Study On The Implementation Of Accreditation Status And Regional Public Service Agencies As A Strategic Model For Improving The Management Of Community Health Centers (Puskesmas)

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Abstract.

Indonesia still has public health centre (Puskesmas) health care issues. The data from Bengkulu is comparable to those from the national level. It shows that Puskesmas has not maximised gatekeeping. We need responsible Puskesmas management and high-quality, sustainable health care to address these problems. Puskesmas' accreditation and Regional Public Service Agency status help the government improve Puskesmas administration. We need an improvement strategic model by synchronization because we still implement accreditation and BLUD separately. Given the current situation, this study explores potential synchronization strategies between accreditation and BLUD to enhance Puskesmas management. The study describes the condition of accredited and BLUD Puskesmas, identifies the problems, investigates the role capabilities of the parties involved, seeks to synchronise Puskesmas management, and formulates a strategy to improve management. This qualitative descriptive research uses a case study approach with purposive sampling to examine Puskesmas, an accredited and BLUD school in Bengkulu Province. Researchers conduct in-depth interviews, observations, library studies, and documentation. Researchers analyse data through collection, reduction, presentation, and verification or conclusion. They also triangulate data, sources, and procedures for data validity analysis. This research created a Puskesmas Management Improvement Strategy Model as a Novelty.

Keywords: *Accreditation, BLUD, Puskesmas, Synchronization, Strategy Model and Puskesmas Management .*

I. INTRODUCTION

Currently, Indonesia has several issues concerning healthcare services in Public Health Service (Puskesmas), such as low service quality [1], challenging service access, weak puskesmas management, non-optimized human resource quality, and poor patient satisfaction and information technology [2]. Effective puskesmas management is vital to answer these issues. Its execution requires cooperation between various parties, including regional governments, healthcare workers, and the public. It aims to improve the qualified and sustainable healthcare service provision. Moreover, transparency, accountability, and community involvement are crucial in the success of puskesmas management. Government measures in actualizing such matters reinforce puskesmas management through puskesmas accreditation and the status of the Regional Public Service Agency (BLUD) of Puskesmas. Accreditation improves healthcare service quality, where procedures are recorded and documented well [3] . Puskesmas accreditation will upgrade service quality, patient safety, and protection for healthcare workers, society, and the environment by prioritizing promotive and preventive programs for a better public health level [4]. Meanwhile, BLUD is essential in enhancing puskesmas management, offering opportunities to improve healthcare services and financial management [5]. However, to date, accredited puskesmas and BLUDs in Indonesia are limited. In December 2022, only 43% of puskesmas had adopted BLUD in Indonesia.Based on the data, the number of Indonesian accredited puskesmas is relatively large, i.e., 88.9% (9,153 of 10,292 puskesmas) distributed across 34 provinces.

However, the accreditation status distribution is mostly on the low standard level, i.e., 24% on Basic Accreditation (2,176 puskesmas), 55% on Moderate Accreditation (5,072 puskesmas), and 18% on Primary Level Puskesmas (1,664 puskesmas). Plenary, as the highest accreditation level, remains low at 3% (241 puskesmas). Bengkulu Province is one of the provinces in Indonesia where its puskesmas accreditation and BLUD status distribution mimics the national condition. From 179 available puskesmas, 73 (40.78%) are Basic, 97 (54.19 %) are Moderate, 9 (5.03%) are Primary, and none is Plenary. The Health Office of

Bengkulu Province report asserted that 30 puskesmas (16.76%) had BLUD status in 2022. Its distribution was limited to 2 regencies of 10 regencies/cities in Bengkulu Province, with 21 (100%) in Rejang Lebong Regency and 9 (64.3%) in Kepahiang Province. Meanwhile, in Bengkulu City, Seluma Regency, South Bengkulu Regency, Kaur Regency, Mukomuko Regency, North Bengkulu Regency, Central Bengkulu Regency, and Lebong Regency had no puskesmas with Regional Public Service Agency status. A preliminary survey and interview the researchers conducted discovered that puskesmas with BLUD status cannot maximize the financial management flexibility as expected by PKK BLUD. Puskesmas must deposit its income receipts to the regional treasury and adjust the expenditure type to the Budget Implementation Document (DPA).

