

Alternative Policy For Efforts To Fulfill Minimum Service Standards (SPM) For Hypertension Sufferers At Seruyan Regency Health Centers In 2023

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Article Info	ABSTRACT
<p>Keywords: Policy, SPM, Hypertension, Seruyan Regency</p>	<p>Introduction: The implementation of Minimum Service Standards (SPM) for hypertension sufferers in Seruyan Regency has not yet met the 100% target, only 32.2% was achieved. The aim of the research is to develop alternative policies to fulfill the SPM for hypertension sufferers. Method: This research is a qualitative research taking place in two Community Health Centers, with a total of 11 informants who are related to SPM Suffering from Hypertension. Qualitative data analysis techniques go through the stages of data reduction, data presentation and drawing conclusions. Data reduction is an activity of summarizing the main and important things. Data presentation is the presentation of reduction results for analysis of the answers from each informant as well as drawing conclusions from the interview results. Researchers made observations and reviewed documents. Qtriangulation, namely triangulation of sources, techniques and time, for validation. Results: Standards for the quantity and quality of goods/services for Hypertension sufferers carried out by Posbindu under the coordination of the Community Health Center are still not optimal, namely the lack of Tensimeters, Application and manual recording and report forms are often late. There are still Community Health Centers that do not have general practitioners, as well as Pustu, Polindes and Village Health Posts that do not have midwives and nurses, especially those in remote areas far from road access. Discussion: Alternative policies for efforts to fulfill the SPM for Hypertension sufferers at Community Health Centers can be carried out in collaboration with cross-sector Village Community Empowerment Agencies through Village funds in order to fulfill Tensimeter equipment for Posbindu activities in villages. Puskesmas and their networks should install high-speed Wi-Fi so that monitoring via WhatsApp groups of people who experience hypertension and Pustu officers can be more disciplined in submitting reports to Puskesmas and the Health Service. By adding doctors, at least 2 doctors at each Puskesmas and adding midwives and nurses at Pustu, Polindes and Poskesdes, especially those in remote areas, so that we can provide maximum service to hypertension sufferers.</p>
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INTRODUCTION

Worldwide, hypertension is the leading cause of premature death. Reducing the prevalence of hypertension by 33% between 2010 and 2030 is a global goal for non-communicable diseases. Worldwide, 1.28 billion adults aged 30 to 79 suffer from hypertension, and two-thirds of them live in low- or middle-income countries. An estimated forty-six percent of adults who suffer from hypertension are unaware that they suffer from the condition. Less than half of adults (42%) with hypertension are diagnosed and receive treatment. About 1 in 5 adults (21%) can control it.¹

According to the 2018 National Riskesdas, the prevalence of hypertension increased from 25.8% to 34.1% compared to the 2013 Riskesdas. Therefore, to prevent the condition from becoming more severe and causing additional complications, hypertension sufferers must receive medical treatment and be detected early. Improving standard public health services is one way to prevent this from happening.² Minister of Health Regulation no. 4 of 2019 stipulates that the SPM for Health determines the type and quality of basic services which are mandatory government affairs that must be accepted at a minimum by every community. The regulation also stipulates that regional government performance achievements in fulfilling the quality of service for each type of basic service according to the SPM must be 100%.³

Seruyan Regency has implemented Minister of Health Regulation no. 4 of 2019, one of which is the SPM in the Health Sector which must be implemented in accordance with Seruyan Regent Regulation Number 5 of 2020 concerning the Implementation of Minimum Service Standards for hypertension of 100%.⁴ Even though health services have been implemented according to standards, services for hypertension sufferers still reach targets and meet the needs of all residents because the epidemiological picture varies in each region..⁵The SPM for hypertension sufferers in Seruyan Regency has also not met the target set, from the 12 existing Community Health Centers, the achievement was only 20.3% in 2021. The standard of service for hypertension sufferers at the Community Health Center who received services was 6,153 people aged ≥ 15 years. This figure will increase in 2022, with 16,098 people aged ≥ 15 years getting services according to standards with an achievement percentage of only 32.2%, meaning that the SPM achievement for hypertension is still far from the target.^{6,7}

