Stakeholders’ perspectives of factors that enable primary health center accreditation in eastern Indonesia

Diyan Ermawan Effendi1*, Irfan Ardani1, Arief Priyo Nugroho1, Jenny Veronica Samosir1

1Center for Humanities and Health Management, National Institute of Health Research and Development, Ministry of Health of Indonesia

*Corresponding author:
Diyan Ermawan Effendi
Jl. Percetakan Negara No. 29, Jakarta
Phone numbers: +62-81234026863
Facsimile numbers: +62-21-42871604
E-mail address: diyaneffendi@outlook.com

Abstract

Background: *Puskesmas*, or primary health center (PHC) accreditation, is a program that was implemented by the Indonesian Ministry of Health to improve the quality and safety of primary healthcare centers. However, there is very little evidence to either support or criticize the effectiveness of accreditation. Most regions in the eastern part of Indonesia have scant resources, and, as such, PHC accreditation is becoming increasingly challenging in these areas. Therefore, a proper strategy is needed for PHC accreditation to be implemented successfully. Aims: This study aims to identify the factors that enable effective PHC accreditation implementation in eastern Indonesia. Settings and Design: Data were collected in Ambon City, the capital of Maluku Province, in September 2019. Methods and Material: In-depth interviews and focus group discussions were administered with directors of PHCs, sub-district mayors, top managers of the City of Ambon’s health department, and other relevant stakeholders. Strategies for implementing PHC accreditation were explored through data collection. The data were analyzed thematically to extract strategies for effective accreditation implementation. Results: Five factors were identified as essential to the effective implementation of PHC accreditation: (1) accreditation is aligned with other regulations; (2) accreditation is well-planned and uses a set of relevant standards; (3) accreditation is supported by the PHC director’s leadership, thus promoting quality health services; (4) the accreditation program is accepted by health professionals; and (5) the accreditation program is supported by other government bodies. Conclusions: Most PHCs in the City of Ambon have successfully implemented accreditation. The accreditation program’s implementation should focus on the five factors revealed by this study to increase the likelihood that accreditation programs will be implemented successfully.

Annals of Tropical Medicine & Public Health  http://doi.org/10.36295/ASRO.2021.24185
Keywords: Accreditation, enabling factors, primary health center, quality health services

Key Messages:
This study emphasizes the importance of PHC accreditation as a first step toward improving the quality of health services related to primary care. PHCs should focus on the strategies for effective accreditation implementation that are described in this study.


Introduction

Accreditation is a standardized system that was initially intended to improve service quality in referral health facilities. However, the evidence supporting the effectiveness of accreditation remains weak. A previous study reported no significant differences between health facilities that underwent accreditation and their counterparts in terms of their efficiency. Accreditation has been introduced to enhance the quality of health services in primary care. However, accreditation in primary health care settings is still limited to high income (and a few middle-income) countries. In developed nations, accreditation emphasizes the evaluation and improvement of quality and safety, clinical effectiveness, staff development, patient knowledge, and accountability. Meanwhile, owing to shortages of finances and other resources, accreditation in developing countries focuses on health infrastructure development and access to health facilities.

Indonesia adopted accreditation for primary health centers (PHCs) in 2015. PHC accreditation in Indonesia aims to improve service quality and patient safety and increase the protection provided to health workers, communities, and the environment. PHC accreditation is also designated to improve individual health services and public health. The Indonesian Minister of Health Regulation Number 46 of 2015 states that all PHCs must be accredited. However, various obstacles have hindered the application of accreditation in several regions throughout Indonesia. These obstacles include a lack of commitment and support from stakeholders, limited financial resources for meeting accreditation standards, a lack of human resources for specific competencies, a poor understanding of the concept of accreditation, insufficient planning, and inefficient time management.

In eastern Indonesia, where most regions have low to middle fiscal capacities, it is becoming increasingly challenging to implement accreditation practices. Therefore, a proper strategy is needed.
to achieve successful implementation. This study aims to identify the factors that enable effective PHC accreditation implementation in eastern Indonesia.

**Subjects and Methods**

The data used in this qualitative study were collected in Ambon City, the capital of Maluku Province, in September 2019. Ambon was chosen because most PHCs in this city have successfully implemented accreditation programs. Also, of all the cities in eastern Indonesia, Ambon has the most PHCs accredited with the highest predicate. Therefore, it is worthwhile to examine the strategies employed by these PHCs and the Ambon health department so that accreditation can be implemented successfully.

