



Analysis of Factors Affecting the Application of Accreditation Standards in Work Groups of Public Health Efforts towards Work Productivity in Bongo II Health Center Boalemo Regency

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Abstract

Accreditation is government recognition of standards that have been applied to provide an illustration of the extent to which health service standards have been applied. This study aims to examine the factors that affect the application of accreditation standards in the Working Group on Public Health Efforts (UKM) on Work Productivity in Bongo II Health Center in Boalemo Regency. This type of qualitative research is exploratory. The informants of this study were 13 informants. To examine the implementation of accreditation standards in the Public Health Efforts working group in realizing work productivity in the Community Health Centre. Data analysis with an interactive model consists of three stages of data reduction, data presentation, drawing conclusions. The results showed that, in the communication process it was necessary to set clear standards so that the policy objectives would be achieved, the budget factor, facilities/infrastructure were a supporting factor if HR in the puskesmas (Community Health Centre) were able to take advantage of opportunities in the environment such as the existence of budget support from village funds which was quite optimal. Increased work productivity at the Puskesmas needs to be supported by evaluation and supervision factors by an active work team. The work team formed must really carry out the tasks according to the SOP, so that the performance of the staff will be directly proportional to the final goal to be achieved, namely health services in quality health centers.

Keywords: *Accreditation Standards; Public Health Efforts; Work Productivity*

Introduction

Puskesmas is one of the services for the Indonesian people as a whole, integrated, and continuously in one work area. The health development mission organized by the Puskesmas (Community Health Centre) is to support the achievement of the national health development mission.

Increased competition and demands for quality of service to puskesmas and the emergence of demands for independence in the aspect of health financing in the regions have pushed puskesmas to be managed professionally. In addition, there are still weaknesses in the management of puskesmas such as human resources that are still limited in quantity and quality, insufficient financial resources, the information system is still done manually and the facilities and infrastructure of the puskesmas are still not according to needs (Sondang, 2016).

The way to assess services in puskesmas is accreditation. Accreditation is government recognition of standards that have been applied. The purpose of accreditation is to provide an overview of the extent to which health service standards have been applied (Qulsum, 2018; Sakilah et al., 2020).

Puskesmas are required to be accredited regularly at least every three years, as well as accreditation is one of the credential requirements as a first-level health service facility in collaboration with BPJS (Misnaniarti et al., 2018).

In Boalemo Regency the number of puskesmas is 11 community health centers spread across 7 districts and all have been accredited and by 2019 4 puskesmas have been re-accredited. Of the 4 community health centers that have been re-accredited, there is 1 community health center that has not changed its accreditation status, namely the Bongo II community health center, while the other 3 community health centers have changed their accreditation status from basic to main accredited.

Based on interviews with related parties at the Boalemo Regency Health Office who served as a team of accreditation assistants, Puskesmas Bongo II Boalemo Regency Gorontalo Province was the 3rd best national public health center in the rural village category in 2014 and was accredited primarily in October 2016 and re-accreditation in October 2019 still with the main accreditation.

Likewise, budget support from the APBN (State Revenue and Expenditure Budget) and APBD (Regional Revenue and Expenditure Budget) for the activities of the Community Health Efforts Program has not been maximized so there is still a need for budget support from non-governmental organizations and related cross-sector in this case village funds. The aspect of bureaucracy also still needs to be improved such as support from the district, PKK (Empowerment of Family Welfare), and cadres, as well as the lack of roles of relevant parties in community health centers.

Implementation of policy in principle is a way for a policy to achieve its objectives. Nothing more and nothing less (Van Meter & Van Horn, 1975; Matland, 1995). Successful implementation is influenced by two large variables, namely the content of the policy and the implementation environment (Thomas & Grindle, 1990; Subarsono, 2005). Policy implementation is the most severe, because here problems that are sometimes not found in the concept, arise in the field. In addition, the main threat is the consistency of implementation (Thomas, 2015).

Looking at data on the achievement of the Community Health Efforts program in Bongo II Health Center in 2018 there was a decrease from 2017. In 2017 the achievements of the Public Health Efforts program were 82.71% while in 2018 it only reached 77.90% or a decrease of 4.81%. This shows the decline in work productivity of the Public Health Efforts Working Group so we need to analyze the causes of the decline in performance.