To achieve minimum service targets in the health sector in districts/cities, community health centers and their networks are functioning as spearhead of the health service.⁸ Community Health Centers, as First Level Health Facilities (FTKP), must implement MSS in the health sector to ensure the quality of basic community services.⁹Therefore, there are obstacles to implementing policies to fulfill the SPM for Hypertension Sufferers, so this research aims to develop alternative policies to fulfill the SPM for Hypertension sufferers who visit the Seruyan District Health Center. Through this research, we can provide input regarding good hypertension services according to the SPM, so that the Seruyan District Health Service can develop alternative policies that suit field conditions by reducing the targets for hypertension sufferers at the Community Health Center so that the SPM target of 100% can be achieved.

METHOD

This type of research is qualitative research. The focus and aspects of Alternative Policies for Efforts to Fulfill the SPM for Hypertension Sufferers at Seruyan Regency Health Centers in 2023 are seen from: Standards for the Quantity and Quality of Goods/or Services, Standards for the Number and Quality of Health Personnel/Human Resources and Technical Instructions for SPM for Hypertension Sufferers at Seruyan Regency Health Centers. Informants in this study were taken as many as 11 people, namely: 1 person holding the Hypertension program at the Seruyan District Health Service, Head of the Community Health Center and Manager of the hypertension program with the lowest coverage, namely the Tumbang Langkai Community Health Center, 2 people, Head of the Community Health Center and Manager of the hypertension program with the highest coverage, namely at the Community Health Center. 2 people in Sandul, 2 patients who visited the Tumbang Langkai Community Health Center, 2 patients who visited the Sandul Community Health Center, and 1 person who visited the Tumbang Langkai Sub-Public Health Center and 1 person who visited the Sandul Sub-Public Health Center. Data analysis in this research is through data reduction, data presentation, and drawing conclusions. Data reduction is an activity to summarize the main and important things from interviews with informants, and Presentation of data is the presentation of reduction results for analysis of answers from each informant as well as drawing conclusions from interviews with several informants, so that information related to policy is obtained. Fulfillment of SPM for Hypertension sufferers at the Seruyan District Health Center. Researchers also carried out observations of blood pressure checking activities on patients and reviewed documents in the form of reports on the number of hypertension sufferers from the sub-district health center to the sub-district health center. Data validation was carried out using source triangulation (interviews with several sources), technical triangulation (interviews, observations and documentation), and time triangulation (interviews and observations at different times).¹⁰

RESULTS

This research found alternative policies for fulfilling the MSS for Hypertension sufferers at the Seruyan District Health Center, Standards for Quantity and Quality of Goods/Services, based on pObservation results are still less than standard. This is in accordance with the results of an interview with the PTM/Hypertension program manager of the Seruyan District Health Service, the following is an excerpt from the interview: "In providing services, the Community Health Center does not yet have a guidebook for controlling hypertension, management of non-communicable diseases, technical guidelines for finding and managing hypertension, integrated service modules for PTM, technical guidelines for the implementation of posyandu for the elderly and posbindu for PTM. "In providing services for hypertension sufferers, community health centers already have tensimeters, however, when activities in the field are not sufficient, the number of Posbindu in the working area of each community health center is not yet sufficient."

This is in line with the observations of researchers in the field, namely blood pressure checks by officers during Posbindu activities, as seen as follows:



Figure 1 Posbindu Activities in Tumbang Langkai Village

Figure 1 shows that the Tumbang Langkai Community Health Center Posbindu officers on January 11 2024 had to check their blood pressure one by one because they only had 1 blood pressure, so people had to queue and take turns. Meanwhile, the results of interviews with the Tumbang Langkai Community Health Center UPTD and its network, said: *"Yes, the Community Health Center has a guidebook for controlling hypertension. However, due to changes, the new manager never knew that the guidebook existed. "In creating the form for recording and reporting hypertension data manually and using the application, this has been done, but the problem with the WiFi signal is that sometimes the delivery is late, while the manual reporting is also late in sending it to the Health Service every month on the 10th of the following month because it is waiting for the report from Pustu."*

