The Implementation of Patient Safety Goals by Nurses Post Accredited Hospital in Palembang, South Sumatra, Indonesia

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Abstract:- Patient safety goals implementation is one of the indicators of the quality assurance system of assessment (accreditation) nursing services at hospital. This research aims to know the implementation of patient safety goals by nurses after the accreditation of hospital in Palembang, South Sumatra. This research is a quantitative research using survey method of analytic with 96 sample nurse who performed on the March to may in 2018 using a questionnaire. The method of sampling non-probability sampling method with the total sampling techniques. Analysis of univariate data using independent variables were analyzed using standard scoring 80% based on a standard assessment of the Committee on Accreditation of hospitals. The results showed the implementation of patient safety goals category either (84.4%) with details of identification accuracy good 70.8%, effective communication good 94.8%, the security of good medicine 76.0%, exactly the procedure, the patient's good operating location 87.5%, reduction of risk of infection both 50.0% patient fall risk reduction and good 51.0%. Expected to the hospital to build awareness of the importance of patient safety by supporting nurses in integrating activity oriented on patient safety.

Keyword: - Accreditation, Nursing, Patient Safety Goals.

I. INTRODUCTION

Patient safety is a top priority to be implemented at the hospital and it is related to the issue of quality and the image of the hospital. Because that implementation of the quality management system by improving patient safety "patient safety" [1], is expected to lower the mortality rate due to a medical injury by building and incorporate into patient safety at the hospital. [2].

The achievement of safety standards is one of the critical issues in the Organization of health services in the hospital [3] because the hospital is health care institutions that have a high risk to the safety and health officers, escort patients, patients, visitors and hospital environment [4]. The achievement of safety standards is one of the critical issues in the Organization of health services in the hospital [3] because the hospital is health care institutions that have a high risk to the safety and health officers, escort patients, patients, visitors and hospital environment [4].

Patient safety has become a priority for health services around the world [5]. Therefore, high-quality professional services focuses on safety and patient satisfaction. [6] patient safety is a top priority to be implemented at the hospital and it is related to the issue of quality and the image of the hospital [6.1]. Patient safety goals implementation is one of the indicators of assessment of the quality of service guarantee system in nursing working group is in the process of accreditation of hospitals. Hospital accreditation is a system monitor implementation of work at the hospital. the use of accreditation that aim to obtain the recognition of the quality of service of hospital, after an assessment that the hospital has met the standards [7.8]

The national patient safety agency in the United Kingdom reported 236 incident near miss relates to loss of identity bracelets during November 2013 to July 2015 [9]. A few hospitals in the world that has been accredited by JCI. Research [10] made at the 11 hospitals from 5 countries there are 52 incidents of patient safety namely Hongkong, Australia 31% 25% 23%, India, America and Canada 12% 10%. While in Brazil the event adverse events in hospitals is estimated at 7.6% [11].

The data obtained from the PPI TEAM Tangerang's Hospital Regency in August 2016 that the number of patient safety incidents amounted to 31 cases [9]. Research done [12] patient safety incidents that are still widely found in many countries including in Indonesia. Monitoring and evaluation activities in a supervised by team of KPRS (patient safety Hospital) with periodic solution to improve compliance implementation in building and incorporate into patient safety. [13] most notably by managing nurses [14].

The head of the space has a big responsibility in the Organization and determines the objectives result of the Organization in this case conducting surveillance to improve the safety of patients who do nurses and prevent the occurrence of patient safety incidents [15]. In addition to the supervision of the Chief motivation, also have an effect on the implementation of patient safety [16], and dissemination, in order to improve the performance of managing nurses in implementing patient safety in periodikserta support from management hospitals to improve compliance and implementation to incorporate patient safety [17, 18, 19].

The data obtained from the preliminary results of a study on that patient safety incident data in 2015 plebitis 0.8%, year 2016 plebitis events still occur 0.08% whereas in the year 2017 incident occurred plebitis 0.2%. Infection of the area of operations (IDO) of 0.5%. Hand hygiene implementation compliance data recorded in the year 2015 (58%), the year 2016, (62%) and the year 2017 (72%), while the incidents comprising the Genesis is not expected (KTD) (4%), Incidence was almost Injury (KNC) (1%), as well as the incidence of no injuries (KTC) (2%) [20].

