



Readiness for Accreditation of the Administration and Management Working Group at the Basaan Community Health Center Southeast Minahasa Regency

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Abstract

The policy implemented by the Ministry of Health in an effort to improve the quality of services at first level health facilities, especially Community Health Centers, is to issue Regulation of the Minister of Health (Permenkes) of the Republic of Indonesia Number 46 of 2015 concerning Accreditation of Community Health Centers, Primary Clinics, Doctors' Independent Practice Places, and Doctors' Independent Practice Places. Tooth. The aim of the research is to describe the readiness for accreditation of the administration and management working group at the Basaan Community Health Center, Southeast Minahasa Regency. This type of research is qualitative research with a case study approach. The results of the research show that the Basaan Community Health Center for the Community Health Center Administration and Management Working Group in terms of Quality Improvement of the Community Health Center is ready for accreditation based on Community Health Center accreditation standards. The conclusion is that the Basaan Community Health Center for the Community Health Center Administration and Management Working Group in terms of Puskesmas Quality Improvement (PMP) is ready for accreditation based on community health center quality improvement standards.

Keyword: Readiness, Accreditation, Administration and Management, Community Health Center

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1. Introduction

Community health centers or community health centers are important health service facilities because they carry out public health efforts and first-level individual health efforts which aim to achieve the highest level of public health. According to Notoatmodjo in Alamsyah, (2011:43) states that in carrying out its functions, community health centers can be realized with four health development missions, one of which is improving quality health services. So the health center is the basis of health services.

Puskesmas as the spearhead of the national health service system currently has problems that can affect the services of the puskesmas. These problems include, among others, that the health efforts implemented still focus on curative efforts and do not yet focus on promotive and preventive efforts, the activities carried out by the community health center are less oriented towards the problems and needs of the local community, the friendliness of the staff in health services is still weak, the lack of available resources. the health center's capacity is adequate in both quantity and quality, the availability of medicines in both type and quantity is limited, medical equipment is also inadequate, and so on (Alamsyah, 2011:69).

Regulation of the Minister of Health of the Republic of Indonesia Number 46 of 2015 concerning Accreditation of Community Health Centers, Primary Clinics, Doctors' Independent Practice Places, and Dentist Independent Practice Places. The implementation of community health center accreditation is carried out based on community health center accreditation standards which are carried out in two stages, namely an accreditation survey and determination of accreditation.

The accreditation survey is carried out by an accreditation surveyor from an independent accreditation provider institution determined by the minister. Accreditation surveys are carried out through assessment activities which aim to measure the level of conformity to accreditation standards.





Community health center accreditation surveyors consist of surveyors in the administration and management sector, the public health sector (UKM), and the individual health sector (UKP). The determination of accreditation is the final result of the accreditation survey by the surveyor and the decision of the meeting of the independent institution administering the accreditation. The determination of community health center accreditation is carried out by an independent institution administering accreditation as proven by an accreditation certificate.

2. Research methods

This type of research is qualitative research with a case study approach. Machmud (2016) explains that a qualitative approach is a research approach that, in answering problems, requires a deep and comprehensive understanding of the object being studied in order to produce conclusions in the context of the time and situation concerned. He continued, according to Machmud (2016), case studies have a conceptual framework by collecting in-depth information about the case (Pukesmas Accreditation). Bungin (2001: 23) suggests that case studies have characteristics that can provide important information regarding relationships between variables and processes that require broader explanation and understanding. Researchers believe that case studies in qualitative research are an appropriate way or method to answer more in-depth research problems related to community health center accreditation.

