ATLANTIS PRESS

Advances in Health Sciences Research, volume 18

Ahmad Dahlan International Conference Series on Pharmacy and Health Science (ADICS-PHS 2019)

The Implementation of Patient Safety in Indonesia

Ahmad Ahid Mudayana
Faculty of Public Health
Ahmad Dahlan University
Yogyakarta, Indonesia
ahid.mudayana@ikm.uad.ac.id

Norma Sari
Faculty of Law
Ahmad Dahlan University
Yogyakarta, Indonesia
norma.sari@law.uad.ac.id

Heni Rusmitasari
Faculty of Public Health
Universitas Muhammadiyah Semarang
Semarang, Indonesia
heni.rusmitasari@gmail.com

Siti Fatonah
Faculty of Public Health
Ahmad Dahlan University
Yogyakarta, Indonesia
Sitifatonah726@gmail.com

Desi Aulia Setyaningsih
Faculty of Public Health
Ahmad Dahlan University
Yogyakarta, Indonesia
decyauliasn@gmail.com

Abstract*—Patient safety issues are a problem that needs to be addressed immediately in health care facilities in Indonesia, so that the standard of patient safety of health care facilities is a reference for health care facilities in Indonesia to carry out their activities. Based on Republic Indonesia Minister of Health Regulation No. 11 of 2017 concerning patient safety that each service facility must provide patient safety. This research is a qualitative study with a phenomenological approach and the research subjects were 7 people in each hospital with a total of 42 subjects in total. Data collection techniques in this study used the method of in-depth interviews and observations. Qualitative data analysis and data validity used source triangulation techniques and method triangulation. This research aims to determine the implementation of patient safety. The results of this study are: 1) Patient safety standards related to patient rights standards have been implemented and implemented in accordance with the Minister of Health Regulation Number 11 of 2017, 2) Patient safety standards related to performance standards educating patients and families have been implemented and implemented in accordance with the Regulations Minister of Health Number 11 of 2017, 3) Patient safety standards related to patient safety standards in the continuity of services have been implemented and implemented in accordance with Minister of Health Regulation Number 11 of 2017, 4) Patient safety standards related to standards of use of performance improvement methods to do evaluation and improvement program for patient safety has been implemented and implemented in accordance with the Minister of Health Regulation Number 11 of 2017, 5) Patient safety standards related to leadership roles in improving patient safety have been implemented and implemented in accordance with the Regulation Minister of Health Number 11 of 2017, 6) Patient safety standards related to the standard of educating staff criteria regarding patient safety have been implemented and implemented in accordance with Minister of Health Regulation Number 11 of 2017, 7) Patient safety standards related to communication standards as key for staff to achieving patient safety has been implemented and implemented in accordance with the Minister of Health Regulation Number 11 of 2017. The conclusions that can be drawn from this study are Wates Hospital, Dr. H. Moh. Anwar, Sumenep Regency, Muntilan Hospital, NTB Provincial Hospital, Sekayu Regional Hospital and Batam City Embung Fatimah Hospital have implemented patient safety standards in accordance with Minister of Health Regulation Number 11 of 2017.

Keywords—standards, patient safety, implementation

I. INTRODUCTION

Hospitals have an important role for the community, where hospitals offer and provide services with various very complex components such as types of drugs, tests, procedures, tools with technology, professional and non-professional personnel who are ready to serve 24 hours continuously at patient. all these components if not managed properly can potentially cause errors when providing services to patients, thus threatening patient safety [1].

Research conducted by Ock, Jo, Choi, & Lee [2] Ock, Jo, Choi, & Lee [2] that the community reported incidents of patient safety. As many as 700 people surveyed, 24 (3.4%) and 37 (5.3%) respectively reported that they or their families experienced Patient Safety Incidents (PSI). Respondents with bachelor degrees are more likely to report PSI compared to those who have lower education. Approximately half of the participants (48.2%) were involved in the PSI, and all respondents (100%) who experienced PSI with severe injuries answered medical errors.

Report on the patient safety incident in Indonesia by province found in DKI Jakarta 37.9%; Cental Java 15.9%; DIY 13.8%; East Java 11.7%; South Sumatera 6.9%; West Java 2.8%; Bali 1.4%; Aceh 10.7%; and South Sulawesi 0.7% [3]. While reports of patient safety incidents in cases of KTD 14.4% and KNC 18.5% caused due to clinical procedures 9.3%; and patient fall 5.15% [4].

