Research Article

Evaluation of the Implementation of Minimum Service Standards for Hypertension Program

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Abstract

The prevalence of hypertension in Indonesia in the 2018 National Riskesdas was 34.11%. Minimum Service Standards for hypertension: Every patient with hypertension receives health services according to standards. Achievement of Hypertension at Andalas Public Health Center for the last two years is 30.21% in 2021 and 14% in 2022. This study aims to determine the process of implementing the Minimum Service Standards for the Hypertension program at the Andalas Public Health Center. This study is a Descriptive qualitative research method by conducting semi-structured interviews with ten informants. The research was conducted at Andalas Public Health Center from March to August. The data collected were the results of interviews using an interview guide, document review, and observation. Data analysis used source triangulation and method triangulation. The results were that the officers involved and hypertensive patients in implementing Minimum Service Standards Hypertension were by the standards. Facilities and infrastructure are sufficient, but adding blood pressure monitors and Communication, Information, and Education media in leaflets is still necessary. Existing health workers already know the process of implementing hypertension following standards.

Keywords: Hypertension in Indonesia, Minimum Service Standards, Public Health Center



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INTRODUCTION

The number of people with hypertension will continue to increase every year. It is estimated that by 2025, there will be around 1.5 billion people who will contract hypertension, and it is estimated that every year, around 10.44 million people die due to hypertension and its complications. Every year, the prevalence rate of hypertension always increases (Hariyadi dkk., 2024; Permana I. dkk., 2024; Saleh dkk., 2024). According to the 2018 National Riskesdas report data, the prevalence of hypertension is 34.11%, the prevalence of hypertension based on the results of measurements in the population aged ≥ 18 years is highest in Central Kalimantan Province, which is 44.13% while the lowest is in Papua Province, which is 22.22%.

Minimum service standards for hypertension patients where every patient with hypertension receives health services in accordance with established standards. The government must provide health services that meet the standards of all people with hypertension. Hypertension health services require hypertension control guidelines and IEC (Communication, Information, and Education) media, which are useful as guidelines in carrying out management and education in accordance with standards, tensimeters to measure blood pressure, and recording and reporting formulas (Aliyyah dkk., 2024; Susilo dkk., 2024; Tanoue dkk., 2024). Health services obtained by hypertensive patients include blood pressure monitoring, education about hypertension, a balanced diet, physical activity, and pharmacological management (Permenkes RI, 2019).

Every year, the prevalence of hypertension always increases. According to the 2018 National Riskesdas Report data, the prevalence of hypertension was 34.11%; the prevalence of hypertension based on measurement results in the population aged ≥ 18 years was highest in Central Kalimantan Province, which was 44.13%, while the lowest was in Papua Province, which was 22.22% (Ministry of Health, 2018).

Research (Utami dkk., 2021) on the Evaluation of the Implementation of the Hypertension Disease Program at the North Bogor Health Center, Bogor City, West Java Province, in 2018 states that the implementation of the Hypertension disease program has been implemented quite well even though there are still obstacles. The input element is fulfilled in accordance with the standards in the Minister of Health Regulation (Mulyanto dkk., 2024; Sofyan dkk., 2024; Suryadinata dkk., 2024). The process element is good enough, but there are still obstacles, such as the difficulty of connecting cross-program and cross-sectoral. The output element of the percentage standard in the Minister of Health Regulation on minimum service standards is still not well met; therefore, in the future, the achievements of the Hypertension disease implementation program still need to be improved.

Public Health Center, as a first-level health service facility, is the leading unit in efforts to achieve the targets of minimum service standards. Andalas Public Health Center is the health center that has the most hypertension patients in Padang, with 14,914 people (Marlina dkk., 2024; Satrio dkk., 2024; Siregar dkk., 2024). Andalas Public Health Center is also one of the health centers with a low Minimum Service Standards (MSS) achievement of 4,506 people (30.21%), including clinics in the Andalas Public Health Center work area. This indicates that there are still many people with hypertension who have not received health services in accordance with the standards in the Andalas Public Health Center work area (Puskesmas Andalas, 2021).

The results of the initial survey, conducted by researchers through interviews with the person in charge of the MSS Hypertension program at Andalas Public Health Center, revealed that the reason for the low achievement of minimum service standards for Hypertension is that many people don't routinely seek treatment and check their blood pressure every month at the

public health center. The lack of effective availability of health workers is because they hold concurrent duties.