The implementation of patient safety Hospital in Palembang, by the quality Committee and working group (POKJA) patient safety goals (SKP). The results of the interviews obtained that information, the results of accreditation on its still contained several recommendations of the Committee on Accreditation Surveyor Hospital Accreditation (KARS) in the year 2017 which needs to be fixed mainly on patient safety related drug safety goals, the reduction of the risk of infection and reduction of the risk of patient falls. Based on the above description requires exploration with doing research on patient safety goals implementation by nurses post accredited hospital in Palembang.

II. METHOD

A. Research Design
A type research of quantitative research using the method of analytic survey. This research was conducted in implementing nurse throughout space inpatient hospital in Palembang.

B. Sample of the Research
The sample of this research is the 96 respondents nurses with inclusion criteria (1) Implementing Nurse, (2) willing to participate in research, (3) number of respondents according to population based on nurses and ekslusi criteria:

(1) a nurse who is being leave of absence (during the process of research), (2) nurse education and training was following in a long time (during the process of research), (3) a nurse who is sick (during the process of research), (4) the results of the questionnaire answers are incomplete, (5) head the room.

C. Research Ethics
Before collecting the data, researchers must first take the test of ethical practice in public hospitals the Center Muhammad Hoesin and Faculty of medicine University of Sriwijaya Palembang and declare this research worth doing in place of research with the number certificate of 73/kepkrsmhfkunsri/2018.

III. RESULT

Variable		
The Implementation Of Patient Safety Goals	f	%
Not good	15	15,6
Good	81	84,4

Table 1:- Frequency distribution of the target implementation of patient safety (n=96)

Table 1 shows the implementation of patient safety goals by nurses showed that 96 of the nurses, 81 nurses (84.4%) with category implementation of patient safety goals fine and 15 nurses (15.6%) with category implementation targets safety patients are less good.
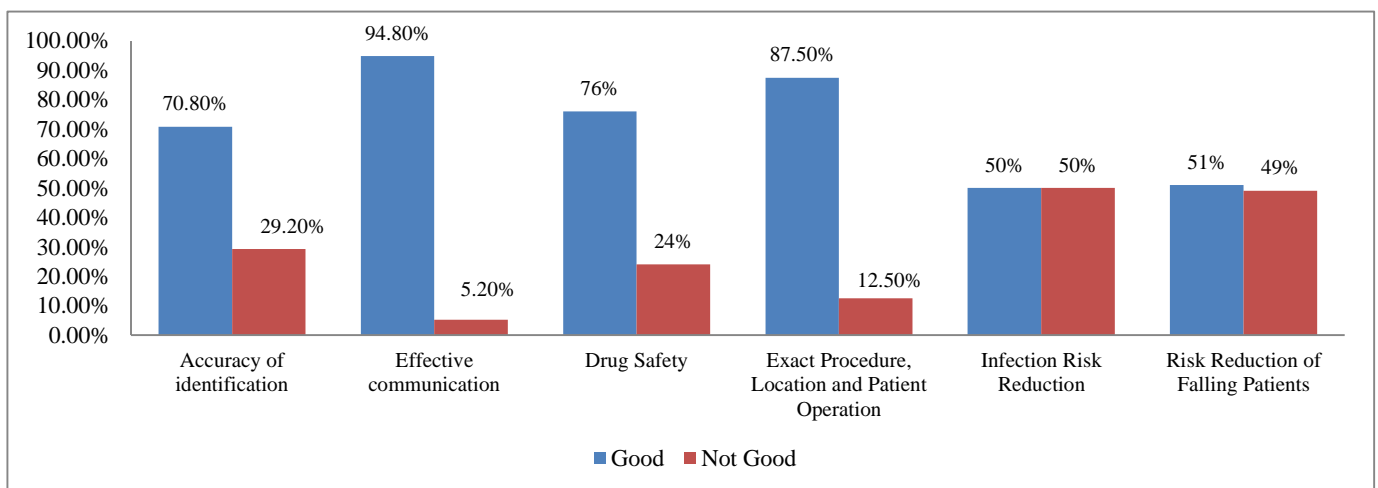

Fig 1:- Frequency distribution of implementing patient safety Goals

Based on the results of analysis in Figure 1 above known frequency distribution analysis of the results of the implementation of the six standard patient safety goals of the 96 known that nurse; implementation of target identification (70.8%) 68 either less well 28 (29.2%). Implementation of the communication on target either 91 (94.8%) and implementation of the communication objectives less well 5 (5.2%). Execution on target drug safety good 73 (76.0%) and implementation of the target drug safety unfavourable 23 (24.0%). Right on target implementation procedures, the location and operating patient good 84 (87.5%) and the implementation of appropriate procedures, target location and patient Surgery less well 12 (12.5%). The implementation of the reduction of the risk of infection on a target well 48 (50%) and the implementation of the targets of the reduction of the risk of infection of less well 48 (50.0%). Implementation of risk reduction targets on patient falls good 49 (51.0%) and implementation of risk reduction targets patients fall ill 47 (49.0%).

