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Implementation of Patient Safety Orientation SOP: Study Aisyiyah Hospital Kudus

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ABSTRACT

In improving the quality of hospital services, efforts have been made to implement patient safety, one of which is to seek patient involvement through the role of nurses in implementing the New Patient Orientation SOP. The purpose of this study was to analyze the implementation of the orientation soup (new patients) for patient safety at the 'Aisyiyah Kudus Hospital. Qualitative research was conducted with an action research design. Qualitative data was carried out through in-depth interviews and FGDs. The sampling technique used consecutive sampling, with a total sample of 16 nurses who met the inclusion and exclusion criteria. FGD was conducted. A total of 5 patients and three structurally managerial patients were conducted in-depth interviews. The data from the FGD and in-depth interviews that had been collected were then analyzed using a qualitative interactive model. Implementing the Redesign of the Orientation SOP (new patients) resulted in an output consisting of 24 items in the form of a redesign of the Orientation SOP (new patients). The Orientation SOP (New Patient) implementation has been going well. The involvement of patients and families is beneficial to prevent patient safety incidents. There are several obstacles in implementing the Orientation SOP (New Patient) from the nurse's perspective regarding family education. From the patient's perspective, more barriers on the staff side include the way officers communicate. From a managerial perspective, it is in coordinating the service units. The implementation of the Orientation (New Patient) SOP at RSA Kudus has been going well.

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ABSTRAK

Dalam peningkatan mutu pelayanan rumah sakit telah dilakukan upaya penerapan keselamatan pasien salah satunya dengan mengupayakan keterlibatan pasien melalui peran perawat dalam menerapkan SOP Orientasi Pasien Baru. Tujuan dari penelitian ini adalah untuk menganalisis pelaksanaan orientasi sop (pasien baru) untuk keselamatan pasien di Rumah Sakit 'Aisyiyah Kudus. Penelitian kualitatif dilakukan dengan desain penelitian tindakan. Data kualitatif dilakukan melalui wawancara mendalam dan FGD. Teknik pengambilan sampel menggunakan consecutive sampling, dengan jumlah sampel sebanyak 16 perawat yang memenuhi kriteria inklusi dan eksklusi. FGD dilakukan. Sebanyak 5 pasien dan tiga pasien struktural manajerial dilakukan wawancara mendalam. Data hasil FGD dan wawancara mendalam yang telah terkumpul kemudian dianalisis menggunakan model kualitatif interaktif. Implementasi Redesign SOP Orientasi (pasien baru) menghasilkan output yang terdiri dari 24 item berupa redesign SOP Orientasi (pasien baru). Pelaksanaan Orientasi SOP (Pasien Baru) telah berjalan dengan baik. Keterlibatan pasien dan keluarga bermanfaat untuk mencegah terjadinya insiden keselamatan pasien. Copyright 2023 @author(s)

Terdapat beberapa kendala dalam penerapan SOP Orientasi (Pasien Baru) dari sudut pandang perawat tentang pendidikan keluarga. Dari sudut pandang pasien, lebih banyak hambatan di sisi staf termasuk cara petugas berkomunikasi. Dari perspektif manajerial, dalam mengkoordinasikan unitunit pelayanan. Pelaksanaan SOP Orientasi (Pasien Baru) di RSA Kudus sudah berjalan dengan baik

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INTRODUCTION

Patient safety is an action to minimize danger while the patient is in health care. Health workers have a direct relationship with patients for 24 hours, which is essential for safety (Manning et al., 2016). The Joint Commission International (JCI) and the World Health Organization (WHO) stated that there were several countries, 70% of the incidence of medication errors even though JCI and WHO issued "Nine Life-Saving Patient Safety Solutions" or nine patient safety solutions, but in fact, the source of the problem Patient safety is still common, including in Indonesia (Sulahyuningsih et al., 2014).

The incidence rate of unexpected events is 7.5%, consisting of unintentional events, complications resulting in death, physical limitations, and extended hospitalizations, predicted to approach 185,000 events per year. Almost 70,000 unexpected events can be controlled (Listiowati, 2021). Zeeshan et al., (2014) conducted a study that lasted for four years and found that 6.5% of patients experienced unexpected events due to a retrospective analysis of three hospitals in the Central United States, all of which provided surgical inpatient services.