This study aims to determine how to implement the Minimum Service Standards for the Hypertension program at the Andalas Public Health Center (Evyana dkk., 2024; Kurniawati dkk., 2024; Marlina dkk., 2025). The specific objectives of this study consist of knowing the input in the form of personnel, facilities, and infrastructure, policies in the implementation of the minimum service standards of the Hypertension program at Andalas Public Health Center, Process or implementation of the MSS Hypertension program in the form of services, recording, and reporting, monitoring and evaluation in the implementation of the MSS Hypertension program at Andalas Public Health Center.

RESEARCH METHOD

This research was conducted at the Andalas Public Health Center in March-August 2023. This research was conducted using a qualitative research method. In this study, researchers interviewed people who were considered to have broad knowledge about the matters to be studied. The technique of determining informants by purposive sampling (Pratiwi dkk., 2024; Sakir dkk., 2024; Umiatin dkk., 2024). With 12 informants, the person in charge of the non-communicable disease program, general practitioners, doctors, nurses, health promotion personnel, and hypertension patients.

The researcher himself is the instrument in this research. Data in this study were collected using an interview guide related to the object of research. The interview guide consisted of the input (man, material, method), process, and output elements of implementing the Hypertension minimum service standards. Data was collected using interview guidelines, recordings, notebooks, and cameras to collect precise and complete information.

The data collected consisted of primary and secondary data. Primary data is data obtained from direct interviews and observations of informants sampled in this study. A semi-structured interview is an interview using a list of different guiding questions (Budiarti dkk., 2024; Djajapranata & Tjempakasari, 2024; Nadhiroh dkk., 2024). Interviews are conducted to obtain information from informants; in conducting interviews, the interviewer brings an instrument as a guide, and the interviewer uses tools such as a recording device to record the results of the interviewer's conversation with the informant. Documentation should be in the form of written documents, such as policies on implementing the Minimum Service Standards for Hypertension Program at Andalas Public Health Center and reports on the coverage of the Minimum Service Standards Hypertension program at Andalas Public Health Center (Oktaviono dkk., 2024; Palupi-Baroto dkk., 2024; Sitorus dkk., 2024). Data processing in this study consists of making interview transcripts, data reduction, data presentation, and conclusion. Data analysis in this study uses the Triangulation technique.

RESULTS AND DISCUSSION

1. Input

a. Health personnel

 Table 1 Health Personnel Triangulation Matrix

		U U			
No	Aspects Checked	Semi- structured Interview	Document Review	Observation	Conclusion

1	Health	The health	Based on a	The health	Health
	Personnel	workers	document	workers	workers
		involved in	review,	involved	who provide
		implementing	Minister of	consisted of	hypertension
		the minimum	Health	1 doctor in	services
		service	Regulation	charge, two	need to be
		standards of	No.4 of	nurses, and	more
		the	2019 states	health	sufficient in
		Hypertension	that the	promotion	monitoring
		program	health	workers.	every
		consist of a	workers		hypertension
		doctor who is	involved		patient.
		in charge,	are doctors,		
		nurses who	nurses, and		
		take turns	health		
		according to a	promotion		
		predetermined	workers.		
		picket			
		schedule, and			
		health			
		promotion			
2	TT 1/1	personnel.	A 1'	TT 1.1	TT 1.1
2	Health	Based on the	According	Health	Health
	numan	Permenkes,	to the	workers for	workers at
	resources	numan	Minister of	nypertension	Andalas
		resources at	Health Deculation	mmum	Public Usalth are
		Allualas Dublic Hoolth	No 4 of	standarda	regulated by
		1 uone fieatui	2010	consist of	the Minister
		and	2019, human	doctors	of Health
		consisting of	resources	nurses and	Regulation
		doctors	personnel	health	No 4 of
		nurses and	consist of	promotion	2019 and
		health	doctors	workers	consist of
		promotion	midwives		doctors.
		personnel.	nurses. and		nurses. and
		r	health		health
			promotion		promotion
			personnel.		personnel.
3	Personnel	There has	Document	-	NCD-related
	training	been training	report of		training has
	C	organized by	personnel		been
		the Ministry	who		conducted.
		of Health	participated		
		related to non-	in NCD		
		communicable	program		
		diseases	training		

Based on researchers' assumptions, the personnel involved in the hypertension minimum service standard program at Andalas Public Health Center are by existing policies. Still, regarding educational background, the existing implementing personnel must be by their fields, namely health promotion personnel (Moegis dkk., 2024; Prabowo dkk., 2024; Rustam dkk.,

2024). Health promotion personnel at Andalas Public Health Center have a background in the nursing profession and D3 Nutrition, which should be for health promotion personnel with a health promotion education background. The implementing personnel involved also have a double workload, which results in not focusing on program implementation due to overlaps in work completion. This will make the services provided less than optimal.

