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# Factors Relationship of Accreditation Implementation with the Quality of Health Services in South Konawe District

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### ABSTRACT

**Introduction:** Health services are an important factor in improving health status. Accreditation data for community health centers in South Konawe Regency show that out of 25 public health centers, there are 6 community health centers (24%) with basic accreditation. This study aims to determine the relationship between the implementation of accreditation and the quality of health services at public health centers in South Konawe Regency in 2022.

**Method:** This type of research is quantitative, cross sectional study design. The population in this study were 288 health workers who served in 6 (six) community health centers with basic accreditation in South Konawe Regency and a sample of 73 people obtained by Proporsionate Stratified Random Sampling.

**Result:** The results of Fisher's exact test obtained p value (0.022) and phi (0.341) for the implementation of management administration. Then for the implementation of SMEs obtained p value (0.000) and phi (0.588) and the implementation of Individual Health Efforts obtained p value (0.000) and phi (0.572).

**Conclusion:** There is a relationship between the implementation of management administration, the implementation of public health efforts and individual health efforts with the quality of health services at the community health center in South Konawe Regency.

### Introduction

An important factor in improving health status is the health service itself, this is a factor in the welfare of all humans on earth. As one of the health facilities that provide health services to the community, the public health center has a very important role in obtaining public health degrees. public health center accreditation is one of the

methods to obtain quality health services. The community health center is a health service unit that carries out community health efforts and first-level individual health efforts, promotive and preventive efforts are still prioritized efforts in getting a better level of public health.<sup>[1]</sup>

Improving the quality of health services is carried out by performance and the application of risk management is carried out continuously at the

public health center, this can be seen from the results of accreditation. Accreditation is very necessary because it is carried out by external parties using standards set according to accreditation standards. Health centers are expected to be regularly accredited at least once in 3 years, as well as accreditation is one of the prerequisites for credentials as a first-level health service unit in collaboration with the Social Security Administering Body Health.<sup>[2]</sup>

Based on the Indonesia Health Profile 2020, there are 9,153 health centers that have been accredited or around 90.32% of 10,134 health centers, provinces with a percentage of 100% accredited health centers are Bengkulu, Bangka Belitung Islands, Bali, North Kalimantan and DI Yogyakarta. The province with the lowest percentage of public health center accredited is Papua (28.57%). Of the 10,134 public health center that were accredited until 2019, the graduation rate for accreditation was still dominated by intermediate and basic graduation status. The distribution of the accreditation pass rate of public health center is 5,068 (55.37%) accredited public health center with intermediate graduation status, 2,177 (23.78%) public health center accredited with basic graduation status, 1,669 (18.23%) Primary health center accredited, and 239 (2.61%) public health center accredited with plenary graduation status.<sup>[3]</sup>

The accreditation data for Community Health Centers in Southeast Sulawesi is in the top 10 lowest with 90.69% of the achievement of Community Health Center accreditation.<sup>[4]</sup> Then the accreditation data for Public Health Centers in South Konawe Regency shows that of the 25 Public Health Centers in South Konawe Regency, there are 3 Public Health Centers (12%) with the main accreditation, namely the Baito, Wolasi and Tumbu-Tumbu Jaya Community Health Centers, 14 accredited Madya (56%) namely Community Health Centers Ranomeetoo, Lameuru, Motaha, Punggaluku, Konda, Basala, Kolono, BimaMaroa, Laonti, Lalowatu, Pamandati, AndooloUtama, Landono and Mowila, then 6 Community Health Centers (24%) with basic accreditation namely Community Health Centers of Palangga, Benua, Tinagea, Atari Jaya, Amondo and Moramo Community Health Centers, then there are 2 Community Health Centers (8%) that have not been accredited, namely the Andoolo Community

