

Readiness Analysis Accredity Documents Of Individual Health Efforts Work Group Karamat Phc District Buol In Facing Accreditation

ABSTRACT

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The design of this study is qualitative with a Case Study approach. The sampling technique used was purposive sampling with 9 informants. Triangulation was conducted on 3 source. Data collection techniques carried out by interview and triangulation of sources. Data Sources In this study are the Accreditation and Triangulation Sources Team. Data acquisition techniques: in-depth interviews and documentation.

The results of the study showing that in general the Karamat Public Health Center in its efforts to prepare accreditation documents was guide book by the accreditation of the First Level Health Facilities and district level the Accreditation advisor Team. The findings found that the Karamat Public Health Center do not have dentists, laboratory analysts and staff who have dual duties and do not yet have a system of treating hazardous waste materials, medical waste or non-medical waste and the need for equipment in each room that is inadequate. From the completeness of documents by using the completeness check list. from 81 documents; 23 documents have been fulfilled, 29 documents have been fulfilled and 29 documents have not been fulfilled. an average of 20.8% is included in the partially met category. And according to the accreditation manual, the Karamat Public Health Center in particular the Individual Health Efforts Work Group is Worth for in Value.

The efforts of the Karamat Public Health Center Accreditation Team in the efforts to fulfill the accreditation documents in addition to the mentoring method also make several of efforts including Training, Implementation of self-assessment, Discussion of the results of Self-assessment, Worksop and comparative study to Public Health Center which has been accredited outside the Central Selebes region.

Keywords: Accreditation, PHC, Document Readiness

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INTRODUCTION

Health development is one of the most important parts of national development that is carried out and fully supported by all existing components with the aim of increasing awareness, interest and ability to live healthy for all Indonesian citizens to realize the highest degree of public health. The Health Development Plan in Indonesia outlined in the 2015-2019 Ministry of Health Strategic Plan is Healthy Indonesia with reference to the National Medium-Term Development Plan (RPJMN).

In an effort to improve the quality of services in first-level health facilities, especially Puskesmas, the Government made a policy conducted by the Ministry of Health by issuing the Minister of Health Regulation (Permenkes) of the Republic of Indonesia Number 46 of 2015 Regarding Puskesmas Accreditation, Primary Clinics, Independent Physicians Practices, and Places of Practice Mandiri Dentist. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 46 Year 2015, however, the reality is that until now not all existing Puskesmas are able to implement all the expected components, this is stated by several factors, including; Lack of understanding of the Accreditation Instrument standard by all Puskesmas staff, Human Resources (HR) both in terms of Knowledge and Workload, and also related to Financial Problems or Funds. In addition, the community considers that the performance of staff at the puskesmas is still less professional. therefore, it is necessary to do an assessment by an external party using the established standards, namely through an accreditation mechanism and not just an assessment to get an accreditation certificate.

The Strategic Plan of the Buol District Health Office from 2015 to 2019 all puskesmas in Buol Regency must be accredited. From the data in the Buol District Health Office, to date 8 (eight) Puskesmas have been accredited or 72.7% and those that have not been accredited are 3 (three) Puskesmas or 27.3%. Whereas in 2019 the Buol District Health Service submitted to the Accreditation Commission to Accredite 3 Puskesmas namely Paleleh Barat Puskesmas, Karamat Puskesmas and Lakea Puskesmas.

Based on the results of a preliminary study carried out with interview techniques through Handpone with Health Services and Service Staff in the Buol District Health Office who also served as an accreditation advisory team at the Buol District Level, information was obtained that in 2019 there will be 3 Puskesmas to be prepared for facing an Accreditation Assessment. Karamat Health Center is one of the health centers in Buol District which is planned for accreditation in 2019. Based on the description of the above problems, the researcher is interested in analyzing the readiness of the accreditation documents of the Individual Health Efforts Working Group (UKP) Karamat Health Center, Karamat District, Buol District, Central Sulawesi Province in facing Accreditation.