According to Herkutanto's research [5] as many as 91% of Public Hospitals and 15% of hospitals studied did not have a medical committee. The role of the medical committee in ensuring patient safety is very important. Movement (Patient Safety) has become a spirit in hospital services throughout the world not only hospitals in developed countries that implement patient safety to ensure service quality, but also hospitals in developing countries such as Indonesia.

The Ministry of Health of the Republic of Indonesia has issued Regulation of the Minister of Health No. 11 of 2017 concerning patient safety at the hospital. This regulation is a major milestone in the operationalization of patient safety in hospitals throughout Indonesia [4]. Many hospitals in Indonesia have tried to build and develop patient safety, but these efforts are carried out based on management's understanding of patient safety. This ministerial regulation provides guidance for hospital management in order to carry out the spirit of patient safety as a whole.

II. METHODOLOGY

This research is a qualitative research with a case study approach to find out the application of patient safety in Wates Hospital, Kulon Progo Regency, Dr. H. Moh. Anwar Sumenep, Muntilan Public Hospital Magelang Regency, West Nusa Tenggara Provincial Hospital, Sekayu Regional Hospital Musi Banyuasin Regency, South Sumatra Province, and Embung Fatimah Hospital in Batam City. The subjects in this study were 7 people from each hospital with a total of 42 subjects. The purpose of this study is to find out the application of patient safety standards based on Minister of Health Regulation No. 11 of 2017 in hospitals.

III. RESULT AND DISCUSSION

A. Standard of Patient Rights

Based on Minister of Health Regulation Number 11 of 2017 concerning Patient Safety the standard of patient rights consists of 3 criteria, namely there must be a doctor in charge of service, service plans made by the doctor in charge, and clear and correct explanations carried out by the doctor in charge.

Based on the standard criteria of patient rights, there must be a doctor in charge of services, then the Wates Hospital, Dr. H. Moh Anwar, Sumenep Regency, West Nusa Tenggara Provincial Hospital, Muntilan Regional Hospital, Sekayu Hospital, there are doctors in charge of services. This is in accordance with the results of the following interview:

"There is a responsible doctor called DPJP. DPJP as a doctor in charge of patients in the event of unwanted things "(Informant 8).

The doctor in charge of the service must make a service plan. This service plan is carried out when the patient begins to enter the hospital to treat until the patient completes treatment. This was conveyed by the following informants:

"... the patient service plan that manages the doctor in charge of the service. For example the patient must have a laboratory examination, x-ray examination ... "**(Informant 4)**

One of the fulfillment of patient rights standards is by providing a complete, correct and clear explanation to patients and their families regarding the actions and risks that will be experienced when given services. This is supported by the results of interviews as follows:

"Eee, if that's for sure, but if for example in the emergency room, the doctor who is in the emergency room with the doctor is the same, if the emergency room is also a specialist doctor, usually visit early in the morning and afternoon is none" **(Informant 24)**

Based on the results of the research standard patient rights have been applied. This is supported by the existence of a Dokter Penanggung Jawab Pelayanan (DPJP) or Doctor. In addition, the doctor in charge of the service is also tasked with providing detailed explanations to patients and families about plans and results of services both about treatment, procedures and possible unexpected outcomes. This will have an impact on the comfort of patients when communicating with doctors so as to create satisfaction for patients. This is the same as that expressed by Mukti [6] who argued that the easier the patient communicates with health workers, the more friendly health care providers give attention to patients and the more easily patients channel their aspirations, the higher the satisfaction felt by patients.

B. Educational Standards for Patients and Families

Educational standards for patients and families have seven criteria. The first criterion is the provision of correct information. Information provided by the hospital to patients and their families must be clear, clear, and honest. This is in accordance with the results of the interview as follows:

"One of fulfilling the rights of patients is by providing correct and clear information regarding their health conditions ..." **(Informant 31)**

The second criterion is the patient and family know the obligations and responsibilities in the hospital. This is in accordance with the results of the interview as follows:

"... knowing, because since the beginning of entering the front there was informed consent, filling in the patient's responsibilities and on the consent sheet already existed, so that the patient stayed in to attend treatment for his illness ..." **(Informant 1)**

