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The Influence Patient Safety Goals Toward Patient Experience at Inpatient Ward of Labuang Baji Hospital

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Abstract

The new paradigm in health service is that hospital pursued to focus at patient safety aspect so that it expected to provide a positive impact toward patient experience. This study aims to analyze the influence of patient safety goals toward patient experience at inpatient installation of Labuang Baji Hospital. This research is quantitative research. The design used was analytic survey with cross sectional study approach. A sample of 100 patients was selected by purposive sampling technique with patient who has done surgery criteria. Data were analyzed using logistic regression test. There was influence from patient safety goals which are ensuring right location-right procedure-right patient surgery (p=0,032), reducing the risk of infections (p=0,001) and reducing the risk of patient harm resulting from falls (p=0,003) toward patient experience and there wasn't influence from patient safety goals which are accuracy in identifying patients (p=0,154) and improving the medications safety (p=0,200) toward patient experience. Ensuring right location-right procedure-right patient surgery, reducing the risk of infections, and reducing the risk of patient harm resulting from falls had influence toward patient experience and accuracy in identifying patients and improving the medications safety did not influence patient experience.

Keywords: Patient Safety Goals; Patient Experience; Inpatient Installation.

1. Introduction

It is an obligation for health care institution to focus on patient-centered care. This obligation leads most health care institution, especially hospital, to put more attention to the concept of inpatients health service.

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The implementation on patient-centered care in hospital can be identified from inpatients testimonial regarding to the service provided while they are staying there. Hospital care is needed by every people. Thus, good quality health service is hoped to influence patient's decision, built their trust, as well as raise patient's trust to health provider[1].

Patient experience is the main priority of health service which also can be related to clinical quality, reduction of health cost, and so on. There are five primary priorities of health care institutions. The first one is patient experience (70%), then followed by quality/patient safety (63%), management of cost (37%), EMRS/IT (35%), and employees' satisfaction (22%)[2].

Research about *The Moderating Role of Hospital Size on The Relationship between Patient Experience and Patient Safety* showed that there is correlation between patient experience and patient safety with the result of p = 0,02 (p<0,05). The research informed that patient safety whether bad or good affected patient experience while they are staying in the hospital where the lower the case of patient safety, the better the patient's experience [3].

There are so many definitions about patient experience. Patient experience can be defined as direct personal observation about the acquired health service. The expectation of experience are included sanitary, information service, comfort, punctuality in service and examination, health care provider (doctor and others), doctor's clear and understandable explanation, involvement in decision making, doctor's attitude who respect the patient, acceptance of the suggestion concerning patient's health condition, management condition and information about the benefit and the effect of therapy, as well as allowing patient to discuss a [4]. Another definition stated that patient experience is every interaction patients have with health care system, included patient care from health plan from doctors, nurses and all staff in the hospital, doctor practice, and all other health facilities [5].

Patient safety is a system which leads patient care become safer, included risk assessment, identification and management of risk, report and analysis of the incidence, the ability to learn from the incidence and doing follow up, as well as the implementation of solution to minimize the risk and prevent the injury cause by error in taking decision or taking the decision which should not be done [6].

There are six targets which could be done for patient safety goals, included: 1) Accurately identifying patient, 2) Improving the effective ways of communication, 3) Improving drugs safety, 4) Ensuring precise surgery point, correct procedure, with the right patient, 5) Reducing the risk of infection caused by health care, 6) Minimizing the risk of injury caused by falling [7].

Based on patient satisfaction data in RSUD Labuang Baji, the percentage of patient satisfaction throughout three recent years fluctuated and was still below the standard of inpatient satisfaction which is $\geq 90\%$ [8]. For the case of unexpected incidence in Inpatient installation of RSUD Labuang Baji in 2017, the case of syringe infection (phlebitis) was counted 2,56%, decubitus injuries was 1,4%, and surgical wound infection was 0,86%.

Therefore, the researcher intend to research which is related to the correlation between patient safety goals and patient experience in RSUD Labuang Baji because the case of unexpected incidence is still higher than standard.

