



Original Research

Patient Safety at RSGMP Unimus based on Sistem Nasional Akreditasi Rumah Sakit (SNARS) 1.1 Komisi Akreditasi Rumah Sakit

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Abstract

Hospitals have an obligation to fulfil the patient's right to obtain their safety and security while being treated in a hospital as a health service institution for the public. Patient Safety for the patient is a system that makes patient's treatment safer, including risk assessment, identification and management of patient risk, analysis and reporting of incidents, competency to learn from follow-up incidents and implementation of solutions to minimize the risk and prevent injuries that caused by errors due a treatment. Patient Safety must be considered especially during the period of education, therefore RSGMP Unimus as a learning institution for health service organizers must be considered in this regard. The objective of this study is to measure the readiness of patient safety policies at the Dental and Oral Hospital, Muhammadiyah University, Semarang. This type of research is descriptive and quantitative by using a cross-sectional research design with the Focus Group Discussion technique. Based on the Sistem Nasional Akreditasi Rumah Sakit 1.1 questionnaire by the Komisi Akreditasi Rumah Sakit (KARS), RSGMP Unimus get a fairly good score and partially completed accreditation requirements for aspects of the assessment of Patient Safety Goals (SKP) and Integration of Health Education and Hospital Services (IPKP). Achievement of Patient Safety Goals and Integration of Health Education and Hospital Services at RSGMP Unimus based on the Standard Nasional Akreditasi Rumah Sakit (SNARS) 1.1 which was carried out with the Elemental Assessment of the Patient Safety Goals and Integration of Health Education and Hospital Services standard are partially completed from the SNARS 1.1 assessment with a score of 74.2% and 63.2% which indicates that RSGMP Unimus can make improvements to pass.

INTRODUCTION

The health of the Indonesian people has been determined in the Constitution relating to human rights. Article 28H states that if every individual has the right to obtain mental and physical well-being, to have a living environment and to have a healthy and good place to live, he has the

right to receive health services. To meet these public health standards, hospitals have a very important role in establishing this right.¹

One way to improve hospital services is to carry out accreditation which is used to meet the expectations and expectations of the community about hospital services.

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Accreditation is carried out by the Hospital Accreditation Commission which is a high quality accreditation body at the national and international levels.² The Unimus Educational Oral and Dental Hospital is a learning location for prospective health workers in the field of dentistry. Patient safety must be of utmost concern, reviewing the potential for treatment errors in each patient. So that's where patient safety must be considered, especially during the education period. This allows prospective health workers to become accustomed to reducing unwanted events in the future.³

Problems regarding patient safety raises a lack of support from health workers. Research in 2020 on Patient Safety at RSGMP Unimus said that more than 90% of Unimus Dental Profession Students prioritize Patient Safety which means supporting the existence of Patient Safety Goals at RSGMP Unimus.⁴

Based on this explanation, the authors want to assess how patient safety at RSGMP Unimus is based on the National Hospital Accreditation System (SNARS) 1.1 Hospital Accreditation Commission (KARS).

The purpose of this study was to measure the readiness of patient safety at the Unimus Teaching Oral and Dental Hospital.^{5,6}

METHOD

The type of study used in this study was descriptive with a qualitative approach and used a cross-sectional design with the help of Focus Group Discussions based on National Accreditation Standards (SNARS) 1.1 compiled by the Hospital Accreditation Commission (KARS). The independent variable of this study is the Patient Safety Program. This research was conducted for 4 days at the Muhammadiyah University Education Dental and Oral Hospital in Semarang on Jalan Kedung Mundu Raya Number 22, Sendangmulyo Village, Tembalang District, Semarang City. Central Java Province 50272.

Research Subject

Table 1
Assessment Subjects

No	Research Subject
1	Hospital Director
2	K3 Committee Chair
3	Chairman of the PPI Committe
4	Medical Committe
5	Heads of IPKP
6	Dentist Profession Student Representatives Class of 2018-2020

RESULTS

Overview of Unimus RSGMP

Universitas Muhammadiyah Semarang has various faculties, one of which is the Faculty of Dentistry which has been established since the issuance of an education administration license by the Directorate General of Higher Education (Dirjen Dikti) Ministry of National Education number 129/E/O/2013 dated 18-04-2013, the Study Program UNIMUS Dentistry Education is officially established. The Teaching Hospital which has a land area of 4200 m² is located at Jalan Kedungmundu Raya No. 22 Semarang. To facilitate continuity in education, RSGMP Unimus was built as a Teaching Hospital which functions as a place for integrated education, research and services in the field of dentistry.⁷

