

# THE EFFECT OF WALK THROUGHT AUDIT (WTA) ON IMPROVING THE QUALITY OF HEALTH SERVICES IN THE FIRST LEVEL OF HEALTH FACILITIES

# Dara Sa Fhounna<sup>1</sup>, Maiza Duana<sup>2</sup>

<sup>1</sup>Institute for Research and Community Service, Faculty of Public Health, Teuku Umar University <sup>2</sup>Teuku Umar University, Meulaboh, West Aceh

Jl. Alue Penyareng, Ujong Tanoh Darat, Kec. Meurebo, Kab. Aceh Barat, Aceh 23681 Indonesia E-mail: <sup>1)</sup> <u>darasafhounna11@gmail.com</u>, <sup>2)</sup> <u>maizaduana@utu.ac.id</u>

#### ABSTRACT

This study aims to analyze how influential the Walk-Through Audit (WTA) is on improving the quality of health services at the First Level Health Facility at the Johan Pahlawan Health Center, Meulaboh, Aceh Barat by using the direct interview method to participants of the National Health Insurance - Healthy Indonesia Card (JKN-KIS).) which was assisted by a survey of JKN-KIS participants' satisfaction with the implementation of public services at the Johan Pahlawan Health Center, Meulaboh. This method focuses on theories and phenomena directly at the research site. The data used in this study is primary data. Primary data is data obtained by direct interaction with respondents. This aims to analyze the satisfaction of participants as users of health services at one of the first level health facilities (FKTP) in Meulaboh where through this WTA participants are directly involved in the function of supervising the fulfillment of the obligations of health facilities, and the results of the WTA will be one of the evaluation materials for services. first-level health facilities (FKTP) in order to improve the quality of health service delivery for JKN-KIS participants. The results of the research analysis show that the Walk-Through Audit (WTA) has a positive and significant effect on improving the quality of health services at the First Level Health Facility at the Johan Pahlawan Health Center, Meulaboh City.

Keywords: National Health Insurance-Healthy Indonesia Card (JKN-KIS); walk Through Audit (WTA)

# **1.INTRODUCTION**

Improving health is always mentioned as a way of alleviating poverty. In addition, health is a prerequisite for increased productivity, and adequate education (Michael P. Todaro and Stephen C. Smith).

BPJS Kesehatan's efforts to prioritize the quality of health services for participants of the National Health Insurance - Healthy Indonesia Card (JKN-KIS) are increasingly realistic. In the future, the performance of health service providers or FKTP will be further improved. One of them is the application of service competency-based capitation (KBK).

In the implementation of KBK, there is a reward and outcome model for fulfilling service obligations which is also known as FKTP performance. If the performance is optimal, the FKTP receives the maximum capitalization rate. This is part of the development of a service quality management system for the efficiency and effectiveness of medical services in FKTP. As of March 2018, there were 21,893 FKTPs in partnership with BPJS Health. Of these, 17,035 FKTPs have officially committed to implementing KBK, of which 8,392 are non-public health centers or private FKTPs. The rest are gradually implementing the system.

The implementation of the national primary service meeting in 2017 carried the theme of realizing quality primary services by fulfilling service standards by FKTP. This meeting also aims to equalize perceptions of service quality based on participant satisfaction.

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The number of JKN-KIS participants is increasing day by day. Therefore, FKTP is asked to maximize its role as a gate keeper in serving and able to manage referral numbers according to medical needs. Future impact, health care finance in the future will be better managed.

Participant satisfaction is one of the main focuses of BPJS Kesehatan in implementing the National Health Insurance Program - Healthy Indonesia Card (JKN- KIS). To increase participant satisfaction, BPJS Kesehatan implements Walk Through Audit (WTA) activities for health service providers who have collaborated, especially in First Level Health Facilities (FKTP).

The quality of JKN - KIS is not the only way to increase participant satisfaction. BPJS Kesehatan is also active in expanding its partner network in terms of volume, so that all JKN-KIS participants get fair and impartial health services.

BPJS Kesehatan has conducted a Walk-Through Audit (WTA) since 2017 to measure the satisfaction of JKN – KIS participants who visit FKTP. In line with its implementation, a feature is currently being developed to support the WTA process called KESSAN (Kesan Message Participants After Service). KESSAN is an effort to encourage FKTPs to improve services to JKN-KIS participants and fulfill their obligations in the cooperation agreement with BPJS Kesehatan.

Not only health facilities, participants of the National Health Insurance - Healthy Indonesia Card (JKN-KIS) are also educated to fill out the WTA Online form when receiving services at health facilities. This is done so that there are valid results according to what the visiting participants of the National Health Jamina - Healthy Indonesia Card (JKN-KIS) feel.

JKN-KIS participants who have accessed health services at FKTP can submit their assessments directly through the Mobile JKN application. The results of the FKTP assessment from BPJS Health will be reported or as feedback to the FKTP.

