

Analysis Of Implementation Of Puskesmas Accreditation Policy In Medan City In 2023

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Keywords

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Abstract. Community health centers must be accredited to ensure good quality of service. Community health center accreditation is recognition given to community health centers after meeting accreditation standards. Medan City has 41 community health centers, 39 of which have been accredited, predominantly basic and intermediate status (87%). The preliminary study describes the problems in implementing community health center accreditation, including communication, resources, attitudes of leaders and employees, organizational structure and support from health services. The aim of the research is to analyze the implementation of community health center accreditation policies in Medan City. This research uses a descriptive analysis method with a qualitative approach by means of observation, in-depth interviews and collecting documentation from research informants. The selection of research informants used purposive sampling. The main informants are people who are directly involved in implementing accreditation policies at community health centers. Research variables include communication, resources, disposition/attitude, organizational structure, and health service support. The research results show that communication at the community health center is running well, but the instruments and standards for community health center accreditation are still poorly understood. Human resources are not distributed evenly and some have excessive workloads, budget support and facilities are not optimal. The attitude of officers in general is good towards accreditation, but the distribution of tasks is not fair and equitable. The organizational structure has been determined, work procedures are in place. However, the commitment of the leadership and officers to carry out accreditation has not been developed. The health department supports the implementation of accreditation. However, coaching and supervision has not been scheduled and is not continuous. The conclusion was that communication, resources, disposition/attitude, organizational structure, and support from the health service were not fully functioning well, and obstacles were found in understanding and fulfilling accreditation standard documents. Suggestions for more intense, sustainable and quality guidance for community health centers in implementing accreditation policies.

1. INTRODUCTION

Puskesmas is a health service facility that carries out public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest level of public health in its working area. In an effort to improve the quality of services, community health centers must be accredited periodically at least once every 3 (three) years[1]. Based on Minister of Health Regulation Number 46 of 2015, it is stated that accreditation of community health centers, primary clinics, doctors' independent practice places, and dentists' independent practice places, hereinafter referred to as accreditation, is recognition given by an independent institution administering accreditation determined by the Minister after meeting accreditation standards. Then in Minister of Health Regulation Number 34 of 2022 concerning Accreditation of Community Health Centers, Clinics, Health Laboratories, Blood Transfusion Units, Doctors' Independent Practice Places, and Dentist Independent Practice Places, it is stated that accreditation is recognition of the quality of health facility services after an assessment of the health service facility is carried out. has met accreditation standards.

Puskesmas accreditation is recognition of the quality of puskesmas services, including administration and management, public health efforts and individual health efforts after an assessment is carried out that the puskesmas has met the accreditation standards set in accordance with applicable legislation. The implementation of accreditation is carried out in accordance with the accreditation standards that have been established by the Ministry of Health. Accreditation standards are guidelines

that contain the levels of achievement that must be met by health service facilities in improving the quality of service and patient safety [2].

In carrying out accreditation, community health centers receive assistance from the Support Team. The Accompanying Team is a team appointed by the Head of the District/City Health Service to provide pre-accreditation assistance and assessment as well as post-accreditation assistance. Pre-accreditation assistance is a series of activities to prepare community health centers to meet accreditation standards. Pre-accreditation assessment is an assessment activity carried out after completion of pre-accreditation assistance to determine the readiness of the Community Health Center to carry out the Accreditation survey. 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. [3].

Data on the achievement of accreditation status for community health centers in North Sumatra Province shows achievements that are not much different from national data regarding the accreditation status of community health centers. Based on data up to December 2021, information was obtained on 558 community health centers that had carried out an accreditation survey. Of this number, 1 health center (0.18%) obtained Plenary status, 29 health centers (5.19%) received Main status, 295 health centers (52.86%) received Intermediate status, and 233 health centers (41.75%) obtain Basic status [4].

Regarding the accreditation of community health centers, it has not been running optimally. This is because there is still information that has not been distributed evenly, there is a lack of understanding of the information and the inconsistency of the information distributed, especially at the stage of increasing understanding of accreditation, creating and compiling accreditation documents which are included in the accreditation preparation stage [5]. The state of resources for the implementation of community health center accreditation is not entirely supportive because there are still several deficiencies in terms of quantity and quality of staff, there is a lot of overlap in work issues so that the workload for certain employees increases. [6].

