

Differences in the Level of Understanding Patient Safety in the Accredited and Not Accredited Primary Healthcare Facilities

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ABSTRACT

Background: Health care facilities are included in the category of unsafe places. Data shows that as many as 10% of patients who are undergoing treatment in health facilities in developed countries and >10% in developing countries experience unexpected events. Accreditation standards of primary healthcare require the application of risk management as an effort to minimize the risk accident to patient and ensure patient safety.

Methods: This study is a quantitative study with a cross sectional design. This research was conducted in 10 primary healthcare which have and not been accredited throughout Indonesia. The sampling method in this study was stratified purposive sampling. Data collection is done using Google form. Data analysis using t-test, p-value <0.05 is significant.

Results: The results of the study, 187 respondents from 10 Primary Healthcare consisted of 5 accredited and five not yet accredited, most of the women were 29 years old (78.61) with a length of work of 2 to 5 years (82.35), undergraduate education (43.85), and respondents had attended patient safety training. Accreditation training and accreditation preparation, etc. The average result of performance satisfaction was 7.73, and knowledge related to patient safety was 5.57. The results of the analysis show p-value = 0.292, so that there is a no different understanding of patient safety among staff at accredited and not accredited Primary Healthcare Facilities.

Conclusions: There is no statistically significant difference in the understanding of employees about patient safety at Primary Healthcare

Facilities with status that has been and has not been accredited.

Keywords: Accreditation, Patient Safety

INTRODUCTION

Health care facilities are included in the category of unsafe places. Data shows that as many as 10% of patients who are undergoing treatment in health facilities in developed countries and >10% in developing countries experience unexpected events. These injuries can occur in patients and families who come to health care facilities either as a result of existing facilities, infrastructure or equipment or due to services.¹

There is no definite data regarding medical errors in Indonesia, but data on patient safety incidents in 2010 shows that 46.1% of the 105 cases occurred in hospital care service units.² The results of study in the inpatient room of Andi MakkasauParepare Hospital (2013) showed a relationship between knowledge and motivation on the performance of nurses in implementing patient safety programs.³ Study at Zahirah Hospital Jakarta and LabuangBaji Hospital state that there is a relationship between nurses' knowledge of hospital accreditation and service performance.^{4,5}

Accreditation standards of primary healthcare require the application of risk management as an effort to minimize the risk accident to patient and ensure patient safety.¹ Patient safety is a condition of eliminating or minimizing preventable

hazards to patients during the health care process and reducing the risk of unnecessary damage related to health care.¹ This has been regulated in the Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals in Article 43 which was later reaffirmed by the Regulation of the Minister of Health Number 11 of 2017 concerning Patient Safety.¹

Contributing factors are the factors behind the occurrence of an incident. The causes of incidents can be classified based on the classification of contributing factors, one of which is knowledge of health human resources (HR).⁶ Several studies that have been conducted in hospitals have shown a significant relationship between knowledge from health workers and patient safety.³ The purpose of this study was to analyze the differences in the level of understanding of employees about patient safety services between Muhammadiyah and Aisyiyah's

Primary Healthcare Facilities, which have and have not been accredited throughout Indonesia.

METHODS

This study is a quantitative study with a cross sectional design. This research was conducted in 10 primary healthcare which have and not been accredited throughout Indonesia. The sampling method in this study was stratified purposive sampling in which the researcher randomized the list of hospitals to take 10 hospitals, each consisting of 5 hospitals that had and had not been accredited. Sampling in this study was done using a total sampling approach to all employees who work in the selected primary healthcare. Data collection is done using Google form. Data analysis using t-test, p value <0.05 is significant.

RESULTS

Table 1: Respondent Characteristics Seen from the Distribution, SD and Mean

	Total (n=187)		Mean	SD
	n	%		
Age (years)			29.70	6.09
Sex				
Male	40	21.39		
Female	147	78.61		
Accreditation Status				
Non-Accredited	69	36.89		
Accredited	118	63.11		
Education				
Highschool and Diploma (I-II)	21	11.23		
D3	78	41.71		
D4	1	0.53		
S1	82	43.85		
S2	5	2.67		
Profession				
General Practitioner	29	15.51		
Dentist	11	5.88		
Pharmacist	7	3.74		
Nurse	50	26.74		
Midwife	32	17.11		
Pharmacist assistant	4	2.14		
etc	54	28.88		
Length of work (years)				
<2 years	33	17.65		
2-5 years	154	82.35		
Take Accreditation Preparation				
Already	154	82.35		
Not Yet	33	17.65		
Attend Patient Safety Training				
Already	115	61.50		
Not Yet	72	38.50		
Attending Accreditation Training				
Already	127	67.91		
Not Yet	60	32.09		
Patient Safety Knowledge Score			5.57	2.81