IV. DISCUSSION

Research results present that the patient safety goals implementation in category good 84.1%. These conditions reflect that almost all the nurses in the hospital to implement six patient safety goals fine. Target patient safety component is the best there is on the second and third goal that is effective communication and accuracy of the procedure, the patient's location, operations with the implementation of more than 80%. While the four other objectives with the implementation of the target of less than 80% i.e. the accuracy of identification, drug safety, reduction in the risk of infection and reduction of the risk of patient falls. This condition describes that patient safety goals implementation by nurses post accreditation has not been fullest attainment categories with less than 80% which is not in accordance with the results of the assessment by the Commission on accreditation of hospitals (KARS) during the processing accreditation with the acquisition of the results on the level of the plenary. The value of the plenary given if assessment results average 15 CHAPTERS or working group (POKJA) more than 80% [21].

Hospital patient safety is a system where hospitals make patient care safer which includes risk assessment, identification and management of matters relating to the risk of the patient, incident reporting and analysis, the ability to learn from incidents and follow-ups as well as implementation of solutions to minimize the incidence of risk and prevent the occurrence of injuries caused by errors due to carry out an action or not to take the action that should be taken [4.21]

Implementation of maximum patient safety goals is not just happening in a hospital in Palembang, however some of the results showed the same problems. Some causes of failure of implementation of patient safety goals there are, among others, on ways of determining grading events as well as reporting the incident, the lack of reward for the staff who reported medical error [22, 23] and the policies the implementation of patient safety hasn't been completely done, some standards that have not been made, kept, lack of socialization, motivation and support from the management [18].

It is not much different from the conditions that occur with respect to research brings researchers and verification to the quality Committee on patient safety that has not been the existence of a specific patient safety team was formed as a champion in the any room that serves as a change agent. In addition, the need for socializing and conducting surveillance on the implementation of patient safety goals, development of resources, level of education, leadership, and organizational structure that rewards good impact on the application of patient safety in Hospital [24.25].

Efforts to prevent and reduce the risk of impacting on patient safety are not enough just because of shame and blame the practitioner, profession or medical team individually [26], but the need for an evaluation of the implementation of the patient safety goals need a policy is implemented as well as the importance of socialization, motivation, supervision, support, from the hospital management, reporting incidents that impact hospital accreditation evaluation [19]. One way to assess the impact of this is to compare the status of accreditation with evidence-based quality measure, such as the steps of the process are now reported with the implementation on an ongoing basis [27], as well as the need for surveillance of safety against a culture that needs to be constantly improved [12-28]. Failure in the implementation of patient safety caused by unsafe actions in the process of nursing care of error primarily on communications and omissions in any process of orphanage care [11].

Challenges in implementing patient safety policies and practices can emerge from the interaction of the components is an important part of the quality of service that is supported by the knowledge and commitment of organizations especially in the supervision in order to optimization of the development of individual nurses so it is capable of displaying high-quality performance [29] [30] according to the standard set by the Ministry of Health Regulation number 11 year 2017 that form the implementation of patient safety standards consists of six target i.e. the accuracy of patient identification, an increase in effective communication, increased security of drugs that need to be controlled, the certainty of the right location, the right procedure, the right patients for surgery, the risk of infection-related service reductions health, and the reduction of risk of patients falling [21].

Efforts should be done to prevent mistakes in giving the orphanage can be prevented by identifying patients beginning treatment mainly serves to prevent errors in pemeberian drug, blood specimen, as well as the action other collaborative process involving all of the parties involved in the awarding of the care and medical action [31]. All these activities will affect the patient's

satisfaction, the quality of service and is the evaluation of hospital accreditation rating [32.1].