METHODS

This type of research is qualitative, using a Case Study approach or called CSR (Case Study Research). The sampling technique used is purposive sampling. Data collection is done by interview and triangulation of sources. Data Sources In this study were the Accreditation Team with 9 informants and Source Triangulation was carried out on 3 sources.

RESULTS

Description of Research Location

Karamat Community Health Center has a working area in Karamat District which is in charge of Seven Villages, Karamat District with an area of 28,498 m² and covers Seven Villages. Geographical conditions consist of hills and lowlands that stretch along the coast of the cape and the bay with a height of 100 m above sea level and a temperature of 23-31 ° C, easy to reach by two-wheeled vehicles or four-wheeled vehicles to the villages. The boundaries of the Karamat Health Center work area consist of; North side is bordered by the Sulawesi Sea, South side is bordered by state forests, East is bordered by Kumaligon village, Biau sub-district, West is bordered by Ilambe village, Lakea sub-district. Geographically, the Karamat Community Health Center is located in a strategic location with very adequate road access because it is located on the main route of the Trans Sulawesi axis road. The number of population in the working area of the Karamat Health Center from BPS Data Collection in 2018 was 9972 people (men 5160 people or 51% and women 4812 people or 48%), with a total of 1918 households. This amount changes every month:

Description of the Informant

Main Informant

The main informants in this study were the Karamat Community Health Center Accreditation Team consisting of 9 people involved in the process of preparing the Puskesmas accreditation documents. Head of Karamat Health Center Quality Team 1 person, Head of Karamat Health Center Accreditation Team 1 person, Person in Charge Chapter VII 1 person, member Chapter VII 1 person, Person in Charge Chapter VIII 1 person, member Chapter VIII 1 person, Person in Charge Chapter IX 1 person, member Chapter IX 1 person.

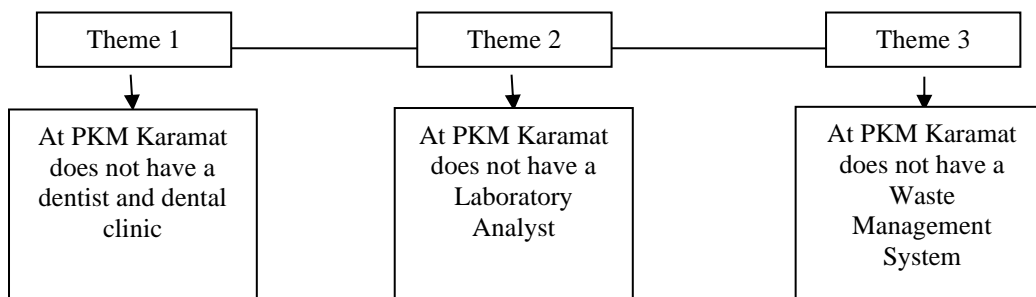
Triangulation informant or resource person

Triangulation of sources in this study amounted to 3 people consisting of: Informant 1 as Section Head of Health Services Buol District Health Office, he became a triangulation informant because of information from the District Health Office. Buol said that, matters relating to the Accreditation of First Level Health Facilities handled by the Health Services and Resources sector precisely in the Health Services Section. informant 2 as the Buol Regency Accreditation Team as well as Staff in the Public Health Sector of the Buol Regency health office, informant 3 as the Buol Regency Accreditation Team as well as Staff in the Services and Health Resources

Thematic Analysis

This research produced major themes from thematic analysis. The themes produced are as follows: 1). Patient-Oriented Clinical Services (LKBP), 2). Clinical Support Services for Laboratory Services (MPLK), 3). Improvement of Clinical Quality and Patient Safety (PMKP).