Indicators for the Walk-Through Audit (WTA) assessment of services are whether the days and hours of service practices are as listed on the nameplate, whether there are administrative offices serving, whether participants obtain clear information regarding the JKN – KIS service procedures, whether the seats are in the waiting room. enough for all visiting patients, whether the queue time from registering to entering the doctor's polyclinic is less than 30 minutes, does the doctor conduct an examination and explain the health condition of the participant or patient well, does the examination and consultation given by the doctor take more than 6 minutes, what participants get the same service as other participants, whether the services you receive at FKTP are without additional costs, and lastly whether FKTP makes improvements to the complaints you have submitted.

The implementation of the Walk-Through Audit (WTA) in first-level health facilities (FKTP) aims to assess the services provided by health facilities have provided sufficient satisfaction to participants of the National Health Insurance - Healthy Indonesia Card (JKN-KIS).

With the WTA, we will know the complaints of JKN-KIS participants when visiting health facilities. These results will be used as feedback for BPJS Health to health facilities to improve services.

The feedback from JKN-KIS participants will also be used as the basis for BPJS Health to help a health facility improve its performance. With the direct feedback from the JKN-KIS participants, it is hoped that health facilities can maintain and improve the quality of their services.

The objectives of this study are as follows, to analyze the level of satisfaction of JKN-KIS participants with the first-level health facilities and the factors of JKN-KIS participants on the Walk-Through Audit that affect the improvement of the quality of health services in FKTP.

### 2.METHOD

### 2.1. TYPES OF RESEARCH

In this study, the author uses a method that focuses on theory and direct events at the research site. According to Sugiono (2005), the qualitative method is a method that is more suitable for this



type of research that understands social events and the perspectives involved. In simple terms, it is also interpreted as research that is used to examine the condition or situation of the object of research. The author obtained data through interviews with JKN – KIS participants at the Johan Pahlawan Health Center in Meulaboh City and also made direct observations during the internship, then explained significantly the effect of WTA on improving health services at the Johan Pahlawan FKTP, Meulaboh City.

# 2.2.DATA ANALYSIS TECHNIQUE

The data used in this study is primary data. Primary data is data obtained by direct interaction with respondents. Direct interaction with respondents uses a direct interview system which is assisted by a satisfaction survey of JKN-KIS participants regarding the implementation of public services at the Johan Pahlawan Health Center, Meulaboh. The way to explain it is the same as how to explain data from observational data collection techniques. In essence, the researcher explained what the informants said, so after the interview data had been collected, the researcher analyzed it to ascertain which interview excerpts were relevant to be processed and presented to answer a problem formulation.

### **3.DISCUSSION**

After conducting research during an internship at the BPJS Kesehatan Meulaboh branch office, which was carried out using a qualitative method, namely by interviewing JKN – KIS participants who received health services at the Johan Pahlawan Health Center and making direct observations during the internship. From the research conducted, the authors obtained primary data directly from JKN – KIS participants at the Johan Pahlawan Health Center, Meulaboh City. The informants are JKN – KIS participants who have received treatment or received health services from the Johan Pahlawan Health Center in Meulaboh City.

During the internship at BPJS Kesehatan, researchers were also tasked with conducting a Walk-Through Audit directly on JKN – KIS participants at the Johan Pahlawan Health Center, Meulaboh City. Of course, this is a valuable opportunity for research that is being done.

The results of the interviews showed that most BPJS Kesehatan participants who used health services at the Johan Pahlawan Health Center were satisfied with the facilities and services in the JKN system, but still submitted complaints and suggestions for system improvement.

Significant results can be concluded that the indicators of the Walk Through Audit (WTA) assessment of health services are as follows; do the days and hours of service practice match those listed on the nameplate, are there administrative offices serving, do participants get clear information regarding the JKN – KIS service procedures, are there enough seats in the waiting room for all visiting patients, is the queue time since registering up to entering the doctor's clinic in less than 30 minutes, does the doctor check and explain the health condition of the participant or patient well, does the examination and consultation given by the doctor take more than 6 minutes, does the participant get the same service as other participants, does the service that you receive at the FKTP at no additional cost, and finally whether the FKTP has made improvements to the complaints you have submitted. S together have a significant effect on improving service quality. This shows that all JKN-KIS participants receive fair and impartial health services.

Not being careless, BPJS Kesehatan continues to make direct efforts to suggestions and complaints as *feedback* that can be obtained by continuously *improving* the performance of health service providers in FKTP and fulfilling facilities and facilities in FKTP such as stock of drugs, outpatient drugs for chronic disease sufferers. etc; as well as proposing innovative tools for online queue number retrieval so as to reduce crowds in the waiting room and make the system run more effectively.

The results of the walk-through audit (WTA) of JKN – KIS participants who receive health services at the Johan Pahlawan Health Center will later be used by the PMP Team of the BPJS Health

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Office as feedback or feedback on FKTPs to assist an FKTP in optimizing health services in FKTPs and can maintain and improve the quality of service.

#### **4.CONCLUSION**

Based on the results of the study, it is known that there is a positive and significant influence between the Walk-Through Audit (WTA) on improving the quality of health services in first-level health facilities.

### 5.SUGGESTIONS

It is hoped that the following researchers can use other factors that affect the improvement of the quality of health services in the first level health facilities of Meulaboh City.

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