Evaluation Of The Effectiveness Of Using The Recommended Method Of Registration Recommendations At Bestari Pusat Kesehatan Masyarakat Medan Petisah

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Abstract
The Suggested Independent Registration (SIR) Method at the Bestari Health Center aims to maximize the outpatient registration process to create an easy, fast and convenient service for patients. However, in its implementation, there are still many elderly people who do not understand its use and sometimes there are problems with the system so it slows down the service process at the Bestari Health Center. This study aimed to determine the evaluation of the effectiveness of using the Independent List Recommendation Method at the Bestari Health Center. The method used is Mix Methods, which is a combination of qualitative and quantitative. The population in this study amounted to 105 respondents. Based on the results of research on evaluating the effectiveness of the use of the Suggested Independent Registration recommended method at the Bestari Health Center, it can be seen that there is an influence of human resources, SOPs and facilities, and infrastructure on the use of the Suggested Independent Registration method at the Bestari Health Center. The results of interviews with respondents indicate that at Bestari Health Center, there are already human resources to support, SOPs are available but do not work, and infrastructure that already exists but is not functioning properly.

Keywords: *Evaluation of Use Effectiveness, Suggested Independent Registration Method.*

I.   INTRODUCTION.

According to the Indonesian Ministry of Health in 2020, health service facilities are at the forefront of dealing with health problems in the community due to COVID-19. The Community Health Centers is one of the health services that have an important role in dealing with COVID-19 in its area.The community health center is a functional health organization unit whose role is to foster and provide comprehensive and integrated services to the community in its working area in a form of activity (Herlambang, 2018). According to the Indonesian Ministry of Health in 2020, the role of community health centers needs to be strengthened in terms of prevention, detection, and response by their authority as first-level health care facilities. But on the other hand, the community health center also has the duty and function to carry out public and individual health efforts in the context of meeting minimum service standards for the community during this pandemic.Improving the performance of public health center services is determined by several main and supporting factors that vary from place to place. In the process of working, community health centers are required to carry out various administrative activities such as patient registration, drug list reports, the monthly number of patients, and so on. (Mustofa, 2020).The Management Information System of a community health center is an arrangement that provides information to assist the decision-making process in implementing the management of a public health center to achieve activity targets and facilitate the process of registration of outpatient, inpatient, emergency, and reporting activities (PMK, 2013).

The public health center registration application was built to facilitate the District/City Health Office in registering public health centers. Technical Instructions for the operation of the public health center registration application are addressed to users of the District/City Health Office in registering online public health centers. Technical instructions are divided according to the modules in the application to make it easier for users to use the application (Ministry of Health, 2019).The rapid development of technology brings many changes in efforts to improve health which is expected to give satisfaction to patients. One of the efforts to improve health is the existence of the Independent List Suggested Method which is expected to

create comfortable, easy, and fast services for the community.The Bestari Medan public health center has carried out the last accreditation in June 2021. The vision of the public health center is "The realization of a healthy community in the work area of the Bestari Health Center UPT through quality health services". By the vision, the Bestari Community Health Center strives to provide quality health services in realizing a healthy society.From the brief discussion above, the researcher is interested in conducting a study entitled, "Evaluation of the Effectiveness of the Use of the Recommended Independent Register Method at the Bestari Health Center Medan Petisah".

II. LITERATURE REVIEW.

2.1. Self Registration Suggested Method

The Self Registration Advice Method is a machine shaped like an ATM that allows general patients and BPJS to register and receive Patient Eligibility Letters (PEL) without having to go through the registration counter (SKPD, 2018).According to the 2021 e-public health center application, the management of self-registration services at the public health center uses the Kiosk Queue Machine, which has been integrated with the e-public health center application which is useful for (a) serving patients independently; (b) make queues faster; (c) assist in the accreditation of public health centers.