The disposition or attitude of the implementer is the implementer's commitment to the program. The attitude or commitment of employees, especially the head of the community health center, in implementing community health center accreditation is still very indifferent because the new head of the community health center does not yet understand about community health center accreditation, thus affecting the employee's attitude and commitment to work which is less than optimal [7].

Based on research by Molyadi et al (2018), it is stated that there are several obstacle factors in implementing accreditation policies in Kubu Raya Regency, West Kalimantan, in the form of a lack of commitment and support from stakeholders in the organization, limited financial resources to meet accreditation standards, limited certain human resources, lack of understanding of the concept of accreditation within the organization, lack of follow-up from the authorities, lack of planning, culture and behavior of health service providers as well as time efficiency [8].

Based on the results of previous research and information obtained from the head of the accreditation working group at the Medan City Community Health Center, the things that become problems in implementing the accreditation policy in an effort to improve the quality of health services at the Community Health Center include, among other things, the commitment and dedication of all human resources, communication and coordination problems in implementation of accreditation, the issue of available resources in terms of personnel, costs and existing facilities, understanding and competence of human resources regarding accreditation of community health centers, the attitude of leaders and officers in facing accreditation, then support and guidance from the health service are also important elements.

2. METHOD

This research is qualitative research using descriptive analysis methods. In this research, the sampling technique used is purposive sampling, namely the technique of sampling data sources (informants) with certain considerations (considerations of people who are considered to know best

about what we hope for, namely about implementation community health center accreditation). In qualitative research, the instrument is a person or human instrument. In this study, primary data was obtained from research informants, namely the Head of the Community Health Center, Head of Administration and Persons in Charge of Efforts, Head of the Quality Team at the Community Health Center, Officials/Staff of the Medan City Health Service. Secondary data was obtained from reports, documents at the health center and the Medan City Health Service, as well as from books and journals related to the research problem discussed. Data Analysis Techniques consist of three activity streams that occur simultaneously, namely: data reduction, data presentation, drawing conclusions/verification

3. RESULTS AND DISCUSSION

Respondent Characteristics

Tabel 1. This research involved 10 informants with the following characteristics:

Type of Informant	Position	Amount (People)	Education	Accreditation Status		
Main Informant	Head of Community Health Center	4	Master of Public Health	Base		
			Masters in Health	Plenary		
			Bachelor of General Medicine	Intermediate		
			Master of Public Health	Intermediate		
Main Informant	Head of administration	1	Master of Public Health	Intermediate		
			UKP Responsible Person	Bachelor of General Medicine	Intermediate	
				Responsible for SMEs	S1 Medicine Mum	Base
				Quality Team Leader	Bachelor of Dentistry	Main
Additional Informants	Secretary of the City Health Department Medan/as well as the Fostered Cluster Development Team (TPCB)	1	Master of Public Health	Base		
			Medan/as well as the Fostered Cluster Development Team (TPCB)	Bachelor of General Medicine		

Results

Implementation of Community Health Center Accreditation Policy in Medan City Based on Communication Aspects

The communication aspect is a variable that influences the successful implementation of community health center accreditation policies. The communication aspect in this case can be seen in terms of channeling communication related to community health center accreditation policies to policy implementers (transmission), delivering accreditation policy information that is clear and not confusing (clarity), and delivering accreditation policy information that does not change (consistency). The results of the interview regarding how information is distributed regarding the accreditation policy for community health centers in the city of Medan. Based on the results of interviews with the Head of the Community Health Center, KTU, Head of the Quality Team, and the Person in Charge of Community Health Center Efforts, the distribution of information related to Community Health Center accreditation is known from the health service and also circulars from the Ministry of Health as a source of information and policy makers. In terms of distributing information related to accreditation to all community health center employees, the majority of informants answered that this was done through meetings and conferences at the community health center. The results of interviews with the Secretary of the Health Service and one of the TPMDK members also

stated that information related to accreditation was conveyed by the health service to the community health center.

The results of the interview regarding how clear information about the health center accreditation policy was conveyed to employees. Based on the results of interviews with the Head of the Community Health Center, Person in Charge of Efforts, KTU and Head of Quality at the Community Health Center, information about Community Health Center accreditation, especially regarding accreditation standards, has been conveyed to every employee, but the problem is understanding the documents that must be fulfilled in the assessment elements of the accreditation standards. There are still many employees who do not understand the documents that must be fulfilled in the assessment elements of accreditation standards. In this regard, informants from the Health Service said that there were still teams formed that did not understand the accreditation policy, but mastered the work program.

