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Quality Evaluation of Health Services at Community Health Centers: through Accreditation Surveys in Indonesia

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Abstract

Introduction: Community health centers as primary health care centers are required to be able to provide quality assurance services to the community. The current problems of the Community Health Centre are the low quality of services, the lack of standardized infrastructure, and the low number of quality human resources, and high constant of patients' complaints. The aim of this study is to evaluate the quality of health services at community health centers.

Material and Method: The research method is an observational study by taking data in 13 provinces in Indonesia for 3 years (2016-2018). A total of 45 randomly selected community health centers were evaluated for 3 days per health community center using an accreditation instrument that had been prepared and established by the Indonesian Ministry of Health consisting of 9 chapters, 42 standards, 168 criteria, and 776 assessment elements.

Finding and Discussion: The results showed that there were 2.2% of the community health centers which are not accredited, while the other 97.8% are accredited. The basic accreditation status was 45.5%. The status of intermediate accreditation was 40.9%. The main accreditation status was 13.6%. There was no plenary status of accreditation.

Conclusion: The conclusion of the study was that there are more community health centers with basic accreditation status so management supervision, human resources, facilities and infrastructure, and innovation of the community health center still needs to be improved.

Keywords: *Accreditation Status, Community Health Center, Service quality.*

Introduction

The World Health Organization (WHO) uses an accreditation system to evaluate the health service process to improve the quality of services provided to patients[1]. WHO recommends that each country ensures the quality of health services received by the citizens[2,3]. The aim of health development is to increase awareness, willingness and ability to live healthy for everyone in order to manifest optimal public health degrees. In order to achieve these objectives, various comprehensive, tiered and integrated health efforts were held. Minister of Health Regulation No.75 of 2014 concerning Public Health Centers stated that the community health center function as organizing the first level of Public Health

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(SME) and Health Efforts (UKP) by prioritizing promotive and preventive efforts to achieve the highest degree of public health in its working area[4].

Community health centers which are the frontline of health services have to provide quality assurance for health services to all residents in their working areas, therefore through Minister of Health Regulation Number 46 of 2015 has mandated the implementation of health center accreditation. Efforts to improve the quality of health services at the community health center level have been implemented nationally since 2015. However, these efforts are considered not sustainable because accreditation is considered as the end of quality. Historically accreditation is a process of assessment and monitoring through measurement of compliance with standards, the *Institute of Medicine* (IOM) report has produced a results-based quality improvement approach. The audit results and quality components implemented are yet difficult to determine the accreditation benefits of improving quality and patient safety[5].

The research conducted by Heuer which connects two indicators of quality, accreditation and patient satisfaction to 41 hospitals that have received accreditation scores from the *Commission on Accreditation of Healthcare Organizations* showed that there is no significant relationship between accreditation scores that represent the quality of service and patients' satisfaction rate who are the indicators of service quality. The success of policy implementation will be determined by many variables or factors, and each of these variables is related to each other[6,7,8].

Indonesia has 9,913 health centers, of which 7,508 were accredited community health center, and 2,405 community health centers had not been accredited. Although most have been accredited, community health center has yet fully provided maximum contribution to health services to the community, as a result, the community chooses to use clinical services, independent practice, hospitals, and other health facilities. In addition, the image and appearance of community health centers received less attention. The presence of leaders and staff have not been able to implement community health center management, low compliance with standards and guidelines in carrying out activities. Inability of community health center leaders to manage the culture and religion of their staff, staff incompetence in identifying innovation opportunities in improving performance achievement, inadequate quality team and Community health center internal audit team, and facilities and infrastructure issues, as well as inability to guarantee continuous quality improvement efforts.

Unsustainable quality improvement will have an impact on low patients' satisfaction, lack of trust in health services, increased morbidity and mortality, increased maternal mortality, infant mortality, under-five mortality, decreased life expectancy, and low community health status, on the other side processes for accreditation of community health center have been implemented nationally. By these various problems, an evaluation of quality of health service on the community health center will be carried out through an accreditation survey in Indonesia.

