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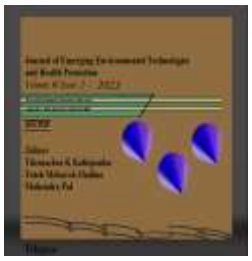

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Home Care Program: Breakthrough in Health Services in the Community

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Abstract

This research examines the Home Care Program as a breakthrough in health services in the community. The Home Care Program policy is contained in Makassar Mayor Regulation Number 6 of 2016 concerning 24 Hour Hospital Visitation Services. Home Care Program itself is part of the Smart City implementation in Makassar City. This research uses a qualitative approach with descriptive research type. This type of research is suitable for obtaining complete data through surveys, or going directly into the field to collect data. The data collection procedures used were observation, interviews and documentation. Based on the results of the Home Care program evaluation in Makassar City based on four program evaluation indicators, namely: input, process, output and outcome, it has gone well on three indicators, namely input, output and outcome evaluation, while the process evaluation has not gone according to target.

Keywords: Home Care Program, Health Services, Community

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1. INTRODUCTION

Home Care is a reflection of health mobilization by utilizing increasingly advanced technological developments to ensure public health. It is a service provided to individuals and families, both young and elderly families. The Home care program itself is contained in Makassar Mayor Regulation Number 6 of 2016 concerning 24 Hour Hospital Visitation Services. Home Care is part of the Smart City implementation in Makassar City by implementing a 24-hour home visit service system. This information technology and innovation-based health service is one of the flagship programs of the Mayor of Makassar. Home Care Programs were launched in 2015 based on Makassar Mayor Regulation Number 6 of 2016 which is a service innovation program in the health sector from the Makassar City government.

Advances in Technology, Information and Communication continue to develop in various fields, especially health which is a quite important field. Technological developments make health services easier to obtain. Home Care is a broad and complete health service component where health services are available to individuals and families. Aims to increase, maintain and maximize the level of independence and minimize the impact of disability and disease, including fatal diseases.

As a breakthrough in health services, the development of home care services in Indonesia is increasingly advanced, and more and more people need home care services. This service is provided by the government, private hospitals and community health centers. Due to diseases such as stroke, diabetes mellitus and other diseases which tend to require a relatively long period of treatment and rehabilitation. Most people choose to use health services at the patient's home, because they are considered effective and efficient.

That is, it is able to provide opportunities for family members to continue carrying out routine tasks while looking after patients, and is also efficient because people no longer queue at hospitals or health centers, so there is no need to go to health service locations. Just press the home care call center, namely 112, for 24/7 work duration. Apart from that, the environment at home is felt by most patients to be more comfortable than in the hospital, so it will speed up their healing process [1].

As one of the innovations in health services in 24-hour care homes that are integrated with Dottoro'ta's telemedicine and mobile home care services. This service allows a doctor's diagnosis to be carried out in the field so that treatment can be carried out as quickly as possible. Diagnosis is also sent via technological devices and applications and will automatically be input into each resident's medical record, and all information can be recorded. Dottoro'ta's car is also equipped with a number of medicines, medical equipment and oxygen cylinders, and is equipped with a patient condition monitoring device which is directly connected to expert doctors and the Wall Room. In 2016, the Home Care and Telemedicine Program achieved achievements and was nominated in the top 99 and top 35 best public service innovation programs in Makassar City.

Since the Home Care Program was implemented in Makassar City in 2015 until now, the available facilities and infrastructure are still limited, including medicines, medical personnel, doctors, nurses and inadequate mobility of ambulance vehicles. Home care services have been implemented for a period of eight years, in their implementation they have utilized various efforts to improve services. However, the extent of its success is not yet known, so an evaluation needs to be carried out to find out how the Home Care Service policy is implemented, and the awareness and benefits for the community in providing health services.

2. LITERATURE REVIEW

According to Fredrich [2] policy is a series of actions or activities proposed by a person, group, or government in a certain environment where there are obstacles (difficulties) and possibilities (opportunities) to resolve the problems faced. These policies are in place and proposed to address problems in achieving the intended goals. Meanwhile, according to Timuss, policy is always problem-oriented and action-oriented. Therefore, policy can be said to be a provision that contains principles to direct how to act in a planned and consistent manner in achieving certain goals. James E. Anderson[3] states that policy is "a series of purposeful actions", followed by an actor or group of actors in dealing with a problem or matter of concern, in order to solve a particular problem.