There are those who master work programs, but do not master accreditation policies. The results of interviews regarding the consistency of information regarding the accreditation policy for community health centers in Medan City. Based on the results of interviews with the Head of the Community Health Center, Person in Charge of Efforts, KTU and Head of Quality at the Community Health Center, regarding the consistency of information, there were those who said that the information received was the same and in accordance with the regulations regarding accreditation. However, when asked for information regarding understanding of accreditation standards, some said there was a difference in the explanation and understanding from the companion regarding the documents requested for the assessment elements in the accreditation standards and those obtained from resource persons during the socialization of accreditation standards from the health service. Apart from that, the lack of guidance from the health service in terms of understanding standards, preparing documents and implementing documents also means that community health center employees do not understand how to complete the documents as required in the accreditation standards. Informants from the Health Service said that socialization regarding assessment elements (EP), accreditation standards had not been carried out optimally because the agency did not yet fully understand the accreditation standards and instruments. TPMDK members also said that the problem was the willingness to listen and learn from the puskesmas.

a. Constraints based on communication aspects

Based on the results of interviews with the Head of the Community Health Center, Person in Charge of Efforts, KTU and Head of the Quality Team of the Community Health Center, the obstacles faced regarding the communication aspect in implementing the Community Health Center accreditation policy in Medan City are more related to poor understanding towards accreditation standards, especially in creating/typing implementation proof documents and preparing accreditation documents. Apart from that, another obstacle conveyed by informants was the lack of concern and teamwork. Informants from the Health Service also said that the health service, in this case the TPCB and TPMDK, did not fully understand the elements of assessment and accreditation standards, especially the new ones that had just come out. Then from the puskesmas side they are still less proactive, they are waiting for direction and guidance from the department, and there is a lack of willingness to learn, especially regarding the documents that must be met according to accreditation standards.

b. Efforts Based on Communication Aspects

Based on the results of interviews with the Head of the Community Health Center, Person in Charge of Efforts, KTU, Head of the Quality Team of the Community Health Center, efforts that can be made so that the communication aspect in implementing accreditation at the Community Health Center can run include, among other things, conveying understanding carried out continuously or mentoring carried out continuously, requiring firmness and

leadership commitment, especially in conveying information related to the implementation of accreditation. Informants from the Health Service said that the health service must identify and map problems at community health centers using an emotional and persuasive approach so that problems can be identified and solutions found, then get involved and care about community health centers, not just by conducting accreditation outreach.

Implementation of Community Health Center Accreditation Policy in Medan City Based on Resource Aspects

The resource aspect is one of the variables that influences the successful implementation of community health center accreditation policies. The resource aspect is a supporting source in implementing the health center accreditation policy. The resource aspect in this case can be seen in terms of availability and the ability of health human resources (HR) in implementing the puskesmas accreditation policy, the availability and adequacy of the budget in implementing the puskesmas accreditation policy, the existence of facilities that support the implementation of the puskesmas accreditation policy, as well as the authority or rights given to implement the puskesmas accreditation policy (authority).

Based on the results of interviews with several heads of community health centers and the Person in Charge of Efforts, KTU, Head of the Quality Team of Community Health Centers, the availability of human resources in several community health centers is still lacking, such as doctors, pharmacists, environmental health workers, medical records. There are also community health centers which are adequate in terms of numbers. Informants from the Health Service also admitted that several community health centers still lacked staff and were not sufficient pharmacist, sanitarian, medical record, nutritionist. Apart from the problem of human resource availability, what was expressed by the majority of informants said that the problem did not lie in the availability of human resources but rather in the ability to understand accreditation standards, the willingness and ability to prepare/create documents requested for each assessment element, the leadership's willingness to mobilize employees, and partly because lazy and procrastinating work.

Based on the results of interviews, regarding budget availability to support the implementation of accreditation, there were informants who said it was still lacking and the process took a long time, especially regarding maintenance/rehabilitation of buildings or rooms. This is because the funds that can be used for maintenance/rehabilitation are APBD budgets which require a long process. There were also informants who said that the budget availability was sufficient, but it could not be used directly because of JKN funds. Informants from the Health Service said that the budget to fulfill infrastructure such as building repairs is with the Perkim (Housing and Settlement) Service which requires processes and queues for its use. Meanwhile, the budget for JKN is limited and not the same size between puskesmas.

