



Analysis of Implementation Home Visit Home Care Program during the Covid-19 Pandemic in Sinjai District Health Center

Mutmainnah^{1*}, Balqis Nazaruddin², Muhammad Alwy Arifin³, Sukri Palutturi⁴, Furqaan Naiem⁵, Ansariadi⁶

Abstract

Home Visit and Home Care are Jamkesda Plus service programs through health service visits with a health service approach to the community in an effort to improve community health status. The purpose of this study was to analyze the Implementation of the Home Visit Home Care Program during the Covid-19 Pandemic at the Sinjai District Health Center. This study uses descriptive analysis method with a qualitative approach by means of observation, in-depth interviews and literature study to all informants. Purposive sampling research informants. Research variables include communication, resources, attitude/disposition and bureaucratic structure. The results showed that at the Sinjai District Health Center during the Covid-19 pandemic the Home Visit Home Care program in terms of communication with the Sinjai District Health Office remained the same as before the Covid-19 pandemic went well, but communication with the community did not run optimally, especially the implementation of socialization in a comprehensive manner. Comprehensive during the pandemic is not done. Then the resources, officers during the Covid-19 pandemic remain the same as those on duty at the Puskesmas, there are special criteria for officers. Attitudes of officers and patients are committed to carrying out the Home Visit Home Care program. The bureaucratic structure of implementing Home Visit Home Care at the Sinjai District Health Center has been running according to the SOP of Perbup No. 39 of 2018. It was concluded from the aspect of resources, attitudes/dispositions and the bureaucratic structure had gone well, but from the aspect of communication such as the delivery of information as a whole it was not optimal. It is expected that the use of technology such as the existence of a special website and social media to facilitate the delivery of information.

307

Key Words: Implementation, Program, Home Visit Home Care, Puskesmas, Sinjai Regency.

DOI Number: 10.14704/nq.2022.20.2.NQ22309

NeuroQuantology 2022; 20(2):307-312

Introduction

In Presidential Regulation Number 72 of 2012 concerning the National Health System, it is explained that to carry out health efforts in the context of health development, it is necessary to have sufficient health human resources in number, type and quality and are distributed fairly and equitably.

The government has an obligation to meet the extraordinary needs of the community, public services from the government have an important role for the community because not all public services are provided by the private sector.

Corresponding author: Mutmainnah

Address: ^{1*}Master's Program in the Department of Health Policy Administration, Faculty of Public Health, Hasanuddin University, Indonesia; ^{2,3,4}Department of Health Policy Administration, Faculty of Public Health, Hasanuddin University, Indonesia; ^{5,6}Ministry of Occupational Health and Safety, Faculty of Public Health, Hasanuddin University, Indonesia.

^{1*}E-mail: ninamutmainnah12@gmail.com

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Received: 15 January 2022 **Accepted:** 04 February 2022

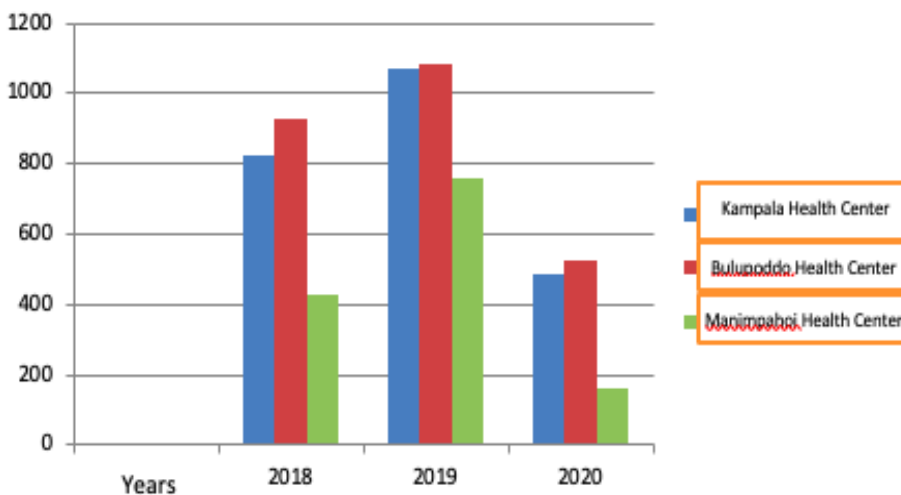


The purpose of public services in the current era has a very important urgency for the government and the community, including creating professional, effective, efficient, simple, transparent, open, timely, responsive, adaptive services, and the realization of a good government (Hayati, 2017).