A series of in-depth interviews were conducted with the Ambon health department’s top managers. Furthermore, a focus group discussion (FGD) was administered with PHC directors, staff, and other relevant stakeholders such as sub-district mayors and village apparatus members. The interview and FGD were audio-recorded and transcribed verbatim. The textual data were then analyzed based in part on the accreditation implementation strategies found in the existing literature.[1,7–9]

**Ethics approval**

The ethical clearance of this study was obtained from the Ethics Research Committee, National Institute of Health Research and Development, Ministry of Health of Indonesia (LB.02.01/2/KE.173/2019) and all participants signed an informed consent form prior to their participation.

**Results**

**Accreditation is aligned with other regulations**

In Indonesia, synchronizing and harmonizing central and regional regulations are crucial to the successful implementation of PHC accreditation. Law Number 36 of 2009 (concerning health), the Regulation of the Minister of Health Number 75 of 2014 (concerning PHC), and the regulation of Minister of Health Number 46 of 2015 (concerning PHC accreditation) serve as the legal basis for the implementation of PHC accreditation at the national level in Indonesia. The three regulations at the central level mandate the delivery of safe, high-quality primary health services. In Ambon City, the regulations at the central level were adopted as part of the regional policy of Mayor Regulation Number 24 of 2019, which concerns the structure, duties, and functions of PHC. As one of the Ambon health department participants illustrated, "In Ambon City, the key to organizing PHC accreditation is
the harmonization of regulations. The existing regulations at the central, provincial, and city government levels are harmonious and support improvements in the quality of health services at PHC through accreditation. Ambon City has implemented Mayor Regulation Number 24 of 2019, which concerns all PHCs in the city. This regulation is in line with the regulations at the central level – namely, Law Number 36 of 2009 and Minister of Health Regulation Number 75 of 2014. These regulations mandate the delivery of quality and safe primary health services. We implement this regulation through the PHC accreditation, which is carried out according to the Minister of Health’s direction in Regulation Number 46 of 2015.”

Moreover, the National Health Insurance Administration (Health BPJS) regulations require all PHCs to be accredited. The accreditation predicate of a PHC determines the amount of capitation received from Health BPJS. Thus, it can be concluded that the existing regulations have supported the implementation of PHC accreditation. The following interview excerpt from informants illustrates this condition: “Health BPJS sets accreditation as one of the credentialing requirements for PHC that will partner. The accreditation predicate also determines the amount of incentive received. The better the predicate, the higher the incentive.”

**Accreditation is well-planned and uses a set of relevant standards**

The second important point related to the implementation of PHC accreditation in Ambon City is good planning and the use of relevant standards. The health department of Ambon City made a roadmap by which all PHCs are to be accredited every year. Preparations are made based on this roadmap. As one informant from the health department explained, “It is essential to plan carefully. At the city health department, we make a roadmap for PHC accreditation. From there, we start to make preparations.” Preparations were carried out for a maximum of one year before the accreditation audit. According to the accreditation audit locus, the PHC established three working groups – namely, individual health efforts, public health efforts, and administration-management. The three working groups were assisted intensively by a team from the Ambon health department. One PHC director explained that “once we learned that our PHC was selected, we formed working groups, one for individual health efforts, one for public health efforts, and one for administration-management.”

The Ambon City health department also provided regular training on the accreditation procedures, inviting facilitators from the Ministry of Health to participate. The training was conducted to improve PHC staff’s understanding of the accreditation requirements and procedures, thus allowing them to prepare for accreditation appropriately. As illustrated by one health department participant, “We invite speakers from the Ministry of Health to provide training so that the PHC staff can learn more about the accreditation process and the standards that have to be met.”
In addition to thorough preparation, the accreditation of a PHC also needs to be supported by clear accreditation standards. In Indonesia, accreditation standards are prepared by the primary health facility accreditation commission as established by the Ministry of Health and outlined in the PHC accreditation instrument. It is crucial that a common understanding is reached between the PHC and the surveyors about the accreditation standards. Thus, inter-rater reliability was an issue that needed to be solved so that PHCs could achieve the highest accreditation predicate.

One PHC informant’s statement illustrates this phenomenon: “One of the obstacles we encountered was the difference in the interpretation of standards on the accreditation instrument between the PHC and the surveyors. We often encounter differences in assessments made by different surveyors, even though the objects being assessed are the same. The ratings of surveyor one and surveyor two are often very different. These kinds of obstacles confuse us and prevent PHCs from receiving high scores”.