The third criterion is that patients and families ask questions for things that are not understood by the hospital. If the patient and family of patients do not understand the explanation given by the health worker, the patient and family ask questions related to the action that will and has been given. Therefore, health workers must explain the information very clearly to patients and families. This information is proven by the results of the following interview:

"There are patients who really care to ask, there are also patients who ignore this. There is already an operational standard procedure related to the actions given and the consequences that are referred to. So the information is in accordance with the existing SPO ... "**(Informant 29)**

The fourth criterion is that patients and families understand and accept the consequences of service at home. Officers at the hospital before taking action will understand the patient and the patient's family to accept the consequences of the service. As stated by informants as follows:

"If there are things that are not usually understood, the patient and his family will ask the nurse in charge of the patient. Nurses re-socialize regarding rights and obligations ... "**(Informant 33)**

The next criterion is that patients and families of patients adhere to instructions and respect hospital regulations. Patients and families must obey instructions and respect the regulations in the hospital. This is because hospitals are public places where many people take medication or visit relatives who are being treated. This is as expressed by the following informants:

"Yes, as patients and families obey because it is clear that there are regulations in the hospital if they violate, they will be given a warning from the hospital ..." **(Informant 27)**

The sixth criterion is that patients and families have respect and tolerance. Patients and families in the hospital already have mutual respect and tolerance. This is as stated by the following informants:

"This waiting card is what keeps the families of patients from complying with hospital regulations regarding scheduled hours ..." **(Informant 29)**

The last criterion is that patients and families fulfill the financial obligations agreed upon at the hospital. Regarding the financial agreement, the average patient and family fulfill the agreed financial obligations. In payment of treatment patients use health insurance. This was conveyed by the following informants:

"In general, patients and their families fulfill agreed financial obligations unless there are certain things such as not being able to pay in full". **(Informant 8)**

Based on Republic of Indonesia Minister of Health Regulation Number 11 of 2017 concerning Patient Safety that safety in providing services can be improved by the involvement of patients who are partners in the service process [7]. Therefore, health facilities must have a system and mechanism to educate patients and their families regarding the obligations and responsibilities of patient care. With this education, patients and their families are expected to participate well, and be informed in making decisions about the care they receive.

Based on the results of the study it is known that the hospital has carried out education regarding the rights and obligations of patients and their families. As regulated in Republic of Indonesia Law Number 44 of 2009 concerning Hospitals that patients and their families have the rights and obligations that must be obeyed, each patient has the right to obtain information about the rights and obligations of the patient, and give approval or refuse action health against the disease.

In educating patients and their families related to the consequences of a service, carried out by means of education and communication. So that it can be seen also that there is good communication between doctors and patients. Because communication is the main key for a program to run smoothly. If there is no good communication, there will be a miss of communication between patients / families of patients and health workers.

Effective communication is not only between doctors and patient care providers, but also between doctors and patients. Patients feel satisfied when doctors provide opportunities to communicate more freely, in no hurry, and be empathetic. This is in accordance with the research conducted by Sunaringtyas [8], that effective communication with patients can improve understanding, minimize problems, improve quality of care, and increase satisfaction. Satisfied patients are valuable assets, because they will use services continuously. While patients who feel dissatisfied will tell their bad experiences to others.

C. Patient Safety Standards in Continuity of Service

The hospital has coordinated services thoroughly starting when the patient enters until the patient exits. This information is based on the results of interviews as follows:

"... that must be it. Patients enter we handle, doctors and there are nurses who help us, so we take action and then we coordinate between doctors and nurses after we have stabilized patients to the specialist doctors who are responsible for getting more specific therapies for those patients. So the coordination remains here "**(Informant 23)**

In addition to comprehensive service coordination for continuity of services, hospitals must have coordination of services tailored to the needs of patients and the feasibility of sustainable resources so that all stages of service can run well. As stated by the informant in the interview process as follows:

"There is coordination, it must be clear according to the patient's needs. The coordination will give the officer an action from the results of recording related to the next examination that will be carried out ... "**(Informant 30)**

There is coordination of services that included improved communication to facilitate family support, care services, social services, consultations and referrals, primary health services and other follow-up. This is in accordance with the results of the following interview:

"... Yes, we are fellow health workers. There is coordination, both of us who are in the service, for example, there is a problem, here we will report to the nursing department. If he has a financing problem, we usually report ... "**(Informant 1)**