Thematic Analysis Results



DISCUSSION

Patient-Oriented Clinical Services (LKBP)

The results of this study note that the Working Group on Individual Health Efforts (UKP) in particular Patient-Oriented Clinical Services (LKBP) Karamat Health Center does not have dentists. At present the Karamat Health Center has not been able to carry out all the expected components, this is stated by several factors, including; Lack of understanding of the Accreditation Instrument standard by all staff of the Puskesmas and Human Resources (HR) both in terms of Knowledge and Workload.

The first thing that becomes a problem for the Karamat Community Health Center management is that there are no dentists. When the key informant was confirmed, he confirmed that the Karamat Health Center did not have a dentist. Following is the statement conveyed by informant 1; "The main problem in accreditation preparation is the lack of human resources available at the Karamat Health Center, but the leadership and all staff are committed, to do their best to face accreditation assessment. (Informant 1). This statement is supported by informant 3; "The Karamat Health Center does not yet have the analysts needed in the preparation of accreditation documents, such as dentists and laboratory staff" (Informant3). In addition, informant 5 also completed it "For the personnel in our place it is still very minimal, even dentists and dental nurses in our Puskesmas are not available, so for the Making of Accreditation Documents we are very difficult" (Informant 5)

The second thing that becomes a problem in fulfilling the accreditation documents of the Individual Health Efforts Working Group especially Patient-Oriented Clinical Services (LKBP) is the

lack of understanding of the Accreditation Instrument standard by all Karamat Puskesmas staff and the workload or dual tasks for Karamat Puskesmas staff. This was said by informant 3 who stated that "For the preparation of documents, not all staff understand about making documents, thankfully once a week we have guidance" (Informant 3). The statement was completed by informant 4; "I and the Team do not really understand the making of accreditation documents, not to mention our busy schedule in the service, because on average we here have double assignments" (Informant4).

Informant Triangulation 1 also completed statements from informants about human resources at the Karamat Health Center both in terms of the availability of personnel and the level of understanding of all Karamat Health Center staff in terms of fulfilling accreditation documents in the preparation process for the 2019 Puskesmas accreditation assessment. 1 about manpower; "The Karamat Community Health Center is indeed lacking in terms of personnel, especially analysts such as dentists, laboratory analysts and radiodiagnostic services there as yet" (Resource 1) and Resource 1's statement about the level of understanding; "Knowledge about accreditation for Puskesmas staff varies, some understand it and some don't understand accreditation document preparation, because not all staff are included in training or workshops"

Puskesmas Accreditation is an acknowledgment of Puskesmas given by an independent accreditation provider established by the Minister after it is assessed that the Puskesmas has met Puskesmas service standards set by the Minister to continuously improve the quality of Puskesmas services (Permenkes No. 46 2015).

According to Nawawi in Gaol (2014: 44), Human Resources are people who work and function as assets of an organization / company that can be counted in quantity (quantitative), and HR is the potential that drives the organization. According to Sutrisno (2014: 3), human resources are the only resources that will have feelings, desires, skills, knowledge, encouragement, power, and work (ratio, taste, and intention). All of these HR potentials influence the organization's efforts in achieving its goals

Puskesmas accreditation has the main objective for fostering the improvement of the quality of performance through continuous improvement of the management system, quality management system, and the system of service and program implementation, as well as the application of risk management and not just an assessment to get an accreditation certificate. People or all actors who play a role in organizing an organization. The elements of people (people) or we know them in terms of human resources (HR) are all Puskesmas employees, both medical, medical, and non-medical.

From the above understanding it can be concluded that the availability of human resources is the most important asset for a health service facility and is very influential or helpful to operate in the process of achieving the expected goals. The most important thing from human resource management is the management and utilization of human resources fully and continuously on existing human resources so that they can work optimally, effectively and productively in achieving company goals.

Then the results of this study are also consistent with research by Susilawati (2016) on the availability of human resources. Some puskesmas have constraints in the number of workers who are competent with health programs. These very small labor constraints can be overcome by the puskesmas, where regulations do not allow puskesmas to add their own labor. The availability of labor is highly dependent on the district, provincial and central government.

