International Journal of Medical Science and Clinical Research Studies

ISSN(print): 2767-8326, ISSN(online): 2767-8342

Volume 02 Issue 12 December 2022

Page No: 1535-1542

DOI: https://doi.org/10.47191/ijmscrs/v2-i12-31, Impact Factor: 5.365

Renewal of Learning Strategies in Improving the Quality of Continuous Public Health Centers towards Plenary Accreditation in the Era of the Covid-19 Pandemic in Jayapura City, Indonesia

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ABSTRACT

Introduction: The city of Jayapura which has been affected by the Covid 19 pandemic, does not have a plenary accredited PHC's, so blended learning assistance is needed. The readiness of QI in PHC's which is influenced by 3 maturity domains requires a learning strategy. Aims to analyze the renewal of learning strategies in accordance with the QI readiness of the PHC's so that it can improve the quality of the PHC's continuously towards plenary accreditation.

Materials/Methods: Mixed methods research. This type of sequential explanatory research. Unit of analysis 12 PHC's. Measuring tools were prepared for data collection on January 17-April 30, 2022, a survey of PHC's staff on 156 respondents using purposive sampling; The data were tested for Pearson 's product moment correlation, then interviewed key informants and observations.

Results: The relationship between maturity QI in the 3 domains and the readiness of QI in PHC's shows that continuous quality improvement can be carried out by increasing maturity QI in order of priority. The reason that the PHC's has not yet been fully accredited is because there are no regulations at the provincial, city and PHC's levels in the form of TPCB establishment and work mechanisms, interactive learning facilities, training curricula, mentoring, TPCB enrichment and PHC's staff. The intervention is to determine the TPCB, work mechanism and curriculum development, provision of interactive learning facilities, enrichment of TPCB and PHC's staff, implementation of structured training and mentoring with the DLPCA approach using an interactive continuous mechanism with attention to structure, process and results.

Conclusion: learning strategies are based on priorities and carried out with prepared training on aspects of management, provision of facilities, enrichment of facilitators and staff, carried out in a continuous and interactive structure that has been able to support competence for the readiness of plenary accredited PHC's. Jayapura City Health Office needs to provide a learning management system (LMS), Papua Province needs to initiate a corporate university.

ARTICLE DETAILS

Published On:
19 December 2022

KEYWORDS: alignment and deployment, capacity and competence, learning strategy, organizational culture, quality improvement.

Available on:
https://ijmscr.org/

INTRODUCTION

The quality improvement (QI) approach (1) has been proven to improve service and performance, especially aspects of patient safety in health care organizations (2) . The accreditation of PHC's (public health centers) in Indonesia as a form of QI certification (3) has been halted since 2019 due to the Covid-19 pandemic and will be reactivated in 2022 using standard accreditation instrument version 2 (4). Plenary-accredited PHC's to ensure patient safety is a reflection of the maturity of the PHC's QI and a form of implementation of policies and governance of optimal service quality on an ongoing basis. The measurement of QI maturity is based on the organizational culture domain, the capacity and competency domain, and the QI alignment and deployment domain. The application of QI in the accreditation preparation process is important for meeting quality standards, increasing the effectiveness and efficiency of PHC's services. The readiness of the QI of the PHC's to

achieve plenary accreditation is influenced by the 3 domains of the maturity of the PHC's QI (5,6).

Regulation in preparation for accreditation at the PHC's level is guidance by the TPCB/GCGT (the guided cluster guidance team) at the district/city health office level which functions to provide integrated guidance to the accreditation team at each PHC's. The latest regulation is different from the previous guidance (7), so that TPCB requires training to be competent in developing PHC's in an integrated manner. The accreditation status of 13 PHC's in Jayapura City, Papua Province, is 5 mains accredited PHC's (quality indicators $\geq$ 60%-<80%) and 8 intermediate accredited PHC's (quality indicators $\geq$ 40%-<60%) based on the 2015 version 1 assessment instrument, must be fully accredited (100%) in 2024 according to the Papua and West Papua Development Master Plan (PWPDMP) as the implementation of special autonomy for the Province of Papua (8). Plenary accredited PH'Cs will protect public health in Papua, because they will be able to provide standardized and quality health services. The gaps in improving the quality of PHC's in Jayapura City are that the TPCB requires enrichment of accreditation instruments and their supporters, there is no plenary accredited PHC's and the change from the conventional learning system (face to face) to electronic learning or a combination of both (blended learning) (9) in the pandemic era Covid-19 as well as internet limitations. This gap requires a learning strategy approach to increase knowledge, skills and behavior in TPCB and PHC's staff (10).

