

## Implementation of Facility and Safety Management at Public Health Center Pesantren II Kediri

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### ABSTRACT

Health Health centers must be accredited to improve the quality of health services. In order for accreditation to be achieved, Public Health Center has requirements that must be met regarding buildings, infrastructure, equipment, and providing a safe environment for service users, visitors, officers, and the community, including patients with physical limitations. Patients with physical limitations are given access to obtain services, so facility and safety management are needed. Community service activities carried out by the Postgraduate Program in Public Health IIK Strada Indonesia, which was carried out from May 22, 2023, to June 17, 2023, aim to identify the implementation and implementation strategies for facility management and safety using Fishbone, USG, and SWOT analysis at Public Health Center Pesantren II Kediri. One of the implementations was the socialization of facility and safety management to all employees, and the results of the Wilcoxon statistical test pre-test and post-test showed a sig value. 0.000 (<0.05) means that there is an effect of socialization of facility management and security among Public Health Center Pesantren II employees. Implementation and management strategies for facilities and security management at Public Health Center Pesantren II Kediri have been well implemented. To improve service quality, there are several conditions that can be optimized. Public Health Center management has a big role to play in ensuring the management of facility management and security in accordance with applicable regulations.

**Keywords:** Accreditation, Facility Management and Safety, Health Center, Implementation

Received: July 8, 2024

Revised: August 11, 2024

Accepted: August 24, 2024



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### INTRODUCTION

Health Service Facility is a place used to organize health service efforts, both promotive, preventive, curative and rehabilitative carried out by the government, local government and / or the community. Community Health Center, hereinafter referred to as Public Health Center, is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts in its working area. As a Health Service Facility, Public Health Center has an obligation to comply with the provisions of the prevailing laws and regulations (Healt, 2019).

To provide protection to the public against the quality of health services at public health centers, efforts are needed to improve the quality of health services through the implementation of accreditation (Minister of Health RI, 2022). In order for the accreditation to be achieved, one of the Public Health Center has certain requirements that must be met both related to building requirements, infrastructure, equipment and providing a safe environment for service users, visitors, officers and the community including patients with physical limitations are given access to obtain services so that a Facility and Safety Management (MFK) is needed (Healt, 2019).

In Law of the Republic of Indonesia Number 36 of 2009 article 164 to protect workers in order to stay healthy and free from health problems and adverse effects caused by work, Occupational Health Efforts are needed (Health, 2018). Occupational safety and health must exist and be implemented either in companies or government agencies, because it is one aspect of labor protection that is protected by the Government and must be implemented as stated in Government Regulation of the Republic of Indonesia Number 88 of 2019 concerning Occupational Health.

Along with efforts to improve the health system, the transformation of the health service system is currently stipulated, including through the implementation of health quality improvement at Public Health Center through accreditation, which is currently regulated through Permenkes Number 34 of 2022 concerning Accreditation of Community Health Centers, Clinics, Health Laboratories, Blood Tranfusion Units, Independent Doctor Practices, and Independent Dentist Practices, in which there are specific standards related to Facility Management and Safety, namely in standard 1.4.(Directorate of Medical Support Services and Health Facilities, 2015)

MFK programs need to be developed and implemented by Public Health Center. Facility management and safety (MFK) programs in health care facilities according to (Ministry of Health, 2023) include: Facility safety and security management, toxic hazardous material (B3) and hazardous waste management, disaster emergency management, fire safety management, medical device management, utility system management, and facility safety and security management education.

So far, Public Health Center Pesantren II Kediri has implemented the Facility and Safety Management program, especially building maintenance, equipment maintenance, employee health checks, environmental health, fire prevention, handling of hazardous materials and waste and others but not yet optimal, and generally not preceded by risk identification. Implementation of facility/equipment maintenance has been carried out, but not based on implementation and risk analysis. Inspection of facilities, function tests and risk identification have not been carried out optimally. In connection with the above, it is necessary to develop a Facility and Safety Management program by implementing a more comprehensive MFK program, prioritizing risk identification for the safety and security of the facilities owned by the Public Health Center according to the standards set by accreditation.