Health workers have implemented communication and information transfer standards between health professions so that they can achieve a process of unimpeded, safe and effective coordination. This is in accordance with the results of the interview as follows:

"Of course. We fellow health professionals must transfer information to each other and strive for continued communication. Afraid that the health personnel will be quietly affected later by the patient, and we must refer the patient if the hospital cannot afford it "**(Informant 38)**

Running patient safety standards in the continuity of services has been carried out as referred to in article 5 paragraph (4) letter c of the Minister of Health Regulation of the Republic of Indonesia number 11 in 2017 which includes patient safety standards in continuity of services including comprehensive service coordination starting from when patients enter, examination, diagnosis, service planning, treatment measures, referrals and when the patient is discharged from the hospital.

Coordination is certainly in accordance with the directions previously written on the patient's status record and refers to the existing SOP. As well, all health workers work together to provide the best service. After undergoing a treatment and health period, the patient is allowed to go home.

There is coordination of services tailored to the needs of patients and the feasibility of resources on an ongoing basis so that at all stages of the transitional service between service units can run smoothly. Coordination of services tailored to the needs of patients of course hospitals provide convenience for patients in fulfilling their obligations to pay bills at the hospital.

Then, the doctors and nurses also provide actions in accordance with the needs of patients and all are adjusted to the records written by the previous doctor or nurse or directives given directly from DPJP.

The information that is given to patients must be true and clear, especially when it comes to giving action. This is in line

with Sunaringtyas [8] that interdisciplinary communication aims to establish cooperation to exchange information and coordinate. So that information errors, information delays do not occur. This is aimed at providing care, handling the patient to the fullest.

D. Standard Use of Performance Improvement Methods

Officers at the hospital understood "Seven Steps to Hospital Patient Safety". In this standard health facilities must design new processes or improve existing processes. This is in accordance with the results of interviews with the following informants:

"Every year we evaluate quality and safety guidelines. Then if you need a revision it will be revised and the guidelines will only be valid for 3 years. Then after being revised, we also made the program ". **(Informant 15)**

The hospital conducts performance data collection. The collection of performance data has monthly or quarterly collection of performance and there is an annual collection of performance every year.

"... there is annual performance data collection. If the quality standard is monthly, if the performance is every year, if the quality of the service is collected every month, there is a standard ... "**(Informant 2)**

The next criterion is about implementing intensive evaluations at the hospital. Evaluations are based on needs and some are done six months and yearly. This information is in accordance with the results of the following interview:

"Yes, every year it is evaluated that each name has an evaluation of its performance". **(Informant 9)**

The final criterion is that the hospital used all data and information on the results of the analysis. Information on the results of the analysis is used for future planning, such as improving quality and for completing administration. This is in accordance with the results of the interview as follows:

"Yes of course. For future evaluation and planning material. But there are still officers who do not understand in analyzing the data. Maybe from the hospital side the training will be given according to the unit officer. " **(Informant 38)**

Based on the results of the study, the hospital has implemented and implemented safety standards. The patient safety program is never the end of the process, because it requires culture including sufficiently high motivation to be willing to implement a patient safety program on an ongoing and sustainable basis [9].

Performance data collection is carried out as performance appraisal material. Before the performance data collection is carried out, the data is in the form of a guard report in each room, so that the performance of the results of the recording by the doctor on duty and the nurse inpatient in each room where there is a person in charge of the room. Then the assessment by the head of the installation is then collected to the personnel department to assess its performance and if there are cases or incidents of patient safety, it is reported to the PMKP section.

This is in line with Mulyadi's research [10] that the main purpose of performance appraisal is to motivate employees to achieve organizational goals and to meet predetermined standards of behavior in order to produce actions and results desired by the organization. Behavioral standards can be either management policies or formal plans as outlined in the organization's budget.