Health Center and the Sabulakoa Community Health Center.<sup>[5]</sup> Of the 25 community health centers, 11 of them are carrying out nursing services. To increase the reach of the community in the area to health services, especially areas far from the reach of the Community Health Center, the government, in this case the health office, also makes efforts to increase and improve the supporting Community Health Centers. Currently, the number of Auxiliary Community Health Centers that support the services of Parent Community Health Centers is 54, with the ratio of Auxiliary Community Health Centers and Community Health Centers being 1: 2.25, meaning that every 1 Community Health Center is supported by 2-3 Auxiliary Community Health Centers in providing health services. health services to the community. To help improve health services and approach to health services to the community, the Central Government has appointed doctors and midwives as non-permanent employees with a term of service of 1 year.<sup>[5]</sup>

Community Health Center is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health in its working area. Accreditation is an acknowledgment given by an external institution that administers the Accreditation determined by the Minister after meeting the Accreditation standards. Determination of the accreditation status of Community Health Centers consists of plenary accreditation, primary accreditation, intermediate accreditation, basic accreditation and unaccredited.<sup>[6]</sup>

With the issuance of Regulation of the Minister of Health of the Republic of Indonesia Number 39 of 2016 concerning Guidelines for Implementing a Healthy Indonesia with a Family Approach, and Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2016 concerning Minimum Service Standards in the Health Sector. This is the right momentum to improve the quality of health services at the Community Health Center level. This is what is actualized in South Konawe Regency in this case the District Health Office so that health efforts at the Community Health Center can be carried out in accordance with what is expected.<sup>[7]</sup>

Health services or health care are efforts to improve health status through prevention, disease diagnosis, treatment, healing of health problems, disability, and other psychological disorders. Pathways to accessing health services may vary across countries, communities and individuals affected by socio-economic conditions and health regulations. Other factors that affect access to health services include budgetary constraints (such as limits on insurance coverage), geographic barriers (such as transportation costs, the possibility of taking time off work in order to use the service), and personal limitations (lack of ability to communicate with service providers). health, poor health literacy, and low income) (.).

There is hope from the community to get good and quality health services, and can meet their needs. In this case, to ensure that the quality of the health services they get can run continuously at the Community Health Center, therefore it is necessary to carry out an assessment by the accreditation commission with an accreditation mechanism in which there are various policies that have been set. There are many opinions about the benefits of implementing accreditation, including opinions from service providers themselves about health services. A study on the Evaluation of the Implementation of Community Accreditation in 2019 found the assumption of accreditation as a burden for Community Health Centers (workload, stress). Therefore, the application of accreditation regarding the implementation of administrative and management working groups, working groups for public health service efforts and individual health service efforts at Community Health Centers is an important thing as a determinant in a series of improving the quality or quality of the health service itself.

## Method

This type of research is quantitative through survey and observational, cross sectional study design. This research was conducted on 2-20 August 2022 in the working area of South Konawe Regency, precisely in 6 Community Health Centers, namely the Palangga Community Health Center, Benua Community Health Center, Atari Jaya Community Health Center, Amondo Community Health Center, Moramo Community

Health Center and Tinanggea Community Health Center. The research population is all Health Workers on duty at 6 Community Health Centers with Basic accreditations in South Konawe Regency in 2021 as many as 288 people. The sample of this research as many as 73 employees at the Community Health Center who are assigned to 6 Community Health Centers with Basic Accreditation. The sampling technique used the Proportionate Stratified Random Sampling method. Data collection techniques using a questionnaire. Process of data using a computer and analyzed descriptively and inferentially using the chi-square test and the relationship closeness test.

## Result

**Table 1** shows that from 73 respondents there are 68 respondents who stated that the implementation of management administration was in the good category and 5 people who stated that the implementation of management administration was in the poor category. Then from 68 respondents who stated that the implementation of management administration was in good category, there were 60 people (88.2%) who had good service quality and 8 people (11.8%) less. Furthermore, of the 5 people who stated that the implementation of management administration was in the poor category, most of them, namely 3 people (60.0%) stated that the quality of health services was lacking and 2 people (40.0%) the quality of health services was good. Fisher's exact test results obtained p value (0.022) and (0.341) with a 95% confidence level ( $\alpha = 0.05$ ). Because the value of p value (0.022) < (0.05) and the value of (0.341) are in the range of 0.30-0.499, then  $H_0$  is rejected and  $H_a$  is accepted, which means there is a weak relationship between the implementation of management administration and quality. Community Health Center health services in South Konawe Regency in 2022.