## **OBJECTIVE**

Determine the priority for solving the problem of the implementation of facilities and safety management that is not up to standard at the Public Health Center Pesantren II Kediri by using fishbone analysis (fishbone diagram) and USG analysis (urgency, seriousness, growth). Identify the strategy for standardizing the implementation of facility management and safety implementation at Public Health Center Pesantren II Kediri by using SWOT analysis (Strength, Weakness, Opportunity, and Threats).

## METHODS

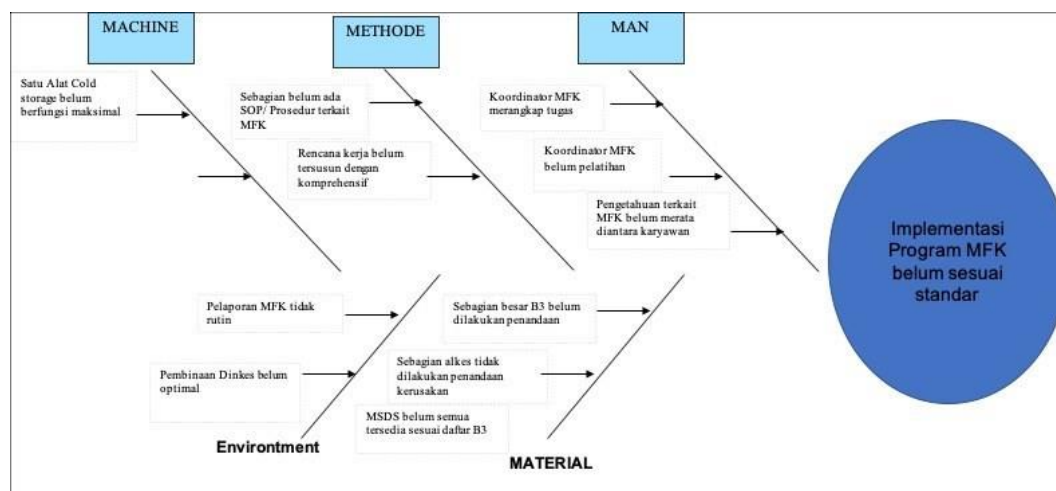
Community service activities carried out by the Postgraduate Program in Public Health IIK Strada Indonesia which was held on May 22, 2023 to June 17, 2023 aims to implement the Facility and Safety Management (MFK) program at Public Health Center Pesantren II Kediri City. The targets in the implementation are management and implementers, the implementation begins with a review of the implementation of the Facility and Safety Management program at the Public Health Center followed by the socialization of the Facility and Safety Management program to the 45 employees of Public Health Center Pesantren II Kediri including Public Health Center's quality team, MFK program holder, and MFK activity implementers in Public Health Center Pesantren II Kediri. Socialization of Facility and Safety Management is carried out using classical methods with discussion materials (a) safety and security management of facilities, (b) management of toxic hazardous materials (B3) and hazardous waste, (c) emergency and disaster management (d) fire safety management, (e) medical device management, (f) utility system management, (g) Facility and Safety Management Education. Pre- and post-test are used to measure knowledge gained from participating in this socialization. In this Community service activities carried out by the Postgraduate Program in Public Health IIK Strada Indonesia, the students also provided examples of the Facility and Safety Management (MFK) program documents and examples of MFK implementation for Public Health Center.

## RESULTS

The implementation of community service activities regarding the implementation of facility and safety management begins with the use of several analyses, namely to determine the main problems that arise, then various alternatives are compiled to be able to solve the problem, then from these various alternatives the most feasible alternative is selected.

**Analysis of Factors Causing the Implementation of the MFK Program at Public Health Center Pesantren II Kediri City has not met the standards with fishbone analysis.**

Analysis in finding the source of problems that hinder facility and safety management at Public Health Center Pesantren II was carried out using fishbone diagram analysis.



Assessment of the problem Implementation of the MFK Program at Public Health Center Pesantren II Kediri City is not in accordance with the standards categorized using 5M, namely: *Man*, *Method*, *Material*, *Machine*, and *Mother Nature*. The causal factors described in the 5Ms that have been found include:

### 1. Man

MFK coordinator is concurrently performing duties. MFK coordinator has not been trained,

MFK knowledge among employees is not evenly distributed.

