

Strategy to Upgrade Accreditation Health Primary in Manokwari District

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ABSTRACT

Background: Puskesmas accreditation is one of the enhancements in quality assurance in improving health services. Of the 14 Puskesmas in Manokwari District there are 4 basic accredited Puskesmas and 4 Madaya accredited health centers. SWOT analysis is expected to provide a strategy for puskesmas to improve their accreditation every 3 years.

The purpose of the study: analyzing SWOT as a strategy to improve the accreditation of Manokwari District Health Center.

Research Methods: Qualitative with the documentation study approach. The population is Puskesmas in Manokwari Regency and the sample is 8 accredited health centers which were conducted from September 2018 to January 2019 by analyzing. Data is analyzed using content analysis.

Research results: Strengths strategy in improving the accreditation of the Puskesmas in Manokwari District by strengthening the accompanying team, strengthening coordination and improving staffing. The Weaknesses strategy in improving the accreditation of the Manokwari District Health Center is to make and provide SPO in and increase the ability of employees in the preparation of SPO, improve service programs according to standards, increase the number of service rooms, provide space for services to maximize and add to the lack of power types. Strategy Opportunities in improving the accreditation of Puskesmas in Manokwari District by establishing cooperation with other institutions and establishing accreditation outcomes. Threats strategy in improving the accreditation of Manokwari District Health Center by increasing the requirements according to standards, availability of human resources, facilities and infrastructure of Puskesmas, improving the quality of services

in accordance with the SPO and increasing the effectiveness of leadership

Keywords: Strategic SWOT, Accreditation, Health Primary

INTRODUCTION

The Minister of Health Regulation does not immediately apply, but many must be prepared by the government. In this case the Central, Provincial and Regency / City governments, in the form of infrastructure, manpower, facilities and infrastructure as well as financial support for the implementation of Accreditation in First Level Health Facilities. Of course in the Application of Accreditation, it requires facilities, infrastructure, tools, energy, money and time.

The application of Puskesmas Accreditation does not directly refer to the Minister of Health Regulation number 46 of 2015 concerning the accreditation of puskesmas, pratama clinics, doctors' independent practice sites, and dentist's independent practice sites, but there are still regulations - Regulations related to Puskesmas Accreditation include Minister of Administrative Reform Number number 35 of 2012 concerning Guidelines for the preparation of standard operating procedures for Government Administration, Regulation of the Minister of Health number 75 of 2014 concerning Public Health Centers, Indonesian republic law Number 36 of 2014 concerning Health Workers and many related Regulations.

Implementation / Implementation of Accreditation needs to be prepared beforehand devices / instruments such as

Wadah or an independent assessing body, namely the Accreditation Commission established by the Ministry of Health, Surveillance / Assessment Team consisting of Administrative Surveillance, Surveillance of Public Health Efforts and Personal Health Efforts survivors. Surely the survey team will not be able to assess without the presence of other devices, namely the Puskesmas Companion Team. The Puskesmas Companion Team was trained by a provincial level escort team to assist the puskesmas in the accreditation process. The new Puskesmas Accreditation process began in 2015-2016 with an accredited puskesmas of 1479 puskesmas (Ministry of Health, 2017), but for the West Papua Provincial Health Office pioneered by the Moswaren Health Center in South Sorong District Health Office at the end of December 2015 with Basic Accreditation. So in 2016 the West Papua Provincial Health Office carried out Puskesmas Accreditation in 13 Districts / Cities with the accreditation of 15 Puskesmas, 7 Puskesmas with the title of Madrasah Accreditation and 8 Puskesmas received Basic Accreditation (West Papua Health Office, 2017).

The Manokwari District Health Office submitted two Puskesmas for Accreditation in 2016, namely the Sanggeng West Manokwari District Health Center and East Manokwari District Pasir Putih District Health Center, with the Assistance Team Training beginning on April 18-29, 2016 and the implementation of mentoring began at the beginning of May 2016 and trained the following on July 20-30, 2016 with the implementation of mentoring in August 2016 to produce two Middle-accredited Puskesmas namely Sanggeng Health Center and the Pasir Putih Community Health Center accredited Basic (Secondary Data, 2016). Regulation of the Minister of Health number 75 of 2014 concerning Puskesmas where in Chapter VI the third part of Article 39 paragraph 1. In an effort to improve the quality of service for Puskesmas, it must be accredited periodically at least 3 (three)

years. The description of the Regulation of the Minister of Health number 75 of 2014 in Chapter VI Part Three paragraph 1, then issued the regulation of the Minister of Health of the Republic of Indonesia Number 46 of 2015 concerning Accreditation as a guideline for its implementation. However, the services at the puskesmas have already been running and are routinely carried out, only for the evaluation of the quality of services that have not been implemented continuously (Mallongi., et.al., 2014,2016).