The results of this interview are in line with the findings of documentation in the form of a report from the Tumbang Langkai Community Health Center UPTD regarding hypertension cases, as follows:

**SURVEILANS KASUS PENYAKIT TIDAK MENULAR (PTM)
 REKAPITULASI JANUARI S/D DESEMBER 2023**

KABUPATEN : SERUYAN
 UPTD PUSKESMAS : TUMBANG LANGKAI
 TAHUN : 2023

NO	NAMA / JENIS BARANG	ICD-X	JUMLAH KASUS sesuai dengan		
			<15 Th	≥15 Th	Total
1	HIPERTENSI	I10	0	84	84
2	PENY. JANTUNG KORONER	I24.0	0	0	0
3	DM				
	a. DM Tipe 1	E10	0	0	0
	b. DM Tipe II	E11	0	0	0
	c. DM Gestasional	O24	0	0	0
4	OBESITAS	E66	0	0	0
5	PENYAKIT TIROID				
	a. Hipotiroid	E05	0	0	0
	b. Hipertiroid	E03	0	0	0
8	STROKE				
	a. Stroke Haemorragik	I60-I62	0	0	0
	b. Stroke Non Haemorragik	I63	0	0	0
7	ASAM BRONKIALE	J45	0	0	0
8	PPOK	J44	0	0	0
9	OSTEOPOROSIS	M81	0	0	0
10	PENY GINJAL KRONIK	N00-N19	0	0	0
11	THALASSEMIA				
12	SLE/ LUPUS				
13	KANKER				
	a. Kanker Payudara (ca mammae)	C50	0	0	0
	b. Kanker retina mata (retinoblastoma)	C69	0	0	0
	c. Kanker Serviks (Ca Cerviks)	C53	0	0	0
	d. Kanker Paru	C34	0	0	0
	e. Kanker Kolorektal	C18-C20	0	0	0
	f. Leukimia	C91-C95	0	0	0
	g. Kanker Prostat	C61	0	0	0
	h. Kanker Nasofarink	C11	0	0	0
	i. Kanker Kulit	C43-C44	0	0	0
	j. Kanker hati	C22	0	0	0
14	INDERA				
	Penyakit pada mata dan adnexa	H00-H59	0	0	0
	Penyakit pada telinga dan mastoid	H60-H95	0	0	0
	Katarak				

Mengetahui :
 Kepala UPTD Puskesmas Tumbang Langkai

 HURANI A.Md. KL
 NIP. 19771203 200803 1 001

Tumbang Langkai, Januari 2024
 Pengelola Program PTM

 Ns. ELSA NORALITA, S.Kep.
 NIP. -

Figure 2 Hypertension Case Report in 2023 at UPTD Puskesmas Tumbang Langkai

The results of the document review in Figure 2 show the high number of Hypertension sufferers found in Posbindu activities and who have been reported to the Tumbang Langkai Health Center UPTD from January to December 2023, where 84 people aged 15 years and over were found with Hypertension cases. Of course, this should be a concern for Puskesmas officials and the Seruyan District Health Service.

Then the results of interviews with UPTD Puskesmas Sandul and its network, said: *"Yes, as one way to control hypertension using IEC media. Both the Puskesmas and Pustu have Tensimeter equipment according to their needs. "But Puskesmas and Pustu always make Recording and Reporting Forms which will be reported to the Health Service every month, and also through the ASIK Application."*

The results of interviews with several of the informants above show that the standard quantity and quality of goods or services in fulfilling the SPM for Hypertension sufferers at

the Seruyan Regency Health Center is not optimal because the Community Health Center for Posbindu activities still experiences a shortage of blood pressure monitors, where the Community Health Center only has 6 blood pressure monitors and a stethoscope which is used in the room. 2 polyclinics, 2 Maternal and Child Health/Family Planning rooms and 2 action rooms. The Puskesmas for every Posbindu activity or activity outside the building must borrow 1 sphygmomanometer belonging to the Maternal and Child Health Service and 1 in the action room. With 2 blood pressure monitors, the Community Health Center must provide activity services outside the building in several villages, so that activities must be carried out on alternate days so that they can be carried out well in each village. In making recording and report forms, there are still delays when sending via the ASIK Application because the area is remote so the Wifi signal is very difficult to open the ASIK Application, and manual reporting is often late because the report from Pustu is late, so the delivery target from the Health Service is every 10th of the month the following month did not reach.