One of the causes of the differences between surveyors’ assessments is differences in surveyors’ areas of origin. For example, surveyors from areas with sound health systems such as East Java tend to have stricter standards than surveyors from eastern Indonesian regions such as Maluku.

**Accreditation is supported by the PHC director’s leadership, thus promoting quality health services**

The PHC director’s commitment to promoting quality health services is an essential asset that promotes accreditation implementation. One of the Ambon City health department informants explained the influence of the PHC director’s leadership in achieving accreditation as follows: “Accreditation depends on the director’s commitment. If he has a strong commitment to providing quality services, then accreditation will also be robust. On the other hand, if the director has an inadequate commitment, the accreditation predicate will also be poor.”

Although several informants reported constraints related to small budgets and a lack of human resources, these constraints could be overcome by the PHC director’s leadership. As one informant from the health department stated, “The problems faced by each PHC are almost the same, namely the lack of a budget and human resources. Nevertheless, with a strong commitment from the PHC director, these obstacles can be overcome. Several PHC directors have issued decrees regarding voluntary donations from staff to compensate for the lack of an accreditation budget.” Most of the budget used to cover accreditation expenses were deducted from the special allocation funds. However, the number of special allocation funds was not sufficient. One of the solutions to this problem was to collect voluntary donations from staff. Without adequate leadership from the PHC director, such a solution would be impossible.
A strong commitment from the PHC director was also shown to foster motivation among health professionals at the PHC to implement accreditation practices and provide quality services continuously. An informant from the PHC explained this, stating that “our PHC director is very concerned and passionate about improving service quality, and so at the time of accreditation, we were also motivated. After the accreditation audit was completed, [the director] continued to emphasize maintaining the quality of service.”

After the PHC was accredited, monitoring and evaluation processes were carried out to maintain the accreditation values. In Ambon City, monitoring was carried out collaboratively by PHC and the city health department. After the accreditation process was completed, the PHC director created an internal quality audit team. This team ensures that the quality of health services and management continues to improve through accreditation. Post-accreditation audits and monitoring were performed quarterly, with reports given in regular evaluation meetings involving multi-sectors. As pointed out by one PHC research participant, “There is an internal audit team in the PHC. They work to maintain the quality achieved through accreditation. They publish their findings in regular quarterly meetings involving cross-sectors, including the sub-district government and village apparatus.”

The accreditation program is accepted by health professionals

Firm acceptance from health professionals was another factor that enables the implementation of PHC accreditation. Good acceptance fostered volunteerism when implementing accreditation. As explained by a participant from the health office, “Health workers such as midwives, nurses, doctors, and dentists, have outstanding acceptance of accreditation. Without their support, accreditation cannot be carried out.” This acceptance was reflected in health workers’ willingness to spend time and use personal property to prepare for accreditations. One PHC informant described this phenomenon as follows: “When we were preparing for accreditation, we often had to work overtime to prepare. Aside from that, we usually use our personal laptops because those at the PHC are not adequate.”

Good acceptance was also reflected in terms of workers’ understanding of the accreditation process and their belief that accreditation benefits health service quality and safety. As conveyed by one following informant, “The essence of accreditation is to write what you do and do what you write. After accreditation, there were many improvements to be made, especially in terms of the quality of facilities and staff discipline. Community trust and satisfaction have also been increased. This can be seen from the increasing visits to the PHC and the decreased number of complaints.”
The accreditation program is supported by other government bodies

Support from other government bodies was also essential to the success of accreditation implementation. Cross-sectoral support for implementing PHC accreditation was demonstrated by cross-sectors officials’ involvement in discussing public health issues throughout the monthly mini-workshop meetings. The sub-district government helped to improve PHC services by providing updated population data. Moreover, the sub-district government also allocated budgets for health-related community empowerment. One sub-district staff explained that “we cannot allocate a budget that directly supports the PHC, but we can allocate funds for community empowerment programs related to health such as education on environmental hygiene.”

The importance of multi-sector support was also emphasized by one PHC informant’s statement: “Cross-sectoral support is vital for accreditation’s success. If there was no support from them, it would be challenging. In the monthly mini-workshops, cross-sectoral bodies, such as the sub-district government, play a role in providing input into public service problems in the health sector. The sub-district government also offers support by providing population data updates.”

