



The Evaluation of the Minimum Service Standards for Patients with Hypertension in the Work Area of the Jayapura City Health Department

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Abstract

Background: Minimum service standards (SPM, short for Standar Pelayanan Minimum in Indonesian) are provisions for the type and quality of minimum basic services that every citizen is entitled to receive. The City District Health Department has a minimum health service standard with a target of 100% consisting of health services for pregnant women, maternity, newborns, infants, primary school age, productive age, elderly people, hypertensive people, diabetes mellitus, people with severe mental disorders, suspected tuberculosis and health services for people at risk of becoming infected. The goal of meeting the Minimum Service Standards for 13 Public Health Center (Puskemas, short for Pusat Kesehatan Masyarakat in Indonesian) employed in the Jayapura City Health Department is health care facilities for people with hypertension, which is the achievement for 2018 to 22.46 percent, and in 2019 to 16.46 percent, of 13 Puskemas in Jayapura City, which have the lowest minimum Service Standards. **Research Objectives:** This study is intended to assess the input, process, output and outcome of the minimum standards of service in Jayapura City for hypertensive patients. **Research method:** Research was conducted in Hamadi Health Centre, North Jayapura Health Center, Kotaraja Health Center, Skouw Health Centre, and Waena Community Health Centre, in the Jayapura City Health Department. The method of study is qualitative.

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In-depth interview guidelines collect data up to 29 informants. August 2020-January 2021 was the study time. The data have been qualitatively analyzed. **Results:** The findings demonstrated that in any Puskesmas, the staff supported general practitioners and paramedics and needs training in technical skills. The Ministry of Health, through the Health Department, provides the Special Operational Assistance Fund to finance 12 minimum quality standards indicators. The Puskesmas also purchased sufficient equipment and utilities. The Special Operational Assistance (BOK, short for Bantuan Operasional Khusus in Indonesian) planning process is established by the City of Jayapura Health Department and the implementation each month of hypertension services, hypertension control, tensimeter control, and manual reporting. Monitoring is conducted two times a year by the Department of Health of Jayapura City. The determination of SPM priorities is less synergistic. The SPM aim did not achieve the goal due to its high goal, and the correct number of goals for Puskesmas was not decided. Drug facilities, schedules, therapy, information and education and information media have been satisfactory for people with hypertension. The waiting time for care for patients and incorporating read media in waiting time and the timeliness of departments to provide services are several items that must be changed.

Keywords: Evaluation; Minimum Service Standards; Hypertension.

1. Introduction

Minimum service standards (SPM, short for Standar Pelayanan Minimum in Indonesian) are provisions that every person is entitled to receive concerning the form and nature of minimum basic services. Special Operational Assistance (BOK, short for Bantuan Operasional Khusus in Indonesian) funding is administered from the health department with a 100% goal of basic health services for pregnant women, motherhood, newborns, youth, elementary school, production age, elderly people, people with high blood pressure, diabetes mellitus, those with serious mental illness, suspected tuberculosis and health services for people at risk of being infected with the Human Immunodeficiency Virus (HIV) virus [1]. For the Jayapura city health department, the SPM target of 13 Puskesmas for 12 SPM indicators with the lowest minimum standard of service is health care facilities for people with high bloody blood pressure, i.e. a 22.46 percent rise since 2018 and a 16.46 percent decrease by 2019. The lowest minimum service standard achievement in the last 2 years (2018-2019) was the Puskesmas Jayapura Utara, namely in 2018 (15.44%) decreased in 2019 (3.38%), Puskesmas Hamadi in 2018 (0%) and 2019 (2.9%), Puskesmas Kotaraja in 2018 (28.5) and decreased in 2019 (13.46%), Puskesmas Abepura in 2018 (35.84%) and decreased in 2019 (9.5%), Puskesmas Waena in 2018 (7 , 52%) and in 2019 (16.38%), and Puskesmas Skouw in 2018 (21.67%) and decreased in 2019 (7.52%). Data from the World Health Organization (WHO) in 2019 show that around 1.13 billion people worldwide have hypertension, which means that 1 in 3 people worldwide are diagnosed with hypertension [2]. The number of people with hypertension continues to increase every year, with an estimated 1.5 billion people affected by hypertension in 2025 and an estimated 9.4 million people dying each year from hypertension and its complications. Based on data from 2018 Basic Health Research (Risquesta, short for Riset Kesehatan Dasar in Indonesia), the prevalence of hypertension based on measurement results in the 18-year-old population was 34.1%, the highest was in Southern Kalimantan (44.1%), while the lowest was in Papua (22.2 percent). Hypertension occurs in the age group between 31 and 44 years of age (31.6%), between 45 and 54 years of age (45.3%), between 55 and 64 years of age (55.2%) [3]. Factors that hinder the achievement of minimum standards of service in the health sector as a result of Siriyei's

(2013) research at Puskesmas Mojo, that the input factors include training factors and workload factors. In order to improve program performance in order to achieve SPM, the program coordinator needs to propose training according to the needs of each program as part of the process. Rohana's research (2019) based on the Minimum Service Standards for Newborn Health that the input factor includes the lack of a midwife's human resources in Puskesmas, which causes work piquets to be performed by midwives in the village. [4]. Neonatal services are viewed from an environmental point of view, namely the social, economic and technological aspects, as well as the commitment and skills of implementing officials. As far as the social aspect is concerned, the community is still not enthusiastic about finding the latest information on infant health and has not been moved to join meetings in the village. In economic terms, people are still reluctant to have their babies checked in health facilities. As far as technology is concerned, there is no online application for infant health services in Puskesmas and the online Integrated Referral System has not been implemented in such a way that it is difficult to find referral health facilities. The lack of a minimum service standard in targeted hypertension patients indicates a problem in the internal environment. According to Guidilien (1990) in Azwar (2013) [5], standards are the ideal state or the highest and perfect level of achievement used as the minimum acceptance limit. According to Azwar (2013) the standards of the quality maintenance program consist of minimum service standards, input standards, environmental standards, process standards and minimal appearance standards. On the basis of the problems identified in the background, the authors are motivated to carry out research on the "Evaluation of the Minimum Service Standards for Hypertensive Patients in the Work Area of the Jayapura City Health Department."