2. Methods

Some procedures related to MFK are not yet available. MFK work plan has not been comprehensively developed.

3. Materials

Most B3 and B3 waste have not been marked. Some damaged equipment has not been marked. MSDS is not yet available according to the B3 inventory list.

4. Machine

One cold storage is not functioning optimally. Some tools in TPS B3 are not standardized.

5. Mother Nature

MFK reporting is not routine. Coaching from the health office is not optimal.

**Determination of Priority Settlement Implementation of the MFK Program at Public Health Center Pesantren II Kediri City is not in accordance with standards with USG Analysis (*urgency, seriousness, growth*).**

In determining the priority of problems carried out by the USG method, brainstorming was carried out with employees of the Pesantren II Health Center in the discussion of determining the priority of problems. The following is the prioritization of problems with the USG method:

No.	Indicator	US	G	UxSxG	Ranking	
1	MFK coordinator concurrently	42	2	16	VIII	
2	MFK Coordinator has not been trained	42	4	32	VI	
3	MFK knowledge among employees is not evenly distributed	5	5	5	125	I
4	Some procedures related to MFK are not yet available	5	5	4	100	II
5	MFK's work plan is not yet comprehensively developed	4	4	3	48	V
6	One Cold storage is not functioning optimally	2	2	2	8	IX
7	Some tools in B3 TPS are not standardized	2	2	1	4	XI
8	MFK reporting is not routine	1	2	3	6	X
9	Coaching from the health department is not yet optimal	3	2	3	18	VII
10	Most B3 and B3 waste have not been marked	5	4	4	80	III
11	Some damaged tools have not been marked	2	1	1	2	XII
12	MSDS is not yet available according to the B3 inventory list	5	3	4	60	IV

Based on the results of the USG Brainstroming, the problem that is a priority to be resolved immediately is the equalization of MFK management knowledge for employees of Public Health Center Pesantren II, Kediri City.

**Strategy for Standardizing the Implementation of the MFK Program at Public Health Center Pesantren II Kediri City with SWOT Analysis (*Strength, Weakness, Opportunity, Threats*)**

<i>Strengths (S)</i>		<i>Weaknesses (W)</i>
Plenary accredited health centers		Knowledge of all employees is not the same
Leadership and employee commitment is good		MFK officer double duty
There is a Public Health Center MFK Team		The work program has not been
There is infrastructure related to MFK		comprehensively developed
		Routine supervision has not been carried out
		Awareness of the importance of MFK is not yet evenly distributed
<i>Opportunities (O)</i>	<i>SO strategy</i>	<i>WO Strategy</i>
Part of the assessment in Public Health Center accreditation There is a DHO budget for MFK implementation	Optimization of Public Health Center SOTK	Improve officer skills through training/education
	Optimize existing budget for MFK program implementation	Equal distribution of Public Health Center workload
The location of the health center is easy to reach	Provide facilities and infrastructure according to the comprehensive standards of the Minister	Develop a MF K program plan
Get support from the city government	<u>of Health Regulation</u>	
	Develop and socialize MFK-related guidelines and procedures	
<i>Threats (T)</i>	<i>ST strategy</i>	<i>WT Strategy</i>
There are many other health facilities Supervision of MFK implementation by the Health Office is less intense	Optimizing network meetings to support Public Health Center programs	Increase the role of internal audit in monitoring and evaluation of MFK activities
	Optimization of supervision through the assistance of TPCB Health Office	MFK socialization to employees and visitors
Lack of awareness of visitors to participate in maintaining the facilities provided by the Public Health Center health center	Socialization of MFK to the Public Health Center visitors	

Based on the assessment that has been carried out using the SWOT diagram to prioritize strategies that will be implemented to overcome the problem of implementing the MFK Program at Public Health Center Pesantren II Kediri City has not met the standards by carrying out MFK socialization to employees of Public Health Center Pesantren II Kediri City to increase knowledge about the Public Health Center Management and Safety Program.

