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ANALYSIS OF THE IMPLEMENTATION OF PATIENT SAFETY TARGETS IN PROFESSIONAL HEALTH CARE AT 3M PLUS TEMBILAHAN HOSPITAL

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ABSTRACT

Patient safety is an important factor for everyone, especially in the health system. The importance of patient safety, considering the magnitude of the problem that exists for patients and health care professionals. The role of professional health care is very important to improve the quality of services provided and improve or ensure patient safety. The importance of patient safety is increasingly prioritized around the world and every day health care professionals face several challenges in providing safe care to patients. This study aims to analyze the application of patient safety goals in health care professionals at 3M Plus Tembilahan Hospital. The type of research is quantitative analysis using a cross sectional study approach. The research sample was carried out using the total sampling method, namely 201 respondents at 3M Plus Tembilahan Hospital. The data was analyzed using Partial Least Square (PLS). The results of the study showed that there was a relationship of analysis of the implementation of patient safety goals in health care professionals at 3M Plus Tembilahan Hospital.

KEYWORDS *Patient Safety Goals, Health Care Professional,*

INTRODUCTION

Patient safety incidents in hospitals will have a detrimental impact on hospitals, health workers and especially patients because they are service recipients. The impact is a decrease in the level of public trust in health services that occurs due to the low quality and quality of care provided. (Hardy et al., 2023)

Patient safety is an important factor for everyone, especially in the health system. The importance of patient safety, considering the magnitude of the problem that exists for patients and health care professionals. The role of professional health care is very important to improve the quality of services provided and improve or

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ensure patient safety. The importance of patient safety is increasingly prioritized around the world and every day health care professionals face several challenges in providing safe care to patients. (Amaral et al., 2022)

The World Health Organization (WHO) states that at this time patient safety is a global health priority, because it is the most important indicator in the health service system, the good and bad health services implemented by health care facilities can be seen from how the health service systems apply in the health service facilities. The lower the percentage of medical errors that can be prevented, the better the quality of the service facilities, thus public trust in health facilities will be high. (Postgraduate School of Public Health et al., n.d.)

Health service providers are the work of a system that has the potential to experience errors, so on that basis it encourages the preparation of a safer system so that the potential for errors can be minimized. The community gets health services at health facilities starting from the first, second and third level PPK (Health Service Providers). PPK must focus on patient safety. (Rahayu Winarti, 2021)

Health workers or referred to as professional health care are any person who devotes themselves to the health field and has knowledge and/or skills through education in the health field which for certain types requires the authority to make health efforts. A doctor as a professional is someone who is devoted to the health sector and has the knowledge and skills to make health efforts. The Doctor profession is a profession that must be carried out with high morality and intellect because doctors must always be ready to provide help to people who need their help in restoring health. (Quality of Patient Service et al., 2023)

In addition to the doctor profession, the nursing profession is also to maintain patient safety and prevent harm during the provision of care both in short-term and long-term settings. Nurses are expected to adhere to the organization's strategy to identify risk hazards through patient assessment, treatment planning, monitoring and surveillance activities, re-examinations, offering assistance and communicating with other healthcare providers. In addition to clear policies, leadership, research-driven safety initiatives, healthcare staff training, and patient participation, nurses' adherence to patient safety principles is necessary for the success of interventions aimed at preventing malpractice and for achieving sustainable and safer healthcare systems. (Hijrianti et al., 2023)

According to the Ministry of Health of the Republic of Indonesia which issued Regulation of the Minister of Health No. 11 of 2017 concerning patient safety in hospitals which is the main milestone in the operationalization of patient safety in hospitals throughout Indonesia. Currently, the hospital has made efforts to build and develop patient safety, but these efforts are carried out according to the understanding of patient safety management. This ministerial regulation is a guide for management in hospitals to be able to carry out patient safety as a whole. (Rahayu Winarti, 2021)

In the previous study on the analysis of the implementation of patient safety at Bhayangkara Hospital, Makassar City in 2023, the results of the study were obtained that the implementation of patient safety by nurses was very good at 89.3%, as many as 67 respondents out of 75 respondents. The six patient safety

objectives include the implementation of patient identification accuracy is very good by 85.3%, the implementation of effective communication is very good by 68.0%, the necessary improvement of drug safety is very good by 74.7%, the certainty of the right location, procedures and surgical patients is very good by 85.3%, the reduction of infection risk is very good by 88.0%, and the reduction of the risk of falls is very good by 86.7%. (Rachmawaty et al., 2023)

