

Implementation of Minimum Service Standards (SPM) in the Field of Tuberculosis Health Services in Demak District

Luthfiyatul Mustafidah*, Ida Herwati*, Jennyla Puspitaning Ayu*, Muhasim*

* Sekolah Tinggi Ilmu Kesehatan Kepanjen, Malang Indonesia

DOI: 10.29322/IJSRP.12.07.2022.p12711
<http://dx.doi.org/10.29322/IJSRP.12.07.2022.p12711>

Paper Received Date: 9th June 2022
Paper Acceptance Date: 26th June 2022
Paper Publication Date: 6th July 2022

Abstract- Productivity employee Becomes the center of attention to increase performance that can give influence to efficiency and effectiveness organization. Achievement of work targets field of Health in Thing this refers to the SPM that has been set. According to Edward, the achievement of performance targets could be influenced by the variables of communication, resources, disposition, and structure bureaucracy, which 4 variables the Becomes guidelines discussed in the study. The type of research used in this research is research descriptive by using a qualitative approach, carried out by taking a portrait of the social situation which is then examined through. Research results show that the variables of communication, resources, disposition, and structure of bureaucracy give influence to quantity and quality performance of officer tuberculosis services in applying standard minimal service to society.

Index Terms- Minumum Service Standards (SPM), Implementation, Tuberculosis Health Services

I. INTRODUCTION

Based on Minister of Health Regulation (Permenkes) Number 4 of 2019 concerning Standards Technical Fulfillment of Basic Service Quality at Minimum Service Standards in the Field Health. Service health sued to implement the provisions of Article 6 paragraph (6) of the Regulation Government Number 2 of 2018 concerning Minimum Service Standards.¹

Minimum Service Standards (SPM) in the health sector are used as a benchmark for the performance of health services organized by the regions to ensure and support the implementation of authority. So that in this case the management of the Puskesmas can be measured by the achievements that have been determined by the SPM related to the quality of services provided to the community.

about quality service, then one _ factor important necessary _ noticed is related with performance, where effort enhancement Health services can be measured through enhancement performance with notice quantity and quality achievements good in Duty individual nor organization. So that the service outcome The health center that will be achieved if performance conducted with good is enhancement degrees health Public can be fulfilled.²

Productivity employee Becomes the center of attention in the effort to increase influencing performance _ efficiency and effectiveness organization. More analysis _ concentrating on performance will emphasize two factors main that is motivation from employees and abilities from an employee for work. Siriyei's research shows that several factors influence the low achievement of Minimum Service Standards (SPM) in the Health sector, including training, workload, teamwork, availability of funds, facilities and infrastructure factors, and the planning process.³

one _ type of mandatory service _ that apply standard minimum service is tuberculosis health services. TB cases in Central Java province rank third with the highest number of TB cases after West Java and East Java from all provinces in Indonesia. TB cases in Central Java in 2017 reached 42,272 cases consisting of 23,500 cases (55.59%) in men and 18,772 cases (44.41%) in women. One of the strategies for achieving SPM at the provincial level is that all programs and activities must support the achievement of SPM for Provincial Health. There are 12 indicators of SPM achievement, all of which are targeted at 100%. The province's performance achievement for health services for people with suspected TB in 2018 reached 88.41%, in 2019 it reached 81.01 %, and in semesters 1-20-20, it reached 32.71 %. These achievements indicate that health services have not been carried out optimally.^{4,5}

The role of organizational performance, in this case, is important to support the achievement of the established health sector SPM targets, to strengthen the implementation of community health efforts to achieve the goal of increasing the community's health status. It is necessary to conduct a study on the performance of tuberculosis service workers to improve the quality of the roles and functions

of the SPM in the field of Health and as a socialization material for the Demak Regency government in implementing health service standards at the Demak Regency Health Center.

II. IDENTIFY, RESEARCH AND COLLECT IDEA

The type of research used in this research is research descriptive by using a qualitative approach, carried out by taking a portrait of the social situation which is then examined through. The data collection method uses the condition method natural with primary data sources and secondary data sources.⁶ The unit of analysis of this research is the working group of Puskesmas in Demak Regency. The research population was the working group of the puskesmas holding the tuberculosis program, laboratory officers, and health promoters in Demak Regency.