Community health center known as Puskesmas is the First Level Health Facility (FKTP) which is responsible for the health of the community in its area in one or part of the sub-district. In the Minister of Health Regulation Number 75 of 2014 concerning Public Health Centers, it is stated that the Community health center is the Regional Technical Implementation Unit (UPTD) of the District/City Health Office. The success of the Community health center can be carried out by the internal organization of the Community health center itself, which is "Community health center Performance Assessment," which includes management of resources including tools, medicine, finance and labor, and supported by management of recording and reporting systems, called Community health center Management Information Systems (SIMPUS).

Materials and Method

The method used was an observational study conducted in 13 provinces in Indonesia for 3 years (2016-2018). Out of the 76 community health centers that have been prepared, 45 health centers were randomly selected. The chosen community health centers were observed or evaluated for 3 days in each community health center using an accreditation instrument that had been prepared and stipulated by the Indonesian Ministry of Health consisting of 9 chapters, 42 standards, 168 criteria, and 776 assessment elements.

Findings and Discussion

Based on table 1, it shows that 44 (97.8%) community health centers were accredited and 1 (2.2%) health centers were not accredited.

Table 1. Distribution of Accredited Community Health Centers

Accreditation	F	%
Accredited	44	97.8
Not Accredited	1	2.2

Based on table 2, out of 44 (97.8%) accredited community health centers, the result was the basic accreditation status were 20 (45.5%) community health centers, middle accreditation status were 18 (40.9%) community health centers, main accreditation status were 6 (13.6%) community health center, and there was no plenary accreditation status.

According to table 3, the basic accreditation status was 45.5% with the characteristics of the working area, namely urban areas as much as 20%, rural areas as much as 45%, remote and very remote areas as much as 35%, with the ability to administer namely 45% non-hospitalization and 55% hospitalization. Intermediate accreditation status is as much as 40.9% with the characteristics of the working area namely urban areas as much as 16.7%, rural areas as much as 72.2%, remote and very remote areas as much as 11.1%, with the ability to administer namely non-hospitalization 38.9% and hospitalization 61.1%.

Table 2. Distribution of Community health center Accreditation Status

Accreditation Status	F	%
Basic	20	45.5
Intermediate	18	40.9
Prime	6	13.6
Plenary	0	0

Table 3. Distribution of Accredited Health Centers based on work area and organization of Community Health Center

Accreditation	Work Area						Management			
	Urban		Rural		Remote		Out patient		Inpatient	
	F	%	f	%	F	%	f	%	F	%
Basic	4	20	9	45	7	35	11	55	9	45
Intermediate	3	16.7	13	72.2	2	11.1	7	38.9	11	61.1
Prime	2	33.3	3	50.0	1	11.1	2	33.3	4	66.7
Plenary	0	-	0	-	0	-	0	-	0	-

Prime accreditation status is 13.6% with the characteristics of the working area, namely urban areas as much as 33.3%, rural areas as much as 50.0%, remote and very remote areas as much as 16.7%, with the ability to administer namely non-hospitalization 33.3% and hospitalization 66.7%. There is no plenary status accreditation.

The community health center must be accredited periodically at least for 3 years (Regulation of the Minister of Health no.75 year 2014 article 39), as well as accreditation is a credential requirement as a first-level health service facility in collaboration with BPJS. The approach uses in accreditation is the safety and rights of patients and families, while still paying attention to the rights of the officers. This principle is enforced to ensure that all patients get the best service and information in accordance with the needs and conditions of patients, regardless of social, economic, educational, gender, race or ethnicity. In order to improve the quality of the community health center, the Management Team must be able to work excellently and professionally, under the coordination and supervision of the head of the Community health center who performs their good and appropriate leadership functions according to the situation and conditions.

Provided health efforts must always pay attention to interests, needs, and expectations of the community as external consumers, the interests and satisfaction of all Community health center staff as internal consumers, and support for community health center facilities and infrastructure because the district/city government is the owner. For this reason, the District/City must prepare a Community health center to analyze the needs of services and the availability of Community health center

resources (based on Minister of Health Regulation number 75 of 2014) and assistance for Pre-Accreditation, Surveys to Post Accreditation Assistance. Accreditation according to Minister of Health Regulation No. 46 of 2015.

