

# Analysis Of Implementation Of Patient Safety Standards In The Delivery Room Of Muhammadiyah Temanggung Hospital

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## ABSTRACT

Patient safety is a vital and important component in care and a step to improve the quality of quality services. Hospitals in improving delivery safety can be done at the level of the delivery service delivery department, namely Verlos Kamer (VK) / delivery room. The achievement of the Patient Safety Standards for the Muhammadiyah Temanggung hospital in 2020 was 97.8% and the achievement in the delivery unit was 90%. Therefore, researchers were moved to conduct research related to the implementation of patient safety standards in the delivery room at Muhammadiyah Temanggung Hospital. This research is a qualitative research with a case study approach. The research was conducted by exploring a case in detail using data from various sources of information. Data information was obtained from in depth interviews about patient safety standards. Patients are given rights in the form of information on plans, service procedures, and socialization of patient rights. Patients and families are also given comprehensive education. Patient handling is carried out according to staff competence and preparation for patient transfer. In the process of improving patient service work, an evaluation of service performance is carried out where the hospital leadership is committed to patient safety. Staff are also given education about patient safety in the training, and Implementation of communication standards is the key for staff to achieve patient safety which has been carried out but there are still obstacles to shift shift operation time, namely not consistent and there are still miss communication. Patient Safety Standards have been implemented in the delivery room at Muhammadiyah Temanggung Hospital, but there are still some obstacles, especially in communication between staff to achieve patient safety.

**Keywords:** Patient Safety Standards, Delivery Room, Hospital

## INTRODUCTION

Patient safety is a vital and important component to be concerned in order to improve the quality of quality services.<sup>1</sup> Having a good quality of service itself is not enough for patients without concerning about the risk and safety elements received by patients.<sup>2</sup> Hospitals can improve the delivery safety in delivery service delivery department, namely Verlos Kamer (VK) / delivery room.

Patients can get the safety risks in childbirth services include causing disability or death, prolonging treatment time, increasing health care costs and patient dissatisfaction. danger, stress and fear. Fear of transitioning to motherhood due to lack of self-confidence, lack of

security due to missing information and not being involved in decision making.<sup>5</sup> These events can be categorized as unexpected events due to errors in procedures, knowledge and skills/medical errors.<sup>4</sup>

Based on the patient safety incident reports in Indonesia which reported by province shows that of the 145 incidents reported, 55 cases (15.9%) occurred in the Central Java region, after Jakarta. Meanwhile, based on the type, there were 69 cases of Near Injury (47.6%), unexpected events as many as 67 cases (46.2%) and others as many as 9 cases (6.2%).<sup>6</sup> Meanwhile, the achievement of patient safety standards in 2020 at the Muhammadiyah Temanggung Hospital at

the hospital level was 97.8% and in the delivery unit by 90%.

Based on the description above, Muhammadiyah Temanggung Hospital has managed to get a standard score above the average. So, the researcher decided to research about the implementation of patient safety standards in the delivery room at Muhammadiyah Temanggung Hospital.

## **METHOD**

This research uses a qualitative method with a case research approach on patient safety standards by conducting in-depth interviews with 6 informants selected based on purposive sampling by meeting the inclusion criteria, namely health workers who have attended patient safety training, are actively involved in implementing patient safety goals, have at least 2 experience years in the delivery unit, willing to be a respondent. The exclusion criteria for this informant could not continue the interview process for certain reasons.

The main informants who involved of this research were the staff of midwives and nurses in the delivery room, and the head of the delivery unit, with triangulation, namely the Nursing Manager, Quality and Service Manager, and Quality and Service Assistant Manager. The researcher has obtained approval from the ethics committee of Muhammadiyah Temanggung Hospital with letter number 1647/III/RSMT/KET/2021.

## **RESULTS**

### **Standard of Patient Rights**

The standard of patient rights in the delivery room already explained about the cost of treatment and a signature form containing the rights and obligations of the patient. This was conveyed by informant 1: "...there is a special notification about the financing and its actions.." and informant

4: "...there is a form that must be signed which contains the rights and obligations of the patient ..".

An explanation of the risk of the service has also been given in the form of information related to the disease and there is informed consent. This was conveyed by Informant 4: "...there are rights in the form of information related to the disease.." and Informant 2: "...we use informed consent..".

There is socialization of patient rights in the form about patient rights in each room and contact for complaint is listed. This was conveyed by Informant 3: "...there is also writing in the room", Informant 6: "...with the complaint contact number".