Incidents of patients falling are mostly found in this health service, most in the internal medicine inpatient unit, surgical service unit, and pediatric service unit. In the child service unit, it was found to be 56.7%. Based on a study that has been conducted at Haji Medan Hospital in 2023, most cases related to patient safety occurred the most in pediatric health services compared to other health service units, namely a total of 37 incidents consisting of 16 summits (Unexpected Events), 7 KPCs (Potential Injury Conditions), and 7 KTCs (Non-Injury Events). In the case of KTD (Unexpected Event), a case in the form of a plebitis infection was found, namely 7 pediatric patients. Patient safety incident data is limited to data only, and all cases recorded are only incidental cases known due to the inability to identify patient safety incidents. Child Service Personnel should have understood the implementation of patient safety in accordance with patient safety standards and goals, but the role of medical personnel is still unclear in the implementation of patient safety for children's services. (Hardy et al., 2023)

Previous research on the patient safety culture at Arifin Ahmad Hospital, Riau Province and the main referral hospital, found that the implementation of patient safety services in 2019 reached 56.3%. Efforts to improve the quality of service at Arifin Ahmad Hospital are still not optimal in handling patient safety due to a lack of awareness of the importance of patient safety culture, in the results of the 2022 research on patient safety culture at Arifin Ahmad Hospital, the results of the study showed that 54.5% of patients have a patient safety culture in the good category and 45.5% have a patient safety culture in the adequate category. (Yarnita et al., 2019) (Jovanda & Muthia Zukhra, 2022)

Based on the results of an initial survey conducted by researchers on June 10, 2023 at 3M Plus Tembilahan Hospital with a short interview and observation method, they said there are several aspects that have not been implemented, such as (1) only identifying 1 out of 4 patient identities when taking action on patients, (2) lack of effective communication (3) high alert drug labels and LASA (look-alike, sound-alike medication names) are removed, (4) there are still patients who will be operated on that have not been marked, (5) sometimes they still do not comply with the 6 steps of hand washing and 5 moments of hand washing, (6) there are some patients found who do not have signs or labels of risk of falling.

The researcher also conducted a brief interview and observation to the PMKP Team (Patient Safety Improvement Committee) and found that related units and divisions have routinely sent INM (National Quality Indicators), IMUT (Unit Quality Indicators) and IMP (Priority Quality Indicators) data every 5th of every month through the PMKP Team's email which is then summarized and reported to the Ministry of Health Application (Link) every 10th of every month and submits quarterly reports to the Director RS.

In addition to reporting quality data, the PMKP team also reports IKP (Patient Safety Incidents), but there are still many officers who do not report IKP because they are afraid and do not know the flow of incident reporting. The reporting system is one of the efforts to prevent and handle KNC (Near Injury Case), KTD (Unexpected Event), and sentinel incidents. If health workers do not report the incident, it can hinder the quality of service and patient safety.

Currently, patient safety has not become a fully cultural culture in health services. The implementation of good patient safety is expected to minimize incidents related to patient safety. For this reason, researchers are interested in conducting further research on the analysis of the implementation of patient safety goals in health care professionals at 3M Plus Tembilahan Hospital.

RESEARCH METHODS

The design of this study is a quantitative analytical research using a cross sectional study approach which is a study that observes population data or samples only once at the same time. This study was conducted to analyze the implementation of patient safety at 3M Plus Tembilahan Hospital. The population in this study is health professional care at 3M Plus Tembilahan Hospital. The sampling technique used in this study was carried out by the total sampling method, which was 201 respondents.

This research was conducted at 3M Plus Tembilahan Hospital, Ring Road II Tembilahan Kota, Tembilahan District, Indragirihilir Regency, Riau Province. In this study, the data that has been collected is then entered and processed using computer software, namely with Microsoft Excel and Smart-PLS programs.

The analysis tests used in this study are:

a. Univariate analysis that aims to describe each of the variables studied. In general, this analysis only produces an overview of the frequency distribution and percentage of each variable. The results of the analysis are presented in the form of a table describing each variable.
b. The hypothesis of this study is tested by a bivariate test using the Chi Square Test with a value of P <0.05 as the limit of significance using Smart-PLS.
c. Multivariate analysis will be continued only on variables that have a meaningful bivariate test analysis. All collected data will be tabulated and arranged using a frequency distribution table, then the data is analyzed with the help of computer statistical data processing program calculations.