2. Materials and Methods

This type of research is qualitative research. The informants in this study were 29 people, namely the Head of the Health Department, the Head of Public Health, the Head of P2P and the Head of Subdivision for Planning and Programs. Head of the Puskesmas and in charge of Program in the Puskesmas Hamadi, Puskesmas Jayapura Utara, Puskesmas Skouw, and Puskesmas Waena as well as 15 supporting informants (patients) for each Puskesmas. The research sites are at the Jayapura City Health Department, Puskesmas Hamadi, Puskesmas Jayapura Utara, Puskesmas Skouw, and Puskesmas Waena. The research period was August 2020-January 2021. The data were obtained through in-depth interview guidelines and were analyzed qualitatively.

3. Result and Discussion

3.1. Input

3.1.1. Human Resources

Based on the results of the interviews with the Head of Puskesmas and the person in charge of providing hypertension services to patients, all informants indicated that the health center staff were sufficient and adequate to provide health services to patients. In addition, existing Puskesmas staff have been trained to improve service quality, including hypertension services, but this training is not routine as can be seen from the training carried out more than 5 years ago. Based on the results of the interview, it was concluded that the

Puskesmas workforce was sufficiently trained, but still lacking and still felt weak, so there is a need for vocational training for Puskesmas personnel who have been trained to provide training or information to other staff. Program managers at the Jayapura City Health Department still feel that there is a lack of improvement in the minimum service standards to reach 100% for monitoring and evaluations as disclosed by the Head of the Jayapura City Health Department, but efforts are being made to improve the quality of staff at the Jayapura City Health Department in order to improve the performance of the Jayapura City Health Department. This is related to the fact that the implementation of service standards requires human resources, both functionally and structurally, to be well managed by human resources.

3.1.2. Fund

Based on the results of the interviews with the Head of the Puskesmas and the person in charge of the Puskesmas, it was concluded that there were more than one source of funding in the health funding of the Puskesmas, namely the BOK funds from the APBN funds, and that the source of health funding also came from the BPJS capitation funds every year to provide Puskesmas services to patients. Based on the results of the interview, in order to determine the amount of BOK funds for Puskesmas in the health sector, the amount of funds needed is consistent with SPM activities, including hypertension services. Based on the results of the interview, it was concluded that the Head of Puskesmas in the determination of Puskesmas funds and the administration of hypertension services was determined by the Health Department itself on the basis of the activities of the program that we proposed.

3.1.3. Facilities and infrastructure

Based on the results of the interview, it was concluded that the existing facilities and markets in Puskesmas were adequate to provide services to patients with hypertension. In addition, Puskesmas could purchase existing facilities and infrastructure for hypertension services. The purchase of this equipment comes from JKN funds and is also made available to the Jayapura City Health Department and the Papua Provincial Health Department.

3.1.4. Method

Based on the results of the interview, it was concluded that the method used to implement hypertension services had a Standard Operating Procedure (SOP) that was applied to Puskesmas when accreditation was issued and that there was no SOP from the Jayapura City Health Department. Based on the results of the interview, it was concluded that, when performing hypertension services, each health center had a SOP made by each of the Puskesmas, using the Ministry of Health guidelines as a guideline for developing methods for providing services to hypertension sufferers. Based on the results of the interview, it was concluded that the Jayapura City Health Department had determined the method used to determine the target minimum service standards. This shows that each Puskesmas was obtained from the Jayapura City Health Department to determine the SPM targets. Based on this, in the determination of SPM data in Puskesmas, the Jayapura City Health Department is working with the Papua Provincial Health Department on the population, the size of the area in each district and the existing facilities and infrastructure to determine the amount of BOK funding for each Puskesmas.

3.2. Process

3.2.1. Planning

Based on the results of the interview, it was concluded that the amount of funding for each Puskesmas was requested in the planning, but the amount of funding was determined by the Jayapura City Health Department in accordance with the programming of each Puskesmas. Although they were not invited for this year because of the COVID-19 pandemic, the amount of funding was allocated to the Jayapura City Health Department. Furthermore, there is no hypertension-specific planning in the service, but in all existing programs. Based on the results of the interview, it was found that if the size of the BOK funds were found to be low from last year, it would be planned or the funds would be increased. In addition, the target for hypertension sufferers is quite high, so it is very difficult to achieve the target and only the first visit is reported. So there's something in the target that needs to be changed. For the determination of the amount and also determined from the other 12 SPM for the determination of the amount of funds for the planning of the BOK, and technical instructions are provided. Therefore, each activity proposed by the Puskesmas is included in the field of public health. There are sub-sub-technical instructions for the preparation of BOK and the Public Health Department of the City of Jayapura, which manage the amount of BOK funds each. Services for hypertensive patients in Puskesmas are performed every day to provide services. It is recommended that routine treatment be performed once a month for patients with hypertension. It is recommended that services in the Puskesmas Kotaraja service schedule for hypertensive patients be monitored every 1 month. The services provided at each health center can be carried out according to standards, namely the provision of drugs, counseling and education, and exercises are carried out in the health center and in the elderly in Posyandu.