The results of interviews and observations are in line with documentation findings in the form of the number of Tensimeters and Stethoscopes owned by the Tumbang Langkai Community Health Center, as seen in the following figure:

KARTU INVENTARIS RUANGAN (KIR)

PROVINSI : KALTENG
KABUPATEN : SERUYAN
UNIT KERJA : UPTD PUSKESMAS TUMBANG LANGKAI
RUANGAN : R. POLI

NO	NAMA / JENIS BARANG	UKURAN	BAHAN	JUMLAH BARANG	KEADAAN BARANG			Keterangan
					Baik	Kurang Baik	Rusak Berat	
1	Meja Biro	-	Kayu	2	√	-	-	-
2	Kursi Rapat	-	Besi	4	√	-	-	-
3	Stetoscope	-	Staenles	2	√	-	-	-
4	Ukuran Tinggi Orang	-	Besi/Plastik	1	√	-	-	-
5	Wastafel	-	Staenles	1	√	-	-	-
6	Weighing Scale	-	Staenles	1	√	-	-	-
7	Meja Periksa Pasien	-	Kayu	1	√	-	-	-
8	Tensi Meter	-	Staenles	2	√	-	-	-
9	Dist. Testchart (Adult)	-	Staenles	1	√	-	-	-
10	Tempat Sampah Medis	-	Plastik	1	√	-	-	-
11	Tempat Sampah Non Medis	-	Plastik	1	√	-	-	-
12	Kipas Angin dinding	-	Elektronik	1	√	-	-	-
13	Tempat Tidur Periksa pasien	-	Besi	1	√	-	-	-
14	Pengukur Suhu	-	Elektronik	1	√	-	-	-

Mengetahui :
Kepala Puskesmas Tumbang Langkai

H. RANANG M. KL
Penata Muda TK. I/ III b
NIP. 19771203 200903 1 001

Penanggungjawab Ruangan

dr. HENDRIKUS HENDRA SUSENO
NIP. -

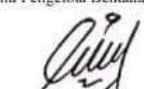
Tumbang Langkai, 10 Januari 2024
Pembantu Pengelola Bendahara Barang

WAMINOPO, A.Md. Kep
NIP. 19940622 202012 1 013

Figure 3 Number of Tensimeters and Stethoscopes Poly Room Tumbang Langkai Community Health Center UPTD

**KARTU INVENTARIS RUANGAN
 (KIR)**

PROVINSI : KALTENG
 KABUPATEN : SERUYAN
 UNIT KERJA : UPTD PUSKESMAS TUMBANG LANGKAI
 RUANGAN : R. KIA/KB DAN MTBS

NO	NAMA / JENIS BARANG	UKURAN	BAHAN	JUMLAH BARANG	KEADAAN BARANG			Keterangan
					Baik	Korang Baik	Rusak Berat	
1	Meja Hm	-	Kayu	2	✓	-	-	-
2	Kursi Ratu	-	Besi	4	✓	-	-	-
3	Stetoskop	-	Stainless	2	✓	-	-	-
4	Baby Weighing Scale	-	Stainless	1	✓	-	-	-
5	Defyler	-	Elektro	2	✓	-	-	-
6	Teropong Mata	-	Stainless	2	✓	-	-	-
7	Tempat Tahan Papan	-	Besi	1	✓	-	-	-
8	Lamari Kayu	-	Kayu	1	✓	-	-	-
9	Wastafel	-	Stainless	1	✓	-	-	-
10	Set UHF	-	Elektro	1	✓	-	-	-
11	Medula	-	Plastik	1	✓	-	-	-
12	Tempat Sampah Medis	-	Plastik	1	✓	-	-	-
13	Tempat Sampah Non Medis	-	Plastik	1	✓	-	-	-
14	Kapas Angin	-	Elektro	1	✓	-	-	-