**Table 2** shows that from 73 respondents there are 65 respondents who stated that the implementation of Public Health Efforts was in the good category and 8 people who stated that the implementation of Public Health Efforts was in the poor category. Then from 65 respondents who stated that the implementation of Public Health Efforts was in the good category, there were 60 people (92.3%)

whose health service quality was good and 5 people (7.7%) stated that the quality of health services was lacking. Furthermore, of the 8 people who stated that the implementation of Public Health Efforts was in the poor category, most of them namely 6 people (75.0%) stated that the quality of health services was lacking and 2 people (25.0%) the quality of health services was good. Fisher's exact test results obtained p value (0.000) and (0.588) with a 95% confidence level ( $\alpha = 0.05$ ), so that the p value (0.000) < (0.05) and the value of (0.588) were at 0.50-0.599, it is concluded that there is a strong relationship between the implementation of Community Health Efforts and the quality of health services at the Community Health Center in South Konawe Regency in 2022.

**Table 3** shows that from 73 respondents there were 69 respondents who stated that the implementation of Public Health Efforts was in the good category and 4 people who stated that the

implementation of Public Health Efforts was in the poor category. Then from 69 respondents who stated that the implementation of Public Health Efforts was in the good category, there were 62 people (89.1%) whose health service quality was good and 7 people (10.1%) stated that the quality of health services was lacking. Furthermore, from 4 people who stated that the implementation of Public Health Efforts was in the poor category, 4 people (100%) stated that the quality of health services was lacking. Fisher's exact test results with a 95% confidence level ( $\alpha = 0.05$ ), obtained p value (0.000) < (0.05) and value (0.572), so there is a strong Health relationship between the implementation of Individual Health Efforts and the quality of health services at Community Health Centers in the South Konawe Regency 2022.

**Table 1**  
**Relationship between Implementation of Management Administration and Quality of Health Services for Community Health Centers in South Konawe Regency in 2022**

Administration and Management Implementation	Quality of Health Services				Amount		$\alpha$	p value $\phi$
	Good		Less					
	n	%	n	%	n	%		
Good	60	88,2	8	11,8	68	100	0,05	0,022 0,341
Less	2	40,0	3	60,0	5	100		
Amount	62	84,9	11	51,1	73	100		

**Table 2**  
**The Relationship between the Implementation of Public Health Efforts and the Quality of Health Services of the Community Health Center in South Konawe Regency in 2022**

Public Health Efforts	Quality of Health Services				Amount		$\alpha$	p value $\phi$
	Good		Less					
	n	%	n	%	n	%		
Good	60	92,3	5	7,7	65	100	0,05	0,000 0,588
Less	2	25,0	6	75,0	8	100		
Amount	62	84,9	11	51,1	73	100		

**Table 3**  
**The Relationship between the Implementation of Individual Health Efforts and the Quality of Health Services for Community Health Centers in South Konawe Regency in 2022**

Individual Health Efforts	Quality of Health Services				Amount		$\alpha$	$p$ value $\phi$
	Good		Less		n	%		
	n	%	n	%				
Good	62	89,1	7	10,1	69	100	0,05	0,000 0,572
Less	0	0	4	100	4	100		
Amount	62	84,9	11	51,1	73	100		