RSGMP Unimus consists of 4 floors and has more than 50 dental units and 7 polyclinics for the care of general patients and Koas. RSGM UNIMUS has 7 specialist dentists and more than 10 general dentists. The advantage of the service to be provided is Islamic dentistry services for the general public and children with special needs. RSGMP Unimus has several facilities and services such as Emergency Installation, Inpatient Installation, Outpatient Installation, Radiology Installation, Central Surgery Installation and Pharmacy.⁸

Univariate analysis

The analysis in this study uses univariate research to describe a phenomenon that will be examined regarding Patient Safety Goals and the Integration of Health Education in Hospital Services at RSGMP Unimus. Data processing and data analysis are processed based on frequency distribution and presented in tabular form.^{9,10}

Table 2
IPKP Assessment Results

Elements of Assessment of Health Education Integration in Hospital Services		
IPKP 1	Regulations regarding the approval of owners and managers in making cooperation agreements for the implementation of clinical education in hospitals	50%
IPKP 2	Clinical education held in hospitals is managed by functional organizations that have management accountability, coordination, and clear procedures	50%
IPKP 3	The number of clinical education participants admitted to hospitals is adjusted to the number of staff providing clinical education, variations in the number of patients, technology, and hospital facilities	50%
IPKP 4	Clinical staff have competence as clinical educators and are authorized by educational institutions and hospitals.	87,5%
IPKP 5	The hospital ensures that the implementation of education that is carried out for every type and level of clinical staff education in the hospital is safe for patients and students.	37,5%
IPKP 6	Implementation of clinical education in hospitals that must comply with hospital regulations and the services provided are in an effort to maintain or improve patient quality and safety.	100%

Tabel 3.
SKP Assessment Results

Elements of Patient Safety Goal Assessment		
SKP 1	Hospitals establish regulations to ensure the accuracy of patient identification	80%
SKP 2.1	Hospitals establish regulations for the process of reporting critical diagnostic results	75%
SKP 2.2	The hospital establishes and implements a Hand-Over communication process	50%
SKP 3	Hospitals establish regulations to carry out processes to improve the safety of drugs that need to be watched out for	100%
SKP 3.1	RS establishes regulations to carry out the process of managing the use of concentrated electrolytes and electrolytes with certain concentrates	75%
SKP 4	The hospital establishes regulations to carry out the process of ensuring Right-Site, Right-Procedure and Right-Patient undergoing procedures	66,7%
SKP 4.1	The hospital carries out safe surgical procedures with the WHO "surgical safety checklist".	50%
SKP 5	Hospitals establish regulations to use and implement "evidence-based hand hygiene guidelines" to reduce the risk of infection	91,7%
SKP 6	Hospitals set regulations to carry out processes to reduce the risk of patient falls.	62,5%

Achievement of Target Patient Safety gets 74.2% and Integration of Health Education in Hospital Services gets 63.2%.¹¹

Respondent Data Results Focus group discussion results (SKP & IPKP)

The form of data collection in the Focus Group Discussion was carried out by interviewing several respondents. Interviews were conducted with key informants, namely the Deputy Director of RSGMP, the Medical Committee and the IPKP Section and SKP field representatives. Respondent representatives from the Teaching Dental and Oral Hospital (RSGMP)

stated that they already had and were running the IPKP and SKP programs which had been carried out by all staff and students to the leaders at the Unimus RSGMP. However, it is still carried out in general under the supervision of the Ministry of Education and the K3 Team. The leadership at RSGMP Unimus has made regulations in the form of SOPs related to how policies apply, especially in the IPKP and SKP fields. Everything that is written and contained in these regulations is useful for improving the performance and safety of young dentists and patients themselves in the Unimus RSGMP service. The Education Sector at RSGMP Unimus stated that the IPKP was under the auspices of the Education sector but had not been fully accepted, but the program had been implemented and was running in accordance with the applicable IPKP standards. RSGMP Unimus has carried out several procedures related to the integration of health education. RSGMP Unimus in collaboration with FKG Unimus regulates regulations regarding doctors having to have SPK and RKK first before becoming DPJP/DPKP working at RSGMP Unimus. Even in the acceptance of all students the number has been adjusted by cooperation between related institutions in order to improve services for patient safety.¹²

