



Implementation of Post-Accreditation Administration and Management Group Recommendations at Candimulyo Health Center

Retno Mariani¹, Chriswardani Suryawati², Ayun Sriatmi³

^{1,2,3}Magister Kesehatan Masyarakat, Fakultas Kesehatan Masyarakat, Universitas Diponegoro, Semarang

Email corespondensi : marianiretno@gmail.com

<p>Track Record Article</p> <p>Accepted: 28 February 2023 Revised: 20 March 2023 Published: 31 March 2023</p> <p>How to cite : Mariani, R., Suryawati, C., & Sriatmi, A. (2023). Implementation of Post-Accreditation Administration and Management Group Recommendations at Candimulyo Health Center. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 5(1), 168–175.</p>	<p style="text-align: center;">Abstract</p> <p><i>The implementation of the recommendations is a continuous improvement effort in improving the quality of Public Health Center services and is related to the strategy for increasing accreditation status. However, a preliminary study in Magelang District showed that the implementation of the follow-up recommendations given by the surveyor to the administration and management group was only carried out by the Candimulyo Health Center. This study aims to analyze the implementation of recommendations in the post-accreditation Administration and Management group at the Candimulyo Health Center, Magelang Regency. This research is a qualitative research with a case study research design. This research started from August to October 2022. There were 6 informants in this study consisting of the Head of the Public Health Center, the Admen in Charge, the Head of Quality and the Admen Team Members as the main informants. Data collection techniques in this study are in-depth interviews. Data validation uses source triangulation with informant triangulation. Analysis of the research data is data reduction, data presentation and drawing conclusions. The results showed that only 28% of the recommendations had been implemented. The administration and management team already exists but there are no standards regarding post-accreditation activities, no specific planning and no monitoring and evaluation mechanism. The implementation of the recommendations at the Candimulyo Health Center has not been optimal because there is no specific plan regarding follow-up and support from the health office through monitoring and evaluation. Further research is needed on factors related to the non-implementation of post-accreditation monitoring and evaluation at the health office level. it is advisable to make reference to post-assessment accreditation activities including planning for the implementation of recommendations. and it is advisable to develop a policy mechanism for monitoring the implementation of recommendations.</i></p> <p>Keywords: Accreditation, Quality, Recommendation</p>
---	---

INTRODUCTION

Public Health Center as health facilities spread throughout Indonesia have an important role in the health system (Kementrian Kesehatan RI, 2019). Quality of service is a must in the delivery of services, including health centers (World Health Organization, 2022). Various policies have been implemented by the government in creating quality in Public Health Center including accreditation (Reganata, 2020). The implementation of accreditation was also accelerated by the existence of a policy for credentialing health service provider facilities as providers of National Health Insurance which must be accredited (Misnaniarti, 2018).

The accreditation of the Public Health Center sets standards for the management and implementation of public and individual health (Kementrian Kesehatan RI, 2011).

Implementation of Public Health Center accreditation also applies the tracer method so that the assessment is not only based on implementation documents. The Public Health Center will receive a certificate that includes the accreditation achievement strata after an assessment by the surveyor. The Public Health Center accreditation surveyor also provides recommendations for assessment elements that have not been fulfilled as an effort for continuous improvement (Kementrian Kesehatan RI, 2020). Accreditation is a process that starts from planning, implementing, monitoring, evaluating and planning follow-up (Sulistinah et al., 2017)

Accreditation is reported to have a positive impact on the quality of health services (Mirshanti, 2017). However, several studies have shown that the sustainability of activities and programs has not occurred after the accreditation assessment (Daeyani, 2018). Whereas, studies from several studies show that this impact only occurs if the continuation of post-assessment activities is carried out at the Public Health Center (Mariani et al., 2022). To achieve this accredited status, community health centers must prepare various resources in community health centers so that they can carry out administrative and management activities, public health efforts, and individual health efforts by the accreditation standards that community health centers want to achieve (Setiawan et al., 2018). Health developments in a country need attention. However, the Health Information System, one of Indonesia's health development goals, still does not provide accurate, complete, and timely results (Siregar et al., 2019).

One of the activities after the accreditation assessment is to make improvements based on the recommendations given by the surveyor. The implementation of these recommendations is a continuous improvement effort in improving the quality of Public Health Center services. In addition, the implementation of post-accreditation recommendations is related to strategies for improving accredited status (Kementrian Kesehatan RI, 2011). Research in Sumenep Regency showed that the implementation related with increasing accredited status (Winarni et al., 2022). However, a preliminary study in Magelang Regency showed that the implementation of follow-up recommendations given by the surveyor to the administration and management group had only been carried out by the Candimulyo Health Center. It is necessary to carry out further studies regarding the implementation of the recommendations to see aspects related to the success of their implementation. This study aims to analyze the implementation of recommendations in the post-accreditation Administration and Management group at the Candimulyo Health Center, Magelang Regency.