Based on the results of interviews with the Head of the Community Health Center, Person in Charge of Efforts, KTU and Head of the Quality Team of the Community Health Center regarding the existence of facilities that support the implementation of the Community Health Center accreditation policy, it is clear that facilities such as buildings and rooms are sufficient in number but the space is narrow. There were also informants who said that the puskesmas building did not comply with the requirements in the Minister of Health and was not being utilized as optimally as possible. Informants from the Health Service said that for building repairs or rehabilitation the budget could not be fully funded by the department or health center through JKN because the budget was limited and uneven, requiring an approach to the Perkim Service because they had the budget. Meeting the need for medicines and BMHP is not sufficient and procurement through e-catalog purchases requires a slow process.

Based on the results of interviews regarding the authority or rights given to implement community health center accreditation policies (authority), in implementing policies related to

accreditation there are no specific restrictions on authority. The Head of the Community Health Center, KTU, Person in Charge of Efforts can carry out activities and even make decisions as long as the work is carried out properly in accordance with applicable regulations and continues to coordinate with the leadership in implementing these activities. Informants from the Health Service said that the head of the community health center as KPA (Budget User Authority) had full authority to use the budget according to their needs. In carrying out innovations, the head of the community health center is also given freedom according to the capabilities of the community health center.

a. Constraints Based on Resource Aspects

Based on the results of interviews regarding the obstacles faced based on the resource aspect in implementing the health center accreditation policy, the obstacle faced was a lack of human resources for several types of personnel such as pharmacists, sanitarians, medical records. Then the building does not comply with the health regulations and the rooms are narrow. Another obstacle is that creating and compiling documents according to standards is difficult and has not been completed by employees. Apart from that, the leadership's assertiveness in mobilizing employees is also an obstacle in preparing for accreditation. Informants from the health service said that several community health centers still lack staff such as pharmacists, sanitarians, medical records and nutritionists.

b. Efforts Based on Resource Aspects

Based on the results of interviews regarding the efforts made based on the resource aspect in implementing the health center accreditation policy, there were informants who said that human resource needs should be met by the health service, especially in terms of working on technological equipment such as computers (IT), training given to employees regarding the use of equipment. health, increasing understanding regarding accreditation, as well as distributing the workload fairly and evenly to all employees. There were informants who said that the provision of medical equipment should be in accordance with the needs and requests of the health center. Informants from the Health Service said that efforts that could be made were for community health centers to identify which could be given additional duties and which could not, such as nutritionists, sanitarians, these must be available and the number of people is limited. Carry out equal distribution through temporary transfers, assignments, On the Job Training (OJT) between community health centers. For the budget for purchasing equipment and medicine, the head of the community health center makes direct purchases using valid and accountable data.

Implementation of Community Health Center Accreditation Policy in Medan City Based on Disposition Aspects

The disposition aspect is one of the variables that influences the successful implementation of community health center accreditation policies. The disposition aspect is the attitude shown by policy implementers in implementing the health center accreditation policy. The disposition aspect in this case can be seen from the process of appointing personnel to implement the puskesmas accreditation policy (bureaucratic appointment) and the compensation given to employees in implementing the puskesmas accreditation policy (incentives).

Based on the results of interviews regarding the process of appointing employees to implement the accreditation policy, the informant said that the appointment was carried out in accordance with their respective main duties and functions. Apart from that, education also determines the appointment of employees in implementing accreditation policies. To become the person in charge of the effort or team leader is determined based on work experience and the abilities and competencies possessed by the employee. Informants generally accepted that accreditation was good and good for improving service quality. However, the majority of informants' attitude towards the process of implementing accreditation at community health centers considers accreditation to be a burden and adds work. Some

people answered that the reason was too hasty, only a few people were working and many didn't care, and because they had stopped due to the Covid pandemic. Informants from the health service said that as long as there was friction and employee complaints, the appointment was definitely not appropriate. Apart from the officer's competency, the reason for the appointment is that he can be managed and can collaborate with the leadership. Some employees consider that accreditation is a burden.