The problem with the Puskesmas is that the implementation of services at the Puskesmas that have been supported by adequate facilities and infrastructure is not enough to show that the service is of high quality. The following is the reality in the Puskesmas both from the source of energy, the type of staff and funding and the types of services available. The first two puskesmas were submitted for accreditation in 2016, namely Sanggeng health center and Pasir Putih health center with aspects available at the puskesmas.

The Sanggeng Health Center with a total of 65 people and the type of workforce in accordance with the Republic of Indonesia Minister of Health Regulation Number 75 of 2014 regarding Puskesmas is appropriate, the services available in the Puskesmas program according to the Minister of Health Regulation are complete; Essential public health efforts are going well and developmental Public Health Efforts are also underway. The Sanggeng Health Center with a two-story building is the first public health center in Manokwari Regency, but it does not guarantee accreditation with a good predicate (attached Image Document, Primary Data). The Pasir Putih Community Health Center, which was built in 2004 and is rehabilitated in the 2016 building but does not follow the design of the Minister of Health Regulation Number 75 of 2014, the number of people 56 with the type of workforce is appropriate and essential public health services have not run well due to environmental health programs not working. Likewise with the other six

puskesmas, each with limitations both in terms of the number of staff and types of staff and funding.

So as a consequence of the Minister of Health Regulation Number 75 of 2014 and Regulation of the Minister of Health Number 46 of 2015 the health center must accept and must be accredited. For this reason, the writer wants to explore the obstacles / obstacles that affect the accreditation process so that the achievement of accreditation is different. In this case the author raised "Strategies for Improving Puskesmas Accreditation in Manokwari District"

2. MATERIALS AND METHODS

2.1 Types of Research

The type of this research is this research is explanatory research with a documentation

study approach to describe health problems or objects by presenting qualitative data data (Sugiyono, 2013).

2.2 Research Place and Time

The time of the study was conducted in September 2018 until January 2019 with the research locations of the Sanggeng, Pasir Putih, Amban, Wosi, Warmare, Prafi, Masni and Mowbja health centers that were accredited taken with saturated sampling techniques.

2.3 Population and Samples

The population in this study were 8 accredited health centers in Manokwari Regency. Sample is 8 health centers that have been accredited as many as 8 health centers including Sanggeng, Pasir Putih, Amban, Wosi, Warmare, Prafi, Masni and Mowbja. Samples with total sampling technique.

2. RESULTS

a. Type of HR Workforce in 8 Manokwari District Accredited Health Centers

Table 1. Types of HR Employment in 8 Community Health Centers in Manokwari District

No	Health Centre	Dokter umum	Dokter gigi	Farmasi	Perawat	Bidan	Analgs	Gizi	Kes lng	Kes mas	Perawat gigi	Number
1	Amban	2	1	2	34	12	2	2	2	-	1	58
2	Masni	1	1	1	17	20	3	2	2	3	-	50
3	Pasir Putih	1	-	3	31	10	1	2	2	1	-	51
4	Prafi SP IV	2	1	5	30	20	10	2	1	3	-	74
5	Sanggeng	2	1	3	29	10	4	2	1	1	2	55
6	Warmare	1	-	1	25	13	1	2	2	1	-	46
7	Wosi	1	2	3	29	16	2	-	1	1	2	57
8	Moubja	1	-	1	11	18	1	1	2	2	-	37

Based on table 1 above, it can be explained that of the 8 basic accredited health centers. There are only 3 puskesmas in Manokwari in Manokwari that are met by 10 types of health workers and 10 other health centers have not yet met 10 types of health workers.