III. RESULTS

In the framework of implementing the SPM in the health sector, a Technical Standard for the Application of SPM is prepared which explains the operational steps for achieving SPM in the Health Sector at the Provincial/Regency/City level as a reference for local governments by taking into account the potential and capabilities of the region. SPM will also function as an instrument to strengthen the implementation of Performance-Based Budgeting. Law Number 23 of 2014 also mandates local governments to prioritize regional spending to fund mandatory government affairs related to basic services as stipulated by the SPM (article 298). The allocation of the Special Allocation Fund (DAK) to the regions will be based on regional needs for the achievement of SPM targets. Regions with less resource capacity will be a priority in the allocation of DAK.⁷

The things mentioned above will make all elements unite to improve together towards achieving the SPM targets, including the fulfillment of health human resources, especially at the Puskesmas level according to Permenkes Number 43 of 2019 concerning Community Health Centers. Puskesmas as a first-level health service facility will be the leading unit in the effort to achieve SPM targets.⁸

The achievement of the low SPM target greatly affects the achievement of Minimum Service Standards in the Health Sector. One of the areas affected by the high number of TB cases as one of the targets for achieving SPM is Demak Regency. Demak Regency is one of the areas in Central Java that has not yet reached the predetermined target for health services for people suspected of TB. Based on the 2016 Health Service SPM achievement data for basic health services from 12 indicators, 2 indicators do not meet the target, namely the coverage of infant visits 98.41% (target 99.80) and the discovery of new patients with smear-positive TB 30.71% (target 100%).⁹

Patient discovery is the first step in the implementation of TB services. Patient discovery activities consist of the screening of suspects, diagnosis, determination of disease classification, and patient type. The guidelines for the TB patient discovery strategy are as follows:¹⁰

1. The discovery of TB patients is done passively with active promotion. Screening of suspected patients is carried out in the health service unit, supported by active counseling, both by health workers and the community to increase the scope of finding suspected TB patients.
2. Examination of contacts of TB patients, especially those who are smear-positive and the families of children suffering from TB who show the same symptoms should be examined for sputum
3. Active house-to-house discovery is not considered cost-effective

Based on the agreement on the FGD of tuberculosis experts chose the discovery of suspected tuberculosis patients in the form of coughing up phlegm for more than 2 weeks whose cause could not be explained. whereas in children there is a history of contact with patients diagnosed with tuberculosis as a sub-indicator of finding tuberculosis patients. The difference between finding suspects in children from adults is that the method for finding suspects in adults is not applicable when applied to children. This method of finding suspected tuberculosis patients in children has not been accommodated in the existing tuberculosis control policies.

Demak Regency has 27 Puskesmas units spread over 14 sub-districts in Demak Regency, of the 27 Puskesmas units that have implemented health services based on the established SPM, only 1 puskesmas unit has achieved the SPM target on the percentage of TB suspects with a percentage of achievement of 106%.¹¹