Implementation of Community Health Center Accreditation Policy in Medan City Based on Organizational Structure Aspects

The organizational structure aspect is one of the variables that influences the successful implementation of community health center accreditation policies. The organizational structure aspect shows the existence of mechanisms and bureaucratic structures that support the implementation of accreditation policies. Aspects of organizational structure in this case can be seen from the existence of standard procedures used in implementing the health center accreditation policy (SOP) and the distribution or division of work and responsibilities in implementing the accreditation policy (Fragmentation).

Based on the results of interviews regarding the existence of standard procedures used in implementing the puskesmas accreditation policy, several informants answered that there were procedures in place and determined by the head of the puskesmas and had been implemented according to the schedule that had been set for each team and work group (Admin, UKM, UKP and Quality). There were also informants who said that the working group had set a meeting and conference schedule, but it had not been determined by the head of the community health center as a decision at the community health center. Informants from the Health Service said that not all heads of community health centers understand and are able to implement community health center management according to the regulations. So that the implementation of activities at the puskesmas gives the impression that it is going its own way and is not in accordance with the puskesmas management cycle.

Based on the results of interviews regarding the distribution or division of work and responsibilities in implementing the health center accreditation policy, the majority of informants answered that the duties and responsibilities of each employee had been divided. There are people in charge and there are also members. A team has been formed in accordance with regulations regarding accreditation. There is a Person in Charge of Efforts and a Quality Team.

a. Constraints Based on Organizational Structure Aspects

Based on the results of interviews with the Head of the Community Health Center, KTU, Person in Charge of Efforts, and Head of the Quality Team of the Community Health Center regarding obstacles based on organizational structure aspects, the organizational structure and division of tasks for each employee has been created at the Community Health Center, and there are even several meeting schedules to discuss accreditation and prepare documents. the health center has done it. However, the obstacle is the employee's willingness and commitment to carry out the tasks that have been submitted in terms of preparing program documents and activities. Another obstacle is the firmness and commitment of the head of the community health center in creating permanent procedures in working on documents or proof of implementation of activities related to accreditation. Informants from the Health Service said that work culture had not been implemented at the community health center or even at the health service. This means that many jobs that require teamwork cannot be done well.

b. Efforts Based on Organizational Structure Aspects

Based on the results of interviews with the Head of the Community Health Center, KTU, Person in Charge of Efforts, and Head of the Quality Team of the Community Health Center regarding efforts that can be made based on organizational structure aspects, monitoring and

evaluation must be carried out at the Community Health Center on a scheduled basis to see what each employee or team has done. formed. There were informants who said that employees who had been assigned needed to be directed and driven by the leadership so that they were enthusiastic about working, there were also informants who said that implementing accreditation required commitment, willingness to work and cooperation between employees. Informants from the health service said there was a need to strengthen and implement work culture in organizations, both at the health service and at community health centers. Apart from that, there is a need to change the behavior of leaders and employees in implementing accreditation policies.

Implementation of Community Health Center Accreditation Policy in Medan City Based on Health Service Support Aspects

The support aspect of the health service is very important in determining the success of implementing the health center accreditation policy in Medan City. The support aspect of the health service can be seen from the support and role of the health service in implementing accreditation at community health centers. Apart from that, what efforts the health service can make are also important things to know as input in implementing accreditation for community health centers in Medan City.

Based on the results of interviews regarding the support and role of the health service in implementing the health center accreditation policy in Medan City, in general the informants said that the health service had supported the implementation of accreditation but it was still minimal, especially the intensity of visits to the health center to provide guidance and supervision of the implementation of accreditation activities. The Medan City Health Service has formed a Health Service Quality Development Team (TPMDK) and a Development Cluster Development Team (TPCB). Informants said that the arrival of TPMDK and TPCB was still minimal and some had never even come to do coaching. The informant also said that the health service was also very supportive, especially in providing infrastructure, medical equipment and medicines. However, sometimes the process is a bit slow, perhaps because the procurement process takes time. In terms of fulfilling human resources, the informant said that he still did not receive enough support because he had written to the health department but it was still not fulfilled, such as dentists, pharmacists, medical records. Regarding the role of the health service in developing community health centers, the informant said that they were still slow in providing feedback at every meeting held. Informants from the Health Service said that the coaching carried out by the health service through TPCB and TPMDK was still not optimal in terms of continuity and quality of coaching. This is due to a lack of understanding by the TPCB and TPMDK regarding the new accreditation standards and their implementation in community health centers.