METHODS

A qualitative with case study design was conducted at the Candimulyo Community Health Center in Magelang Regency to analyze the implementation of the recommendations for the Admen group. This study started at August until October 2022 at Candimulyo Health Center, Magelang Regency.

In-depth interviews used to collected data and source triangulation used to validation the data. There are 6 informants include 4 main informants and 2 triangulations. In-depth interviews were conducted with the Head of the Health Center, Admen in Charge, Head of Quality and Admen Team Members as the main informant, while in-depth interviews with triangulation informants of the Accreditation Program Support at the Health Office and accreditation internal assistants as data validation. Guidelines interviews used at this study.

Characteristics Of Informants

All informants is female and the charactersitics showed at Table 1:

Table 1. Characteristics of Informants

Code	Position	Information	Sex
U 1	Head of Health Center	Main Informant	Female
U 2	Admin Responsible	Main Informant	Female
U 3	Head of Quality	Main Informant	Female
U 4	Admin Team Member	Main Informant	Female
T 1	Health Office Accreditation Program Manager	Triangulation Informants	Female
T 2	Accreditation Assistant	Triangulation Informants	Female

INPUTS

Candimulyo Health Center has an Administration and Management Team in carrying out Public Health Center accreditation consisting of Person in Charge, Sub Team Chapter I, Chapter II and Chapter III. PJ Admen is the Coordinating Midwife, Chapter I Sub Team consists of the Head of the Health Center and Midwife, Chapter II consists of midwives, nurses and financial administrators while Chapter III consists of dentists and midwives.

The implementation of the recommendations does not have a special budget and special equipment because it is attached to the implementation of existing Public Health Center management. The results of the study also show that there is no activity reference that regulates the activities that must be carried out by the Public Health Center after accreditation.

PROCESS

The Candimulyo Health Center has not carried out a follow-up plan on the recommendations that have been given to the administration and management groups

specifically. This is in line with the statement by the Head of the Public Health Center as follows:

"recommendation planning, if planning recommendations..., we usually include improvements to activity proposed plan if there are any"

The Head of the Public Health Center has divided the recommended elements based on the job descriptions of the relevant staff. This is in line with the statement of the Administrative Person in Charge as follows:

"It is recommended that those who are added by us work together, those who are added are divided into mb, so for example, what are the recommendations for admen, yes, this is handed over to the admen in the admen team"

The results showed that the Candimulyo Health Center had no obligation to report the implementation of post-accreditation recommendations to the Health Office or the Ministry of Health. This is in accordance with the interview with the Head of Quality as follows:

"No, the Health Office doesn't collect, because it's not billed"

The Health Office accreditation assistant stated that there was no monitoring mechanism yet evaluation.

"Specifically regarding recommendations, there is no reporting yet, we just remind them to make recommendations"

OUTPUT

The number of assessment elements that must be corrected in the administration and management group at the Candimulyo Health Center is 75 elements divided into Chapters I, II and III. The results showed that only 28% of the elements had been repaired. Details of elements that have been corrected in each Chapter can be displayed at Table 2:

Table 2. Achievements in Implementing Recommendations at Administration and Management Group

Chapter	Number of Recommended Elements	Fixed elements	Percentage
I	28	10	35.7%
II	31	8	25.8%
III	16	3	18.8%
Total	75	21	28.0%

DISCUSSION

The results showed that only 28% of the recommendations for the administration and management group at the Candimulyo Health Center had been reached. This relates to the input aspect and the implementation process. In the process aspect, it is known that there is no follow-up plan related to specific recommendations. Planning plays an important role in the success of an activity (Sitorus, 2020). Planning for follow-up on recommendations can include what must be done, who is doing it, what is needed and the target time for implementation (Sumadi et al., 2021). The existence of clear planning can encourage better achievement.

This absence of planning could be related to the absence of guidelines for post-accreditation activities. The absence of post-accreditation process information may be related to the performance of activity outcomes as reported in the health services in Jordan (Algunmeeyn et al., 2022). Availability of guidelines related to encouragement to achieve more optimal activities (Basarah et al., 2022).

The absence of planning for follow-up on recommendations is also related to assistance from the Health Office which has not discussed the implementation of recommendations intensively. Technical assistance related to the achievement of activity performance (Sirojudin et al., 2020). The implementation of recommendations that have not been optimal is also driven by the absence of monitoring from higher organizations, both the Health Office and the Ministry of Health through the Public Health Center accreditation surveyor. Policy implementation studies show that the reporting mechanism can promote more optimal success of policy implementation (Hudson et al., 2019). To be accredited, community health centers must undergo several stages that require various kinds of preparation and also good organizational commitment in order to achieve the organization's goal of obtaining accredited status (Nurcholis et al., 2020).