NAMA PUSKESMAS	JUMLAH PENDUDUK	Tahun 2019										CDR	CNR
		Sasaran Suspek	Capaian Suspek	% Capaian Suspek	Capaian BTA +	Capaian BTA -	Capaian Anak	Capaian Ekstra Paru	Target Total Kasus	Capaian Total Kasus			
PUSKESMAS BONANG I	57.916	618	336	54%	63	0	1	115	65	56,8	112,2		
PUSKESMAS BONANG II	45.305	484	314	65%	32	5	4	90	42	46,9	92,7		
PUSKESMAS DEMAK I	31.609	338	257	76%	62	0	2	63	64	102,4	202,5		
PUSKESMAS DEMAK II	37.192	397	257	65%	34	10	1	74	45	61,2	121,0		
PUSKESMAS DEMAK III	33.148	354	155	44%	24	9	2	66	26	39,7	78,4		
PUSKESMAS DEMPET	53.870	575	345	60%	41	0	0	107	42	39,4	78,0		
PUSKESMAS GAJAH	25.472	272	287	106%	36	6	3	0	50	45	89,3	176,7	
PUSKESMAS GAJAH 2	18.354	196	165	84%	14	13	7	2	36	36	99,2	196,1	
PUSKESMAS GUNTUR I	41.542	444	235	53%	24	2	3	0	82	29	35,3	69,8	
PUSKESMAS GUNTUR II	36.646	391	291	74%	24	1	0	0	72	25	34,5	68,2	
PUSKESMAS KARANG TENGAH	63.767	681	265	40%	32	18	1	2	126	53	42,0	83,1	
PUSKESMAS KARANGANYAR I	31.379	335	240	72%	46	18	6	0	62	70	112,8	223,1	
PUSKESMAS KARANGANYAR II	39.821	425	291	68%	37	2	3	2	79	44	55,9	110,5	
PUSKESMAS KARANGAWEN I	41.771	446	156	35%	17	8	4	0	83	29	35,1	69,4	
PUSKESMAS KARANGAWEN II	49.353	527	326	62%	33	10	12	2	98	57	58,4	115,5	
PUSKESMAS KEBONAGUNG	40.849	436	243	56%	34	6	2	0	81	42	52,0	102,8	
PUSKESMAS MIJEN I	27.461	293	193	66%	13	10	2	1	54	26	47,9	94,7	
PUSKESMAS MIJEN II	23.844	265	194	73%	22	15	3	1	47	41	87,0	172,0	
PUSKESMAS MRANGGEN I	66.700	712	425	60%	43	1	14	0	132	58	44,0	87,0	
PUSKESMAS MRANGGEN II	54.047	577	243	42%	27	6	14	2	107	49	45,8	90,7	
PUSKESMAS MRANGGEN III	73.377	784	272	35%	26	7	21	2	145	56	38,6	76,3	
PUSKESMAS SAYUNG I	57.767	617	165	27%	27	8	0	2	114	37	32,4	64,1	
PUSKESMAS SAYUNG II	49.757	531	191	36%	25	5	15	0	98	45	45,7	90,4	
PUSKESMAS WEDUNG I	42.252	451	381	84%	40	39	22	4	84	105	125,7	246,5	
PUSKESMAS WEDUNG II	30.892	330	314	95%	11	62	3	2	61	80	131,0	259,1	
PUSKESMAS WONOSALAM I	45.062	481	197	41%	12	31	0	0	89	43	48,3	95,4	
PUSKESMAS WONOSALAM II	32.273	345	308	89%	44	2	3	1	64	50	78,3	154,9	
TOTAL	1.151.421	12.296	7.066	57%	843	285	150	26	2.277	1.304	57,3	113,3	

Figure 1. Demak Regency TB Indicator achievement report 2020

Data above shows 26 Puskesmas units have not reached the SPM target in 20-20 with the lowest percentage of TB suspects achieving 27%. This shows that the local government and the health office as institutions in charge of health services need to be more serious in paying attention to improving SPM achievements, especially services for people suspected of TB in the Demak Regency.

The process of implementing service activities is not only carried out by a team of TB service officers, but also coordinates with midwives, nurses, and lab staff. Activities are also usually carried out in conjunction with Posbindu and Posyandu activities as well as closer monitoring of the community through village midwives. The results of the study related to the obstacles experienced during the implementation of service activities, from Puskesmas A complaining about the actions of the community that was less supportive of the service program, while Puskesmas B complained about the demographic conditions of the Puskesmas area which made it difficult for officers to reach the entire community in the Puskesmas working area.

A. Implementation variable of SPM in the field of Health

Interview results deep show that most _ officer implementing SPM in the health sector for tuberculosis services has not yet known about technical program implementation. Meeting level service is delivered only one time by head service when beginning program release.