To improve the health status of the Sinjai district community, the Sinjai district government has made the Home Visit Home Care program one of the flagship programs. The Regent of Sinjai issued Perbub number 39 of 2018 regarding the visit program and health services at home. Home visit and health service program, hereinafter referred to as HomeVisit HomeCare, is a health service program carried out at home or in the community by health workers with individual, family and community targets in the form of promotive, preventive, curative and rehabilitative services (Sinjai District Health Office, 2018).

However, during the Coronavirus Disease 2019 (COVID-19) pandemic, the implementation of the Home Visit Home Care program which was scheduled during the service hours of the Sinjai District Health Center experienced several obstacles in its implementation.

Based on a statement from one of the Health Center Home Visit Home Care coordinators, that during the pandemic there was a decline in the number of Home Visit Home Care services. The number of Home Visit Home Care services at the Kampala Health Center in 2018 was 815 visits, Bulupoddo Health Center 920 visits and at the Manimbahoi Health Center 423 patient visits. Kampala Health Center in 2019 as many as 1063 patient visits and in 2020 as many as 480 patient visits. Bulupoddo Health Center has 1077 patient visits in 2019 and 518 patients in 2020. As for the Manimpahoi Health Center in 2019, the number of services was 750 patients and in 2020 as many as 153 patients.



Number of visits Home Visit Home Care, Kampala Health Center, Bulupoddo Health Center, Manumpahoi Health Center

Source: Sinjai District Health Office, 2020

In the midst of the COVID-19 pandemic, the Sinjai district government's flagship program, was very useful. But in reality, during the COVID-19 pandemic, only a few people wanted to use the program, as evidenced by the declining number of visits in 2020.

Based on a preliminary study, it was found that some people or patients refused to be given treatment because the officers wore clothes that were in accordance with the COVID-19 protocol. Home Visit Home Care officers when carrying out their duties use these clothes so that patients and officers are both safe from the dangers of

COVID-19. The problem of patients refusing to be given treatment because clothes mean that there is a need for communication before the patient is visited by the officer.

Methods

This study uses descriptive analysis method with a qualitative approach by means of observation, in-depth interviews and literature study to all informants. Purposive sampling research informants. Research variables include communication, resources, attitude/disposition and bureaucratic structure. This research was conducted at the Kampala Health Center, Bulupoddo Health Center and Manumpahoi Health Center. With key informants 4 people consisting of



the Head of Health Services at the Sinjai District Health Office and each coordinator of the Home Visit Home Care program in each program.

Results and Discussion

The characteristics of the respondents in this study were 4 key informants, with an average respondent age of 25 to 45 years. Then the average length of work is 5 to 10 years. With each position, the coordinator of Home Visit Home Care from 3 health centers and the Head of Health Services at the Health Office who is directly responsible to the Regent of Sinjai regarding the Home Visit Home Care program. The additional informants are the community as Home Visit Home Care patients as many as 6 informants with an average age characteristic of 30 to 60 years, then on average they receive good Home Visit Home Care services more than 2 times.

Communication

During the covid-19 pandemic, communication in online form via WhatsApp groups with the coordinators of each puskesmas in this case was less effective because there were several puskesmas which were located remotely with poor network access.

"In the implementation of the Home Visit Home Care program, of course, from the Health Office as the person in charge of the program there is reciprocity with the program implementer. Because we are the person in charge, we only direct the program, the communication that we do with the puskesmas as the implementer is in the form of periodic meetings at the puskesmas mini workshop which also involves cross-sectoral then also periodic meetings with the coordinators of each puskesmas in the form of collecting reports, where we as the person in charge are there. In coordination with each puskesmas, of course, we will carry out an evaluation regarding the implementation of the program, but during the 2020 pandemic we do not hold meetings again in person but through online communication (whatsapp groups). Of course, online there are several remote puskesmas so the signal is not good."