3. Results and Discussion

a. Results

Based on the variables in this research, the interviews and document review were directed into three research focuses, namely the Implementation of Community Health Center Services, Leadership and Management of the Community Health Center and Improving the Quality of the Community Health Center which was carried out by the community health center administration and management working group at the Basaan Community Health Center . To better





understand the discussion of the research results, they will be described as follows:

1. Implementation of Community Health Center Services (PPP)

In the Implementation of Community Health Center Services, an assessment was carried out regarding the Basaan Community Health Center's efforts in analyzing community needs, carrying out operational planning for the community health center, determining timely delivery, implementing feedback mechanisms and handling complaints from service users in providing services, providing adequate information to the community regarding activities. Puskesmas activities and evaluating the performance and strategy of Puskesmas services (Ministry of Health of the Republic of Indonesia, 2015).

Analyzing the needs of the community at the Basaan Community Health Center is done by providing types of services based on the community's needs and expectations through decisions from meetings with the community and contact advice provided at the Community Health Center and the types of services are stated in the Decree of the head of the Sampara Community Health Center regarding the types of services provided. This is explained by the informant as in the following interview excerpt :

“jadi terlebih dahulu kami lakukan dulu rapat lintas sektor, kita undang pak desa, tokoh masyarakat untuk hadir. Nah di rapat itu kita bahasmi apa-apa saja yang di butuhkan. masyarakat seperti jenis pelayanan ini mungkin yang di inginkan masyarakat. Jadi disitumi masyarakat memberikan masukan tentang jenis pelayanan apa yang di inginkan masyarakat. Dan hasil rapat itulah yang menjadi acuan kami dalam menetapkan jenis pelayanan di puskesmas sampara ini. setelah kita dapatkan oh jenis pelayanan ini yang harus disiapkan maka di tuangkan dalam SK kepala puskesmas tentang pelayanan yang disediakan

(Informan Kunci :YN, 50 tahun).





This information is supported by one of the regular informants who is a member of the puskesmas administration and management working group. Excerpts from the interview are as follows:

“kalau di puskesmas ini kami menyediakan yang namanya kotak saran. kotak saran itu tempatnya pasien untuk menuliskan apa yang dibutuhkan. Sedangkan kalau di lapangan kami mengadakan rapat pertemuan dengan masyarakat untuk membahas apa yang di inginkan of services provided, SOP for establishing communication with the community and its results, Evidence of survey implementation, Results of analysis of community needs, SOP on how to get community feedback regarding quality and satisfaction, Evidence documents response to community feedback.

Operational planning for the Basaan Community Health Center is carried out by preparing a five-year plan which is outlined in a proposed activity plan which is arranged cross-program and cross-sector. This was explained by the Key Informant in the following interview excerpt:

“kalau masalah operasional puskesmas itu dek di tetapkan dari dinas, jadi kita hanya mengusulkan saja kepada dinkes kabupaten konawe dengan menyusun Rencana Lima Tahunan jadi berdasarkan rencana tadi kami menyusun rencana operasional yang dituangkan pada RUK untuk tahun depan dan RPK untuk tahun ini yang kami sesuaikan dengan dana yang ada. nah rencana lima tahunan ini kami sesuaikan dengan keinginan masyarakat karna disusun bukan hanya kami tapi secara lintas program, lintas sektor ya seperti pa desa, pa lurah dan tokoh masyarakat melalui musrembang untuk ikut serta dalam penyusunan RUK dan RPK”
 (informan kunci:YN,50 tahun).

The results of the interview are also supported by the existence of a document on the proposed activity plan which is in accordance with the five year stages of community health center planning, an activity implementation plan which is complete with a budget plan, evidence of the minutes of the community health center planning meeting.