Document Readiness

The results of the completeness of the documents that we did using the completeness checklist, from 81 documents needed in the Individual Health Efforts working group which were divided into 3 Themes. For theme 1 namely Patient-Oriented Clinical Services (LKBP) out of 33 criteria, there are 13 document criteria that have been met, 13 document criteria partially met and 7 document criteria that have not yet been fulfilled. An average value of 59.1%, included in the category of partial fulfillment. These documents, al:

Documents that have been fulfilled;

The patient registration process, information about registration is available and documented at the time of registration, the rights and obligations of patients, families, and officers are considered and informed at the time of registration. Stages of clinical services are informed to patients, Physical,

language, cultural and other obstacles in providing services are sought reduced, integrated service plans compiled comprehensively by inter-professional health teams with clarity of the responsibilities of each of its members, approval of medical actions requested before the implementation of actions for those who require approval of medical actions, there are clear referral procedures, referral plans and their respective obligations understood by Nakes and the patient / family of the patient, the recipient's referral facility is given a written resume regarding the patient's clinical condition and the actions taken by the Puskesmas when sending the patient. During the patient's direct referral process, competent staff continues to monitor the patient's ondisi patients, Guidelines for services are used as a basis for carrying out clinical services, patients and their families get an explanation of their rights and responsibilities relating to refusal or not continuing treatment, including refusal to be referred to more adequate health facilities.

Document Partially Fulfilled;

The initial review process is carried out in a complete manner, covering various needs and expectations of the patient / family. The results of the study are recorded in medical records and easily accessed by officers responsible for patient care, patients with emergency needs, urgent, or immediately given priority for assessment and treatment, personnel health and / or inter-profession health team that professionally conducts initial studies to establish medical diagnoses and diagnoses of medical nursing and nursing diagnoses, There is adequate equipment and place to conduct initial studies of patients, There are effective procedures for preparing service plans both medical services and services integrated if the patient requires treatment by a coordinated health team, Clinical service plans are prepared with patients with attention to the biological, psychological, social, spiritual and cultural values of the patient, Implementation of services for emergency patients and / or high-risk patients guided by er policies and procedures that apply, the results of monitoring the implementation of services are used to adjust service plans, all health care workers pay attention and respect the needs and rights of patients during the implementation of services, the implementation of services carried out to ensure continuity and avoid unnecessary repetition, local anesthetic services and being The puskesmas is implemented to meet the standards at the puskesmas, national standards, laws and regulations as well as professional standards according to the needs of patients. Patients at risk of nutrition receive nutritional therapy.

Documents that have not been fulfilled;

Handling, use and administration of blood and blood products are guided by clear policies and procedures. Surgical services at the Puskesmas are planned and carried out in accordance with Puskesmas standards, national standards, laws and regulations and professional standards according to patient needs. food variations that are in accordance with the nutritional status of the patient and are consistent with the clinical care available regularly. Food preparation, handling, storage and distribution are carried out safely and comply with laws, applicable regulations, repatriation and / patient follow-up, both aimed at continuing services, referrals and return are guided by standard procedures.

Supporting Clinical Services in Laboratory Services (MPLK)

The results of this study note that the human resources (HR) in the Karamat Health Center in particular the Laboratory Services Supporting Clinical Support Management (MPLK) do not have laboratory analysts. And to anticipate this, the Head of the Puskesmas adopted a policy by sending one of his staff to be included in the training of laboratory analysts at the Buol Regional General Hospital facilitated by the Buol District Health Office. informant 7 said; "It is still very minimal, especially analysts, so to meet the accreditation document standards, I must return home from Karamat to Buol Regional General Hospital for lab training, because I am a nurse not a laboratory analyst, but by the Kapus policy I must learn about laboratory services there "(Informant 7). This statement is supported by Informant 3 stating; "Karamat Health Center does not yet have the analysts needed in the preparation of accreditation documents, such as dentists and laboratory staff" (Informant 3) and is completed by informant 6; "If the number of staff in our Puskesmas is still lacking, there is not even a laboratory analyst at our Puskesmas" (Informant 6).

