

Implementation of Community Health Centers Accreditation for COVID-19 Pandemic

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ABSTRACT

In the current decade, people are very demanding for safe and quality health services, especially services during the COVID 19 pandemic. Where the COVID-19 pandemic has almost hit the entire world, which has a profound impact on the health sector. Health facilities are at the forefront of dealing with health problems in the community. In order for the Community Health Centers or Puskesmas to carry out its functions optimally, it needs to be managed properly, the service performance and the resources used. To ensure that quality improvement can be carried out continuously, it is necessary to carry out the implementation of Puskesmas Accreditation assistance according to the existing mechanism. This research uses a qualitative approach. Data collection was carried out through in-depth interviews, observation and document review. The results of the study found that the implementation of Puskesmas accreditation assistance by the East Kutai District Health Office in 2020 was running well despite many challenges. Accreditation assistant in East Kutai District for Puskesmas that have not yet implemented accreditation or will carry out re-accreditation assessments, and have received training and certified mentoring. Puskesmas accreditation uses non-physical DAK budgets. The implementation of mentoring uses a systems approach method and is in accordance with the accreditation mentoring guidelines. Preparation for accreditation includes workshops, workshops, self-assessment, document preparation and implementation. Assistance for 2020 has been running since February, with preparations such as materials, especially services during the COVID-19 pandemic for 12 health centers. It can be concluded that in general, Puskesmas accreditation assistance in East Kutai Regency during this pandemic was full of challenges because there were many rules and service activities that had to be adjusted to the situation in facing the COVID-19 pandemic. Based on the results of this study, it is hoped that this pandemic will end soon so that the Health Office will be even better in preparing recommendations to improve mentoring performance, as well as fulfillment of supporting facilities for accreditation assistance. It is hoped that the Health Office can fully support assistance activities so that the target of Puskesmas Accreditation can be achieved properly, especially during this pandemic.

Keywords: Accreditation assistance; COVID 19 pandemic; Implementation

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1. INTRODUCTION

Health development is an important aspect in the national development framework. The purpose of carrying out health development is to increase awareness, ability and willingness to live a healthy life for everyone and have a high degree of health. The success of health development will improve the quality of services and modern human resources. Community Health Centers or Puskesmas are the frontline in implementing basic health efforts. The Decree of the Minister of Health Number 75 of 2014 is the legal basis for the operation of the Puskesmas, which is the technical implementation unit of the District / City Health Office as the person in charge of implementing health development in its working area. Indonesia started a new era in the health sector where on January 1, 2014 the government launched a new health service program called National Health Insurance, abbreviated as JKN. Related to the National Health Insurance program above, the latest policy was born, namely the Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 concerning Community Health Centers where Article 39 emphasizes that in an effort to improve service quality, Puskesmas must be accredited periodically at least once every 3 years.

The district/city health office prepares the pre-accreditation to post-Puskesmas accreditation steps from the establishment of District/City Facilitation Teams, Puskesmas Facilities and Infrastructure,

District/City APBD Budgeting and HR according to their competencies. Pre-accreditation assistance is a series of activities to prepare health centers to meet Accreditation standards, while post-accreditation assistance is an activity to maintain and improve the achievement of Accreditation standards on an ongoing basis until the next Accreditation assessment is carried out.

Accreditation is used as an external evaluation instrument of patient quality and safety. For continuous quality improvement after post-accreditation, the counterpart team works on orders and responsibilities to the head of the District / City Health Office. Based on the pre-National Meeting of the National Conference in 2020, in 2015 out of 9754 Puskesmas there were 100 accredited Puskesmas. In 2016, out of 9767 health centers, there were around 1484 health centers that were accredited, while in 2017, out of 9825 Puskesmas, there were about 4223 health centers that had been accredited. In 2018, out of 9993 health centers, around 7518 health centers were accredited, and in 2019 out of 10134 health centers around 9153 had been accredited or around 90.29 percent of the number of Puskesmas that had been accredited. And based on the graduation rate, only 239 health centers with complete graduation scores, and 1669 primary accredited health centers, while 5068 health centers graduated with intermediate graduation, and around 2177 health centers with basic accreditation. Especially in the current decade, the community is very demanding for safe and quality health services, especially during the COVID-19 pandemic. The COVID-19 pandemic presents unprecedented challenges and pressures on the health system, not only in Indonesia but throughout the world, to minimize risks to patients and health workers. Because the effects of COVID-19 differ among communities, health care systems also need to consider the local rate of transmission of COVID-19 when making decisions about the provision of medical services. COVID-19 has been declared a world pandemic by WHO (WHO, 2020) nationally through the Decree of the Head of the National Disaster Management Agency Number 9A of 2020 which was updated through Decree Number 13A of 2020 the status of a certain emergency status for disease outbreaks caused by the corona virus in Indonesia has been determined. The role of Puskesmas during a pandemic is very important, especially Puskesmas in conducting prevalence, detection and response in the prevention and control of COVID-19. Puskesmas must be able to manage and utilize the available resources in breaking the chain of transmission. In connection with the above matters related to the implementation of the accreditation of the Sangatta Selatan community health center which is also an initial observation from the research.