3.2.2. Implementation

In addition to measuring blood pressure once a month, services are provided for patients with hypertension. In addition, health education and promotion are related to a balanced diet, information advice and education, as well as prolactic exercise. The services provided at Puskesmas Skouw are examined for hypertensive patients with regular blood pressure every month and will be referred if they experience complications. In addition, people with hypertension will receive hypertension education both at Puskesmas and at home visits. Results of interviews with the Head of the Jayapura City Health Department on hypertension services performed by the Jayapura City Health Department to the community in hypertension services by consulting, information and education. In addition, there is a need for improvement through the use of existing media in various social media in the handling of hypertension. This concludes that hypertension services must be carried out actively and passively, not only for the elderly but also for those of a productive age, and can be carried out in accordance with the innovations of the Puskesmas, such as in places of worship and other places for examinations.

3.2.3. Monitoring

Based on the results of the interviews with the head of the Puskesmas, it was concluded that, prior to the Covid 19 Pandemic, monitoring was carried out once a year by the Jayapura City Health Department and monitoring

was carried out throughout the series of activities that had been carried out, as well as monitoring the achievement of the SPM from the results of the reports submitted. The Puskesmas evaluation of the Jayapura City Health Department's statement was not optimal due to lack of staff, lack of knowledge and skills in evaluating the Puskesmas data reported. There was no direct field monitoring in 2020 but monitoring was carried out twice a year in 2018 and 2019. The evaluation of the achievement of SPM is carried out every month in 2019, but a virtual meeting is held in 2020 because of the Covid 19 pandemic.

3.3. Output

The goal of achieving SPM in Puskesmas is still low. As for achievement based on data from the Jayapura City Health Department for hypertension services in 2018 (15.4 per cent) and 2019 (3.38 per cent), Puskesmas Hamadi in 2018 (0 per cent) and 2019 (2.90 per cent), Puskesmas Kotaraja in 2018 (7.52 per cent) and 2019 (13.46 per cent), Puskesmas Waena in 2018 (7.52 per cent) and 2019 (16.38 percent).

3.4. Outcome

Customer satisfaction is the response of the Customer to the suitability of the level of interest or expectations of the Customer before receiving the services and after receiving the services [12]. Patient responses from five health centers regarding satisfaction in receiving hypertension services from the patient statement are as follows:

3.4.1. Puskesmas Hamadi

In general, the results of the interviews have been able to satisfy the patient, but the problem that arises and is felt is the waiting time for the services and facilities and the infrastructure to be ready so that the service can continue.

3.4.2. Puskesmas Jayapura Utara

In service, there are still obstacles, namely taking queue numbers. This is because the queue number is still collected manually and the queue is quite long. In addition, patients also receive counseling and counseling.

3.4.3. Puskesmas Kotaraja

Based on the results of the interview, it was found that the services provided at the Kotaraja Community Health Center were generally satisfactory. The advice given in the service was on the timeliness of services, such as the implementation of gymnastics for patients. In addition, posters and reading materials are needed, so that when patients wait, they do not feel bored because of reading that can be read while waiting.

3.4.4. Puskesmas Skouw

Based on the results of the interview, it was found that the services provided at Puskesmas Skouw were generally satisfactory in terms of medicine, time and home visits to hypertensive patients at this time due to the Covid 19 pandemic.

3.4.5. Puskesmas Waena

This concludes that the information provided was not satisfactory to the patient because of the many queues, so the patient wants to ask further questions, but there are so many patients that some questions cannot be asked by the patient.

4. Discussion

4.1. Input

4.1.1. Human Resources

The results showed that from the statements of each Head of the Puskesmas (Hamadi, Jayapura Utara, Kotaraja, Skouw and Waena) that the availability of health personnel in providing services to hypertension sufferers, the available personnel are adequate and meet standards in hypertension services. The personnel in the service are general practitioners, D-III nurses and D-III midwives and have received training in the Posbindu and Postyandu programs for the elderly whose content is about hypertension, so that hypertension training is already another training package. This shows that the workforce at the Jayapura City Health Department is evenly distributed, who have received training in accordance with the minimum service standards provided. This is in line with research conducted by Rohana (2020) that the number of existing human resources is sufficient in implementing the minimum service standards that have general doctors and other medical personnel [4]. According to Permenkes No. 44 of 2019 that the availability of human resources at the Puskesmas is in accordance with the minimum service standards of the Regency / City having at least 1 general practitioner and adequate medical personnel. The achievement of service standards in improving the minimum service standards in the district / city health sector is also demanded by the Jayapura City Health Department as the managerial organizer in handling the quality of minimum service standards at Puskesmas in Jayapura City. The staff at the Jayapura City Health Department, from the statement of the Head of the Jayapura City Health Department, are adequate, but competent skills are needed in studying the data at the Puskesmas to find suitable SPM targets and find solutions to existing problems. In addition, it was also found that there was a lack of coordination between existing personnel in reaching an agreement on existing indicators for improving existing SPM services. This requires special managerial training. This is also in accordance with the statement of the Head of the Health Department that still needs managerial training and technical competence in improving human resources at the Jayapura City Health Department. This research is also in line with that conducted by Gani (2017), that the lack of technical competence possessed by personnel in the Health Department is a dominant factor causing the low achievement of minimum service standards [6]. Employees with high skills, such as technical skills, social skills and conceptual skills, will be able to work well, on time and produce satisfactory performance. In addition, the ability to interact both with peers and with outsiders will support the cooperation process required for work. Therefore, there is a need for an evaluation from the Jayapura City Health Department in improving minimum service standards through technical competency training for employees at the Puskesmas and employees at the Jayapura City Health Department.