Faried Ali and Andi SyamsuAlam (2012)[4], provide the understanding that "policy is a statement of will regarding alternative choices that one wants to make and which are built on the basis of will regulations which in their actualization are formulated in the form of statutory regulations". Alternative choices that the government wants are formulated in the form of statutory regulations that must be implemented by the government and society. Public Policy According to Dye [5]states: "Public policy is everything that the government chooses to do or not do", this concept explains that public policy is everything something a government chooses to do or not do, in solving a problem.

According to Anderson [6] defines public policy as a series of activities that have certain objectives that are followed and implemented by a person or group of actors related to a problem or something that concerns them. State policy in various literatures is interpreted in various ways, and no single definition is completely satisfactory. This is because most of the definitions put forward by experts are influenced by certain problems according to the viewpoints and studies researched by policy analysts. Suharno [7] stated that the special characteristics inherent in public policy stem from the fact that the policy is formulated with characteristics including:1) Public policy is an action that leads to a goal, not an action that is completely random and coincidental; 2) Policy essentially consists of actions that are interconnected, and have a pattern that leads to certain goals carried out by government officials, and is not an independent decision; 3) Policy concerns what the government actually does in a particular field; 4) Public policy can be positive, it can also be negative, depending on the decision of government officials not to implement it, or to take action on issues that require government intervention[8].

Likewise, Dunn's opinion [9]states that policy evaluation has related meanings, each of which refers to the application of several value scales to the results of policies and programs. In general, the term evaluation can be equated with appraisal, ratting, and assessment, which are words that express efforts to analyze policy results in an assessment unit.

Evaluation means showing the application of several value scales to the results of policies and programs. According to [10] ,"Appraisal, rating, and assessment are words that express efforts and analyze the results of policies or programs in units of value." Another definition regarding evaluation from the Minister for State Apparatus Empowerment regarding General Guidelines for Bureaucratic Reform, "Evaluation is the activity of assessing the results of an activity that is being or has been implemented." Evaluation is carried out to determine the suitability of the implementation of activities with the stated objectives. This is different from monitoring, where monitoring is carried out while a policy is being implemented. According to Lester and Stewart [11] states that evaluations are carried out to see several program or policy failures. Also to find out whether the program or policy has become a culture, and whether the program or culture is designed and implemented so that it produces an impact that is in line with expectations.

The main meaning of evaluation according to Mardikanto [12] is: 1) Evaluation is the activity of observing and analyzing a situation, event, natural phenomenon or object; 2) Carry out an assessment of everything observed based on the results of comparisons or measurements made; 3) Comparing everything we observe using experience or knowledge that we already know. So evaluation is a decision-making process regarding the value of an object of program implementation by presenting data and information that is appropriate to the evaluation object itself. In one branch of the field of study of public policy analysis, namely evaluation and policies or programs.

The definition of evaluation in a public program according to Mardikanto[12]states "Program evaluation is an evaluation carried out to review the program design that has been formulated before the program is implemented. Furthermore, according to Suharsi and Cepi in Linur[13]that program evaluation is "an effort to determine the level of implementation of a policy carefully by knowing the effectiveness of each component"[14].

Implementation of the Home Care program in improving health services to create a healthy society by linking it to the Birgman& Davis concept which refers to four indicators, namely input indicators, process indicators, output indicators and outcome indicators, which are explained as follows:

1. **Input indicators.** The input indicators in question are whether supporting resources and other suggestions are needed to implement a program and how much human resources are needed in the form of money, infrastructure, transportation and other support. The input intended in this research is the supporting resources and basic materials needed to implement the program which include human resources, funds, other supporting facilities which are aspects in influencing the success of the evaluation of the housing program at the Community Health Center, Makasar City.
2. **Process Indicators.** The process indicators in question are how a program is transformed into direct services to the community and how effective and efficient the methods used in implementing the program are.

If the process indicators referred to in this research are how the implementation of the Home Care program at the Community Health Center is transformed into services to the community, and how effective the methods used in implementing the Home Care program at the Community Health Center are. This indicator stage explains the implementation of the Home Care program that has been implemented and is then compared to assess the effectiveness and efficiency of policies that have been running so far.

