IMPLEMENTATION OF PATIENT SAFETY UNDER MINISTRY OF HEALTH HOSPITAL ACCREDITATION STANDARDS

1Afan Hermawan, 2Dinda Iryawati
1Master of Public Health Study Program, Faculty of Public Health, Universitas Muhammadiyah Jakarta
K.H. Ahmad Dahlan St., Cireundeu, Ciputat, South Jakarta, 15419
2Indonesian Doctor Association (IDI), Bogor City
Samiaji St., Bantar Jati, Bogor, West Java
Email: afan.hermawan09@gmail.com

ABSTRACT
Patient safety is a serious global concern in health services. The implementation of patient safety in hospitals refers to the Patient Safety Goals (SKP), according to the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/1128/2022. The purpose of this study was to evaluate the implementation of SKP in Maternal and Child Hospitals according to the 2022 Ministry of Health accreditation standards. The study used qualitative methods through interviews, documentation, and observations. Informants in this study were management and staff. From the results obtained from a policy perspective, the implementation of SKP 2, 4, 5, and 6 at RSIA Nuraida is complete. This condition was found to be different from the results of documentation and observation, where SKP 1, 3, 4, and 6 had reached the Ministry of Health standard, which was 100%. For SKP 2 the achievement of 80% is because the officers have not mastered communication methods well, so the recording is incomplete. While the cause of the achievement of SKP 5 only reached 84% because the officers did not carry out hand washing according to the SPO. The SKP implementation at RSIA Nuraida concludes that it almost meets the 2020 Ministry of Health accreditation standards. This can be seen from 4 of the 6 SKP fields that have reached the 100% standard. Suggestions that might be recommended are hospital management to develop policy directions related to SKP along with socialization, placing human resources who have the expertise, ability, and willingness in the field of accreditation, ensuring that SKP is implemented by each unit through the PMKP Committee by having periodic simulation programs and filling in data. ISKP every month, making experience sharing activities, and briefings on patient safety issues.

Keywords: Hospital Accreditation, Maternal and Child Hospital, Patient Safety
INTRODUCTION

Patient safety is a serious global concern, due to the contribution of 2.6 million deaths annually to World Health Organization (WHO) 2019 data. On September 17, 2021, WHO held World Patient Safety Day (Goals 2021 - 2022) with the theme Safe Maternal and Newborn Care. Patient safety in mothers and newborns with risks and patient safety due to unsafe care. A safety incident hereinafter referred to as any non-existent event and condition that results in or is likely to cause injury to the Patient. Incidents become Near Injury Events (KNC), Unexpected Events (KTD), Uninjured Events (KTC), and Potential Significant / Serious Injury Conditions (KPC) that afflict the patient. Conditions must be recorded and reported to the National Patient Safety Committee (KNKP) after analyzing the causes, recommendations, and solutions. In Indonesia, data from the KNKP Hospital from 2006-2019 found 370 cases of death due to overall patient safety. In 2019, the percentage of KNC incidents was 38%, KTC 31%, and KTD 31% from 7,465 reports. To overcome the incident, it is hoped that hospital health services can be under the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/1128/2022 concerning Hospital Accreditation Standards, especially in the Patient Safety Targets section (SKP). (KNKPRS, 2019; Daud, 2020; World Health Organization, 2021; Decree of the Minister of Health of the Republic of Indonesia, 2022).

Six SKP indicators serve as guidelines to improve patient safety in hospitals, namely: 1) ensuring the right patient, 2) improving effective communication, 3) increasing the safety of drugs to watch out for, 4) correct location, correct procedure, surgery on the correct patient, 5) Reducing the risk of healthcare-associated infections, and 6) Reducing the risk of injury from falls. The six SKPs are the main standard indicators in the accreditation assessment. The research of Citra et al (2019) concluded that various incidents were found based on safety goals, in SKP 1 there were 14 variations of incidents (31.88%, n=44) which were completed by not wearing an identity bracelet. This is in line with Iryawati's research (2019) which found that 89.5% of patients in the hemodialysis unit used explanations, while according to the Hospital Accreditation Commission (KARS) the right achievement according to the patient must be 100%. Then the research of Citra et al (2019) also found that in SKP 2 there were 8 variations of incidents (7.97%, n = 11) with the most incidents being communication errors between nurses and laboratory workers. Meanwhile, the results of research by Elly and Dzajully (2018) found that SKP 2 did not meet the standards, related to confirmation between nurses and doctors during telephone communication. Furthermore, in Citra et al's research (2019) in SKP 3 there were 14 variations in incidence (41.30%, n=57) dominated by drug mismatches, in SKP 4 there were 3 variations in incidence (2.90%, n=4) dominated by incidents involving occurred after surgery, in SKP 5 there was 1 variation in incidence (1.45%, n=2) namely phlebitis, and in SKP 6 there were 6 variations in incidence (13.04%, n=18) with the most dominating incidence falling in the room. Variations in these processes can lead to health service quality problems related to patient safety efforts. It is hoped that
every hospital will strive to fulfill the SKP that has been regulated in the Regulation of the Minister of Health (Permenkes) 11 of 2017 and the implementation of the SKP which refers to the Standard Hospital Accreditation of the Ministry of Health (Kemenkes) 2022. (KARS, 2017; Ministry of Health of the Republic of Indonesia, 2017; Citra et al., 2019; Iryawati, 2020).