4.1.2. Fund

One important issue in the implementation of the health system in the regions is health financing. The health financing function is one of the determinants of health system performance. This function is not only related to the process of mobilizing funds but also by distributing or allocating them in the health system operations. The function of financing is an important control tool for policy makers in implementing health systems in the regions [7]. The Ministry of Health has made breakthrough efforts through various changes that are carried out on an ongoing basis, one of which is the Health Operational Assistance (BOK). BOK is funding assistance from the Government through the Ministry of Health in assisting District / City Governments in implementing Health services according to the Minimum Service Standards (SPM) in the Health Sector by improving the performance of Puskesmas and its networks as well as Poskesdes and Posyandu in providing promotive and preventive health services. The results showed that the funds provided came from BOK funds and BPJS capitation funds. The funds from the BPJS have been determined by the BPJS themselves, which come from the APBN. Meanwhile, the BOK funds for Puskesmas, the ceiling funds have been regulated by the ministry of health. From the interview results, it was found that the amount of BOK funds for each Puskesmas was given in accordance with the activity reports to be carried out in each Puskesmas in the amount of 30-40% of the existing BOK funds which were adjusted to the size of the area and the existing education place as a service place given. However, for the amount of BOK funds, each head of the Puskesmas does not know and cannot determine, because the funds are directly provided from the Jayapura City Health Department to achieve the existing SPM. The results of interviews with the head of the Puskesmas show that in managing the health budget, the BOK funds are given, where the low SPM funds get a large portion, this is done to increase the SPM. This is indeed determined by the Health Department because as a managerial program that regulates the area of each Puskesmas and each Puskesmas will regulate how to manage it. The source of health costs comes entirely from the government budget and partly borne by the community. Even though at this time more and more countries are including the public in health financing, it is not found that a single country is completely non-involved. The role of government in the state still exists despite its private role very dominant, especially financing that concerns the interests of many people, such as public health services and the obligation to pay for underprivileged people [8]. Based on these problems, the problem in determining priorities in finding solutions in the health budget between the Puskesmas and the Jayapura City Health Department needs to find solutions and common ground, so that the distribution of the amount of BOK funds is in accordance with each SPM. In addition, there is a need for managerial skills by each head of the Puskesmas and the program person in charge at the Puskesmas in managing their respective budget funds to improve the existing SPM indicators. Based on this analysis, it is not impossible that the program achievements of BOK funds have not been maximized because the people in charge do not focus on BOK activities to support the achievement of increasing health service coverage. Related to this problem, the researcher hopes that the human resources involved in the BOK program are provided with sufficient material, the reporting and accountability system needs to be improved without having to reduce the accuracy of document support, so that it can reduce the calculation of BOK funds for each Puskesmas.

4.1.3. Facilities and infrastructure

The results of the research were from the statement of the Head of the Puskesmas and the Responsible Proram of each Puskesmas that the facilities and infrastructure in the Puskesmas were adequate. In addition, each Puskesmas received assistance from the Jayapura City Health Department and from the Papua Provincial Health Department although it was not routinely provided every year, reinforced by the patient's statement that the existing facilities and infrastructure are adequate in the services they receive. This was also revealed by the Jayapura City Health Department that some of the facilities and infrastructure in providing services can be purchased by each Puskesmas from JKN funds, so that all arrangements are with the Puskasmas side. Meanwhile, assistance is usually provided if there are funds or programs from the ministry of health. This is because in the hypertension service, the tools and consumables for hypertension services are easily available in Jayapura City and the amount of operational costs has been regulated individually by the Puskesmas. This research is in line with that conducted by Kurnia (2016) at Puskesmas Pagarsih in Bandung city that the facilities and infrastructure are sufficient and some of the tools in the service are purchased by themselves according to the available BOK funds [9]. The environment and facilities or tools are supporting factors for carrying out actions or activities. The environment includes an examination room for pregnant women that meets health standards, namely the availability of clean water that meets the physical, chemical and bacteriological requirements, adequate lighting, adequate ventilation and guaranteed safety. Meanwhile, facilities or means to support carrying out actions or activities, good and easy to obtain logistics management and complete and consistent recording and reporting [5]. According to Azwar (2013), one of the factors that determines the implementation of management is budget planning, because the budget planning process is the same as the planning process in general, budget planning is not an independent administrative function, but is part of the planning function [5]. The same differences were found in the results of budget planning, depending on what budget plans are prepared, the resulting budget plans are different. If what is compiled is a health budget plan, then what will be produced is a health budget plan for activities carried out.