Based on the above, the authors are interested in researching the Implementation of Accreditation Standards in the Working Group on Public Health Efforts in Achieving Work Productivity in the Bongo II Health Center in Boalemo Regency.

Methods

This research was conducted at the Bongo II Health Center in Boalemo Regency, Gorontalo Province. The study design uses a qualitative approach Descriptive qualitative research design using exploratory methods using in-depth interviews and literature studies to all research informants.

The study population was Bongo II Community Health Center Officers and cross-sectoral figures in the work area of Bongo II Health Center. To determine the number of sample sizes used purposive sampling method. The informant determination technique used is the inclusion and exclusion criteria so the number of informants in this study was 13 people.

This research uses primary data and secondary data. Primary data obtained from interviews and observations for qualitative data. Secondary data was obtained in writing through a review of important documents related to the workload analysis of community health workers.

Analysis of the data used in this research is descriptive analysis. This analysis means that the data obtained from the study is presented as is then analyzed exploratively to get a picture of the facts that occur. There are two analytical models used, namely interactive model data analysis and descriptive data analysis.

Results

Communication

How is the current implementation of the Puskesmas (Community Health Centre) accreditation policy in realizing work productivity:

“Post-accreditation implementation Survey results by the surveillance team that community health centre must be implemented according to standards. In terms of understanding of standards there are few obstacles so that leadership escorts to standards by implementers are needed, for example in terms of values for how disciplined employees are dressed, morning apples and how to implement SOPs or policies that have been set”

(Informant 1. Head of community health centre)

As for statements from related cross-sectoral informants, do you know of the current Puskesmas (Community Health Centre) accreditation policy in realizing work productivity:

“You see, the puskesmas has provided information to the public about the SOP of community services. To the maximum and to our knowledge the puskesmas has provided the best service to the community. In accordance with the accreditation consequences which have fulfilled a feasibility standard, especially in the Bongo II health center, there is no complication from the community., that regarding deficiencies or problems serving the community”

(informant 10. Secretary of the Wonosari subdistrict chief).

Based on the results of in-depth interviews related to whether there has been a socialization about the Puskesmas accreditation policy in realizing work productivity as follows:

“The socialization of the Policy is strengthened in the internal puskesmas, then it is continued across sectors, this policy must be implemented based on the existing assessment elements”.

(Informant 1. Head of community health centre)

“Socialization through cross-program and cross-sector mini-workshop, every time there is a new program in the health center we are socializing to new officers or newly assigned cross-sectors, in addition to mini-workshop there are rolling of our officers for guidance or orientation to these officers”

(Informant 4 Chairperson of UKM Working Group)

And as for the results of interviews with related cross-sectoral informants Has the socialization of the Puskesmas accreditation policy been carried out to the cross-sector and the community as follows:

“their socialization is always conveyed through meetings at the district, village level, and we are even invited to take part in puskesmas workshops so that our accreditation issues know how the standards are and what are regulated therein. “

(informant 10. Secretary of the Wonosari subdistrict chief)

From an interview with informants about what the socialization mechanism of Puskesmas accreditation policies is like in realizing work productivity as follows:

“This policy socialization mechanism is carried out through mini workshop, meetings at the district level. And information media such as WA and correspondence.

(Informant 1. Head of community health center)

“In addition to minimizing the communication media used for communication at the Puskesmas, the WA group has been created and there are also several commitments made when mini-workshop at the Bongo II health center”

(Informant 2. Complementary Health Facilities First Level UKM working group)

The results of in-depth interviews with cross-sectoral informants about the socialization mechanism of Puskesmas accreditation policies is like in realizing work productivity as follows:

“as I already said, the mechanism is through mini-workshop which is carried out every 3 months by the puskesmas, in addition there is through forums or meetings at the puskesmas level (community health centre)”

(Informant 11. Regional Coordinator of Wonosari's Office of Education, Youth and Sports)

“Look, sir, if the problem of the socialization mechanism itself we can only hear through cross-sector mini-workshop which is carried out every 3 months and we are invited there, but there is also formed a WA group for cross-sectoral so that any information obtained about our health can be obtained from there, so roughly sir.”