Triangulation 1 informants also completed statements from informants regarding human resource issues in the Karamat Health Center and other Puskesmas in Buol District. Triangulation 1

states; "What is one of the problems in the Karamat Puskesmas and other Puskesmas in Buol is the dual task, so there are some of the programs that have not yet reached the target, but thank God my friends there understand that"

First Level Health Facilities Accreditation is an effort to improve the quality and performance of services carried out through building a quality management system, organizing public health efforts, and clinical service systems to meet the accreditation standards set and the laws and regulations and applicable guidelines (Ministry of Health Republic of Indonesia, 2014).

According to Hasibuan (2007: 10), human resource management is the science and art of managing relationships and the role of the workforce so that it is effective and efficient in helping the realization of company, employee and community goals. Meanwhile according to Bangun (2012: 6),

According to Marihot Tua E.H. in Sunyoto (2012: 1), human resource management is defined: Human resource management is the activities involved to act, develop, motivate, and maintain a high performing workforce within the organization (Human resource management is an activity carried out to stimulate, develop, motivate, and maintain high performance in the organization).

The small number of health workers in each of the first-level health facilities or puskesmas is very influential in achieving service targets for the community. delays in completing documents are specified by the Dual Task which if one is left out or neglected will affect the achievement of the Puskesmas target.

Document Readiness

Puskesmas Karamat in conducting activities cannot leave the completeness of documents. The results of the completeness of the documents that we did by using the completeness checklist, from 81 documents needed in the work group of Individual Health Efforts divided into 3 themes, For Theme 2 namely Supporting Clinical Services for Laboratory Services (MPLK) of 36 criteria, 9 documents already fulfilled, 13 documents partially met and 14 documents that have not been met. With an average value of 43.1%, included in the category of partial fulfillment of these documents al:

Document Fulfilled;

Prescribing drug ordering and management is guided by effective policies and procedures. There is a guarantee of cleanliness and safety in the storage, preparation and delivery of drugs to patients and management of expired / damaged drugs. Emergency medicines are available, monitored and safe when stored outside the pharmacy. standardization of diagnosis classification codes, procedure codes, symbols, and terms used, Officers have access to information according to the needs and responsibilities of the job, There is a system that guides the storage and processing of medical records, medical records contain adequate information and are kept confidential about patient identification , documentation of study procedures, problems, patient progress and care outcomes, equipment is placed in the service environment appropriately, Each employee has the opportunity to develop the knowledge and skills needed to improve the quality of service for patients.

Partially Fulfilled;

There are procedures for reporting critical diagnostic test results, determined normal values and the range of values used for interpretation and reporting of laboratory results, Quality control is carried out, followed up and documented for each laboratory examination, Various types of drugs according to needs are available in adequate quantities, effects side effects that occur due to prescription drugs or a history of allergies to certain drugs must be documented in the patient's medical record, medication errors are reported through the process and within the time frame set by the health center, medication errors are reported through the process and within the time frame set by the Puskesmas, the physical environment of the Puskesmas, electrical, water, ventilation, gas and other systems required to be routinely inspected, maintained and repaired if necessary, Assessment and evaluation of clinical staff competency is carried out through the c effective labor force, The authority of personnel is clearly described and carried out professionally and legally in the implementation of care.