4.1.4. Method

The method of determining to achieve SPM from the results of the research obtained is determined by the Health Department in accordance with the rules provided by the Ministry of Health from the Riskesdas data (2018) which recommends that SPM must reach the target of 100%. The method used causes the low achievement of the specified targets. The problem that occurs from the results of interviews with the head of the Puskemas is that the existing targets have been determined by the Health Department according to data from the Jayapura City BPS in each district to identify the area, the number of occupations and the place of service such as schools. However, this determination is not real, so it becomes problems in achieving the existing SPM. This was also confirmed by the Head of the Jayapura City Health Department, the Head of the Public Health Sector, the Head of the P2P Division and the Head of the Planning and Program Subdivision, that often the data were out of sync with the target data in the Puskesmas, causing a large difference in achieving SPM. Apart from that, there are people who carry the target data used, but they also come from the same source, namely from BPS data, so this problem becomes a polemic for us in the future how to determine the right target in order to achieve SPM. This was also confirmed by the Head of the Puskesmas that the size of the target was the cause of the low SPM and from the statement of the Head of the Puskesmas that we provided maximum service to hypertensive sufferers according to those who came for treatment. And the problem was the patient who came for treatment

first, but did not do it. Re-control or patients who are referred, but there is no report back, so that the data in the service does not reach the target. In our service, we make a daily schedule given to hypertension sufferers and a monthly schedule for re-control. As well as the schedule provided in the elderly Posyandu service. Apart from that from the statement of the head of the Public Health sector, sometimes there is data out of sync that needs to be improved in service, due to the lack of good recording and reporting. If you want to trace it, all hypertension sufferers can be served well. In addition, innovation is needed in reaching hypertension sufferers in providing services in all places such as places of worship and other public places, so as to capture service outcomes for people with hypertension. However, this activity certainly requires additional operational funds. SPM is a provision regarding the type and quality of Basic Service which is a Mandatory Government Affairs which every citizen is entitled to at a minimum as for further provisions regarding SPM. The preparation of SPM refers to Government Regulation of the Republic of Indonesia Number 2 of 2018 concerning minimum service standards. In determining health SPM according to Permenkes No.4 of 2019 that in determining health service targets, it can be based on BPS projection data or real data that is believed to be correct by considering estimates from survey / research results at ages 15-59 years (projections) with guaranteed validity, which determined by the Regional Head. Therefore, there is a need for joint collaboration between the Head of the Jayapura City Health Department and the Puskesmas with BPS in determining the size of the existing targets, so as to minimize the difference in the achievement of SPM services.

4.2. Process

In Government Regulation 102 of 2000, it is explained that standards are technical specifications or something that is agreed upon including procedures and methods which are prepared based on the consensus of all parties related to paying attention to the requirements of safety, security, health, environment, development of science and technology, as well as experience, that is, current and current developments will come. In Law No.23 of 1992 article 53 paragraph 2, it is stated that standards are guidelines that must be used as guidelines for carrying out the profession well. In the process of achieving SPM, it is necessary to have good planning, implementation and monitoring from the Puskesmas and a good managerial from the Jayapura City Health Department.

4.2.1. Planning

Planning carried out in achieving the SPM of hypertension services needs to be well planned regarding the amount of funds, human resources and implementation schedule. The results showed that the amount of BOK funding for Puskesmas was determined by the Jayapura City Health Department in the form of inputs from existing program activities at Puskesmas. However, in planning every Head of Puskesmas was invited, but during the Covid-19 pandemic, a virtual meeting was held (online meeting). This is also acknowledged by the Head of the Health Department, the Head of the Public Health Sector, the Head of the P2P Division and the Head of the Planning and Program Sub-Division that every planning is carried out in a meeting by each Puskesmas. The amount of funds from activities from reports from the statement of the Head of the Jayapura City Health Department also needs to be revised about activities, because reports on existing activities are usually copied and pasted or data from the previous year which are submitted back. There should be innovation from each Puskesmas to plan a program for existing activities. The response of the Head of the Puskesmas is that the data

is indeed from last year's data for program activities, unless there are additional new activities we will change, so that the statement of the Head of the Jayapura City Health Department, it is necessary to synchronize data on the program of activities carried out so that valid data can be adjusted to the amount of funds which exists. In addition, in planning each community service center in providing services to hypertension sufferers, each month has its own schedule for the services provided in accordance with a set schedule, which is implemented at the Puskesmas, Posyandu and Posbindu. This is because patients with hypertension are advised to re-control each month in measuring their hypertension and get medication, because hypertensive patients are required to take the drug every day. In addition, there is a schedule for exercising for hypertension sufferers which is held every week at each health center. This is according to Permenkes No. 4 of 2019 in its implementation refers to the minimum service standards for hypertension sufferers in health center services, namely targeting hypertension sufferers using the latest RISKESDAS data, appropriate hypertension health services include: blood pressure measurement is carried out at least once a month in health service facilities. This implementation can run well with the support of existing resources in each Puskesmas. This is in line with research conducted by Kurnia (2016) that the implementation of BOK in the district has not run optimally due to a lack of input support (human resources, financial resources and infrastructure and facilities), this can be seen from the aspects of employee readiness, use of BOK funds and delays socialization to Puskesmas [9].