Under the theme of WHO World Patient Safety Day (Goals 2021 - 2022): Safe Maternal and Newborn Care, researchers are interested in finding SKP at the Nuraida Maternal and Child Hospital (RSIA), which was only established in 2019 and is not yet accredited. RSIA Nuraida is an integrated health service center with superior fertility services in the city of Bogor and its surroundings. The evaluation will be carried out to find out the hospital's policies, implementation, and obstacles in implementing the SKP based on the 2022 Hospital Accreditation and provide recommendations on achieving patient safety goals, as well as preparing the hospital to face accreditation. This study aims to evaluate the implementation of SKP at RSIA Nuraida according to the accreditation standards of the Ministry of Health 2022.

**METHOD**

This study uses a qualitative design, which was conducted in May – June 2022, the informants in this study were the management and staff at RSIA Nuraida. The selection of informants was carried out purposively according to research needs. Informants are people who understand the context of the problem being studied, including the Director, Chair of the Quality Improvement and Patient Safety Committee (PMKP), PMKP Staff, Secretariat Staff, and 2 nurses, as many as 6 informants.

Data were collected using interviews, documentation, and observation. The data is then analyzed and presented descriptively including policy directions and SKP implementation strategies, Standard Operating Procedures (SOPs), patient safety incident data, and quality indicators that can be used to gather information.

**RESULTS AND DISCUSSION**

RSIA Nuraida is an integrated health service center with superior fertility services in the city of Bogor and its surroundings, established in 2019 and not yet accredited. For this reason, RSIA Nuraida is currently in the process of meeting accreditation standards based on the 2022 Ministry of Health, especially in the SKP standard.

**Results of the SKP Implementation Policy Interview Analysis with the Hospital Director**

In SKP 1, there were two policies whose implementation was only partially implemented, namely policies and procedures that direct the implementation of patient identification as individuals who will be given certain services, actions, or treatments appropriately and policies on matching the services or treatments to be provided with patients who will receive services. This condition was explained by the Director of the Hospital,
“The SOP already exists, only at the time of implementation there are still nurses who have not implemented (policies) according to the SOP. So the patient identification is missed, such as forgetting to put on the patient identification bracelet, giving the patient a mixed diet because of the room.”

Meanwhile, the policy regarding patient identification is carried out using at least 2 (two) identities, namely full name and date of birth/barcode, and does not include room number or patient location so that the patient is right and the service is under hospital regulations, is complete.

All policies and procedures in SKP 2 are complete, including the availability of policies and or procedures directing the implementation of communication methods when receiving instructions by telephone "writing/inputting into the computer - reading - confirming again" (writedown, read back, confirmation) to the giver of instructions. Policies and/or procedures are in place directing the implementation of communication methods when reporting critical values of diagnostic checks by telephone. Some policies and or procedures direct the implementation of communication methods when handovers are standardized on the same type of handover.

There are policies in SKP 3 that are incomplete, namely policies and/or procedures for handling electrolyte concentrates which were developed to include processes for identification, location determination, labeling, and storage. Meanwhile, the policy/procedure for administering drugs correctly (right person, right dose, right method, right time, right drug) is complete. The absence of some policies explained by the Director of the Hospital,

“There is still no SOP on procedures for storing high-alert drugs. But at this time the making of the SPO is in the process.”

The policies in SKP 4, 5, and 6 are complete. In SKP 4 Policies and procedures in the operating room were developed to support the uniformity of the process to ensure: the right location, the right procedure, and the right patient, including medical procedures and dental treatment that are carried out outside the operating room. SKP 5 Availability Policies and/or procedures are developed to lead to the sustainable reduction of healthcare-associated risk of infection. SKP 6 Policies and/or procedures developed to direct Sustainable Risk Reduction; patient injured by a fall.