## Discussion

### Implementation Management Administration and Quality of Health Services

This study found that out of 73 respondents, most of them, 68 respondents, stated that the implementation of management administration was in the good category, but 5 people stated that the implementation of management administration was in the poor category. This is because based on the results of the data recapitulation on the questionnaire, it can be seen that the need for human resources (HR) in providing services according to the administration and management of the Public Health Center has not been fulfilled and the leadership and management of the Community Health Center have not been in accordance with standard operating procedures (SOP) The results of the respiration based on the question items indicate that the most respondents answered agree that if there is a change in Government and Local Government policies, planning revisions are carried out according to the established policies (69.9%), while at least the respondents' answers strongly disagree if the need for human resources (HR) in the provision of services according to the administration and management at the Community Health Center has been met (1.4%), in this case the respondents stated that there was a problem in terms of the lack of human resources in administrative services. Then there were also 1.4% of respondents who did not agree on the question item about "Organization of Community Health Centers starting from planning, implementing activities to evaluating the performance of Community Health Centers based on the vision, mission, goals, and values of the Public Health Centers that have been established. determined, which means that the implementation

of the Community Health Center is not adjusted to the vision, mission and goals and values of the Community Health Center. Then the respondents also stated that they did not agree that the Monthly Activity Implementation plan was prepared in accordance with the Annual Activity Implementation Plan as well as the results of monitoring and monthly performance achievements and if there were changes in Government and Regional Government policies, the planning revision was carried out according to the established policies.

Several factors that hinder the delivery of health services at the Community Health Center are input, process and output factors. The input factors are the availability of facilities, funds, as well as the quality and quantity of human resources available at the Community Health Center. The more complete the facilities provided in health services, the quality of service will also be better, as well as allowances and financial assistance from the Government plays a very important role in providing the needs of the Community Health Center in completing the service administration documents and the quality of human resources, namely the availability of health human resources that can meet the needs the community and also the quality in the aspect of skills (soft skills) possessed by health workers. The better skills and good communication are applied to patients, the patients will feel satisfied with health services so that they can improve the quality of health services at Community Health Centers, especially in Regional Community Health Centers South Konawe Regency work.

Then from 68 respondents who stated that the implementation of management administration was in the good category, there were 88.2% of the

quality of health services was good, the better the implementation of administration, the quality of service would also be better, but in this study there were 11.8% who implemented good management administration, but the quality of health services is lacking, this situation is because there are other factors that cause the low quality of services such as health services as shown by the attitude of health workers and also factors of facilities and infrastructure that support health services. Furthermore, of the 5 people who stated that the implementation of management administration was in the poor category, most of them, namely 60.0%, stated that the quality of health services was lacking, but 40.0% the quality of health services was good, this is because there are other factors that support the quality of health services such as completeness of health services. facilities and also the hospitality shown by health workers in providing services at the Community Health Center. The results of statistical analysis using fisher's exact test found that there was a weak relationship between the implementation of management administration and the quality of health services at the Community Health Center in South Konawe Regency in 2022.

According to the researcher's assumption, the better the implementation of administrative management, the better the quality of health services. Administrative completeness in service management is one of the items that becomes a benchmark for assessing quality or service quality so that it has an impact on satisfaction and recovery of inpatients and outpatients. The implementation of good administrative management in Community Health Centers is only applied before accreditation, but after the accreditation assessment, administrative preparations are not carried out properly so it can be concluded that the implementation of management administration can be carried out if monitoring and evaluation are carried out in the form of routine supervision in the implementation of management. In addition, it is necessary to use information media technology to facilitate the registration process and health administration reporting at the Community Health Center.

This study found that the better the role of developing the performance management of health workers, including health administration staff, can significantly improve the quality of health services

at the Community Health Center. Quality is a measure made by consumers of products or services seen from all dimensions or characteristics to meet the demands of consumer needs, safety, and comfort. Quality health services are health services that can satisfy every user of health services according to the average level of satisfaction of the population.<sup>[8]</sup>

This research is reinforced by the theory put forward by Muninjaya that the application of the quality of health services in order to foster satisfaction for patients is applied based on a code of ethics and service standards <sup>[9]</sup>, as well as the opinion of Al-Assaf, which states that administrative management in services is needed to carry out services. effective and used in decision making in providing services.<sup>[10]</sup>