Therefore, Andalas Public Health Center should propose the addition of competent health workers and personnel with a health promotion education background so that the standard number and quality of human resources in implementing the minimum service standards of the Hypertension program can be met by the Minister of Health Regulation No. 4 of 2019 (Farhanah dkk., 2024; Yang & Hartanto, 2024). In addition, Andalas Public Health Center should conduct a workload analysis in assigning tasks so that health workers have a manageable workload or duplicate tasks that can burden officers in implementing the program.

b. Facilities and infrastructure

No	Aspects	Semi-	Document	Observation	Conclusion
110	Checked	structured	Review		contrasion
	Checkeu	Interview			
1	Hypertension minimum service standard facilities and infrastructure	Availability of facilities and infrastructure in the implementation of minimum service standards Hypertension is available tension, leaflets, recording and reporting formulars, NCD Kit.	Based on the Minister of Health Regulation No. 4 of 2019, the available facilities and infrastructure are tensimeter, IEC media, recording and reporting forms.	Observation results obtained information that facilities and infrastructure Minimum service standards 1. Medical devices: two sphygmomanometers in the registration area, 1 in the emergency room. 2. NCD kits are available 3. Services are carried out in accordance with the established service flow	That the facilities and infrastructure related to the implementation of Hypertension services are in accordance with the SOP and flow, but in terms of tools are still inadequate.
2	Service Room	The service room for Hypertension is carried out in the NCD room	_	Services for Hypertension patients are carried out in the NCD room	The room used to perform Hypertension patient services is in the NCD room.

Table 2 Facilities and Infrastructure Triangulation Matrix

The results showed that the availability of facilities and infrastructure in implementing the Minimum Service Standards for Hypertension was still insufficient because some health examination equipment, such as sphygmomanometers, was still damaged, causing a delay when patients at registration were to conduct examinations. Also, no IEC media, such as leaflets or banners, were installed only during hypertension counseling.

Based on the Regulation of the Indonesian Minister of Health No.4 of 2019 shows that the quality standards of goods for hypertension services are hypertension control guidelines and IEC media, tensimeters as needed, and recording and reporting formulas for the NCD information system application.

Quality standards for goods in hypertension services include control guidelines, IEC media, and recording and reporting forms for NCD information system applications. The availability of quality standards for Hypertension service items at Andalas Public Health Center found control guidelines and IEC media in the form of posters and banners, tensimeters, and recording and reporting forms. Non-communicable disease KIT at Andalas Public Health Center is available (Al Farabi dkk., 2024; Ariasih dkk., 2024; Nilansari dkk., 2024). The availability of non-communicable disease KIT is essential in implementing risk factor screening. A particular room used for hypertension services at Andalas Public Health Center is available in the non-communicable disease room. Hypertension patients will be directed at the time of registration to the non-communicable disease room or non-communicable disease clinic.

Based on researchers' assumptions, the facilities and infrastructure for implementing the minimum service standard program for hypertension are not by the Minister of Health Regulation No.4 of 2019 because there are no IEC media, such as leaflets, and there is still a lack of sphygmomanometer equipment because the existing tools are old and many are damaged.

Therefore, Andalas Public Health Center should adopt a comprehensive approach to hypertension services (Ardiana dkk., 2024; Leorita dkk., 2024; Lubis dkk., 2024). This includes re-equipping medical devices, such as repairing or adding sphygmomanometer devices, providing informational materials, such as leaflets related to hypertension, and ensuring the availability of all necessary resources. This holistic solution will ensure that hypertension services run well and patients receive the best possible care.

