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Analyzing an Implementation of Patient Safety Targets Standards at Ja'far Medika Hospital Based on Hospital Accreditation National Standards (SNARS) Issue 1.1

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A B S T R A C T

Background: The complexity of hospital operations has the errors' potential. Patient safety will have an impact on the patient's medical condition as well as increasing health costs. Ja'far Medika Hospital scored 82.4 in the KARS accreditation survey using SNARS edition 1.1 in 2019. This study analyzes the implementation of patient safety target standards at Ja'far Medika Hospital Karanganyar based on SNARS edition 1.1. **Methods**: This study is a quantitative descriptive study by document review, observation of infrastructure facilities, and observation of the implementation of patient safety at Ja'far Medika Hospital. **Results and discussion**: The accomplishment of the implementation of patient safety goals that meet the passing grade are the accuracy of identifying patient by 85%, reducing the risk of infection related to health services/healthcare-acquired infections (HAIs) by 82.3%, and reducing the risk of injury due to falls by 87.5%. Whereas the targets below the passing grade are the effective communication improvement by 78.5%, the safety enhancement of high alert drugs or drugs that need to watched out by 75%, and the confirmation of the exact location, procedure, and patient of the operation by 50%. **Conclusion**: The implementation of patient safety targets at Ja'far Medika Hospital has not been carried out optimally with the target of Effective Communication improvement, the safety enhancement of high alert drugs/drugs that need to watched out and the confirmation of the exact location, procedure, and patient of the operation

INTRODUCTION

The complexity of hospital operations has the errors' potential. In 2018, WHO reported that there were 134 million adverse events from safety incidents each year, resulting in 2.6 million deaths in underdeveloped and developing countries. As opposes to in the affluent countries, it is estimated that only about 1 in 10 patients experience a safety incident in a hospital. [1]

There were 7465 patient safety incidents in Indonesia based on a report from the National Patient Safety Commission (KNKP) in 2019. This number increased significantly from 2018 amount to 1489 incidents. Of the 7465 incidents, there were 38% near-injury events (KNC), 31% non-injury events (KTC), and 31% unexpected events. Based on the severity of the injury, there were 80 patients (1.7%) of serious injuries and 171 (2.3%) deaths in 2019. So it can be concluded that special attention is needed to patient safety in Indonesia. [2]

Hospitals are required to carry out accreditation every 3 years as a hospital quality control. Hospital accreditation aims to maintain and improve the quality of hospital management, the quality of hospital services and the safety of health services to patients. [3] Hospital accreditation assesses and maintains hospital compliance with quality and safety management standards for continuous improvement of hospital quality. [4,5] The hospitals' accreditation must carry out services based on applicable standards. [4] The hospitals' accreditation will have a good impact on the hospital's quality if it implemented comprehensively. [6]

METHOD

This study is descriptive quantitative method. The research was conducted from March 2022 to June 2022 at Ja'far Medika Hospital Karanganyar. The data obtain by document review of 27 documents, observation of 19 infrastructure facilities, observation of implementation from 4 patients, 2 pharmacists, 3 nurses and 1 doctor. The data sources consisted of primary data and secondary data. The primary data source of this study obtained from direct observation of the implementation of patient safety goals and observation of infrastructure. The secondary data source of this study in the form of documents and evidence related to patient safety goals at Ja'far Medika Hospital Karanganyar.

RESULTS AND DISCUSSION

The results of this study obtain from observations, infrastructure review, document review, interviews and Focus Group Discussion as follows:

1. Identifying patient correctly

Document	Availability
Regulation and SOP which manage the patient identification	Available

The table shows that the Ja'far Medika General Hospital has regulations for patient identification. The regulations are patient identification guidelines and Standard Operating Procedures (SOPs) for patient identification.

Infrastructure review for patient identification as follow:

Infrastructure	Availability
Identity Bracelet based on gender and other Bracelets	Available

The table shows that the implementation of patient identification at Ja'far Medika Hospital is supported by the presence of a blue identification bracelet for the male gender and a pink bracelet for the female gender. This bracelet is labeled with the patient's identity containing the medical record number, the patient's full name, and the patient's date of birth. Observation of patient identification as follows:

Observed implementation	Implementation		
	Patient 1	Patient 2	Patient 3
Patients are identified using two patient identities (identity bracelets)	Implemented	Implemented	Implemented
Patients are identified prior to medical action	Implemented	Not Implemented	Not Implemented
Patients are identified before taking blood and other specimens for diagnostic procedures	Implemented	Implemented	Implemented
Patients are identified before being given treatment or therapeutic measures	Implemented	Implemented	Implemented

The table show that implementation of patient identification at Ja'far Medika Hospital has deficiencies in identification before medical action is carried out. This occurs in acces intavenous catheter and urinary catheter that are performed before the patient's identification wristband is attached.