Unfulfilled;

Laboratory tests are carried out by competent and experienced officers to carry out and / or interpret the results of the examination. There are specific policies and procedures for each type of laboratory examination. Laboratory examination results are complete and available in time according to the stipulated provisions, essential reagents and other materials needed day-to-day always available and evaluated to ensure the accuracy and precision of results, radiodiagnostic services are provided to meet the needs of patients, and meet national standards, laws and regulations, There is a radiation safety program, implemented and documented, competent staff with adequate experience carry out radiodiagnostic examinations, interpret results, and report examination results, X-ray films and other supplies are available regularly, radiology services are managed, led and carried out by competent officers, There are quality control procedures, conducted aksanakan and documented, Inventory, management, storage and use of hazardous materials as well as control and disposal of hazardous waste are carried out based on adequate planning, planning and effective program implementation to ensure the safety of the physical environment is managed by competent officers.

Improvement of Clinical Quality and Patient Safety (PMKP)

The results of this study note that the facilities and infrastructures at the Karamat Health Center in particular the Clinical Quality and Patient Safety (PMKP) Improvement is still minimal. At Karamat Health Center does not yet have a system for processing hazardous waste materials, medical waste or non-medical waste and the need for equipment in each room that is inadequate. As stated by Informant 2; "Some of the facilities and infrastructure in our Puskesmas do not yet exist, but the utilization of the budget for the needs of facilities and infrastructure is adjusted to the proposed activity plan and is always monitored by the Buol District Health Office" (Informant 2). Supported by informant 8; "As for facilities and infrastructure, it may be said that there is no such thing as processing of hazardous waste, medical waste or non-medical waste, so far we are still using the old way, which is making excavation or burning the garbage" (Informant 8) And informant complete 9; "The facilities and infrastructure in our PKM are not optimal or do not meet the standards". ((Inform9)

Informant Triangulation 3 also complements statements from informants related to the problem of facilities and infrastructure in Karamat Health Center. Speaker 3 said he would help the Puskesmas in this case the Karamat Puskesmas Head to cooperate with the Cross-sector (Camat) in anticipating the lack of facilities and infrastructure that were not yet available at the Karamat Puskesmas, because after all the Karamat Puskesmas was in the Karamat District area, so it was already naturally the Regional Government in this case the Sub-District Head of the District Region Must participate in the success of the Puskesmas Accreditation Assessment. The following is the Resource Statement 3; "Of the 3 puskesmas that will be assessed in 2019, we help to mediate across sectors, in this case the District Head (sub-district) and several village heads in the puskesmas working area to assist the Puskesmas in anticipating the shortcomings in the puskesmas and from the cross-sector party said they would help these deficiencies through village funds or ADD and participation from the community ”

The above is in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 46 of 2015 concerning Puskesmas Accreditation, Primary Clinics, Independent Doctors Practice Place, and Independent Dentists Practice Place, article 3 states that puskesmas must be accredited, and the Regional Government is obliged to support, motivate , and expedite the process of implementing puskesmas accreditation.

Accreditation is also one of the credential requirements as a first-level health service facility in collaboration with BPJS, as regulated in Minister of Health Regulation No. 71 of 2013 concerning Health Services on National Health Insurance Article 6 paragraph (2).

Puskesmas leaders need to facilitate, allocate and provide resources needed for quality improvement activities in clinical services and patient safety efforts in accordance with the availability of the budget and resources available at the Puskesmas.

Document Readiness

Puskesmas Karamat in conducting activities cannot leave the completeness of documents. The results of the completeness of the documents that we did using the completeness checklist, from 81 documents needed in the Individual Health Efforts working group which were divided into 3 Themes.

For theme 3 namely Clinical Quality Improvement and Patient Safety (PMKP), from 12 criteria 1 document that has been fulfilled, 3 documents partially fulfilled and 8 documents that have not yet been fulfilled. The documents are divided into 3 chapters, as follows:

Document Fulfilled;

The main clinical service functions and processes are identified and prioritized in efforts to improve the quality of clinical services and ensure safety.

Document Partially Fulfilled;

Resources for improving the quality of clinical services and patient safety are provided, efforts to improve the quality of clinical services and patient safety are implemented. There are standardization of clinical service standards that are prepared based on clear guidelines. Efforts to improve the quality of clinical services and patient safety are supported by a well-functioning team.