There are 2 health centers that lack 1 type of health worker, there are 8 health centers that lack 2 types of health workers and there are 1 health center that lacks 3 types of health workers.

b. The level of education and status of health workers at the Puskesmas

Table 2. Education Levels in 8 Manokwari District Accreditation Health Centers

No	Health Centre	SMA	D1	D-III	D-IV	S1	Number
1	Amban	1	-	43	2	12	58
2	Masni	1	2	43	-	4	50
3	Pasir Putih	-	-	48	-	3	51
4	Prafi SP IV	2	-	69	-	5	74
5	Sanggeng	3	-	39	-	13	55
6	Warmare	1	-	42	-	3	46
7	Wosi	2	-	47	-	8	57
8	Moubja	1	-	34	-	2	37

Table 2 shows that the general level of education in the 8 most Puskesmas is D-III educated, and few who have senior secondary education are generally the same as administrative staff.

c. Status of Health Workers 8 Accreditation Health Centers

Table 3. Status of Health Workers 8 Accreditation Health Centers in Manokwari Regency

No	Health Centre	Civil servan (person)		Honor/Contract (person)		Number (person)	
		n	%	n	%	n	%
1	Amban	51	87.9	7	12.1	58	100
2	Masni	39	78.0	11	22.0	50	100
3	Pasir Putih	38	74.5	13	25.5	51	100
4	Prafi SP IV	59	79.7	15	20.3	74	100
5	Sanggeng	37	67.3	18	32.7	55	100
6	Warmare	36	78.3	10	21.7	46	100
7	Wosi	46	80.7	11	19.3	57	100
8	Moubja	29	78.4	8	21.6	37	100

Table 3 shows that the highest percentage of health personnel status was the highest number of civil servants in Amban Public Health Center (87.9%) and the lowest was in Sanggeng Public Health Center as many as 37 people (67.3%). Honorary staff / contract workers based on the highest percentage in Sanggeng Health Center as many as 18 people (32.7%) and the lowest at Amban Health Center as many as 7 people (12.1%).

d. Number of health service rooms at the Puskesmas

Table 4. Number of Health Service Rooms for 8 Accreditation Health Centers in Manokwari Regency

No	Number of room service	Amban	Masni	Pasir Putih	Prafi SP IV	Sanggeng	Warmare	Wosi	Moubja
1	Head of health centre	√	√	√	√	√	√	√	√
2	Loket room	√	√	√	√	√	√	√	√
3	General polyc	√	√	√	√	√	√	√	√
4	Action room	√	√	√	√	√	√	√	√
5	Apotek	√	√	√	√	√	√	√	√
6	Medicine storage	√	√	√	√	√	√	√	√
7	MTBS room	√	√	√	√	√	√	√	√
8	Nutrition room	√	√	√	√	√	√	√	√
9	P2P room	√	√	√	√	√	√	√	√
10	KIA/KB room	√	√	√	√	√	√	√	√
11	Laboratorium	√	√	√	√	√	√	√	√
12	Env health room	√	√	√	√	√	√	√	√
13	Sterilization room	√	√	√	√	√	√	√	√
14	Imunization room	√	√	√	√	√	√	√	√
15	Lung TB room	√	√	√	√	√	√	√	√
16	VICT/HIV-AIDS room	√	-	√	√	√	-	√	√
17	Emergency room	√	-	-	√	-	-	-	-
18	Partus room	√	√	-	√	√	√	√	√
19	Inhospitalized room	√	√	-	√	√	√	√	√

Table 4 shows that of the 19 most comprehensive health service rooms at Amban Community Health Center and Prafi SP Health Center IV. 4 Puskesmas do not have VICT / HIV-AIDS service rooms, namely the Sanggeng health center, Warmare health center, Wosi health center and Moubja health center.

e. Number and type of programs at the Puskesmas

Table 5. Number and types of Essential UKM programs in 8 Manokwari District Accreditation Health Centers

No	Number and type of program Essential UKM	Amban	Masni	Pasir Putih	Prafi SP IV	Sanggeng	Warmare	Wosi	Moubja
1	Health promotion	√	√	√	√	√	√	√	√
2	Environmental health	√	√	√	√	√	√	√	√
3	KIA and KB	√	√	√	√	√	√	√	√
4	Nutrition	√	√	√	√	√	√	√	√
5	P2P	√	√	√	√	√	√	√	√

Table 5 shows that of the 8 Puskesmas there are services which are services for six basic or six service standards.

f. Number and Types of UKM Development Programs

Table 6. Number and Types of UKM Development Programs in 8 Accreditation Health Centers in Manokwari Regenc