The identification of the patient is very related to patient safety and patient satisfaction [33] because it is the most important thing in the early stages of the implementation of patient safety, so the need to establish and enforce policies and socialization to the nurse about the established operational standards and supervision on a periodic basis to improve the compliance of implementation of patient identification [34]. Various obstacles and barriers that become factors cause unsuccessful implementation of patient safety, that is still difficult to change habits in the verification, availability of identity bracelets, name on the sticker printing error of identity [28], lack of resources, training, commitment and incomplete reporting [35].

The implementation of effective communication in the implementation of the care to be achieved 100% [21] while the category of assessment in the determination of the Level of accreditation is carried out at least 80% of the plenary. But when compared with other studies in some hospitals, the level of implementation of effective communication is good is still very minimal. Seen from the study [3]. If communication is not done properly then it will become a threat to patient safety [25].

Drugs become part of a patient's treatment plan require that management must play a role to ensure the safety of patients such as the name, likeness, in the same speech that confuse and be the cause of dispensing mistake [19] so need to do training socialization, preparation and labeling of drugs and applying drug management and storage systems [36]. It still needs to be a very important attention because drug safety is the task of nurses and other medical personnel who are involved in patient care to achieve patient safety [31]

Factors that cause less good right procedure, the patient's location and operation is the absence of SOP documents and policy is [19]. Efforts should be done to prevent mistakes in giving the orphanage can be prevented by early treatment process verification mainly serves to prevent errors in action, as well as other actions involving the collaborative process in the awarding of the care and medical action [31]. All these activities will affect the patient's satisfaction, the quality of service and is the evaluation of hospital accreditation rating [32, 1].

The results of observation and interviews on the clerk of the Committee (PPI) infection prevention obtained information that provision means in reducing the risk of infection by having liquid handwash, stickers and hand-washing guidelines every sink, mounted throughout the space of care, socialization to the clerk and visitors about hand-washing is good and correct. The implementation of the activities of the clean hands before and after appropriate action SPO is standard precautions in preventing and

controlling nosocomial infections due whenever the officer carrying out the wayward hand hygiene will be at risk of spreading infection [37, 38].

The results of this research are not much different from the research done [39] that the application of patient safety risks of falling, just as much 50% who did studies on the risk of falls and fall risk in mark, gained only 25 %. The condition can be a trigger as bad controlled the risk of falling. Risk reduction falling not only do nurses, because the whole officer is obliged to know and implement internship students are no exception, or the room service should be aware of the dangers against the risk of injuries due to falls. [38] in addition to this, carry out the preventive compliance risk of patient falls must be supported by the existing standard operating procedures (SOPS) include give bracelets a risk of falling, the installation of labels, writing on the Board nurse station humbling place installation of a safety fence and sleep bed [40].

Other studies that have been done by some researchers to assess the implementation of patient safety standards in an effort to face accreditation there is some obstacle, among others is the lack of oversight in the reporting of safety incidents patient (KTD, KPC, KNC) (19). These things have an impact on the evaluation of previous hospital accreditation which often experience barriers. One way to assess the impact of this is to compare the status of accreditation with evidence-based quality measure, such as the steps of the process are now reported with the implementation on an ongoing basis (27), as well as the supervision of the against a culture of safety that still need to be constantly improved (28).

V. CONCLUSION

The implementation of patient safety goals by nurses is better at the time of accreditation is done compared to after the accreditation of hospitals better.

ACKNOWLEDGMENT

REFERENCES

[1]. Jaiswal N. A Study of Quality Systems and Its Effectiveness in JCI Accredited Hospitals at UAE. 2016;(10):9–10.

[2]. Bea IF, Pasinringi SA, Noo NB. GAMBARAN BUDAYA KESELAMATAN PASIEN DI RUMAH SAKIT UNIVERSITAS HASANUDDIN TAHUN 2013 DESCRIPTION OF PATIENT SAFETY CULTURE AT HASANUDDIN UNIVERSITY HOSPITAL IN 2013 Bagian Manajemen Rumah Sakit , Fakultas Kesehatan Masyarakat , UNHAS , Makassar Rumah sakit. 2013;1–14.

[3]. Ulva F. Gambaran Komunikasi Efektif Dalam Penerapan Keselamatan Pasien (Studi Kasus Rumah Sakit X Di Kota Padang) Picture of Effective

Communication in the Application of Patient Safety Fadillah Ulva STIKes Alifah Padang Email : dilla_afdal@yahoo.com PENDAHULUA. Pembang Nagari. 2017;2:95–102.