In the socialization of patient rights, there is an explanation given when entering the hospital and at admission. This was conveyed by Informant 5: "From the beginning the patient entered during registration..." "...submission of rights will be carried out at admission.

### **Standard for Providing Patient and Family Education**

In the standard of educating patients and families in the delivery room, there is already the form of information on childbirth procedures, patient mobilization education, and education on the condition of the patient and fetus in order to educate family and patient. This was conveyed by Informant 1: "In cases of caesarean section, the midwife is usually educated" and Informant 3: "Patients are also informed about the evaluation...". In addition to service action education, psycho-spiritual education is being provided on how to pray according to the Islamic religion. This was conveyed by Informant 1: "...helping patients pray, and explaining in more detail Islamically to patients."

Education to other patients' families is implemented by informing that all

processes carried out for patients will involve the family. This was conveyed by Informant 4: "Every service process in the hospital, always involves patients and their families."

### **Ensuring Patient Safety Standard**

The standard guarantees patient safety in the delivery room is already implemented by using patient transfer sheets, doing hand overs, and having direct communication. This was conveyed by Informant 1: "..we use patient transfer sheets ..", Informant 4: "..when doing hand over .." and Informant 3: "Communication between staff will be done immediately ..". There is also coordination of services in preparing for patient transfers between rooms. This was conveyed by Informant 1: "If you are going to transfer a patient, call the designated room first to notify and to prepare the place."

Screening of patients before admission, screening at admission, and screening for infectious diseases were carried out. This was conveyed by Informant 1: "Since the patient came..." "...then for inpartum patients..." "...screened and swab antigen."

### **Standards for Using Performance Improvement Methods to Conduct Patient Safety Evaluation and Improvement Programs**

The standard of using the performance improvement method to evaluate and improve patient safety programs in the delivery room has been evaluated for service performance in the form of monthly briefings and staff performance assessments. This was conveyed by Informant 1: "Every month there is a briefing .." and Informant 5: "Every month there are indicators of unit and individual performance assessment".

Hospital also improve the quality of service by concerning about complaints and incidents. This was conveyed by

Informant 4: "...based on the assessment of patient complaints and patient safety incidents."

### **Standards for Implementing Leadership in Improving Patient Safety**

The standard of implementing leadership in improving patient safety in the delivery room is implement and proven by patient safety and a culture of not blaming each other. This was conveyed by Informant 1: ".. in the end, the team didn't blame one person..." and Informant 4: "From the board of directors, managers, head of the ward, assistant manager, and all of them are strongly committed to patient safety."

### **Standards for Educating Staff Regarding Patient Safety**

In the standard of educating staff regarding patient safety in the delivery room, training related to patient safety has been given, including normal delivery care and effective communication. This was conveyed by Informant 3: "It has been done in education and training such as normal delivery care .." and Informant 5: "...the last training was about effective communication ..".

The implementation of the training has been given at the time of orientation for new employees, based on the results of the evaluation, and at the time of resocialization. This was conveyed by Informant 4: "...if the evaluation results are not good, there will be re-socialization.", Informant 5: "The training is based on an evaluation of its implementation ..", and Informant 6: ".. if new employees have orientation ..".

### **Communication Standards As Key For Staff To Achieve Patient Safety**

There are already communication media in the form of transfer books and social media, types of communication in

the form of inter-unit and inter-professional communication, and communication time, namely during patient handover and shift shift operations. This was conveyed by Informant 1: "...we write in books and transfer sheets, now there is also a special whatsapp group in the delivery room..", Informant 2: "...so every morning, noon, and night watch, there are operands that are communicated.", and Informant 5: "For communication between nurses at the time of handing over the patient."

In operant communication, there are still obstacles in the form of inconsistent and miss communication. This was conveyed by Informant 5: "For incidents related to communication, there was, when the doctor gave advice on giving additional drugs, they forgot to write it down in the medical record. So when the doctor checked, there was no writing on it and in the end the time for giving the medicine was delayed from what it should be." and Informant 6: "but there are still communication standards for patient operations, the documentation is not always filled out."

Regarding the obstacles that still exist in communication standards, the Hospital makes improvements by reporting errors and also conducting effective communication training. This was conveyed by Informant 4: "...we do a culture to be able to consciously report.." and Informant 5: "...sometimes we still have incidents about communication so yesterday was the last training on effective communication."