**Documentation Results related to the Implementation of SKP**

1. **SOP**

The results of interviews with Secretariat Staff obtained a total of 15 SPOs related to SKP. In SKP 1 3 SPOs regulate the Provision of Drug Information, Outpatient Patient Identification Procedures, and Inpatient Patient Identification Procedures. SKP 2 Procedure for Reporting Results and Reporting Critical Values for Laboratory Examination. SKP 3 Verification of Conformity of Pharmaceutical Preparations that have been Prepared with Prescriptions. SKP 4 Operational Area Marking. SKP 5 Five Moments Hand Washing, Hand Washing with Running Water, Use of
Personal Protective Equipment, Cleaning of Medical Devices, Cleaning of Pre and Post Operation Rooms, Prevention of Nosocomial Infections, and Perfect Surgical Hand Washing. SKP 6 Steps to Prevent Patients from Falling in the Installation. In line with the explanation from the Director, the Secretariat Staff explained,

“So we are currently making additional SOPs under accreditation standards. With the SOP, it is hoped that the staff will work in the right direction, to the same standards, and to improve patient safety.”

2. Patient Safety Target Indicators (ISKP)

The staff of the Quality Improvement and Patient Safety Commission (PMKP) provides data on the achievements of ISKP 1 – 6. Where ISKP 1 Patient Identification Accuracy in January has not reached the target of 99% but in February – May 2022 ISKP 1 has reached the target of 100%. In ISKP 2 Compliance Performing Read Back or Verification of Writing Read and Re-Confirmation (TBAK) on the Instructions of the Doctor in Charge of the Patient, the achievement in January – May 2022 has not reached the standard target of 100% but there is a significant increase in achievement every month from 60% to 80%. ISKP 3 Compliance with Double Crosscheck The administration of KCL drugs to patients achieved 100% in January – May 2022. Likewise, ISKP 4 Compliance for Filling in the Operation Patient Safety Checklist, in January – May 2022 achieved the standard target of 100%. However, in ISKP 5 Compliance Officers Perform Hand Hygiene, the achievements in January – May 2022 have not reached the standard target of >85%. Then ISKP 6 Compliance Efforts to Prevent Fall Risk in Patients, in January 2022 it has not reached the target of 95% but there is an increase in achievement in February - May 2022, which is 100%.

"ISKP data is obtained from the collection of reports for each unit every month."

3. Patient Safety Incident

The PMKP chairman explained that in March and April, two incidents occurred. In March 2022, it was found that there was a gender error on the identity label of MCU patients. This incident is included in the KTC type with the document type. Another incident that was found to have occurred in April was an identity error (name), which was caused by the parents providing incorrect name information, then the Registration Officer did not double cross-check the patient's identity. This condition includes incidents of the type of KNC with the type of negligence.

“The labeling is not under the gender of the child because the Front Office (FO) officer does not do a double crosscheck when printing the patient's identity label. Meanwhile, in the second incident, an identity error occurred because the Registration Officer did not double cross-check the
patient's name with the patient's parents. Then follow up on related fields and remind the officer to do a double crosscheck.”

**SKP Implementation Observation Results**

Observations were made during May 2022 in all units, it was found that SKP 1, 3, 4, and 6 were on target, which was 100%. However, in SKP 2 the achievement of 80% is because the officers have not mastered communication methods well, so the recording is incomplete. The following is an explanation from one of the nurses who served in the inpatient room.

"Sometimes I like to miss the pass, so the truth is not complete."

While the cause of the achievement of SKP 5 only reached 84% because the officers did not carry out hand washing according to the SPO. This was explained by one of the nurses in the poly room.

"Yes, I still like to forget the order (wash hands)."

Through interviews with the Director, there are already policies related to SKP 1. However, the implementation of these policies is still partial, because there are still nurses who have not implemented policies according to SOPs. Research by Pambudi et al (2018) explains that the most dominant factor in this obstacle is the low knowledge of nurses regarding SKP, which includes SOP. Under these conditions, Iryawati's research (2020) provides suggestions for SOP socialization, experience-sharing activities, and briefings on patient safety issues. Meanwhile, from ISKP 1 data in May 2022, it has reached the target of 100%. This condition has also met the elements of the Ministry of Health's 2022 accreditation standard assessment. (Pambudi, Sutriningsih and Yasin, 2018; Iryawati, 2020; Ministry of Health of the Republic of Indonesia, 2020)

All policies in SKP 2 are complete and meet the elements of the 2022 Ministry of Health accreditation standard assessment. This is supported by the SPO Procedure for Reporting Results and Reporting Critical Values for Laboratory Examinations. However, the condition is inversely proportional to ISKP 2 which has not yet reached the 100% standard, which only reached 80% in May 2022, because officers have not mastered communication methods well, so the recording is incomplete. In line with Irayana's research (2019), it was found that the documentation of the Integrated Patient Progress Record form based on the effective communication of the Situation, Background, Assessment, and Recommendation (SBAR) method did not reach 100%, so it was recommended to carry out socialization to health professionals who do not know the communication procedures. effective. (Irayana, 2019; Ministry of Health of the Republic of Indonesia, 2020)