[4]. KEMENKES RI. Peraturan Menteri Kesehatan RI No 66 Tentang Keselamatan dan Kesehatan Kerja Rumah Sakit. 2016;

[5]. Join Commission International. Comprehensive Accreditation Manual for Hospitals : The Patient Safety Systems Chapter. Join Comm. 2015;

[6]. Setyarini EA LLH. Kepatuhan Perawat Melaksanakan Standar Operasional Prosedur: Pencegahan Pasien Resiko Jatuh di Gedung Yosef 3 Dago Dan Surya Kencana Rumah Sakit BORROMEUS. patient Saf 5. 2013;

[7]. Kementrian Kesehatan RI. PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA No 34 Tentang Akreditasi Rumah Sakit. 2017.

[8]. KARS AS. KARS Accreditation System. 2017.

[9]. Dwi Setiyani M. IMPLEMENTASI SASARAN KESELAMATAN PASIEN DI RUANG RAWAT INAP RSU KABUPATEN TANGERANG. Vol. 2, JKFT. 2016.

[10]. Pham. JC et al. Risk Assessment and Event Analysis. A Tool for the Concise Analysis of Patient Safety Incident. Jt Comm J Qual Patient Saf. The Joint Commission; 2016;42(1):26–33, AP1–AP3.

[11]. Costa T et al. evaluation procedure in healt: perspective of nursing care in patien safety. Appl Nurs Res. Elsevier Inc; 2017;18.

[12]. Irawan AG, Yulia Sri M. Hubungan Supervisi dengan Penerapan Budaya Keselamatan Pasien di ruang Rawat Inap Rumah Sakit XX. 2017;5:241–54.

[13]. Tulus H MH. Redesain Sistem Identitas Pasien sebagai Implementasi Patient Safety di Rumah Sakit Redesigning Patient Identity System as Patient Safety Implementation at Hospital. J Kedokt Brawijaya. 2015;28(2):221–7.

[14]. Saraswati G. Hubungan Supervisi Pelayanan Keperawatan Dengan Penerapan Budaya Keselamatan Pasien oleh Perawat Pelaksana di RSUP Sanglah Denpasar. 2014.

[15]. Yusuf M. Penerapan Patient Safety Di Ruang Rawat Inap Rumah Sakit Umum Daerah Dr . Zainoel Abidin Patient Safety Implementation In Ward Of Dr . Zainoel Abidin General Hospital. J Ilmu Keperawatan. 2017;5(1):1–6.

[16]. Oktaviani H, Sulistyawati SD, Fitriana R nur. Hubungan Budaya Organisasi Dengan Perilaku Perawat Dalam Melaksanakan Keselamatan Pasien di Ruang Rawat Inap Rumah Sakit Universitas Hasanudin Makassar. 2015;

[17]. Ainul Yaqin M, Operasional Peningkatan Kinerja RISET OPERASIONAL PENINGKATAN KINERJA TIM KESELAMATAN PASIEN BERDASARKAN STANDAR INTERNASIONAL ENAM TUJUAN KESELAMATAN PASIEN R, Setijanto D, Pudjirahardjo WJ, Sakit Muji Rahayu R, Kedokteran Gigi F, et al. OPERATIONAL RESEARCH ON PATIENT SAFETY TEAM IMPROVEMENT BASED ON SIX GOAL

INTERNATIONAL PATIENT SAFETY STANDARDS. Vol. 15, Jurnal Manajemen Pelayanan Kesehatan. 2012.

[18]. Sundoro T, Elsye ;, Rosa M, Risdiana I, Korespondensi P. Evaluasi Pelaksanaan Sasaran Keselamatan Pasien Sesuai Akreditasi Rumah Sakit Versi 2012 di Rumah Sakit Khusus Ibu dan Anak PKU Muhammadiyah Kotagede Yogyakarta. J Medicoeticolegal dan Manaj Rumah Sakit. 2016;5(1):40–8.

[19]. Rio Hardiatma, Arlina Dewi AL. Analisis Imlementasi Sasaran Keselamatan Pasien Dalam Menghadapi Akreditasi di Klinik Trio Husada Kota Batu. 2015;14.

[20]. RSMP P. Profil Rumah Sakit Muhammadiyah Palembang. Palembang; 2017. 82 p.