Based on the results of interviews regarding the efforts that must be made to optimize the role of the health service to support the accreditation process for community health centers in Medan City, the health service should have come and been involved in preparing planning at the health center since the planning process (P1), driving implementation (P2), and monitoring, control and assessment (P3). So that the Advisory Team from the health service comes more intensively and on a schedule so that preparation and coordination are easy. There were also informants who suggested that the health department prepare regulatory forms such as SK and SOP so that community health centers are helped and have guidance and uniformity. Repairs to buildings, infrastructure, supplies of equipment and medicines also greatly support the puskesmas' efforts to improve the quality of its services so that it can obtain complete assessment status. The health service also needs to provide rewards and appreciation to community health centers and employees who have made maximum efforts after obtaining complete marks. Apart from that, there were also informants who believed that the health service had a vital role in supporting the preparation of community health centers as health service

UPTs in facing accreditation. Informants from the health service said that there must be scheduled coaching by the health service at the puskesmas so that coaching at the puskesmas is more focused. TPCB is an extension of the health service to find out problems at community health centers and then provide reinforcement and solutions to these problems. This can start from a commitment to change and implementing a quality work culture. Apart from that, it is necessary to refresh knowledge for TPMDK so that they can be more optimal in developing service quality at community health centers.

Discussion

Implementation of Community Health Center Accreditation Policy in Medan City Based on Communication Aspects

One of the factors that determines the success of implementing accreditation policies can be seen from how information about accreditation policies is distributed to policy implementers well, can be understood and implemented by policy implementers. Policies related to accreditation were issued by the government through Minister of Health Regulation Number 46 of 2015 and have been updated with Minister of Health Regulation Number 34 of 2022. Information regarding this accreditation policy is known to all community health centers in Medan City. This information was obtained by the health center from the Health Service which was conveyed through a meeting at the Health Service Office. The information obtained from the Health Service is then conveyed to all staff at the puskesmas through meetings at the puskesmas.

In implementing accreditation, the Ministry of Health, apart from issuing Minister of Health Regulation 46 of 2015 which was updated with Minister of Health Regulation 34 of 2022 which contains the implementation of accreditation, also issued Minister of Health Decree Number 165 of 2023 concerning Community Health Center Accreditation Standards and Decree of the Director General of Health Services Number 4871 of 2023 concerning Accreditation Instruments Public health center. The last two regulations become technical references in implementing accreditation by stakeholders including community health centers.

Information related to accreditation policies such as the latest regulations is known to all community health center leaders and staff in Medan City. However, the problem lies in understanding the accreditation standards and accreditation instruments where in these regulations there is an assessment element that asks for internal regulatory documents and documents proving the implementation of community health center activities. The research results show that community health center leaders and employees know generally about accreditation regulations, but still lack understanding about fulfilling the documents required in accreditation standards and instruments. Apart from that, the lack of guidance from the health service in terms of understanding standards, preparing documents and implementing documents also means that community health center employees do not understand how to complete the documents as required in the standards and accreditation instruments. The health service also still does not fully understand the latest accreditation instruments and standards.

Implementation of Community Health Center Accreditation Policy in Medan City Based on Resource Aspects

The availability and adequacy of human resources (HR) has an important role in the successful implementation of community health center accreditation policies. Based on the research results, the human resources in most community health centers in Medan City are available and sufficient. But there are community health centers that still lack doctors, dentists, pharmacists, environmental health workers and medical records. The Health Service also admits that several community health centers still lack staff and do not have enough staff, such as pharmacists, sanitarians, medical records and nutritionists. The problem in implementing accreditation policies in Medan City does not lie in the number of human resources. But the problem is more about the ability to understand accreditation standards and instruments, the willingness and ability to prepare/make documents required for each

assessment element in the accreditation standards, the willingness and commitment of leadership in mobilizing employees, teamwork and partly due to laziness and procrastination of work.

Implementation of Community Health Center Accreditation Policy in Medan City Based on Disposition Aspects

The disposition aspect in this case can be seen from the process of appointing personnel to implement the puskesmas accreditation policy (bureaucratic appointment) and the compensation given to employees in implementing the puskesmas accreditation policy (incentives). The appointment of officers as implementers of the accreditation program at community health centers is carried out in accordance with their respective main duties and functions. Apart from that, education also determines the appointment of employees in implementing accreditation policies. To become the person in charge of the effort or team leader is determined based on work experience and the abilities and competencies possessed by the employee.