This research aims to analyze the effect of patient safety goals and patient experience in Inpatient installation of RSUD Labuang Baji.

2. Materials and method

2.1 Location and Design

This research was conducted in Inpatient Installation of RSUD Labuang Baji Makassar, Sulawesi Selatan. The type of the research was analytical research with cross sectional study.

2.2 Population and Sample

The research population was inpatients in Inpatient Installation of RSUD Labuang Baji. The research had 100 samples chosen with purposive sampling method where they must meet the inclusion criterion which was the patients who had done surgery.

2.3 Method of Collecting Data

The data was collected through organized questionnaire consist of some questions which must be answered by the respondents. The measurement was done with Likert Scale. Questionnaire from *Scottish Inpatient Patient Experience Survey* [9] which consists of 46 questions and 6 dimensions measured was utilized in this research. The questionnaire of patient safety goals was based on the guideline about how to interview patient and their family from Komite Akreditasi Rumah Sakit [7], which consists of 26 questions and 5 dimension measured.

2.4 Data Analysis

The data was analyzed with logistic regression test SPSS for assessing the impact of patient safety goals to patient experience.

3. Result

3.1 Sample Characteristic

The table 1 depicts inpatients characteristic in RSUD Labuang Baji where the vast majority of respondents were female (63,0%) and around 28% of the respondent was aged 46-55, where the number of respondent in this group of age was more than other groups. The majority of respondent (39%) was graduated from secondary or vocational schools. The respondents were mostly entrepreneur (31%) and around 55% of the respondents stated that the distance between their home to RSUD Labuang Baji was more than 5 KM.

3.2 The correlation between Patient Safety and Patient Experience

In the table 2, from the result of logistic regression test, It can be clearly seen that there were three goals of patient safety which had impact on patient experience. Those were ensuring right location-right procedure-right

patient surgery (p=0,032<0,05), reducing the risk of infections (p=0,001<0,05) and reducing the risk of patient harm resulting from falls (p=0,003<0,05). There are two patient safety goals which did not influence the patient experience. Those were accuracy in identifying patient (p=0,154>0,05) and the improvement of drug safety(p=0,200>0,05).

Table 1: The Distribution Frequency of Patient Characteristic in Inpatient Installation of RSUD Labuang Baji

Makassar 2018

Respondent Characteristic	n	%
Gender		
Male	37	37,0
Female	63	63,0
Age		
17 - 25 years old	9	9,0
26 – 35 years old	15	15,0
36 – 45 years old	21	21,0
46 – 55 years old	28	28,0
> 55 years ols	27	27,0
Level of Education		
Elementary school	18	18,0
Junior High School	20	20,0
Senior/Vocational High School	39	39,0
Bachelor/Master/Vocational Degree	23	23,0
Work Distance		
< 5 km	45	45,0
> 5 km	55	55,0

Table 2: The influence of Patient Safety Goals towards Patient Experience in Inpatient Installation of RSUD

Labuang Baji Makassar 2018

No.	Variable	Sig. (P value)
1.	Accuracy in Identifying Patient	0,154
2.	Improvement of Medication Safety	0,200
3.	Ensuring right location-right procedure-right patient surgery	0,032
4.	Reducing the risk of infection	0,001
5.	Reducing the risk of patient harm resulting from falls	0,003

4. Discussion

The conducted research informs that patient safety goals undoubtedly influenced inpatients experience in RSUD Labuang Baji Makassar. Ensuring right location-right procedure-right patient surgery was highly correlated with patient experience because surgery is of paramount importance which is directly related with patient safety. Due

to patient surgery experience, the patients became fully equipped with information regarding to surgery procedure and be more critical. Thus, this fact was affect on the building of patient experience whether it is positive or negative.

Furthermore, patient normally felt nervous prior to entering surgery room and at that moment, most of them stated that the surgery team did not support and even try to calm them. Consequently, it built a patient's negative experience while they were staying in the hospital. This argument is in line with the research done by Jones stated that support and trust given by all of the surgery team matters and affect the way patient built their experience [10].