Mengotahai :

 Kepala Puskesmas Tumbang Langkai
 MEGA SUNYI SEPTIANA, A.Md, Kab
 NIP. 19020901 202012 2 011

Tumbang Langkai, 10 Januari 2024
 Pembantu Pengelola Bendahara Barang

 WAMINOPO, A.Md, Kab
 NIP. 19040622 202012 1 013

Figure 4 Number of Tensimeters and Stethoscopes KIA/KB and MTBS room Tumbang Langkai Community Health Center UPTD

**KARTU INVENTARIS RUANGAN
 (KIR)**

PROVINSI : KALTENG
 KABUPATEN : SERUYAN
 UNIT KERJA : UPTD PUSKESMAS TUMBANG LANGKAI
 RUANGAN : R. TINDAKAN

NO	NAMA / JENIS BARANG	UKURAN	BAHAN	JUMLAH BARANG	KEADAAN BARANG			Keterangan
					Baik	Korang Baik	Rusak Berat	
1	Stetoskop	-	Stainless	2	✓	-	-	-
2	Wastafel	-	Stainless	1	✓	-	-	-
3	Defyler	-	Elektro	1	✓	-	-	-
4	Defyler Hiperbar	-	Stainless	1	✓	-	-	-
5	Teropong Mata	-	Stainless	2	✓	-	-	-
6	Teropong	-	Stainless	1	✓	-	-	-
7	Defyler Digital	-	Elektro	1	✓	-	-	-
8	Defyler Manual Set	-	Stainless	1	✓	-	-	-
9	Tempat Sampah Medis	-	Plastik	1	✓	-	-	-
10	Tempat Sampah Non Medis	-	Plastik	1	✓	-	-	-
11	Timbangan	-	Stainless	2	✓	-	-	-
12	Lamari Alkua	-	Kayu	1	✓	-	-	-
13	Regulator Oksigen	-	Besi	1	✓	-	-	-
14	Alkua Kompartemal	-	Elektro	1	✓	-	-	-
15	Alkua Tabung Kecil	-	Besi	5	✓	-	-	-
16	Tempat Tahan Papan	-	Besi	1	✓	-	-	-
17	Tiang Infus	-	Stainless	1	✓	-	-	-
18	Sterilitator	-	Elektro	1	✓	-	-	-
19	Kain Bedar	-	Stainless	2	✓	-	-	-
20	Defyler	-	Elektro	1	✓	-	-	-
21	Kain Kevif	-	Stainless	5	✓	-	-	-
22	Papan Set	-	Stainless	1	✓	-	-	-
23	Angkan Set	-	Stainless	1	✓	-	-	-
24	Infus T-Price Pemasangan	-	Elektro	1	✓	-	-	-
25	Defyler Manual Resusitasi	-	Plastik	1	✓	-	-	-
26	Keranjang	-	Stainless	1	✓	-	-	-
27	Handuk	-	Stainless	3	✓	-	-	-

Mengotahai :

 Kepala Puskesmas Tumbang Langkai
 EKO PRASETYO WIDIGHO, A.Md, Kab
 NIP. 19020609 201903 1 002

Tumbang Langkai, 10 Januari 2024
 Pembantu Pengelola Bendahara Barang

 WAMINOPO, A.Md, Kab
 NIP. 19040622 202012 1 013

Figure 5 Number of Tensimeters and Stethoscopes Action Space Tumbang Langkai Community Health Center UPTD

Figures 3, 4 and 5 show in the documentation that researchers found that there was still a minimal number of tensimeters and stethoscopes owned by the Community Health Center, so that in carrying out activities Posbindu could only borrow 2 tensimeters and a stethoscope.