E. Standard Leadership Role

In the standard leadership role there are several criteria. The first criterion is in the hospital there is a proactive program to identify safety risks and the program minimizes incidents, such as Potential Injury Conditions (PIC), Real Injury Events (RIE), Non-Injury Events (NIE), Unexpected Events (UE), and also Sentinel Events. Hospitals have met the criteria for these standards. This can be seen from the results of interviews conducted to hospital staff as follows:

"We known as risk management. So risk management identifies the risks that arise. Risk identification is the first time, including the most safety. Then the unit becomes a risk assessment, at the hospital level it becomes a risk register level. That's how to identify before an incident ". **(Informant 15)**

The next criterion is the existence of a working mechanism to ensure that all components of health care facilities are integrated and participate in patient safety members. This is based on the results of the interview as follows:

"The mechanism of action to ensure that all the components are running smoothly is to carry out services in accordance with the existing SPO ..." **(Informant 29)**

The hospital has met standard procedures for responding quickly to incidents. This was revealed by the following informants:

"There is also a guideline, starting with the needle punctured by HIV, meningitis ...". **(Informant 9)**

Hospitals have met the criteria for standard leadership roles, namely the existence of internal and external reporting mechanisms relating to incidents including the provision of correct and clear information about the analysis of the roots of the RIE problem and sentinel events. This was revealed by informants as follows:

"Yes there is, so it's like me who assesses the performance of nurses in the room here. They report this, this is what later I will judge, that's the report, huh. " **(Informant 12)**

In hospitals there are mechanisms to deal with various types of incidents, for example dealing with "Sentinel Events" or proactive activities to minimize risks. This was conveyed by informants as follows:

"Later, just look at the guidebook, I explained a little so that for the incident someone reported to us, later we will determine whether it was an incident or not, there will continue to be socialization, then form an RCA team for analysis". **(Informant 8)**

The hospital has carried out open communication collaborations voluntarily between units and between service managers in health care facilities. The results of interviews

conducted with hospital staff based on these criteria are as follows:

"That is certain, so for example I called the doctor that this patient had already, so the doctor said that he could go home in the afternoon. There is communication between doctors and nurses. " **(Informant 11)**

Hospitals already have resources and information systems needed in patient safety improvement activities, including periodic evaluations of the adequacy of resources. This was conveyed by informants as follows:

"The resource is 5M right? Man, money, method, material, machine. If the resources are from the hospital, only a hospital is available. Our information system has a hospital SIM, but not all of them are covered by a hospital SIM. Our hospital SIM is still very limited. Yes, we use a manual system, how do we implement it, ... ". **(Informant 15)**

The final criterion is the existence of measurable targets, and information gathering using objective criteria to evaluate the effectiveness of improving the performance of patient health and safety service facilities. The results of interviews with informants are as follows:

"... in the quality section, in the service there are periodic evaluations of service evaluations in each unit and there are instruments that later you might be able to ask in the quality section, what kind of emergency services are there quality service standards? ... "**(Informant 4)**

Based on the results of the study, the hospital has carried out a proactive program to identify patient safety risks and the program minimizes incidents of patient safety, such as minimizing Real Injury (RI), Potential Injury Conditions (RIC), Non-Injury Events (NIC), Unexpected Events (UE), and sentinel events. The application of these programs to minimize incidents of patient safety to improve hospital quality. This is in line with Syam's research [11] that the patient safety culture at Ibnu Sina Makassar Hospital received a positive response and inpatient installation was an installation with a majority positive response to the patient safety culture.

The role of leadership in improving reporting is one way to minimize incidents of patient safety because with good reporting an evaluation will be carried out to minimize incidents of patient safety. Cahyono [12] revealed that the reporting system functioned to raise errors as an effort to improve the service system. If the error does not become a lesson and is not corrected, the error will repeat itself and result in serious injury in the future.

F. Educational Standards for Staff

The hospital has implemented educational standards for staff with the criteria that the hospital has an education, training and orientation program for new staff that includes the topic of patient safety in accordance with their respective duties. This information is based on the results of interviews as follows:

"There is training for new nurses who are orientated before being placed in their respective rooms. Usually the training and socialization activities are about post-safety in the hospital. If there is training activity outside the hospital, the nurses are invited to take part in training activities ... ". **(Informant 33)**

The hospital has integrated the topic of patient safety in each training / apprenticeship activity and provides clear guidance on incident reporting. This was revealed by the following informants:

"Not only new staff, students were accompanied by the material. So we must provide material about safety to students. What then must be considered by students and how they maintain security ". **(Informant 15)**

The next criterion is that each health care facility in this hospital has conducted training on teamwork to support an interdisciplinary and collaborative approach in order to serve patients. This is in accordance with what was revealed by the informants as follows:

"Yes, there is cooperation training" **(Informant 12)**

Based on the results of the study it is known that the hospital has implemented educational standards for staff. This is supported by the existence of education, training and orientation programs for new staff that cover the topic of patient safety according to their respective duties. This is similar to what was stated by Henriksen [13] who argued that increasing knowledge is the expected impact of quality training and patient safety. Training is one means of increasing the need for new knowledge and for improving individual performance and system performance.