One of the planned learning strategy approaches to make it easier for staff to find learning materials so that they can focus on further studying, practicing interactively and collaborating as well as using assessment instruments is the DLPCA strategy (11). Implementation of the DLPCA strategy (the discover, learn, practice, collaborate and assess) on blended learning of exact learning has proven effective in areas with limited internet in the Philippines. The DLPCA learning strategy requires a process supported by measurable methods through the Plan-Do-Check-Act (PDCA) cycle approach (12) so that learning at every step of the DLPCA is measurable and of good quality. The PDCA strategy has been proven to increase the effectiveness of digital education quality control (13). The module-based 70/20/10 learning method can be applied to areas with limited internet, namely 70% of learning activities are carried out by practicing accreditation assistance in the workplace, 20% is carried out through coaching, mentoring and counseling in preparing accreditation documents and 10% is carried out by providing module-based training theory developed by Lombardo and Eichinger (14).

TPCB's assistance to PHC's so that they are fully accredited must be carried out interactively and stimulatively, especially in the practice, collaborate and assess steps. Stimulative questions are carried out by applying questions with higher order thinking skills (HOTS/higher order thinking skills) by TPCB to PHC's staff (15). The HOTS approach is suitable for use in the Covid-19 pandemic era and can improve staff skills. The implementation of the integrated DLPCA strategy with the PDCA approach and stimulation of high-level thinking skills (HOTS) can support the continuity of quality governance of PHC's to achieve plenary accreditation readiness (16).

The Donabedian framework approach includes the structure, process and outcome phases which be useful for identifying and evaluating PHC's management in implementing continuous learning strategies (17). Structure is the readiness of service facilities including resources and organizational structure. Process is the interaction between the facilitator and staff in the learning process. Interaction is highly dependent on the quality of the learning components which include objectives, techniques, methods, time, materials, practice, assessment and evaluation of learning (18). Outcome is the change in staff after accessing and utilizing learning facilities.

Novelty of this research is the renewal of learning strategies according to contextual needs so that the quality of the PHC's increases continuously based on the three domains of maturity of the PHC's QI in the Covid-19 pandemic era and is very important for preparing the PHC's to implement quality management and be plenary accredited. The gradation of maturity QI in PHC's based on the organizational culture domain, capacity and competence domain, and the domain of alignment and deployment of QI will determine the QI readiness of the PHC's (19). An increase in the three domains of maturity of the PHC's QI will be followed by an increase in the readiness of the PHC's QI if the DLPCA (11) integrated learning strategy intervention is carried out which integrates PDCA (15) with the HOTS approach (16) and focuses on priority PHC's accreditation instruments. The priority of the PHC's accreditation instrument is processed based on the PHC's maturity QI instrument with 29 items divided into three quality improvement domains (5). Each step of the DLPCA strategy is carried out by PDCA to ensure staff at each step achieves skills (15). The DLPCA strategy is conceptualized in blended learning which aims to integrate the competence of assistants, staff and availability of technology/ infrastructure in the era of the Covid-19 pandemic (11). Interventions to update learning strategies in an integrated, interactive and sustainable manner will result in the readiness of the PHC's to be fully accredited. Based on the description above, this study aims to carry out the preparation of learning strategy updates in improving the quality of sustainable health centers towards readiness for plenary accreditation in the era of the Covid-19 pandemic in Jayapura City.