Concerning healthcare workers in puskesmas, available healthcare worker type standards in puskesmas are physician or dentist and seven other healthcare workers. These, at the very least, include nurse, midwife, health promotion and behavioral science personnel, environmental sanitation personnel, nutritionists, pharmacists or pharmaceutical technical personnel, and medical laboratory technological experts, and non-healthcare workers (Regulation of the Health Minister 43 of 2019). The preliminary survey and interview show non-optimized resource according to puskesmas service standards. The number of human resources in both puskesmas is in the standard, i.e., 40 healthcare workers in UPT Puskesmas Simpang Nangka and 70 in UPT Puskesmas Curup. Although the number is adequate, it lacks composition. In particular, UPT Puskesmas Simpang Nangka has no dentist, pharmacist, or medical laboratory personnel. Meanwhile, UPT Puskesmas Curup has sufficient healthcare workers. However, it requires more workers when one compares the workload to a relatively massive surrounding population.Based on the availability of facilities, infrastructure, and medical devices in both puskesmas in 2021, they had met the standard of Application of Facilities, Infrastructure, and Health Equipment (ASPAK) at over 70%. The survey results show that the facility, infrastructure, and medical device availability in Puskesmas Simpang Nangka is 73.61%. Meanwhile, Puskesmas Curup reaches 77.20% for the facility, infrastructure, and medical device availability.

Regarding its budgeting, a preliminary survey was conducted on three puskesmas, i.e., Simpang Nangka (Basic Accreditation), Curup Timur (Moderate Accreditation), and Curup (Primary Accreditation), where the selection of these three puskesmas aimed to observe budget compositions of each puskesmas with different accreditation status. Following the above explanation, there is a research and phenomena gap of non-optimized puskesmas management. Accreditation and BLUD have been running for a while. Unfortunately, it has not reached the objective expected by the government. The government projects serious commitment and attention to improving accreditation and BLUD of puskesmas, as shown by the issuance of the Regulation of the Health Minister of the Republic of Indonesia Number 46 of 2015, amended by the Regulation of the Health Minister Number 34 of 2022 on the Accreditation of Puskesmas, Primary Clinic, Independent Physician's Practice, and Independent Dentist's Practice regulating about accreditation in primary level healthcare service units, particularly puskesmas, and in the Regulation of the Health Minister Number 71 of 2013 as amended several times, last with the Regulation of the Health Minister Number 7 of 2021 on Healthcare Service in National Health Insurance, stating that primary healthcare facilities including puskesmas must be accredited and meet the requirements to cooperate with National Health Insurance (BPJS Kesehatan). The government also issued the Regulation of Home Affairs Minister of the Republic of Indonesia Number 79 of 2018 on Regional Public Service Agency (BLUD) which regulates the financial management flexibility in units providing direct public services to the community. Currently, [6] stated that accreditation and BLUD implementation are separate.

In practice, the Regional Public Service Agency (BLUD) and the accreditation process of puskesmas often run separately, although both have a shared goal to improve healthcare service quality. It creates challenges and constraints in puskesmas management, including resource use efficiency. Puskesmas must have different requirements and standards to achieve accreditation status and BLUD [7].Despite its synergy potential between the accreditation process and BLUD management in enhancing healthcare service quality, one requires more comprehension for integrating both effectively. Hence, thorough planning and concrete steps are necessary to solve practical constraints possibly arising when combining these two elements. The

researchers dug the strategies for resolving the issues to become a novelty, i.e., a strategic model to improve puskesmas management. This model aims to actualize better and independent puskesmas management. It looks for upgraded puskesmas service following the needs, situation, and workplace condition.

II. METHODS

The study employed a qualitative descriptive study type by conducting in-depth research and understanding the causes of a social phenomenon. The researchers determined that the research population is all *puskesmas* accredited Basic, Moderate, Primary, and Plenary, and having Regional Public Service Agency status in Bengkulu Province amounted to 30 *puskesmas*. The study sample collection technique was purposive sampling, where the researchers determined criteria following study objectives. Therefore, it can answer the research problems. In making proportional samples which can reveal the condition and issue of accreditation and BLUD synchronization in Bengkulu Province, the researchers used sample number screening by 30 percent of the population, i.e., ten *puskesmas* by considering representation of two *puskesmas* at each accreditation level in Kepahiang and Rejang Lebong regencies. Data collection had four approaches: in-depth interview, observation, literature study, and documentation [8]. The study employed two data types: primary and secondary. Primary data were sourced from primary sources, while secondary data came from other sources previously available [9].

The study collected primary data from observation and direct interviews to the internal party, *puskesmas*, as the samples and external parties of the accreditation team, patients of each *puskesmas*, and government representatives.Meanwhile, secondary data were from written sources, photos, and statistical data. Written sources were previous research, books, scientific journals, legislation, or other official government documents considered relevant to the study, including records and reports of healthcare workers in *puskesmas* that become study samples. Secondary data come from intermediary or indirect media, such as published and unpublished documents [8]. In this study, researchers analyzed qualitative data using interactive analysis model of Miles and Huberman. Data analysis started with collecting data by the researchers. Subsequently, the researchers analyzed and validated the data. The interactive analysis model of Miles & Huberman consists of several steps, i.e., data collection, data reduction, data presentation, and conclusion. These steps run continuously and interactively to ensure no situation or context is poorly explained and recorded.