2.2. Community Health Centers

Public Health Efforts in the Regulation of the Minister of Health No. 43 of 2019 concerning Community Health Centers, it is explained that Community Health Efforts (UKM) are every activity to maintain and improve health as well as prevent and overcome health problems targeting families, groups, and communities. Meanwhile, Individual Health Efforts (UKP) are activities and/or a series of health service activities aimed at improving, preventing, curing disease, reducing suffering due to disease and restoring individual health (Kemenkes, 2019). The Community Health Center is the technical implementing unit of the district/city health office that is responsible for organizing health development in a work area (PMK, 2016). There are 3 functions of public health centers (Anggraeni, 2019), namely:

1. Center for driving development with a Health perspective. Community health centers always strive to mobilize and monitor the implementation of cross-sectoral development, including by the community and the business world in their working areas.

2. Community empowerment center. Community health centers always strive so that individuals, especially community, family, and community leaders, including the business world, have the awareness, willingness and ability to serve themselves and the community to live healthy lives, and play an active role in fighting for health interests, including sources of financing, and participate in determining, organizing and monitoring Health program implementation.

3. First-tier health service center. Community health centers are responsible for providing comprehensive first-level health services.

The principles of organizing public health centers in the Minister of Health Regulation No. 43 of 2019 concerning Community Health Centers include (a) the healthy paradigm; (b) Territorial responsibility; (c) Community independence; (d) Availability of access to health services; (e) Appropriate technology; and (f) Cohesiveness and sustainability. The Public Health Center Information System can be interpreted as an arrangement that provides information to assist the decision-making process in carrying out the management of the community health center to achieve the target of its activities.According to PMK (2019), the Organization of the Community Health Center shall at least consist of the Head of the Community Health Center, the Head of Administration, and the person in charge of the efforts/activities of the Community Health Center. In carrying out their duties and responsibilities, the person in charge is supported by the implementers of the efforts/activities. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 31 of 2019 concerning Information Systems for Public Health Centers, the facilities and infrastructure of a public health center consist of: (a) Every public health center must have facilities and infrastructure for a public health center Information System; and (b) Facilities and includes recording and reporting instruments, computers and their supporting devices.

2.2. Hypothesis

Ha   There is a relationship between HR in the use of the self-registration method.

Ho   There is no relationship between HR in the use of the self-registration method.

Ha   There is a relationship between SOP in the use of the self-registration method.

Ho   There is no SOP relationship in the use of the self-registration method.

Ha   There is a relationship between facilities and infrastructure in the use of the self-registration method.

Ho   There is no relationship between facilities and infrastructure in the use of the self-registration method.

III.   METHODS

The type and design in this study used Mix Methods, which is a combined method of quantitative research and qualitative research conducted through interviews and questionnaires. The location of research was conducted in the Bestari Public Health Center. The research was conducted for two months from December 2021 to January 2022.The population in this study amounted to 105 respondents with sampling divided into 5 respondents through interviews selected according to purposive sampling. Respondents who were interviewed were selected through the criteria of people who often play a role in the use of the self-registration method at the Bestari Community Health Center. The sample selection of respondents for interviews consisted of the Head of the Community Health Center, Head of the Independent Registration Division, Outpatient Officers, Patients receiving treatment, and the person in charge of the method of recommending independent registration to BPJS. Other respondents who were carried out through questionnaires were outpatients of as many as 100 people.An operational definition is a general and comprehensive description that states the meaning of the concept or term.

Table 1. Operational Definition

Variable	Operational definition	Measuring instrument	Measuring Scale	Measurement Results (score)
Human Resources Independent Variables	HR is a person who works as a driving force for the use of the self-registration method in community health centers Bestari.	Interview	Nominal	1. Available 2. Not available
SOP	The Standard Operating Procedure (SOP) is a guide used to ensure the activities of the self-registration recommended method at the Bestari community health center.	Interview	Nominal	1. Available 2. Not available
Facilities and infrastructure	Facilities are anything that can be used as an activity tool for the self-registration method at the Bestari Community Health Center. Infrastructure is everything that is the main support for the implementation of the self-registration method at the Bestari Community Health Center.	Interview	Nominal	1. Available 2. Not available
Self Registration Suggested Method	Self-registration is carried out by patients for treatment at community health centers.	Interview	Nominal	1. Implemented 2. Not implemented