Based on the description above, this study aims to carry out the preparation of learning strategy updates in improving the quality of sustainable health centers towards readiness for plenary accreditation in the era of the Covid-19 pandemic in

Jayapura City. Specifically, it aims to 1) analyze the relationship between maturity levels QI in three domains namely the organizational culture domain, the capacity and competence domain and the alignment and dissemination of QI domain, with the QI readiness of the PHC's towards plenary accredited readiness contextually; 2) knowing the interrelationships between the three maturity domains QI with PHC's QI readiness towards plenary accreditation readiness, resulting in a component of the PHC's quality management learning strategy that needs to be optimized; and 3) identifying reneval of learning strategy in preparing the sustainable quality governance of PHC's towards plenary accreditation readiness.

METHODS

The use of mixed methods research that is a combination of quantitative and qualitative research methods which aims to produce more comprehensive, valid, reliable and objective research (20). The research uses a sequential explanatory technique, namely sequential research in the first step of quantitative research then in the second step of qualitative research (21). The research was conducted from 17 January to 30 April 2022. The research was focused on increasing the competence of the TPCB to assist PHC's staff so that they were competent in preparing PHC's accreditation documents.

The quantitative study population included all staff from 12 (twelve) PHC's (Imbi PHC were not willing to take part in the mentoring program). The sample was determined by purposive sampling, namely 8 structural respondents and 5 quality team respondents totaling 13 respondents per health center so that the total sample was 156 respondents. The variable is the maturity of the QI of the PHC's which consists of the sub-variables of the organizational culture domain, the capacity and competence domain, and the domain of QI alignment and deployment, and the readiness of the PHC's QI. An analysis of the content of the QI component (5) was carried out in the 2022 version 2 of the PHC's accreditation assessment instrument. Data was collected using a 29-item instrument maturity PHC's QI (5) online with google forms on a Likert scale.

Quantitative data analysis with SPSS 25.0 for windows (22), including sample distribution, tabulation, presentation, mean and percentage; as well as hypothesis testing. Calculation of variable scores in the three domains is differentiated according to individuals and PHC's as well as the classification of QI maturity levels (5). The assessment instrument for PHC's accreditation version 2 of 2022 is aligned with the QI maturity instrument. The determination of QI readiness is a score of 1 for the average item score PHC's maturity QI is between 4.00-5.00, the maximum PHC's QI readiness score is 29. Linkage test with product moment correlation test pearson. The results of the maturity QI measurement of the PHC's from the three domains are used as a guideline for prioritizing the need for capacity building based on the QI of the PHC's which is differentiated according to the PHC's with intermediate and main accreditation.

In the qualitative research, the priorities of the PHC's accreditation standards and instruments were analyzed to find out the relationship between the three maturity domains QI with the readiness of PHC's QI. Analysis on objectives, techniques/ methods, time, materials, document preparation practices, assessment and evaluation. Comprehensive quality governance approach with Donabedian theory stages covering structure, process and outcome phases. Informants, resource persons and participants in the qualitative data collection consisted of members of the TPCB at the provincial and city levels, then heads and heads of the quality team from each PHC's. Secondary data is the Profile of the Province of Papua and the City of Jayapura, the Health Profile of the Ministry of Health of the Republic of Indonesia and regulations related to accreditation, as well as the literature including books, literature and research related to accreditation and learning strategies.

Qualitative data subjects were key informants who were selected purposively and in the nature of snowball sampling, collected by observation, interviews and literature study. Pre-research qualitative data analysis is an analysis of various data related to PDCA and HOTS integrated DLPCA learning strategies. Analysis during and after the research using the Miles and Huberman model (23) interactively, continuously, thoroughly until the data reaches a saturation point and has described the actual data conditions including the stages of reduction, data presentation and drawing conclusions, and data verification.

RESULTS

1. The link between maturity levels QI in the three domains and the QI readiness of the PHC's

The study was conducted on 156 respondents, most of the respondents were women (90.38%) and at least had diploma 3 health education, the average age was 39.92 $\pm$ 6.95 years and the length of service was 13.40 $\pm$ 9.12 years. The average maturity score of the intermediate accredited PHC's QI is 113.13 with a progressing classification, higher than the average score in the main accreditation, which is 112.37. All intermediate and main accredited PHC's have maturity QI classified as progressing, except for the Abepura PHC which is classified as emerging. The total readiness of the intermediate accredited PHC's QI is higher (50.74%) than the main accredited (38.62%).

