

Original Research Paper

## Achievement of the performance Community Health Center Sleman Regency Yogyakarta during the Covid-19 pandemic in 2020

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### Abstract

Health center performance measurement can be measured in a balanced scorecard based on financial perspective, customer perspective, internal business process perspective, learning, and growth perspective. The qualitative study were used in this research will describe the evaluation of the implementation of Primary Health Care management. The four informants used in this study include the head of Primary Health Care, the head of Individual Health efforts, the head of Public Health efforts, and the administration and management, coordinator. Data were analyzed using thematic analysis. The financial perspective performs budget planning according to program achievements. There is an adjustment or shift in the budget in the Expenditure Budget that is diverted for the covid-19 program. From the customer's perspective, the results showed that there was sterilization of facilities, cross-sectoral coordination, and good communication. Patient visits during the COVID-19 pandemic were decreased. The internal business process perspective has innovated with online services, changing service mechanisms, providing additional tasks, and utilizing social media to disseminate information and health education to the public. Several Community Health Efforts activities have been stopped because they have the potential to trigger a wider spread of COVID-19 transmission. Learning and growth perspectives show involve various sectors to support the covid-19 pandemic program, one of which is empowerment by training youth groups for mass vaccination. The business process of one of the Primary Health Care in Sleman Regency runs optimally with various innovations.

**Keywords:** balanced scorecard; primary health care

### 1. Introduction

Health development in Indonesia is directed to increase progress, awareness, and the ability to live healthy for everyone, in order to increase the highest level of public health can be realized. Primary Health Care is a technical implementation unit of the Regency or City Health Office that is responsible for organizing health development in a certain work area. Primary Health Care also has a function as a center for driving health-minded development, a center for family and community empowerment, and a first-tier health service center (Peraturan Menteri Kesehatan RI No 31 Tahun 2019 tentang sistem Informasi Puskesmas, 2019).

Along with the Vision and Mission of Sleman Regency Health Development which is stated in the vision of the Sleman Regency Health Office "The Realization of a More Independent, Healthy Cultured Sleman Community Towards Smart Health in 2021". The missions to be achieved through the development of a healthy culture include: Improving the implementation of quality management (SMM) in providing excellent services in the Health Office and integrated service unit, preparing quality and affordable health services for all levels of society, as well as health services that reach health-prone communities, Improving the public health financing system and ensuring health services for the poor, Improving health facilities and infrastructure. including health information systems, Improving preventive and surveillance promotive efforts through community empowerment (Dinas Kesehatan Sleman, 2016)



Studies across 20 countries included, reporting on >11 million services prepandemic and 6.9 million during pandemic. For the primary outcome, there were 143 estimates of changes, with a median 37% reduction in services overall (IQR -51% to -20%), comprising median reductions for visits of 42% (-53% to -32%), admissions 28% (-40% to -17%), diagnostics 31% (-53% to -24%) and for therapeutics 30% (-57% to -19%). Among 35 studies reporting secondary outcomes, there were 60 estimates, with 27 (45%) reporting larger reductions in utilisation among people with a milder spectrum of illness, and 33 (55%) reporting no difference (Moynihan et al., 2021; Plagg et al., 2021).

Essential health services are very important because if these services are not provided, it will have a negative impact on the health status of the community. In the conditions of the COVID-19 pandemic, Primary Health Care must be able to adapt and innovate in order to provide optimal services to the community. If these services are provided, it will improve the health status of the community. The average coverage of the implementation of essential health services in one of the Sleman district health centers is 99.67% and decreased in 2020 to 87%. Coverage of population in the working area of the Primary Health Care. When compared with the coverage of the population in other areas accompanied by high cases of COVID-19 in Sleman Regency, as well as the declining coverage of essential health services during the COVID-19 pandemic, it is important to know the strategies implemented in providing essential health services during the COVID-19 pandemic. The coverage of the population in the working area of the Primary Health Care is large because it serves from other sub-districts or migrants because the Primary Health Care is located in the strategic center of the city of Sleman. Plus the number of cases of covid-19 in the Mlati sub-district is quite high and the coverage of the population is high compared to the coverage of residents of other regions, so essential health services during the COVID-19 pandemic are important to know the strategies implemented in providing essential health services during the COVID-19 pandemic (Widiantari & Ulandari, 2022).