Medical error is a significant factor in death and disability, and there are findings of 70,000 recorded, 9.2% of patient safety incidents occurred, and 43.5% were preventable cases. Most (56.3%) did not experience disability, and 7.4% of the events resulted in death (Mellin-Olsen et al., 2010). Patient safety is the responsibility of nurses in order to reduce the phenomenon of medical error. Research conducted by Must & Sutriningsih (2015) found that nurses' knowledge was related to implementing patient safety procedures at Panti Waluya Sawahan Hospital, Malang.

The Indonesian Ministry of Health in 2019 stated that 7,310 patient safety incidents were divided into near-injury incidents with 2421 incidents, non-injury incidents with 2463 incidents, and unexpected incidents with 2426 incidents. Based on the incident report, data was obtained with a total of 5405 without causing injury, 1167 resulting in minor injuries, 421 with moderate injuries, 85 with severe injuries, and 233 resulting in death (Kemenkes, 2019). KKP-RS mentions various data on the incidence of patient incidence in 2007 in Indonesia, with a total of 145 cases, in several provinces with 37.9% cases in Jakarta, Yogyakarta Special Region 13.8% cases, Central Java 15, 9% cases, East Java 11.7%, West Java 2.8%, South Sumatra 6.9%, Bali 1.4%, South Sulawesi 0.68%, and Aceh 0.68%. At Aisyiah Kudus Hospital, it is known that in 2017-2021 the data obtained was zero. Hence, it is necessary to analyze whether it is zero or there is no awareness to report incidents.

There are six patient safety applications, namely: correct in identifying patients, increasing effective communication, paying attention to drug safety needs to be improved, certainty in the right location, proper procedures, right in surgery, reducing the risk of infection related to health services and reducing the risk of patients falling for patient safety. Davis et al., 2012).

Swedia developed the Patient Safety Dialogue to achieve an enhanced patient safety culture. The difference between this intervention and the Walk-Rounds intervention is that this intervention does not only focus on frontline staff, but this intervention emphasizes dialogue or communication between clinical leaders and staff, especially staff who have duties in the field of patient safety, medical staff leaders, and administrative representatives. And the board of representatives of the region. This intervention improved patient safety culture for five years (Öhrn et al., 2011).

In improving the quality of hospital services, efforts have been made to implement patient safety. The hospital's effort in implementing patient safety is to increase nurses' knowledge by continuing education. Research conducted by Cahyono (2015) found that nurses had a relationship of knowledge with hospital patient safety practices. In addition, other efforts still need to be carried out, one of which is seeking patient involvement through the role of nurses in implementing the New Patient Orientation SOP. New patient orientation is a contract to nurses, patients, and their families in which cooperation is provided for nursing care. Nurses must involve cognitive, affective, and action to realize patient safety (Lombogia et al., 2017).

There are several benefits related to the orientation SOP (new patients), namely building a relationship of mutual trust between nurses and patients, then patients and their families understand all hospital rules and available facilities and how to use them (Fandy & Chandra, 2011). According to Khater et al. (2015), nurses have an essential role in patient safety and direct responsibilities in continuous patient care. Meanwhile, Hickey & Giardino (2019) Nurses, in carrying out their roles together with groups, apply effective communication and focus on daily goals that must be achieved.

Patient involvement is an integral part of several international patient safety campaigns. Patient involvement in patient safety is related to 3 (three) conditions, namely: 1) the form of error that the patient is trying to prevent; 2) actions required by the patient; 3) the characteristics of the action. These three things can increase patient involvement and identify barriers that may exist to increase patient involvement (Davis et al., 2012). Listiowati's research (2021) found that Patient Engagement (PE) is a strategy for achieving safe health care. This study aims to determine the relationship between analyzing the implementation of the new patient orientation SOP on patient safety at Aisyiyah Kudus Hospital. These findings are expected to contribute to the redesign of SOPs for new patient orientations that can be used to evaluate the implementation of new patient orientations to improve patient safety.