QI maturity and QI readiness scores in organizational culture domain ($r=0.687$, sign <0.01), QI maturity and QI readiness scores in QI capacity and competency domains ($r=0.794$, sign <0.01); QI maturity scores and QI alignment and deployment domains and QI readiness ($r=0.788$, sign <0.01), and total QI maturity scores and total QI readiness ($r=0.783$, sign<0.01), were all significantly related. The link between maturity QI of

the three domains and QI readiness indicates that the improvement of the QI readiness of PHC's can be increased through prioritizing maturity QI from the three domains by paying attention to gradations in intermediate and main PHC's.

2. Priority and identification components of the learning strategy for quality management in PHC's

a) The priority is the need for quality capacity building at the main and intermediate PHC's

Table 1. Comparison of Readiness and Maturity QI of Intermediate and Main Accreditation PHC's according to the Organizational Culture domain; QI capacity and competency; and Alignment and deployment of QI in Jayapura City in 2022

No	Public health centers	Readiness Level								Maturity Score Level/QI Maturity		
		Organizational culture		Capacity and competence		Alignment and deployment		Total Readiness				
		n	%	n	%	n	%	n	%	average	Total	Classification
Intermediate Accreditation		23	65,71	43	55,84	37	40,66	103	50,74	3.90	113,13	advance
1	Kotaraja	5	100.00	6	54.55	8	61.54	19	65,52	4.09	118.54	advance
2	Tanjung Ria	3	60.00	7	63,64	7	53.85	17	58,62	4.00	116.00	advance
3	Waena	4	80.00	7	63,64	6	46,15	17	58,62	3.96	114.77	advance
4	Abepura	2	40.00	1	9.09	4	30,77	7	24,14	3.57	103.54	develop
5	Abe Pantai	3	60.00	11	100.00	6	46,15	20	68.97	3.99	115.69	advance
6	Hamadi	3	60.00	2	18,18	1	7,69	6	20,69	3.76	108,92	advance
7	Kova Barat	3	60.00	9	81,82	5	38,46	17	58,62	3.95	114,46	advance
	Imbi	-	-	-	-	-	-	-	-	-	-	-
Main Accreditation		16	64.00	21	38,18	19	29,23	56	38,62	3.82	112.37	advance
8	Elly Uyo	3	60.00	2	18,18	4	30,77	9	31.03	3.89	112.92	advance
9	Jayapura Utara	3	60.00	4	36,36	1	7,69	8	27.59	3.86	112.00	advance
10	Yoka	2	40.00	3	27,27	3	23.08	8	27.59	3.83	111.08	advance
11	Twano Entrop	5	100.00	10	90,91	11	84,62	26	89.66	4,10	118.92	advance
12	Skouw Mabo	3	60.00	2	18,18	0	0.00	5	38,46	3.69	106,92	advance

Source: Primary data processed, 2022.

The first priority for increasing the capacity of PHC's staff in the domain of organizational culture is item 2, namely quality improvement driven internally. The focus of the intervention is on the implementation of chapter 5 standard 1 criterion 1, namely quality improvement is carried out on an ongoing basis, and chapter 1 standard 1 criterion 1, namely that the PHC's is required to provide the specified types of services. The first priority in the QI capacity and competency domain is item 5 where staff use systematic methods to understand the root causes of problems. The focus of the intervention in chapter 2 standard 1 criterion 1, namely the service planning for UKM (public health efforts) at the PHC's is arranged in an integrated manner. The first priority domain of QI alignment and deployment is item 8 i.e., staff has the authority to change practices/policies. The focus of intervention is on chapter 1 standard 2 criterion 1, namely the organizational structure is defined with clarity of tasks, authorities, responsibilities, work relationships and job requirements, and chapter 1 standard 6 criterion 3, namely cross-program mini-workshops and cross-sectoral mini-workshops carried out in accordance with the policy and procedures.

b) Identification components of the learning strategy for quality management in PHC's

1) Identification of the structure phase

The priority of the results of quantitative research is used as advocacy material at the Jayapura City Health Office level to be identified in a 2-day classical workshop. The results of the identification show that access to accreditation instruments is difficult, there is no establishment of a city level TPCB, assistance mechanisms and capacity building, so that the TPCB is incapable of facilitating, implementing, monitoring and following up. Details of the main tasks and functions of the TPCB, the names of the PHC's being mentored, the schedule and target of coaching for each session are also not yet available. E-learning facilities are not yet available in PHC's or city health offices. In-depth interviews with the Head of the Basic Health Section of the Jayapura City Health Office.