Methods of data collection using direct observation techniques, in-depth interviews, documentation, and literature review. Observations were made by collecting the self-registration method at the Bestari Medan Petisah public health center which was carried out through direct observation of the research location (Setiawan, 2018). In-depth interviews were conducted face-to-face with informants to obtain complete and in-depth data (Wijaya, 2020) about the Suggested Self Registration method at the Bestari public health center. Documentation is one of the methods used in collecting qualitative data by viewing and analyzing documents made by the subject himself or others (Anggito, 2018). Literature reviews are obtained through books related to research to assist in obtaining relevant data. Other research instruments are carried out through questionnaires containing several structured questions, which will be asked to respondents to obtain data that will later be used as information to answer research objectives (Baihaqi et al, 2011).The data analysis method was carried out by compiling, discussing, and evaluating data from interviews/observations regarding the evaluation of the effectiveness of using the self-registration method at the Bestari Community Health Center. The data analysis that the author did is as follows:

1. Univariate analysis: the analysis is carried out to analyze each variable from the research results (Saparina *et al*, 2020).
2. Bivariate analysis: analysis to determine the relationship between the independent variable and the dependent variable.
3. Multivariate analysis: multivariable analysis in one or more analytical relationships with all statistical techniques that simultaneously analyze several measurements on individuals or objects (Santoso, 2017).

IV.   ANALYZE AND RESULT

4.1. Univariate Analysis

4.1.1 Frequency distribution based on HR, SOP, Facilities and Infrastructure, as well as self-registration recommendations

The frequency distribution of HR, SOPs, Facilities and Infrastructure, as well as the Suggestion for Independent Listing, can be seen in the table below.

Table 1. Frequency distribution based on HR, SOP, Facilities and Infrastructure and recommendation for self-registration with n = 100 people

No	Variable	f	Percentage %
	HR		
1.	Available	92	92,0
	Not available	8	8,0
Amount		**100**	**100.0**
	SOP		
2.	Available	95	95,0
	Not available	5	5,0
Amount		**100**	**100.0**
	Facilities and infrastructure		
3.	Available	46	46,0
	Not available	54	54,0
Amount		**100**	**100.0**
	Self Registration Suggestion		
4.	Implemented	81	81,0
	Not implemented	19	19,0
Amount		**100**	**100.0**

Of the 100 respondents (100%), there are 92 people (92.0%) who are available for the human resource variable and 8 people (8.0%) are not available. In the SOP variable, 95 people (95.0%) stated that the SOP was carried out while 5 people (5.0%) stated that the SOP was not implemented. 46 people (46.0%) stated the availability of facilities and infrastructure, while 54 people (54.0%) stated that the facilities and infrastructure were not available. The self-registration recommendation variable showed that, out of 100

respondents, as many as 81 people (81.0%) stated that the recommendation for self-registration was implemented and 19 people (19.0%) stated that there was no recommendation for self-registration (Table 4.1).

4.2. Bivariate Analysis

4.2.1 The Influence of HR on the Suggestion for Self-Register

The influence of HR on the recommendation for self-registration can be seen in the following table.

Table 2. The influence of HR on the recommendation for self-registration

HR	Self Registration Suggestion						df	X²
	Implemented		Not implemented		Amount			
	f	%	f	%	f	%		
Available	80	87,0	13	13,0	100	100,0	1	26,512
Not available	1	12,5	7	87,5	7	100,0		

Based on table 4.2, it can be seen that there are 92 human resources (100%), where the majority of respondents as many as 80 people (87.0%) stated that the recommendation for self-registration was implemented and as many as 12 people (13.0%) stated the recommendation for a list independently is not implemented. Based on the absence of human resources, namely 8 people (100%), 7 people (87.5%) of them said that the recommendation for self-registration was not implemented and only 1 person (12.5%) said that the recommendation for self-registration was implemented.Statistically, it shows that the calculated X² value is 26.512 and df = 1 with a significance value of 0.05 which can be calculated X² < X² table. This shows that Ha is accepted and Ho is rejected, which means that there is an influence of human resources with the recommendation of an independent list.