METHOD

Qualitative research was conducted with an action research design. Qualitative data was collected through indepth interviews and FGDs, including a nurse's FGD guide, a patient interview guide, a managerial interview guide, and a checklist of observation sheets. The sampling technique used consecutive sampling, with a total sample of 16 nurses who met the inclusion and exclusion criteria. FGD was conducted. A total of 5 patients and three triangulation were structural managerial conducted in-depth interviews. The data from the FGD and in-depth interviews that had been collected were then analyzed using a qualitative interactive model.

RESULTS AND DISCUSSION

Redesign SOP Orientation (New Patient)

This action research analyzes and redesigns orientation SOPs (new patients) to improve patient safety and is supported by triangulation, namely structural management. The analysis of the redesign of the orientation SOP (new patients) consisted of 24 items. The socialization was carried out every morning at the time of handover (night and morning shift operations), accompanied by the head of the room. This is the basis for health workers' importance of implementing orientation SOPs (new patients) to improve patient safety. Hospital nursing professionals are the largest service providers and interact directly with patients for 24 hours.

The role of nurses has been proven to contribute significantly to preventing incidents that cause injury to patients. There are several benefits related to redesigning orientation SOPs (new patients), namely building a trusting relationship between nurses and patients, then patients and their families understand all hospital rules and available facilities and how to use them (Fandy, 2011). Khater et al. (2015) nurses have an essential role in patient safety and direct responsibility in continuous patient care. In carrying out their roles, together with groups, nurses apply effective communication and focus on daily goals that must be achieved (Hickey & Giardino, 2019).

Ability to Implement New Patient Orientation SOPs

Based on the findings that the Orientation SOP (New Patient) implementation has been going well, this is because the involvement of patients and families is very helpful in preventing patient safety incidents. In addition, the role of nurses in providing health services to patients is safe by implementing effective communication, including risk assessment and patient identification. The research results on the ability to implement the SOP Orientation (new patients) is a technical effort, so every health service prioritizes patient safety, security, and service quality. Therefore, patient involvement is integral to implementing the orientation SOP (new patients). Thus, patient and family roles are needed to realize patient involvement to prevent patient safety incidents. In this study, the role of service recipients includes involvement in the patient-officer communication domain, preventive efforts in patient safety, and aspects of patient attitudes and behavior.

In general, patients have different perspectives on their role in patient safety. Some of the service recipients, in this case, our patients, state that patient safety is a shared responsibility, but others focus on the responsibility of health professionals with only a tiny part of the role of the patient/family, and some others state that it is related to the rights and obligations of the patient. Duhn et al. (2020) also stated that some patients think that patient safety is a shared responsibility, while others believe that being involved in patient safety is a right and not an obligation. Patients' beliefs and attitudes are often not linear with the actions taken because of the enabling and inhibiting factors for their problematic behavior.

Health workers, in this case, are nurses as health service providers, in general, also have different perspectives in implementing the implementation of the New Patient Orientation SOP. Safety is the primary milestone in the quality of hospital health services, so providing health services to patients is safe by implementing effective communication, including risk assessment and identification. In this case, the nurse has an essential role in patient safety and is directly responsible for continuous patient care. In doing so, apply good communication and set daily goals that nurses and the team must achieve. Communication assists in the accurate, consistent, and accessible performance of nursing work, ensuring patient satisfaction and the protection of healthcare professionals.

When healthcare professionals are not trained in communication skills, they face more difficulty separating work from their personal lives, tending to transfer problems from one side to the other (Kourkouta & Papathanasiou, 2014). In addition, involving patients and their families is an integral part of patient safety culture so that patients and their families understand all hospital rules and available facilities and how to use them—patient involvement through the role of nurses in implementing the New Patient Orientation SOP.

Listiowati's research (2021) found that Patient Engagement (PE) is a strategy for achieving safe health care. The results of this study are also supported by structural managerial that the implementation of the patient safety program and its work processes have been going well. In improving the quality of service, the hospital has made efforts to develop human resources by increasing nurses' knowledge. The hospital's efforts in implementing patient safety are by increasing the knowledge of nurses, namely training and attending seminars on patient safety. Nurses must have the clinical experience and scientific knowledge needed to improve the care process towards better outcomes. Research conducted by Must & Sutriningsih (2015) found that nurses' knowledge was related to implementing patient safety procedures at Panti Waluya Hospital, Sawahan Malang. Research conducted by Cahyono (2015) found that nurses have a relationship of knowledge with hospital patient safety practices.

