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Assessment of Patient Safety Indicator: Case Study from 'Aisyiyah General Hospital, Ponorogo

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Abstract-Patient safety is crucial to the health care quality. There are five important issues related to safety in hospital such as patient, health workers, building and tools that may impact on patient, personnel, and environment. A cross sectional descriptive study was conducted at 'Aisyiyah General Hospital, Ponorogo since January to March in year 2017. This study involve hospital patient safety committee. The data instrument through structured questionnaire and interview. This study show that patient and family understanding on purpose of using identity bracelet is 100%. Completeness of command notes by oral or telephone for all inpatient rooms is 100%. The implementation rate of double check before high alert drugs giving is 98.5%. The rate of patient of operations not marked is 39.81%. The rate of staff compliance with hand hygiene on activities prior to aseptic action is 87.41%. The achievements of February and March 2017 are in accordance with the standards, but January is not. Our findings suggest that improved patient safety performance. Organizations should measure and examine patient safety climate from multiple perspectives and be aware that individuals may have varying opinions about safety climate. While additional resources are essential to patient safety improvement, such resources on their own will not be sufficient to secure the changes needed.

Keywords: patient safety indicator, health services, hospital

1. INTRODUCTION

Patient safety is crucial to the health care quality (1). There are five important issues related to safety in the hospital: patient, health workers, building and tools that may impact on patient, personnel, and environment (green productivity) that impact on pollution and business of hospital (2). The five aspects of safety are important to be implemented in hospital. However, it must be admitted that hospital institution activities can run if there is a patient. Therefore patient safety is priority and related to quality issues (3,4).

Data on adverse event in Indonesia, especially near miss are still rare. But another, there is an increasing in malpractice, which is not accordance with final verification. Indonesia Hospital Association has taken the initiative on establishing hospital patient safety committee in June 2005, followed by the launching of hospital patient safety movement by Minister of Health on August, 2005. This committee has been actively to implement steps on preparing for the safety of hospital patients by developing hospital patient safety program laboratories. Especially in Law Number 44 in 2009 about Hospital, article 43 (1) explain that the hospital is obliged to apply patient safety standards.

Health care in hospital is basically to save patients according to what Hippocrates said about 2400 years ago, namely primum, non nocere (first, do no harm). But it is acknowledged by the growing development of healthcare science and technology is becoming increasingly complex and potentially happening adverse event if not done carefully. In accordance with Regulation of the Minister of Health Number 1691 of 2011 about patient safety that the Hospital should apply the patient safety standards that refer to Nine Life Saving Patient Safety Solutions from World Health Organization (WHO), which consists of six targets. There needs to be an indicator that can be used as a measuring tool to assess from a given health service is truly safe and high quality. This study aims to assess patients safety indicator at 'Aisyiyah General Hospital, Ponorogo.

2. METHOD

A cross sectional descriptive study was conducted at 'Aisyiyah General Hospital, Ponorogo since January to March in year 2017. This study involve hospital patient safety committee. The data instrument through structured questionnaire and interview. Steps from this study, include determination of patient safety target indicator; preparation of patient safety profile and census or survey; socialization; implementation through daily, monthly, or annual census, then data on processing, reporting and follow-up; and monitoring and evaluation is performed after a one-time analysis (3 months).

3. RESULTS

Patient and family understanding on purpose of using identity bracelet

Patient and family understanding on purpose of using identity bracelet from January to March 2017 for all inpatient rooms reaches 100%. Achievements in January to March 2017 accordance with the standards. Number of patient and family understanding on the purpose of using identity bracelet in inpatient room from January to March 2017 is 100%. When compared on October to December 2016 (99.63%), this increase 0.37%.

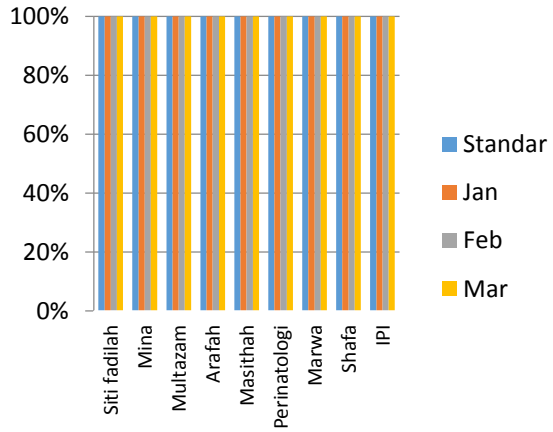

Figure 1

Completeness of command notes by oral or telephone

Completeness of command notes by oral or telephone in January to March 2017 for all inpatient rooms reaches 100%. The number is in accordance with the standard. The rate of completeness of command notes by oral or telephone order in the inpatient room in January to March 2017 is 100%. Achievement is the same as in October to December 2016.

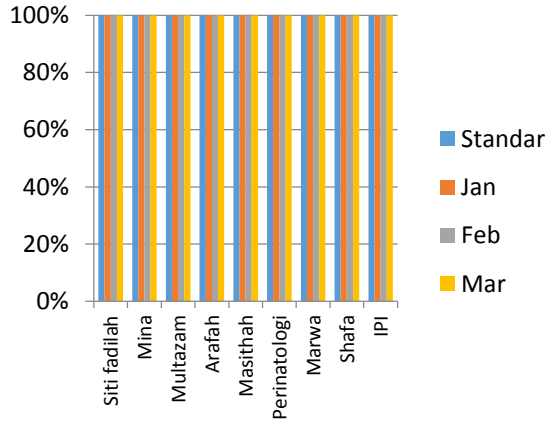

Figure 2

Implementation of double check before high alert drugs giving

Implementation of double checks before high alert drugs giving in January to March 2017 is varied. January is 99%, February is 97.5% and March is 99%. The achievement is not according to the standard because high alert drugs giving in emergency condition is sometimes not done double check by officer and only one officer in perinatologi on night shift so that no double check implementation. The implementation rate of double check before high alert drugs giving in January to March 2017 is 98.5%. However, the results increased by 1.5% compared to October until December (97%).

