

## Analysis of Health Service Quality in the Effort to Ensure Patient Safety at the Community Health Center (Puskesmas) in Bantaeng City, Bantaeng Regency, in 2025

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### ABSTRACT

Patient safety is one of the indicators of the quality of health services. Patient safety is an important part of improving the quality of services. Bantaeng City Health Center in Bantaeng Regency is one of the health service facilities that implements patient safety efforts as one form of effort to improve the quality of health services as referred to in Law of the Republic of Indonesia Number 36 of 2009. The purpose of this study was to identify the implementation of patient safety efforts at the Bantaeng City Health Center to improve the quality of services. Data collection techniques used were observation, interviews, and literature studies. Data collection was carried out at the Bantaeng City Health Center. The results of data analysis showed that the implementation of patient safety efforts at the Bantaeng City Health Center was adjusted to the Puskesmas accreditation assessment standards. However, in its realization there are still obstacles and shortcomings in meeting the standards for patient safety efforts at the Bantaeng City Health Center, so it is necessary to optimize patient safety efforts from all parties involved. It can be concluded that health centers must provide safe and quality services to create a healthy sub-district.

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## INTRODUCTION

Health development, as part of national development, aims to increase the willingness, ability, and awareness of every individual to live a healthy life so that an optimal level of public health can be achieved. Law of the Republic of Indonesia Number 36 of 2009 concerning Health, Article 5, states that every person has the right to obtain safe, high-quality, and affordable health services. The implementation of patient safety in Community Health Centers is an important indicator in meeting accreditation standards and increasing public trust (Puspitasari & Wahyuni, 2021). The quality of health services has increasingly become a central topic in the management of Community Health Centers (Puskesmas) today, especially with the growing global attention to patient safety. Various empirical facts over the past ten years show that both hospitals and Puskesmas are health service facilities full of risks that impact patient safety (Ministry of Health, Republic of Indonesia, 2018).

The World Health Organization (WHO) in 2009 stated that there are four factors that can cause patient safety incidents, namely organizational factors, teamwork factors, environmental factors, and individual factors. Among these four factors, organizational factors and teamwork factors have the greatest contribution

to causing patient safety issues. Organizational factors include safety culture, leadership, and communication. The high number of patient safety incidents is caused by the lack of a structured risk management system in primary care facilities (Azzahra & Nugroho, 2020). The patient safety efforts implemented by Community Health Centers (Puskesmas) aim to improve the quality of health service facilities through the application of risk management in all aspects of services provided by the Puskesmas. In addition, patient safety efforts also ensure that all actions in health services are carried out in accordance with minimum service standards and the professional code of ethics for health workers. The use of a quality-based information system can reduce the risk of service errors and accelerate the process of reporting patient safety incidents (Ramadhani & Suryani, 2022).

A Community Health Center (Puskesmas) is one of the health service facilities responsible for providing health efforts, including promotive, preventive, curative, and rehabilitative services within a designated working area. As a provider of health development, the Puskesmas is an integral part of national development. Patient safety is a fundamental principle of health care and a critical component for the quality of services provided at all levels of care (WHO, 2021). The purpose of implementing health development is to increase the awareness, willingness, and ability of every individual to live a healthy life so that an optimal level of public health can be achieved, both socially and economically.

The Bantaeng City Community Health Center, Bantaeng Regency, is one of the primary health care facilities that carries out its functions as a provider of Individual Health Efforts (UKP) and Public Health Efforts (UKM) and aims to improve the level of health within its working area.

Based on the Regulation of the Minister of Health (Permenkes) No. 46 of 2015 concerning the Accreditation of Community Health Centers (Puskesmas), Primary Clinics, Independent Doctor Practices, and Independent Dentist Practices, Appendix I on Puskesmas Accreditation Standards states that for a Puskesmas to perform its functions optimally, it must be managed properly — starting from the resources used, the service processes, to the performance of its services — because the community demands safe and high-quality health services that can meet their needs. Therefore, efforts to improve quality, risk management, and patient safety must be implemented in the management of Puskesmas to provide comprehensive health services to the community through community and private sector empowerment efforts (Permenkes, 2015). Patient safety efforts at Puskesmas include systems designed to make patient care safer and prevent harm caused by errors in services. This includes correct patient identification, effective communication, medication safety, and risk reduction of infections. According to the Regulation of the Minister of Health of the Republic of Indonesia No. 11 of 2017 on Patient Safety, patient safety is a system that makes patient care safer, which includes risk assessment, identification and management of patient risks, incident reporting and analysis, the ability to learn from incidents and follow up on them, as well as the implementation of solutions to minimize risks and prevent harm caused by errors due to performing or failing to perform an action that should have been taken.