4.2.2. Implementation

The results showed that in the implementation of hypertension services provided by the Puskesmas from the statement of the Head of the Puskesmas, namely services to patients including measuring blood pressure every month, providing information through the media both posters and leaflets distributed to patients. This was also confirmed by each patient from 5 Puskesmas, there were 3 people or as many as 15 people who stated that they received services that were in accordance with standards, namely getting tension measurements, counseling and counseling provided. In addition, all patients expressed satisfaction with the existing services, because in addition to getting treatment, patients also received nutrition counseling / education as well as healthy exercise for hypertension sufferers which were carried out at the Puskesmas. This is in accordance with Regency / City Minimum Service Standards for hypertension sufferers based on Permenkes No.4 of 2019 that there are guidelines for controlling hypertension and IEC media, tension meter. Health service standards for people with hypertension are: a) Following the Clinical Practice Guidelines for Doctors at FKTP. b) Standard health services are provided to hypertension sufferers in FKTP. c) Hypertension health services according to standards include: examination and monitoring of blood pressure, education, balanced diet, physical activity, and pharmacological management. d) This standard health service is carried out to maintain blood pressure at < 140/90 mmHg for ages under 60 years and < 150/90 mmHg for patients 60 years and over and to prevent heart complications, stroke, diabetes mellitus and chronic kidney disease. In addition, in increasing the performance of hypertension services, each Puskesmas studied in addition to providing services inside the building and outside the building which is implemented in Posyandu and Posbindu, can improve hypertension special services in re-controlling and other services. For health services for the elderly, conducting health screening services, both detecting diabetes, hypertension and cholesterol levels according to the patient's condition, requires fast and precise treatment, working time is given to serve each complaint experienced by the patient is carried out with the situation in the village, so that the community gets services according to what they need. Regarding reporting

according to the standards given that there is a special application for making reports provided in the form of an Excel application that is inputted manually. This shows that the minimum service standards in implementing patients are according to standards but have not been able to perform well on existing reports. According to Permenkes No. 4 of 2019, in reporting, where the forms for recording and reporting the PTM Information System Application. The efforts made by the Head of the Jayapura City Health Department in the future are to create a data-based application (E-rangar), so that existing data can be covered properly every day so that the gap between SPM achievers can be identified with certainty. This was also stated by the Head of the Public Health Sector and the Head of the P2P Division of the Jayapura City Health Department that the problem was the reports made from the Puskesmas, there was even an SPM achievement that exceeded the target, while from the count of the Health Department it did not reach the existing SPM as happened in the Puskesmas Hamadi, who stated that the SPM had reached 100% while that of the Jayapura City Health Department was not in accordance with the existing SPM. This research is also in line with Rohana's research (2020) that sometimes there is data that is not synchronous between the Puskesmas and the Jayapura City Health Department in determining the goals and targets achieved [4]. Therefore there is a need for a joint solution between the Puskesmas in determining targets based on their own surveys or the application in making reports, so that it is easy to make policies and can be used as information in determining targets and determining the amount of BOK funds and targets for SPM indicators.

4.2.3. Monitoring

The result of the research shows that monitoring and evaluation in SPM services is carried out through meetings held at least 2 times in direct monitoring to each Puskemas as well as evaluation through meetings held by the Jayapura City Health Department. However, in 2020 direct monitoring activities will not be carried out but through virtual meetings, due to the Covid 19 pandemic. Monitoring or supervision and control is the process of continuously supervising staff activities in implementing a work plan that has been compiled and making corrections if deviations occur [10]. This research is in line with that conducted by Gani (2018) that the related Health Department conducts monitoring 2 times a year and holds meetings to discuss the achievement of existing SPM, but in the discussion of the Head of the Puskesmas statement there is no common ground in determining target achievement, so this is still found low SPM achievement, especially hypertension services [6]. Siringi (2013) research at Puskesmas Mojo, Surabaya City that monitoring or supervision and control is the process of continuously supervising staff activities in implementing work plans that have been compiled and making corrections if deviations occur. The better the process of supervision, control and assessment, the higher the achievement of indicators coverage that meets the target. The low process of supervision, control, and assessment will have an impact on program performance in meeting SPM coverage targets. Thus, it is strongly suspected that the determinants of the low level of coverage of the Minimum Service Standards (SPM) in the field of health at the Jayapura City Health Department are training, workload and planning factors. Monitoring is a process of collecting and analyzing information from the implementation of a program including checking regularly to see whether the program or activity is running according to plan so that problems seen or encountered can be resolved [2]. Monitoring focuses on tracking and reporting on inputs, activities and especially outputs. Monitoring is a management function that is carried out when an activity is in progress if it is carried out by the leader, it contains control functions. Includes among others a). Tracing the implementation of

activities and their outputs, b). Reporting on progress, c). Identification of management and implementation problems [11]. A statement from the Head of the Puskesmas (Hamadi, North Jayapura, Kotaraja, Skouw and Waena) stated that the monitoring was carried out not directly in achieving the existing SPM, but from various aspects in providing service performance such as the availability of drugs and other facilities and infrastructure. This shows that monitoring indirectly aims to increase SPM. However, there is a need for common perceptions and common goals both in the preparation and in facilities and infrastructure. Apart from that, monitoring and evaluating the achievement of targets is the expected result, of course, by the Jayapura City Health Department. Even though the target has not been fulfilled, the implementation is still not perfect, in achieving this target the Puskesmas still experiences several obstacles, including inaccurate recording and reporting because it is done manually, which is recorded first and then entered, which can risk some data that is not entered or is not suitable. This requires a web data-based application, so that every day data can be entered and there is compatibility in data filling using the application, so that each patient has a codification that can prevent duplication of data. So that this can help recording and reporting should be available as accurately as possible so that the information contained in it can function optimally. The facts in the field show that the Puskesmas get inaccurate recording and reporting from the related institutions. According to Permenkes No.4 Year 2019, an application is required in recording and reporting, thereby minimizing the accuracy of invalid data, because with the application, each patient has their own code, so that it can be seen the number of patients who get valid service. Therefore, monitoring should be pursued with a web-based application, this is based on the development of the internet network in Jayapura City running well and this development should also be followed by services with the web application, so that data accuracy both the number of patients, operational expenses and income can be monitored by Jayapura City Health Department, so it is easy to make policies in determining the BOK size and SPM targets.

