

Implementation of Recommendations Results Post-Accreditation of Health Centers in Sumenep Regency Towards Pall Accreditation

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ABSTRACT

Health development is an integral and most important part of national development. Puskesmas is a leading service unit and can directly reach the community, carry out health services. Accreditation aims to assess the quality system and service system in Puskesmas and other First Level Health Service Facilities. Puskesmas are required to be able to guarantee quality improvement, performance improvement and the implementation of risk management that is carried out on an ongoing basis, so it is necessary to carry out an assessment through an accreditation mechanism. The Guluk Guluk Health Center in Sumenep Regency has carried out the Accreditation process 2 times, namely in 2016 with Basic Accredited status and 2019 Plenary Accredited. From this, this research was carried out with the title Implementation of Recommendations Results of Post-Accreditation of Health Centers in Sumenep Regency Towards Plenary Accreditation. The purpose of this study was to explore the implementation of the recommendations of the Post-Accreditation of Puskesmas in Sumenep Regency towards Plenary accreditation. The thematic are categorized and are Follow-up Planning, Implementation of Recommendations, Implementation Checks and Implementation Improvements. The results of the study indicate that the Guluk Guluk Health Center has tried to make recommendations from the Accreditation Commission in the framework of continuous quality improvement.

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INTRODUCTION

Health development is an integral and most important part of national development. The purpose of holding health development is to increase awareness, willingness and ability to live healthy for everyone in order to realize optimal public health degrees (Permenkes, 2015). Puskesmas is a leading service unit and can directly reach the community, carry out health services through the main efforts of Puskesmas activities, one of which is health services by providing treatment. healing and restoration of health.

To be able to produce quality performance and satisfy the community, all existing resources as inputs in services must be managed properly using management principles. Puskesmas management is the process of a series of activities carried out systematically at the Puskesmas including planning, mobilizing, implementing, as well as controlling, monitoring and evaluating to produce effective and efficient outputs for all activities.

The quality and performance of services need to be continuously improved, therefore feedback from the community and users of Puskesmas services is actively identified as an ingredient for improving Puskesmas services. To ensure that quality improvement and performance improvement are carried out on an ongoing basis, it is necessary to carry out an assessment by external parties using established standards, namely through an accreditation mechanism. Accreditation has a close relationship with the service quality of health care facilities, so that if accreditation activities are carried out in a sustainable, timely manner according to the validity period, it will have a good impact on improving the quality of Puskesmas services, so that accredited status can be said as an effort to maintain service quality.

The Guluk Guluk Health Center in Sumenep Regency has carried out the Accreditation process 2 times, namely in 2016 with Basic Accredited status and 2019 Plenary Accredited. From this, this research was carried out with the title Implementation of Recommendations Results of Post-Accreditation of Health Centers in Sumenep Regency Towards Plenary Accreditation.

Based on the discussion above, the author raises the title "Implementation of Recommendations Results Post-Accreditation of Health Centers in Sumenep Regency Towards Plenary Accreditation". Where the author will only analyze the Planning for Follow-up to the Recommendations of the Accreditation Commission, the Implementation of the Follow-up to the Recommendations of the Accreditation Commission, Examination of the Implementation of the Recommendations of the Administration Commission, the Improvement of the Implementation of the Recommendations of the Accreditation Commission.

METHODS

The design of this study is a qualitative research with the focus of the research directed at exploring the implementation of the recommendations of the Post-Accreditation of Health Centers in Sumenep Regency towards Plenary Accreditation. The research subjects in this study were Puskesmas in Sumenep Regency with a number of 1 Puskesmas, namely Guluk Guluk Health Center. Key Informants for Health Center Leadership 1 person, Main Informant, Person in Charge of Service Quality 1 person, Supporting Informant, Head of UKP Working Group 1 person, Community Health Center User 2 people.

In this study, the instrument used was the researcher himself and the interview guide which contained questions about the implementation of the recommendations for the Post-Accreditation of Health Centers in Sumenep Regency towards Plenary accreditation. The data collection method used by the researcher is in-depth interviews with the time determined by the researcher.