According to Sutriningsih [14] training is expressed as a part of education that involves the learning process to acquire and improve skills outside the applicable education system in a relatively short time. The amount of training that nurses follow can be a strong influence in determining whether a person is good at implementing patient safety. According to Dewi [15] the factors that influence the application of patient safety goals to nurses are the level of knowledge, attitudes, and facilities. While the dominant factor is the level of knowledge.

The positive impact of being implemented and the implementation of standards to educate staff about patient safety include hospital staff to minimize incidents of patient safety by prioritizing patient safety. Because the house staff had armed with knowledge related to patient safety held by the hospital. With the education of staff about patient safety, it can reduce the incidence of patient safety in hospitals. So that if the hospital does not educate staff about patient safety, there may be incidents of patient safety. Because hospital staff do not have the knowledge that is related to patient safety.

G. Communication Standards

In communication standards there are 2 (two) criteria, namely the availability of a budget to plan and design a management process to obtain data and information about matters related to patient safety; availability of problem identification mechanisms and communication constraints to revise existing information management.

It is known that this hospital has a budget for and designing management processes to obtain data and

information related to patient safety. This was revealed by the following informants:

"... there is, but we don't know because it's about hospitals in general ..." **(Informant 5)**

The hospital has identified problems and communication constraints to revise existing information management. This was revealed by the following informants:

"Eee has the term PAK (Perubahan Anggaran Kerja) or Amendment to the Work Budget, the re-preparation or revision. For example, yesterday's plan was apparently not workable. For example there are obstacles, we plan A turns out A can't, then we move to B "**(Informant 8)**

Based on Republic of Indonesia Minister of Health Regulation Number 11 of 2017, communication standards are activities of health service facilities in planning and designing patient safety information management processes to meet accurate and accurate internal and external information needs. In order to meet these communication standards, hospitals must implement predetermined criteria, namely a budget must be available and a problem identification mechanism available.

The budget functions for operations related to patient safety programs. However, the budget is managed by the hospital in general, not divided into each unit so that health workers do not really understand the budget. Sari [16] argues that the budget is a reflection of the plan of hospital service business activities expressed in the value of money involving estimates of income and costs, cash in and cash out, for operational and investment activities. The budget that has been prepared and approved is expected to be used by management in all sections as a guideline for carrying out planned activities.

The budget also deals with management to identify problems. The role of the main budget is as work guidelines, as a tool for work planning and work supervision. When associated with the meaning and function of management, it appears that the budget is closely related to management, especially those related to planning, coordination and supervision of work.

In the process of health care, communication is the basis for ensuring that patients get the best treatment process, explain the goals of treatment and discuss the process of patient care with other professionals involved. Often communication takes place in situations where the stress level is high and must be done immediately. But communication is also a means to overcome the situation, with good communication, good team collaboration can be established.

Therefore, communication is one of the most important things, especially related to patient safety. Communication is an important part of teamwork, although it does not have a meaningful influence with the application of patient safety. Good communication will result in good cooperation [17]. Communication should be improved to realize and mitigate risk factors related to patient safety [18].

IV. CONCLUSION

Based on the results of the study it can be concluded that:

1) Patient safety standards related to patient rights standards have been implemented and implemented in accordance with Minister of Health Regulation Number 11 of 2017.

2) Patient safety standards related to performance standards educating patients and families have been implemented and implemented in accordance with the Minister of Health Regulation Number 11 of 2017.

3) Patient safety standards related to patient safety standards in continuity of service have been implemented and implemented in accordance with Minister of Health Regulation Number 11 of 2017.

4) Patient safety standards related to the standard use of performance improvement methods for evaluating and improving patient safety programs have been implemented and implemented in accordance with Minister of Health Regulation Number 11 of 2017.

5) Patient safety standards related to leadership roles in improving patient safety have been implemented and implemented in accordance with Minister of Health Regulation Number 11 of 2017.

6) Patient safety standards related to the standards of educating staff about patient safety criteria have been implemented and implemented in accordance with Minister of Health Regulation Number 11 of 2017.