4.3. Output

The output of SPM achievements at Puskesmas Hamadi, Puskesmas Jayapura Utara, Puskesmas Kotaraja, Puskesmas Skouw, and Puskesmas Waena from the Health Department data did not meet the existing targets, but from Puskesmas Hamadi data that the SPM achievement of hypertension had reached the SPM target of 100% while the data from the Jayapura City Health Department had not met the target. This difference occurred due to differences in the number of existing targets and became a debate between the Hamadi Health Center and the Head of the Public Health Midwife, the Head of the P2P Division and the Head of the Planning and Program Subdivision, the issue of achieving SPM. The results showed that the low output was due to too high a target, the absence of a good survey method from the Health Department in setting targets because it used target data from BPS and Riskesda. This research is also in line with research conducted by Maula (2020) at Mahyong Health Center, that the planning for the implementation of SPMB in the Health Sector in hypertension patients services is based on target data available in BPS based on population. District / City Minimum Service Standards for hypertension sufferers based on Permenkes No.4 of 2019 that in terms of the performance achievements of Regency / City Governments in providing health services according to standards for hypertension sufferers, it is assessed from the percentage of hypertension sufferers aged 15 years and over who get health services according to standards in its working area within one year with a target of 100%. The head of the Puskemas and the person in charge of the Puskesmas of each Puskesmas and the Jayapura Health

Department acknowledged that the output achievement that did not reach the target found obstacles was found in achieving the target as concluded as follows: 1). The target SPM is too high and the area is large; 2). Patients who have come get the first service and receive a referral, but there is no return report, so they can be considered not getting services at the Puskesmas because there is no return report; 3). Lack of socialization or no re-control due to low public knowledge in re-controlling; 4). Lack of coverage of hypertensive patients in each region; 5). Lack of coordination and synergy between the Puskesmas and the Health Department in determining the target size for services; 6). Monitoring and evaluation needs to be improved in finding solutions to problems of achieving SPM; 7). Conduct technical and managerial training in determining and achieving SPM; 8). Additional personnel for surveillance in each puskesmas to determine the right target. Therefore, the Jayapura City Health Department and the Puskesmas need to sit together in solving problems both in terms of the number of surveillance personnel and technical competence in training, determining the right targets and monitoring and evaluation that need improvement in providing services in order to achieve the set targets. In addition to starting to determine targets, namely all residents in the UPT Puskesmas working area by looking at targets that had not been achieved previously, reporting from Essential UKM at PTM, then conducting epidemiological investigations for the number of cases in their working area using Prokesga from the PIS-PK program. Determining the priority of the problem, namely by looking at the target trend in the number of cases found where the ever-increasing hypertension rate is suffered by people aged > 15 years, to be precise, those aged 15-59 years.

4.4. Outcome

Customer satisfaction is the customer's response to the suitability of the level of interest or expectations of customers before they receive services and after the services they receive [12].

4.4.1. Hamadi Health Center

The informant stated that the services provided at the Hamadi Puskesmas were good, whereas 2 informants stated that some hypertension services needed to be improved at the counter for additional personnel so that patients did not wait long in queuing. In addition, the addition of facilities and infrastructure such as tension that is always ready to be used does not wait for tomorrow to be tested because it only wastes inefficient time by the patient.

4.4.2. North Jayapura Health Center

The level of patient satisfaction at Puskesmas Jayapura Utara shows that there are still obstacles in the service, namely taking queue numbers. This is because taking queue numbers is still done manually and the queues are quite long, so some patients call first to get queue numbers and go to the Puskesmas. The patient also receives counseling.

4.4.3. Kotaraja Health Center

The level of patient satisfaction at the Kotaraja Community Health Center is satisfactory. However, the advice

given in the service is the timeliness of services such as the implementation of gymnastics for patients and the need for additional posters and reading materials, so that if the patient waits, he does not feel bored because there are readings that can be read while waiting.

4.4.4. Skouw Health Center

The level of patient satisfaction at the Skouw Health Center in general, the services provided are satisfactory in terms of medicines and home visits to hypertensive patients at this time due to the Covid-19 pandemic. However, patients complain that sometimes Departments are late in carrying out services at the Puskesmas.

4.4.5. Waena Health Center

The level of patient satisfaction at the Waena Health Center, the patient complained about the staff's delay, but the service provided was quite good. In addition, the information provided had not been able to satisfy the patient, because there were many queues, so the patient wanted to ask further questions, but the number of patients so that some questions could not be asked by these patients. The results of the response to the level of patient satisfaction from five health centers regarding the satisfaction of getting hypertension services are summarized as follows: a). Adequate personnel at the health center in providing hypertension services; b). There has been a health promotion media; c). The existence of counseling and extension services in providing education; d). Services can be provided at the elderly and Posbindu Posyandu; e). There are exercise activities every week carried out by each Puskesmas. The level of satisfaction felt by patients and in the results of services provided is in accordance with the minimum service standards according to Permenkes No.4 of 2019. This research is in line with research conducted by Maula (2020) that services are provided according to minimum service standards with tension every month, media information as well as communication, information and education in the service of hypertension sufferers as well as organizing exercise which is carried out every week by the health center [13]. The dissatisfaction that was responded to by patients from five Puskesmas was summarized as follows: 1). Waiting time is rather long in taking the queue due to the large number of patients and the lack of manpower at the counter; 2). Lack of literature or other media in the puskesmas during the waiting period; 3). Delay Departments in providing services; 4). Addition of facilities and infrastructure. The results of the respondent's assessment of service reliability identified that, regarding the timeliness of promised health services, many informants complained about the fact that health workers were not on time in providing services. It is possible that this happens because health workers prepare everything needed to serve patients. The registration counter is the first service provided, which can determine patient satisfaction and patient desire to continue the next service. Meanwhile, the service time at the registration desk is the time when registering until obtaining the patient's medical record. The long waiting time for the patient is caused by registering, especially for the long patient using the medical card but forgetting to bring the card so that it is necessary to search for patient medical record data according to the number of treatment. This of course requires a long waiting time if the health center does not have a computerized system in the service counter. In addition, the complaint felt was the delay of staffs who came, namely the delay in opening the registration counter which was a problem that often occurred at the Puskesmas. Efforts that can be made by Puskesmas are improving the system related to the problem of patient waiting time at the registration counter. Therefore, the importance of the Puskesmas in