The patient safety efforts implemented by the Bantaeng City Community Health Center, Bantaeng Regency, aim to improve the quality of health service facilities through the application of risk management across all aspects of services provided by the Bantaeng City Community Health Center. In addition, patient safety efforts also ensure that all actions in health services are carried out in accordance with minimum service standards and the professional code of ethics for health workers. The high number of patient safety incidents is the basis for the importance of patient safety efforts in health service facilities. Between January and December 2016, the National Patient Safety Agency reported 1,879,822 patient safety incidents in the United Kingdom. The Ministry of Health Malaysia reported 2,769 patient safety incidents between January and December 2013, while in Indonesia, between 2006 and 2011, KPPRS reported 877 patient safety incidents.

There are many factors that contribute to the high number of Patient Safety Incidents (IKP) in health service facilities. The quality of services tends to improve after accreditation, but the sustainability of standard implementation remains a challenge in many Community Health Centers (Mulyani & Santosa, 2022). The active involvement of quality and patient safety teams has been proven to improve the effectiveness of the Quality Improvement and Patient Safety (PMKP) program at the Community Health Center level (Rahmawati & Yuliana, 2023). The national guidelines emphasize the importance of implementing risk management and incident reporting systems as part of patient safety efforts in Community Health Centers (Ministry of Health of the Republic of Indonesia, 2020). In addition to the causal factors, the impacts of Patient Safety Incidents are also diverse, one of which is a decrease in patient satisfaction, which in turn affects the quality of the health services provided. Safe services can increase patient satisfaction, thereby having a positive impact on the image of a health service facility. The commitment of Community Health Center management to quality and patient safety programs has been proven to have a strong correlation with patients' perception of quality (Handayani & Nugroho, 2020). After accreditation, Community Health Centers are required to maintain the continuity of quality standards implementation, including an integrated patient safety program (Prasetya & Rachmawati, 2019).

An ideal PMKP-MR (Quality Improvement and Patient Safety-Risk Management) program needs to establish the structure (input) of clinical and management activities, including a framework for improving work processes and output indicators used for monitoring and evaluation. A strong safety culture is the foundation of

continuous quality improvement in primary healthcare settings (Thompson & Clark, 2019). Evaluation of patient safety indicators is important for detecting high-risk areas and designing effective interventions (Wulandari & Prabowo, 2021). Good communication strategies among healthcare teams are a key element in the success of incident reporting and patient safety improvement (Susanti & Permatasari, 2021). Continuous training for healthcare workers greatly affects the quality of patient safety implementation in primary care services (Safitri & Novita, 2023). Furthermore, the program should emphasize that the planning, design, monitoring, analysis, and improvement of clinical and management processes must be well-managed with clear leadership qualities to achieve optimal results. Intensive training conducted periodically plays a role in improving healthcare workers' understanding of and compliance with patient safety standards (Yuliani & Fitria, 2022). For example, according to the Accreditation Standards from the Ministry of Health, hospitals must establish, measure, evaluate, and follow up on various quality indicators: national quality indicators for health service centers, service indicators, and priority service indicators for each work unit. Community Health Center accreditation has a positive impact on the public's perception of service quality and safety (Nugraha & Lestari, 2018). Besides fulfilling accreditation standards, measuring these indicators is in fact very important for: 1) measuring and comparing performance against established targets; 2) supporting accountability, regulation, and accreditation processes; 3) setting service or system priorities; 4) supporting quality improvement initiatives and helping patients choose providers; and 5) performance assessment and quality improvement. Failures in incident reporting are often caused by a weak safety culture and insufficient staff training (Susanto & Pratiwi, 2023). The use of electronic reporting information systems has been proven to improve monitoring effectiveness and facilitate incident tracking" (Farid & Zainuddin, 2022).

## METHODOLOGY

This research is a type of descriptive analysis. The data collection techniques used include direct observation, interviews, and literature studies based on policies and documents related to quality and patient safety. Direct observation was conducted to observe the implementation process of patient safety efforts at the Bantaeng City Community Health Center. Interviews were conducted with the Quality and Patient Safety Team using an interview guide tailored to the needs of the research and the Puskesmas Accreditation Instrument. Meanwhile, the documents used as literature consist of guidelines, policies, and/or applicable regulations related to quality and patient safety. Data collection was carried out at the Bantaeng City Community Health Center, Bantaeng Regency.