No	Number and type of program Essential UKM	Amban	Masni	Pasir Putih	Prafi SP IV	Sanggeng	Warmare	Wosi	Moubja
1	Traditional medicine	√	-	√	-	√	-	-	-
2	Mental health	-	√	√	√	√	√	√	√
3	Elder program	-	-	-	-	√	-	-	-
4	Napza rehabilitation	-	-	-	-	√	-	-	-
5	Akupuntur service	-	-	-	-	√	-	-	-

Table 6 shows that of the 8 Puskesmas, the Sanggeng Health Center has 5 SME development activities including traditional mental health drugs, elderly service programs, drug rehabilitation and acupuncture services. Six Puskesmas have SME services handling mental health services, where 2 of them have traditional medicine services.

g. Source of funding for the accreditation process at the Puskesmas

Table 7. Sources of funding for the accreditation process in 8 Manokwari District Accreditation Health Centers

No	Funding source	Amban	Masni	Pasir Putih	Prafi SP IV	Sanggeng	Warmare	Wosi	Moubja
1	Regional Revenue and Expenditure Budget (APBD)	√	√	√	√	√	√	√	√
2	JKN & BOK State Budget (APBN)	√	√	√	√	√	√	√	√
3	Other legal and non-binding sources								

Table 7 shows that for all puskesmas, the source of funding comes from APBD and APBN funds, JKN and BOK.

h. Efforts to fulfill accreditation documents

Table 8. Sources of funding for the accreditation process in 8 Manokwari District Accreditation Health Center

No	Pemenuhan dokumen akreditasi	Amban	Masni	Pasir Putih	Prafi SP IV	Sanggeng	Warmare	Wosi	Moubja
1	There are guidelines for quality manuals and / or quality guidelines / performance of Puskesmas	-	√	√	-	√	√	-	-
2	There are guidelines or guidelines for organizing work for each Puskesmas effort and Puskesmas service activities	-	√	√	√	√	√	-	-
3	There are procedures for implementing Puskesmas efforts and Puskesmas service activities as needed	-	√	√	-	√	√	-	-
4	There are clear policies, guidelines and procedures for controlling documents and controlling records of implementation of activities	-	√	√	-	√	√	-	-
5	There are clear mechanisms for developing guidelines and procedures	-	√	√	-	√	√	-	-

Table 8 shows that Amban Puskesmas, Prafi SP IV, Wosi and Moubja in fulfilling accreditation documents do not guide guidelines (manual) on quality and / or quality guidelines / performance of Puskesmas, there are no guidelines or guidelines for implementing work for each Puskesmas Effort and Puskesmas service activities, there are no procedures for implementing Puskesmas Efforts and Puskesmas service activities as needed. There are no clear policies, guidelines and procedures for document control and recording control of the implementation of activities and clear mechanisms to develop guidelines and procedures.

4. DISCUSSION

Based on the 2016 Accreditation Roadmap proposed by the Manokwari District Health Office, 14 health centers are ready to be accredited but after going through the stages of accreditation based on Minister of Health Regulation No.46 of 2015, only 8 Puskesmas receive 14 accredited health centers.

4.1. Strengths Opportunity Strategies improve Accreditation of Manokwari District Health Centers

Increasing further accreditation, the puskesmas can utilize the companion team by collaborating in overcoming problems or shortcomings in the making of SPO described in Chapters I, II, and III, the Community Health Efforts group, which is described in Chapters IV, V, and VI, and Individual Health Efforts group (UKP) or health services described in chapters VII, VIII, and IX. The District / City Health Office assistance team is formed by the District / City Health Service with members from functional or structural officials at the District / City Health Office or third parties or other institutions. Teams that have been trained will then be assigned by the Head of the District / City Health Office to assist the puskesmas in organizing accreditation. Mentoring is done both pre-accreditation and post-accreditation. Pre-accreditation

assistance is a series of activities to prepare puskesmas to meet accreditation standards. While post-accreditation assistance is an activity to maintain and improve the achievement of accreditation standards continuously until the next accreditation assessment is conducted.

There are still obstacles in several stages such as differences in information related to post-failure actions in the previous accreditation assessment between the accompanying team and the Dinas Provincial Health, Puskesmas staff who still do not understand document preparation, lack of special resources from the availability of information technology-based staff and the sudden submission and assessment process by accreditation commissions without prior coordination with the accompanying team or Manokwari District Health Office. This can affect the readiness of the Puskesmas in the face of assessment.