RESULT AND DISCUSSION

Table 1. Frequency Distribution of Research Sample Characteristics Based on Education Level

Variable	Category	Frequency (n)	Percentage (%)
Education level	DIII	60	29,85
	S1	30	14,93
	Nurses	110	52,24
	Magister	1	0,50

Based on table 1 above the results of the education level, it is known that the number of respondents with a D3 education level is 60 respondents (29.85%), the number of respondents with a S1 education level is 30 respondents (14.93%), the number of respondents with a Nurse education level is 110 respondents (54.73%), and the number of respondents with a Master's education level is 1 respondent (0.50%).

Table 2. Frequency Distribution of Research Sample Characteristics Based on Employment Period

Variable	Category	Frequency (n)	Percentage (%)
Working period	<1 year	20	9,95
	1-2 years	31	15,42
	2-4 years	105	52,24
	4-6 years	45	22,39

Based on table 2 above, it is known that the number of respondents with a working period of < 1 year is 20 respondents (9.95%), the number of respondents with a working period of 1 – 2 years is 31 respondents (15.42%), the number of respondents with a working period of 2 – 4 years is 105 respondents (52.24%), and the number of respondents with a working period of 4 – 6 years is 45 respondents (22.39%).

Table 3. Frequency Distribution of Sample Characteristics Based on Training

Variable	Category	Frequency (n)	Percentage (%)
Training	1 time in 2021-2024	48	23,88
	2 times in 2021-2024	52	25,87
	3 times in 2021-2024	61	30,35
	4 times in 2021-2024	40	19,90

Based on table 3 above as a result of the number of trainings, it is known that the number of respondents with 1 training in 2021 – 2024 is 48 respondents (23.88%), the number of respondents with 2 training times in 2021 – 2024 is 52 respondents (25.87%), the number of respondents with 3 training times in 2021 – 2024 is 61 respondents (30.35%), the number of respondents with 4 training times in 2021 – 2024 is 40 respondents (19.90%).

Frequency Distribution of Research Sample Characteristics Based on Questionnaire Results

The questionnaire in this study consisted of 30 statements divided into 6 parts, namely:

[1] Accuracy of patient identification (items 1 – 5) Based on statements 1 – 5 (P1 – P5), it is known that the number of respondents with P1 Never is

0 respondents (0.00%), the number of respondents with P1 Rarely is 0 respondents (0.00%), the number of respondents with P1 Often is 45 respondents (22.39%), and the number of respondents with P1 Always is 156 respondents (77.61%). Furthermore, it is known that the number of respondents with P2 Never is 0 respondents (0.00%), the number of respondents with P2 Rarely is 0 respondents (0.00%), the number of respondents with P2 Often is 15 respondents (7.46%), and the number of respondents with P2 Always is 186 respondents (92.54%). Furthermore, it is known that the number of respondents with P3 Never is 0 respondents (0.00%), the number of respondents with P3 Rarely is 0 respondents (0.00%), the number of respondents with P3 Often is 15 respondents (7.46%), and the number of respondents with P3 Always is 186 respondents (92.54%). Furthermore, it is known that the number of respondents with P4 Never is 0 respondents (0.00%), the number of respondents with P4 Rarely is 15 respondents (7.46%), the number of respondents with P4 Frequent is 45 respondents (22.39%), and the number of respondents with P4 Always is 141 respondents (70.15%). Furthermore, it is known that the number of respondents with P5 Never is 0 respondents (0.00%), the number of respondents with P5 Rarely is 0 respondents (0.00%), the number of respondents with P5 Often is 30 respondents (14.93%), and the number of respondents with P5 Always is 171 respondents (85.07%).