3. **Output indicators.** The output indicators in question are what results or products are produced from this program and how many people successfully participate in the program. So the outcome indicator referred to in this research is a direct assessment of what was obtained from implementing the Home Care program at the Health Center by comparing the results obtained from implementing the Home Care program. By assessing the efforts, steps or methods that have been attempted by the relevant parties, whether they have achieved the desired results or goals or not.

4. **Outcome Indicators.** The outcome indicator in question is whether the impact is accepted by the wider community or the parties who are the object of the program, how much positive impact is produced and whether there is a negative impact. Based on these indicators, is the implementation of the Home Care program at the Community Health Center able to provide change for poor people in general? Home Care still needs health services supported by the government, employers and the community [15]

Crossfield and Byner[16], state that we can assess the performance of a program or policy by answering the following basic questions: (1) has the desired input maximized the output?, (2) has the desired output been maximized? Is the desired output maximum? Has the desired impact been achieved according to the written objectives? (3) Is the policy in line with government priorities and community needs? To make it easier to measure program evaluation, Badjuri&Yuwono [17] presents a table of evaluation indicators as follows:

Table 1 Policy Evaluation Indicators as Research Focus

Inputs	1. What are the supporting resources and basic materials needed to implement the policy? 2. How much human resources (resources), money or other supporting infrastructure is needed?
Process	1. How can a policy be transformed into a direct service to the community? 2. What is the effectiveness and efficiency of the methods/methods used to implement public policy?
Outputs	1 .What are the results or products produced by a public policy? 2 .How many people succeeded in following the program/policy?
Outcomes	1. What are the impacts received by the wider community or parties affected by the policy? 2. How many positive impacts did it produce? 3. Are there any negative impacts? how serious is it?

Source: Badjuri & Yuwono (2002)

There are quite a lot of health problems in Indonesia, one of which is non-communicable diseases that require long-term treatment at home. The existing obstacle is Indonesia's geographical condition, which consists of islands, so that access to health services is sometimes hampered. One of the internet-based information technologies such as telehealth or mhealth is very appropriate to use to overcome this problem. The use of telehealth or mhealth in healthcare settings such as home care can eliminate the problem of distance between caregivers and patients. Assistance services can be provided remotely in the form of video teleconference [18]. The Home Care program is designed with a system that is friendly to change and able to adapt to the demands of health service needs. Home Care can help every

resident get health services, for example in Makassar residents who are sick no longer need to go to hospital, officers will visit the patient directly at home.

Homecare as a health service is a component of health services provided continuously and comprehensively to individuals and families in their homes with the aim of improving, maintaining and restoring health, as well as maximizing the level of independence and minimizing the impact of disease, including infectious [19]. The Makassar City Government has prepared a fleet of 48 cars called Dottoro'ta which means our doctor, and the number continues to increase. Based on the results of the examination, the department can decide whether the patient needs light or serious treatment, including whether they should be taken home sick. Home Care is aimed at all city residents, especially underprivileged families. This is a form of the government's commitment to guaranteeing the rights of its citizens to obtain world standard health services which is in line with the government's mission to realize international standard public services.

The Home Care program is designed with a system that friendly to change and able to adapt to the demands of health service needs. This system makes it possible to continue to innovate and develop both in terms of quality and quantity. Homecare is a form of continuous and comprehensive nursing service at home provided to patients and their families with the aim of restoring, maintaining and improving health, as well as optimizing independence after undergoing treatment in hospital. The community's limitations in financing health services in cases of illnesses that require long hospital treatment have an impact on increasing the community's need for home care, for example for post-stroke patients who experience paralysis and require further treatment which of course takes quite a long time, and requires quite large costs if treated in hospital Lola Illona Elfani Kausar & Sukihananto[21].