In SKP 3, the policy for administering drugs correctly is complete. This can be seen by only having SOPs for Verification of Conformity of Pharmaceutical Preparations that have been Prepared with Prescriptions. Meanwhile, the completeness of the policy procedures for handling electrolyte
concentrates is not complete. Although RSIA Nuraida is not yet accredited, ISKP 3 Compliance with Double Crosscheck The administration of KCL drugs to patients has reached the 100% target. This is under the results of the research by Putro et al. (2018) where there is no difference in the level of correct implementation of drug administration in hospital accreditation status. (Putro, Wardhani, and Siswanto, 2018; Ministry of Health of the Republic of Indonesia, 2020)

Policies and procedures in the operating room from SKP 4 were stated to be complete from the results of the interview, supported by the SOP for Marking Operational Areas. This is in line with the results of ISKP 4’s observations in May 2022 which has reached the standard target of 100%. To maintain these achievements, in the study Handayani et al (2022) explained before the action was taken, providing information to patients and their families regarding what procedures will be carried out during surgery, asking for patient consent to take action using informed consent, asking patients to be involved in providing accuracy. (verification) pre-operation, as well as operation with site marking. (Ministry of Health of the Republic of Indonesia, 2020; Handayani and Marzali, 2022)

The procedural policies developed to direct the sustainable reduction of healthcare-associated risk of infection are also complete. This can be seen from the completeness of the SOP Five Moments for Hand Washing, Hand Washing with Running Water, Use of Personal Protective Equipment, Cleaning of Medical Devices, Cleaning of Pre and Post Operation Rooms, Prevention of Nosocomial Infections, and Perfect Surgical Hand Washing. Although SKP 5 has many detailed SOPs, the achievement of ISKP 5 Compliance Officers Performing Hand Hygiene is still 84%. This is caused by officers who do not carry out hand washing according to SOPs. In addition to SOPs, research by Oktariani et al (2021) explains the need for internal motivation of nurses, where the higher the motivation, the higher the application of SKP 5. (Ministry of Health of the Republic of Indonesia, 2020; Oktariani, Wicaksana and Thoyyibah ZA, 2021)

SKP 6 policy is a procedure developed to direct Sustainable Risk Reduction; Injured patients due to falls are contained in the SOP for Prevention of Fall Patients in the Installation Installation. The implementation has achieved the target in ISKP 6 Compliance Efforts to Prevent Falls in Patients, which is 100%. Nuaristia et al (2019) in their research explained that fall risk assessments were carried out in outpatient and emergency departments, which were the initial entry points for patients at the hospital. Also in hospitalization, where a patient’s risk assessment of falls is carried out to re-confirm whether the patient has a risk of falling or not. Assessments were carried out using the Morse Fall Scale for adults and children using the Humpty Dumpty. If the score is high enough, the nurse will put a yellow bracelet on, and then a patient’s medical record report is made to prevent the patient from falling. (Nuaristia, Pawelas, and Yunila, 2019; Ministry of Health of the Republic of Indonesia, 2020).

In terms of policy, the implementation of SKP 2, 4, 5, and 6 at RSIA Nuraida is complete, while the implementation of SKP 1 is only partial because there are nurses who have not implemented policies
according to SPO. Likewise, the SKP 3 policy is incomplete, with no procedures for storing high-alert drugs. However, currently, RSIA Naura is in the process of making the related SOP. This condition was found to be different from the results of documentation and observation, where SKP 1, 3, 4, and 6 had reached the Ministry of Health standard, which was 100%. in SKP 2 the achievement of 80% is because the officers have not mastered communication methods well, so the recording is incomplete. While the cause of the achievement of SKP 5 only reached 84% because the officers did not carry out hand washing according to the SPO.

CONCLUSIONS AND SUGGESTIONS

The implementation of SKP at RSIA Naura almost meets the accreditation standards of the Ministry of Health 2020. This can be seen from 4 of the 6 SKP fields that have reached the 100% standard. Suggestions that might be recommended are hospital management to develop policy directions related to SKP along with socialization, placing human resources who have the expertise, ability, and willingness in the field of accreditation, ensuring that SKP is carried out by each unit through the PMKP Committee by having periodic simulation programs and filling in data. ISKP every month, making experience sharing activities, and briefings on patient safety issues.

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Management of RSIA Naura

REFERENCES