4.2.2 The Influence of SOPs on the Suggestion for Self-Registering

The effect of SOP on the self-registration recommendation can be seen in the following table.

Table 3. Effect of SOP on self-registration recommendation

SOP	Self Registration Suggestion						df	X²
	Implemented		Not implemented		Amount			
	f	%	f	%	f	%		
Available	80	84,2	15	15,8	95	100,0	1	12,725
Not available	1	20,0	4	80,0	5	100,0		

Based on table 4.3 regarding the SOP, it can be seen that from 95 people (100%), where the majority of respondents as many as 80 people (84.2%) stated that the recommendation for self-registration was implemented and as many as 15 people (15.8%) stated that the recommendation for self-registration was not is implemented. Based on the variable without SOP, namely 5 people (100%), only 1 person (20.0%) said that the recommendation for self-registration was implemented while 4 other people (80.0%) stated that the recommendation for self-registration was not implemented.Statistically, it shows that the calculated X² value is 12.725 and df = 1 with a significance value of 0.05 where that X² count < X² table. This shows that Ha is accepted and Ho is rejected, which means that there is an effect of the SOP with the recommendation for an independent list.

4.2.3 The Influence of Facilities and Infrastructure on the Suggestion for Self-Register

The effect of facilities and infrastructure on the recommendation for self-registration can be seen in Table 4 below.

Table 4. Influence of Facilities and Infrastructure on the self-registration recommendation

Facilities and infrastructure	Self Registration Suggestion						df	X²
	Implemented		Not implemented		Amount			
	f	%	f	%	f	%		
Available	45	97,8	1	2,2	46	100,0	1	15,671
Not available	36	66,7	18	33,3	54	100,0		

Based on table 4.4 regarding Facilities and Infrastructure, out of 46 people (100%), 45 people (97.8%) of them stated that the recommendation for self-registration was implemented and only 1 person (2.2%) stated that the recommendation for self-registration was not implemented. . Based on the variable without facilities and infrastructure, from 54 people (100%), 36 people (66.7%) of them said that the recommendation for self-registration was implemented and 18 people (33.3%) stated that the recommendation for self-registration was not implemented.Statistically, it shows that the calculated X^2 value is 15.671 and df = 1 with a significance value of 0.05 where X^2 count < X^2 table. This shows that Ha is accepted and Ho is rejected, which means that there is an influence of facilities and infrastructure with the recommendation of an independent list.

4.3. Multivariate Analysis

Multivariate analysis was carried out to determine the simultaneous relationship between the dependent variable and the independent variable through multiple logistic regression tests to know which variable was the most dominant associated with the dependent variable. The stages carried out in the multivariate analysis are as follows.

4.3.1. Selection of Multivariate Candidate Variables With Bivariate Analysis

The results of the bivariate test between each independent variable (HR, SOP, and facilities and infrastructure) showed that the variable that had a p-value of <0.25 was absent. The summary of the results of the bivariate analysis can be seen in Table 5 below.

Tables 5. The results of the selection of bivariate analysis of multivariate candidate variables, namely HR, SOPs, and advice and infrastructure

Variable		P-value	Information
HR		0,997	Excluded from multivariate test
SOP		0,427	Excluded from multivariate test
Facilities and infrastructure		0,997	Excluded from multivariate test

Based on table 5, it can be seen that there are no variables that can be included in the multivariate test because of the p-value < 0.25.

4.3.2. Double Logistics Test

The final analysis of the multiple logistic regression test between candidate variables and the evaluation of the effectiveness of the use of the Independent List Suggested Method at the Bestari Community Health Center is as follows.