Meanwhile, the Standards for the Number and Quality of Health Personnel/Human Resources are based on pAs a result of an interview with the NCD/Hypertension program manager at the Seruyan District Health Service, the researchers obtained information that: *"In providing services for hypertension sufferers, health workers, especially doctors, are available at the basic hypertension service level, according to the Minimum Service Standards, they must be carried out by general practitioners, but for services at the advanced level, they must be referred to FKTL. But in reality there are community health centers that do not have a general practitioner, and there are also only one general practitioner. "Meanwhile, in providing services for hypertension sufferers, the number of midwives is sufficient, but in Pustu, Polindes and Poskesdes, there are still not enough midwives and nurses."*

Meanwhile, the results of an interview with the Tumbang Langkai Community Health Center UPTD and its network said: *"We only have one doctor, the puskesmas has sufficient staff for midwives and nurses, but at the pustu and village health posts there are some that don't have health workers. Meanwhile, there are almost no midwives at pustu and village health posts. In our area it is difficult to get health workers because it is far from all access, and the area is remote."*

Then the results of interviews with UPTD Puskesmas Sandul and its network, said that: *"Yes, that's enough. We have 2 doctors and I, as the head of the Community Health Center, am also a doctor. Apart from that, we have 15 midwives at the main Puskesmas, 6 midwives spread across each of the 8 Pustu. Likewise, we have 15 nurses at the Main Puskesmas, there are 6 nurses spread across each of the 8 Pustu. "Meanwhile, there are three Public Health workers."*

The results of interviews with several of the informants above show that the standard for the number and quality of health personnel/human resources in fulfilling the MSS for Hypertension sufferers at the Seruyan Regency Health Center is not yet optimal because there are still only 1 Public Health Centers with one doctor and some do not have a general practitioner, whereas at the Pustu , Some Polindes and Poskesdes do not have midwives and nurses, especially those in remote areas and far from road access.

Apart from that, technical instructions for SPM for people with hypertensionThe results of the interview with the PTM/Hypertension program manager of the Seruyan District Health Service, with the results of the interview the researchers found that: *"Yes, in providing services for hypertension sufferers, Puskesmas should provide services according to minimum service standards (SPM) in accordance with technical guidelines and instructions and we provide education through counseling for hypertension sufferers. "In providing services for hypertension sufferers, at the Community Health Center, if the patient's blood pressure cannot be maintained or experiences complications, we make referrals in accordance with applicable regulations and technical instructions."*

Meanwhile, the results of interviews with the Tumbang Langkai Community Health Center UPTD and its network stated that: *"Yes, it is in accordance with the standards at FKTP. Examinations are usually carried out by doctors and if the doctor has activities outside the health center, then the examination will be carried out by midwives and nurses who are on duty. In essence, we always try to maintain the patient's blood pressure. However, if the community health center is no longer able to maintain it or the patient experiences complications, they will be referred to FKTL, namely Hanau Hospital. "But because of damaged road access and the low economic condition of the community and the culture of the people who still believe in traditional medicine, sometimes they don't want to be reconciled."*

Then the results of interviews with UPTD Puskesmas Sandul and its network, stated: *"Yes, our officers at the Puskesmas and Pustu always provide health services according to FKTP standards, always check blood pressure and provide education to hypertension sufferers so that their disease is controlled and try to maintain blood pressure in hypertension sufferers within normal limits so that complications do not occur. "We refer patients if there are complications so that they can be followed up immediately and given further therapy."*

The results of interviews with several informants above show that SPM technical instructions for hypertension sufferers at the Seruyan Regency Health Center it has been maximized because The Puskesmas has provided services according to the SPM in accordance with technical guidelines and instructions, the Puskesmas has provided education through hypertension counseling.

Discussion

The standard for the quantity and quality of goods or services in fulfilling the SPM for Hypertension sufferers at the Seruyan Regency Health Center is not yet optimal because the Posbindu under the coordination of the Community Health Center still lacks tensimeters, because the Puskesmas only has 6 tensimeters, therefore it is necessary to add 10 tensimeters, so that Posbindu activities or off-field activities can be completed within 3 days each month, unlike currently it can take more than a week. Likewise, Puskesmas officers who take part in field activities can cause a shortage of health workers in providing services to patients who come to the Puskesmas. An alternative policy for efforts to fulfill the SPM for Hypertension sufferers at Community Health Centers could be collaboration with cross-sector Village Community Empowerment Agencies through Village funds in order to fulfill tensimeter equipment for Posbindu activities in villages.