2. LITERATURE REVIEW

Public policy theory

Dye quoted by Young and Quinn (2002) provides a broad definition of public policy, namely as "whatever governments choose to do or not to do". Meanwhile, Anderson, who was also followed by Young and Quinn, delivered a relatively more specific definition of public policy, namely as "a purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern."

According to Dye in Tangkilisan and Nogi (2003) describes public policy that, "Public policy is whatever governments choose to do or not to do". Dye has the simple opinion that public policy is whatever the government chooses to do or not do. Policy is a system that has elements of formation. Dye in Dunn (2000: 110) mentions three elements of a policy system: 1) public / public policy, 2) policy actors / policy stakeholders and 3) policy environment.

Policy implementation

Public policy implementation is an important aspect of the entire policy process. (LAN - RI 2008-31) argues: "policy implementation is something important, maybe even more important than policy making. Policies will simply be dreams or plans that are stored in archives if they are not implemented." Although policy implementation is important, it will only be in the last few decades that social scientists have paid attention to implementation issues in the policy process.

A very simple definition of implementation is as expressed by Jones (1991) where implementation is defined as "getting the job done" and "doing it" but behind the simplicity of such formulation means that policy implementation is a policy process that can be done easily. For implementation, according to Jones, there are several conditions that must be demanded, among others, the presence of a person or executor, money and organizational capabilities or often referred to as resurrection.

Concept of implementation

Implementation is an activity or efforts carried out to carry out all plans and policies that have been formulated and determined, complete with all the needs, the necessary tools, who is implementing it, where the implementation starts and how it should be carried out, a process of a series of activities follow-up after

the program or policy has been established, which consists of decision making, strategic and operational steps or policies to become a reality in order to achieve the objectives of the program that was originally set

Browne and Wildavsky argue that Execution is an extension of complementary activities. Nurdin Usman. (2002: 70). From the definition stated above, it can be concluded that basically the implementation of a program that has been determined by the government must be in line with existing conditions, both in the field and outside the field. Which in its activities involves several elements accompanied by efforts and supported by supporting tools.

Concept of Puskesmas accreditation

Legal basis

Puskesmas accreditation is made based on existing laws previously in order to strengthen the legal basis of Puskesmas Accreditation that is Law of the Republic of Indonesia Number 36 of 2009 concerning Health, article 54 paragraph (1) states that the implementation of health services is carried out in a responsible, safe, quality and equitable manner and is non-discriminatory.

Definition of Puskesmas accreditation

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 46 of 2015 concerning Accreditation of Puskesmas, Primary Clinics, Independent Doctor Practices, and Independent Dentist Practices, accreditation is an acknowledgment given by an independent accreditation agency set by the minister after meeting accreditation standards. Meanwhile, Puskesmas accreditation is an acknowledgment of a Puskesmas given by an independent accreditation agency set by the minister after it has been assessed that the Puskesmas has met the Puskesmas service standards set by the minister to improve the quality of Puskesmas services on an ongoing basis.

Puskesmas accreditation standards

Puskesmas accreditation assesses three groups of services at puskesmas, namely the administration and management group, the Community Health Efforts (UKM) group, and the Individual Health Efforts (UKP) group or Health Services. The puskesmas accreditation standard consists of 9 chapters, each of which will be described in the assessment standards, which then in each standard will be described in the criteria, and the criteria will describe the elements of assessment to be able to assess the achievement of these elements (Ministry of Health of the Republic of Indonesia, 2014).

Standards, criteria, and elements of accreditation assessment for puskesmas administration and management groups are described in three chapters, namely: (1) Chapter I. Implementation of Puskesmas Services (PPP); (2) Chapter II. Puskesmas Leadership and Management (KMP); (3) Chapter III. Quality Improvement of Puskesmas (PMP)

As for the Community Health Efforts (UKM) group, it is described in three chapters, namely: (1) Chapter IV. Target-Oriented Public Health Efforts; (2) Chapter V. Leadership and Management of Public Health Efforts; (3) Chapter VI. Target Public Health Effort Performance

For the Individual Health Efforts group is also described in 3 chapters, namely: (1) Chapter VII. Patient Oriented Clinical Services; (2) Chapter VIII. Clinical Service Support Management; (3) Chapter IX. Improvement of Clinical Quality and Patient Safety.