The factors that influence the quality of health services are input, environment and process elements. Input elements include human resources, funds and facilities. While the environmental elements include policies, organization and management, while the process elements include service processes, both medical and non-medical.<sup>[11]</sup> Based on this research, efforts that can be made in order to improve the quality of health services at the Community Health Center are to carry out regular monitoring, monitoring and evaluation every month at the Community Health Center related to administrative completeness and also service procedures in terms of administration so that administrative staff can improve their performance, Besides that, the role of the leadership in this case the head of the Community Health Center in providing firmness in terms of the management of the Community Health Center is very important to improve the quality of service. The head of the Community Health Center should be able to foster enthusiasm and employee performance to be motivated in completing the readiness of patient administration files by giving rewards to health workers or administrative staff who demonstrate integrity in terms of good and optimal discipline and work responsibilities and provide punishment or sanctions. to health workers or administrative staff who do not implement administrative service procedures at the Community Health Center.

### **The Implementation of Public Health Efforts with the Quality of Health Services**

This study found that of 73 respondents, most of them, namely 65 respondents stated that the implementation of Public Health Efforts was in the good category, but there were 8 people who stated that the implementation of Public Health Efforts was in the poor category. This is because based on the results of the data recapitulation in the questionnaire, it was found that the need for human resources (HR) in the implementation of SMEs in Community Health Centers has not been met, the leadership and management of SMEs have not been in accordance with standard operating procedures (SOPs) and there is no identification of the needs and expectations of the community which is a the target of SME services, in this case the limited number of health workers at the Community Health Center so that the service is not effective. HR is the spearhead of services at the Community Health Center.

Based on the results of the recapitulation of answers based on each question item, it can be seen that 76.7% of respondents agreed that the performance targets of SMEs were in accordance with Standard Operating Procedures, while at least the respondents' answers did not agree that public health efforts were target-oriented according to Standard Operating Procedures (SOP). which means that SMEs are not target-oriented according to SOPs, then the results of the identification of community needs and expectations are not analyzed together across programs and across sectors as material for discussion in preparing SME activity plans. sector by taking into account the results of the implementation of PIS PK as material for discussion in preparing a work area-based activity plan and there are no community empowerment facilitation activities as outlined of the Community Health Center and have been mutually agreed upon the community in accordance with established policies and procedures.

Then from 65 respondents who stated that the implementation of Public Health Efforts was in the good category, there were 92.3% the quality of health services was good. the resulting service will be better. The results of this study also found 7.7% stated that the public health efforts were good but the quality of health services was lacking, this was due to the inhibiting factors that caused the quality

of service to be lacking, such as the limited number of human resources, or the lack of facilities and infrastructure that support services and skills of health workers. who are still less skilled so that the quality of service is low. Furthermore, from 8 people who stated that the implementation of Public Health Efforts was in the poor category, it was found that 25.0% of the quality of health services were good. This situation is due to the supporting factors that support the quality of services such as the discovery of Community Health Centers that already provide adequate service facilities and there are also skilled health workers who are able to provide effective services in addition to the role of a leader in providing direction, support and motivation so as to motivate health workers. to work optimally in health services.

The results of statistical tests using exact fisher research prove that there is a strong relationship between the implementation of Community Health Efforts and the quality of health services at the Community Health Center in South Konawe Regency in 2022. According to the researcher's assumptions, there is a relationship between the implementation of Community Health Efforts The quality of health services is due to the implementation of SMEs in the Community Health Centers being mostly good so that the quality of health services is also getting better. Based on the results of this study, innovations that can be applied so that community service efforts can be maximized are strengthening cross-sectoral and cross-programmed collaboration in terms of screening and also promotive and preventive implementation related to health problems in the community and involving media technology to facilitate the reporting system, monitoring and evaluation of public health services.