No	Aspects	Semi-	Document	Conclusion
	Checked	structured	Review	
		Interview		
1	Policies that	The policy	health minister	That all policies
	serve as	used as a	regulation no.	related to the
	guidelines	guideline is the	4 of 2019 is a	implementation
		Minister of	policy that is	of Hypertension
		Health	used as a	Minimum
		Regulation	guideline in the	Service
		No.4 of 2019.	implementation	Standards are in
			of the	accordance with
			minimum	the Minister of
			service	Health
			standards for	Regulation No.
			hypertension.	4 of 2019, then
			• •	there are also

c.Facilities and infrastructure

Та

				SOPs for
				implementation.
2	SOP	Implementation	Based on SOPs	All activities
		of	related to the	related to
		Hypertension	implementation	Hypertension
		minimum	of hypertension	minimum
		service	minimum	service
		standards	service	standards are
		activities is in	standards in	carried out in
		accordance	accordance	accordance with
		with SOPs	with the	established
			standards of	SOPs.
			the Minister of	
			Health	
			Regulation No.	
			4 of 2019.	
3	Achievement	Hypertension	-	The target
	- f			achievement of
	of minimum	minimum		achievement of
	service	service		Hypertension
	service standards for	service standard target		Hypertension minimum
	service standards for hypertension	service standard target of 100% is still		Hypertension minimum service
	service standards for hypertension 100%	service standard target of 100% is still difficult to		Hypertension minimum service standards is
	service standards for hypertension 100%	standard target of 100% is still difficult to achieve by		Hypertension minimum service standards is 100%, while
	service standards for hypertension 100%	service standard target of 100% is still difficult to achieve by Puskesmas		Hypertension minimum service standards is 100%, while Hypertension
	service standards for hypertension 100%	service standard target of 100% is still difficult to achieve by Puskesmas		Hypertension minimum service standards is 100%, while Hypertension patients who
	service standards for hypertension 100%	service standard target of 100% is still difficult to achieve by Puskesmas		Hypertension minimum service standards is 100%, while Hypertension patients who must get
	service standards for hypertension 100%	minimum service standard target of 100% is still difficult to achieve by Puskesmas		Hypertension minimum service standards is 100%, while Hypertension patients who must get services
	service standards for hypertension 100%	minimum service standard target of 100% is still difficult to achieve by Puskesmas		Hypertension minimum service standards is 100%, while Hypertension patients who must get services according to
	service standards for hypertension 100%	service standard target of 100% is still difficult to achieve by Puskesmas		Hypertension minimum service standards is 100%, while Hypertension patients who must get services according to standards are
	of minimum service standards for hypertension 100%	minimum service standard target of 100% is still difficult to achieve by Puskesmas		Hypertension minimum service standards is 100%, while Hypertension patients who must get services according to standards are very large, and
	service standards for hypertension 100%	minimum service standard target of 100% is still difficult to achieve by Puskesmas		Hypertension minimum service standards is 100%, while Hypertension patients who must get services according to standards are very large, and difficult to

The research results at the Andalas Public Health Center found that the policy used as a guideline in implementing Hypertension Minimum Service Standards is Minister of Health Regulation No. 4 of 2019. The Public Health Center already has technical instructions for implementing minimum service standards for Hypertension.

Based on researchers' assumptions, the policy in implementing the hypertension minimum service standard at the Andalas Public Health Center has followed the Minister of Health Regulation No. 4 of 2019 (Balti dkk., 2024; Darmawati dkk., 2024; Haldy & Kurniawidjaja, 2024). This policy is a guideline for providing health services to people with Hypertension by established standards.

Therefore, it is hoped that Andalas Public Health Center, with the active participation of esteemed stakeholders, will continue to implement the Hypertension Minimum Service Standards program in line with the Minister of Health Regulation No. 4 of 2019. This will ensure that the implementation of Hypertension can be carried out properly, leading to a decline in Hypertension cases in the Andalas Public Health Center working area and improved control of Hypertension.

2. Process

a. Health Service

1) Blood Pressure Monitoring

The results showed that the personnel involved in measuring and monitoring blood pressure are doctors, nurses, and health promotion. Blood pressure monitoring is carried out at the non-communicable disease clinic, where in this monitoring hypertensive patients are given directions by health workers regarding matters related to hypertension, such as prohibitions on foods that can trigger high blood pressure, making a balanced diet, giving directions related to routinely taking medicine and routinely checking their blood pressure every month at the Public Health Center, and also giving directions to carry out physical activities such as gymnastics diligently.