(Informant 12. Head of Raharja Village)

Based on the results of interviews with several informants regarding what obstacles are faced in realizing work productivity to carry out accreditation as follows:

“The obstacle faced is the debriefing of the messengers, the ability of the chairperson of the working group, often done is a sudden method, not evaluation from the start, when conducting socialization to the extent of the successful understanding of officers, monitoring and evaluation is not carried out “

(Informant 3. Chairman of the Admen Working Group)

“The non-compliance of the officers with the schedule that has been arranged, this is caused by many officers, especially those in the Working Group of UKM who are duplicated. Delays in service in the field for field programs, etc. Another obstacle is communication that is a language that is used because in Bongo 2 it consists of several ethnic groups so that sometimes communication occurs in terms of program implementation.”

(Informant 5. Chairperson of the Individual Health Efforts Working Group)

And as for the results of interviews with informants related to whether communication media is available. What media are available. And the extent to which the media is used by UKM Puskesmas (Community Health Centre). as follows:

“The media used is made SK, telephone and WA groups for cross-sector and cross-health centers. Another communication is through apples, quality review meetings, and other meetings. Complaints that are not easy to follow up are directly followed up if complaints need to be resolved through a forum, then feedback is made, and delivered to the target. Complaints are delivered directly to the field when we visit in the field, complaints such as delays in attendance at the posyandu (Pos Family Planning Services - Integrated Health). Community understanding of posyandu who feel that Posyandu is a health property, Complaints in the community health center have been overcome by means of socialization at each meeting.

(Informant 1. Head of Community Health Centre)

“delivery of information available by mail and WA group. There are also various complaints from the public, directly through WA, and also through suggestion boxes. So far, especially from UKM, it is ruled out if there are complaints directly given feedback. And the feedback depends on the type of complaint, if the complaint only requires technical personnel, I immediately handle it by reporting to the head of the puskesmas and village midwives in the region. The complaint originates. village.Feedback directly to the target.”

(Informant 3. Chairman of the Admen Working Group)

As for the results of the cross-sectoral informant interview about whether you know that there are communication media available at the health center, as follows:

“if for communication media there are indeed available in puskesmas (Community Health Centre) such as suggestion boxes and also WA groups for cross-sectoral, then for community complaints related to the puskesmas services, if seen, there is none, but for us, we still have different or different understanding of these sectors. yesterday our meeting delivered results outside of existing provisions or instruments. If they are from the community. They have been well served and some even pick up the ball, if there are sick people who are picked up because there are no facilities. Here in the Bongo II puskesmas area, there are already several villages that have village ambulances. Thank God this has reduced the work of officers. even if there is no

such thing, if the community needs to be served directly, let alone in each village there is a poskesde (Village Health Post)s one place to help the puskesmas.”

(Informant 11. Regional Coordinator of Wonosari Dikpora (Department of Education, Youth and Sports))

Resources

Based on the results of interviews with informants related to how the availability of human resources to implement Puskesmas accreditation policies in realizing work productivity. does it meet the following requirements:

“Existing resources according to PMK 75 there are 9 workers, not maximal, there are nutrition workers who are still in double KTU (head of administration), Implementation of accreditation for administrative staff is not available, to achieve program coverage cannot be achieved because officers must have multiple tasks. oversee the implementation with the main of course by maximizing available energy. HR does not fit according to scientific discipline.”

(Informant 1. Head of Community Health Centre)

“For Puskesmas (community health center) Bongo II for human resources after we did the assessment, in terms of human resources, this drop can be seen from the achievements of the program at the health center. Especially for UKM, this can be seen from the many innovations issued by the puskesmas that show the many problems in the program at the puskesmas. But many of these innovations are not implemented and carried out according to expectations, innovations answer the problem they should, but this is not. After checking the HR it is true and real that the puskesmas. Bongo II lacks human resources, perhaps also caused by many officers who have multiple duties.”

(Informant 2. Complementary Health Facilities First Level UKM working group)

“As for yesterday's lack of accreditation, there were analysts, so when the accreditation was held, after the accreditation there was no more.”

(Informant 7. Person in Charge of the Promkes Program)

From the results of in-depth interviews with cross-sectoral informants about how you think when there is a complaint from the public that is conveyed to you, and the complaint is related to the service of field officers as follows:

“yes, indeed the name of the officer in a permanent agency, we have never said that this is sufficient or satisfied, of course, hope that changes and improvements about the capacity and quality of competence in each individual officer need to be improved, then regarding the budget, the puskesmas budget is very minimal when there is a puskesmas (Community Health Centre) action when there are referrals it also costs money especially what is referred to is the poor people need very much the attention of all people while the puskesmas budget is very minimal which is managed if for community service operations are not enough, it is not enough.”