2. Improved Effective Communication.

Document review toward patient improved effective as follows:

Document	Availability
Effective Communication Guidelines	Available
Document proof of effective communication training	Available
Regulations for the process of reporting critical examination results	Available
Evidence of critical value reporting records	Available
Proof of implementation read back	Available
Patient handover form	Available
Evidence of patient hand over implementation	Available

The table show Ja'far Medika Hospital has regulations and guidelines for effective communication. Reporting critical values at the Ja'far Medika Hospital is regulated by effective communication guidelines. There is evidence of the implementation of critical value reporting. There is a readback stamp filled with complete information submitted, date, reporting and DPJP in the patient's medical record. The hospital also has a handover form for handover of patients between rooms and between shifts of nurses and is filled out clearly and easily in the medical record. There is evidence that the hospital held In House Training for effective communication on September 1, 2018 by SBRI The House of Character Building.

Infrastructure review toward improved effective communication as follows:

Infrastructure	Availability
Phonetic list near the telephone	Not available
Cap Readback	Available

The table show that verbal orders directly or by telephone are recorded in the medical record and stamped with readback stamp, but no re-reading and confirmation by doctor in charge who gives the order.

Observations of effective communication as follows:

Observed implementation	Implementation
Nurses or doctor writes a message and gives a readback stamp in the medical record	Implemented
Nurses or doctor reads back the order from the giver of the order	Not implemented
Doctor in charge confirms the order given	Not implemented
Nurses or doctor report critical results to doctor in charge	Implemented
Reporting time follows regulatory deadlines	Not implemented
Reporting critical values using the TBaK	Not implemented

3. Increased safety of high alert medication (HAM) / Drugs that need to be watched out

Documents review toward increasing the safety of high alert medications / Drugs that need to be watched as follows:

Document	Availability
Regulations regarding the supply, placement, preparation and use of high alert medication	Available
Regulations to manage concentrated electrolytes	Available
The list of drugs to high alert medication include "look-alike, sound-alike" category in all medication storage areas	Available

The table show that Ja'far Medika Hospital has a regulations that manage high alert medication. This guide contains the management of high alert medications and concentrated electrolytes.

Observation of hospital infrastructure toward increasing the safety of high alert medication (HAM) as follows:

Infrastructure	Availability
Cabinets/places dedicated to high alert drugs	Available
Cabinets/places dedicated to concentrated electrolytes	Available
Special labels for high-alert medication include "look-alike, sound-alike" category	Available

The table show that hospitals provide infrastructure to support management of high alert drugs and concentrated electrolytes. The infrastructure includes a special place for high alert drugs and concentrated electrolytes and labels for high alert drugs and concentrated electrolytes.

Observation of increasing safety of high alert medication as follows:

Observed implementation	Implementation	Note
High alert drugs in pharmacy installations are stored in separate places	Implemented	
High alert drugs outside the pharmacy are stored in a separate and easily identifiable place	Not implemented	Pehacain injection is in the ER cart and not in place High alert
Concentrated electrolytes are stored separately	Implemented	
Concentrated electrolytes are not in the service unit (poly, ward, emergency room) unless needed and when permitted by hospital policy	Implemented	
High alert medications including "Look-alike/sound-alike" category are labeled and stored separately	Not implemented	Pehacain Injection is not labeled
A double check was done before administering high alert medication	Not implemented	

Table show that in the pharmacy departement, high alert medication include consentrated electrolytes is placed separately dan labeled with high alert medication caution. Ja'far Medika Hospital uses a high alert label with a yellow sticker with the words High alert in red. However, there are pehacaine injections in the emergency departement and not in the place provided. High alert drugs are also given without double checking.

