THE ROLE OF CLINIC ACCREDITATION IN IMPLEMENTATION OF PATIENT SAFETY CULTURE IN FIRDAUS CLINIC YOGYAKARTA

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In Indonesia the level of undesirable events in 2007 was 46.2% and in 2010 increased to 63%, so patient safety was an important factor to pay attention. Firdaus Clinic is primary health care that are preparing the process of clinic accreditation, improvement of various systems, including patient safety. Study purpose:to determine the percentage change in the dimensions of patient safety achieved after, compared to before the application of accreditation documents. Quantitative descriptive research with questionnaire that consist of 12 dimensions from AHRQ(Agency for Healthcare Research and Quality) at 2004 which has been translated. Taken secondary data before the application of accreditation documents on October 2017, primary data on July 2018 after that. The result, an enhancement in the 10 dimensions of patient safety culture after the application of clinic accreditation documents. The highest change(44%) in the dimension of feedback and communication, there wasn't change in the dimension of perception about patient safety, and a decrease in the dimension of frequency of reported events (6%). Overall 12 dimensions, the average change increased by 20.2% after the application of accreditation documents. So, the application of clinical accreditation documents can improve patient safety culture.

1 INTRODUCTION

Patient safety issues have been a concern since the Institute of Medicine found 44,000 - 98,000 deaths in the United States in 1999 were caused by medical errors (Mulyati, 2016). In 2015, at least 5% of hospitalized patients in the United States experienced undesirable events. WHO publishes that medical errors occur in 8% to 12% of inpatient rooms, while 23% of europe residents 18% claim to have experienced a serious medical error in the hospital and 11% have been prescribed the wrong medication. In Indonesia the level of undesirable events in 2007 was 46.2% and in 2010 increased to 63% (Sumarni, 2017). By looking at these data, patient safety is very important.

Colla et al (2005) as cited by Mulyati (2016) states that patient safety culture has the aim of attaining behavioral norms, minimizing injuries and accidents, encouraging patient safety to be a concern in the organization, encouraging an increase in the ability of organizational members regarding risks, accidents and the worst conditions of health, encouraging increased community commitment to safety, determining models and being able to make organizational health and safety programs. Patient safety culture is composed of various dimensions, namely teamwork, leadership, workload, communication, and security systems (NHS, 2010).

With the patient safety culture, it is expected that medical error actions can be minimized. This is because safety culture is the main key in achieving an increase in the number of occupational safety and occupational health practices in an organization (KKP-RS, 2007). Thus factors such as staffing factors, leadership and management, physical environment and hospital accreditation, and also the criteria for implementing nurses can influence the application of a patient safety culture system (Marquis & Huston, 2010; Jardali el at, 2011; Negussie, 2010).

Jardali et al (2011) states that the accreditation of health facilities is those that have staff with frequency and perception of reporting related incidents of patient safety which are also high compared to unaccredited health facilities. This means, if the accreditation of a health facility is better, the quality of service is better too.

The results of the study by Kusbaryanto (2010) which states that hospital accreditation is one way to assess the quality of service in a hospital. The quality of health services in health facilities is said to be good, if the number of undesirable events or medical errors has decreased.

Firdaus Clinic as a first or primary health facility, is currently preparing an accreditation process. Based on the results of previous studies (Pramayanti, 2017), data obtained from 12 dimensions of safety culture, only 3 dimensions included in the good category, namely dimensions of cooperation, collaboration between parts and dimensions of displacement and turnover. While the other seven dimensions are included in the category enough.

2 METHOD

This type of research is quantitative descriptive research. The subjects in this study were all health workers in the Firdaus clinic. Data is taken using a questionnaire from the AHRQ (Agency for Healthcare Research and Quality) at 2004 which has been translated and consists of 12 dimensions. Secondary data taken before the application of accreditation documents in October 2017, and primary data taken in July 2018, after the application of accreditation documents at the Firdaus Clinic.

3 RESULTS

The application of patient safety culture to be good if the positive response is equal to 76% or more, it to be medium culture if the positive response is 56-75% and the application of a patient's safety culture is weak if the positive response is less than equal to 55%.

Table 1. Percentage of Patient Safety Dimensions Calculation Results

12 dimensions of patient safety culture in Firdaus Clinic

Dimension	Persentase	Category
Commutication openness	94	Good
Feedback & communication about error	100	Good
Frequency of event reporting	**41**	**Less**
Handsoff dan transition	88	Good
Management support for patient safety	84	Good
Nonpunitive response to error	77	Good
Organizational learning	97	Good
Overall perceptions of patient safety	74	Enough
Staffing	67	Enough
Promotive actions of patient safety by manager	88	Good
Teamwork across units	88	Good
Teamwork within units	98	Good

Based on the table above, out of 12 dimensions of patient safety culture, there are 9 dimensions that have been applied well by the Firdaus Clinic, namely dimensions of communication openess (94%), feedback and communication about error dimensions (100%), dimensions of handsoff and transition (88%), dimensions of management support for patient safety (84%), non-punitive response to error dimensions (77%), organizational learning dimensions (97%), dimensions of safety promotive actions by managers (88%), dimensions of teamwork across units (88%) , and the dimensions of the team work within units (98%), and there is one dimension with less categories, namely the dimensions of the frequency of events reporting (41%). While the other dimensions are included in

the sufficient category, namely the dimensions of overall perception of patient safety (74%), and the dimensions of staffing (67%).

