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The Implementation Of Patient Safety Management In Melati General Hospital, Perbaungan

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Abstract. *This study examines the implementation of patient safety management at Melati General Hospital in Perbaungan. Patient safety is a critical component of healthcare quality, aimed at minimizing risks, errors, and harm to patients during the provision of health services. The research utilizes a qualitative approach, involving comprehensive interviews with hospital staff, direct observations, and analysis of hospital safety protocols and records. Key findings reveal that while Melati General Hospital has established several patient safety measures, there are areas needing improvement, particularly in staff training, adherence to safety protocols, and incident reporting systems. The study identifies the strengths and weaknesses of the current patient safety management practices and offers recommendations for enhancing the safety culture within the hospital. Effective implementation of these recommendations is expected to lead to significant improvements in patient safety outcomes, thereby ensuring higher standards of care and patient trust.*

Keywords **:** *Patient safety, Healthcare quality, Risk management*

INTRODUCTION

Patient safety in hospitals is a mechanism that makes patient services thatare held safely including risk assessment, identification, and manage matters related to risks in patients, follow-up, as well as the implementation of solutions to reduce the possibility and prevent injury events due to errors in implementing behavior or not behaving that shouldbe done. Every health service is required to carry out patient safety. In carrying out patient safety there are three main things to be applied, namely patient safety standards; Patient safety goals, and 7 steps towards patient safety. (Permenkes RI, 2017).

The cause of patient safety incidents is often associated with the term human-factor. According to Henriksen, there are several factors that might trigger the incident, including; Individual characteristics factors, basic characteristics of work, physical environment, interactions between humans and systems, organizational/social, and management. Carayon and Smith argue that there are 5 factors namely humans, technology and devices, physical environment, organizational goals, and service processes. Meanwhile, according to Vincent there are 6 factors that influence, including; Patient characteristics, work factors, individual factors, team factors, work environment, and organizational factors, and management factors.As well as traumatic events in about 10% of patients with surgery that are more common in the emergency department (Vaismoradi, M. 2020). Many emergency installations cause patient safety incidents due to several factors, including the complexity

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and variability of patients, worker factors (fatigue, lack of education and competence, and behavior take high risk), doctors' relationships, work environment, and other factors (multicultural patients/ multicultural). As many as 29% of doctors have reported that the occurrence of patient safety incidents caused by a poor hand-off process (Horowiz et al., 2009). Re-visit to the emergency department in a period of 7 days, as many as 12% was caused by a patient safety incident (Calder L., Pozgay A., Riff Set al., 2015).

Based on the results of a preliminary survey conducted at Melati General Hospital , in 2021 there were a total of 15,314 patients who underwent hospitalization in the Hospital of the Hospital of Melati Perbaungan. In 2021, there were 300 reports on the patient's safety incident 200 cases including a case of potential injury, 40 cases were almostinjured, 50 cases of incidents were not injured, and 10 cases of unexpected events. To identify the implementation of the Patient Safety Program at the Hospital of Melati Perbaungan.

METHODS

This research is a qualitative study with the phenomenological approach of a qualitative research approach which aims to multiply a facts that occur, individual behavior, or groupsand factors that underlie feelings, opinions, events, relationships, and others. The research informant in this study consisted of all officers on duty at the Emergency Installation of theMelati Perbaungan Hospital, the Triase doctor as many as 15 nurses were 87people, the resident doctor who served in the emergency room, the head of the emergency room in the Hospital of the Melati Perbaungan Hospital, and the Safety Committee of the Melati Perbaungan Hospital.

The municipalization is through primary and secondary data. Primary data is obtained using the In-Depth Interview method or in-depth interviews. Secondary data obtained from hospital data, namely the data of patient safety incidents that occur at the study site. Data analysis in this study was carried out interactively, which went continuously to the end and the data became saturated. The interactive method is carried out by going through several processes, namely data collection, data reduction, data presentation, and adding conclusions/verification carried out continuously.