Primary data refers to data obtained directly from the original source or in the field, which constitutes empirical data. The empirical data in question are the results of interviews with several parties or informants who are truly competent and willing to provide the necessary data and information relevant to the research needs. This includes, among others, heads of departments or agencies related to the research. Secondary data refers to data obtained from literature reviews, books or literature related to the problem being studied, the internet, documents or archives, and reports sourced from relevant institutions that align with the data requirements of the research. The secondary data in this study consists of data related to the research object and was obtained from the Bantaeng City Community Health Center.

Data analysis is conducted after all data from respondents or other data sources has been collected. In this case, the researcher analyzes the data obtained through interviews with the research subjects so that the researcher can address the main issues that arise. Furthermore, the researcher can draw conclusions about the main issues along with their solutions and provide suggestions as part of the solution to the problems identified in this research.

## RESULTS AND DISCUSSION

According to Azwar (1996), the quality of health services is multidimensional because it can be viewed from three perspectives: the service users, the service providers, and the funding parties. Quality is service that can satisfy customers; it is the suitability of a product's use to meet customer satisfaction. According to Supriyanto & Wulandari (2011), quality is the overall characteristics and description of a product or service that demonstrates its ability to satisfy customer needs. Therefore, it can be said that quality is something used to ensure that the intended goals or outcomes are achieved, and quality must always keep up with the latest professional knowledge to satisfy customers.

Health service quality is the degree or level of perfection of health services provided in accordance with applicable service standards. Quality improvement is a process of measuring the degree of perfection of health services compared to standards or principles, followed by systematic and continuous corrective actions to achieve optimal or excellent service quality according to scientific and technological standards and the available resources (Supriyanto & Wulandari, 2011).

Service quality refers to the extent to which a service meets or exceeds customer expectations in terms of quality, reliability, and satisfaction. It is an important factor in various sectors, including healthcare, business, and public services, as it can affect customer satisfaction, the reputation of the service provider, and the overall success of the organization. The quality of health services cannot be separated from customer or

patient satisfaction. The active participation of healthcare workers in the development and implementation of SOPs has a positive impact on compliance with service quality (Wijayanti & Sari, 2018). High-quality health services can increase patient satisfaction with the services provided. Moreover, patient satisfaction can be used as a benchmark for the success of service quality in a healthcare facility. Patient satisfaction is achieved when what they receive exceeds their expectations.

According, quality is defined as services that are able to satisfy customers. Meanwhile, Joseph M. Juran (1954) stated that quality is the fitness for use of a product in fulfilling customer satisfaction. On the other hand, Supriyanto and Wulandari (2011) argue that quality encompasses all the characteristics and attributes of a product or service that reflect its ability to meet customer needs. Transformational leadership plays a role in shaping an organizational culture that is oriented toward patient safety” (Maulana & Dewi, 2023). Therefore, it can be concluded that quality is an essential element that ensures the achievement of desired goals or outcomes. Quality must always keep up with the latest developments in professional knowledge in order to continuously satisfy customers. Quality and patient safety monitoring must be carried out regularly using accreditation instruments and root cause analysis (Ministry of Health of the Republic of Indonesia, 2021).

The importance of maintaining service quality lies in its ability to increase customer satisfaction, build loyalty, and strengthen the positive image of an organization or business. Good service quality also contributes to operational efficiency, cost reduction, and increased public trust in the service provider. As a healthcare provider, a Community Health Center (Puskesmas) must ensure that every patient receives the best possible care. High service quality includes the availability of competent medical personnel, the appropriate use of medical technology, and the implementation of effective standard operating procedures. Maintaining quality helps prevent medical complications and speeds up the patient’s recovery process.

The quality of health services is closely related to patient satisfaction. High-quality services can increase the level of patient satisfaction with the care they receive. This satisfaction, in turn, becomes an important indicator for evaluating the success of service quality in healthcare facilities. Patients will feel satisfied when the experience they receive exceeds their expectations. According to Kotler, as cited by Cahyono (2008), patient satisfaction and safety, along with clinical governance and efficiency, are crucial elements in ensuring the quality of health services. The same point is conveyed by the Institute of Medicine (2001), which states that the quality of health services can be measured by efficiency, effectiveness, timeliness, equity, patient-centeredness, and patient safety. This shows that patient safety is one of the key benchmarks in assessing the quality of health services, including in Community Health Centers (Puskesmas).