Table 2. Percentage of Changes in 12 Dimensions of Patient Safety Culture

	% before	% after	% changes
Commutication openness	55	94	39
Feedback & communication about error	56	100	44
Frequency of event reporting	47	41	-6
Handsoff dan transition	81	88	7
Management support for patient safety	54	84	30
Nonpunitive response to error	50	77	27
Organizational learning	59	97	38
Overall perceptions of patient safety	74	74	0
Staffing	56	67	11
Promotive actions of patient safety by manager	68	88	20
Teamwork across units	76	88	12
Teamwork within units	78	98	20
Total	754	996	
Average	62,8	83	

The table above shows the percentage changes in patient safety dimensions after accreditation at the Yogyakarta Firdaus Clinic, namely the percentage increase for communication openess dimensions was 39%, feedback and communication about error dimensions were 44%, handsoff and transition dimensions were 7%, management support for safety patients dimensions by 30%, nonpunitive response to error dimensions by 27%, organizational learning dimensions by 38%, staffing dimensions by 11%, promotive action of patent safety by manager dimension by 20%, dimensions of teamwork across units by 12%, and teamwork within units dimension by 20%. In addition, there was a decrease in the dimensions of the frequency of events reported at 6%, and in the dimensions of the overall perception of patient safety there was no percentage change when compared with previous studies.

But overall, the application of patient safety culture after accreditation is better than before the implementation of accreditation document. Shown by the average percentage value after the application of accreditation documents is greater than before accreditation (83> 62.8).

4 DISCUSSION

Results of the analysis showed that there was an increase in the percentage of patient safety culture applied at the Yogyakarta Firdaus Clinic after accreditation. It is indicated by the average value of the application of patient safety culture after greater accreditation than before accreditation (83> 62.8). This shows that clinical accreditation has an effect on increasing the implementation of patient safety culture at the Firdaus Clinic. Patient safety culture is a pattern that is arranged in an integrated manner according to the beliefs and values contained in an organization that aims to reduce actions that can endanger patients.

Small hospitals provide more frequency of incident safety reports than large hospitals, and have a good perception of patient safety. Small hospitals have almost the same culture among their members, making it easier to share the same values, especially related to patient safety.

The analysis also shows that the feedback and communication dimensions have the highest percentage, which is as much as 100%. This indicates that all health workers at the Firdaus Clinic have applied the patient safety culture to the dimensions of feedback and communication very well. This can be seen from the provision of feedback to each staff for changes made according to the report. In addition, staff were also informed of errors that occurred in the clinic and discussed with each other so that the error did not occur again. The results of this study are in accordance with Puji Lestari's research (2014) which shows that the dimensions of feedback to errors are high at 84%. This is because most respondents have perceptions that are included in the high category.

The results of this study also showed the lowest three percentages obtained from the dimensions of the frequency of events reported at 41%, staffing at 67% and the overall perception of patient safety by 74%.

The frequency dimension of the event is reported to show the lowest percentage of 41%. Walshe and Boaden as cited by Amirullah et al. (2014) state that incident reporting is the most important way to help identify problems related to patient safety and assist in providing data to a hospital or other health institution, because it can be used as learning and evaluation of health service procedures that have been carried out. This condition is due to the fact that there are still many staff who are still confused by the difference between the events of patient safety. In addition, the Firdaus Clinic has also carried out recording and reporting, but has not been maximized. This is because the Firdaus Clinic has only been established for three years, so it is still in the learning stage and in the process of civilizing the dimensions of the frequency of events reported among staff. The results of this study are in accordance with the research of Wijaya et al (2015) which shows that the frequency dimension of reporting is categorized as low with a percentage of 63.6%. In addition, the results of this study are also in accordance with the research of Amirullah et al (2014) which shows the lowest dimensions are frequency of event reporting (53.86%).

The second lowest dimension is 67% staffing. Staffing shows how much the availability of staff is in accordance with the needs in the clinic and how to manage it to be effective. The results of the analysis show that the dimensions of staffing are

categorized as low. This is because there are still many staff who consider their work to be longer than staff in other parts. In addition, there are still some staff who feel working in a hurry because of the large number of patients and there are still some staff who feel working longer than actual working hours. The results of this study are in accordance with the research of Wijaya et al (2015) which shows that the dimensions of staff and employees are in the low category with a percentage of 62.6%.

The third lowest dimension is the overall perception of patient safety by 74%. Bea (2013) as cited by Astini (2016) states that the overall perception of low patient safety will lead to reduced awareness of health workers in reporting every incident in the hospital. The results of this study in accordance with Astini's research (2016) show that the average positive response is 53.03% which is low.

When compared with previous research, the results of this study are different from Pramayanti's (2017) research, where the results of his research show that the frequency dimension of reporting is the dimension that has the lowest value, then followed by the nonpunitive response dimension and the support dimension. Whereas in this study, the lowest dimension is the dimension of the frequency of events reported, followed by the dimensions of staffing and the dimensions of the overall perception of patient safety. When associated with the results of this study, the dimensions of the culture of patient safety are more experienced, where the dimensions of the response are not blame has increased, which previously only amounted to 50%, the study now increased to 77%. Likewise for the support dimension which also increased to 84% where in the previous study only 54%. The percentage results in the reporting dimension decreased, where in the previous study only 47%, now decreased to 41%.

5 CONCLUSIONS

1. The application of clinical accreditation documents improves the culture of patient safety at the Paradise Clinic.
2. There has been an increase in the 10 dimensions of patient safety culture after the application of clinical accreditation documents. The highest change in the feedback and communication dimensions, there was no change in the dimensions of perception of patient safety, and a decrease in the frequency dimension of the event was reported.

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