Table 2 Service Standards Delivery Home Care

Component	Description
Condition	Located in the work area of the health center
Systems, Mechanisms and Procedures	1. Patients/patient families/community figures/community call the Call Center Home Care 112 2. Call Center 112 contacts the Community Health Center Call Center which is the patient's work area 3. Home Team Caregivers in charge contact the telephone number of the patient/patient's family/community figure/society to ensure the patient's address is correct or not 4. If it suits the Home officer Care goes to the patient's location 5. Inform Consent Home Care 6. Carrying out analysis, physical examination, medical procedures according to patient needs and treatment 7. Provide information and education about patient illnesses 8. Take the patient to the Community Health Center or hospital if the patient's condition does not allow him to be treated at home
Service Procedures	1. Get an examination and explanation about the disease 2. Obtain that action required 3. Obtain appropriate treatment diagnosis 4. Get a reference letter when needed
Handling complaints, facilities and input	1. As for going straight to the task force Home Care was on duty at that time 2. Contact Call Center 112 3. Contact the Community Health Center Call Center

Source: Secondary Data

Currently, home care in Indonesia is developing by utilizing internet-based information technology, although sometimes it is still combined with traditional methods or in collaboration with medical procedures. This can be seen from the research results of Nurwahidin et al in 2017[22], who developed an application to find the location of patients who want to use home care services and request or order the health services (including nursing) that patients need through an application. internet-based applications. The forms of services available in the application developed by Nurwahidin et al include complete blood tests, blood sugar checks, heart health checks (EKG), physiotherapy, baby health checks, diabetes wound care, post-operative care, baby massage, and blood pressure. measurements in Nurwahidin, Lestari, and Raharjo, 2016[23].

24 hour home care health service, provides services that have service standards, namely internal service standard components, and has its own organization consisting of relative services as they presented in table 2.

Table 2 shows that the Home Program Care service standards are very clear, such as to obtain service information from the Community Health Center, the requirement is that the patient must be in the Community Health Center area. Then the system and mechanism is that the patient/patient's family or the public contact the 112 call center so they can get treatment from the Home Team Care. Then Call Center 112 contacts the Community Health Center in the patient's work area for follow-up. The service system itself is that the Home Team First Care from the Community Health Center contacts the patient number provided by the 112 call center and goes to the patient's location. After arriving at the patient's house, the Home Care team carries out Informed Consent or the process of obtaining permission before providing health services to the patient's family so that it can be followed up. After receiving approval, the Home Care team examines the patient and provides treatment according to the patient's condition. Then, the Home Care team provides information or education regarding the patient's illness.

The care home procedures for patients or the public are as follows:

1. The patient/patient's family requests home care services via Call Center 112
2. Call Center Operator 112 officers forward the information to UPTD Puskesmas to provide home care services to the home address provided by the client
3. Treatment for patients who require immediate medical assistance can be carried out in an ambulance equipped with medical equipment and medicines

3. QUALITATIVE APPROACH METHOD

This research uses a qualitative approach with descriptive research type. This type of research is suitable for obtaining complete data by means of surveys or going directly into the field to collect data. The results will provide a clear picture of the problem being researched, and will be stated in the narrative [20]. The data consists of written words, and descriptions obtained from informants, as well as observed subjective behavior. Describe, record, analyze current conditions, in other words descriptive research which aims to obtain information from conditions that have already occurred. This research was conducted at locations, namely a number of Community Health Centers in Makassar City, South Sulawesi Province, Indonesia.

The area of Makassar City is recorded as 175.77 square kilometers, covering 15 administrative sub-districts. This location was chosen for the following reasons: 1) The Makassar City Health Service is the person in charge of the Care Home Program and is functionally responsible to the Mayor of Makassar to create a healthy society: 2) The Community Health Center is the Community Health Center which provides care home services in Makassar City, so this research It is hoped that it will provide results regarding the evaluation of the program that has been implemented. The collected data are analyzed and entered in table 3, 4 as it is presented below.

Table 3 Home Care and Home Visits that have been made

No	Home care	Home Visit	Year
1	450	1200	2021
2	763	1251	2022
3	1596	1320	2023

Source: Secondary Data

Table 4 Types of cases where The HomeCare Program has been implemented

No	Type Case	Amount
1	This type of case is not contagious	934
2	Number of cases of infectious disease	320
3	Number of elderly/health-prone cases	760
4	Number of nutritional cases	2

Source: Secondary Data

4. RESULTS AND DISCUSSION

Evaluation of the Home Care Program in Makassar City is based on a discussion of the results which contains data presentation and data analysis based on 4 indicators according to program evaluation measurements developed by Bridgman and Davis in 2016, namely: input evaluation, process evaluation, output evaluation, and outcome evaluation. The results can be seen as it follows below.