(Informant 10. Secretary of the Wonosari District Head).

“If the name is service, there must be complaints received, especially the services provided are not as expected from them. If I sometimes receive complaints, I will continue to continue to the

puskesmas who are more interested in handling the problem, especially if it's a health problem. tell the head of the health center about that or through Minlok (Mini-Workshop), we can also address the issue."

(Informant 11. Regional Coordinator of Wonosari Dikpora (Department of Education, Youth and Sports))

Based on the results of interviews with health center informants related to whether the existing human resources are competent in their fields, has competency analysis done as follows:

"The existing human resources are competent, and even have a lot of training and training, but because of the multiple positions in the puskesmas, the work remains not optimal, the knowledge gained from the training cannot be maximally applied, because it does not focus on one job. Efforts to maximize work remain"

(Informant 1. Head of Community Health Centre)

For 2019 there has not been an increase in the competency of the officers, this can be seen from the distribution of Working Groups for accreditation that is not in accordance with their scientific discipline. The people in UKM should instead have been placed in the Working Group Admen and UKP, after analyzing the distribution of workgroups it is not in accordance with the competencies of each officer.

(Informant 2. Complementary Health Facilities First Level UKM working group)

From interviews with cross-sectoral informants related to the extent of budget support from Cross-sectoral or non-governmental organizations in supporting puskesmas activities as follows:

"Regarding the budgetary support of the puskesmas and the village, it is conditioned regarding the issue of Kesling and PHBS (Clean and Healthy Lifestyle) is indeed conditioned by the village, MCK (Bathing, Washing, and Toilet), whether toileting has been included in the village budget, but not all have budgeted this, but God willing God was gradually encouraged according to the conditions of each village. Because planning through the village fund has its own priorities and the menu is already in the permendes (Village Ministry Regulation) so we must not violate the existing rules."

(Informant 10. Secretary of the Wonosari District Head)

"Yes, Sir, if we are in the village, if we support, rather than our health program, in our village, the village fund allocates several names such as posyandu (Pos Family Planning Services - Integrated Health) equipment, etc., to be borne by the village, then like PMT (Supplementary Feeding) for babies of pregnant women yesterday we budgeted. We raised 17 million to 20 million for PMT, the current total for health is only like that which we can allocate because we have not yet set APBDes (village income and expenditure budget) this means we don't know how much the health budget is but clearly there is an increase for the year this is for budgetary tools for posyandu this year. It is designed to have community empowerment cadres so that attention to the community is always prioritized, so if they want to come to the posyandu, we value it because of the village salary that is provided.

(Informant 12. Head of Raharja Village)

Based on the results of interviews with informants at the Puskesmas about how the availability of the budget in supporting the implementation of Puskesmas accreditation policies and UKM programs in particular as follows:

“PMK (Minister of Finance Regulation) 46th 2015 clearly finances the APBN (State Revenue and Expenditure Budget) and APBD (Regional Revenue and Expenditure Budget). Budget support for accreditation through JKN (National Health Insurance) funds. The budget for accreditation itself does not have to be handled through budgets from other sources. clear menu yet.”

(Informant 1. Head of Community Health Centre)

“Fulfill the budget if the program is sufficient to meet but the administrative budget is not in accordance with the instructions we received. Administration does not exist. The solution is through the self-help of each civil servant, if we use the budget outside the technical instructions it will surely clash with the existing law, to anticipate the budget is not carried out, it is feared that it will be problematic in the future.”

(informant3. Admen Working Group Chair)

Based on interviews with cross-sectoral informants about your opinion whether the availability of health facilities in health centers has been met in accordance with the following standards:

“Well, if according to my observations, it has met the standards why there are still people or patients who give birth instead there must be a problem referred, it must be resolved here if indeed the tools and infrastructure are complete why it is not immediately handled at the Bongo II Public Health Center why should be referred to it right, served here just why should be referred. Means if in my opinion not yet, yes, it's still lacking so it needs to be added and equipped.”