The MFK socialization activity at Public Health Center Pesantren II, Kediri City was held on June 17, 2023 and attended by 45 employees of Public Health Center Pesantren II. Before the implementation of socialization, a pretest was conducted to determine the level of knowledge before being given socialization. Furthermore, the material was given by the Residency team

as well as discussions and questions and answers related to the material provided. The team carried out a posttest to determine the level of knowledge after being given socialization with the same questions but the numbers were randomized. From the results of the pretest and posttest, the following results were obtained:

### Normality test

#### Tests of Normality

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
MFK PreTest	.145	45	.019	.951	45	.058
PosTest MFK	.245	45	.000	.722	45	.000

#### a. Lilliefors Significance Correction

The results of the normality test because the number of samples <100 used Shapiro-Wilk, for pre-test data is normally distributed with a sig value. 0.058. For post test data, it is not normally distributed with a sig value. 0.00. There are several reasons why the normality test in SPSS this time shows that the post test variable is not normally distributed.

**Because the data distribution was not normal, Wilcoxon analysis was used.**

Ranks				
		NMean Rank	Sum of Ranks	
PosTest MFK - PreTest MFK	Negative Ranks	1a	1.50	1.50
	Positive Ranks	42b	22.49	944.50
	Ties	2c		
	Total	45		

#### a. PosTest MFK < PreTest MFK

#### b. PosTest MFK > PreTest MFK

#### c. PosTest MFK = PreTest MFK

The analysis shows the result that :

There was 1 sample that experienced a decrease in scores from pretest to posttest. There are

42 samples that have increased scores from pretest to posttest.

There are 2 samples whose pretest to posttest scores are fixed.

### Test Statistics<sup>a</sup>

PosTest MFK -

	PreTest MFK
Z	-5.702b
Asymp. Sig. (2-tailed)	.000

#### a. Wilcoxon Signed Ranks Test

#### b. Based on negative ranks.

From the results of statistical tests with Wilcoxon pre test and post test showed sig. 0.000 (<0.05) means that there is a significant effect of increasing knowledge of MFK socialization and management of hazardous and toxic waste to Public Health Center Pesantran II employees.

Another community service is the creation of several internal documents related to MFK at the Pesantren II Health Center by providing examples of MFK-related guidelines and procedures



that can be used at the Pesantren II Health Center. Giving symbols and labels to B3 at Public Health Center Pesantren II because it is very important to identify and classify B3, which will be very useful as important information material in its management. Making MSDS for each B3, Making MSDS or Material Safety Data Sheet (LDKB) on B3 at Public Health Center Pesantren II which is an instruction sheet containing chemical information including physical and chemical properties, types of hazards posed, how to handle, special actions in emergencies, disposal and other necessary information. Provision of medical waste, Wet Floor Markers, and Traffic Cones for additional infrastructure to complement existing MFK-related infrastructure at the Pesantren II Health Center. Provision of Visitor Identification Necklaces, to avoid theft, kidnapping and other matters related to security.

## DISCUSSION

Analysis in finding the source of problems that hinder facility and safety management at UPT Public Health Center Pesantren II was carried out using *fishbone* diagram analysis. Problems found through fishbone diagram analysis were prioritized using the *Urgency, Seriously and Grow* (USG) method. The top three problems are (a) knowledge of facility and security management among employees is uneven, (b) some procedures from facility and security management are not yet available, (c) some hazardous and toxic materials (B3) and B3 waste have not been marked. From the USG analysis, the priority problem that needs to be followed up immediately is the knowledge of facility management and security among employees is not evenly distributed, activities that can be implemented to solve this problem by holding a socialization of facility management and security to all employees of Public Health Center Pesantren II Kota Kediri.

Priority problems have been intervened, followed by follow-up to solve problems in order two and three. The activities carried out are (a) preparation of internal documents related to facility and security management at Public Health Center Pesantren II such as Guidelines and Procedures related to facility and security management that can be implemented directly by the Public Health Center,

(b) giving B3 symbols and labels, (c) making *material safety data sheets* (MSDS) for each B3, (d) providing medical waste, wet floor markers and *traffic cones*, (e) providing visitor identity necklaces.

## CONCLUSIONS

Implementation and management strategies for facilities and security management at Public Health Center Pesantren II Kediri City have been carried out well but there are still some weaknesses that can be improved to improve the quality of service of Public Health Center Pesantren II, especially in the management of facilities and security management. Public Health Center management has a big role to ensure the management of facility management and security in accordance with applicable regulations.

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