The Balanced Scorecard can translate the organization's mission and strategy into operational goals and performance measures in four perspectives, namely a financial perspective that can be measured by the concept of value for money, a customer perspective that can be measured by Service Quality instruments, an internal business process perspective that includes innovation, operational, and operational processes. and after-sales service, as well as learning and growth perspectives.

## **2. Research Methods**

This type of research is qualitative with an explorative descriptive research plan that will describe the evaluation of the implementation of Primary Health Care management. The time approach used in this study is cross sectional. Data collection was carried out by in-depth interviews and secondary data from the annual report of Primary Health Care. Secondary data were analyzed using descriptive statistical analysis. Interviews were conducted to explore the business related to Primary Health Care. Instrument was used interview guideline was developed based on the results of previous research related to the balance score card which was reviewed from a financial perspective, customer perspective, internal business process perspective, learning and growth perspective By using In-depth interview guidelines that contain a list of questions that are open to 4 informant they are Head of Primary Health Care, Coordinator of Individual Health Efforts (UKP), Coordinator of Public Health Efforts (UKM) related to the management of Primary Health Care services during Pandemic. Validity and reliability of research data using tri angulation.

## **3. Results and Discussions**

Based on the research obtained 4 themes including financial perspective, customer perspective, internal business process perspective, learning, and growth perspective. According to Kaplan & Norton (2000), the balanced scorecard is a new framework for integrating various measures derived from

corporate strategy (Kaplan & Norton, 2000). Measurements carried out using this instrument provide a very complete and integrated assessment result, covering financial and non-financial aspects, covering 4 performance perspectives, namely: growth and learning perspective, internal business process perspective, customers perspective and financial perspective (Denno et al., 2015; Nasution, 2012; Tryanto & Indrawati, 2018). Primary Health Care is a health service facility that organizes various public health efforts and individual health efforts at the first level, by prioritizing promotive and preventive efforts in its work area (Kemenkes, 2019)

**Table 1. Primary health care performance achievements in 2020**

No	Target Indicator	target (%)	achievements (%)	gap (%)
<b>Essential Public Health Efforts (UKM)</b>				
1	Health Promotion Efforts	100	91.5	8.5
2	Environmental Health Efforts	100	80.71	19.29
Efforts of Maternal Child Health (KIA) and Family				
3	Planning services	100	93.49	6.51
4	Community Nutrition service efforts	100	99.87	0.13
5	Disease Prevention and Control Efforts	100	69.4	30.6
<b>Development Public Health Effort</b>				
1	Mental Health Services	100	60.29	39.71
2	Elderly health services	100	47.26	52.74
<b>Management Performance</b>				
1	General Management	10	10	0
2	Power management	10	9	1
3	Tool and Drug Management	10	10	0
4	Financial Management	10	10	0
5	Human Resource Management	10	9	1
6	Data and Information Management	10	10	0
7	Quality Management	10	7.21	2.79
<b>Quality Performance</b>				
1	Infection Prevention and Control (PPIs)	10	10	0

Source: Primary Health Care performance report in 2020

**Table 2. Informan characteristic**

No	Informan	Gender	Age	Position	Length of working
1	MI 1	Female	47	Head of Primary Health Care	30 years
2	MI 2	Female	45	Coordinator of administration	27 years
3	MI 3	Female	40	Coordinator Public Health Efforts services	25 years
4	MI 4	Female	40	Coordinator of individual health efforts	26 years

Description: MI = Main Informant

Source: primary data 2020

### 3.1. Financial Perspective

Perspective performs budget planning according to program achievements. There is an adjustment or shift in the budget in the Expenditure Budget that is diverted for the covid-19 program. The results showed that patient visits during the Covid-19 pandemic in 2020 experienced significant problems compared to 2019. According to the head of administration, the Primary Health Care Challenge in the face of the Covid-19 Pandemic must merge new programs or innovations for Primary Health Care services: namely drive thru and budget adjustments.