The Sampara Community Health Center carries out timely service delivery by carrying out activities according to a mutually agreed schedule. This is explained by the Key Informant as in the following interview excerpt :

“Oh iya dengan melaksanakan kegiatan itu sesuai jadwal, misalnya jadwal pelayanan, disinikan dek jadwal pelayanan itu di mulai dari jam 08.00-14.00, jadi pelayanannya itu harus dibuka dari jam 08 tidak boleh diatas jam 08 baru dibuka dan itu sudah kesepakatan bersama”

“Ada ya jadwal yang di sepakati bersama, misalnya di kartu pelayanan di buka dari jam 08.00-12.00. jadi pengawai-pengawai yang bertugas di kartu hadir sebelum jam 08, kalau kegiatan di luar gedung jika jadwal pelaksanaan bertepatan dengan hari libur maka pelaksanaan kegiatan akan dilaksanakan sesuai dengan kesepakatan”

(Informan Biasa : NA, 28 Tahun)

The results of the interview are also supported by a document on the schedule for implementing Puskesmas activities and the results of evaluation of whether the implementation of activities is in accordance with the schedule.

Meanwhile, the feedback mechanism and handling of complaints from service users in the delivery of services at the Sampara Community Health Center is adjusted to the SOP for community complaints and feedback that has been mutually agreed upon. This is explained by the Key Informant as in the following interview excerpt.

“iya mekanisme umpan balik itu dek, ada SOP nya, dimana nama SOP nya itu SOP keluhan dan umpan balik masyarakat. Disitumi di atur bagaimana cara kita untuk mendapatkan umpan balik dari masyarakat. Waktu Minlok ada ya keluhan masyarakat tentang banyaknya pasien yang berdiri karena kekurangan tempat duduk yang ada di puskesmas, jadi menanggapi masalah itu kami sesuaikanmi dengan SOP tadi.

(Informan Kunci : YN, 50 Tahun)

The results of the interviews are also supported by the SOP for complaints and feedback from the community, the results of analysis and follow-up plans for





complaints and feedback, evidence of follow-up to complaints and feedback as well as evidence of evaluation of follow-up to complaints and feedback.

2. Leadership and Management of Community Health Centers (KMP)

The assessment of the leadership and management of this puskesmas is regarding the efforts of the Basaan Puskesmas in meeting the requirements for location, building, space and infrastructure, providing clarity on the rights and obligations of puskesmas users, maintaining facilities and infrastructure, fulfilling manpower requirements, managing data and information and carry out financial management of services (Ministry of Health of the Republic of Indonesia, 2015).

In order to meet the location requirements of the Basaan Community Health Center , an analysis of the establishment of the Basaan Community Health Center is carried out and takes into account the spatial layout and population. The following is an excerpt from an interview with the informant:

“kalau persyaratan lokasi sudah terpenuhi, sudah di lakukan analisis terhadap pendirian pukesmas sampara ini, Pendiriannya juga mempertimbangkan tata ruang daerah dan Puskesmas sampara ini juga sudah memiliki perizinan yang berlaku”

(Informan Kunci : YN, 50 Tahun)

The results of this interview are supported by documents: Evidence of analysis of the needs for the establishment of the Sampara Community Health Center, Evidence of consideration of regional spatial planning in the establishment of the Basaan Community Health Center, Evidence of consideration of population ratios and service availability and proof of operational permits for the Sampara Community Health Center.

The Sampara Community Health Center has also met the building and space requirements because the building at the Basaan Community Health Center is permanent. The following is an excerpt from an interview with the informant:





“kalau bangunannya bersifat permanen. Baru bangunan yang dipakai untuk pelayanan itu milik puskesmas. ruangan disini sudah tersedia ada ruang pendaftaran, ada ruang tunggu, ruang administrasi ada, ruang pemeriksaan, ruang konsultasi dokter, ruang tindakan, ruang farmasi, ruang ASKAR Puskesmas. Infrastruktur and equipment requirements have been met and there is a maintenance schedule. The (Informan Kunci : YN, 50 Tahun)

following is an excerpt from an interview with the informant:

“Prasarana ada ya, seperti kipas angin itukan ada jadwalnya, kapan mau dibersihkan. Adalah jadwal pemeliharannya semua prasarana yang ada di puskesmas dan pemeliharannya dilakukan sesuai jadwal yang ada. Sama halnya peralatan juga ada jadwalnya dan jadwal pemeliharaan itu di koordinir langsung bendahara barang”
 (Informan kunci : YN, 50 Tahun)

The results of the interview are supported by documents: inventory list of medical and non-medical equipment, proof of equipment permits, list of equipment that needs to be calibrated, schedule and evidence of calibration implementation, maintenance schedule and proof of maintenance implementation, proof of monitoring implementation, monitoring results and evidence of monitoring follow-up.