In Rahayu's research Rahayu (2020), it is known that the health office has prepared an accreditation roadmap in such a way as to prepare for the implementation of re-accreditation. The accreditation assistance team decree was formed at the end of January 2019. There are significant changes from these changes. If previously, 1 team contained nine people who held per chapter; since 2019, each team has contained three people who held per working group plus one coordinator. Ainur's research Rahma (2015) found that for the Juwana Public Health Center itself, the implementation was good, in the sense that the Public Health Center as a care Public Health Center has responsibility for the medical needs of its participants and has

complete service support facilities so that participants are expected to get the best service which can later increase participants' trust in the Public Health Center itself.

The role of community health centers as the spearhead of basic health services about aspects of wide geographical reach is very important to be optimized. Quality as a barometer of service must be put forward to become a culture that leads to patient satisfaction (Reganata et al., 2020). The attitude shown by health workers, medical personnel such as doctors, nurses, midwives, pharmacists, and other employees must create a good impression on patients who use the services of community health centers. This is based on the purpose of the community health center itself, which wants to provide the best service to patients. On the other hand, it is also based on maintaining the status of a community health center as an accredited community health center (Sakilah et al., 2020).

In addition, there are staff resources that are allocated inaccurately related to the non-optimal implementation of the recommendations even though the division of tasks has been carried out in its implementation. This is in line with research related to accreditation readiness that double loads are related to the non-optimal implementation of re-accreditation (Koesoemahardja, 2016). Research in East Nusa Tenggara also showed that staff availability can be obstacles in implementation of Maternal and Child Health policy (Tat et al., 2020).

According to the researcher's assumption that special planning for post-accreditation management at the Candimulyo Health Center is not optimal due to the direction of the officers' responses who have not considered accreditation as a continuous improvement effort so that post-accreditation activities do not run optimally.

CONCLUSIONS

The implementation of the recommendations at the Candimulyo Health Center was not optimal due to the lack of specific planning related to follow-up and support from the health service through monitoring and evaluation. Planning has important role to successful implementation, while monitoring and evaluation can encourage the team to implement recommendations.

Further research is needed on factors related to the non-implementation of post-accreditation monitoring and evaluation at the health office level. it is advisable to make reference to post-assessment accreditation activities including planning for the implementation of recommendations. and it is advisable to develop a policy mechanism for monitoring the implementation of recommendations.

REFERENCE

- Algunmeeyn, A., & Mrayyan, M. T. (2022). Understanding the factors influencing the implementation of accreditation in Jordanian Hospitals: the nurses' view. *BMJ Open Quality*, 11(3), 7–12. <https://doi.org/10.1136/bmjopen-2022-001912>
- Basarah, Andry, & Tahjoo. (2022). Perceived accreditation benefits, participation and organizational commitment in hospital accreditation performance. *International Journal of Public Health Science (IJPHS)*, 11(2), 527.
- Daeyani, R. (2018). Keberlanjutan Implementasi Program Akreditasi Puskesmas Pasca Terakreditasi di Kabupaten Lumajang. *Universitas Gadjah Mada*.
- Hudson, B., Hunter, D., & Peckham, S. (2019). Policy failure and the policy-implementation gap: can policy support programs help? *Policy Design and Practice*, 2(1), 1–14. <https://doi.org/10.1080/25741292.2018.1540378>
- Kementerian Kesehatan RI. (2011). Peraturan Menteri Kesehatan Republik Indonesia Nomor 42 Tahun 2016 Tentang Perubahan Atas Peraturan Menteri Kesehatan Nomor 46 Tahun 2015 Tentang Akreditasi Puskesmas, Klinik Pratama, Tempat Praktik Mandiri Dokter, Dan Tempat Praktik Mandiri Dokter Gigi. *Peraturan Menteri Kesehatan Republik Indonesia Nomor 42 Tahun 2016*, 879, 2004–2006.
- Kementerian Kesehatan RI. (2019). Peraturan Menteri Kesehatan Republik Indonesia Nomor 43 Tahun 2019 Tentang Pusat Kesehatan Masyarakat. Jakarta : Kementerian Kesehatan RI.
- Kementerian Kesehatan RI. (2020). Peraturan Menteri Kesehatan Republik Indonesia Nomor 12 Tahun 2020 Tentang Akreditasi Rumah Sakit. Jakarta : Kementerian Kesehatan RI.
- Koesoemahardja, N. F. (2016). *Analisis Kesiapan Akreditasi Dasar Puskesmas Mangkang Di Kota Semarang*. 2501011213(46), 2016.
- Mariani, R., Chriswardani, S., & Sriatmi, A. (2022). Literature Review: Is It True That Accreditation Has An Impact On The Quality Of Public Health Services? *Media Kesehatan Masyarakat*, 4(3), 368–377.
- Mirshanti, F. (2017). Pengaruh status akreditasi puskesmas, faktor sosial ekonomi dan jenis asuransi pasien terhadap kualitas pelayanan dan kepuasan pasien di Puskesmas. *Digital Library Universitas Sebelas Maret*, 1–23.
- Misnaniarti, M., & Destari, P. K. (2018). Aspek Penting Akreditasi Puskesmas dalam Mendukung Implementasi Jaminan Kesehatan Nasional. *Jurnal Penelitian Dan Pengembangan Pelayanan Kesehatan*, 2(1), 10–16. <https://doi.org/10.22435/jpppk.v2i1.35>
- Nurcholis, M., & Sureskiarti, E. (2020). Hubungan Akreditasi terhadap Kualitas Pelayanan di Public Health Center Pasundan Samarinda. *Borneo Student Research*, 1(3), 2194–2197.
- Rahayu, E. P., Trisnantoro, L., & Djasri, H. (2020). Persiapan Pelaksanaan Reakreditasi Di 4 Puskesmas Kota Yogyakarta. *Jurnal Manajemen Pelayanan Kesehatan*, 23(01), 21–29.
- Rahma, A., Arso, S. P., & Suparwati, A. (2015). Implementasi Fungsi Pokok Pelayanan Primer Puskesmas Sebagai Gatekeeper Dalam Program Jaminan Kesehatan Nasional (Studi Di Puskesmas Juwana Kabupaten Pati). *JKM (e-Journal)*, 3(31).
- Reganata, G. P., & Wirajaya, M. K. M. (2020). Akreditasi Puskesmas Sebagai Intervening Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien. *Bali Health Journal*, 4(2), 89–97.
- Sakilah, N., Arifin, M. A., & Mallongi, A. (2020). Differences in service quality before and after accreditation at Pamboang Health Center, Majene Regency. *Enfermeria Clinica*, 30(June), 345–348. <https://doi.org/10.1016/j.enfcli.2019.10.097>
- Setiawan, H. T., Jati, S. P., & Fatmasari, E. Y. (2018). Analisis pelaksanaan pendampingan akreditasi puskesmas pada kelompok kerja administrasi dan manajemen di Kabupaten