Increased understanding is needed for this program, according to the deputy director of RSGMP Unimus, this has been carried out routinely. Both for internal and external coverage of the RSGMP itself. Increased understanding can be carried out routinely or incidentally, for example training for patient safety to handling patients in the pandemic era. This is of great concern to improve the quality of security and comfort of existing services, as well as to add insight to staff and students at RSGMP Unimus. The OSH field at RSGMP Unimus stated that there was an increase in patient safety and quality assurance of service by implementing patient safety goals. This is indeed still being done in general, but still

based on the principles of patient safety which is a priority. Everything has been stated in regulations related to patient safety that have been designed by the K3 team itself. Clinical risks are all issues that can have an impact on the achievement of patient care. This program is very helpful in the course of service at RSGMP Unimus itself. This also affects performance in the formation of regulations for programs available at RSGMP Unimus. IPKP and SKP at RSGMP Unimus are very concerned about improving the quality of RSGMP Unimus itself.^{4,8,13}

DISCUSSION

Research on the implementation of the Patient Safety Target program and the Integration of Health Education at RSGMP Unimus was carried out using the interview method to fill in the assessment elements by SNARS 1.1. Respondents from this study were representatives of hospital leadership, the education team/committee and the K3 team/committee at the Dental and Oral Hospital of the Muhammadiyah University of Semarang. Interviews were conducted with 4 respondents namely drg. Retno Kusniati, M.Kes as deputy director of RSGMP Unimus, drg. Arimbi M.HKes as the Medical Committee, drg. Etny Dyah Harniati, MDSc as the Head of the Education Sector and Mrs. Juni from the K3 Sector representative. Most of the respondents are hospital surveyors who really understand the fields related to accreditation. In the interviews that have been carried out, RSGMP Unimus does not yet have a department that is specifically in charge of this field and all are still working closely with related intuitions. For example, the IPKP field is still responsible for the Education Sector and the SKP Team is carried out by the K3 field in general. However, this does not affect the performance and quality of the two fields.¹⁴

The results of the research conducted showed that there were 6 elements of Patient Safety Target (SKP) assessment of

33 points and IPKP 6 elements of assessment of 19 points. This research was conducted to find out about the readiness of the patient safety target program at RSGMP Unimus based on the National Hospital Accreditation Standard 1.1 Hospital Accreditation Commission. This is used to prepare and support Accreditation at Unimus Oral and Dental Hospital. Based on the results of the research conducted, the SKP and IPKP at RSGMP Unimus are quite good, but gradual improvements still need to be made.

Patient Safety Goals are a system that makes patient care safer, including risk assessment, patient risk identification and management, incident reporting and analysis, the ability to learn from incidents and their follow-up, and implementation of solutions to minimize risks and prevent injuries caused by mistakes resulting from carrying out an action or not taking the appropriate action. This is why good patient safety will affect optimal service and quality in the safety of care and patient care. Especially in the community itself, quality and safe services will greatly meet expectations. As for health workers, especially young dentists, this will be an activity that meets the standard values for health services.¹⁵

Overall research results, patient safety goals as meeting the standards set by the hospital accreditation commission with a minimum rating of 50%, this states that some of the Patient Safety Goals at RSGMP Unimus have been partially fulfilled with a score of 20-79%. The results of the assessment of the assessment elements that have been carried out, the Patient Safety Goals at RSGMP Unimus have been partially fulfilled, SKP 1 regarding patient identification with an assessment of 80%, SKP 2.1 regarding the process of reporting critical values received an assessment of 75%, SKP 2.2 regarding handovers of 50%, SKP 3.1 with an assessment of 75%, SKP 4 regarding regulation of patient handling with a value of 66.7%, SKP 4.1 concerning Actions

according to the surgical safety checklist with an assessment of 50%, SKP 5 regarding hand hygiene 91.7% and SKP 6 regarding the risk of falling with rating 62.5%. In point SKP 3, they got perfect points, namely 100%, but respondents stated that they would continue to improve the quality of Patient Safety Goals in this case to maintain patient service comfort.^{11,15,16}