Implementation of Community Health Center Accreditation Policy in Medan City Based on Organizational Structure Aspects

The organizational structure in this case can be seen from the existence of standard procedures used in implementing the health center accreditation policy (SOP) and the distribution or division of work and responsibilities in implementing the accreditation policy (Fragmentation).

Based on the organizational structure aspect, the organizational structure and division of tasks for each employee has been created in the community health centers, and several community health centers have even created meeting schedules to discuss accreditation and prepare documents. However, the obstacle is the employee's willingness and commitment to carry out the tasks that have been submitted in terms of preparing program documents and activities. Another obstacle is the firmness and commitment of the head of the community health center in creating permanent procedures for working on documents or proof of implementation of activities related to accreditation. The health service said that not all heads of community health centers understand and are able to implement community health center management according to regulations. So that the implementation of activities at the puskesmas gives the impression that it is going its own way and is not in accordance with the puskesmas management cycle.

Implementation of Community Health Center Accreditation Policy in Medan City Based on Health Service Support Aspects

Support from the health service is an important aspect in the successful implementation of the health center accreditation policy in Medan City. The health service has supported the implementation of accreditation but it is still minimal, especially the intensity of visits to community health centers to provide guidance and supervision of the implementation of accreditation activities. The Medan City Health Service has formed a Health Service Quality Development Team (TPMDK) and a Development Cluster Development Team (TPCB). The arrival of TPMDK and TPCB is still minimal and some have never come to do coaching.

The health department is also very supportive, especially in providing infrastructure, medical equipment and medicines. However, sometimes the process is a bit slow, perhaps because the procurement process takes time. In terms of fulfilling human resources, there is still a lack of support because they have written to the health department but it has not been fulfilled, such as dentists, pharmacists, medical records. Regarding the role of the health service in developing community health centers, it is still slow to provide feedback at every meeting held. The Health Service said that guidance was carried out through TPCB and TPMDK is still not optimal in terms of continuity and quality of coaching. This is due to a lack of understanding by the TPCB and TPMDK regarding the new accreditation standards and their implementation in community health centers.

4. CONCLUSION

From the communication aspect, community health center leaders and employees know the regulations regarding accreditation from the health service through meetings and conferences, but still lack understanding about fulfilling the documents requested in accreditation standards and instruments. Guidance/assistance from the health service regarding understanding standards and accreditation instruments is still minimal. From the resource aspect, the community health center's resources do not fully support the implementation of accreditation. The availability of human resources is not evenly distributed, the willingness and ability of employees to work on preparing accreditation standard documents is still lacking, there are employees who have excessive workloads, especially those in charge and appointed team leaders. The budget is available but the disbursement process is taking a long time. There are health center building and room facilities that do not meet the standards of the Ministry of Health. From the aspect of disposition/attitude, the leaders and employees of the Community Health Center are of the opinion that accreditation is very good in an effort to maintain and improve the quality of services. However, accreditation can be a burden if it is not done as a team, consistently and continuously, and distributing tasks fairly and evenly. From the aspect of organizational structure, there is an organizational structure and division of tasks for each employee, a meeting schedule to discuss and prepare accreditation documents has not been created in the form of a fixed procedure, and has not yet become a work culture. Employee commitment has not been built to carry out tasks related to accreditation. The health service is still not optimal in providing accreditation guidance and assistance, the intensity of visits is minimal, the guidance is not continuous, and the quality of guidance to community health centers in supporting the success of accreditation is not yet good. Apart from that, feedback on the results of the coaching and supervision that has been carried out is still slow.