Socialization before the pandemic was carried out thoroughly but during the pandemic it was no longer carried out.

"There is no special socialization from us, but when we carry out routine activities such as mini

cross-sector workshops we also socialize this program, which is assisted by the puskesmas as implementers by providing leaflets, but because of this pandemic, our routine activities are hampered, but from the puskesmas As the executor, he continues to run this program while educating the community, both when providing services at the health center or in the community."

Resource

There are no special criteria for selecting Home Visit Home Care officers before and during the Covid-19 pandemic.

"There are no specific criteria. All voluntary workers are included in the Home Visit Home Care implementing officers who are adapted to their respective fields, then a decree is made".

Human resources to support skills both before and during the pandemic, implementers of Home Visit Home Care at the Sinjai District Health Center were not given special training except for the PSC (Public Safety Center) team.

"As for the overall training, the Home Visit Home Care team does not exist. Because those who are selected as Home Visit Home Care officers are adjusted to their fields. Except for this PSC Team who was given training, as I recall, at the beginning of the realization of this program, there were trainings such as quick response to emergency patients. If not now, especially during the Covid-19 pandemic where our space for movement is limited."

The quality of Home Visit Home Care officers who are courteous when serving, patients feel comfortable, then provide clear education both before and during service, patients feel comfortable.

"The staff is friendly, in delivery. What was conveyed was in accordance with the patient's condition. Before and during the pandemic both were examined, both. If officers like that feel comfortable and satisfied, both before and during the pandemic."

Completeness of infrastructure in the form of standard medical equipment and complete PPE in accordance with health protocols both before and during the pandemic.

"In my opinion, the medical equipment has met the standard. As we facilitate each tensimeter team and also PPE according to health protocol standards both before and during the COVID-19 pandemic,"

Attitude/Disposition

From the Health Office as the organizer who is directly responsible to the Regent of Sinjai, of course, fully supports this program both before the pandemic and during the Covid-19 pandemic.

"From us, the Department of Health as the person in charge of implementing this program, of course, we fully support it, both materially and financially. Especially for our younger siblings, volunteer health workers are a form of commitment from the Sinjai district government regarding incentives for volunteer workers. Then the implementation of Home Visit Home Care before the pandemic went very well as expected, we were able to provide health services evenly from those who had never received treatment because of access constraints, now we are the ones who come for treatment. However, after the Covid-19 pandemic, we cannot be intense in its implementation. Then regarding the special regulations during the pandemic, every officer who goes to the field in carrying out visits, whether it's Home Visit or Home care, they must wear complete PPE according to health protocols. This is also a form of our support, how to protect staff or patients and their families who receive this service, I think so".

Bureaucratic Structure

The Standard Operating Procedures used by the Home Visit Home Care team in providing services to the community both before and during the pandemic are still the same, in this case it has been stated in the Regent's Regulation No. 39 of 2018, then also stated in the Sinjai Regional Regulation No. 30 of 2019 concerning Health Insurance plus area.

"There must be a SOP, how is the Home Visit Home Care service mechanism. If the Home Visit is in the form of visits by health workers, it is more for promotive and preventive education and Home care is more for curative and rehabilitative. This is stated in the Regent's Regulation Number 39 of 2018 concerning the Visit Program and home health services called Home Visit Home Care. Then there is the regional regulation regarding the Regional Plus Health Insurance. This SOP was applied before and during the COVID-19 pandemic."

Discussion

The Sinjai Regency Government applies the Home Visit Home Care innovation as a home visit and

nursing service that is provided to patients at home. The Home Visit Home Care service program is a form of service that is carried out at home to patients or their families that is carried out continuously and comprehensively, with the aim of preventing disease, recovering, maintaining and improving health and optimizing independence after hospitalization. The Puskesmas as the implementer of the Home Visit Home Care program which serves patients in its working area and the Sinjai District Health Office as the person in charge of all Home Visit Home Care implementation in all Puskesmas. The most basic goal of Home Visit Home Care services is to increase, maintain or maximize the level of independence, and minimize the consequences of illness to achieve optimal individual abilities for as long as possible (Sinjai District Health Office, 2018).