Communication has not been running properly, there is no further discussion of the results of the socialization by the program-related services. The communication between the manager and the Puskesmas executor has been conveyed only once, technically the program has never been conveyed, so that we Puskesmas as implementers in the field are confused...and the SPM program this there is under shade government area, so that difficult for us to provide control over the program.(Informan)

The results of in-depth interviews with informants at Puskesmas A stated that at the beginning of 2017 the implementation of TB services at the Puskesmas was carried out with limited Puskesmas resources, both manpower, and finance. However, with the enthusiasm and persistence of the head of the Puskesmas and the Puskesmas officers, the service implementation can be passed well. Rewards are given not in the form of material but with thanks and doing activities together, for example holding a meal together. The triangulation informant also conveyed the same thing. Excerpts from interviews with informants at Puskesmas A are revealed in the narrative

Human resources and infrastructure are met, and equipment is also complete, entries there are also human resources, yes, they must be fulfilled, because these human resources affect the effectiveness of our work...the available funds are also sufficient, some are from the BOK..and when the rewards are in the form of thanks, motivation, and usually there is also a meal together.(Informan)

Data from in-depth interviews with informants related to workloads show that the workload received by Puskesmas A and Puskesmas B in 2021 is increasing, Puskesmas A which in 2020 has achieved the target has also experienced a high workload buildup, addition to, In addition, the existence of multiple positions also affects the achievement of SPM achieved, this dual position is experienced by members of the TB service team who do not only focus on TB services but also other services. Meanwhile, Puskesmas B, which has not yet reached the target in 20-20, revealed that Puskesmas B will continue to work hard to achieve the set SPM targets. Even so, both Puskesmas A and Puskesmas B are required to continue to innovate in dealing with the problems faced by each Puskesmas. As quoted from the interview in the narrative in the box below:

Our target has been achieved last year, but because this year the workload is getting higher, we can only keep trying, right, because there are many double positions and double jobs, so the obstacle is that there are many human resources holding program..(Informan)

According to Huey and Wickens, identification of workload transitions is important to examine the effect of variations on employee performance, because the workload has important implications for many jobs, especially when employees are faced with various levels of workload.¹²

Data from in-depth interviews with informants related to structure bureaucracy shows that both Puskesmas A and Puskesmas B have non-routine supervision, supervision is usually done when there is a TB cadre meeting, but the conditions are different. When Puskesmas B complains about the *job description* given to nurses because team members who work as nurses also have activities other than the focus on TB service activities organizational performance becomes hampered. Conversation review with the informant attached in the box:

Supervision must be there, it's just not routine, the Department also always conducts monitoring and evaluation, giving guidance too, so if our job description is appropriate, there are already experts in the team, there are nurses, TB programmers, and lab analysts. It is following the qualifications and performance of each...(Informan)

According to Farouhi, through the organizational structure, operational activities and activities within the organization can be accounted for through the authority that has been determined. So in this case the organizational structure is a manifestation of systematic thinking.¹³

B. Discussion

An instrument for the community to exercise control over government performance in public services in the health sector. The achievement of the low SPM target greatly affects the achievement of Minimum Service Standards in the Health Sector. One of the areas affected by the high number of TB cases as one of the targets for achieving SPM is Demak Regency. Demak Regency is one of the areas in Central Java that has not yet reached the predetermined target for health services for people suspected of TB. Based on the

2016 Health Service SPM Achievement data for basic health services from 12 indicators, 2 indicators do not meet the target, namely the coverage of infant visits 98.41% (target 99.80) and the discovery of new patients with smear-positive TB 30.71% (target 100%).¹¹

There are 3 (three) sub-indicators of TB disease control that can be used as SPM indicators:¹⁴

1. Discovery indicators; the discovery of a suspected TB patient in the form of coughing up phlegm for more than 2 weeks whose cause cannot be explained. While in children there is a history of contact with patients diagnosed with TB
2. Handling indicators; success rate 90% with a minimum cure rate of 85%
3. Surveillance indicator; the level of validity of recording and reporting according to standards.

Demak Regency has 27 Puskesmas units spread over 14 sub-districts in Demak Regency, of the 27 Puskesmas units that have implemented health services based on the established SPM, only 1 puskesmas unit has achieved the SPM target on the percentage of TB suspects with a percentage of achievement of 106%.¹⁵

The process of implementing service activities is not only carried out by a team of TB service officers, but also coordinates with midwives, nurses, and lab staff. Activities are also usually carried out in conjunction with Posbindu and Posyandu activities as well as closer monitoring of the community through village midwives. The results of the study related to the obstacles experienced during the implementation of service activities, from Puskesmas A complaining about the actions of the community that was less supportive of the service program, while Puskesmas B complained about the demographic conditions of the puskesmas area which made it difficult for officers to reach the entire community in the puskesmas working area.

