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Quality of Primary Health Services during the COVID-19 Pandemic: A Literature Review

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ABSTRACT

Primary health services are health services provided to the community at the first level by emphasizing promotive and preventive aspects. However, in carrying out their duties and functions, primary health services must improve because of the COVID-19 pandemic. The purpose of this study is to see how primary health care can maintain quality in the COVID-19 pandemic. The method used was Literature Review obtained from Science Direct, Elsevier, Pubmed and NCBI with vulnerability in 2020-2021 and obtained 7 articles that met the inclusion and exclusion criteria. The results showed that there are two forms of primary health care in maintaining quality during a pandemic, namely imposing new service patterns and utilizing telehealth. With the results of this study, it can be a reference for primary health services in Indonesia so that they are better able to maintain the quality of service during the COVID-19 pandemic.

Keywords: Primary Health Services, COVID-19, Public Health Community

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BACKGROUND

Primary health services are health services provided to the community at the first level by emphasizing promotive and preventive aspects. This service is also often referred to as the first level health service with a non-specialized or general service process with outpatient and inpatient services. At this facility, a professional service process is also carried out by carrying out comprehensive diagnosis and treatment for the patient and the location of this service is in the domain of the Puskesmas (Kemenkes, 2013).

The purpose of primary health services is to deliver basic health services with sustainable preventive measures that can be enjoyed by all groups. In order to realize these ideals, a unified vision and mission from all elements such as government and health services is needed (Dhanasari, 2014). This is a common goal so that basic services can be delivered properly to the community so that the health status will increase.

Puskesmas as a place for providing primary health services certainly has a big role in improving health status. This can be seen from the active role of the puskesmas in prevention programs for diseases that tend to cause complications when neglected so that treatment will be heavier and longer. Thus, primary health services, in this case the Puskesmas, have a big share in national health development and if this is not managed properly, it will have a major impact on the deterioration of the quality of health services (Lucyati, 2020).

However, with the presence of the COVID-19 outbreak with an easy and fast spread rate, the health service system is beset by many problems so that primary health services, in this case the Puskesmas are required to be prepared to face this outbreak, but services must be continued with caution. big. Various government efforts to maintain the stability and sustainability of Puskesmas services during a pandemic include the imposition of many innovations such as limiting community visits to health facilities, increasing health promotion activities and increasing the number of personal protective equipment for health workers (Saraswati, 2020).

In addition to the above efforts, cross-sector collaboration between health workers and related parties is also carried out in accelerating the handling of COVID-19 itself. With this collaboration, it will be seen that there is collaboration from the primary health service system with other teams. The form of this collaboration will get results in the form of quality from primary health services (Saraswati, 2020). In addition, the puskesmas as the center of primary health services is the main spear in preventing the transmission of COVID-19 in the community without forgetting the main task of providing care to people in need.

Based on the above study, it can be seen that the health center as the main pioneer in advancing public health is required to be able to play an active role in improving health levels both in pandemic situations and outside of pandemic conditions. The purpose of this literature is to see how the description of the quality of primary health services during the COVID-19 pandemic from various regions of the world so that it can be used as a reference in implementing policies for the advancement of primary health services in health care settings in the country.

METHODS

The method used in this research is literature study by searching databases from various references such as research journals, review articles and case reports related to the quality of primary health services in the world during the COVID-19 pandemic. The inclusion criteria used in this literature review are as follows: the article is an article with results that describe the quality of primary health care during the COVID-19 pandemic while the exclusion criteria are articles that are not full text and are not vulnerable in 2020-2021.

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Literature was reviewed based on database searches from Scince Direct, Pubmed, Elsevier and NCBI with the following keywords: primary health care and the COVID-19 pandemic. As for the vulnerability of the publication year of the article between 2020-2021.

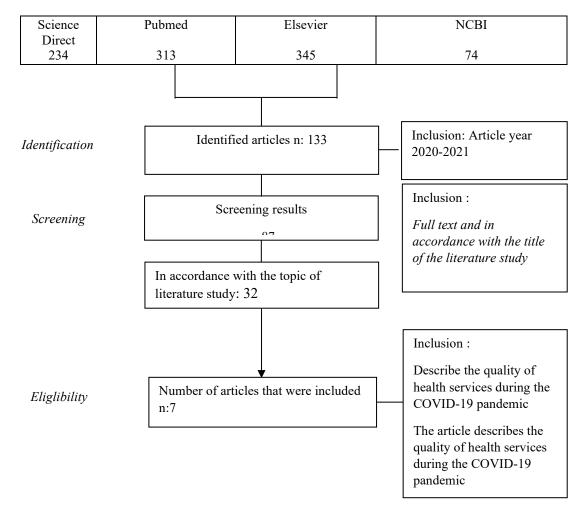


Figure 1. Literature search algorithm

RESULTS

A total of seven articles were reviewed based on the following article search results:

No	Author	Title	Method	Result and Conclusion
1	Joanne Kaeren dar	The Role of		Some pandemic planning is
	Cathy Risdon	Primary Care in		needed including surveillance,
	(2020). (Kanada)	a Pandemic:		pandemic triage in the
		Reflections		community, prevention of the
		During the		spread of the virus in the
		COVID-19		community, patient care at home,
		Pandemic in		vaccinations and post-pandemic
		Canada		recovery.
2	Alex H. Krist, MD	, Redesigning		There is a new design for primary
	MPH, Jennifer E.	Primary Care to		health care, where a telehealth
	DeVoe, MD, DPhi	il Address the		system is implemented as an
	Anthony Cheng,	COVID19		effort to prevent transmission

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			, ,
	MD Thomas	Pandemic in the	between communities and
	Ehrlich, MD,	Midst of the	officers, as well as a system of
	Samuel M. Jones	Pandemic	limiting community visits based
	(2020) (USA)		on the severity of disease
	(====)		experienced by patients.
3	Suneela Garg,	Primary Health Cross sectional	Primary health care facilities in
	MD; Saurav Basu		India have experienced several
	MPH, MD; Ruchir	•	problems in providing services
	Rustagi, MD;	for Outpatient	during the COVID-19 pandemic
	Amod Borle, MD.	•	due to the lack of supporting
	(2020) (India)	Provision	facilities for services such as lack
	(=0=0) (111010)	During the	of PPE, inadequate room
		COVID-19	ventilation and inadequate hand
		Pandemic in	washing facilities.
		India: Cross-	
		Sectional Study	
4	Veronique	Impact of the Deskriptif	In order for primary health
	Verhoeven,	COVID-19	services to continue, services are
	Giannoula	pandemic on	mostly diverted to telephone
	Tsakitzidis, Hilde	the core	consultations and triage
	Philips, Paul Van	functions of	arrangements are also carried out
	Royen	primary care:	via telephone so that the
	(2020) (Ekuador)	1 •	application of telehealth is very
		worse than the	much needed
		disease? A	
		qualitative	
		interview study	
		in Flemish GPs	
5	Ermengol Coma,	Primary care in Retrospective	There were several quality
	Núria Mora,	the time of study	standards in primary care, namely
	Leonardo Méndez,	, COVID-19:	treatment, follow-up, control,
	Mència Benítez,	monitoring the	screening, vaccination and
	Eduardo	effect of the	prevention. This quality is seen as
	Hermosilla, Mireia	pandemic and	the number of community visits
	Fàbregas, Francesc	the lockdown	during the pandemic and before
	Fina, Albert	measures on 34	the pandemic. The results
	Mercadé, Souhel	quality of care	showed that there was a decline,
	Flayeh, Carolina	indicators	but the quality of prevention
	Guiriguet, Elisabet		programs continued to increase.
	Balló, Nuria	288 primary	
	Martinez Leon,	care practices	
	Ariadna Mas,	covering about	
	Sílvia Cordomí,	6 million	
	Yolanda Lejardi	people in	
	and Manuel	Catalonia	
	Medina		
	(2020) (Spanyol)		

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Simon de Lusignan COVID-19 Clinical trials , MD; Harshana Surveillance in Liyanage, PhD; a Primary Care Dylan McGagh, Sentinel BSc; Bhautesh Network: In-Dinesh Jani, Pandemic whether the MBChB; Jorgen Development of Bauwens, MSc, an Application MPH; Rachel Ontology technology. Byford, BSc; Dai Evans, BSc, MBBS; Tom Fahey , MSc, MD; Trisha Greenhalgh, FMedSci; Nicholas Jones, MBBS, MSc; Frances S Mair, MBMChB, MD; Cecilia Okusi , MRES; Vaishnavi Parimalanathan. MPH; Jill P Pell, MSc, MD; Julian Sherlock, BSc; Oscar Tamburis, MEng, PhD; Manasa Tripathy, BSc, MSc; Filipa Ferreira, BEng, MSc, PhD; John Williams, MSc, FRCGP, FFCI; F D Richard Hobbs, FMedSci, FRCGP, MA, FRCP (2020) (United Kingdom)

The ontology domain process was carried out by collecting samples from various people who visited primary health services in the UK by taking samples to test patient confirmed with COVID-19 or not by using health informatics