- Pemalang. *Jurnal Kesehatan Masyarakat (e-Journal)*, 6(5), 75–85.
- Siregar, P. A., Mawar, L., Chairunnisa, W. R., Rezkiyah, M., Wisdayanti, D., Hidayah, A. N., & Purba, R. D. (2019). Evaluasi Sistem Informasi Kesehatan Puskesmas Kota Matsum Di Medan Menggunakan Pendekatan Instrumen Health Metrics Network. *Contagion: Scientific Periodical Journal of Public Health and Coastal Health*, 1(1), 42–53. <https://doi.org/10.30829/contagion.v1i01.4820>
- Sirojudin, S. R., Pramana, C. P., & Gunarmi, G. (2020). Analisis Implementasi Program Ponek Di Rsud Sleman Melalui Pendekatan Model Van Meter Van Horn. *Jurnal Kesehatan Reproduksi*, 9(1), 2. <https://doi.org/https://doi.org/10.22146/jkr.74679>
- Sitorus, F. E. (2020). Hubungan Penerapan Manajemen Dengan Kinerja Petugas Kesehatan. *BEST Journal (Biology Education, Sains and Technology)*, 3(2), 167–175. <https://doi.org/10.30743/best.v3i2.3224>
- Sulistinah, A., Witcahyo, E., & Sandra, C. (2017). Kajian Kesiapan Dokumen Akreditasi Kelompok Kerja Administrasi Manajemen di UPT. Puskesmas Jelbuk Dinas Kesehatan Kabupaten Jember. *E-Journal Pustaka Kesehatan*, 5(3), 580–587.
- Sumadi, A., & Sumarno, A. (2021). Optimalisasi Perencanaan Perbaikan Strategis Dengan Pelaksanaan Standar Akreditasi Pascasurvei. *The Journal of Hospital Accreditation*, 3(2), 75–78. <https://doi.org/10.35727/jha.v3i2.105>
- Tat, F., Irfan, I., & Bait, Magdalena, M. (2020). The Availability Of Health Resources On The Performance Of Maternal And Child Health Policy Implementation In East Nusa Tenggara. *Global Medical & Health Communication*, 8(3). <https://doi.org/https://doi.org/10.29313/gmhc.v8i3.6082>
- Winarni, I., & Peristiowati, Y. (2022). Implementation of Recommendations Results Post-Accreditation of Health Centers in Sumenep Regency Towards Pall Accreditation. *Journal for Quality in Public Health*, 5(2), 675–679. <https://doi.org/10.30994/jqph.v5i2.371>
- World Health Organization. (2022). *Quality of care*. World Health Organization (WHO).