Found that accreditation status can affect service quality, this is because the achievement of accreditation is supported by clinical leadership and patient safety systems, so that accreditation status can be used as an effort for Community Health Centers to improve quality service.<sup>[12]</sup> The implementation of SMEs in the Community Health Center is authorized to plan activities based on the results of the analysis of public health problems and the necessary service needs, carry out advocacy and socialization of health policies, carry out communication, information, education, and

community empowerment, mobilize the community to solve health problems, carry out coaching technical services for institutions, service networks of Community Health Centers and community-based health efforts, implementing needs planning and improving the competence of human resources for Community Health Centers, monitoring the implementation of development so that they are health-oriented, providing health services that are oriented towards families, groups, and communities by taking into account biological, psychological, social, cultural, and spiritual factors, carrying out recording, reporting, and evaluation of access, quality, and coverage of Health Services, providing recommendations for relating to public health problems to the district or city health office, implementing an early warning system, and response to disease prevention and collaborating with first-level health care facilities and hospitals in their working areas, through coordinating health resources in the work area of the community health center.<sup>[13]</sup>

### **Individual Health Efforts and the Quality of Health Services**

This study shows that from 73 respondents, 69 respondents stated that the implementation of individual Health Efforts was in the good category, but there were still 4 people who stated that the implementation of individual Health Efforts was in the poor category. This is based on the data processing results which found that the human resource needs of Individual Health Efforts service providers were not met according to standards and also the management of supporting clinical services had not been met according to health service standards. The good implementation of Individual Health Efforts is also based on the results of the recapitulation of respondents' answers which show that most respondents agree that improving clinical quality and patient safety is according to standards (76.7%), while at least respondents disagree, i.e. respondents do not agree that the clinical services provided to patients are in accordance with Standard Operating Procedures, respondents also do not agree that the patient or patient's family obtains information about certain risky medical actions or treatments that will be carried out before giving informed consent or refusal including the consequences of the refusal decision, then the respondent also did not agree

that a thorough initial assessment was carried out by competent personnel to identify service needs according to clinical practice guidelines, including pain management and recorded in the medical record and did not agree to carry out patient care including if necessary as collaborative care according to the plan of care and clinical practice guidelines and/or clinical care procedures, so that there is no unnecessary repetition and is recorded in the medical record.

This study also found that from 69 respondents who stated that the implementation of individual health efforts was in the good category, there were 89.1% of the quality of health services was good, so the better the implementation of individual services, the better the quality of service, but in this study it was still found 10.1% those whose individual health efforts are good, state that the quality of health services is lacking, this is due to factors that hinder the achievement of quality service quality such as the lack of availability of health resources according to the qualifications of health services expected by patients, in addition to the availability of specific service facilities that are not yet available at the Health Center. The community so that patients sometimes have to be referred to the next health service facility, such as to district hospitals and general hospitals. Province so that patients can get services according to the specifications of the disease they are suffering from.

Fisher's exact test found a strong relationship between the implementation of Individual Health Efforts with the quality of health services at the Community Health Center in South Konawe Regency. According to the researcher's assumption, there is a relationship between the implementation of Individual Health Efforts with the quality of health services because this study found that most of the implementation of SMEs were in good category so that it had a positive impact on the quality of good health services, this situation certainly could have an impact on improving the accreditation status of the Health Center People in South Konawe Regency. Based on this, the innovation that can be applied in every Community Health Center is to conduct a screening of health problems in patients so that problems experienced by the community can be detected early, then provide facilities according to service needs and motivate health workers to



develop themselves by actively participating in training, related to efforts to improve the quality of health services at Community Health Centers and the need to utilize information technology media as a forum to facilitate communication in individual health services at Community Health Centers.