Then, in creating recording and report forms, we still experience problems when sending reports via the application and manually. At the Community Health Center there is Wifi but it is still not optimal when used for sending reports via the ASIK application. Meanwhile, manual reports are hampered by delivery from Pustu, Polindes and Poskesdes to Puskesmas because transportation to the Puskesmas is rare, to send reports unless someone travels to the sub-district city. An alternative policy for efforts to fulfill the SPM for Hypertension sufferers at the Community Health Center can be done by installing Wifi with higher speed in each village, so that the ASIK Application at the Puskesmas will be easier

and you can also monitor reports of Hypertension Sufferers by creating a WhatsApp group between the Puskesmas Program Manager and Pustu Officers. , Polindes, Poskesdes, Posbindu Cadres and Posyandu Cadres for the Elderly in each village, so that reports to the Puskesmas and to the District Health Service do not experience delays.

This finding is in line with Ramadhani's research et al who found obstacles in the implementation of Hypertension services at Community Health Centers, namely inadequate facilities and infrastructure and a lack of coordination between cross-programs and cross-sectors, and targeting was not optimal.⁹ This is also in line with Maula's research. The implementation of SPM-BK for hypertension sufferers has not run optimally because the IEC media has not been implemented and the lack of readiness of health human resources.⁵ Meanwhile, this is also in line with research by Ningsih, et al. that obstacles to hypertension services are due to lack of funding.¹¹

In Minister of Health Regulation no. 4 of 2019, it is explained that hypertension services include: 1) Guidelines for controlling hypertension and at least 2 IEC media per community health center, which function as guidelines for management and education according to standards; 2) Tensimeter as needed, which is used to measure blood pressure; and 3) Recording and reporting forms as needed, which are used to record and report data.

Standards for the Number and Quality of Health Personnel/Human Resources shows that efforts to fulfill the MSS for Hypertension sufferers at the Seruyan Regency Health Center have not been optimal because there are still health centers that do not have general practitioners, at Pustu, Polindes and Poskesdes there are still not enough midwives and nurses and some do not have health workers, especially Pustu, Polindes and Poskesdes located in a remote area and far from road access. For that reason, the Puskesmas needs to propose to the Health Service to add a minimum of 2 doctors to each Puskesmas as well as additional midwives and nurses at the Pustu, Polindes and Poskesdes, especially those in remote areas, so that they can provide maximum service to hypertension sufferers.

These results are in line with research Ramadhani et al. who found that poorly trained health workers and external factors, such as low public awareness, were obstacles in the implementation of hypertension services at Community Health Centers.⁹ Puskesmas leaders must prioritize the PTM program as a priority program to obtain budget posts from BOK and JKN related to the implementation of activities. Apart from that, they must consider increasing the capacity of program managers and posbindu cadres in planning the development of Puskesmas human resources.¹² Meanwhile, this is also in line with research by Ningsih, et al. that barriers to hypertension services are due to a lack of human resources.¹¹

Minister of Health Regulation No. 4 of 2019 defines health workers as doctors, midwives, nurses and health workers public. Human health resources include: 1) Blood pressure measurement: carried out by a doctor, competent health worker, or other trained health worker; 2) Education: doctor, competent health worker, or other trained health worker; and 3) Pharmacological therapy: doctor, competent health worker, or other trained health worker. Every effort made within an organization to maintain and improve health, prevent and cure disease, and restore the health of individuals, families, groups and

communities is referred to as health services. Health services are included in the group of public health services, which are usually organized together in an organization.¹³

SPM technical instructions for Hypertension Sufferers in service at the Seruyan Regency Health Center it has been maximized because The Puskesmas has provided services according to the SPM in accordance with technical guidelines and instructions, the Puskesmas has provided education through hypertension counseling. For that reason, at the Community Health Center to be able to maintain and if necessary to further improve services while still paying attention to pSPM technical instructions and continuing to provide education through hypertension counseling to prevent or reduce the death rate due to hypertension.