Hypertension patients do not routinely check their blood pressure once a month because they do not feel symptoms of pain. Based on the performance achievement indicators for the hypertension non-communicable disease program, the monthly monitoring target is 752 (8.3%), while the annual target is 9018 (100%).

The assumption researchers' blood pressure monitoring carried out by health workers to hypertensive patients who seek treatment includes the prohibition of foods that trigger hypertension, direction to take routine medication every day, and implementation of physical activity. Officers carry out this monitoring when patients seek treatment at the public health center. The monitoring of hypertensive patients is also carried out by officers by contacting patients by telephone, but this has not been effective because officers find it difficult to reach all hypertensive patients.

Therefore, the health center is expected to always socialize with patients to check their blood pressure once a month. Public Health Center is also expected to be optimal in implementing patient monitoring via telecommunications so that patients can continue to be reminded always to measure blood pressure at the health center every month.

2) Patient Compliance for Routine Control

The study's results show that there are still patients who do not routinely control their hypertension or take treatment every month at the public health center. Some patients forget their routine control schedule, and some patients cannot go to the public health center because no one takes them there, and they don't have transportation.

Researchers assume that patient compliance for monthly control needs to be given direction again so that all patients check their blood pressure every month to monitor their blood pressure again so that complications that are at risk to the health of hypertensive patients do not occur. It is necessary to make a commitment that officers can make to hypertensive patients. The commitment made by officers is the direction to patients to seek treatment every month without waiting to feel the symptoms of illness first. Family support is also needed so that they can remind their hypertensive family to control at the public health center every month. Support from the family can be in the form of reminding patients to seek treatment and encouraging patients to take regular medication. The family can also provide patient support to carry out routine controls.

Therefore, family support from patients is important to increase patient compliance in conducting routine controls at the public health center, and Andalas Public Health Center should optimize education to Hypertension patients related to routine control.

3) Education Implementation

The doctor provides hypertension education when the patient comes to the health center. Every service and monitoring is given education on regular control and taking regular medication. Patients said officers always provide education when patients seek treatment at the public health center. The education concerns prohibiting foods that trigger high blood pressure, taking routine medication, and doing physical activity.

The results showed that educational media has not been properly used when counseling hypertension patients, and leaflets are not yet available at the Andalas Health Center. Educational media, such as banners about hypertension, are also only installed during counseling.

The assumptions of researchers are that the implementation of education and counseling provided by public health center officers is given a fixed schedule and notified to hypertensive patients so that hypertensive patients get knowledge about hypertension. The existence of a counseling schedule can remind hypertensive patients to participate in counseling activities. The participation of hypertensive patients in counseling can increase the knowledge and awareness of hypertensive patients. Educational media, such as leaflets about hypertension, are regularly checked for availability so that they can be read by hypertensive patients who seek treatment at the public health center.

Therefore, it is hoped that the public health center is optimal in providing education and counseling to people with hypertension, so that people with hypertension can increase their knowledge and be more vigilant during the treatment period.

4) Patient monitoring constraints

Efforts made by officers in monitoring Hypertension patients are by contacting patients via telephone, but officers are constrained because the patients being monitored are very large and unreachable. Therefore, officers can only monitor when patients seek treatment at the public health center. Patient monitoring has not been effectively carried out due to the concurrent duties of officers, so officers are difficult to divide to monitor patients.

Researchers' assumptions and the obstacles obtained by officers at the Andalas Public Health Center include the difficulty of monitoring all hypertension patients in the Andalas Public Health Center work area. Officers who conduct monitoring cannot do it because of their concurrent duties and the lack of officers involved in implementing the minimum service standards for the hypertension program. Therefore, it is important to foster officers' commitment to monitoring Hypertension patients by increasing their ability through capacity-building activities with Hypertension services according to standards.