Communication variables in the implementation of SPM in the health sector for tuberculosis services show that executor activity not yet whole get information related SPM policy, community user no service yet get clear information about the program and technical implementation by comprehensive, content information submitted not yet could be understood by the public with clear.

Convenience access is a factor important in implementation policy. Likewise with some theory implementation delivered by experts disclose that communication is part important in implementation policy. Program information can be is known to target users through communication. The executor could carry out the program with good if supported by an effective communication process.

This thing under theory presented by George C. Edward III, that policy could be held with good if occur effective communication between-group program implementers and with group target (target group).¹⁶ Requirements first for implementation effective policy is executor doing decision continued policy to personnel executor.

Human resources are still a problem in policy implementation, in this case, it is similar to the research on the PSC (Public Safety Center) 119 Innovation Information System Analysis with the Pieces Method at the Boyolali District Health Office conducted by Dwi Nurulita. get information, but performance is not optimal, information is not necessarily relevant, economical, supervision is good and the system is safe and efficient but human resources are still lacking, services provide good benefits but lack socialization to the community.¹⁷

The results of the interviews above show that the budget resources for the puskesmas unit are sufficient because the puskesmas has allocated its budget. However, the puskesmas unit has difficulties in operational budgeting because there is no additional budget from the Office so what happens is that the program implementation has not been running optimally, and operational cost difficulties have hampered the implementation of activities in the field.

According to Mazmanian and Sabatier in their theory, the success of implementation depends on the size of the allocation of financial resources for the policy. Financial resources are a crucial factor for every. social program. Each program also requires staff support to carry out administrative and technical work and monitor the program, all of which cost money.¹⁸

The results of the analysis of resources in the implementation of SPM in the health sector in Demak Regency are required to increase the fulfillment of the quality and quantity of HR implementing the puskesmas unit. The fulfillment of human resources is needed to reduce the high workload, supported by training to improve the ability of officers in handling emergencies. The resource factor is closely related to other factors, with sufficient human resources supported by good quality, the main tasks and functions can be carried out properly.

The results showed that the organizational structure as outlined in the SOP (Standart Operational Procedure) was accepted and carried out well by the implementing team, because of intense socialization carried out by the manager, sufficient support from personnel was the capital to carry out the task well. Limited human resources are an inhibiting factor in the implementation of SOPs. A lack of human resources will hinder the process of implementing activities.

The results of the discussion, show that the bureaucratic structure and SOPs influence each other with other factors. Clear SOPs are very important in correct operational actions so that program implementation can run as expected. The results of the analysis of the bureaucratic structure in the implementation of SPM in the health sector in Demak Regency, clarity of SOP is very important, clear work procedures, officers' understanding of the steps taken makes it easier to handle emergencies in the field, so handling errors can be minimized.

IV. CONCLUSION

From the results of the analysis, it can be concluded that the implementation of SPM in the health sector for tuberculosis services in Demak Regency has not been running according to the expected goals, the targets and program implementation are not running optimally. The results of the implementation of the SPM program in the health sector are less effective and efficient because there is a gap in the role of the team caused by a lack of coordination and communication from the beginning of planning, and resource

readiness has not been fulfilled, incompatibility of main tasks and functions, as well as technical socialization of activities and SOPs, have not been received by the implementer. Puskesmas units and there has been no evaluation action after the program has been implemented, so the team has difficulty in providing improvements to the results of program implementation.