III. RESULT AND DISCUSSION

Illustration of *Puskesmas* with Accreditation and BLUD Status Condition in Bengkulu Province

The study findings reveal that human resources from *puskesmas* accredited Basic, Moderate, and Primary, both from the number and personnel type, have not been distributed evenly. The number of personnel increases and decreases annually. A significant number of excess personnel is present in nurses, midwives, and public health personnel, while a shortage exists in dentists, environmental health, medical laboratories, and pharmacists. Other personnel is limited in Basic and Moderate Level *puskesmas*, despite being abundant and excessive in Primary Level *Puskesmas*. All medical personnel tend to be sufficient in Primary Level *Puskesmas*. Furthermore, the researchers interviewed regional governments, heads of *puskesmas*, and *puskesmas* planners who also serve as heads of the *puskesmas* administration sub-division, which oversees personnel for detailed information. Simultaneously, direct observation occurred in all *puskesmas* in study samples to ensure that data conveyed are available in real-time and accurate according to the personnel type. Thus, the researchers acquired such findings: Accredited *puskesmas* and BLUD in Bengkulu Province remains having healthcare worker issues, including the lack of human resources in financial management workers. It leads to sub-standardized financial statement preparation. Study results of ASPAK documents discover that the percentage of facility, infrastructure, and medical device availability from 2022 to 2023 in Basic, Moderate, and Primary Level *puskesmas* has met the ASPAK standard of 70%.

Hence, based on available data and reports, all *puskesmas* meet the needs for facilities, infrastructure, and medical devices required to provide quality healthcare services to the public. Facilities

and infrastructure are critical elements in supporting *puskesmas* operations and service. Availability and quality of adequate facilities and infrastructure can improve healthcare services, work efficiency, and patient satisfaction. Several *puskesmas* encounter challenges in such matters, which affect the accreditation process and implementation of the BLUD model. The percentage of facility, infrastructure, and medical device availability from 2022 to 2023 in Basic, Moderate, and Primary Level *puskesmas* has met the minimum standard of 70%, reflecting the fulfillment for quality healthcare service needs. However, interviews with *puskesmas* managers and LPA representatives reveal the lack of facilities and infrastructure and the importance of excellent management to upgrade service quality. Several *puskesmas* fail to match their accreditation status and face challenges in the accreditation process due to limited funds, human resources, facilities, and infrastructure. Although the data show standard fulfillment, the reality shows unmet needs, primarily due to insufficient budget for improvement and fulfillment of facilities and infrastructure, which affect healthcare service quality. In a budget viewpoint, all *puskesmas* budget highly depends on fund availability from the central and regional governments.

Although BLUD positively affects budget management efficiency, there remains a challenge in ensuring fund adequacy for facilities and infrastructure, particularly for *puskesmas* in Basic and Moderate levels. Flexibility and efficiency in using the budget is vital. Accountable, transparent, and efficient management is crucial to support the accreditation process and enhance service quality. Budget evaluation and adjustment based on performance monitoring results is critical in ensuring effective fund utilization. The primary challenge in managing the budget is fund fluctuation and adequacy for facilities and infrastructure, which requires better financial management strategies and human resource capacity improvement. An approach involving all staff in preparing and managing the budget and collaborating with various related parties can help *puskesmas* to optimize available resources to improve healthcare service quality.From observation findings, the accreditation process is neglected during daily operations. Some merely consider accreditation administrative needs without the support from correct quality governance and its implementation. In fulfilling quality, three essential factors exist, i.e., consumers, profession, and management. These become the assessment benchmark for the causes and consequences of quality failures, as the accreditation outlines. [10] stated that resolving quality issues can help save to 30% of organizational operational expenses. It includes identifying and rectifying errors, avoidable complaints, negligence, extravagance, inefficient systems, limited worker training, and other issues. There are numerous human resource issues, both in its adequacy and planning for improvement. It becomes a massive task for *puskesmas* to build competent human resources.

Strategic model of *puskesmas* management improvement

One should consider several critical aspects in producing a *puskesmas* management synchronization model involving *puskesmas* in Basic, Moderate, and Primary levels. First, various human resource needs on every accreditation level. *Puskesmas* in the Basic Level require an increased number and quality of human resources, while those in Moderate and Primary levels might focus more on improving competence and sophisticated management of human resources. Moreover, effective budget management should be an integral part of this model. It includes sound comprehension regarding fund sources, proper fund allocation, and transparency of fund utilization. Also, measures to improve service quality should be the key focus. It involves infrastructure improvement, human resource development, and best practice implementation in healthcare services. Another vital element is community involvement and participation in the model. It ensures that the provided services follow social needs and expectations.In enhancing program management strategies in *puskesmas*, it is fruitful to implement an effective PDCA (Plan-Do-Check-Act) model. In the **Plan** stage, the approach actively involves the community through surveys, cross-sector mini-workshop activities, and socialization to allow them to understand and holistically resolve health problems.