No	Aspects	Semi-	Document	Observation	Conclusion
	Checked	structured	Review		
		Interview			
1	Blood	Blood	Blood	Nurses and	The
	pressure	pressure	pressure	doctors play	personnel
	measurement	measurement	measurement	a role in	involved in
	and	is done by	and	providing	measuring
	monitoring	the	monitoring	services	and
		registration	is recorded	such as	monitoring
		staff Service	on patient	measuring	blood
		delivery at	registration	blood	pressure are
		the health	paper	pressure to	doctors and
		center is		patients who	nurses.
		done by		come to the	Every patient
		doctors and		public health	who comes
		nurses.		center.	to the health
					center will
					have their
					blood
					pressure
•	D		D 1 1		measured.
2	Patient	There are	Based on the	-	There are
	compliance	still patients	results of		still patients
	for routine	who do not	recording		who do not
	control	routinely	and		routinely
		check their	reporting,		check blood
		blood	patients who		pressure at
		pressure at	regularly		the nearth
		the health	seek		center, 11 the
		center. Some	ureatiment		patient does
		to the health	will be		not reer
		contor only	the cohort		symptoms of
		when they	the conort.		paill, uses
		experience			seek
		symptoms of			treatment at
		nain			the health
		pani.			center
3	Obstacles	Efforts in	_	Monitoring	Patient
5	00500005	monitoring		natients	monitoring
		natients		using the	has not been
		made hv		telephone is	maximized
		officers are		still difficult	and effective
		by		due to the	due to
		contacting		large	officers who
		contacting		large	Unicers who

Table 4 Health Service Triangulation Matrix

patients, but	number of	have
not all	patients who	concurrent
patients are	must be	duties, and
reached by	contacted to	the difficulty
officers for	be	of reaching
monitoring.	monitored.	all
		Hypertension
		patients.

a. Recording and Reporting

No	Aspects	Semi-	Document	Conclusion
	Checked	structured	Review	
		Interview		
1	Recording and	Recording	Based on the	Recording
	reporting	and	Minister of	and
		reporting	Health	reporting
		is carried	Regulation	has been
		out by the	no. 4 of 2019,	carried out
		person in	cohort	by entering
		charge of	recording and	a cohort
		the NCD	reporting is	form once a
		program	carried out in	month.
		which is	the form of a	
		included in	non-	
		the cohort.	communicable	
			disease	
			information	
			system	
			application or	
			into epus.	

Table 5 Recording and Reporting Triangulation Matrix

The results showed that SPM Hypertension is recorded and reported in a cohort conducted once a month. The person in charge of the NCD program carries out this recording and reporting.

The NCD program holder recapitulates recording and reporting by cohort. The team submits the recording results to the program's person in charge. The program in charge conducts Monev. The program in charge recapitulates the recording results through cohorts. Then, the recording results are reported to the head of the public health center.

The assumptions of researchers, recording, and reporting are in accordance with the Minister of Health Regulation No.4 of 2019. This recording and reporting is carried out by the person in charge of non-communicable diseases, and it is then entered into the cohort. This is done once a month. Recording and reporting are carried out to be used in adjusting the patients in the data with the targets to be achieved as a result of implementing the minimum service standards for hypertension every month at the Andalas Public Health Center.

b. Monitoring and evaluation

No	Aspects Checked	Semi- structured Interview	Document Review	Observation	Conclusion
1	Monitoring dan Evaluation	Monitoring and evaluation is always held every month during mini workshops.	Based on the results of recording and monitoring, it is found that the availability of monthly monitoring and evaluation reports and annual monitoring and evaluation	All monitoring and evaluation activities are in the form of monthly and annual reports.	Monitoring and evaluation are held every month to monitor the progress of the Hypertension Minimum Service Standard activities.
			evaluation reports.		

 Table 6 Monitoring and Evaluation Triangulation Matrix

The study's results show that the Minimum Service Standards for Hypertension at the Andalas Health Center have been monitored and evaluated. Monitoring and evaluation are conducted once a month during a mini workshop.

Based on the results of research in monitoring and evaluation related to implementing the Minimum Service Standards for Hypertension Disease at the Andalas Public Health Center, monitoring and evaluation have been carried out in accordance with applicable regulations.

The assumptions of researchers, monitoring, and evaluation carried out by the Andalas Public Health Center have included activities to implement the minimum service standards for hypertension in accordance with the standards. Monev is also carried out every month at the Andalas Public Health Center. At the time of Monev, Monev will discuss the progress of implementing the minimum service standards for hypertension. The target achievement of the minimum service standards will be calculated based on the monthly target set by the Andalas Public Health Center.