4. Confirmation of the exact location, procedure, and patient of the operation

Table show that Ja'far Medika Hospital has regulations in the form of Surgical Service Guidelines. In the medical record, sheets and evidence of marking the location of the operation were also found. Sheets and evidence of filling the surgical safety checklist, and evidence of time out implementation also found. However, sheets and evidence of marking the location of operations, sheets of surgical safety check list and evidence of time out for operations outside the operation room not found.

Documents review in confirmation of exact locations, procedures, and patient of the operation as follows:

Document	Availability
Regulations about site marking of operations or invasive measures	Available
Evidence of implementation of uniform and easily recognizable site marking	Available
Checklist or other process for verification before operation	Available
Evidence of implementation of the surgical safety checklist	Available
Evidence of implementation time out in the operating room	Available
Evidence of implementation time out in outside the operating room	Not available

Observation of facilities or infrastructure related to confirmation of exact locations, procedures, and patient of the operation as follows:

Observed facilities/infrastructure	Available
Special Marker in operating room	Available
Special Marker for outside the operating room	Not available

The table show that there are special markers in the operating room. However, there are no special markers for operation outside the operating room in the ER and general poly.

Observations of implementation related to confirmation of exact location, procedure, and patient of the operations as follows:

Observed action	Implementation
Provide clear and understandable markings for operation identification	Not implemented
Involving the patient when marking before surgery	Not implemented
The medical officer fills out the surgical safety check list before performing the operation	Implemented
Medical officers performing a surgical safety checklist before performing surgery	Not implemented
Medical officers performing Time-out before incision	Not implemented
Medical officers performing Time-out outside the operating room	Not implemented

The table show that the marking process for the operation location is performed. The implementation of preoperative checks using the surgical safety check list was not checked optimally, but the medical officers filled out the preoperative checklist sheet provided by the hospital. The time out was not performed, the operator only lead the prayer and immediately made the incision. Surgical procedures performed outside the operating room, such as minor surgeries in the ER and outpatient department, are not perform site marking or timed out.

5. Reducing the risk of infection related to health services/ Healthcare Acquired Infections (HAIs).

Documents review to reducing the risk of infection related to health services/ Healthcare Acquired Infections (HAIs) as follows:

Regulation on hand hygiene	Availability
Evidence that the hospital has implemented a hand hygiene program in all hospitals in the last 6 months	Not available
Regulations on disinfection procedures in hospitals	Available
Evidence of hospitals done evaluations related to reducing HAIs in the last 6 months	Not available

The table show that the hospital has regulations in the form of Hand Hygiene Guidelines and SOPs for Sterile Rooms. However, there was no evidence of hand hygiene audit and evaluation in the last 6 months and no evaluation was found regarding reducing HAIs.

Observation of infrastructure related to reducing the risk of infection related to health services/ Healthcare Acquired Infections (HAIs) as follows:

Facilities/infrastructure	Availability
Sink	Available
Water faucet	Available
Hand soap	Available
Handrub	Available
Tissue towel	Available
Instructions or hand washing guidelines according to WHO in every sink and handrub	Available

The table show that the facilities and infrastructure that support the implementation of hand hygiene are available at the Ja'far Medika hospital. The infrastructure includes a sink and water faucet, tissue, handrub, and hand washing instructions or guidelines according to WHO in every sink and handrub attached to the wall.

Observationsof implementation that related to reducing the risk of infection related to health services/ Healthcare Acquired Infections (HAIs) as follows:

Observed action	Implementation			
	Nurse 1	Nurse 2	Nurse 3	Doctor 4
Hand hygiene before performing aseptic procedures	v	v	v	v
Hand hygiene before touching the patient	v	v	v	v
Hand hygiene after contact with patient's body fluids	v	v	v	v
Hand hygiene after contact with patients	v	v	v	v
Hand hygiene after contact the patient's area	-	-	-	-
Hand hygiene with the WHO 7 hand washing steps	v	v	v	v

The table show that the implementation of hand washing was performed after contact the area around the patient. The implementation of hand washing using 7 steps of hand washing according to WHO guidelines and performed properly and correctly.

6. Reducing the risk of injury due to patient falls

The table show that the hospital has regulations in the form of a Fall Patient Risk Management Guide. Nurses performed initial and follow-up assessment of the risk of falling but no reassessment was found performed.

