visiting each unit prior to the Management Review Meeting, not carried out jointly and continuously by the PMKP team. This makes the risk management carried out is not optimal. Considering that risk management management aims to reduce / avoid risk events both to patients and staff not only to fulfill accreditation documents. As in some hospitals that have not implemented risk management optimally, one of the reasons is due to the lack of understanding of facility management and patient safety. It is necessary to understand the officers about Risk Management in the Public Health Center. Officers must truly understand the concept of quality management in the Public Health Center and apply it during clinical services. Considering that one of the dimensions of quality in health care is Patient Safety, where patient safety is part of the Risk Management in the Public Health Center. In addition to patient safety, risk management is also to protect staff from the risk of workplace accidents where, apart from age and years of service, work accidents can also occur due to compliance with the use of Personal Protective Equipment/ PPE, work attitudes and knowledge about OSH (Swaputri, Eka. 2010) . For this reason, the Public Health Center needs to draw up internal regulations regarding facility management and patient safety and improve employee competence with training (Berliana, R &Widowati, E. 2019).

### **Quality Improvement Cycle**

The results showed that the cycle of quality improvement in X Public Health Center was not fully carried out to the fullest this was evident from the results of the interview of researchers with the head of quality where the means in identifying problems in UKP services were not filled by each service unit. The quality chair obtains identification data in UKP services by asking each unit during the service process each time before the Management Review Meeting. As is well known, the clinical quality improvement cycle is carried out by all teams in the UKP service unit and is carried out continuously where implementation needs

to be monitored and evaluated. In assessing control and quality improvement efforts at FKTP, use the AvedisDonabedia approach, namely structure, process and results. "Structure" is defined as characteristics that are relatively settled in the FKTP, tools and resources, and the physical structure and organization in which they work. "Process" is a series of activities that take place between service providers / officers and patients. "Outcomes" are defined as changes that occur in a patient's current or future health status. The organizational structure that has changed and has not been determined by the head of the Health Center makes the implementers have not been able to carry out their duties. While the "process" that takes place can be said to be unstructured and well recorded by the quality team which is carried out only during the Approach of the Management Review meeting, it can be ensured the results of the quality chairman's report do not represent the actual conditions, this of course raises problems which are expected in the management review meeting discusses the solution to the existing quality problem is biased because it does not address the real problem and there is no thorough monitoring and evaluation process.

#### **Customer Satisfaction Survey**

During the preparation period of the accreditation survey, customer satisfaction surveys and input from other clinical service users are routinely carried out by the Quality team at X Public Health Center for later analysis by the Public Health Center Quality Team and followed up by all employees and recorded in recording and telephone documents. After the accreditation assessment the Customer Satisfaction Survey was carried out by X Public Health Center with new indicators from the City Health Office, in addition to the X Public Health Center survey also facilitated clinical service user input with suggestion boxes and clinical service user input directly to officers. However, the Public Health Center does not have a survey report, the survey report is made to fulfill the Health

Department's request. Other input from clinical service users is not documented. So it can be concluded that the Quality Team did not carry out its duties and functions properly. So that the Clinical Quality Team cannot conduct a comprehensive evaluation of the Quality of Clinical Services in the Public Health Center where health services have a positive effect on the satisfaction of Health Center patients (Radito, T. 2014). The Head of Public Health Center and all employees need to restructure the Clinical Quality System at X Public Health Center, this is very important where the indicators of clinical service quality at the Public Health Center are not only evaluated by input indicators and processes but need to monitor output indicators in this case are clinical service user satisfaction. So, the Quality Team will get a real problem with the quality of clinical services, where the problem analysis process will be carried out as a whole in order to get the right problem solving.

#### **CONCLUSIONS AND SUGGESTIONS**

Overall the quality program at X Public Health Center after the 2017 accreditation assessment has decreased performance, this is due to many factors. Among them are lack of commitment both internal and external, basic document review that is not carried out in a structured manner, organizational restructuring that is not accompanied by a socialization of the roles and responsibilities of each position in the organization, a lack of understanding of the quality system at the Public Health Center, incomplete planning system . Health service organizations need to realize that Public Health Center accreditation is not a miraculous tool that can necessarily improve the quality of health services. A strong commitment from stakeholders is needed, cross-sectoral support, adequate funding, adequate infrastructure, adequate quality and quantity of human resources, commitment from all health service providers in the Public Health Center.

In order for the Public Health Center to maintain the quality of clinical services at the

Public Health Center, it is necessary to strengthen commitment, standardize clinical service support at the Public Health Center, support the Department of Health and related cross-sectoral, workload analysis for employees which is carried out continuously, increase employee knowledge, and increase HR capacity for accrediting companions, continuing basic document review, quality organization and Public Health Center restructuring, monitoring and evaluation carried out maximally and continuously both internally and externally. Another external factor is the refinement of the accreditation instrument to make it simpler so that it is easily understood by health service practitioners in FKTP.

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