The lowest score in SKP 2.2 and SKP 4.1 standards, SKP 2.2 discusses the hand-over process that is not perfect, there are still many things that have not been implemented due to the absence of specific records for this matter. The handover form was not specially formed, everything was still included in the medical record and the consent form was from the start the standard for reporting from DGM to DPJP. This does not have a significant effect because for every patient service with DGM it is always supervised by the relevant DPJP, so that in treatment especially in integrity clinics if an unwanted event occurs, the DPJP immediately acts without filling out the approval form again. SKP 4.1 regarding safe surgical procedures cannot be carried out perfectly because RSGMP Unimus does not carry out several general surgical processes. Likewise in SKP 6 which is related to the risk of falling, the OHS stated that they had created regulations regarding the risk of falling, but at the RSGMP Unimus which was still focused on treating outpatients this had not been implemented properly.^{17,18} SKP 3.1 relating to the pharmaceutical field which states regarding the handling of concentrate electrolytes, this is due to the unavailability of special rooms and data for storing concentrated electrolytes. But there are already regulations that become a reference in storage. In addition, there is SKP 1 which has a value of 80% which relates to correct patient identification. Regulations on this matter have been considered with the existence of an SOP which requires patient identification prior to carrying out the procedure, but this is not perfect because the RSGMP Unimus only handles Outpatient

Patients specifically for dental and oral care so that there are several services or actions that have not been aligned, for example in the scope of taking specimens and procedures other than dental and oral care to coma management.^{11,19}

The overall assessment of the Integration of Health Education in Hospital Services (IPKP) at RSGMP Unimus based on the collaboration between RSGMP Unimus and FKG Unimus. In this assessment, it states that there is a value of 37.5% in the IPKP 5 assessment regarding guaranteeing the safety of students at every level of education and IPKP 3 concerning alignment between students, staff and facilities with a value of 50%, then a value of 50% in IPKP 1 concerning collaboration agreement for clinical education providers and hospitals and IPKP 2 concerning functional organizations that manage clinical education, a score of 87.5% in IPKP 4 regarding standard competence regulations for clinical educators and a score of 100% in IPKP 6 concerning clinical education which must always be based on quality improvement and patient safety.^{16,20}

Several things cannot be assessed and cannot be assessed because RSGMP Unimus itself is a special hospital that handles dental and oral services. This is very influential on the results of the assessment in accordance with the standard assessment elements. The Hospital Accreditation Commission states that the overall points that must be met to pass are more than 80%, 60-80% points are stated to have to be repaired and if the score is below 60% it is declared not passing.²¹

Patient Safety Goals at RSGMP Unimus received a total score of 74.2% and Integration of Health Education and Hospital Services scored 63.2% which indicates that RSGMP Unimus must be more in implementing improvements for this field. The commitment of the leaders at RSGMP Unimus to SKP is still deep standard setting process by establishing a

dedicated team for the SKP itself. The department at RSGMP Unimus is still in the process of being developed, especially for clinical indicators and managerial indicators. There are still many things that need to be improved in this process. Cooperation between leaders and coordination between staff and monitoring is needed to improve the quality of services, especially in the field of patient safety. The National Hospital Accreditation Standard 1.1 is very helpful in encouraging more changes, especially in the field of discipline in services at the RSGMP Unimus. The leadership of RSGMP Unimus also hopes for criticism and suggestions from the community to improve the management of services at the hospital. This can also be one of the motivations to improve the quality of human resources, especially DGM, because this has a very broad impact on good dental and oral services for the community. It should be remembered that the goal of patient safety is an indicator of the success of the quality of hospital services.^{15,22-24}

CONCLUSION

Patient Safety Goals at RSGMP Unimus based on National Hospital Accreditation Standards (SNARS) 1.1 which were carried out with Element Assessment have been partially fulfilled from the SNARS 1.1 assessment with a score of 74.2% which indicates that SKP at RSGMP Unimus can make more improvements to pass.

Integration of Health Education and Hospital Services at RSGMP Unimus based on National Hospital Accreditation Standards (SNARS) 1.1 which has been carried out has been partially fulfilled from the SNARS 1.1 assessment with a score of 63.2% which indicates that IPKP at RSGMP Unimus must make more improvements to pass.

There are several assessments on those that cannot be assessed (TDD) and cannot yet be assessed (BDD), for example in the field of specialist general patient care apart from

dental and oral care and also specialist and sub-specialist medical education.

Implementation of SKP and IPKP is not perfect, still in the stage of forming a team/committee. The form of organization that is expected to manage this matter must be in accordance with statutory regulations

Management's commitment to SKP is still in the stage of improving the quality of human resources and managerial improvement.

All regulations related to SKP and IPKP have been formed in regulations in the form of SOPs to carry out or become a benchmark for services at RSGMP Unimus.

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