Accreditation based on Minister of Health Regulation number 46 of 2015 concerning Health Center Accreditation, Primary Clinics, Doctor's Independent Practice, and Dentist's Independent Practice, namely recognition given by independent institutions administering Accreditation determined by the Minister after meeting standards Accreditation.

The main purpose of Accreditation is to foster quality improvement, performance through continuous improvement of management systems, quality management systems, and clinical service delivery systems, and the application of risk management, and not just an assessment to get an accreditation certificate. Based on several other literatures, accreditation is the competence of an institution in carrying out activities in the form of formal recognition given by the accreditation body to certain suitability. Accreditation is an activity that examines all components as part of the process. The components reviewed are related to the structure that is in it[9]. The aim is to improve sustainable and continuous standards. Research results of Shaw in 73 hospitals in Europe showed that accreditation had an effect on the quality management of the services provided[10].

Accreditation is very much related primarily to clinical leadership and patient safety systems. In summary, it can be concluded that accreditation is an activity carried out to obtain formal recognition towards achieving a standard. The main achievement was in the form of continuous improvement in quality and performance. Minister of Health Regulation No. 46 of 2015 is a policy that sets standards and instruments for evaluating Community health center accreditation in providing first-rate services to the public. In articles 3 and 4, it was explained that the community health center must be accredited every 3 (three) years. Determination of accreditation status is the final result of the accreditation survey by surveyors and decisions of meetings of independent accreditation organizers. This determination was proven by the existence of an accreditation certificate.

The Accreditation Status of the Community health center consists of (1) Not accredited; (2) Basic accreditation; (3) Intermediate accredited, (4) Prime Accredited and (5) Plenary accredited. The District/ City Health Office prepares the Pre-accreditation steps until post-Community health center accreditation from the establishment of District/City Facilitation Teams, Community health center Facilities and Infrastructures, District/City APBD Budgeting and Human Resource according to their Competencies. Pre-accreditation assistance is a series of activities to prepare Community health center to meet Accreditation standards, while post-accreditation assistance is an activity to maintain and improve the achievement of accreditation standards continuously until the next accreditation assessment is conducted. Accreditation is used as an external evaluation instrument for patient quality and safety. For continuous quality improvement after post-accreditation, the Companion team works on orders and responsibilities to the head of the District/City Health Service.

Quality assurance is a concept that aims to achieve guaranteed quality of health services on an ongoing basis based on established standards. Its achievements are more emphasized in the service process in accordance with the standards so as to prevent the occurrence of services that do not meet the standards. Continuous quality assurance can be implemented if a quality system is implemented in the management of a good organization. This situation makes the organization will strive to provide services even exceeding the standard. This situation is because it focuses on internal and external customer satisfaction. Quality assurance is one form of improving service quality. The tools used in improving the quality of service consist of various types depending on the service organization. Enhancement tools used include accreditation and Quality Management System ISO 9000.

Accreditation itself is a tool that emphasizes structures. Safety culture is also an important aspect because according to Budiharjo this culture describes the provided services and is one of the efforts in quality assurance[11]. Culture is not only limited to slogans but is strategically linked to a system of socialization, Human Resource strategy, technology, training and example. Cable (1998) in Bustami (2011) reveals the key to the quality of health services, namely systems thinking, teamwork approach, leadership and continuous quality improvement. Bustami (2011) explains that based on his experience there were 6 things that can be achieved in quality assurance. The achievements are: (1) thorough examination, (2) the utilization of facilities and tools

becomes better, (3) more precise and economical treatment (4) more adequate information for patients, (5) more friendly and sympathetic services provided so tpatient trust increases, (6) results will be more effective and efficient[12,13,14].

Conclusions

Community health center with higher basic accreditation status, which is as much as 45.5% with work areas in rural areas and outpatient, so that management, human resources, facilities, and infrastructure need to be improved, and innovations for the community health center.

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