This discovery is not in line with research by Ramadhani et al., which found that poorly trained health workers were an obstacle to implementation at Community Health Centers.⁹ According to Utami et al., the success rate for hypertension in Community Health Centers is still low. Apart from that, Puskesmas health workers have difficulty making connections between programs and sectors.¹⁴ In addition, research by Ningsih et al. found that low community participation in health checks causes obstacles in hypertension services.¹¹

Minister of Health Regulation No. 4 of 2019 stipulates that all people with hypertension receive health services according to standards. Regency/city governments must provide health services according to standards to all hypertension sufferers aged fifteen years and over as a secondary prevention effort in the work environment for one year. The performance of district/city governments must reach 100% of SPM achievement in accordance with the SPM achievement action plan made by the Minister of Health.

Standards indicate the desired level of ideal achievement and the goals to be achieved in service. Standards must evolve according to the concept of kaizen, or continuous improvement; in other words, if a standard has been achieved well, then the standard must be increased again, and so on until the ideal achievement can be achieved.¹⁵ Protocols, implementation guidelines, fixed procedures, or standard operating procedures (SOP) are needed for implementation so that the standards that have been set can be achieved.¹⁵

CONCLUSION

Based on the results of the research and discussion, it can be concluded that the fulfillment of the SPM for Hypertension sufferers at the Seruyan Regency Community Health Center has not been optimal because at the time of Posyandu activities under the coordination of the Community Health Center there was still a lack of Tensimeters, in making recording and report forms there were still delays in sending via the ASIK Application due to the remote area so the Wifi signal is very difficult to open the ASIK Application, and manual reporting is often late because the report from Pustu is late, so the target of sending reports to the Health Service every 10th of the following month is not achieved. The standard for the number and quality of health personnel/human resources in fulfilling the MSS for Hypertension sufferers at the Seruyan Regency Community Health Center is not yet optimal because there are still Community Health Centers that do not have general practitioners, and at Pustu, Polindes and Village Health Posts there are those that do not have midwives

and nurses, especially those in remote areas and far from road access. PSPM technical instructions for hypertension sufferers at the Seruyan Regency Health Center it has been maximized because The Puskesmas has provided services according to the SPM in accordance with technical guidelines and instructions, the Puskesmas has provided education through hypertension counseling.

SUGGESTION

An alternative policy for efforts to fulfill the SPM for Hypertension sufferers at the Seruyan Regency Health Center in 2023 is that the Community Health Center through the Health Service coordinates with the Cross-Sector Village Community Empowerment Agency (BPMDes) with Village funds to fulfill the tensimeter equipment so that Posbindu activities in the Village can run well. To maximize reporting, you should be able to install high speed WiFi in every village. In order to be able to create a monitoring network through the WhatsApp group, to make it easier for people who experience hypertension as well as Pustu, Polindes and Poskesdes officers as well as Posyandu cadres, Elderly Posyandu cadres can be more disciplined in providing reports to Puskesmas, as well as reports via the ASIK Application can run smoothly, so that Puskesmas do not experience delays in submitting monthly reports to the Health Service. Then the Puskesmas needs to propose to the Health Service for additional doctors, at least 2 doctors at each Puskesmas and additional midwives and nurses at Pustu, Polindes and Poskesdes, especially those in remote areas, so that they can provide maximum service to hypertension sufferers. Apart from that, the Puskesmas is also able to maintain and if necessary can further improve its services while still paying attention to pSPM technical instructions and continuing to provide education through hypertension counseling to prevent or reduce the death rate due to hypertension. If you look at the low SPM achievement of hypertension sufferers, this can also be done by reducing the targets for Hypertension Sufferers served according to the conditions of each Puskesmas area. So that the SPM target for hypertension sufferers can be achieved 100%.

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