7) Patient safety standards related to communication standards as a key for staff to achieve patient safety have been implemented and implemented in accordance with Minister of Health Regulation Number 11 of 2017.

REFERENCES

[1] Satibi, Manajemen Obat di Rumah Sakit.Gadjah Mada Universitas Press, 2015.

[2] Ock,M., Jo, M., Choi, E. Y., & Lee, S., " Patient Safety Incidents Reported by the General Public in Korea: A Cross-Sectional Study," 00(00), 2018, pp. 1-7.

[3] Komite Keselamatan Pasien Rumah Sakit. Panduan Nasional Keselamatan Pasien Rumah Sakit. 2008.

[4] Komite Keselamatan Pasien Rumah Sakit. Laporan Insiden Keselamatan Pasien. 2011.

[5] Herkutanto, "Profil Komite Medis di Indonesia dan Faktor-Faktor yang Mempengaruhi Kinerjanya dalam Menjamin Keselamatan Pasien," Jurnal Manajemen Pelayanan Kesehatan, Vol.06, No. 02, pp.41-47, 2009.

[6] Mukti, "Pengaruh Mutu Layanan Kesehatan Terhadap Kepuasan Pasien Rawat Inap di Rumah Sakit Woodward Kota Palu'', Jurnal AKK, Vol.2, No. 3, pp.35-41, 2013.

[7] Peraturan Menteri Kesehatan Republik Indonesia Nomor 11 Tahun 2017 tentang Keselamatan Pasien.

[8] Sunaringtyas, W., "Startegi Case Manager dalam Mengelola Kasus Pasien Rawat Inao di RS B Kediri", The Indonesian Journal of Health Science, Vol.6, No.1, pp.26-33, 2015.

[9] Hakim, L. Pudjirahardjo W., "Optimalisasi Proses Koordinasi Program Keselamatan Pasien (Patient Safety) Di Rumah Sakit X Surabaya", Jurnal Administrasi Kesehatan Indonesi, Vol.2, No. 3. pp. 198-208.

[10] Mulyadi, Sistem Manajemen Strategik Berbasis Balanced Scorecard, Yogyakarta: UPP AMP YKPN, 2005.

[11] Syam, N.S, "Implementasi Budaya Keselamatan Pasien Oleh Perawat di Rumah Sakit Ibnu Sina Makassar", Jurnal Fakultas Kesehatan Masyarakat, Vol. 11, Issue 2. Pp. 169-174, 2017.

[12] Cahyono, B.S., Membangun Budaya Keselamatan pasien (Dalam Praktik Kedokteran), Yogyakarta: Kanisius, 2008.

[13] Henriksen, Patient Safety and Quality : An Evidence Base Handbook For Nurses, Rockville MD: Agency, 2008.

[14] Sutriningsih, "Pengetahuan Perawat Tentang Keselamatan Pasien Dengan Pelaksanaan Prosedur Keselamatan Pasien Rumah Sakit (KPRS) Di Rumah Sakit Panti Waluyo Sawahan Malang", Jurnal Care, Vol. 3, No.1, Pp. 25-32, 2015.

[15] Dewi, "Faktor-Faktor Yang Mempengaruhi Penerapan Sasaran Keselamatan Pasien Pada Perawat Di Ruang Rawat Inap Kelas I, II, III RSUD Dr. Soedirman Kebumen". Skripsi, Sekolah Tinggi Ilmu Kesehatan Muhammadiyah Gombong, 2017. Tidak diterbitkan

[16] Sari, "Evaluasi Sistem Anggaran Sebagai Alat Pengendalian Manajemen Studi Kasus Di Rumah Sakit Umum Kardinah Tegal', Jurnal Ilmiah Cermin, Vol.4, No.5, Pp. 1858-4500, 2018.

[17] Mudayana, A. A., 2015 "Pelaksanaan Patient Safety Oleh Perawat di RS PKU Muhammadiyah Yogyakarta", Jurnal Kesehatan Samodra Ilmu, Vol. 06, No. 02, Pp. 145-149, 2015.

[18] Laal, F., Fazli, B., Balarak, D., et.al, "Attitude Toward the Patient Safety culture in Healthcare Systems", Patient Safety & Quality Improvement Journal, Vol.4, No.2, Pp. 363-368, 2016.