Unfulfilled ;

Clinical personnel play an active role in the process of improving the quality of clinical services and patient safety efforts, Clinical personnel play an important role in improving behavior in service delivery, Measuring using effective instruments to measure the quality of clinical services and patient safety targets, Clinical service quality targets and safety targets patients are appropriately determined, data on clinical service quality and patient safety targets are collected and managed effectively, Plans to improve the quality of clinical services and safety are prepared and implemented based on evaluation results, Efforts to improve the quality of clinical services and patient safety are evaluated and documented, Results of evaluation of quality improvement efforts clinical services and patient safety are communicated.

CONCLUSION

Patient-Oriented Clinical Services (LKBP)

For the readiness of Patient-Oriented Clinical Services (LKBP) documents out of 33 criteria, there are 13 document criteria that have been met, 13 document criteria partially met and 7 document criteria that have not yet been met. An average value of 59.1%, included in the category of partial fulfillment. In terms of human resources (HR) and infrastructure, Karamat Health Center does not yet have a dentist and dental clinic services.

Supporting Clinical Services in Laboratory Services (MPLK)

For the readiness of the Laboratory Services Supporting Clinical Services Support Management (MPLK) documents out of 36 criteria, 9 documents have been fulfilled, 13 documents have been partially fulfilled and 14 documents have not yet been fulfilled. With an average value of 43.1%, included in the category partially met. In terms of human resources (HR) and infrastructure, Karamat Health Center does not yet have competent laboratory analysts and laboratory services as a support for clinical services are inadequate.

Improvement of Clinical Quality and Patient Safety (PMKP)

For the readiness of Clinical Quality and Patient Safety (PMKP) documents out of 12 criteria 1 document has been fulfilled, 3 documents have been partially fulfilled and 8 documents have not yet been fulfilled. an average of 20.8% is included in the partially met category. In terms of facilities and infrastructure, Karamat Health Center does not yet have a system for processing hazardous waste materials, medical waste or non-medical waste, and the need for equipment in each room that is inadequate.

From the completeness of the documents that have been prepared by the Karamat Health Center Accreditation Team, Especially Individual Health Efforts (UKP), from 81 documents; 23 documents have been fulfilled, 29 documents have been fulfilled and 29 documents have not been fulfilled. an average of 46.3% was included in the partially met category. And according to the accreditation manual, the Karamat Health Center in particular the Individual Health Efforts Working Group is Valueable.

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- Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2012, tentang Sistem Kesehatan Nasional, Lembaran Negara Republik Indonesia Tahun 2012 Nomor 193; Pelayanan kesehatan kepada Peserta Jaminan Kesehatan harus memperhatikan mutu pelayanan, berorientasi pada aspek keamanan pasien, efektifitas tindakan, kesesuaian dengan kebutuhan pasien, serta efisiensi biaya
- Peraturan Menteri Kesehatan Nomor 71 tahun 2013, tentang Pelayanan Kesehatan Pada Jaminan Kesehatan Nasional Pasal 6 ayat (2)
- Peraturan Presiden Nomor 12 Tahun 2013 pasal 43. Dalam rangka menjamin kendali mutu dan biaya, Menteri bertanggung jawab untuk; Penilaian teknologi kesehatan (*health technology assessment*), pertimbangan klinis (*clinical advisory*) dan manfaat jaminan kesehatan, perhitungan standar tarif, monitoring dan evaluasi penyelenggaraan pelayanan jaminan kesehatan.
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Undang – Undang Republik Indonesia Nomor 29 Tahun 2004 tentang Praktik Kedokteran, Pasal 49 bahwa setiap dokter/dokter gigi dalam melaksanakan praktik kedokteran atau kedokteran gigi wajib menyelenggarakan kendali mutu.