[21]. KEMENKES RI. Peraturan Menteri Kesehatan RI No.11 Tentang Keselamatan Pasien. In 2017.

[22]. Putri YHH. Implementasi Manajemen Keselamatan PAsien dalam usaha pencegahan Medical eror di RSUD Mawardi. 2015;

[23]. Rivai, FMF, Mangilep A. Implementation Descriptive of Patient Safety Goals by Nurse at Hasanuddin University Hospital ' s Inpatient. UNHAS. 2016;75.

[24]. Jumriani A, Noor NB, Rivai F. Faktor Yang Berhubungan Dengan Kinerja Perawat Dalam Implementasi Sasaran Keselamatan Pasien Di Rawat Inap Rumah Sakit Stella Maris Makassar. 2016;2016.

[25]. KARS. STANDAR NASIONAL AKREDITASI RUMAH SAKIT Edisi 1. 2017;

[26]. Seungu J, Han et al. Improving Patient Safety in Neurologic Surgery. 2015;26(2):143–7.

[27]. Schmaltz SP, Williams SC, Chassin MR, Loeb JM. Hospital Performance Trends on National Quality Measures and the Association With Joint Commission Accreditation. 2013;6(8).

[28]. Anggraeni D, Hakim L, Widjiati C. Evaluasi Pelaksanaan Sistem Identifikasi Pasien di Instalasi Rawat Inap Rumah Sakit Evaluation on Patient Identification System Implementationin Hospital's Inpatient Unit 1 2 3.

[29]. Tutiany, Lindawati PK. Bahan Ajar Keperawatan MANAJEMEN KESELAMATAN PASIEN. PPSDM KEMENKES RI; 2017.

[30]. Ida Sukaesi, Setyawati Soeharto A. Analisis Faktor Yang Berhubungan Dengan Kinerja Perawat Melaksanakan Keselamatan Pasien. ejournal UMM. 2015;6(P-ISSN: 2086-3071, E-ISSN: 2443-0900):34–42.

[31]. Departemen Kesehatan RI. Panduan Nasional Keselamatan Pasien Rumah Sakit. 2006.

[32]. Devkaran S, Farrell PNO. The impact of hospital accreditation on quality measures : an interrupted time series analysis. 2015;

[33]. Umaternate TSLTK. Hubungan Pelaksanaan Identifikasi Pasien Secara Benar Dengan Kepuasan Pasien Di Instalasi Gawat Darurat Di Rsup Prof Dr RD Kandou Manado. 2015;3(2):1–6.

[34]. Tulus H, Maksum H, Studi P, Manajemen M, Sakit R, Kedokteran F, et al. Redesain Sistem Identitas Pasien sebagai Implementasi Patient Safety di Rumah Sakit.

2012;28(2):221–7.

[35]. Sakinah S putri asmita W pawelas A. Analisis Sasaran Keselamatan Pasien Dilihat Dari Aspek Pelaksanan Identifikasi Pasien dan Keamanan Obat di RSPAD Gatot Subroto Jakarta. Masyarakat, J Kesehat. 2017;5(4):145–52.

[36]. Hermanto, B. Risdiana, I. Harimurti S. Pengelolaan obat High Alert Medication pada Tahap Distribusi dan Penyimpanan di RS PKU Muhammadiyah Yogyakarta Unit II tahun 2012. 2012;

[37]. Pambudi YSAYD. Faktor-faktor yang mempengaruhi perawat dalam penerapan 6 SKP (sasaran keselamatan pasien) pada Akreditasi JCI (joint commision International) di Ruang rawat inap Rumah Sakit Panti Waluya Malang. Nurs News (Meriden). 2018;3(1):729–47.

[38]. Sari WP. Potret Pelaksanaan Patient Safety Mahasiswa Profesi Ners. J Keperawatan dan Pemikir Ilm. 2015;1(5):1–17.

[39]. Arbianti K, Suparman A, Aini Q. Tinjauan Penerapan Nine Live Saving Patient Safety Solutions (Studi Kasus di RS PKU Muhammadiyah Bantul). ODONTO Dent J. 2015;2(2):28–35.

[40]. Setyarini, EA. Herlina L. Kepauhan Perawat Melaksanakan Standar Prosedur Operasional Pencegahan Pasien Resiko Jatuh di Gedung Yosef 3 Dago dan Surya Kencana Rumah Sakit Borromeus. J Kesehat STIKes St Borromeus. 2012;