## **DISCUSSION**

The standard of patient rights in the delivery room of Muhammadiyah Temanggung Hospital has been given informed on service plans and procedures. The information that has been provided is an explanation about the service plan and service risks. There is also an article about

18 patient rights based on Law Number 44 of 2009 concerning Hospital Article 32 which is affixed to each room.<sup>7</sup>

The standard for educating patients and families in the delivery room of Muhammadiyah Temanggung Hospital has been given comprehensive education. The education provided is in the form of service action education, psychospiritual education, family education, and service consequence education. This is in accordance with Permenkes Number 11 of 2017 concerning patient safety, where the involvement of patients and families who are partners in the service process.<sup>8</sup>

Patient safety standards and service continuity in the delivery room of Muhammadiyah Temanggung Hospital already have patient service communication such as hand overs. There is coordination of patient care where patient care is in accordance with the competence of the staff and prior to patient transfer there is preparation for patient transfer. Patient screening has been carried out such as screening before patient admission, patient admission screening and infectious disease screening. This is in accordance with the Minister of Health Regulation Number 11 of 2017 which is the coordination of comprehensive services from the time the patient enters to the hospital.

The standard of implementing leadership in improving patient safety in the delivery room of Muhammadiyah Temanggung Hospital, the hospital leadership has guaranteed the implementation of patient safety, such as the leadership's commitment to patient safety, patient safety work mechanisms, a culture of not blaming each other, and improving performance.

The standard for educating staff about patient safety in the delivery room of the Muhammadiyah Temanggung Hospital already has training on patient safety. The implementation of the training

is implemented based on the results of the evaluation, during the orientation of new employees, and during the resocialization of patient safety.

Communication standards are the key for staff to achieve patient safety in the delivery room at Muhammadiyah Temanggung Hospital, there has been official communication with transfer books and medical records, and informal communication with social media. There is also inter-unit and inter-professional communication that is carried out during patient handovers and guard operations. Obstacle still occurs during the guard operation, which is still not consistent and there is a miss communication. Improvements made are reporting errors and conducting training on effective communication.

## **CONCLUSION AND SUGGESTION**

### **Conclusion**

1. Implementation of patient rights standards, standards for educating patients and families, standards for patient safety and continuity of service, standards for using performance improvement methods to evaluate and improve patient safety programs, standards for implementing leadership in improving patient safety, and standards for educating staff about patient safety is being implemented according to the standard.
2. The implementation of communication standards is the key for staff to achieve patient safety, but there are still obstacles faced during the shift shift operation, namely it is not consistent and there are still miss communication.

### **Suggestion**

1. For Hospitals  
Hospital will further improve patient safety standards, namely

communication standards as the key for staff to achieve patient safety. Apart from conducting periodic evaluations, staff can also remind each other to record the instructions given by the Doctor in charge of patient.

2. For Further Researchers  
There are more in-depth research can be carried out by assessing other perceptions, such as from the perception of the Doctor in charge of patientor the delivery room patient of the Muhammadiyah Temanggung Hospital.

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## **REFERENCES**

1. Nurzanna TN. Kejadian Yang Harus Dihindari Saat Menangani Sasaran Keselamatan Pasien Dengan Tepat. 2015;
2. Keperawatan A, Keperawatan P. Pemenuhan Sasaran Keselamatan Pasien Akan Meningkatkan Kualitas Pelayanan Keperawatan. 2008;
3. Sinni S v., Wallace EM, Cross WM. Patient safety: A literature review to inform an evaluation of a maternity service. Midwifery [Internet]. 2011;27(6):e274–8. Available from: <http://dx.doi.org/10.1016/j.midw.2010.11.001>
4. Lyberg A, Dahl B, Haruna M, Takegata M, Severinsson E. Links between patient safety and fear of childbirth—A meta-study of qualitative research. Nursing Open. 2019;6(1):18–29.

5. Nasution TL. Evaluasi pelaksanaan sasaran keselamatan pasien. 2019;
6. Madden I, Milligan F. Enhancing patient safety and reporting near misses. *British Journal of Midwifery*. 2004;12(10):643–7.
7. Depkes. Peraturan Pemerintah Republik Indonesia Nomor 44 Tahun 2009 Tentang Rumah Sakit. 2009; Available from: <http://www.bpkp.go.id/uu/filedownload/2/26/119.bpkp>
8. Condro L. Peraturan Menteri Kesehatan Republik Indonesia Nomor 11 Tahun 2017 Tentang Keselamatan Pasien. 2017;4:9–15.