Observation of infrastructure related to reducing the risk of injury due to patient falls as follows:

Review of documents related to reducing the risk of injury due to patient falls as follows:

Document	Availability
Regulations on preventing patient falls in hospitals	Available
Evidence of the hospital performing the assessment process for all inpatients and outpatients	Available
Evidence of hospitals done initial assessments of hospitalized patients based on indications of the patient's risk of falling	Available
Evidence of the hospital done follow-up assessments in hospitalized patients based on indications of the patient's risk of falling	Available
Evidence of the hospital done reassessment of hospitalized patients based on condition change of patient.	Not available

Facilities/infrastructure	Availability	Note
Bed side rail	Available	
Wheelchair in good condition	Not available	Rusty condition and broken lock
Iron handrail on the toilet	Available	
Iron handrail on stairs or uphill road	Available	
Anti-slip floor	Available	

The tables show that the hospital has bedside rails in patient beds except for 1 bed in the ER observation room and 1 in the internal medicine specialist poly. There are 6 wheelchairs at the hospital, but they are rusty and the lock are broken. Iron handles are found in all the toilets in the hospital and uphill roads. The roads uphill at the hospital have anti-slip rubber.

Observations of implementation reducing the risk of injury due to patient falls as follows:

Observed action	Implementation
Perform an initial assessment of the patient's risk of falling	Implemented
Perform follow-up assessment of the patient's risk of falling at inpatient room	Implemented
Perform re-assessment of the patient's risk of falling at inpatient room due to patient's conditional change	Not implemented
Wearing a fall risk bracelet for patients who are at risk of falling	Implemented
Closing the bed side rail on the side of the patient's bed	Implemented

The table show that nurses perform initial and follow-up assessments, but do not re-assess if there is a change in the patient's condition that affects the risk of falling. The yellow fall risk bracelet is in the right hand. Closing the bed side rail on the side of the patient's bed performed regulary.

Achievement of Patient Safety Goals at Ja'far Medika Hospital according to SNARS Assessment Elements Edition 1.1

Target	Assessed element	Points accomplished	Total point	Total Score
		Numerator	Denumerator	
SKP 1	Regulations/documents	1	1	85.7%
	Infrastructure	1	1	
	Observation	10	12	
SKP 2	Regulations/documents	7	7	78.5%
	Infrastructure	1	2	
	Observation	3	5	
SKP 3	Regulations/documents	3	3	75%
	Infrastructure	3	3	
	Observation	3	6	
SKP 4	Regulations/documents	5	6	50 %
	Infrastructure	1	2	
	Observation	1	6	
SKP 5	Regulations/documents	2	4	82.3%
	Infrastructure	6	6	
	Observation	20	24	
SKP 6	Regulations/documents	4	5	80 %
	Infrastructure	4	5	
	Observation	12	15	
		87	113	76.9 %

DISCUSSION

1. Identifying patient correctly

The implementation of patient identification at Ja'far Hospital is regulated in the Patient Identification Guide. The identification is performed using the name, date of birth, and medical record number listed on the patient's identity bracelet. This identification process is done by matching the identity bracelet and asking the patient or the patient's family. This method's use to ensure patient safety is supported by research by Insani and Sundari in 2019 and Sundoro et al.,in 2016 which refers to Permenkes number 11 of 2017.[7,8] Riplinger et al in 2020 concluded that name and date of birth are identification methods commonly used in health care facilities. around the world.[9] The use of wristbands as a means to support the patient identification process is in accordance with applicable regulations.[10]

In observing the implementation of patient safety goals, it was found that medical officers performed infusions and urinary catheters without identifying the patient. This officer's non-compliance can potentially cause medical errors and malpractice in providing medical treatment to patients. This is certainly not by implementing patient safety target standards in hospital accreditation and is one of the obstacles to implementing correct patient identification in health facilities in Indonesia.[11]

2. Improved Effective Communication

Ja'far Medika Hospital regulates communication procedures between medical profesional by making regulations Communication Procedures Guidelines. This regulation was socialized, and training was conducted on September 1, 2018. This training also fill the elements of hospital accreditation standard assessment, which requires hospitals to conduct effective communication training.