Many regions have accreditation standards that require Community Health Centers (Puskesmas) to meet specific criteria related to service quality and patient safety. This accreditation is important to ensure that Puskesmas operate in accordance with national standards. Puskesmas that successfully obtain accreditation are generally considered safer and more reliable by patients. One of the principles of healthcare services is to safeguard patients through safe procedures and actions that do not endanger either the patients or the healthcare providers. Every healthcare facility must always ensure the safety of its healthcare processes to avoid medical errors that could affect the quality of health services. Patient safety is an effort to guarantee that all actions and activities related to patients carried out by healthcare workers take place safely and do not pose any harmful effects or risks to patients, through a series of activities regulated by law. Patient safety is a crucial point in every medical procedure, whether minor or major. According to research by Maghfiroh & Rochmah (2017), patient safety has a significant impact on the image, social and moral responsibility, and performance of healthcare workers, indicating that patient safety is closely linked to issues of quality and the reputation of health services, including Puskesmas.

The quality of health services cannot be separated from the level of customer or patient satisfaction. High-quality services can increase patient satisfaction with the care they receive. Furthermore, patient satisfaction can be used as an indicator to measure the success of service quality in a healthcare facility. This satisfaction is created when the patient’s experience exceeds their expectations.

In its implementation, patient safety efforts require continuous monitoring to ensure that they are carried out in line with their objectives. According to research by Samra, R., et al. (2016), there are several monitoring strategies that can be used as methods of oversight in implementing patient safety efforts. The monitoring strategies used can be adapted to the needs, capabilities, and conditions of the healthcare facility.

Monitoring patient safety efforts aims to ensure that the implementation of patient safety measures is in accordance with the agreed standards and criteria. Meanwhile, a monitoring strategy is a method selected and used to facilitate the monitoring process and identify obstacles during the implementation of patient safety efforts. Therefore, as a form of monitoring strategy for patient safety efforts at Community Health Centers (Puskesmas), the Government of Indonesia has issued a policy that regulates the standards and assessment criteria for the implementation of patient safety efforts, as stated in Minister of Health Regulation (Permenkes) No. 46 of 2015.

One of the main principles in healthcare services is to safeguard patients through safe procedures and actions that do not endanger either the patients or the medical personnel providing the care. Therefore, every

healthcare facility must consistently maintain safety in its service processes to prevent medical errors that could negatively impact the quality of the health services provided. Patient safety is a crucial aspect of every type of medical procedure, whether minor or major. According to research conducted by Maghfiroh and Rochmah (2017), patient safety has a significant impact on the image, social responsibility, and morality of healthcare workers, as well as on their performance. Therefore, patient safety cannot be separated from issues of service quality and reputation, including in auxiliary community health centers

Based on this policy, it is stated that to ensure continuous quality improvement, performance enhancement, and the implementation of risk management at Community Health Centers (Puskesmas), assessments must be carried out by external parties using established standards through an accreditation mechanism. One of the assessment elements in accreditation is the improvement of clinical quality and patient safety, which is included in the Puskesmas accreditation instrument.

The Bantaeng City Community Health Center in Bantaeng Regency is one of the accredited Puskesmas. Based on the results of interviews and field observations, the implementation of patient safety efforts at this Puskesmas is aligned with the assessment elements outlined in the Puskesmas accreditation instrument. The following are the results of interviews and direct observations regarding the implementation of patient safety efforts at Puskesmas X based on the Puskesmas Accreditation Instrument, Chapter IX. According to Table 1, there are two patient safety standards in Chapter IX of the Puskesmas accreditation instrument on clinical quality improvement and patient safety that have not been fully implemented at the Bantaeng City Puskesmas, namely: (1) Patient safety efforts are well understood and clearly defined by all relevant stakeholders, and (2) The measurement, collection, and evaluation of patient safety goals.

**Table 1.** The Implementation of Patient Safety Efforts at the Bantaeng City Community Health Center, Bantaeng Regency, Based on Interviews and Field Observations

No.	Standard	Field Conditions	Review
1.	Planning, monitoring, and evaluation of patient safety efforts are the responsibility of staff working in clinical services	The Bantaeng City Community Health Center has complete documents related to the planning, monitoring, and evaluation of patient safety efforts, as well as a Decree (SK) on the appointment of the Quality and Patient Safety Team along with their job descriptions.	In accordance with the standard
2.	Patient safety efforts are well understood and clearly defined by all relevant parties	There are still some staff at the Bantaeng City Community Health Center who do not fully understand the reporting flow for Patient Safety Incidents (IKP), and some staff are inconsistent in recording and reporting patient safety.	There is still a lack of socialization for all staff involved regarding patient safety efforts at the Puskesmas
3.	Measurement, collection, and evaluation of patient safety goals	The measurement, collection, and evaluation of patient safety goals at the Bantaeng City Community Health Center are carried out routinely every month. However, sometimes the implementation does not follow the schedule.	There is still a lack of commitment to timeliness in the measurement, collection, and evaluation of patient safety goals at the Bantaeng City Community Health Center
4.	The results of improvements in patient safety efforts are evaluated and well communicated	Follow-up actions related to improvements in patient safety efforts at	In accordance with the standard

the Bantaeng City Community Health Center are recorded, documented, and posted on the information board. In addition, the evaluation results of improvements in patient safety efforts are communicated to all staff in each unit.