Found that in services at the Community Health Center, there was still a lack of staff and staff at the Community Health Center did not understand the preparation of documents, then the assessment was carried out suddenly without any prior coordination. with the companion team.<sup>[13]</sup>

The Community Health Center functions as the first-level Individual Health Effort in its working area and in carrying out the function of implementing the first-level Individual Health Efforts in its working area, the Community Health Center is authorized to provide comprehensive, sustainable, quality, and holistic basic health services that integrate biological, psychological, social, and cultural aspects by fostering close and equal doctor-patient relationships, organizing health services that prioritize promotive and preventive efforts, organizing health services that are individual-centered, family-focused, and group and community-oriented, organizing health services Health that prioritizes health, security, patient safety, officers, visitors, and the work environment, organizes health services with coordinating principles and inter- and inter-professional cooperation, carries out medical record management , carry out recording, reporting, and evaluation of the quality and access of Health Services, carry out planning needs and increase the competence of human resources for Community Health Centers, carry out screening of referrals in accordance with medical indications and the Referral System, coordinate and collaborate with Health Service Facilities in their working areas, in accordance with the provisions of the legislation.<sup>[14]</sup>

## Conclusion

Implementation of good management administration is 93.2%, individual health efforts are good 94.5%, and public health efforts are good 89.0% and good service quality is 84.9% at the Community Health Center of South Konawe

Regency in 2022 with a p value of 0.022. There is a relationship between the implementation of management administration with the quality of health services with a p value of 0.000. There is a relationship between the implementation of public health efforts with the quality of health services with a p value of 0.000. There is a relationship between the implementation of individual health efforts with the quality of health services with a p value of 0.000.

## Reference

1. Ministry of Health. Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Public Health Centers. *Jakarta: Ministry of Health of the Republic of Indonesia*; 2019.
2. Satrianegara, M. F. *Organization and Management of Health Services: Theory and Its Application in Community Health Centers and Hospitals*; 2014.
3. Ministry of Health. Guidelines for First Level Facility Accreditation Assistance. In: Indonesia, K. K. R. (ed.). *Jakarta: Directorate General of Health Efforts, Directorate of Land Health Efforts*; 2020.
4. Southeast Sulawesi Provincial Health Office, *South Konawe District Health Office Profile*. Kendari: Health Office of Konawe, Southeast Sulawesi; 2021.
5. South Konawe District Health Office, *Accreditation of Community Health Centers in Konawe District*. Kendari: Health Office of Konawe, Southeast Sulawesi; 2021.
6. Ministry of Health. Regulation of the Minister of Health of the Republic of Indonesia No. 46 concerning the Accreditation of Community Health Centers, Primary Clinics, Doctors and Dentists' Independent Practice Places. In: Indonesia, K. K. R. *Jakarta: Ministry of Health of the Republic of Indonesia*; 2015.
7. Ministry of Health. Regulation of the Minister of Health of the Republic of Indonesia Number 39 of 2016 concerning Guidelines for Implementing a Healthy Indonesia with a Family Approach. *Jakarta: Ministry of Health of the Republic of Indonesia*; 2016.

8. Cahyono, A. D., The Role of Development of Performance Management of Health Administration Personnel in Improving the Quality of Health Services in Community Health Centers. *Pamenang Scientific Journal*. 2021; 3(2):28-42.
9. Muninjaya. *Health Service Quality Manageme*. Jakarta: EGC; 2014.
10. Al-Assaf, Quality of Health Services: *International Perspective*. Jakarta: EGC; 2013.
11. Azwar. Human Attitude Theory and Its Measurement. Yogyakarta: *Student Library* ; 2010.
12. Mulyasari, F. & Shaw, R. Risk communication through community-based society organizations as local response to disaster in Bandung, Indonesia. Risks and conflicts: Local responses to natural disasters. *Emerald Group Publishing Limited*; 2014.
13. Ministry of Health. Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Public Health Centers. Jakarta: *Ministry of Health of the Republic of Indonesia*; 2019.
14. Amrullah, H., Satibi, S. & Fudholi, A. Analysis of Patient Satisfaction with Pharmaceutical Services Using the Servqual Method Based on Accreditation Status in Ogan Komering Ilir Regency. *Pharmaceutical Magazine*. 2020; 16:193-201.