1. **Evaluation Input**

The input in this case is the aim of the home care program, which has the main target, namely vulnerable families/families at risk. Determining the target for this program has been going well, namely families at risk, the track record starts with patients seeking treatment at the health center, both outpatient and inpatient. Criteria for patients suffering from risky diseases that require further treatment at home. Meanwhile, the main aim of this program is to change the sick paradigm into a healthy paradigm and realize family independence. The aim of changing the sick paradigm to the healthy paradigm does not seem to have been completely successful, this is because some people generally access the Community Health Center and its network when they are sick. People come for treatment, not to get counseling, information or education so they don't get sick. Meanwhile, the aim of increasing the level of independence has been going well, this can be seen from the table of the level of family independence before and after the home care program was implemented in Makassar City.

2. **Evaluation Process**

The process in this case is the implementation of the Makassar City Health Center home care program, which has been running well in accordance with the existing SOP. However, this has not been completely successful due to limited human resources and time constraints. Due to staff's limited time, it would be better if the Puskesmas in Makassar City increases the number of home care staff to provide care, so that it can provide maximum service 24 hours a day to people who need it. The online health service process is: located in the home care area, has management in implementing the service, and the patient is a vulnerable family who is at risk.

3. **Evaluation Output**

The output in this case is the results that have been achieved during the implementation of the Makassar City Community Health Center Home Program. The output of this home care program is one way to reduce the number of illnesses and also create independence for the patient's family by using home care services. The results achieved during the implementation of home care have gone well, this is proven by the table of decreasing disease rates, increasing rates of clean and healthy living behavior, as well as increasing the economic value of the community. Because with the home care program, people's health will improve, so that people can work harder, have higher enthusiasm and their performance will be higher.

The outcome of Home Care at the Makassar City Community Health Center is increasingly tightening its distribution schedule, and its implementation is becoming more complete, and is able to stand by 24 hours providing services. The Home Care Program at the Makassar City Health Center still needs to be implemented and widely socialized. Promoting the home care program to the community in the work area of the health center through the use of print media and electronic media to socialize service procedures, service costs/tariffs, service products, and facilities and infrastructure

In implementing this Home Care Program there are several supporting and inhibiting factors, namely: The first supporting factor is a clear legal basis as a reference for the implementation of the home care program at the Community Health Center which refers to mayoral regulation number 6 of 2016; The second supporting factor is that the facilities and infrastructure provided by the Makassar City Health Center are complete and good; The third supporting factor is health resources who are trained and experts in their field; and the fourth supporting factor is the source of funds; 2) The inhibiting factors in implementing the home care program at community health centers are limited time for services, and limited human resources, especially medical personnel and doctors. The following tables show data phenomena and facts about the implementation of the Home Care program in the field as they are presented below.

Table 5

Allotment Budget Home Care

No	Unit BudgetHomeCare2021
1	ProcurementToolHealth(CarHomeCare ,EKG,PackageHome Care ,ultrasound,Emergencykits,EmergencyDisaster)
2	TrainingEKG
3	TrainingServiceHomeCare
4	TrainingChannelServiceHomeCare
AmountbudgetIDR 5,472,101,000	

Source: Secondary Data

Table 6

Allotment Budget Home Care

No	Unit BudgetHomeCare2022
1	ProcurementToolHealth(ultrasound,Spirometry)
2	TrainingUltrasound
3	TrainingHomeCareDiseasein
4	SocializationHomeCareforcadrePublic health center14Subdistrict
5	ServicereadingUltrasound/ECGFordoctorexpert
6	AdminTelemdicineAndICD-X
7	TeamManagerHomeCareAndCallCenter24O'clock
8	TeamCoordinationLevelCity
AmountbudgetRp.4,482,314,200	

Source: Secondary Data

Table 7

Budget Home Care

No	Unit BudgetHomeCare2023
1	SocializationHomeCareforcadrepublic health center14Subdistrict
2	SocializationHomeCare &Telemidicinelevelcity
3	TransportTeamHomeCare
4	HonorariumAdmin
AmountbudgetIDR 2,037,318,000	