[2] Improvement of effective communication (points 6 – 10) Based on statements 6 – 10 (P6 – P10), it is known that the number of respondents with P6 Never is 0 respondents (0.00%), the number of respondents with P6 Rarely is 0 respondents (0.00%), the number of respondents with P6 Often is 30 respondents (14.93%), and the number of respondents with P6 Always is 171 respondents (85.07%). Furthermore, it is known that the number of respondents with P7 Never is 0 respondents (0.00%), the number of respondents with P7 Rarely is 0 respondents (0.00%), the number of respondents with P7 Often is 30 respondents (14.93%), and the number of respondents with P7 Always is 171 respondents (85.07%). Furthermore, it is known that the number of respondents with P8 Never is 0 respondents (0.00%), the number of respondents with P8 Rarely is 0 respondents (0.00%), the number of respondents with P8 Often is 111 respondents (55.22%), and the number of respondents with P8 Always is 90 respondents (44.78%). Furthermore, it is known that the number of respondents with P9 Never is 0 respondents (0.00%), the number of respondents with P9 Rarely is 15 respondents (7.46%), the number of respondents with P9 Often is 15 respondents (7.46%), and the number of respondents with P9 Always is 171 respondents (85.07%). Furthermore, it is known that the number of respondents with P10 Never is 0 respondents (0.00%), the number of respondents with P10 Rarely is 0 respondents (0.00%), the number of respondents with P10 Often is 111 respondents (55.22%), and the number of respondents with P10 Always is 90 respondents (44.78%).

[3] Increasing the safety of drugs that must be watched out for (high alert) (points 11 – 15) Based on statements 11 – 15 (P11 – P15), it is known that the number of respondents with P11 Never is 0 respondents (0.00%), the number of respondents with P11 Rarely is 0 respondents (0.00%), the number of respondents with P11 Often is 60 respondents (29.85%), and the number of respondents with P11 Always is 141 respondents (70.15%). Furthermore, it is known that the number of respondents with P12 Never is 0 respondents (0.00%), the number of respondents with P12 Rarely is 0 respondents (0.00%), the number of respondents with P12 Often is 60 respondents (29.85%), and the number of respondents with P12 Always is 141 respondents (70.15%). Furthermore, it is known that the number of respondents with P13 Never is 0 respondents (0.00%), the number of respondents with P13 Rarely is 0 respondents (0.00%), the number of respondents with P13 Frequent is 126 respondents (62.69%), and the number of respondents with P13 Always is 75 respondents (37.31%). Furthermore, it is known that the number of respondents with P14 Never is 0 respondents (0.00%), the number of respondents with P14 Rarely is 60 respondents (29.85%), the number of respondents with P14 Frequent is 30 respondents (14.93%), and the number of respondents with P14 Always is 111 respondents (55.22%). Furthermore, it is known that the number of respondents with P15 Never is 0 respondents (0.00%), the number of respondents with P15 Rarely is 60 respondents (29.85%), the number of respondents with P15 Often is 45 respondents (22.39%), and the number of respondents with P15 Always is 96 respondents (47.76%).

[4] Certainty of the right location, right procedure, right surgery patient (points 16 – 20) Based on statements 16 – 20 (P16 – P20), it is known that the number of respondents with P16 Never is 15 respondents (7.46%), the number of respondents with P16 Rarely is 30 respondents (14.93%), the number of respondents with P16 Often is 45 respondents (22.39%), and the number of respondents with P16 Always is 111 respondents (55.22%). Furthermore, it is known that the number of respondents with P17 Never is 15 respondents (7.46%), the number of respondents with P17 Rarely is 45 respondents (22.39%), the number of respondents with P17 Frequent is 45 respondents (22.39%), and the number of respondents with P17 Always is 96 respondents (47.76%). Furthermore, it is known that the number of respondents with P18 Never is 15 respondents (7.46%), the number of respondents with P18 Rarely is 0 respondents (0.00%), the number of respondents with P18 Often is 30 respondents (14.93%), and the number of respondents with P18 Always is 156 respondents (77.61%). Furthermore, it is known that the number of respondents with P19 Never is 15 respondents (7.46%), the number of respondents with P19 Rarely is 0 respondents (0.00%), the number of respondents with P19 Frequent is 30 respondents (14.93%), and the number of respondents with P19 Always is 156 respondents (77.61%). Furthermore, it is known that the number of respondents with

P20 Never is 15 respondents (7.46%), the number of respondents with P20 Rarely is 30 respondents (14.93%), the number of respondents with P20 Often is 40 respondents (19.90%), and the number of respondents with P20 Always is 116 respondents (57.71%).