Reporting to doctor in charge at Ja'far Medika Hospital uses two methods, via Whatsapp messages and verbally. Reporting of hospitalized patients or patient conditions is more often done using Whatsapp messages and performed without a standard and uniform format so that it varies between reporters. Verbal communication not performed by Write, Read, and Confirm, but every doctor instruction is documented in the medical record and stamped with readback. This is not in accordance with the results of research by Sameera and Smith et al in 2018 that the readback and confirmation must performed to prevent errors. [12,13]

The implementation of safety targets related to critical diagnostic values is carried out in two ways, determining the critical value and the procedure for reporting the diagnostic critical value.[14–16] Reports by the Ja'far Medika hospital have been carried out according to the regulations made and meet the elements of the hospital accreditation standard assessment.

The patient handover was carried out using the SBAR method (Situation, Background, Assessment, Recommendation). The implementation of handovers using the SBAR method is in line with research conducted by Nainggolan in 2021, Smith et al in 2018, Tatiwakeng et al in 2021, and Christina and Susilo in 2021 that the SBAR method is a safe and efficient method because it can reduce communication errors, so that recommended for use in all health services.[13,17–19]

3. Increased safety of high alert Medication (HAM)

The hospital regulates the management of high alert drugs and concentrated electrolytes with Guidelines for The Management of High Alert Medication. This meets the elements of the SNARS 1.1 assessment which requires hospitals to have regulations that regulate the supply, storage, placement, preparation and use of high alert drug and concentrated electrolytes.

The implementation of this target at labeling, storage, preparation and use of high alert drugs and concentrates electrolytes carried in hospitals. High alert medication in the form of oral drugs, injection drugs and concentrated liquids use special labels of yellow stickers/labels and red High Alert words, while for concentrated liquids contain dilution warning sticker. This is in accordance with the research of Sundoro et al and Larasati and Dhamayanti in 2021 that the correct and specific labeling of high alert drug and concentrated electrolytes will prevent errors. [8,11]

Storage of oral drugs is in a special place for oral drugs–high alert. The injection drugs are in the injection cabinet at the bottom and the refrigerator at the bottom with the drug high alert sign. This is by Permenkes number 11 of 2017 and supported by research by Larasati and Dhamayanti in 2021, where high alert drugs need to be separately stored.[11] Storage of high alert drugs specifically is in accordance with hospital accreditation. However, pehacaine injection was found in the emergency room which stored in a special box labeled high alert but not accompanied by clear regulations.

The implementation of double checks by nurses before being given to patients has not been perfomed consistently. Double checks must be done before giving high alert medication to prevent medication errors.[11] This double check is supported by accurate patient identification to ensure that the correct drug is given to the right patient.[20]

4. Confirmation of the exact location, procedure, and patient of the operation

Surgical site marking managed by regulations in the form of Guidelines for Surgical Services. Pikkel et al in 2014 and Krismanto and Jenie in 2021 concluded that the implementation of regulations is important in preventing errors in health services.[21,22] This regulation meets the elements of the assessment of hospital accreditation standards.

The implementation of surgical site marking not been carried out properly. Patients who are planned for surgery are not marked with the location of the operation by the Surgeon. Special markers for surgical site marking exist but not used. This implementation is not in accordance with research by Wolinna in 2019 that conclude operation site marking is important for patient safety, preventing surgical site errors, and is one of the indicators of surgical safety measurement.[23] Operations that rely on the surgeon's memory alone without surgical site marking will have a greater risk of error operating location.[22]

The implementation of the Surgical Safety Checklist at the Ja'far Medika hospital carried out without real checking procedures and tended to be filled in for formalities. This is not in accordance with Weiser and Heynes in 2019 that the implementation of the Surgical Safety Checklist must be carried out effectively and not just filling out a checklist.[24] Good implementation of the Surgical Safety Checklist results in better operating results, minimizes operating errors, and prevents surgical complications.[21,25,26] Surgery outside the operating room are carried out without using a Surgical Safety Checklist. This is not in accordance with hospital accreditation standards.