3. Community Health Center Quality Improvement (PMP)

In Improving the Quality of Community Health Centers, the assessment is carried out regarding the efforts of the Sampara Community Health Center to improve the quality of the Community Health Center, to improve the performance of the Community Health Center, to evaluate performance improvement activities, to empower Community Health Center users to participate in improving the performance of the Community Health





Center, to conduct comparative studies with other Community Health Centers regarding the performance of the Community Health Center. as well as improving performance which is carried out continuously (Ministry of Health of the Republic of Indonesia, 2015).

Improving the quality at the Sampara Community Health Center is carried out by appointing a person responsible for quality by issuing a Decree on the person responsible for quality management and all levels of Basaan Community Health Center staff are committed to improving the quality of the Community Health Center. This is explained by the Key Informant as in the following interview excerpt :

“pertama itu dek, kita menetapkan dulu penanggung jawabnya dengan di tertibkan SK setelah itu kita buat buku pedoman mutu, buku pedoman mutu itu untuk pedomannya kita untuk meningkatkan mutu pelayanan, adapun penanggung jawab mutu disini dokter hendri. di surat keputusan itu dek di aturanmi kejelasan tugas dan wewenang penanggung jawab mutunya dan pedoman mutunya kita sesuaikan dengan visi, misi puskesmas”
 (Informan Kunci: IR,45 Tahun)

This statement is in accordance with interviews with regular informants :

This is supported by the Decree of the head of the Basaan Community Health Center regarding the person responsible for quality management which contains a description of the duties, authority and responsibilities of the quality management representative, the Decree of the head of the Puskesmas regarding quality policy, evidence that shows the joint commitment of all levels of the community health center to improve quality.

b. Discussion

1) Implementation of Community Health Center Services (PPP)

Based on the Technical Guidelines (Juknis) for the implementation of accreditation standards for the Puskesmas Administration and Management Working Group which is viewed from the implementation of Puskesmas services with the standard that the types of services provided are carried out





in collaboration to identify the needs and expectations of the community for Puskesmas services as outlined in the planning and improvement strategies provided. Continuously implemented so that timely service delivery and performance of community health centers and service strategies and implementation of community health center efforts are analyzed as material for improvement (Ministry of Health of the Republic of Indonesia, 2015).

The results of the research also show that services at the Basaan Community Health Center, both inside the building and outside the building, have been carried out according to a mutually agreed schedule. For example, service activities inside the building are open from 08.00 WITA, services at the Sampara Community Health Center, especially inside the building, are open at 08.00 WITA, while for activities outside the building, if the implementation schedule coincides with a holiday, the activities will be carried out in accordance with the previously agreed agreement.

So the output of the activities described above in the form of handling community complaints is determined to improve the service system at the Sampara community health center. This is in accordance with the implementation of community health center service delivery standards where mechanisms for receiving feedback from service users are needed to obtain input from users and the community in efforts to improve the service system and implementation of community health center efforts (Ministry of Health of the Republic of Indonesia, 2015). This is supported by the availability of SOP documents, complaints and feedback from the public, Results of analysis and follow-up plans for complaints and feedback, Evidence of follow-up to complaints and feedback and Evidence of evaluation of follow-up to complaints/feedback.