REFERENCES

- [1]. Peraturan Menteri Kesehatan Nomor 71 Tahun 2013 Tentang Pelayanan Kesehatan Pada Jaminan Kesehatan Nasional.
- [2]. Peraturan Menteri Kesehatan Nomor 46 Tahun 2015 Tentang Akreditasi Puskesmas, Klinik Pratama, Tempat Praktik Mandiri Dokter, dan Tempat Praktik Mandiri Dokter Gigi.
- [3]. Peraturan Menteri Kesehatan Nomor 43 Tahun 2019 Tentang Pusat Kesehatan Masyarakat.
- [4]. Peraturan Menteri Kesehatan Nomor 34 Tahun 2022 Tentang Akreditasi Pusat Kesehatan Masyarakat, Klinik, Laboratorium Kesehatan, Unit Tranfusi Darah, Tempat Praktik Mandiri Dokter, dan Tempat Praktik Mandiri Dokter Gigi.
- [5]. Kemenkes RI, 2021. Pedoman Pembinaan Terpadu Puskesmas Oleh Dinas Kesehatan.
- [6]. Dinas Kesehatan Propinsi Sumatera Utara, 2021. Profil Dinas Kesehatan Propinsi Sumatera Utara Tahun 2021.
- [7]. Dinas Kesehatan Kota Meda, 2021. Profil Dinas Kesehatan Kota Medan Tahun 2021.
- [8]. Ayuningtyas, 2018. Analisis Kebijakan Kesehatan. Depok: PT. Raja Grafindo Persada.
- [9]. Akal Riyadi, 2017. Hubungan Status Akreditasi Puskesmas Dengan Tingkat Kepuasan Pasien di Puskesmas Kabupaten Bantul.
- [10]. Braithwaite, J. et al., 2012. 'Comparison of health service accreditation programs in low- and middle-income countries with those in higher income countries: across-sectional study', *International Journal for Quality in Health Care*, 24.
- [11]. Dessy Sutanti, dkk., 2022. Studi Analisis Ketercapaian Implementasi Kebijakan Akreditasi Puskesmas Dan Kinerja Puskesmas Di Kabupaten Kuningan. *Journal Of Public Health Inovation* Vol. 02. No. 02, Juni 2022.
- [12]. Devy Laksmita, 2021. Analisis Implementasi Kebijakan Akreditasi Puskesmas Terhadap Manajemen Upaya Kesehatan Masyarakat (UKM) di Puskesmas Kembaran I Kabupaten Banyumas. <http://repository.unsoed.ac.id/>
- [13]. Dunn, 2003. Pengantar Analisis Kebijakan Publik. Yogyakarta: Universitas Gajah Mada.
- [14]. Edward, 1980. Implementing Public Policy. Amerika Serikat: Hopkins University.

- [15]. Farzana, dkk., 2016. Analisis Kesiapan Akreditasi Dasar Puskesmas Mangkang Di Kota Semarang. *Jurnal Kesehatan Masyarakat (e - Journal)*.
- [16]. Grindle, 1980. *Politics and Policy Implementation in The Thrid World*. Princnton: University Press, New Jersey.
- [17]. Mariana, F., 2017. Upaya Perbaikan Akreditasi Puskesmas Berdasarkan Analisis Organization Learning Capability, Organizational Learning Process dan Learning Organization (Studi di Lima Puskesmas di Kota Mojokerto). Universitas Airlangga.
- [18]. Molyadi, 2017. Pelaksanaan Kebijakan Akreditasi di Kabupaten Kubu Raya. Universitas Gadjah Mada.
- [19]. Molyadi, dkk., 2018. Pelaksanaan Kebijakan Akreditasi Puskesmas di Kabupaten Kubu Raya. *Jurnal Kebijakan Kesehatan Indonesia*.
- [20]. Nasir Umar, Litaker, D. and Terris, D. D., 2009. 'Toward More Sustainable Health Care Quality Improvement in Developing Countries: The "Little Steps" Approach', *Q Manage Health Care*, 18.
- [21]. Pomey, M. et al., 2010. 'Does accreditation stimulate change ? A study of the impact of the accreditation process on Canadian healthcare organizations', *Imlementation Science*, 5.
- [22]. Riesa, D., 2018. Keberlanjutan Implementasi Program Akreditasi Puskesmas Pasca Terakreditasi Di Kabupaten Lumajang. Universitas Gajah Mada
- [23]. Subarsono, 2010. *Analisis Kebijakan Publik (Konsep, Teori dan Aplikasi)*. Yogyakarta: Pustaka Pelajar.
- [24]. Suratman, 2017. *Kebijakan, Generasi Implementasi dan Evaluasi Publik*. Surabaya: CAPIYA.
- [25]. Widodo, 2006. *Analisis Kebijakan Publik : Konsep & Aplikasi Analisis Proses Kebijakan Publik*. Jakarta: Banyumedia Publishing.
- [26]. Winarno, 2012. *Kebijakan Publik Teori dan Proses*. Yogyakarta: Pessindo.