The decrease in income experienced by the Primary Health Care has no impact on the implementation of essential health services. This is because the implementation of essential health services relies on non-physical Special Allocation Funds and the National Health Insurance. In relation to the decrease in income, the Primary Health Care seeks to plan according to needs through the preparation of the RKA (Work Plan and Budget) which is adjusted to the achievement data of the previous year. In addition, the Primary Health Care also proposes funds in accordance with the funding ceiling obtained. In addition, in managing finances, the Health Center will refocus funds to cut or focus the existing budget for handling COVID-19.

"So some of the existing budgets are focused or cut for the COVID budget. However, for PPE and disinfectants, the funds come from the Regional Budget (Regional Expenditure Budget)." (MI1, 47, Head of Primary Health Care)

Primary Health Care made changes to the budget, where the budget was focused on the prevention and handling of Covid-19. Primary Health Care budget already uses the system. This is in accordance with Nuryati (2017), research The Primary Health Care information system is already running, but the integration with the Health Office information system has not all been accessible through the system, especially for monthly reports (LB) program (Nuryati, 2017).

The financial condition of both for-profit and non-profit organizations has changed a lot since the COVID-19 pandemic. To ensure the running of the organization, the existing human resources need to set strategies in the use of funds/finance to be effective and efficient. Since the COVID-19 pandemic, Primary Health Care revenues have tended to decline because the number of community visits has decreased. This decline in income does not have an impact on the continuity of the essential health services provided. This is in line with the policy of the Ministry of Finance of the Republic of Indonesia that in the context of handling and anticipating the impact of the COVID-19 pandemic, the government took 3 policy steps, namely refocusing the budget to accelerate the handling of COVID-19, reallocating spending reserves to support the implementation of the COVID-19 task force, and make spending savings and improve spending efficiency to support the process of handling the impact of COVID-19 (Widiantari & Ulandari, 2022).

During the COVID-19 pandemic, not only primary care in primary health care decreased but also occurred in primary health facilities in hospitals. The percentage change in visits or presentations of health services ranged from an increase of 49% to a decrease of 86%, with a median of 42.3% reduction (-52.8% to 31.5%). Large reductions in ER visits were seen in several studies, such as the large US national study from the Centers for Disease Control and Prevention which reported a 42% reduction during April, increasing to a 26% reduction at the end of May, compared with 2019 (Moynihan et al., 2021).

During the covid-19 pandemic, primary health care experienced an increase in the use of personal protective equipment such as masks, handsoon, and hazmats, resulting in the accumulation of medical waste. This will have a negative impact on health and can lead to new health problems. The health office and the environment office are trying to remind health facilities to be able to control medical waste by cooperating with third parties, namely medical waste processors. Therefore, many budget costs have been diverted to procure personal protective equipment for health workers in primary health

care because it is a very important requirement to prevent the transmission or transmission of COVID-19.

"We are experiencing an increase in medical waste because disposable personal protective equipment is piling up and third parties (medical waste processors) are overloaded"(MI2 P, 45, Coordinator of administration).

The health waste subdimension is being investigated intensively due to the tremendous increase in the volume of health waste during the pandemic. A study in Iran showed that infectious waste increased by 121% compared to before the pandemic. Direct exposure of health workers to virus-contaminated waste with safety measures that are not in accordance with standard operating procedures and incorrect processing of medical waste will infect health workers and cause transmission of COVID-19 transmission. The world health agency WHO has provided clear guidelines for managing medical waste during a pandemic. However, many studies around the world describe the gaps and mismanagement of medical waste care systems during the pandemic.

A mini-review of medical waste during the pandemic shows that disinfecting waste, followed by proper separation and on-site treatment, is better and healthier management of medical waste. It also proves that the advantages of medical waste treatment accommodation, continuous treatment, and temporary storage strategies can help waste management and promote sustainable health without spreading the virus. The results of research in Brazil developed a model for the proper management of medical waste management. The focus is not only on operational management KPIs of medical waste but also on environmental management. In addition, it is very important to train employees on medical waste guidelines (Amer et al., 2021, 2022).

### **3.2. Customer Perspective**

The customer perspective is the main perspective. Service to the community without the aim of seeking maximum profit is the main characteristic of public sector institutions, including Puskesmas. Customers are people or groups who directly benefit from the services provided by the organization (Aprillia, 2016). The customer's perspective shows that there is sterilization of facilities and infrastructure, the use of PPE, cross-sectoral coordination, and good communication. Outpatient and inpatient visits during the COVID-19 pandemic have decreased.