Based on direct observation, there are planning documents, as well as monitoring and evaluation results for the implementation of patient safety efforts at the Bantaeng City Community Health Center. This indicates that the patient safety team has carried out its duties in implementing patient safety efforts at the Bantaeng City Community Health Center.

The implementation of patient safety efforts cannot be carried out solely by the patient safety team or healthcare workers together with the patients and supporting technology; it must also involve all parts of the organization, including management support and good cooperation among staff (Sumarmi, 2017). Robbins and Judge (2008) state that good teamwork is needed to create positive synergy in achieving an organization's goals. The measurement, collection, and evaluation of patient safety goals serve as tools to identify potential hazards, whether in the physical environment of the healthcare facility or in healthcare procedures performed by staff, through assessments based on patient safety indicators. The results of measuring and collecting patient safety goals are then evaluated and used as material to create safe and high-quality health services, both in terms of the physical environment and the procedures carried out by staff. This can also be referred to as the patient safety management process.

Based on the 2022 monitoring and evaluation recap data of patient safety indicators at the Bantaeng City Community Health Center, the average achievement of patient safety indicators was 98% in the first trimester, 96.9% in the second trimester, 96% in the third trimester, and 96.1% in the fourth trimester. This indicates a decline in service quality in terms of patient safety. Therefore, follow-up improvements are needed in the implementation of patient safety efforts at the Puskesmas to enhance service quality. The measurement, collection, and evaluation of patient safety goals are carried out by the patient safety team every month, but in practice, they are sometimes not conducted according to schedule. Based on interviews with members of the patient safety team, this is due to time constraints and a lack of commitment among team members in fulfilling their duties.

Based on an interview with the Head of the Quality Management Team at the Bantaeng City Community Health Center, Bantaeng Regency, it was stated that every patient safety standard implemented at the Puskesmas has been integrated with other health efforts across all aspects of health services provided at the Puskesmas and is coordinated with all relevant and involved parties to achieve the desired goals in improving the quality of health services at the Bantaeng City Community Health Center, Bantaeng Regency.

## CONCLUSION

The quality of services at a Community Health Center (Puskesmas) is the degree of perfection of the healthcare services provided by the Puskesmas in meeting the needs and demands of patients, thereby providing satisfaction. Good service quality at a Puskesmas encompasses various aspects, such as reliability, responsiveness, assurance, empathy, and tangible evidence. The availability of adequate facilities and equipment, as well as good physical conditions of the Puskesmas, can improve service quality. The quality of healthcare personnel, in terms of knowledge, skills, and attitude, greatly influences patient satisfaction. The implementation of good and standardized management, including planning, organizing, implementation, and supervision, can enhance service quality. The level of patient satisfaction with the services provided is one of the important indicators for assessing the quality of services at a Puskesmas. The INM (Quality Achievement Index) is used to measure the achievement of healthcare service quality at a Puskesmas, covering various aspects such as hand hygiene compliance and the use of personal protective equipment.

A Community Health Center (Puskesmas) must be able to provide safe and high-quality services in order to achieve the goal of development, which is to create a Healthy Subdistrict. Patient safety efforts are one form of quality improvement in healthcare services, as stated in Minister of Health Regulation (Permenkes) No. 46 of 2015 concerning the Accreditation of Community Health Centers, Primary Clinics, Private Doctor Practices, and Private Dental Practices. The monitoring strategy implemented in carrying out patient safety efforts involves assessments conducted by external parties based on the assessment elements outlined in the Puskesmas Accreditation Instrument, which are carried out comprehensively and periodically to improve the quality of healthcare services.

The implementation of patient safety efforts at the Bantaeng City Community Health Center, Bantaeng Regency, is not yet optimal because there are still obstacles and shortcomings in meeting the patient safety standards set out in the Puskesmas Accreditation Instrument. As a result, 2 out of the 4 patient safety standards at the Bantaeng City Community Health Center, Bantaeng Regency, need to be further optimized in their implementation in order to achieve the desired goals in improving the quality of healthcare services.

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