Concept of Puskesmas

According to the Ministry of Health (2009), Puskesmas is a functional organization unit that organizes health efforts that are comprehensive, integrated, evenly accepted and affordable by the community with active participation by the community and using the results of the development of appropriate science and technology, at a cost that can be borne by the government and the wider community in order to achieve an optimal health degree, without neglecting the quality of service to individuals.

Individual Health Center Services (UKP) at Puskesmas during the COVID-19 pandemic

The existence of the Corona Virus Disease (COVID-19) pandemic in Indonesia has caused widespread concern for the public to come to a health facility (health facility) for examination for fear of contracting COVID-19. To anticipate this, it is necessary to provide accurate, fast and complete health information so that people who really need health services, especially Puskesmas are not afraid to come and seek treatment at the Puskesmas.

Strengthening the triage process is also a matter of great concern at this time. Several things that underlie the need to strengthen triage are due to the presence of a group of people without symptoms (OTG) in the COVID-19 case and the lack of or inadequate availability of Rapid Diagnostic Tests (RDT) to determine

a person's reactive or non-reactive condition. The ability of triage officers to conduct initial anamneses is something that needs to be jointly trained by medical personnel and Puskesmas health workers.

3. METHODS

In this study, the research design used a qualitative descriptive approach. Moleong (2012) defines qualitative research as research that intends to understand the phenomena experienced by research subjects such as behavior, perception, motivation, action holistically and by means of descriptions in the form of words and language, in a specific context natural and by making use of various natural methods. A qualitative approach is used because the researcher intends to understand more deeply and describe the implementation of Accreditation assistance during the COVID-19 pandemic (Policy Implementation Study based on PERMENKES No.46 of 2015 concerning Puskesmas Accreditation by the Health Office at Puskesmas Sangatta Selatan, East Kutai Regency). So, this research belongs to the type of descriptive research with a qualitative approach. Primary data is data in the form of verbal or spoken words, gestures or behaviors performed by a reliable subject, in this case the research subject (informant) with respect to the variables studied. Meanwhile, secondary data is data obtained from graphic documents (tables, notes, meeting minutes, etc.), photographs, films, video recordings, objects, etc. which can enrich primary data. Due to the breadth of the problem, qualitative research focuses on the problem called the research focus, which contains general issues. Busrowi and Suwandi (2008), state that the problem in qualitative research rests on focus. This focus on research serves to limit study. So, the focus of qualitative research comes from the problem itself and the focus can be research material. Limitation in qualitative research is based more on the level of importance, urgency, the flexibility of the problem to be solved, as well as factors of limited manpower, funds, and time. So, the researcher takes it. conclusions for research focus.

The implementation mechanism for Accreditation Assistance in the Individual Health Efforts section during the COVID-19 pandemic includes: (1) Organizing; (2) Financing; (3) Mentoring criteria and procedures in the field of health efforts Public; (4) Supporting and inhibiting factors are good; (5) Internal; (6) External.

In this study, data collection was carried out using the following techniques: (1) Observation or observation includes the activity of focusing attention on an object using all the senses. So, observing can be done through sight, touch, and taste (Arikunto, 1997). (2) Interviews or conversations with a specific purpose. Interviews were conducted by two parties, namely the interviewer, who asked the question and the interviewee who gave the answer to the question (Moleong, 2002). (3) Documentation, namely the method used by researchers by providing written objects such as books, magazines, documents, regulations. (4) Regulations, photos, meeting minutes, daily notes, and so on (Arikunto, 2002: 135). And also, files related to the Minister of Health Regulation No.46 of 2015 concerning Accreditation of Puskesmas by the Health Office at Puskesmas Sangatta Selatan.

4. RESULTS AND DISCUSSION

The results of this study are the results of interviews with officers and the Head of the UPT.Puskesmas Sangatta Selatan in the implementation of accreditation through documents and also its implementation. The implementation mechanism for Accreditation Assistance in the Individual Health Efforts section during the COVID-19 pandemic includes:

Organizing

The five criteria for standard Puskesmas organizing functions are as follows: Table 1 Determination of the Organizational Structure of the Puskesmas Sangatta Selatan.