Another patient safety goal which influenced patient experience was the reduction of infection risk done by wearing personal protective equipment such as mask and gloves. The awareness of the doctor to wash their hands is as much as 41.9% neutral and for awareness of the nurse to wash their hands, 40.9% stated neutral [11]. Based on some interview, patient said that they were worried the possibility of bacterial infection when the nurses did not wear personal protective equipments. The patients played a role as an observer as well as client who had experienced patient safety implementation done by nurses or other medical staff toward them for about 24 hours a day [12].

The last patient safety goals which influence patient experience was reducing the risk of patient harm resulting from falls. From the interview, some patients with the risk of falling felt that the facilities provided by the hospitals were not adequate. Based on observation, researchers found that red od yellow triangle as the sign for patient with the risk of falling could not be seen anywhere whether in patient's bed or door. Besides, there was no yellow bracelet worn by the patient as a sign. Moreover, some toilets in the class I, II, III were nor equipped with safety pole for walking so it was hard for them to use the toilets. This will undoubtedly be dangerous for patient and lead patient to have less trust for the hospital care which, at last, influenced their experience. Providing specific sign for patient with the risk of falling and staff training is the most effective intervention for reducing the probability of falling in patient. In further, beside the mentioned factors, established organization structure, good safety infrastructure, habit for prioritizing patient safety, teamwork and leadership are other factors which is also crucial leadership [13]. From the data, it can be clearly seen that accuracy in indentifying patient did not influence patient safety goals because the vast majority of patients did not understand about the correct standard and procedure in identifying patients. The absence of education and counseling from the nurses related to the benefit and function of identity bracelet in terms of identifying patient is concluded as the primary reason behind this phenomenon. Patient believed that the confirmation of their identity is enough by calling their name correctly. Thus, it is not a big problem for them when the nurses do not confirm their identity by stating their date of birth of age as it should be. They also hold the belief that the service provided by the hospital will not harm them. Therefore, this aspect this not have influence in building patient horrible experience. Educating patient about the importance of identifying patient before they receive nursing care is needed for enhancing patient understanding about the importance of accuracy in identifying patient [14]. Besides, from the observation, the identity bracelets which were used by the patients were varied. In one patient, the information about patient's name and age might be provided, in other patients, the information provided might be about their full name, date of birth, and medical record number. Furthermore, the identity bracelets were still hand-written.

This would lead to the inaccuracy in identifying patient because nurses could not read the written information about patient's name. Information in the identity bracelet which is not informative will make it hard for the nurses to verify the patient identity [15]. Turning to another parameter, the improvement of medication safety, it can be clearly seen that this aspect did not influence patient in building their experience. The lack of information about drugs and medications which were given to them was the main cause. They did not understand about the correct drug's label and when the patient confessed that they had an allergy to the certain medication, the nurses immediately stopped them from consuming those medications. It was not a problem and it was normal for them and as a result, it did not influence in the building of negative experience. This research is in line with the research conducted by Iswati which stated that there was no correlation between the practice of patient safety and patient satisfaction [16]. It was informed that the implementation of patient safety was not included in the expectation of the patient when they were taken care in the hospital. Their demand and their hope was that they could quickly recover and leave the hospital, so they did not care about the patient safety goals which ensure their safety during their therapy. Another research done by Alyani also stated that the quality of prescription services was not correlated with patient satisfaction [17]. Patient's main concerns were how fast the medication are ready to be delivered to them. Besides, most of the patient did not understand about health care standard in a hospital. Thus, this phenomenon did not really affect their satisfaction.

5. Conclusion

Patient experience was influenced by three patient safety goals: ensuring right location-right procedure-right patient surgery (p=0,032), reducing the risk of infections (p=0,001) and reducing the risk of patient harm resulting from falls (p=0,003). However, patient experience was not influenced by two patient safety goals: accuracy in identifying patient (p=0,154) and the improvement of medication safety (p=0,200). Therefore, it is recommended for the management and patient safety committee at the hospital to routinely evaluate and monitor the implementation of patient safety goals in RSUD Labuang Baji for building staff's habit about patient safety.