There was a change in the management system of Primary Health Care services before and during the Covid-19 pandemic, namely by speeding up or shortening service time and the number of patients but still trying to be optimal. in providing health care. This is shown in table 1 of the lowest management indicator achievement is quality management with a value of 7.21 (out of 10). According to the coordinator of administration and individual health effort coordinator and coordinator of public health efforts, this happened because of the shortage of personnel at the health center, considering that there is an additional task, namely Covid-19 services. In 2021 Primary Health Care began to improve on faster services, namely with DriveThru, and online consultation services so that satisfaction increased again.

"We feel sorry because at the beginning of Covid-19 patients spread so we had to reply to chats from residents, medicines, referrals, oxygen and others. maybe the community is not served optimally because of our limitations so that satisfaction decreases." (MI 4, 40, coordinator of individual health effort).

The arrival of doctors on time and ready to serve when outpatient opening hours greatly affects patient satisfaction. In addition, the professional attitude of health workers in providing services according to the promised schedule will indirectly increase patient satisfaction. In addition, a quick response when there are patients who want to get services is very important. This can be seen from the time it takes to treat one patient from registration to completion of service, which is 15-20 minutes. The inspection time carried out by the Primary Health Care is relatively fast so that it is able to satisfy customers (Widiantari & Ulandari, 2022).

The Primary Health Care strives to provide safe services for its customers, seeks to ensure that every existing health worker attends training and officers are required to always comply with applicable regulations. Giving special attention and caring to customers or empathy has an equally important role in satisfying customers. Research conducted by Widiantari & Ulandari (2022), shows that the empathy dimension has a significant effect on customer satisfaction. The challenges that officers face in providing empathy to customers are that it is difficult to show a smile because they are constrained by wearing masks and the difficulty of communicating because of differences in people's ability to receive the information provided (Widiantari & Ulandari, 2022).

Based on the results of interviews and observations, the Covid-19 pandemic has made people afraid to come to primary health facilities. People who are sick prefer to do the treatment at home even with limited medical knowledge. In addition, local governments set a policy that people who are not seriously ill are prohibited from coming to primary health facilities such as Primary Health Care and hospitals. This makes the public as customers feel dissatisfied with the regulations that have been made with the covid-19 health protocol in primary health facilities. The Covid-19 pandemic has caused a decrease in visits to primary health facilities, both outpatient and non-Covid-19. This condition has an impact on decreasing the occupancy rate and has an impact on operations. In Indonesia, the Covid-19 pandemic began to peak in March 2020, this caused a very significant decrease in the number of patients in the following months (Zeho et al., 2020).

### 3.3. Internal Business Process Perspective

Internal business processes are needed to identify each stage of the process to achieve increased value for customers and organization operators. Business Process Internal perspective is a variable related to the ability of the provider or primary health care to carry out work activities as planned and agreed. so as to create a quality product or service in accordance with customer expectations. Internal Business Processes can be measured from the implementation of individual health efforts and public health efforts (Aprillia, 2016; Zeho et al., 2020). The internal business perspective is innovating with online services, changing service mechanisms, providing additional services, and social media processes to disseminate information and health education to the public. Several Community Health Efforts (UKM) activities have been suspended because of the possibility of a trigger for the wider spread of COVID-19 transmission.

Table 1 shows that in 2020 there was a significant decrease in performance achievement. The most significant indicator is the Development Public Health Effort for The Development of Elderly Health Services, with an achievement of 47.26%. Based on the results of interviews with the Coordinator Public Health Efforts services, it was said that during the Covid-19 pandemic, elderly services at health centers and integrated service post (*Posyandu*) were eliminated because the elderly group belonged to vulnerable groups, so the achievement was not 100%. Elderly services are eliminated to avoid the transmission of covid-19 in the elderly. Low achievement was also experienced in the mental health service indicator of 60.29%.

"We follow government rules to temporarily stop the activities of the elderly both at the health center and posyandu (integrated service post), to avoid crowds and the risk of widespread covid-19 transmission" (MI2 P, 45, Coordinator of administration).