[5] Reduction of the risk of infection due to health care (items 21 – 25) Based on statements 21 – 25 (P21 – P25), it is known that the number of respondents with P21 Never is 0 respondents (0.00%), the number of respondents with P21 Rarely is 0 respondents (0.00%), the number of respondents with P21 Often is 45 respondents (22.39%), and the number of respondents with P21 Always is 156 respondents (77.61%). Furthermore, it is known that the number of respondents with P22 Never is 0 respondents (0.00%), the number of respondents with P22 Rarely is 0 respondents (0.00%), the number of respondents with P22 Often is 30 respondents (14.93%), and the number of respondents with P22 Always is 171 respondents (85.07%). Furthermore, it is known that the number of respondents with P23 Never is 0 respondents (0.00%), the number of respondents with P23 Rarely is 0 respondents (0.00%), the number of respondents with P23 Often is 11 respondents (5.47%), and the number of respondents with P23 Always is 190 respondents (94.53%). Furthermore, it is known that the number of respondents with P24 Never is 0 respondents (0.00%), the number of respondents with P24 Rarely is 0 respondents (0.00%), the number of respondents with P24 Often is 0 respondents (0.00%), and the number of respondents with P24 Always is 201 respondents (100%). Furthermore, it is known that the number of respondents with P25 Never is 0 respondents (0.00%), the number of respondents with P25 Rarely is 0 respondents (0.00%), the number of respondents with P25 Frequent is 30 respondents (14.93%), and the number of respondents with P25 Always is 171 respondents (85.07%).

[6] Reduction of the risk of patients falling (items 26 – 30) Based on statements 26 – 30 (P26 – P30), it is known that the number of respondents with P26 Never is 0 respondents (0.00%), the number of respondents with P26 Rarely is 45 respondents (22.39%), the number of respondents with P26 Often is 60 respondents (29.85%), and the number of respondents with P26 Always is 96 respondents (47.76%). Furthermore, it is known that the number of respondents with P27 Never is 0 respondents (0.00%), the number of respondents with P27 Rarely is 0 respondents (0.00%), the number of respondents with P27 Frequent is 111 respondents (55.22%), and the number of respondents with P27 Always is 90 respondents (44.76%). Furthermore, it is known that the number of respondents with P28 Never is 0 respondents (0.00%), the number of respondents with P28 Rarely is 15 respondents (7.46%), the number of respondents with P28 Often is 111 respondents (55.22%), and the number of respondents with P28 Always is 75 respondents (37.31%). Furthermore, it is known that the number of respondents with P29 Never is 0 respondents (0.00%), the number of respondents with P29 Rarely is 0 respondents (0.00%), the number of respondents with P29 Often is 45

respondents (22.39%), and the number of respondents with P29 Always is 156 respondents (77.61%). Furthermore, it is known that the number of respondents with P30 Never is 0 respondents (0.00%), the number of respondents with P30 Rarely is 15 respondents (7.46%), the number of respondents with P30 Often is 60 respondents (29.85%), and the number of respondents with P30 Always is 126 respondents (62.69%).

Table 4. Chi Square Test Results

	SSO	SSE	Q^2 (=1-SSE/SSO)	
X (Independent)	6.030.000	6.030.000		0.000
Y (Dependent)	603.000	482.447		**0.200**

Based on table 4 above, it can be seen that the value of the dependent variable is 0.200 where this value > 0. Thus, it can be seen that the model in this study has predictive *relevance* with moderate vulnerability because it has a value level between 0.150 and 0.350.

Table 5. Path Hypothesis Test

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
X (Independent) -> Y (Dependent)	0.547	0.55	0.04	13.616	0.000

Based on the table above, the results of the path hypothesis test in this study are as follows:

Hypothesis: The results of the test calculation using SmartPLS 4.0 show that there is a relationship between the analysis of the implementation of patient safety objectives in *health care professionals* at 3M Plus Tembilahan Hospital with a value coefficient in P-values of 0.000 or < 0.05. Thus, the hypothesis in this study **is "accepted".**

CONCLUSION

Patient safety is an important factor for everyone, especially in the health system. The importance of patient safety, considering the magnitude of the problem that exists for patients and health care professionals. The role of professional health care is very important to improve the quality of services provided and improve or ensure patient safety. From this study, there are 6 main indicators that can affect patient safety, namely the accuracy of patient identification, improvement of effective communication, increasing the safety of drugs that must be watched out for (high alert), certainty of the right location, right procedure, right patient surgery, reduction of the risk of infection due to health care, and reduction of the risk of patient falls. These six indicators need to be carried out to be able to realize optimal patient safety.

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