Time out for surgery in the operating room is rarely done. Surgery outside the operating room is not done too. This does not meet hospital accreditation standards. This implementation is not in accordance with the research of Pikkel et al in 2014 and Croke in 2019 that the time out procedure is very important in preventing surgical site errors. [22,27]

5. Reducing healthcare acquired infections (HAIs)

The implementation of Hand Hygiene at the Ja'far Medika hospital refers to regulations in the form of Hand Washing Guidelines. Fox et al in 2015, Al Sawafi in 2021, and Larasati and Dhamanti in 2021 stated that hand hygiene regulations will reduce infections related to health services and increase hand washing compliance.[11,28,29] The hospital has hand hygiene regulations that refer to WHO standards. This is also in accordance with the mandate of the Minister of Health Regulation number 11 of 2017 which requires health care facilities to adopt or adapt the latest published and generally accepted hand washing guidelines, such as WHO hand hygiene guidline.[10]

The implementation of hand washing at the Ja'far Medika hospital is supported by good facilities such as a water sink, water faucet, hand soap, hand rub, paper towel, and hand washing instructions according to WHO, which are above the sink. Kraker et al. in 2022 stated that the availability of

resources and facilities would support health facilities to wash their hands properly and improve patient safety.[30]

The implementation of the 7 steps of washing hands using soap or hand rub by the hospital community at Ja'far Medika Hospital is well performed. The implementation of hand washing at 5 moments can be seen from doctors and nurses who do not wash their hands after contact with the patient's environment. This is not in accordance with the regulations made by the hospital in the Handwashing Guidelines. The evaluation process for hand washing compliance is not carried out routinely and regularly. This is not in accordance with the study of Toney-Butler et al in 2022 which stated that an evaluation of handwashing compliance needs to improve handwashing compliance in hospitals.[31]

The disinfection procedure at the Ja'far Medika hospital is carried out based on regulations in the form of the IPSRS Service Guidelines, which are practically described in the SOP Sterilization Room. The sterilization in the hospital is carried out according to the SOP of the hospital. Implementing this sterilization meets the elements of the standard accreditation assessment, which requires the sterilization process in hospitals to be carried out correctly and by existing regulations.

6. Reducing the risk of injury due to patient falls

The implementation of patient safety goals related to reducing the risk of injury due to falling patients in the hospital refers to regulations in the form of Fall Risk Management Guidelines. This guide meets the assessment elements of hospital accreditation standards which require hospitals to have regulations governing the prevention of patient injuries due to falls. This is in line with the research conducted by Nadia and Permanasari in 2018 which stated that regulation is needed to prevent the incidence of patient falls.[32]

The implementation of this safety target is in the form of a fall risk assessment for all patients at the Ja'far Medika hospital. Outpatient assessment is done by filling out a fall risk assessment on the outpatient initial assessment sheet. The fall risk assessment for outpatients consists of assessing adult patients using the modified up and go test and children (aged 0-16 years) using the Humty Dumpty. The availability of an assessment sheet as an instrument for assessing the patient's risk of falling is an important factor in the compliance of nurses dan doctors in conducting the assessment. [32] This is in accordance with regulations and hospital accreditation standards.

Assessment of inpatients was carried out on all inpatients at the Ja'far Medika hospital. The initial assessment was carried out by nurses by filling out a fall risk screening on the emergency nursing assessment sheet. Patients who are at risk of falling are put on a yellow bracelet. Follow-up assessments carrys out by ward nurses using fall risk assessment sheets for adults and children. The nurses not perform a reassessment of changes in the patient's condition. Nurses only carry out management of the medical aspects of patient changes but do not reassess the risk of falling.

Available facilities and infrastructure support this patient safety goal, there are medical record sheets for assessing the risk of falling, bedside rails, wheelchairs, iron handles in toilets, iron railings on stairs or uphill roads, and anti-slip floors. Elgarico in 2019 stated that infrastructure is essential for patient safety and reducing the incidence of patient falls.[33] However, all the wheelchairs are rusty and the wheelchair lock are broken.

CONCLUSION

Implementation of patient safety goals at the Ja'far Medika Hospital is supported by the availability of good facilities and infrastructure and meet the hospital's needs, but need to improve regular care for these facilities and infrastructure. Implementation of patient safety goals at Ja'far Medika Hospital is also supported by good regulations. There are evidences of the implementation of patient safety goals, but there is not available evidence due to non-standard implementation.

The accomplishment of the implementation of patient safety goals that meet the passing grade are the accuracy of identifying patient by 85%, reducing the risk of infection related to health services/healthcare-acquired infections (HAIs) by 82.3%, and reducing the risk of injury due to falls by 87.5%. Whereas the targets below the passing grade are the effective communication improvement by 78.5%, the safety enhancement of high alert drugs or drugs that need to watched out by 75%, and the confirmation of the exact location, procedure, and patient of the operation by 50%.

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