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RESULTS AND DISCUSSION

Patient Safety

The patient identification was then asked back to the Head of the Emergency Room of the Emergency Installation of the Melati Perbaungan Hospital. The resultsof the interview are outlined in the description below. Based on the results of the interview, it can be seen that the health worker on duty at theEmergency Department has carried out the identification of patients marked by the implementation of the installation of the patient bracelet. The patient's bracelet consists of 2types based on sex.

The identity in the bracelet is then used by health workers to confirm the patient's identityeach will be given services such as providing drugs, blood collection, or other medical measures. Patient identification aims to ensure that the patient is the right patient for a procedure that has been previously planned and aims to match the procedure set to the patient. This policy is determined to identify patients when given drugs, given blood products, taking blood specimens, or other specimens for the purposes of diagnosis or clinical examination, as well as giving other actions or management.

Based on data obtained from the quality indicators of clinical services priority Melati Perbaungan Hospital in 2022, the implementation of compliance with patient identificationin January-September was 100%, namely the officers had identified the patient before providing services. The procedure carried out in the patient identification process requires at least 2 patient identities, namely the name or date of birth, the medical record number and the bracelet of identity in a variety or other. Things that cannot be used in identifying patients are the location of the bed and the patient's room number (Regulation of the Minister of Health of the Republic of Indonesia, 2017)

Effective communication.

Patient safety target component is to ensure the location of the correct surgery, the correct procedure, and surgery in the correct patient. Some activities that can be carried out in the process of ensuring the accuracy of the patient, procedures and location of this surgery can be done by using a checklist or other methods in verifying for a moment before surgery to ascertain whether or not the location, procedures, and patients, and all documents and equipment that will be needed are available,precisely and functioning properly, the team that will perform surgery perform and record procedures before the incision (time out) Operating Room (Ministry of Health of the Republic of Indonesia, 2017).

A positive relationship is found, namely the level of knowledge and compliance of nurses in conducting timeouts. Saputra, et al (2022) research states that thereis a significant

relationship between education, knowledge and training factors to theimplementation of Surgical Safety Checklist. Workload has no relationship with the application of Surgical Safety Checklist

Description of the implementation of efforts to reduce the risk of infection due to health care. Activities that can be carried out in preventing patient safety incidents one of which isto reduce nosocomial infection efforts. The description of the implementation of the target is described in the following interview.

Infections in health services associated with treatment are urinary tract infections due to the use of catheters, blood flow infections, and respiratory infections or pneumonia. The essence of infection prevention infection is to carry out hand hygiene. According to the Minister of Health Regulation of the Republic of Indonesia No. 11 of 2017, the efforts that can be made are to adapt the latest hand washing guidelines issued by WHO, implement the Hand Hygiene program, and develop policies to reduce the risk of infection related to services in health facilities (Kemenkes RI, 2017).

The implementation of the target reduction in the risk of nosocomial infection is done bywashing hands either with soap or with handrub. This is in accordance with the regulations stipulated in the Regulation of the Minister of Health of the Republic of Indonesia. Overview of the implementation of risk reduction of patient injury due to falling. The sixth patient safety target is an effort to reduce the risk of falling patients.

The steps that can be taken in reducing the patient's risk of falling patients are with the initial assessment of the presence or absence of the risk of the patient to fall and reassessment if there is a change in the patient's condition or treatment of the patient, taking action to reduce the risk of falling for patients at risk. Efforts are also carried out by lowering the bed, installing the bed bar and assistance to patients at risk.

Some of the factors that influence nurses' compliance in preventing patients from fallingare the knowledge and attitudes of nurses. Age, gender, marital status, working period, education and supervision do not have a relationship with the implementation of the patient risk program for the hospital.

Contributors and Patient Safety Incidents

Regulations stipulated at the Melati Perbaungan Hospital are guided by regulations issued by the state, including Article 44 of 2009 Law, Permenkes N0 11 of 2017, Permenkes No. 80 of 2020, and Kepmenkes No. 1128 of 2022. Patient safety is the business of all people and requires active participation from many main partners ranging from patients and their families to government, non governmental, and professional organizations.