The inconsistency of information can be seen from the initial stages of preparation, namely the difference in information on actions after the failure of previous accreditation received by the Puskesmas in the face of re-accreditation between the accompanying team and the Provincial Health Office. This greatly affected the attitude of Puskesmas staff in the face of re-accreditation preparation. Changes to documents that were continuously updated by the surveyors caused inconsistencies in the information received resulting in differences of opinion between the Puskesmas and the accompanying team. It also made it difficult for the document preparation process and implementation. However, according to the Puskesmas accreditation team, there were no changes in instruments, only the development of documents that had to be completed. The lack of consistency of information circulating will have an impact on the accreditation preparation process carried out by the Puskesmas.

The main objective of puskesmas accreditation is to foster quality

improvement, performance through continuous improvement of management systems, quality management systems and service and program management systems, as well as the implementation of risk management, and not just an assessment to get an accreditation certificate. The approach used in accreditation of health centers is the safety and rights of patients and their families, while paying attention to the rights of officers. This principle is enforced as an effort to improve service quality and safety. Performance that refers to the level of perfection of health services, which on the one hand can lead to satisfaction in each patient and on the other hand the procedure for implementation is in accordance with the standards and professional code of ethics that have been established so that in carrying out health services must always pay attention to patient safety (RI Ministry of Health, 2015).

Efforts to implement accreditation and improve the quality of services at the Puskesmas, the Health Office have a strategic position as a facilitator. As a facilitator, the Health Office is expected to be able to facilitate the needs of Puskesmas in their efforts to improve the quality of services that the Puskesmas cannot meet, such as power, physical facilities, tools, medical supplies and consultations. Every activity at the Health Office is sought in order to support the efforts made by the Puskesmas. Implementation of Puskesmas Accreditation in the District / City of West Papua Province is carried out in stages.

The Puskesmas accreditation team is formed by the head of the puskesmas. The established health center accreditation team is responsible for preparing puskesmas in obtaining health center accreditation. Efforts to improve the future strategy between the puskesmas accreditation team by increasing communication on an ongoing basis, so that the shortcomings that exist in previous accreditation can be met and achieve plenary accreditation.

4.2. Improving the Weaknesses Opportunities Strategy as a strategy to

improve Manokwari District Health Center Accreditation

The search results of the surveillance documentation on the value of Puskesmas accreditation indicate that one of the obstacles to low achievement is the lack of health workers, the ability of officers to make SPO, a network that synergizes in determining the achievements of plenary activities, so that the SPO is compliant with existing standards puskesmas and subordinates in the Pokja team in the preparation of the SPO by increasing the ability of employees to prepare SPO through training and cooperation with puskesmas by conducting comparative studies or documentation studies. The ability of the puskesmas to perform services that comply with these standards. Health centers in carrying out services are partly based on habits or rules that have been standardized themselves without making the standard of service standards become a reference.

Existing service programs are further enhanced using standard operating procedures and adding development SMEs accompanied by SOPs according to service standards. Activities that can be carried out by Puskesmas to make accreditation documents include conducting comparative studies or comparative studies. As in the Nanggulan Community Health Center carried out three comparative assessments in preparation for accreditation, and this activity succeeded in adding insight and knowledge. Then applied in the Puskesmas accreditation preparation process in 2015. Assessing comparative or comparative studies according to Sudana's definition in this study is an activity carried out with the aim of adding insight and knowledge that will applied in the future to be better.

Activities like this are certainly very good for the development of an expected need properly. According to Susilawati (2017) taken from several sources known to carry out Puskesmas accreditation preparations there are several steps that must be carried out by Puskesmas according to Permenkes guideline No.46 of 2015,

namely: (1) requesting assistance from the District / City, (2) conducting workshops at Puskesmas, (3) training and understanding of accreditation standards in Puskesmas, (4) implementation of Self Assessment by Puskesmas staff accompanied by District / City Assistance Teams, (5) preparation of required documents and improvement of management systems, SME delivery systems, and UKP service systems, (6) implementation of activities in accordance with accreditation standards, (7) pre-accreditation survey assessment, (8) submission of accreditation assessments.