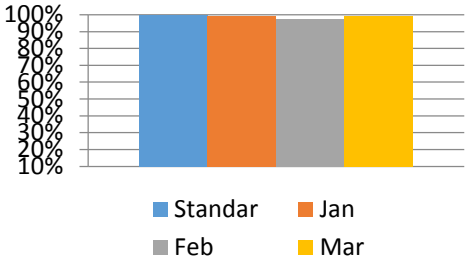

Figure 3

Patient of operations not marked

Patient of operations not marked in January to March 2017 not according to the standard due to lack of awareness of all operators to do marking. Achievements in January is 11.86%, February is 2017 49.50% and March is 58.06%. The rate of patient of operations not marked in January to March 2017 is 39.81%. This achievement increased 16.23% compared to October to December 2016. 142 patients were marked, while 111 patients not.

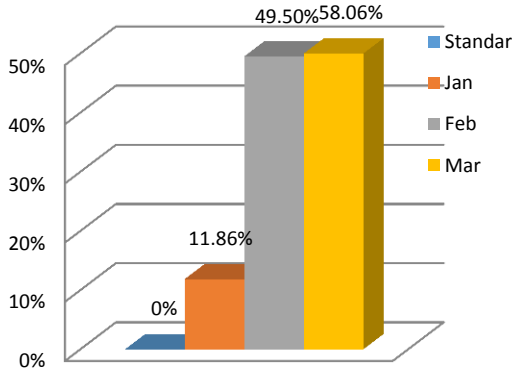

Figure 4

Staff compliance with hand hygiene on activities prior to aseptic action

Staff compliance with hand hygiene on activities prior to aseptic action in January is 90%, February is 80.56%, and March is 91.67%. The rate of staff compliance with hand hygiene on activities prior to aseptic action in January to March 2017 is 87.41%. This achievement decreased 10.74% compared to October to December 2016 and not according to standard. The cause factor is the lack of awareness of the officer on the importance of hand hygiene at five moments and the high response time of patient service so that the officer often ignore hand hygiene at five moment.

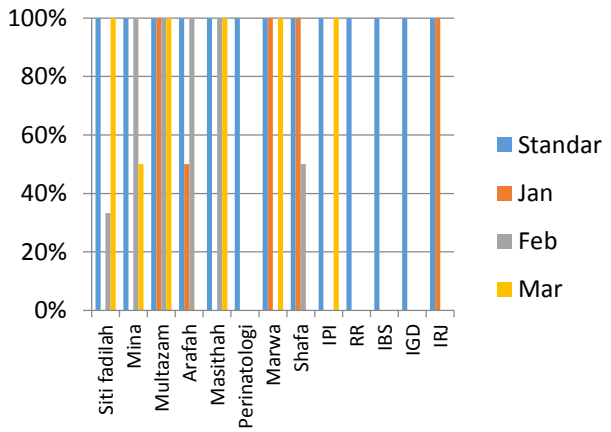

Figure 5

Incidence rate of patient falls

Incidence of patients fell in January is 0.33%, February is 0%, and March is 0%. The achievements of February and March 2017 are in accordance with the standards, but January is not because there is one case of patients falling in the marwa room and has been reported to the hospital patient safety committee.

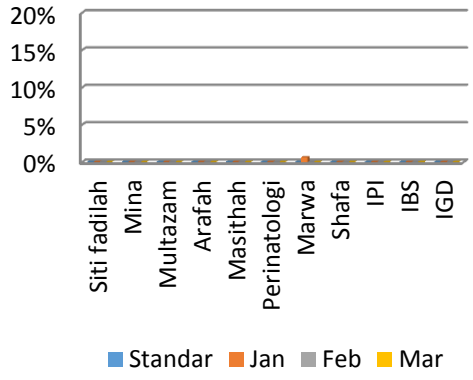

Figure 6

4. DISCUSSION

Patient safety culture at healthcare organizations plays an important role in guaranteeing, improving and promoting overall patient safety (5). Safety culture is defined as "the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management" (6). Patient safety research has tended to focus on hospital settings, although most clinical encounters occur in primary care, and to emphasize practitioner errors, rather than patients' own understandings of safety (7). They are also associated with higher hospital-acquired condition rates, a measure of patient safety. Likewise, safety climate is directly related to improved patient safety outcomes (8). Quality of care and patient safety in health care have never been more visible to patients or providers. Health workers are key players not only in providing direct patient care but also in evaluating the quality and safety of care provided to patients and families (9). Hospital staff in low-income settings offered broadly encompassing and aspirational definitions of patient safety. They identified obstacles to patient safety across three major themes: material context, staffing issues and inter-professional working relationships (10).

5. CONCLUSION

Our findings suggest that improved patient safety performance. Organizations should measure and examine patient safety climate from multiple perspectives and be aware that individuals may have varying opinions about safety climate. While additional resources are essential to patient safety improvement, such resources on their own will not be sufficient to secure the changes needed.

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