Discussion

Various studies have investigated the effect of PHC accreditation on enhancing health care quality and safety. However, research on the effectiveness of implementation strategies in eastern Indonesia is rare.\textsuperscript{[10,11]} This study contributes to the literature on PHC accreditation implementation strategies in regions of Indonesia with limited resources such as Ambon. The findings are compiled in the conceptual model below (Figure 1).
Legal factors are the most crucial aspect of policy implementation. The Health Law in Indonesia does not textually specify accreditation as the only type of effort that should be made to improve the quality of health services in primary care, including PHCs. However, accreditation could have a robust legal basis, considering that the overarching goal of accreditation is to improve the quality and safety of health services. This study indicated that the current regulations introduced by the central government are aligned with regulations at the provincial and city levels. In other words, regulations related to accreditation do not appear to overlap or conflict with each other. This finding corroborates the results of previous studies.\(^{[7,12]}\)

The successful implementation of accreditation cannot be separated from adequate planning. This research found that the Ambon City health department drew up a roadmap related to the health centers that are accredited and re-accredited. The roadmap was prepared based on the capacity of the PHCs. PHCs with sufficient financial resources, human resources, and facilities were listed at the top of the roster. Hence, PHCs with lower capacities had extra time to prepare for accreditation. The preparation involved training sessions designed to raise staff's understanding of the accreditation process and how to fulfill the requirements. These sessions comprised lessons on buildings, medical equipment, human resources, and paperwork. All of these components had been standardized in the accreditation instrument. However, policymakers at the central level should be concerned with issues related to inter-rater reliability. The standards that should be the same were interpreted differently.
between surveyor one and surveyor two. The inter-rater reliability issue does not occur only in Indonesia but also in developed countries such as Australia.\(^7,8\)

Similar to previous research, this study revealed that strong leadership is a vital enabling factor that improves health service quality.\(^{4,13}\) The director of PHC, who prioritized health services’ quality and safety, was a valuable asset for implementing accreditation in PHCs.\(^{1,7,14}\) With strong leadership from the PHC director, barriers such as monetary deficits, inadequate facilities, and human resources shortages could be overcome. Informants agreed that the director of the PHC should be committed to allocating available resources for accreditation.

At the implementor level, health workers demonstrated good acceptance of PHC accreditation. They believed that accreditation increases staff performance, improves facilities and infrastructure, and fosters patient satisfaction. The acceptance of health professionals increases the likelihood that accreditation will be successfully implemented; this is because the acceptance and commitment of the implementer at the street level of bureaucrats affects the success and achievement of a policy.\(^7,8,15\)

Support from related government bodies is also critical in implementing accreditation. Each region in Indonesia has different sociocultural characteristics and fiscal capacities. Because of this, the development priorities related to health may vary from one region to the next. Although Indonesia implements decentralized governance, fiscal authority is still firmly held by the central government.\(^{16}\) Decentralization in Indonesia is still practicing politicized national budget transfer.\(^{17}\) These conditions make local governments very political and dependent on figures resulting from local elections.\(^{18,19}\)

Often, the local authorities pay more attention to curative efforts since they have an immediate and measurable impact, whereas public health efforts do not. In the Indonesian context, public health efforts are one of the core businesses of PHC. Hence, in provinces and cities where the local authorities have no political interest in PHC, accreditation has become problematic. In such situations, timely and close communication with related stakeholders – including government bodies and NGOs – is crucial to gaining trust and support.\(^{20}\)

One of the limitations of this study is that the results of qualitative research cannot be generalized. The informants who participated in this study were government officials who could give desirable (but false) answers about accreditation as part of government policy. The effective accreditation implementation strategies found in this study remain the participant’s perception without further research on the patient outcome. However, this study’s results could prompt further quantitative analysis on a larger scale.
Conclusion

This study emphasizes the importance of accreditation as a first step toward improving the quality of health services in PHCs. However, PHC accreditation is extremely challenging in regions with scant resources (which is the case for most provinces in eastern Indonesia). Ambon is an Indonesian city in which most PHCs are successfully undergoing accreditation. Enabling factors include regulatory support, good planning, leadership, good disposition of health professionals, and collaboration between government agencies. This study suggests that PHCs in regions whose fiscal, social, and cultural characteristics are similar to those of Ambon should focus on these five factors to ensure effective PHC accreditation. Finally, this study suggests that the Ministry of Health of the Republic of Indonesia should tackle the issue of inter-rater through surveyor calibration.

Acknowledgment

The researchers would like to thank the National Institute of Health Research and Development, Ministry of Health of Indonesia, for making this study possible.

References