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Organizational and management factors of patient safety incidents. In organizational and management factors there are several components including organizations and management, policies, standards and objectives, administration, patient safety culture, human resources, and training. Organizational and management components include organizational structure,supervision and decision making in the patient safety program that runs in the emergency department. In this component will be discussed about how leaders provide support to the staff and how the role of the leadership in the patient safety program.

Based on the results of the interview above, there are several informants who stated that the building was feasible, and several others felt the building was not feasible. Maintenanceof infrastructure is generally carried out if there are reports from the emergency room regarding damage. Flooding and leakage due to rain is the most often found and quite disturbing in the emergency room, but if it is reported the janitor immediately comes and clean the area that occurs inundation.

Completeness of facilities and infrastructure is a crucial thing in the running of the patientsafety program. Uncertainty of certain equipment can hamper services and even trigger patient safety incidents that can be detrimental to both hospitals and patients. Requirementsfor building techniques and infrastructure in hospitals have been documented completely inthe Minister of Health Regulation of the Republic of Indonesia Number 24 of 2016.

Team contributor factor.

The complexity of tasks in health services requires contributions from various individuals and various professions, so teamwork is needed. Team work is one of the contributor factors in the patient safety incident. The components of team work are supervision and consultation, consistency, leadership and responsibility, as well as responses to incidents.

Based on the description of the interview above, the team's work is done by helping fellowhealth workers, at certain times when certain labels are there are no patients, nurses who areresponsible for the label will help the task of nurses on other labels. The difficulty that generally occurs is when there are too many patients and there are obstacles in other installations that can slow the flow of patient services.

A team is defined as a group that can be identified from two or more people who work on a depending way to common goals that cannot be achieved effectively if done alone. Team work refers to behavior (for example, communicating and sharing information, checking mutual understanding), attitudes (for example, trust in team collective abilities and

the need for teamwork), and cognition (for example, mental models together) used by the team to communicate.

Contributor Factors Officers.

Contributors of officers in the context of patient safety explain how qualifications, knowledge and labor skills, as well as motivation, and stressor both mental and physical. Description of the interview regarding the task contributor listed below.

In the afternoon willusually be crowded with patients so that often the officers feel overwhelmed by the crowd of patients. According to the calculation of the need for the number of nurses based on the formula of the Ministry of Health of the Republic of Indonesia with an average number of per shifts visits of 20 patients, the duration of service per patient averaged 4 hours and the duration of the work shift of 6 hours per shift, then the ideal number of officers obtained was13-15 people. Based on these calculations, the number of officers working at the EmergencyRoom Installation is currently less than the amount that should be 8 officers per shift.

Good staffing management.

The preparation of personnel so that each officer gives maximum effort to the organization and has an impact on interrogating strategic shocks and the allocation of appropriate human resources, increasing the effectiveness of nursing management with appropriate informationto direct changes, obtain labor that gives maximum use to the organization, systematic scheduling patterns, and developing nurses' abilities and skills in hospitals.

Standard operational procedures (SPO) in hospitals.

The SPO can be found anywhere, both at the table around the emergency room.

Communication Contributor Factors.

Based on the results of interviews above the communication of health workers related toservices in the emergency room is carried out to compos mentis patients or in fully aware patients. Communication is also carried out to educate patients related to information that needs to be known by the patient or patient's family. Health workers generally use ordinary language that can be understood by patients to reduce the risk of miscommunication.

CONCLUSION

1. The implementation of effective communication is in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2017 concerning Patient Safety

2. External factors for patient safety incidents are guided by regulations issued by the state, including the Law of the Republic of Indonesia Article 44 of 2009.
3. The team's work factor for patient safety incidents has been running without any significant obstacles
4. Officers' factors for patient safety incidents are the lack of energy in the emergency room due to the crowd of patients who have the potential to cause patient safety incidents.
5. The task factor for patient safety incidents is SPO available in the hospital environment and is easy to access
6. Communication is not onlyto explore information but also to build relationships and trust in health workers.

RECOMMENDATION

Re-evaluating the number of health workers on duty at the Emergency Room Installation by considering the large number of patients coming to the hospital so that services become more optimal and minimize the potential for patient safety incidents.

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