Source: Secondary Data

Table 8

Impact After Home Care Based on Case Disease in Treat Stay & Treat Road

Case	2020	2021	2022	2023
Hypertension	1140	1135	980	516
DiabetesMellitus	1237	1200	1042	620
DengueHemorrhagicFever	145	140	121	71

Source: Secondary Data

Table 9

Clean and Healthy Living Behavior Before & After Done Visit

No	Variable	VisitFirst	VisitSecond
1	AsiExclusive	582	590
2	Maternityhelpedpowerhealth	651	680
3	WashHand	1600	1896
4	NoSmoke	1482	1507
5	Eradicatedflick1times week	1690	1800

Source: Secondary Data

Implementation of the program home care also can increase mark economical society, like which seen on table below.

Table 10

Mark Economical Profit After Home Care Treat Stay & Treat Road

Case	TotalCostMaintenance(Rp)			
	2020	2021	2022	2023
Dengue fever (TreatStay)	87,000,000	84,000,000	76,000,000	32,4000,000
DiabetesMiletus	53,025,000	52,325,000	36,715,000	35,420,000

Source: Secondary Data

Since the Home Care Program was implemented, it has had an impact on reducing disease rates and also increasing the independence of patient families in using home care services. This also allows for increased clean, healthy living behavior, and can also improve environmental-based sanitation in the community.The Home Care (dottorot"ta), approach is an effort to bring health services closer, expand and touch all levels of society, as well as make it easier and freer, and integrate various health services (hospitals, data integration, telemetry, and expert doctors).

Service progress to date has shown a significant increase in access to homecare services which has reached 100%, and is able to access alleys, communities on islands throughout the Makassar City sub-district. Homecare is connected to the services of 48 Community Health Centers in 14 Districts in Makassar City, has 48 Mobile Homecare Units, 46 Tele-USG, 46 Tele-EKG, and 112 Call Centers which are on standby 24 hours 7 days a week.

Public expectations for Home Care Services are very high with the number of calls to the Call Center being 112 per year and continuing to decline, namely in 2017 there were 3,181 callers, in 2020 there were 2,979 callers and in 2021 there were 1,933 callers. Likewise, the number of patients treated by the Home Care Program fluctuates, namely in 2016 there were 4,685 patients, in 2019 there were 5,181 patients, in 2020 there were 4,253 patients, in 2021 there were 3,505 patients, in 2022 until June 1935 patients, and continues to decline until now.

The impact of this program is; 1) Faster and more comprehensive patient treatment, 2) Reducing the number of patient referrals because patients are served directly at their location/home, 3) Increasing understanding of the patient's family because they are directly involved in the service/action, 4) Maintaining and improving the patient's health condition through education, 5) Prevent or minimize the negative effects of disease to achieve optimal patient abilities. 6) Fulfilling the patient's need for security and comfort because they are in the midst of the family while still meeting basic health needs. 7) Services will tend to be more optimal and appropriate because they take into account the socio-economic conditions and cultural conditions of the patients served.

Home Care Program activities provide services in direct contact between health workers and patients, families, as well as the community and environment. This program will bring together health problems and appropriate health interventions. With continuous contact, more and

more families, communities and environments will receive health education. In this way, there will be a change in mindset to start accessing health services, a change in mindset about how to prevent, control and overcome problems so that you don't get sick.

5. CONCLUSIONS

The Home Care Program in Makassar City has been running well based on three indicators, namely input evaluation, output evaluation and outcome evaluation, although the evaluation process has not gone well. However, overall it can be said that the Home Care Program has run well and changed the sick paradigm to a healthy paradigm, and can create independent families by increasing family independence after the home care program.

Apart from that, the output evaluation is also going well, this is proven by a reduction in disease rates, an increase in the rate of clean and healthy living behavior, and an increase in the economic value of society. The quality of the implementation of the Home Care Program has been running according to standard operational procedures, what remains is to improve the evaluation process which has not been completely successful, due to limited resources for medical personnel and doctors who can be tasked with providing services 24 hours a day. Optimal support from various parties is still needed to improve the implementation of the Home Care Program so that its success is more optimal in improving public health in all places.

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Conflict of Interest

The authors declare that they do not have conflict of interest.

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