Tables 6. Final multiple logistic regression test between variables (HR, SOPs, and facilities and infrastructure) against the self-registration recommendation

Variable		B	P-value	OR
HR		21,313	0,997	46,667
SOP		1,157	0,427	21,333
Facilities and infrastructure		20,155	0,997	22,500

Table 6 shows that from the overall analysis process that has been carried out, it can be concluded that the 3 independent variables are thought to have a relationship with the Suggestion for Independent Listing at the Bestari Community Health Center. In the model above, it can be seen that the largest OR value is the HR variable, which is 46,667. This shows that the application of HR is the most dominant variable that has a relationship with the Recommended Method of Independent Listing at the Bestari Community Health Center.

4.4. Qualitative Research Results

The results of interviews with 5 resource persons are as follows.

1.   Head of community health center

The head of the Public Health Center, Bestari, said that the community health center supports the recommended method of self-registration by inviting the public to actively use mobile JKN. Officially, the

SOP has not been written clearly but follows the policy of BPJS Kesehatan not to make a lot of contact between patients and nurses, especially during this pandemic. However, the Bestari community health center provides digital PEKAN KIS which is carried out a week in a month with the expectation that at least 1 person uses a mobile APK every month. In the JKN mobile application, there are rules for registering online even though the Bestari community health center has not been widely used by patients. The Bestari community health center supports this method but is constrained by inadequate facilities from the patients themselves.

2.   *Head of self-registration*

According to the head of the field, the self-registration recommendation method provides many benefits to patients, including making it easier for patients to get services, making it easier for officers to queue, saving time in service, and patients can go directly to the hospital when taking a referral. The SOP is available through BPJS, but the Bestari community health center does not yet have the machine. Usually, the community health center will explain to the patient that the main requirement is that the patient has been registered with the BPJS. The obstacle that occurs is the unavailability of machines at the Bestari community health center where only the queue machines are available. The convenience that patients can get at this time is the efficiency of patient time in the queuing system so that when they come to the community health center, each patient only needs to wait for a call from the poly for their respective needs.

3.   *Outpatients*

Socialization of the JKN mobile application has been started in 2019. Since the pandemic, this socialization has not been carried out properly because the system is for doctors and nurses to go directly to the field. SOPs for mobile JKN are provided directly by BPJS. For young patients, some already understand the use of the JKN application, but there are still many elderly patients who do not understand how to use it.

4.   *Patients who seek treatment*

Patients think that the Bestari Community Health Center supports the SIR method because they feel that the services provided are good and very helpful, especially for the elderly who have difficulty understanding it. Patients feel that there is no SOP in the community health center. Patients feel that the JKN mobile application is still a little difficult to understand, so it is more convenient to come directly to the community health center. Breakfast and infrastructure are already available at the community health center, such as computers, but they are not sufficient.

5.   *The person in charge of the self-registration recommendation method to BPJS*

BPJS provides services for public health centers if they have problems, both in terms of procedures and procedures for the self-registration method. Reports can be made via WA or Telegram. However, the problem of internet interference cannot be served because it is not part of the task of the person in charge of the self-registration recommendation method to BPJS. Facilities and infrastructure that must be available at public health centers in implementing the self-registration recommendation method are queuing machines, computers, and the internet.

V.   CONCLUSION.

Based on the results of research on the evaluation of the effectiveness of the use of the Independent List Suggested Method at the Bestari Community Health Center, the following conclusions can be drawn:

1. Sufficient human resources greatly influence the use of the self-registration method at the Bestari Community Health Center.
2. The influence of SOPs on the use of the self-registration method at the Bestari Community Health Center.
3. The influence of facilities and infrastructure on the use of the self-registration recommended method at the Bestari Community Health Center.
4. From the results of interviews with 5 respondents, it can be concluded that at the Bestari community health center there are already human resources to support, SPO already exists but is not running, as well as existing infrastructure but not functioning properly.

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