(Informant 10. Secretary of the Wonosari District Head)

From interviews with informants at the puskesmas about whether there is budget support from across sectors or from non-government organizations as follows:

“Budget support from Cross-Sector through the village fund supports the puskesmas program. Especially stunting, latrines, and a budget of 1.6 billion of the total village funds in the puskesmas area are budgeted for health activities, including health equipment. From the support and from the community through the community's healthy fund which is intended if there is a community. Sick is given 500 thousand for sick families if referred to the hospital, but is referred to the Puskesmas only 250 thousand is given to patients, especially poor patients. The village has also provided village ambulances through village funds which can be used at any time by the community. community self-help through healthy funds made puskesmas regulations only oversee its activities.”

(Informant 1. Head of Community Health Centre)

“Cross-sectoral support already exists but is still partly because it does not cover programs in the puskesmas”

(Informant 5. Chairperson of the Individual Health Efforts Working Group)

Based on the results of interviews with informants in the related health center what kind of availability of health facilities in the Puskesmas:

“Facilities and infrastructure are good, the problem is that the equipment is easily damaged. There is a tool that has been held but the implementer or the strength that does not exist, such as laboratory equipment there but there is no analyst. Other tools that previously did not have safety now the bed has been using safety for patients. The solution is disposed of at the Final Disposal Site (TPA) in Dulupi and processed there. The point is that medical devices are incomplete, so

they need to be analyzed through the ASPAK system (Application of Facilities, Infrastructure, and Medical Devices) to monitor the reporting system. Official vehicles (official motorbikes) for each program already exist. Transportation facilities for referral are sufficient.”

(Informant 1. Head of Community Health Centre)

“The facility of drawing infrastructure is just seeing the facility/infrastructure when the survey surveyors were immediately amazed and even responded that there was an accreditation predicate over the plenary that would be given to the Bongo II health center, judging by housekeeping, etc., but there were complaints from the dentist about the space being too small to do service, that's why you also know. If for UKM, it is enough, but as I mentioned above, it has not been able to provide maximum leverage to the program achievements’

(Informant 2. Complementary Health Facilities First Level UKM working group)

Infrastructure facilities are sufficient and meet the standards, except for solid waste facilities that do not yet exist at the puskesmas so that it is necessary to advocate to leaders and policymakers for their budgets because they require large costs. “

(Informant 4. Chairperson of the Admen Working Group)

Discussion

Based on the results of interviews from research informants that the implementation of accreditation is carried out in accordance with the standards set based on PMK (Minister of Finance Regulation) No. 46 of 2015 and technical guidelines for the implementation of accreditation, and support from the health department by forming an accreditation companion team. The implementation of accreditation standards will ensure the management of puskesmas, the implementation of health programs and clinical services has been carried out on an ongoing basis.

The pattern of communication in the application of accreditation standards at the Bongo II Community Health Center by applying a formal pattern of organizational communication that is with a top-down or downward communication pattern is based on the results of observations made.

The formal communication pattern is a system designed by the management of the bongo II puskesmas to determine "who should talk to whom" so that the work can be done well. Formal communication with the flow of the organizational structure is a guide or guide about who is responsible for the tasks assigned and who is responsible for the performance of his colleagues.

This is in accordance with a document review conducted where the Head of the Health Center (Bongo II Community Health Center) has issued a decree in the formation of a working group to each officer by appointing the person in charge or the chairman of each working group.

The communication mechanism is carried out in various ways, namely through socialization, workshop meetings, internal meetings, cross-sectoral meetings, as well as utilizing electronic WhatsApp application media, so that each activity can be reported quickly to superiors.

Bongo II Health Center also conducts cross-sector outreach in supporting accreditation policy standards so that programs that have been planned are running optimally.

Based on the results of in-depth interviews related to obstacles in the implementation of the communication of the informants expressly conveyed that there were no obstacles in the communication process because it had been coordinated both internally and across sectors.

An important concern of the Bongo II Community Health Center is that in the implementation of the program sometimes what is conveyed by the officer is not in accordance with the application made in the field. One complaint was based on interviews with cross-sectoral parties, in this case, community leaders said the delay of the officers or the timeliness of providing services in the community such as the implementation of the Pos Family Planning Services - Integrated Health program where the community had been waiting for a long time but the officers never came.

In addition, the researchers also conducted interviews with all informants at the Bongo II Health Center that in carrying out the implementation of the puskesmas (Community Health Centre) accreditation, it was carried out quite well in the form of socialization, development planning, routine health center meetings such as mini-workshops involving cross-sectoral and cross-program meetings which were held every month. The accreditation socialization was carried out from the beginning of the mentoring and was even carried out through morning prayer.