Based on the results of research to informants regarding communication from three Puskesmas, namely Kampala Health Center, Bulupoddo Health Center and Manimpahi Health Center with the Sinjai District Health Office in charge of the Home Visit Home Care program so that all forms of activities related to the program are in the form of monthly Puskesmas reports or Home Visit problems. Home Care will always occur reciprocally between the Puskesmas and the Health Office. The Puskesmas as the direct implementer of the Home Visit Home Care program every day if there are problems with patients or health problems and if there are calls from the patient's home, they also make monthly reports to the Sinjai District Health Office for the Home Visit Home Care program. According to research by Ariyani et al. (2014) and Juliani et al. (2021), the importance of communication in program implementation will be perfect if the entire planning coordination team and working group team carry out comprehensive communication. Considering that communication is the most dominant factor in program implementation, communication between the Puskesmas and the Health Office is indeed necessary and routinely carried out in order to support the perfection of the program being implemented.

The implementation of socialization is no longer carried out because the implementation of the Home Visit Home Care program has been running for a long time. Although thorough socialization was not carried out, the form of notification regarding Home Visit Home Care door to door was then slightly changed during the Covid-19



pandemic, officers wore PPE or Personal Protective Equipment in accordance with health protocols. While in research (Mulianny M, Arman and Ahri, 2018) that socialization can generate public interest in utilizing Home Care health services.

Human resources are the most important element in policy implementation. In this case, no matter how good a program is if it is not supported by inadequate human resources it will affect its own implementation, of course it must be considered through training or competencies possessed (Putra, Usman and Abdi, 2017). The criteria for becoming a Home Visit Home Care officer, which is the same both before and during the Covid-19 pandemic, are health workers who are gathered in the Sinjai District Health Workers Association organization, which consists of different professions, such as doctors, nurses, laboratory workers, pharmacists, midwives, public health (nutrition, environmental health, health promotion). This is in accordance with the Home Visit Home Care guidelines (Sinjai District Health Office, 2018).

Resources in the implementation of the Home Visit Home Care program are maximum before the Covid-19 pandemic. Where there are no special criteria both before and during the COVID-19 pandemic, special training for the PSC team, until patient satisfaction is sufficient. However, during the pandemic, there is no more special training, then there is no difference between the officers guarding the puskesmas and the Home Visit Home Care officers who go to the field, even though it is possible that the officers at the puskesmas were exposed to Covid-19 before going to the patient's house. In accordance with the view expressed by Edward III in (Agustino, 2012), that a program or policy in its implementation can run effectively, adequate resources are needed. Important resources include adequate staff and good skills to carry out the tasks, authority and facilities needed to carry out the tasks.

The most important thing in service is the satisfaction of the service recipient. The results of in-depth interviews with several informants regarding the quality of Home Visit Home Care officers in providing health services for the community and also the achievement of community satisfaction in getting Home Visit Home Care services, both before and during the Covid-19 pandemic. In research (Mulianny M. Arman and Ahri, 2018) that the image or service facilities affect the public's interest in using Home Care services so

that the wishes and satisfaction and trust of service users are achieved. In line with the expectations of informants in interviews regarding Home Visit Home Care officers, namely not discriminating against patient status, being kind and friendly in service, serving well and protecting each other, especially in the midst of the Covid-19 pandemic.

Based on the results of the attitude factor interview, namely the attitude of Home Visit Home Care officers and patients during the Covid-19 pandemic, they have provided support for the implementation of Home Visit Home Care. It can be seen from the officers and patients in their commitment to running or using Home Visit Home Care services. Then there are people who do not agree when officers use complete PPE when carrying out Home Visit Home Care. Commitment is needed so that a policy or program can run as expected so that the objectives of the policy or program can be achieved. In accordance with the theory of policy implementation according to Edward, that if you want a policy to run efficiently and successfully, policy implementers must not only know what policies they are running but they must also be willing to carry out what policies they are running but they must also be willing to implement them policies implemented (Ramlah, 2020).