3. Output

 Table 7 Output Triangulation Matrix

No	Aspects Checked	Semi- structured Interview	Document Review	Conclusion
1	Output	Hypertension Minimum Service Standards have not yet	Based on the Annual Report of the	Hypertension service standards have not been

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reached the	Padang	achieved at
target due to	City	the Andalas
the	Health	Health
ineffective	Office in	Center with a
monitoring	2021	target of
carried out		100%.
from officers		The
to patients.		obstacles
In addition,		experienced
concurrent		by the health
workloads		center are the
hamper		large number
officers in		of patients
monitoring		who do not
patients.		control
		routinely to
		the Public
		Health
		Center, and
		personnel
		who find it
		difficult to
		monitor all
		hypertension
		patients in
		the Andalas
		Public
		Health
		Center work
		area.

The results showed that the Minimum Service Standards for Hypertension had not reached the target. The achievement of minimum service standards for Hypertension indicators at Andalas Public Health Center in 2021 was 30.21%, while in 2022, it was 14%. This achievement was obtained from the Health Profile of the Padang City Health Office in 2021, the 2021 Andalas Public Health Center Annual Report, and the 2022 Andalas Public Health Center Annual Report, and the 2022 Andalas Public Health Center Annual Report, and the 2022 Andalas Public Health Center Annual Report, and the 2022 Andalas Public Health Center Annual Report, and the 2022 Andalas Public Health Center Annual Report, and the 2020 Andalas Public Health Center Annual Report, and the 2020 Andalas Public Health Center Annual Report, and the 2020 Andalas Public Health Center Annual Report. Based on the regulation of the Minister of Health. No. 4 of 2019 states that the target achievement of the minimum service standard for hypertension is 100%.

Based on the indicators of the minimum service standards for hypertension at the Andalas Public Health Center, the target achievement of 100% has not been achieved. The main obstacle is the lack of awareness of hypertensive patients to carry out routine treatment every month at the health center and not optimal monitoring of the blood pressure of hypertensive patients by officers due to the large number of hypertensive patients in the Andalas Public Health Center work area. The performance indicator for the hypertension program is the annual target of 100%, while the monthly target is 752 (8.3%).

The assumptions of researchers, the implementation of the minimum service standards for hypertension at the Andalas Public Health Center still has not reached the target per month or the target per year due to existing obstacles, namely the difficulty of monitoring from officers, the lack of health workers who match their educational background and the lack of maximum provision of counseling to all hypertension patients in the Andalas Public Health Center work area. This causes the implementation of the minimum service standards for hypertension to be ineffective.

CONCLUSION

- 1. Officers involved in implementing the Minimum Service Standards for the Hypertension Program have not involved health promotion personnel with a health promotion education background.
- 2. The facilities and infrastructure used to implement the Minimum Service Standards for the Hypertension Program are the NCD examination room, tensimeter, weight scale, and height measurement. The available tensimeter is still lacking because several tools have been damaged.
- 3. The policy for implementing the Minimum Service Standards for the Hypertension Program that is used as a guideline is the Minister of Health Regulation Number 4 of 2019 Technical Standards for Service Quality for Minimum Service Standards in the Health Sector, and there are already SOPs related to the implementation of the Hypertension Minimum Service Standards.
- 4. Services provided to Hypertension patients have received services according to standards. It was also found that not all Hypertension patients who routinely do routine checks every month to the public health center; some patients choose to seek treatment when they feel symptoms of pain and do not have transportation to the public health center
- 5. Recording and reporting are carried out by the person in charge of the non-communicable disease program, which is included in the Hypertension cohort form. Recording and reporting are carried out once a month, which is then inputted in e-pus.
- 6. Monitoring and evaluation is carried out every month. Monitoring and evaluation are carried out with SMEs and also the head of the Puskesmas. Monitoring is also conducted with the City Health Office once every three months to evaluate the records and reporting of implementing the Minimum Service Standards for the Hypertension Program.
- 7. Implementing minimum service standards for hypertension at Andalas Public Health Center is still ineffective. The main obstacles are the lack of awareness of Hypertension patients to take routine treatment every month to the health center, not optimal monitoring by officers, health workers who have a double workload, and the lack of involvement of community health workers in the implementation of Hypertension minimum service standards.
- 8. The impact of implementing the minimum service standards for hypertension can be considered not optimal, as evidenced by the low program achievement and the high number of hypertension cases—171 cases in May and 139 cases in June 2023.

AUTHOR CONTRIBUTIONS

Look this example below:

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing. Author 2: Conceptualization; Data curation; In-vestigation.

Author 3: Data curation; Investigation.

Author 4: Formal analysis; Methodology; Writing - original draft.

CONFLICTS OF INTEREST

The authors declare no conflict of interest

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