REFERENCES

1. Kesehatan K. *Peraturan Menteri Kesehatan Republik Indonesia Nomor 4 Tahun 2019 Tentang Standar Teknis Pemenuhan Mutu Pelayanan Dasar Pada Standar Pelayanan Minimal Bidang Kesehatan.*; 2019.
2. Rifa M, Madjid U, Ismunarta. Implementasi Kebijakan Tentang Standar Pelayanan Minimal Bidang Kesehatan Di Puskesmas Garawangi Kabupaten Kuningan Provinsi Jawa Barat. *J Polit Pemerintah.* 2016;9(1):25-43.
3. Irenius Sิริyei RDW. Faktor Determinana Rendahnya Pencapaian Cakupan Standar Pelayanan Minimal Bidang Kesehatan di Puskesmas Mojo Kota Surabaya. *J Adm Kesehat Indones.* 2013;1(3):244-251.
4. Dinas Kesehatan Demak. *Laporan Standar Pelayanan Minimal Bidang Kesehatan Kabupaten Demak Tahun 2016.*; 2016.
5. Dinas Kesehatan Jateng. *Pencapaian SPM Bidang Kesehatan Provinsi Jawa Tengah.*; 2019.
6. Sugiyono. *Statistika Untuk Penelitian.* CV Alfabeta; 2017.
7. Pemerintah Republik Indonesia. *Undang-Undang Republik Indonesia Nomor 23 Tahun 2014 Tentang Pemerintah Daerah.*; 2014.
8. Kementerian Kesehatan. *Peraturan Menteri Kesehatan Republik Indonesia Nomor 43 Tahun 2019 Tentang Pusat Kesehatan Masyarakat.*; 2019.
9. Dinas Kesehatan Jateng. *Pencapaian SPM Bidang Kesehatan Kabupaten/Kota Di Provinsi Jawa Tengah.*; 2016. doi:10.1016/j.solener.2019.02.027
10. Dwi Laksono A, Dwi Astuti W, Waty E, Atto'illah. Kajian Standar Pelayanan Minimal Penyakit Tuberkulosis Terkait Indikator Millenium Development Goals (Review The Tuberculosis Minimum Health Service Standard Associated To Indicators Of Millinium Development Goals). *Bul Penelit Sist Kesehat.* 2012;15(April 2017):259-270.
11. Dinas Kesehatan Demak. *Laporan Standar Pelayanan Minimal Bidang Kesehatan Kabupaten Demak Tahun 2017.*; 2017.
12. Andoko A, Putri I. Pengaruh Supervisi Dan Sarana Prasarana Dengan Kinerja Perawat. *Malahayati Nurs J.* 2020;2(1):91-104.
13. Maulina I. *Pengaruh Kepuasan Kerja Dan Komitmen Organisasi Terhadap Kinerja Pegawai BPJS Ketenagakerjaan Cabang Pekanbaru.* Universitas Islam Negeri Sultan Syarif Kasim Riau; 2019.
14. Laksono A, Astuti W, Waty E, Atto'illah A. Kajian Standar Pelayanan Minimal Penyakit Tuberkulosis Terkait Indikator Millenium Development Goals. *Bul Penelit Sist Kesehat.* 2013;15(3 Jul):259-270.
15. Dinas Kesehatan Demak. *Profil Kesehatan Kabupaten Demak Tahun 2018.*; 2019.
16. Fadrianti FM, Darmawan ES, Masyarakat BK, Administrasi D, Kebijakan D, Masyarakat K. Sumber daya manusia dan manajemen organisasi dalam pelaksanaan upaya kesehatan masyarakat di dua kecamatan di Jakarta Timur Human resource and organizati onal capacity of public health pro-grams in two sub-districts of East Jakarta. *Ber Kedokt Masy.* 2018;34(5):221-229.
17. Darnoto, Nurlita D. PROSIDING-SEMNAS & CALL FOR PAPERS ANALISIS SISTEM INFORMASI INOVASI PSC (PUBLIC SAFETY CENTER) 119 DENGAN METODE PIECES DI DINAS KESEHATAN KA-BUPATEN BOYOLALI. *Pros - Semnas Call Pap.* Published online 2017:6-11.
18. Indriani I. Pengaruh kompetensi dan beban kerja terhadap kinerja pelaksanaan asuhan keperawatan pada bagian rawat inap rumah sakit umum dr slamet garut. *J Wacana Ekon.* 2018;17(2):025-032.