References

- [1] S. Santoso, "Analisis Pengaruh Kualitas Pelayanan terhadap Kepuasan Pasien Rawat Inap Kelas III pada RS. Roemani Muhammadiyah Semarang," Universitas Diponegoro, Semarang, 2012.
- [2] Health Leaders Media Industry Survey, "Survey Strategic Imperatives for an Evolving Industry Turning Data into Decisions.," Health Leaders Media Industry Survey, 2018.
- [3] G. A. Silvera, "The Moderating Role of Hospital Size on the Relationship between Patient Experience and Patient Safety," Qual. Manag. Health Care, vol. 26, no. 4, pp. 210–217, 2017.
- [4] A. Bowling, G. Rowe, and M. Mckee, "Patients' experiences of their healthcare in relation to their expectations and satisfaction: a population survey," R. Soc. Med., vol. 6, no. 1, pp. 143–149, 2013.
- [5] R. Harrison et al., "The missing evidence: A systematic review of patients' experiences of adverse events in health care," Int. J. Qual. Health Care, vol. 27, no. 6, pp. 424–442, 2015.

- [6] Kementerian Kesehatan, "Peraturan Menteri Kesehatan Nomor 11. tentang Keselamatan pasien." Kementerian Kesehatan RI, 2017.
- [7] Komisi Akreditasi Rumah Sakit, Pedoman Pelaporan Insiden Keselamatan Pasien. Jakarta: Komisi Akreditasi Rumah Sakit, 2012.
- [8] Kementerian Kesehatan, "Peraturan Menteri Kesehatan Nomor 129 tentang Standar Pelayanan Minimal Rumah Sakit." Kementerian Kesehatan RI, 2008.
- [9] Scotland, Scottish Government, and National Health Service in Scotland, Scottish inpatient patient experience survey 2014. Volume 1, Volume 1, 2014.
- [10] C. H. Jones, S. O'Neill, K. A. McLean, S. J. Wigmore, and E. M. Harrison, "Patient experience and overall satisfaction after emergency abdominal surgery," BMC Surg., vol. 17, no. 1, p. 76, Jul. 2017.
- [11] N. Arifah, "Patient Experiences In Internal And Surgical Ward At State Hospital Labuang Baji Makassar," Adv. Soc. Sci. Educ. Humanit. Res., vol. 127, no. Icaaip 2017, pp. 234–237, 2018.
- [12] D. M. Ashcroft, C. Morecroft, D. Parker, and P. R. Noyce, "Safety culture assessment in community pharmacy: development, face validity, and feasibility of the Manchester Patient Safety Assessment Framework," Qual. Saf. Health Care, vol. 14, no. 6, pp. 417–421, Dec. 2005.
- [13] I. M. Miake-Lye, S. Hempel, D. A. Ganz, and P. G. Shekelle, "Inpatient Fall Prevention Programs as a Patient Safety Strategy," Ann. Intern. Med., vol. 158, no. 5, pp. 390–397, 2013.
- [14] Utami, "Gambaran Pelaksanaan Ketepatan Identifikasi Pasien oleh Perawat di Instalasi Rawat Inap Kelas III RSUD Pasar Minggu Tahun 2017," Universitas Islam Negeri Syarif Hidayatullah, 2017.
- [15] G. Chinta, "ANALISIS PELAKSANAAN IDENTIFIKASI PASIEN DALAM RANGKA KESELAMATAN PASIEN DI UNIT RAWAT INAP RUMAH SAKIT UMUM DAERAH KOTA BEKASI," J. Kesehat. Masy., vol. 4, no. 4, pp. 43–48, 2016.
- [16] Iswati, "Budaya Keselamatan Pasien dan Kepuasan Pasien," Adi Husada Nurs. J., vol. 3, no. 2, pp. 20–31, 2017.
- [17] Alyani, "Mutu Pelayanan Resep dan Tingkat Kepuasan Pasien Rawat Jalan di Instalasi Farmasi Rumah Sakit Umum Dr. Fl Tobing Sibolga," Universitas Sumatera Utara, Medan, 2017.