Carlos Dornels The need to Freire de SOUZA, strengthen Vanessa Tavares dePrimary Health GOIS-SANTOS, Care in Brazil Divanise Suruagy in the context of CORREIA, Paulo the COVID-19 Ricardo pandemic **MARTINS-**

FILHO, dan Victor Santana SANTOS

(2020)

The important role of Puskesmas in dealing with the COVID-19 Pandemic is notorious. The government must strive strengthen this component of the system, at risk of exacerbating the health crisis, the rapid collapse of the health system and the increasing number of deaths due to COVID-19 13 and other conditions sensitive to changes in

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(Brazil)	PHC, including diarrheal,
	respiratory and cardiovascular
	diseases. As such, Puskesmas are
	a strategic resource in the limited
	arsenal of tools available to
	combat COVID-19.

DISCUSSION

Readiness of Primary Health Services in the COVID-19 Pandemic

In primary health care during the COVID-19 pandemic, a new strategy is needed so that health services continue to run as usual. The results of the analysis of the article found that adjustments to service conditions were applied in the primary service area which included supervision, triage arrangements, prevention programs and preparation for a vaccination program (Kearon & Risdon, 2020), in addition to limiting community visits to primary health care areas by carrying out programs treatment from home or grouping people who are in the category of needing help as soon as possible (Coma et al., 2020).

The rearrangement of service patterns or models in primary care is needed as an effort to reduce the incidence of COVID-19 in the primary health care area. This is in line with research conducted by Sukarman (2020), explaining that in order to attract the public's interest to carry out checks on health services, clear procedures and guarantees of safety are required when examining themselves from the threat of the COVID-19 virus. Of course, to attract the interest of the community, it can be done by making rules or standard procedures regarding the health service process during a pandemic.

In addition to the application of new patterns, the community must also be introduced to the facilities and infrastructure in creating and supporting new habit patterns in the service area. This is in line with the findings of research conducted by Broto (2020), with the socialization of the use of disinfectant booths and the use of antiseptics in the community, which is one of the confirmations that health services are ready to go through a pandemic. This form of support must be the main pillar in ensuring the readiness of primary health services in maintaining quality during a pandemic.

In addition to services in the primary health service building, it is also engaged in preventive and promotive programs outside the building which include prevention and health education for the community. The readiness of primary health services during a pandemic is very much needed, the results of research conducted by Candarmaweny (2020) on efforts to prevent stunting during the COVID-19 pandemic can be carried out by collaborating across sectors, for example the support of religious and community leaders in implementing prevention programs. during a pandemic. The implementation of cross-sector cooperation is very much needed to achieve the success of primary health care programs.

In maintaining a consistent implementation of the pattern of health services during the pademi period, cooperation between the community is needed to always comply with existing health protocols in health facilities. Of course this can go well with good cooperation from all elements.

Telehelath Application as Primary Health Service Innovation During the COVID-19 Pandemic

Since the beginning of the COVID-19 pandemic, many new habits have been imposed, including limiting interactions as a form of prevention. The results of the analysis of the article found that there was a new design in primary health care settings where a telehealth

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system was implemented in an effort to prevent transmission between communities and officers, besides that there was also a system of limiting community visits based on the severity of the disease experienced by patients (Krist et al., 2020) In addition, in order for primary health services to continue, services are mostly diverted to telephone consultations and triage arrangements are also carried out by telephone so that the implementation of telehealth is very much needed (Verhoeven et al., 2020).

In supporting the sustainability of primary health care, a telehealth innovation is needed as a means of support. The results of research conducted by Muslimin (2020) and I Nyoman (2020) state that using a technology platform during a pandemic has many benefits, such as an accurate source of COVID-19 information, capable early detection and efficient access to health services. The use of technology in the health world is not new, but during this pandemic, technology is very much needed.

Telehealth has become a fast link between elements in times of a pandemic, the workload of the entire health team has become heavier recently and technology can be a solution. The results of research conducted by Yul (2020) explain that the existence of health information technology can reduce the burden of medical recorders in health services and feel more efficient. In addition, the health service team for the community is also facilitated by this technology, such as the service team for pregnant women and the nutrition team can have direct contact with the community without having to face it directly (Briliannita et al., 2020; Dheska Arthyka Palifiana, 2019) With the use of health information technology, it is a solution for health workers during a pandemic.a

CONCLUSION

Primary health services in maintaining service quality during the COVID-19 pandemic are carried out in two ways, namely by implementing a service model that is in line with the prevention of COVID-19 besides the importance of implementing telehealth as one of the efficiency solutions for officers at work.

CONFLICTS OF INTEREST

The author states there is no conflict of interest in this study

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