Data analysis technique is a technique used to analyze the data that has been collected (Herdiansyah, 2010). The process of inductive thinking starts from specific decisions (collected data) then general conclusions are drawn. This technique can be used to analyze the data obtained from the interview method that has been carried out.

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RESULTS

Guluk Guluk Health Center issued SK number 70/079/435.102.113/2020 regarding job descriptions, authorities and responsibilities of quality PJ. In the decree it has been explained that the person in charge of quality facilitates, coordinates, monitors and cultivates a culture of improving quality activities, patient safety, risk management, infection prevention and control (PPI) consistently and continuously.

Changes in the Proposed Activity Plan due to the Covid 19 Pandemic. The RUK is made based on the achievement of the H-1 activity results (2020 RUK is based on the 2020 activity

results, the RUK is compiled in 2019). These changes include activities that must be carried out in accordance with existing regulations, such as Covid 19 tracing activities.

Potre Koneng's values which mean Professional, Open, Educative, Commitment, Working Together were revised because these values were deemed not to be clearly measurable. Changed to Supermantap with a narrative in accordance with the values of the Sumenep Regency Government.

DISCUSSION

Planning for follow-up to the recommendations of the Accreditation Commission.

The work plan for solving service quality problems at the Guluk Guluk Health Center found an effort to make follow-up plans by filtering the core of the recommendations so that they focus on the desired recommendations.

The order to understand the problem when needed is to look for the required references, as well as an order to Informant 3 to coordinate and consult with the Sumenep District Health Office to learn what the duties and authorities of the Quality Responsible Person really are.

Implementation of Follow-up on Accreditation Commission Recommendations

To be able to achieve good cooperation, the Head of the Guluk Guluk Health Center took a personal approach to raise staff understanding of how to complete service quality improvement and improve the performance of all staff involved in the service process, either through mini workshops, socialization at meetings and various other informal moments. Informant 1 stated that after holding monthly mini-workshops, meeting with various sources to enrich references, we succeeded in compiling a job description for the person in charge of quality.

A Decree has been issued to strengthen the said job description. With the issuance of the decree starting early this year, it has become easier to control quality improvement in our organization.

Examination of the Implementation of the Accreditation Commission Recommendations

The element of commitment and understanding of continuous improvement of quality and safety in the organization has been carried out periodically. The flow of patient care has been improved with a more organized and structured flow. Standard operating procedures (SOPs) have been made for all clinical services such as emergency room services, outpatient units, inpatient units, there is an SME sector SOP that supports clinical services, the preparation of SOPs is made with the team, discussed in monthly mini workshops and then socialized to all puskesmas officers.

Improved Implementation of the Accreditation Commission Recommendations

Implementing the improvement of the work plan is very important so that the changes that have been running and implemented can be evaluated so that continuous improvement can be carried out. Evaluation in work mechanics becomes a tool to improve services at the Guluk Guluk Health Center.

A refreshed understanding of quality improvement and patient safety is obtained consistently and continuously which is often carried out by the UKP working group for example in the form of handling consultations, internal discussions, internal UKP working group meetings as well as sharing when clinical audits will be held.

CONCLUSION

Based on the results of the research and the results of the discussion, namely the Implementation of the Post-Accreditation Recommendations for Health Centers in Sumenep Regency towards Plenary Accreditation, among others:

- a. Planning for Follow-up on Accreditation Commission Recommendations,
- b. The work plan for solving service quality problems at the Guluk Guluk Health Center found an effort to make follow-up plans by filtering the core of the recommendations so that they focus on the desired recommendations.
- c. Implementation of the Follow-up to the Recommendations of the Cooperation Accreditation Commission from members and managerial leaders is carried out at the Puskesmas to carry out planning.

- d. An examination of the progress of the recommendations and the agreed steps has been carried out at the Guluk Guluk Health Center. The preparation of clinical service standards/procedures in accordance with procedures is important in an organization.
- e. Improvement and evaluation in the working mechanism becomes a tool to improve services at the Guluk Guluk Health Center. A refreshed understanding of quality improvement and patient safety was obtained consistently and continuously.

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