Apart from that, in evaluating improvements to service performance and strategy, the Basaan Community Health Center evaluates performance achievements every month through cross-sector mini-workshops to determine





improvement plans based on the results of priority analysis of problems regarding performance and services that do not meet targets or achieve low results so that they can be determined. follow-up and improvement plans, so that the results of the performance evaluation are carried out to determine the planning that will be carried out in the next period. This is also in accordance with the implementation of Puskesmas Service Delivery standards where the performance of the Puskesmas and the service strategy and implementation of Puskesmas efforts are analyzed as material for improvement. The evaluation results are discussed and followed up. (Indonesian Ministry of Health, 2015). This is supported by the availability of a Decree from the Head of the Community Health Center regarding the performance assessment of the Community Health Center, the performance assessment plan, the results of the performance assessment analysis, as well as the follow-up to the performance assessment to improve performance.

So the researchers concluded that the Basaan Community Health Center for the Community Health Center Administration and Management Working Group, which was reviewed from the Implementation of Community Health Center Services, was ready for accreditation based on the standards for implementing Community Health Center accreditation.

2) Leadership and Management of Community Health Centers (KMP)

Based on the Technical Guidelines for the implementation of Puskesmas accreditation standards for the Puskesmas Administration and Management Working Group which is reviewed from the leadership and management of the Puskesmas, it is implemented with standards that the Puskesmas must meet the requirements for location, building and space, infrastructure and equipment. maintained so that it can be used according to needs and the Puskesmas must meet the type and number of personnel required in statutory regulations. The person in charge of the Puskesmas' efforts shows professionalism in managing service finances, as well as in





carrying out the functions of the Puskesmas, data and information must be available at the Puskesmas which is used for decision making (Indonesian Ministry of Health, 2015).

The results of interviews with informants also showed that the Basaan Community Health Center had met the building and space requirements because the building at the Sampara Community Health Center was permanent and was not attached to another residence or work unit. Meanwhile, in terms of infrastructure and equipment requirements at the Sampara Community Health Center, according to the informant, they have been fulfilled, and maintenance is carried out on a scheduled basis which is coordinated directly by the goods treasurer of the Basaan Community Health Center. This is in accordance with the standard implementation criteria for leadership and management of community health centers where the infrastructure and equipment of community health centers are available, maintained and functioning well to support access, security and smooth delivery of services in accordance with the services provided (Ministry of Health of the Republic of Indonesia, 2015). This is supported by a document listing inventory of medical and non-medical equipment, maintenance schedule and proof of maintenance implementation, proof of monitoring implementation, monitoring results and evidence of monitoring follow-up.

Apart from that, the results of interviews with informants also stated that the maintenance of facilities and infrastructure at the Sampara Community Health Center was carried out with the head of the Basaan Community Health Center assigning the person responsible for cleaning the Community Health Center and program vehicles, as well as a work program schedule and implementation of maintenance of facilities and infrastructure adjusted to a jointly determined schedule. and all officers at the Sampara community health center are involved in maintaining the facilities and infrastructure in accordance with their respective duties. This is supported by





the existence of a decree document regarding the description of the duties and responsibilities of property managers, proof of the implementation of maintenance of facilities and equipment in accordance with the work program, decree of the person responsible for cleaning the health center, decree of the person responsible for the program vehicles. This is in accordance with the implementation standards for community health center leadership and management where maintenance of community health center facilities and equipment is carried out and documented clearly and accurately (Ministry of Health of the Republic of Indonesia, 2015).

Meanwhile, the results of interviews with informants regarding the financial management of services were carried out with the head of the Basaan Community Health Center determining the person responsible for managing the finances, and in terms of financial management at the Basaan Community Health Center, it was carried out by involving all those responsible in budget planning and carrying out financial reporting and assessing financial management performance. to find out what financial performance has not met targets so that solutions can be implemented to overcome these problems.