The obstacle in conducting communication in realizing work productivity is the standard understanding of the elements of accreditation assessment where there are still many officers who do not understand the objectives of the intended accreditation standard, so that during self-assessment many elements are still not understood by officers.

Communication within the framework of delivering information to policy implementers about what are the standards and objectives must be consistent and uniform (consistency and uniformity) from various sources of information.

In a public organization, local government, for example, communication is often a difficult and complex process. The process of transferring news down within the organization or from one organization to another, and to other communicators, often experiences distortion, whether intentional or not.

Resources have a significant role in the application of policies. Resources relate to everything that is used to support the success of the application of policies. As for the scope of resources, namely human resources, facilities, budget, information, and authority.

Based on the results of interviews with informants related to Resources. From interviews and document review, the availability of human resources at the Bongo II Health Center is considered to be lacking. There are still a number of Puskesmas officers who hold concurrent positions, for example, the person in charge of nutrition and concurrently as KTU (Head of Administration), administrative officers also do not yet exist, so the scope of the program to oversee the implementation of accreditation standards has not been maximized.

The human resources in Bongo II Health Center are still found to have not met the qualifications in accordance with the rules of accreditation standards regarding labor qualifications in a field. This is supported by the accompanying statement of FKTP (First Level Health Facility) at the Bongo II Public Health Center that the HR staff is inadequate.

In terms of human resources, it is recognized that in Bongo II Health Center is very lacking in personnel, after reviewing documents and observing the activities of researchers found that many positions were filled not in accordance with the qualifications of officers. For example, environmental

health workers who are supposed to be filled by D3 but who are filled by D1 staff, analysts are also not available at the Bongo II Health Center in the accreditation standard rules.

As for the competency of Bongo II Health Center officials, many have participated in training or training to support their duties. Officers who have not yet participated in temporary training are still being proposed to the district health office. One of them is the person in charge of UKM, health promotion officers who have not yet participated in Puskesmas management training and extension workers training so that it becomes one of the challenges in implementing accreditation standards.

In terms of the budget in the implementation of accreditation standards in the Bongo II Health Center based on PMK (Minister of Finance Regulation) 46 of 2015 the accreditation fund uses JKN (National Health Insurance) funds. In the Bongo II health center using these funds as well as funds sourced from other budgets. Based on the results of interviews that the accreditation budget in Puskesmas Bongo II was considered to be sufficient to cover the accreditation standard activities and programs. According to the informant, the use of funds was handled as well as possible in order to cover all planned activities. However, there are still obstacles that are found in operational and administrative aspects which are considered to be insufficient so that to cover it up, there is a self-help from each officer with civil servant status.

Based on observations and interviews related to facilities or facilities and infrastructure at the Bongo II Health Center that facilities and infrastructure are considered to be good and have met accreditation standards. But there are still obstacles to the waste facilities that do not yet exist, new medical devices have been damaged several times, the problem is the calibration process of the equipment where the staff is not available. Medical devices are still lacking because many that are not suitable for use are still being used so that their accuracy is doubtful. How many new tools have been damaged.

Each stage of implementation requires quality human resources in accordance with the work required by apolitically determined policies. Human resources are the driving force and implementers of this policy related to the competence and behavior of individuals in their involvement in the implementation of policies or work programs (Winter, 2012; Metz & Bartley, 2012).

In addition to human resources, financial and time resources become important calculations in the successful implementation of policies.

These policy resources must also be available in order to facilitate the administration of the implementation of a policy. These resources consist of funds or other incentives that can facilitate the implementation of a policy. Lack or limited funds or other incentives in policy implementation is a major contribution to the failure of policy implementation.

Conclusion

The pattern of communication in the application of accreditation standards at the Bongo II Health Center by applying a formal pattern of organizational communication, namely the top-down or downward communication pattern. Resources including Human Resources (HR) which has the potential. Budgeting, Facilities / Infrastructure factors are supporting factors if the human resources at the Puskesmas (Community Health Centre) are able to take advantage of opportunities in the environment such as the existence of budget support from village funds that is quite optimal. It is expected that the regional government and the health department are expected to formulate policies in determining the distribution of human resources in accordance with the competencies required by the puskesmas. And the need for a review in the allocation of the accreditation budget for puskesmas, so that it can implement accreditation standards at the puskesmas to run optimally.

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