The availability of space in the service can maximize services and public health needs, so that the achievement of satisfaction is increasing. Each health center should begin preparing for accreditation to realize service quality assurance. The accreditation assessment is in accordance with the guidelines that refer to the Minister of Health Regulation No. 46/2015 to see the initial achievement of accreditation assessments. The results of the study showed that of the 19 most comprehensive health service rooms at Amban Health Center and Prafi SP Health Center IV. 4 Puskesmas do not have VICT / HIV-AIDS service rooms, namely the Sangeng health center, Warmare health center, Wosi health center and Moubja health center.

Magfiroh research at the Madiun City Demak Puskemas, achievement of accreditation in March 2016 around 62.9% of all assessment elements in accreditation standards, included in the category fulfilled in part.12 Likewise in UNAIR Clinic known achievement in the year 2016 amounting to 51% or categorized as partially fulfilled. The lowest achievement is the accreditation standard for improving clinical quality and patient safety.¹³ This achievement has not been maximized because there is still no availability or documents cannot be ascertained, in other words almost all assessment elements do not have document availability.

Establishment of space needs to pay attention to regional spatial planning and

service needs according to the ratio of the availability of health services to the population. Analysis that considers regional spatial planning, the ratio of the availability of health services, and population numbers are set out in the strategic plan. The amount of space available at the Puskesmas is a service that is given according to the standard of health center services.

The research results show that all Puskesmas have funding sources sourced from APBD and APBN funds, JKN and BOK that can be allocated in the accreditation process. Employee Productivity is found to be the following problems: not all health workers have achieved that accreditation. In addition, the integrity of health workers at the Pameungpeuk Health Center UPT is still not optimal where Non-PNS personnel still receive honoraria far below the standard, so this triggers a lack of integrity.

The aspect of money (funding) already has a budget from the APBN (State Expenditure Budget), BOK (Health Operational Assistance), and JKN (National Health Insurance) but it is not sufficient for all activity financing in 2016 and 2017 there are obstacles in budget allocation due to technical and policy changes at the Health Office or Regional Government so that activities at that time there were no funds from the Health Operational Assistance so that in carrying out activities and coordinating activities with villages or sub-districts, the obstacles were due to delays in the use of funds related to local government policies. Puskesmas to all employees about the budget at the puskesmas.

In addition, the strategy in fulfilling human resources is by increasing the shortage of personnel, especially those who are still in each health center. From the results of a lack of analysis of the labor force is a staff of doctors and dental nurses and community health workers. The human resources of the Puskesmas consist of Health Workers and non-health workers. (2) The type and number of Health Workers and non-health workers as referred to in

paragraph (1) are calculated based on workload analysis, taking into account the number of services held, population and distribution, characteristics of work area, area of work, availability of level health service facilities the other first in the work area, and the division of labor time. (3) The types of Health Workers as referred to in paragraph (2) consist of at least doctors or primary care doctors, dentists, nurses, midwives, public health workers, environmental health workers, medical laboratory technology experts; h. nutritional power; and i. pharmacy staff. (4) Non-health workers as referred to in paragraph (2) must be able to support administrative activities, financial administration, information systems, and other operational activities at the Puskesmas.

The results of the study showed that from 8 basic accredited health centers. There are only 3 puskesmas in Manokwari in Manokwari that are met by 10 types of health workers and 10 other health centers have not yet met 10 types of health workers. There are 2 health centers that lack 1 type of health worker, there are 8 health centers that lack 2 types of health workers and there are 1 health center that lacks 3 types of health workers.

The success of achieving health development is very much determined by the capacity of the health apparatus. This is because the health apparatus is the main asset that acts as a thinker, planner, executor and controller of health development. Besides that, health apparatus is required to be more professional in carrying out their duties because of the rapid development of technology and the environment that is so drastic in every aspect of life, resulting in increasingly increasing community needs for quality services. To improve the professionalism of the health apparatus, one of its achievements is through training that is held in a professional and quality manner. Quality training is the hope of each training provider. (Pusdiklat Aparatur, 2012).

The level of education in 8 accredited health centers generally in the 8

Puskesmas has the most D-III education, and few who have senior secondary education have the same level of work as administrative staff. The highest percentage of health personnel status was the highest number of civil servants in Amban Community Health Center as many as 51 people (87.9%) and the lowest was in Sanggeng Health Center as many as 37 people (67.3%). Honorary staff / contract workers based on the highest percentage in Sanggeng Health Center as many as 18 people (32.7%) and the lowest at Amban Health Center as many as 7 people (12.1%).