Vulnerable populations have a higher risk of complications from covid-19, especially in the elderly. The risk of death increases with age and is higher in people with diabetes, heart disease, blood clotting disorders as well as signs of sepsis. The average mortality rate is 1% to an increase of 6% in people who have cancer, hypertension and chronic respiratory diseases. Increased by 7% in people with diabetes mellitus and 10% of people with heart disease. While the elderly aged 80 years have an increased risk of death by 15%. (Ahadi et al., 2020; Siagian, 2020)

During the Covid-19 Pandemic, Primary Health Care experienced many service transformations, including the acceleration of health care for Individual Health Efforts (UKP) and Public Health Efforts (UKM) including online consultations with Whatsapp and inter-drug services. In addition, health promotion efforts use social media to disseminate health information and various Primary Health Care activities. Here are the results of the interview with the UKP coordinator

"We made changes to the service with an online consultation there was a doctor who replied to the chat of the residents, so that the Primary Health Care just take the medicine, so it was not long at the Primary Health Care. we also post on social media Instagram and Whatsapp health information for citizens". (MI 3, 40, Coordinator public health effort)

### **3.4. Learning, And Growth Perspective**

Growth and Learning Perspectives can be seen from a business organization to continue to retain its employees, monitor employee welfare, and increase employee knowledge because increasing employee knowledge levels will also increase employees' ability to participate in achieving company goals (Aprillia, 2016). Learning and growth perspectives of Primary Health Care (PHC) involve various sectors to support the covid-19 pandemic program, one of which is empowering by training youth groups for mass vaccination. Primary Health Care in carrying out its role in public health services involves various sektor to support the Covid-19 pandemic program, one of which is by providing training to cadet corals so that they can play a role in helping mass vaccination.

"We collaborate with volunteers, from the village, police, and Bhabinkabtimas to assist us in distributing the drug to patients"(MI 3, 40, Coordinator public health effort)

"We feel overwhelmed dealing with patients with COVID-19 so we train young people and women to help us deal with Covid-19 and to distribute medicines needed by Covid-19 sufferers "(MI 3, 40, Coordinator public health effort).

Collaboration of various stakeholders in tackling Covid-19 is needed starting from the village because the village is the last stronghold that is expected to be able to mitigate disasters independently. Collaborative efforts can be done by forming a disaster resilient village. In addition to collaboration, the important thing during the Covid-19 period is to comply with the rules or policies of the government. Community compliance can arise by itself when the community has the same belief system as the government. (Arisanti & Suderana, 2020; Rahmawati et al., 2021)

Primary Health Care experiences a shortage of human resources in the field of information technology which in pandemic conditions becomes crucial in getting around the provision of optimal health services with all the limitations of Primary Health Care. Need to reorganize health human resources in

accordance with the duties and functions Need to immediately conduct training for the management of Primary Health Care periodically and continuously (Arifudin et al., 2017).

There needs to be training related to website management and the development of puskesmas information systems that can later help performance so that it is more effective and efficient. Puskesmas Information System Management (SIMPUS) can be optimized, as well as Thenu et al. (2016) research at Purworejo Health Center there is SIMPUS but the management resources have not optimally using the information system (Thenu et al., 2016).

Unsatisfactory performance can be caused by long waiting times, inefficiency, unsatisfactory patients, and fatigue of health workers. The COVID-19 era is placing an even greater burden on primary health care systems worldwide due to limited hospital bed capacity and the increasing psychological stress of health workers as a result of the COVID-19 pandemic. Information is still very lacking, so health managers will find it very difficult to make decisions and make policies in the COVID-19 era to improve the quality of health services. The hope is that good and easily available information will make it easier to learn to organize the future. Higher pandemic burdens, such as health worker burnout and stress, will increase when health management lacks the planning and readiness to strengthen the capacity and resilience of health workers (Amer et al., 2021).

#### 4. Conclusion

The challenge faced by Primary Health Care during the Covid-19 pandemic in 2020 is service management where there is a decrease in patient visits due to restrictions on visits, so that the public in accessing Primary Health Care becomes limited. The implementation of Public Health efforts such as integrated service post toddlers and the elderly was stopped in accordance with the status of covid 19 and government policies. Primary Health Care are more creative in service innovation, namely by online services and utilizing social media as an effort to disseminate health information.

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