"…TPCB needs to socialize accreditation instrument version 2 of 2022… millennials need to consider team members to be quickly adaptive to the use of quality applications… TPCB is planned to assist PHC's … refreshment scheduling should be accompanied by best practices material…" (RP, 38 years old, Head Basic Health Section of Jayapura City Health Service, February 21,2022).

Barriers to access in the form of internet and computer limitations, electricity disturbances, unavailability of access manuals, information and data management. Limited manpower and workload due to the 24-hour operation of the PHC's are also obstacles encountered, then the person in charge of the division often changes and the staff has not been trained according to the tasks and job descriptions that have not been structured. PHC's staff need varied and classical learning media accompanied by practice. An in-depth interview with the Head of the Skouw Mabo PHC as an informant said;

"... our staff has not been able to develop a quality improvement program because the staff handling accreditation has changed... we need direct guidance because the explanation of classical workshops and e-learning has not reached the point where sample documents are prepared..." (HYO, 44 years old, Head of the Skouw Mabo PHC, March 26, 2022).

2) Identification and discussion on the process phase

The identification that was carried out in the process phase was 1) the learning objectives did not deliver general objectives and specific objectives even though they were already listed in the teaching materials and broadcast

materials, 2) TPCB did not understand interactive learning techniques, 3) TPCB only used lecture and brain storming learning methods so that staff participation is low, 4) learning time is limited, 5) learning materials are difficult to access and are not distributed early in the learning process, 6) the practice of preparing accreditation documents is constrained by time and access, and 7) assessment and evaluation have not been carried out to produce PHC's accreditation documents. An in-depth interview with the head of the Abe Pantai PHC as an informant said;

"... an explanation of the link between the strategic plan for the service /health center and the vision and mission is not yet accompanied by an example and requires a classical explanation... it is necessary to explain an example of converting PIS PK data (healthy Indonesia program with a family approach), SMD MMD (introspective survey of village community deliberations) and scope of performance into the RUK (proposed activity plan)... there is already a plan to prepare weekly documents but we need continuous assistance and supervision... the time for classical workshops and e-learning is limited and we have not yet put it into practice..." (MD, 42 years old, Head of Abe Pantai PHC, March 30, 2022).

3. Learning strategy update intervention

a) Intervention of updating learning strategies in the structure phase

1) Intervention of updating learning strategies on organizing at every level government

The priority of quantitative research results is used as advocacy material for stakeholders at the Papua Provincial Health Office level for interventions in the 8-day blended learning training and mentoring, including providing funding, compiling curriculum and determining TPCB criteria and providing e-learning facilities. Interventions at the Jayapura City level were establishing and scheduling the development of the PHC's, then training/enrichment on accreditation instruments and interactive facilitation techniques as well as information technology for the TPCB. At the PHC's level, a management structure and quality team were determined, staffing and targets for achieving PHC's accreditation documents until October 2022 were determined.