This research is in line with the research conducted by Hidayah (2017) in Gorontalo Province, there are already 93 health centers consisting of 23 health centers were hospitalized and 70 health centers were non-hospitalized spread in 6 districts / cities (Indonesian Ministry of Health, 2016). Number of puskesmas. This is due to the number, types and levels of education that do not match competencies and comparison ratios with service to the community.

Education and training of health workers is an effort to procure health workers according to the type, number and qualifications that have been planned and capacity building in accordance with health development needs (Ministry of Health, 2004). One effort to improve the quality of health personnel resources is through training. As stipulated in Government Regulation No. 32 of 1996 concerning Health Workers, in which training in the health sector is directed at improving the skills or mastery of knowledge in the health technical field and must fulfill the requirements for the availability of prospective trainees, trainers, training curricula, sources of funds that ensure the continuity of training and facilities and infrastructure.

To build a quality management system, program implementation, and clinical service systems in Puskesmas, internal regulations (regulations) must be formulated as the basis for implementing

programs and service activities. Determination and enactment of internal regulations in the form of Policies, Guidelines, and Standard Operating Procedures (SPO) and other documents which are standardization of the quality management system and service system in the Puskesmas, prepared based on applicable laws and external guidelines. The number of service rooms available from observations was found in 3 health centers with different meanings for medical implementation. There were no SPO documents as guidelines for officers in implementing services according to standards. The results of the SWOT matrix found that the absence of SPO was caused by the ability of health workers to make SPO. SPO compilation pays attention to matters to maintain the activities that have been achieved in the previous period and pay attention to programs / efforts that are still problematic, develop new activity plans that are tailored to the health conditions in the area and the capabilities of the Puskesmas.

4.3 . Knowing Threats Strengths as a strategy to improve Manokwari District Health Center Accreditation.

Some regulations that underlie Puskesmas accreditation policies such as Minister of Health Regulation Number 75 of 2014 concerning Puskesmas (article 39) states that Puskesmas must be accredited and carried out periodically at least every three years, as well as Minister of Health Regulation No. 71 of 2013 concerning Health Services in National Health Insurance (article 6) states that accreditation is one of the credentialing requirements for facilities first level health who will work with BPJS. As one of the mechanisms of regulation in health services, Puskesmas Accreditation is recognition given by an independent institution that organizes accreditation stipulated by the Minister of Health after meeting accreditation standards that aim to improve service quality and patient safety, improve protection for health, community and environment human

resources and health centers as an institution, as well as improving the performance of Puskesmas in individual health services and / or public health. The puskesmas needs to establish achievements for the next assessment with a maximum assessment of accreditation by fulfilling all the requirements that have been set with the aim of improving service quality.

Disposition of cooperation in physical form is good with the signing of commitments and ongoing cooperation. There is no repetition of physical commitment for preparation this year. There is no reward / punishment system that runs in giving commitment and support.

Commitment this was signed by all Puskesmas staff together with a group photo and displayed in the service waiting room in the form of MMT. Although there have been physical forms of commitment, there are still staff who sometimes behave less committed.

For non-physical disposition forms, it is seen through attitudes and support. All implementers have not been in total support and commit. This is influenced by individual nature and the character of each person is different. Another reason for the lack of commitment of implementers was also influenced by not being successfully accredited last year. This should be the responsibility and challenge for the head of the Puskesmas as the leader to invite his staff to participate. Support is provided through coordination and input in the running of the program. Very attitude and support important in the implementation process, because of the similarity of views towards what is done together will facilitate the achievement of goals. It can be concluded that the implementation of accreditation seen from the disposition of the implementer is already physically good, but sometimes it is not always reflected in attitude.

4.4. Knowing Threats Weaknesses as a strategy to improve Manokwari District Health Center Accreditation.

Efforts to overcome the weaknesses of the puskesmas must continue to work to improve service requirements according to standards. To increase the requirements according to standards, it is necessary to:

The commitment of the head of the puskesmas to the changes themselves. As is known, some people in Indonesia still adhere to the philosophy of a leader as a role model, where dependence on leaders is very high. If the leader has a commitment to change the likelihood of subordinates changing very large.