3) Community Health Center Quality Improvement (PMP)

The results of research conducted at the Basaan Community Health Center regarding readiness for accreditation in terms of improving the quality of the community health center show that these efforts have been implemented. Based on interviews conducted with key informants, at the Sampara Community Health Center, improving the quality of the Community Health Center is done by appointing a person responsible for quality management, then there is clarity in duties, authority and responsibilities and all levels of officers at the Sampara Community Health Center are committed to improving the quality of the Community Health Center as indicated by the existence of evidence. collective agreement affixed to the registration section.





This is in accordance with the criteria for implementing standards for improving the quality of community health centers, where the leadership of the community health center determines the person responsible for quality management who is responsible for coordinating and monitoring activities to improve the quality and performance of the community health center (Ministry of Health of the Republic of Indonesia, 2015). This is supported by the availability of a Decree from the Head of the Community Health Center regarding the person responsible for quality management, a Decree from the Head of the Community Health Center regarding quality policy as well as evidence that shows the joint commitment of all levels of the Community Health Center to improve quality and performance.

As a community health center that is preparing for accreditation, Basaan Community Health Center must carry out continuous performance improvements, one of which is by conducting comparative reviews with other community health centers. This is in accordance with interviews with key informants and regular informants that the Sampara Community Health Center has carried out a comparative review with Community Health Centers that were accredited as Madya last year. Where this comparative review activity looks at what has not been achieved at the Basaan Community Health Center but has been achieved at other community health centers. This was done to see how the puskesmas carried out these activities with achievements that met targets so that the Basaan Puskesmas could learn from the target puskesmas regarding the implementation of these activities. This is in accordance with the implementation criteria for Community Health Center Quality Improvement standards where benchmarking activities are carried out with other community health centers regarding the performance of community health centers (Ministry of Health of the Republic of Indonesia, 2015). This is supported by the availability of appeal review plan documents, appeal review instruments, appeal review implementation documents,





analysis of appeal review results, appeal review follow-up plans and results of evaluation and follow-up on the implementation of appeal review activities.

So it can be said that the Basaan Community Health Center for the Community Health Center Administration and Management Working Group in terms of Community Health Center Quality Improvement (PMP) is ready for accreditation based on Community Health Center accreditation standards.

4. Conclusion

Based on the results of research regarding the description of readiness for community health center accreditation in the administration and management working group at Basaan Community Health Center, it can be concluded that:

- a) The Basaan Community Health Center for the Puskesmas Administration and Management Working Group, which is reviewed from the Public Health Center Service Delivery, is ready for accreditation with the implementation of community health center service delivery standards.
- b) The Basaan Community Health Center for the Community Health Center Administration and Management Working Group, which is reviewed from the Community Health Center Management Leadership (KMP), is ready for accreditation based on community health center management leadership standards.
- c) The Basaan Community Health Center for the Puskesmas Administration and Management Working Group, which is reviewed by Puskesmas Quality Improvement (PMP), is ready for accreditation based on community health center quality improvement standards.

5. Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

References

- Anggraeny, Putri Ayu and Ernawaty (2016). Readiness of Health Service Center (PLK) B Unair for Pratama Clinic Accreditation. Indonesian Journal of Health Administration Volume 4 Number 2 July- December 2016.
- Artini, (2015). The Relationship between the Implementation of Community Health Center Management and the Work Commitment of Staff with the Quality of Medical Services at General Polyclinics in Community Health Centers throughout Karangasem Regency. Udayana University Denpasar Postgraduate Program Thesis.
- Bintang, A., Ramli, R., M, S., Nurhaedah, N., Arfah, A., & Adam, AM (2023). Study of the Quality of Health Services for Inpatients at Enrekang District Hospital. International Journal of Health Sciences, 1(4), 468–484. <https://doi.org/10.59585/ijhs.v1i4.168>
- Desimawati, Dian Wahyuni. (2013). Relationship between Nursing Services and Inpatient Satisfaction Levels at the Sumberhari Community Health Center, Jember Regency. Jember University Nursing Study Program Thesis.
- Darwis, M., Soraya, S., Nawangwulan, K., Ekawaty, D., Imran, A., & Yusufik, Y. (2023). Hospital Management Information System. International Journal of Health Sciences, 1(4), 485–492. <https://doi.org/10.59585/ijhs.v1i4.174>
- Ekawati, N., B, M., Serli, S., Arda, D., Syam, R., & Andi Latif, S. (2023). Health Education About Mothers' Knowledge of Diarrhea in Toddlers. Social Friends: Journal of Community Service, 1(2), 56–58. <https://doi.org/10.59585/sosisabdimas.v1i2.32>
- Hariyono, Widodo. (2013). Analysis of Readiness for Accreditation in Administrative and Management Services at the Rajawali Citra General Hospital, Bantul Regency (Comparative Study of Hospital Accreditation in the K3B. KESMAS Services Sector, Vol. 7, No. 2, September 2013, pp .55~116.
- Ida Ayu Nur Faiza, Rawi Miharti. (2016). Descriptive Study of Preparation of 2015