In accordance with the theory put forward by Edward III in (Arsita, 2019) the performance of the bureaucratic structure can be boosted through SOPs and the spread of responsibility or authority. Based on this, aspects of the bureaucratic structure that will be discussed are the flow of services in the SOP and organizational structure as well as the daily duty schedule. Of the three research sites, the Kampala Health Center, Bulupoddo Health Center and Manimbahoi Health Center, there is an organizational structure consisting of a coordinator, then a team of each Home Visit Home Care officer who has been determined based on mutual agreement both before and during the Covid-19 pandemic.

Then from the Home Visit Home Care service SOP based on the informant's statement that before and during the Covid-19 pandemic used the same service flow SOP. Based on the results of the research that the bureaucratic structure in the Home Visit Home Care program in Sinjai Regency, for the organizational structure there is, then the distribution of the schedule for officers at the Puskesmas and in the Home Visit Home Care program with tasks at the puskesmas still having to



run both, as well as the implementation of Home Visit Home Care that has been implemented according to SOPs.

Research Limitations

Some of the limitations of the research include: this research is limited in terms of the scope of the object and research subject, in the data collection process, information does not show the actual opinion of the respondents, this happens because of differences in thoughts, assumptions and different understandings of each informant as well as other factors such as honesty factor in providing information.

Conclusion

Communication has been carried out well, both before and during the pandemic, but communication has not been maximally carried out to the community in this case, so that changes such as the use of complete PPE during the pandemic, some people are less accepting. Resources in terms of Human Resources are good, placed according to the fields and expertise of each officer, then in terms of government infrastructure and the Sinjai District Health Office have tried to meet the needs during the implementation of the Home Vision Home Care program. In terms of attitude/disposition, the program is fully supported by the government with the Sinjai District Health Office who is directly responsible to the Regent, both before and during the Covid-19 pandemic. Then from the bureaucratic structure, the implementation in this case is in accordance with the SOP based on Perbub No. 39 of 2018 related to Home Visit Home Care. It is hoped that in the ease of delivery of socialization in the community related to the Home Visit Home Care program, especially during the Covid-19 pandemic, the use of social media and web creation will make it easier for people to reach out without having to jump in for direct socialization in the community.

References

Agustino, Leo. (2012). Bandung Public Policy Fundamentals: ALFABETA.

Ariyani, D., Hakim, A. and Noor, I. (2014). Influence of Communication Factors. Resources, Implementers' Attitudes, and Bureaucratic Structures on the Outputs of the Implementation of the Agropolitan Area Development Program in Probolinggo Regency: Jurnal Pembangunan dan Alam Lestari, 5(2), 15-21.

Arsita, I.N. (2019). Implementation of Home Care Program (Dottorotta) in Makassar City. Universitas Muhammadiyah Makassar.

Hayat, (2017). Public Service Management. PT. Raja Grafindo Persada, Depok.

Sinjai District Health Office, (2018). Mechanism of Home Visit Home Care in Sinjai Regency.

Sinjai District Health Office, (2020). Home Visit Home Care Visit Data 2018 to 2020.

Mulyani M, A.A., Arman and Ahri, R.a (2018). Factors Affecting Community Interest in Utilizing Home Care at the Layang Health Center: Jurnal Kesehatan, 1(3), 297-303.
<http://jurnal.fkmumi.ac.id/index.php/woh/view/who1318>

Juliani, N., Fitriani, A.D., & Theo, D. (2021). Analysis of the Implementation of Patient Safety Culture with the AHRQ Model at Mitra Medika Hospital Tanjung Mulia Medan. Journal La Medihealthico, 2(5), 1-9.
<https://doi.org/10.37899/journallamedihealthico.v2i5.411>

Putra, A., Usman, J and Abdi (2017). Home Care-Based Public Service Innovation in Makassar City. Kolaborasi: Jurnal Administrasi Publik, 3(3), 294.
[doi:10.26618/kjap.v3i3.1053](https://doi.org/10.26618/kjap.v3i3.1053)

Ramlah, N. (2020). Readiness of Implementation of Healthy Campus Program at Hasanuddin University. Hasanuddin University