Quality Care Resport				
Already	159	85.03		
Not Yet	28	14.97		
Medical Management Review Meeting				
Already	124	66.31		
Not Yet	63	33.69		
Satisfaction			7.73	1.75

This study included 187 respondents (88% of the total staff) from 10 clinics with a composition of 5 accredited and non-accredited clinics each. Table 1 shows the basic characteristics of the respondents. The mean age of the respondents was 29 years with female gender (78.61) and the length of work was generally 2-5 years (82.35). Most respondents had graduated education (43.85) followed by diploma (41.71). The dominant sample in this study had attended patient safety training, accreditation training, preparation for accreditation, made quality indicator reports, and attended medical management review meetings. The mean score of sample satisfaction on clinical performance was 7.73 and the mean score of knowledge about patient safety based on the questionnaire that researchers distributed was 5.57 (Table 1)

The clinic scores that have not been accredited have a higher level of understanding. Data in this study have a normal distribution, so that hypothesis testing can be done by using the t-test. Hypothesis testing obtained p value = 0.292 which means that the difference in employee understanding of patient safety services at primary health care with status that has been and has not been accredited is not significant (Table 2).

Table 2: Employee's Level of Understanding Regarding Patient Safety Services in Primary Healthcare that have not been and have been Accredited

Patient Safety of Primary Healthcare	Mean	SD	P-value
Non-Accredited	5.74	2.69	0.292
Accredited	5.47	2.87	

DISCUSSION

Patient safety is critical to the quality of health care and remains a growing challenge in primary care in many countries. Interventions in managing patient safety

culture in primary care are limited compared to secondary care. An important first step in improving patient safety is understanding the safety culture of the organization, thereby helping health care organizations to assess areas for improvement and analyze changes over time.⁷

The first important strategy in improving all aspects of health care quality is to create a culture of safety in health care organizations. Improved safety culture in primary services can assist in identifying areas for improvement that can lead to adverse events and errors.⁸ Patient care follow-up, open communication and work pressure are very important in improving patient safety in primary care.⁹

Another key area in improving patient safety systems is the adequate number of staff and providers to treat patients in primary care.¹⁰ Poor communication will affect safety culture and act as a contributing factor to incidents, so it needs to be emphasized and anticipated to help strengthen the patient safety culture in primary care.¹¹ Openness of communication is seen in the Kuwaiti and Turkish studies as an area of concern, whereas in Iran and the Netherlands it is not.¹⁰

The accreditation process can reduce the incidence of patient safety incidents at Public Health Center (PHC) as evidenced by the higher frequency of patient safety incidents at non-accredited PHC than those with accreditation. This is because accredited clinic have conducted assessments during the accreditation process, especially in the CHAPTER of Service Quality and Patient Safety which includes responsibility, understanding, measurement, and improvement of clinical service quality and patient safety.^{9,11}

There was a difference in patient satisfaction between accredited and non-accredited hospitals, although it was not statistically significant. Patient safety culture after hospital accreditation is associated with commitment and support from all hospital staff and leaders. Service quality and patient satisfaction are associated with continuous evaluation of the implementation of accreditation.¹² Bogh et al, study found another relationship between accreditation status and patient safety where both accredited and non-accredited hospitals significantly improved their treatment performance processes over time. The magnitude of the increase in disease rates does not depend on whether the hospital participates in the accreditation program.¹⁰

The Lucian Leape Institute (LLI) of the National Patient Safety Foundation published a paper identifying five areas of health care that require system-level attention and action to advance patient safety in 2009. Medical education reform; care integration; restoring joy and meaning at work and ensuring the safety of health workers; consumer engagement in health care and transparency across care settings.⁸

Other studies have shown that nurses' knowledge and perceptions of patient safety culture correlate with the era of hospital accreditation and provide some input for improving the quality of hospital services. Training, education level and clinical experiments are important factors that influence nurses' perceptions of patient safety culture.¹¹ The strength of this study is the multicenter study, while the disadvantage of this study is the possibility of sample bias. The sample bias referred to here is that the researcher cannot verify the research sample because the questionnaire is administered using Google Form. This research concluded that there is no statistically significant difference in the understanding of employees about patient safety at primary healthcare or clinic with status that has been and has not been accredited.

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