improving the service system uses SIMPUS to validate BPJS, Non BPJS patient data to find out previous patient medical record data and can be used as a reports in targeting. The complaints that other hypertensive patients are still lacking is that the patient is still unsatisfied in receiving the information submitted. Information delivery by medical records staffs can be informatively conveyed to patients. This information is in the form of a flow to get further services and additional information from the Puskesmas if there are things that the patient should know. The better the responsiveness of health workers (doctors, nurses, and administrative staffs) at the Puskesmas the better the level participant satisfaction so that patients will reuse the services of Puskesmas health workers and from the results of the study it was found that most were satisfied and there were things that needed to be improved. According to Muninjaya (2011), responsiveness is the desire of employees or employees to help consumers and provide services responsively to consumer needs, quickly paying attention to and addressing patient needs [12]. The efforts made in achieving a good outcome is with feedback. In an effort to get feedback from patients on the services provided by the Puskesmas, the Puskesmas must have a patient satisfaction system. Patient satisfaction aims to be able to provide better service than previously provided services. The efforts that have been made by Puskesmas to get feedback are supported by Wijono (2018), that in general, evaluation is an activity of comparing the results achieved with a predetermined plan or the ideal dose that has been determined in the guidebook to obtain feedback for the program or implementation of activities that will be useful for planning the next program or activity [14]. There is a need for a feedback system by the Puskesmas through the suggestion box so that it can be input in making decisions in improving service management to improve the minimum service standards.

5. Conclusion

5.1. Input

- a. Human resources at the Puskesmas are adequate according to Permenkes No. 4 of 2019, namely the availability of general practitioners and paramedics (nurses and midwives), while for managerial personnel at the Health Department in increasing the achievement of SPM, training is needed on technical competence in improving SPM achievement at the Puskesmas;
- b. The determination of BOK funds comes from the Ministry of Health ceiling which is assisted by the Health Department to finance the 12 SPM indicator programs implemented by each Puskesmas;
- c. Adequate facilities and infrastructure and necessities can be purchased by each Puskesmas from JKN funds;
- d. The method used in determining SPM targets is sourced from BPS data and the implementation of hypertension management services using Standard Operating Procedures made by each Puskesmas in achieving Puskesmas accreditation.

5.2. Process

- a. Planning. Planning in determining the BOK has been determined by the Jayapura City Health Department in accordance with the activity program discussed. Each Puskesmas has a plan according to the standard Permenkes 4 of 2019, namely the implementation schedule for hypertension sufferers

carried out every month to re-control and take medication;

- b. Implementation. Implementation in services for patients with hypertension is in accordance with Permenkes No.4 of 2019, namely control guidelines hypertension and IEC media were used and tension, but in reporting there was no specific application based on the WEB application and it was made manually in Excel;
- c. Monitoring. Monitoring conducted by the Jayapura City Health Department is conducted 2 times a year and during a pandemic, this is done through virtual meetings (online). Monitoring is still felt to be lacking in synergy to determine SPM targets.

5.3. Output

The achievement of the SPM target has not yet reached the target set due to the target that is too high and there is no agreement on the right number of targets for the Puskesmas and comes from BPS data.

5.4. Outcome

The services provided to patients with hypertension have been able to satisfy patients in drug services, schedules, counseling, information and education, as well as the media used, but several things that need to be improved are the waiting time for services in providing services to patients and the addition of reading media in waiting times and punctuality of staffs in providing services.

6. Suggestion

6.1. For the Jayapura City Health Department

- a. Coordinate and synergize with Puskesmas and BPS in determining the right targets, as well as the existence of a WEB-based application in the report, so that it can be seen the number of services provided which can be taken as a policy in determining the amount of BOK and SPM targets;
- b. Adding and providing technical competency training for health centers and the Jayapura City Health Department on technical competence in improving and managing technical policies in increasing SPM;
- c. To coordinate monitoring and evaluation in making improvements to achieve SPM targets.

6.2. For Puskesmas

- a. Make management improvements in the presence of Puskesmas personnel on time;
- b. Improve the queuing service system and time in service;
- c. Provide even more health literature for patients in the waiting room;
- d. Provide a suggestion box that can be given innovation regarding patient satisfaction so that policies can be taken in providing services.

6.3. For further researchers

Examine more deeply about the HR management system in improving technical competence, determining the right SPM targets so that they can answer more complex problems.

Acknowledgment

We would like to extend our gratitude to the Jayapura City Health Department for all the facilitation that has been made available to us to start the study. We would also like to express our appreciation to all of the informants.

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