Table 1. Compliance organizing

| Criteria | Rating Element | Score |
|---|---|-------|
| Determination of organizational structure | Puskesmas Organization Structure | 5 |
| | Determination of Person in Charge for Community Health Center efforts | 10 |
| | Flow of Communication and Coordination | 10 |
| | | |

The table above shows that the criteria for determining the organizational structure have been implemented properly based on observations in the field. The results of the interview with the Head of UPT.Puskesmas Sangatta Selatan said that there is an existing organizational structure and is running in accordance with the main duties and functions of each employee based on the available pathways in the

accreditation assessment element. sometimes not in accordance with the main duties and functions based on the type of education available.

"I am a midwife, but I was put in the registration because for the main duties and functions of the midwife, I had excess and lack of personnel in the registration section, so I was put in the registration," said a staff member who did not want to be identified. Based on the results of interviews and researchers' observations that there is indeed an organizational structure but, in its implementation, it does not follow a predetermined structure but they are more concerned with fulfilling existing job duties and responsibilities.

Financing

Based on observations in the field, this year according to the plan for accreditation, Puskesmas Sangatta Selatan will conduct an accreditation assessment so that the previous year a budgeting plan has been made at the RUK Puskesmas. I asked the treasurer of the mother's Puskesmas to say that this year all budgets were diverted to tackle COVID 19 so that the funds that should have been for the implementation of accreditation had been diverted because it really needed a lot of funds during this pandemic. The results of interviews with the Head of the Administration Subdivision said that many Puskesmas plans this year did not go according to planning considering this pandemic required a large budget, especially in fulfilling the APB and also medical equipment for consumables for employees and patients who came. So that the results of the observations can be said that there is financing in the implementation of accreditation but because the pandemic does not go according to the existing plan.

Criteria and procedures for assistance in the field of health administrators' efforts

During the COVID 19 pandemic, there were really many Puskesmas activities that had to be fulfilled based on the existing criteria and elements. The results of interviews with researchers with registration officers said that our service path this year followed KMK NO.HK01.07-MENKES-413-2020 regarding COVID 19 handling guidelines start from the first revision to the fifth revision where ask an officer that the registration department will accept patients who come to the registration counter are patients who have been screened outside the Puskesmas. So it can be concluded that the patient who enters the Puskesmas building is really confirmed that he is a sick patient who is not a suspected COVID 19 patient, so the researcher asked the Head of Health efforts, Doctor Joice said that according to the five revision guidelines from the Ministry of Health that our service flow Many have changed according to existing guidelines, such as the triage route or patient screening to screen patients who enter the Puskesmas building who are really not patients who come for treatment with a diagnosis of suspected COVID 19. Likewise, in other sections all our service lines follow the guidelines there is to maintain the safety of patients and employees so that we are not exposed to patients because of the clerk's ignorance that he is a suspected COVID patient so it is necessary to make a clear screening of patient acceptance so that SOPs are also needed at work so that the fulfillment of new SOP during the pandemic COVID-19.

5. CONCLUSION

Based on the results of research that has been conducted on research subjects, namely Puskesmas Sangatta Selatan, it can be concluded that the implementation of accreditation during this pandemic has been going well, thus the organizational structure is defined with clarity of duties and responsibilities, there is a flow of authority and communication, cooperation, and linkages with other managers are fulfilled. Clarity of duties, roles, and responsibilities of the Puskesmas leadership, person in charge and employees are fulfilled, but in practice there are employees who work not in accordance with the existing education pathway. In the financing during the COVID 19 pandemic, a lot of Puskesmas budget financing did not go according to the existing plan at the Puskesmas because it fulfilled more important funding during the COVID 19 pandemic such as fulfilling the APB using officers such as work clothes and also masks to minimize transmission of the COVID 19 virus in times of this pandemic. In fulfilling the criteria in the effort to provide health centers in the implementation of accreditation, many new SOP documents regarding the flow of services and their services during this pandemic are adjusted to the guidelines issued directly by the Minister of Health.

The need to fulfill the main duties and functions of existing employees in accordance with the fulfillment of the main tasks and functions that have not been fulfilled. It is of concern to all that during this pandemic, it is very costly to fulfill the implementation of the Puskesmas as it should be, such as the fulfillment of PPE and also all the things that are needed by both officers and patients to be able to protect themselves from being exposed to the COVID 19 virus. Services should run in accordance with existing SOPs,

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but with this pandemic a new SOP is even needed that can answer the fulfillment of existing criteria and to maintain the safety of patients and existing health workers.

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