- Community Health Center Accreditation Documents Concerning Code Standardization at Nanggulan Kulon Progo Community Health Center. Journal. Gadjah Mada University
- Indonesian Ministry of Health. (2014). Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 Center for Public Health. In Ministry of Health (p. 1-136)
- Betan, A., Musiana, M., Wisma Sari, S., Efendi, E., Badaruddin, B., Fredy Saputra, MK, & Arfah, A. (2023). Description of JKN Patient Satisfaction with the Quality of Dental Health Services in Hospitals. *International Journal of Health Sciences*, 1(1), 26–29. <https://doi.org/10.59585/ijhs.v1i1.48>
- Lira, A., Pannyiwi, R., Sima, Y., Kurniawati, K., & Rahmat, RA (2022). PKM Blood Donation. *Social Friends: Journal of Community Service*, 1(1), 1–4. <https://doi.org/10.59585/sosisabdimas.v1i1.3>
- Nuryati. S. (2016). Evaluation of the Implementation of the ISO 9001:2008 Quality Management System in the Sleman Regency Regional Health Center. *Journal of Medicoeticolegal and Hospital Management*, 6(2), pp. 140-157.
- Profile of the Sampara Health Center, Sampara District, Konawe Regency, 2017
- Rizcarachmakurnia Nafizta, daughter of Asmita Wigati and Ayun Sriatmi. (2017). Analysis of Workload and Needs for Nursing Personnel at the Poncol Health Center, Semarang City. *Public Health Journal (E-Journal) Volume 5, Number 3, July 2017: 23-32.*
- Rondo Tirzanny V. M., FJO Pelealu, and Franckie RR Maramis. (2013). Analysis of the Health Information System at the Southeast Minahasa District Health Center.
- Shamsuddin. (2017) Application of Management Functions in Improving the Quality of Education. *Idarah Journal* 1(1), pp. 62-78.
- Purnamaningsih, ER (2018). Efforts to Increase Community Health Center Accreditation to the Main Level at the UPTD Gombong II Community Health Center Unit. Thesis, pp. 1-87.
- Wardani.R. (2017). Analysis of Patient Satisfaction in View of the Quality of Health Services After Plenary Accreditation, Kars Version 2012. *Wiyata Journal*, Vol. 4 No. 1 of 2017.
- Resti Wijayanti, FE, HB, E., Ratu, M., Arfah, A., Hartati, A., & Werdyaningsih, E. (2022). Factor Analysis of the Implementation of Nursing Care Standards in Community Health Center Inpatient Rooms. *Barongko: Journal of Health Sciences*, 1(1), 47–49. <https://doi.org/10.59585/bajik.v1i1.39>
- Wahidah, W. (2020). The Effect of Environmental Therapy on the Level of Dependence in Depressed Elderly at BSLU Meci Angi Bima. *Barongko: Journal of Health Sciences*, 1(2), 107–115. <https://doi.org/10.59585/bajik.v1i2.124>