Planning and budgeting processes involve the Health Office to ensure harmony with regional priorities. Workshops and socialization aim to improve social participation while prioritizing accreditation and quality management team formation to prepare accreditation documents following latest regulations. Such a process requires the involvement of all parties according to the main tasks and functions of available human resources. In planning, one should revise the Standard Operating Procedure and conduct essential

meetings cross-sector to synchronize programs and budgets.The **Do** stage involves the community, management, and *puskesmas* staff to apply predetermined service procedures. Meticulous budget management is essential, primarily concerning the funds supporting facilities, infrastructure, and accreditation activities. Excellent coordination with the Health Office and other related institutions is paramount to enable all processes run according to the plan.

Then, in the **Check** stage, *puskesmas* conducts different evaluations, including an annual evaluation by the Health Office, regular three-monthly monitoring and evaluation, an internal audit twice a year, and a management review meeting twice a year. A social satisfaction survey will measure the public's satisfaction level on services provided. One should also carry out performance evaluation of employees. The Health Office and BPKD also periodically evaluate the financial report system to ensure that all activities abide by the predetermined standards and offer an improvement space.Finally, in the **Act** stage, the steps include improving service and human resource quality. It also suggests awarding employees and *puskesmas* with excellent innovation and performance and enhancing coordination with the Health Office and Regional Financial Agency (BKD) to solve issues. Another vital element is arranging the Activity Implementation Plan (RPK) following the issue. *Puskesmas* also must upgrade technologies supporting the effectiveness and efficiency of administration and management.This PDCA model facilitates *puskesmas* in implementing and managing sustainable transformations to improve healthcare service quality provided to the community. With this structured cycle, *puskesmas* can proactively solve issues, adapt best practices, and continue to improve overall performance.

IV. CONCLUSION

Based on the study results, the researchers achieve several conclusions following the study objectives as proposed:

1. The condition of accredited *puskesmas* in Bengkulu Province shows significant differences on each level. Basic Level *Puskesmas* has limited funds, which affects service quality. The accreditation process at the basic level faces challenges in fulfilling documents, although several *puskesmas* are successful due to thorough preparation. In Moderate Level *Puskesmas*, worker distribution is more even despite small drawbacks. The facilities and infrastructure meet a minimum standard with better management; however, the budget remains considered low by several *puskesmas*. The accreditation process is directed and systematic, focusing on commitment and periodic evaluation. Meanwhile, Primary Level *Puskesmas* show fulfillment tendency for all personnel types with better facility and infrastructure management and a stable budget. The accreditation process in this level is mature, focusing on physical improvements, teamwork development, and periodic evaluation to upgrade performance and efficiency.
2. Accredited *puskesmas* in Bengkulu Province encounter challenges on each accreditation level. Basic Level *Puskesmas* have insufficient healthcare workers in numerous positions and are excessive in other posts. It also struggles to fulfill facilities and infrastructure with unstable budgets and faces challenges in fulfilling accreditation documents and resistance to changes. Moderate Level *Puskesmas* has better employee distribution and a directed accreditation process. Despite having a sufficient budget, it lacks workers and faces challenges in managing facilities and infrastructure. Primary Level *Puskesmas* shows better healthcare worker fulfillment, efficient facility and infrastructure management, a stable and mature budget, and an accreditation process focusing on commitment enhancement, physical improvement, and teamwork development via periodic evaluation. Overall, *puskesmas* in Bengkulu Province strongly commit to improving healthcare service quality through accreditation, although requiring strategies and sustainable measures in resolving various challenges.
3. The roles of the parties in implementing accreditation and BLUD of *puskesmas* help synchronizing accreditation and BLUD. *Puskesmas* managers are vital in each management step and synchronization administration of technical and non-technical accreditation and BLUD. Regional governments also periodically and sustainably assist, observe, evaluate, and give feedbacks on accreditation and BLUD

implementation in *puskesmas*. The supporting elements simultaneously follow each program and activity and offer constructive inputs and assessments for better service quality.

4. *Puskesmas* management synchronization is applied in program management to improve *puskesmas* management quality.
5. The study produces a strategic model of *puskesmas* management improvement. This model follows data from study informants of strategies conducted by *puskesmas*, regional governments, and supporting elements to improve *puskesmas* management. In its implementation, it is necessary to have a synchronization model that considers human resource needs, effective budget management, and community involvement at each accreditation level. This model is proposed as an effective management strategy. The planning stage involves social survey and cross-sector coordination to understand health issues. The implementation covers budget management and coordination with the Health Office. Periodic evaluation aims to ensure that the activities follow predetermined standards. Follow-up includes awards and collaboration to handle obstacles.

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