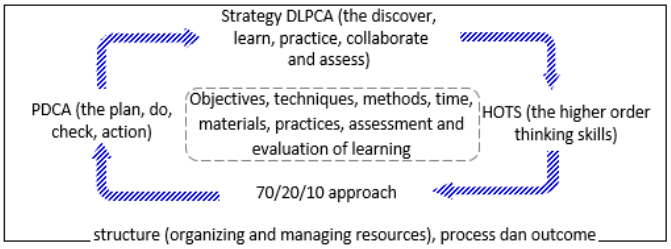
2) Intervention of renewal of learning strategies in resource management

PHC's staff who have difficulty accessing google drive due to internet constraints have been provided with a flash drive, provided internet quota and formed a data management team at the city health office and PHC's, including updating google drive material which informed through the hotline (whatsapp and telegram), then prepared a google drive access manual, agreed on the naming of folders and sub folders, prepared instructions for utilization and information delivery mechanisms. Compilation of a check list for monitoring the discovery of material on google drive, scheduling the use of computers/gadgets and provision of generators to anticipate power outages. Staff who have been enriched by training in compiling PHC's accreditation documents have improved their performance. Learning assistance that is carried out classically makes it easier for staff to find documents. The Jayapura City Health Office, which has compiled the main tasks and functions of the TPCB, the name of the PHC's being fostered and the schedule and targets that must be achieved in preparing the PHC's accreditation document, has been able to improve staff competency.

b) Intervention for updating the learning strategy in the process phase with the DLPCA approach integrated with PDCA and HOTS as well as Structure, Process and Outcome.

The intervention to update the learning strategy component is carried out after the management aspect intervention in organizing at every level of government (provincial, city and PHC's) and resource management in the structure phase, this intervention is carried out to ensure the facilitator can implement the learning strategy and ensure staff readiness. The Donabedian theory approach is used to measure the quality of management in a complex manner (outcome) by considering structure and process. Interventions are carried out using the DLPCA approach (the discovery, learn, train, collaborate, assess) to ensure that learning has achieved its goals by considering the context and limitations of the internet. At each step of the DLPCA, a PDCA approach is carried out to ensure that the quality of the intervention has achieved the goals at each step, and a HOTS approach is carried out at each step of the DLPCA so that staff competence has been achieved.

Figure 1. Learning Strategy Update Intervention with the DLPCA approach integrated PDCA and HOTS as well as Structure, Process and Outcome



Source: Primary data processed, 2022.

The renewal intervention for learning objectives is to ensure that general and specific objectives are conveyed interactively and ensure that each module has been prepared as a unit of learning program. The learning technique is focused on staff by assigning practice according to the assessment elements, presenting the results and being evaluated by the TPCB interactively to confirm the mastery of the staff's learning. Learning methods are adapted to general and specific goals in a varied and interactive manner so that staff can focus on learning, be independent and complete. Staff independence is measured in searching for learning materials, conducting independent learning, compiling documents and presenting, interacting and evaluating learning experiences and their implementation sequentially. Facilitation of staff independence is carried out with the PDCA approach to ensure that the quality of the intervention has achieved its goals at each DLPCA Step, and an interactive approach is carried out at each DLPCA step so that staff competency has been achieved.

Time allocation the learning of the implementation of blended learning training and mentoring is adjusted to the learning objectives and makes the staff an interactive learning center and pays attention to the independence of the staff. Staff before the implementation of training and mentoring can access materials and examples through google drive storage or alternative flash drives if access problems are encountered. TPCB mentoring practice is focused on staff to practice individually with examples of documents and videos as well as the ability to independently present and interact between staff or with TPCB. The TPCB guides the staff in compiling documents using an interactive approach so that at the end of compiling the accreditation document the PHC's has achieved competence and performance. Review performance according to general and specific learning objectives using interactive questions, placing staff and the TPCB as the focus of learning, measuring staff competence in preparing documents and presenting results so that the PHC's is ready for accreditation.

DISCUSSION

Structure phase is carried out in management and organizing aspects at every level (provincial, city and PHC's) and resource management. In the process phase, an intervention was carried out to update the learning strategy and in the outcome phase it was shown that TPCB who assisted PHC's staff with the PDCA and HOTS integrated DLPCA approach were proven to be able to demonstrate performance in interactive assistance. PHC's staff have proven to show performance in preparing PHC's accreditation documents and documenting them electronically. The performance of TPCB and PHC's staff has demonstrated competence in assisting and compiling PHC's accreditation documents through the DLPCA integrated learning strategy intervention (11) integrated with PDCA (15) with the HOTS approach (16) on priority building capacity of PHC's staff in each domain. This learning strategy meets the creativity criteria (24), namely a) being sensitive to needs, b) containing an element of originality and c) being appropriate for problem solving so that it shows the performance of TPCB and PHC's staff.