Availability of human resources. Some puskesmas have problems in the number of workers who are competent with health programs. This small energy constraint can be overcome by the puskesmas, where regulations do not allow puskesmas to increase their own energy. The availability of labor is highly dependent on the higher levels of both the district government and the central government.

Facilities and infrastructure of Puskesmas. Complete facilities and infrastructure as a basis for conducting standardized services are not yet fully available. Accreditation assessment will be based on the facilities available in performing services.

Officers work in accordance with existing SPO standards and are evaluated if there are deficiencies in subsequent improvements. Achieving accreditation that is not maximized and from the evaluation results that the current leadership leads to the ineffectiveness in the absence of sanctions for health workers. The problem is from the results of the survey at 8 puskesmas that the achievement of basic and secondary accreditation is mainly due to the lack of cross-sectional cooperation, compliance and discipline of health workers in working using SPO, undisciplined health personnel who are present when assessing accreditation. The results of the observations obtained the same results that the discipline and compliance of existing health staff / personnel were still not disciplined in carrying out their basic tasks and functions, especially in working in

accordance with the standard operational processes.

The results showed that in the implementation of accreditation, officers who did not comply with the accreditation process at Amban Health Center, Prafi SP IV, Wosi and Moubj caused unavailability of service guidelines and procedures, preparation and implementation of service plans referring to applicable guidelines and procedures, services carried out accordingly with the applicable guidelines and procedures, services are provided in accordance with the service plan, the services provided to patients are documented, changes in service plans are carried out based on the patient's development and these changes are recorded in the medical record.

The results showed that the synergy in Amban Community Health Center, Prafi SP IV, Wosi and Moubja, namely lack of coordination and integration in the delivery of services and efforts of Puskesmas with related parties, so that efficiency does not occur and guarantees the continuity of services, working mechanisms, procedures and documented activities. Lack of study of specific problems that exist in the process of organizing services and efforts of puskesmas to then be corrected and prevented from recurring.

Puskesmas management is defined as a series of activities that work systematically to produce effective and efficient health center outcomes. A series of systematic activities carried out by the health center, namely planning, implementation and control, as well as supervision and accountability. The success of this series of activities is strongly influenced by the leadership of the head of the puskesmas. Improvement of puskesmas quality. Efforts to improve the quality of puskesmas services are a management process carried out systematically, objectively, integrated and continuous and customer oriented. Improving the quality of health services at the puskesmas is based on the paradigm that improving the quality of

puskesmas services will be achieved, if the service process is improved by applying quality assurance principles and methods.

Research Iskandar (2017), in the Puskesmas Accreditation Policy program, Pameungpeuk Public Health Unit UPT collaborated with various related parties especially with the Garut District Health Office who have provided support through mentoring programs with the aim of improving Community Health Services Management and will have an impact on Puskesmas employee productivity. Continuous quality assurance can be carried out if applied quality system in the management of good organizations. This situation makes the organization will strive to provide services even exceeding the standard. This situation is because it focuses on internal and external customer satisfaction (Bustami, 2011). The lack of coordination from the matrix results in the low achievement of health center accreditation.

There are two characteristics that can drive performance organizational structure in a better direction, namely SOP and fragmentation. a. The use of SOPs facilitates work processes because of their existence documentation of activities. To control the use of SOPs itself is carried out by the internal audit team.

b. Fragmentation. The division of responsibility is done with adjusting between the elements of assessment and the basic tasks of each staff job. For the inter-sectoral and the escort team coordination has been going well.

5. CONCLUSIONS

1. Strengths strategy in improving the accreditation of Puskesmas in Manokwari Regency by strengthening the accompanying team, strengthening coordination and increasing staffing
2. The Weaknesses strategy in improving the accreditation of Puskesmas in Manokwari Regency is to make and provide SPO in and increase the ability of employees in the preparation of SPO,

improve service programs according to standards, increase the number of service rooms, provide space for services to maximize and increase the lack of power

3. Strategies for Opportunities to improve the accreditation of Puskesmas in Manokwari Regency by collaborating with other institutions and establishing accreditation outcomes

4. Threats strategy in improving the accreditation of the Manokwari District Health Center by increasing the requirements according to standards, the availability of human resources, facilities and infrastructure of Puskesmas, improving the quality of services in accordance with the SPO and increasing the effectiveness of leadership

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