Barriers and challenges in implementing the New Patient Orientation SOP

Referring to the research findings, there are several obstacles and challenges from the perspective of nurses, patients, and managers. From the nurse's perspective, these obstacles come from the patient side, who is involved in patient safety efforts. The nurse informant stated that these factors consist of several aspects: education and health literacy; culture; attitude, willingness, and behavior to get involved; health condition; and patient characteristics. This finding is in line with a study in the United States, where low income, lack of education, and low activity in health care (Medicaid) led to low patient involvement (Manning et al. l.,

2016). In another scoping review, the obstacles encountered in engagement are relatively the same as the research results (Duhn et al., 2020). Specific barriers related to patient characteristics were old age and lack of education.

Meanwhile, the study results show that there are also obstacles from the perspective of service recipients, in this case, patients. These obstacles do not come from all officers. However, there are still officers in communication that are still lacking, and the conditions while on duty. These findings are in line with other publications from various countries. Kourkouta & Papathanasiou (2014) found that some of the barriers to patient involvement from the side of health workers were communication with patients. Nurse communication is essential for patient safety and is directly responsible for continuous patient care. In doing so, apply good communication and set daily goals that nurses and the team must achieve. Communication helps in the accurate, consistent, and effortless performance of nursing work, ensuring patient satisfaction and the protection of health professionals (Danis & Solomon, 2013).

LIMITATION OF THE STUDY

This study was limited to one hospital with the object of implementing the Patient Safety Orientation SOP: Aisyiyah Kudus Hospital Study. Thus, the results are only limited to objects and case studies.

CONCLUSIONS AND SUGGESTIONS

The content of the conclusions is the formulation of answers to the objectives of the study, not the summary of the results of the study. Conclusions made in concise, clear and robust based on the results and discussion (maximum 1 page), made in the form of paragraphs (not numerical), contains the findings of the study as a synthesis of the results of data analysis and the results of discussions. More highlight the things that are new contributions to the development of health sciences. The thing to note is the consistency triangle (problem-goal-conclusion must be consistent).

Suggestion for further research to cover the lack of research. Not load beyond implications for further research. Recommendations are made concise, clear and concise, and made in the form of paragraphs (not numeric). Implementing the Redesign of the Orientation SOP (new patients) resulted in an output consisting of 24 items in the form of a redesign of the Orientation SOP (new patients) to improve patient safety with the components in it. The Orientation SOP (New Patient) implementation has been going well. The involvement of patients and families is beneficial to prevent patient safety incidents. In addition, the role of nurses in providing health services to patients is safe by implementing effective communication, including risk assessment and patient identification. There are several obstacles and challenges in implementing the Orientation SOP (New Patient) from the nurse's perspective regarding family education, which is related to education and health literacy; culture; attitude, willingness, and behavior to get involved; health condition; and patient characteristics. From the patient's perspective, the more obstacles on the staff side include how the officer communicates, as well as the officer's condition while on duty. The managerial perspective is in coordinating the service units. Suggestions for future

research are to use the results of this study as one of the research data (evidence-based) that can be developed as a reference in further research. The researcher also recommends that further researchers examine the effectiveness of implementing the new patient orientation SOP towards improving 6 (six) patient safety goals.

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ETHICAL CONSIDERATIONS

This research has obtained an ethical approval certificate from the Health Research Ethics Commission of the University of Muhammadiyah Kudus (UMKU) number 310/MARS/C.6-III/VI/2022 on June 20, 2022.

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Conflict of Interest Statement

Authors are requested to disclose interests that are directly or indirectly related to the work submitted for publication. Interests within the last 3 years of beginning the work (conducting the research and preparing the work for submission) should be reported. Interests outside the 3-year time frame must be disclosed if they could reasonably be perceived as influencing the submitted work. Disclosure of interests provides a complete and transparent process and helps readers form their own judgments of potential bias. This is not meant to imply that a financial relationship with an organization that sponsored the research or compensation received for consultancy work is inappropriate.

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