The implementation of learning strategies has proven to have no problems in its implementation, because it has fulfilled 5 (five) requirements for acceptance of innovation according to Rogers' Innovation Diffusion Theory (25), namely; a) has a relative advantage, namely that TPCB and staff independently have been able to prepare PHC's accreditation documents, b) this approach has compatibility with the need for accreditation assistance by TPCB and PHC's staff, c) complexity of learning strategies DLPCA integrated PDCA with the HOTS approach is easy to implement by TPCB for staff, d) easy for trial (friability) by TPCB for staff on priorities that have been obtained and e) observability, performance of TPCB and PHC's staff shows that the strategy is easy to implement implemented.

The preparation of the structure phase which is based on an analysis of the characteristics of the organization, human resources, finance, facilities and infrastructure as well as the commitment of the organizational leadership (26) can be replicated at PHC's outside Jayapura City by adjusting the characteristics of the PHC's and TPCB of the replicant districts/cities to the replicators. The success of replication requires consistency in fulfilling the qualifications of all the characteristics of the organization. Replication also requires the support of the Papua Provincial Human Resource Development Board for the diffusion of continuous learning strategies. Replication can also be carried out by PHC's outside Jayapura City, if a knowledge management system is built by identifying, creating, explaining and distributing the knowledge acquired to be used and studied again through documentation, modeling preparation and innovation transfer forums as a diffusion medium (27).

Reforms in the structure and process phase with advocacy to produce classical workshops, blended learning training and mentoring show that the role of leaders at every level is crucial and necessary to optimize the contribution and capacity of stakeholders (28). The commitment of leaders at the Papua Province level plays a role in assisting districts/cities by encouraging corporate universities including the fulfillment of learning tools, namely the preparation of leadership technical curricula and facilitation and accreditation assistance for PHC's. The commitment of leaders at the Jayapura City level plays a role in building a learning management system (LMS), while the PHC's level plays a role in the implementation of quality governance of PHC's on an ongoing basis by implementing the PDCA and HOTS integrated DLPCA strategy. The pattern of learning strategies with classical workshops, blended learning in

quality management training and assistance at the Jayapura City PHC's requires adjustments when replicated in other PHC's and districts/cities. The asynchronous learning pattern with the module-based 70/20/10 method developed by Lombardo and Eichinger (14), is a classical learning solution in remote areas (inland). Diffusion coupled with corporate universities will facilitate replication, especially in the new autonomous regions, namely the Provinces of Central Papua, South Papua and Papua Mountains.

CONCLUSION

Maturity QI in the three domains with QI readiness is related so that it shows that continuous quality improvement through the preparation of PHC's accreditation documents can be carried out by implementing increased maturity QI according to the priority order of the needs for increasing the capacity of PHC's staff in each domain. The first priority for increasing the capacity of PHC's staff in the domain of organizational culture is item 2, namely quality improvement driven internally. The first priority in the QI capacity and competency domain is item 5 where staff use systematic methods to understand the root causes of problems. The first priority domain of QI alignment and deployment is item 8, i. e. staff has the authority to change practices/policies. Interventions for updating learning strategies in the structure phase are carried out in management and organizational aspects at every level of government (provincial, city and PHC's) and resource management. In the process phase, an updating intervention was carried out in the learning strategy component and in the outcome phase it was shown that the TPCB which assisted the PHC's staff with the PDCA and HOTS integrated DLPCA approach was proven to be able to demonstrate performance in assisting and implementing the arrangement of the PHC's accreditation interactively.

Follow-up on the policy aspects of the implementation of continuous learning strategies to improve the quality governance of PHC's in the structure phase is advocacy to stakeholders to optimize resources so as to optimize readiness in the process of training and mentoring. Optimizing the fulfillment of learning tools in the form of curricula and modules, including building a corporate university in Papua Province and a learning management system (LMS), as a diffusion tool so that it can be replicated in other districts/cities, especially by adjusting the replication in the structure and process phases

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