
EVALUASI PENGELOLAAN OBAT HIGH ALERT RAWAT JALAN DI RUMAH SAKIT SARININGSIH PERIODE MARET – MEI 2023

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Abstract

High alert drugs are drugs that have a high risk of jeopardizing patient safety if not used properly. According to Permenkes No.72 2016 the category of high alerts is 3, including LASA (Look Alike Sound Alike), high-level electrolytes and cytostatic concentrations. The purpose of this study was to determine the evaluation of outpatient high alert drug management in pharmaceutical installations of Sariningsih Hospital. This research is descriptive in nature, the population and sample in this study are all high alert drugs in the pharmaceutical installation of Sariningsih Hospital. The sampling technique used is saturated sampling, because the entire population is used as a sample. The data collection research tools used in this study were interview guidelines, observation sheets and documents. The results of the study showed high alert drug storage according to standard operating procedures of Sariningsih Hospital with a conformity percentage 100% for the high alert, LASA (Look Alike Sound Alike) and Concentrated Electrolyte Concentrates. High alert drug prescriptions for outpatient BPJS We can find out that there are 1215 high alert drug prescriptions out of 3228 prescriptions with a percentage of 37.64% in March-May 2023. We can find out that there are 403 private outpatient high alert drug prescriptions from 714 prescriptions with a percentage of 56.44% in March-May 2023

Keywords: Storage, High Alert Medication.

Introduction

Instalasi Farmasi Rumah Sakit adalah adalah unit pelaksana fungsional yang menyelenggarakan seluruh kegiatan pelayanan kefarmasian di rumah sakit. Standar pelayanan kefarmasian bertujuan untuk meningkatkan mutu pelayanan kefarmasian, menjamin kepastian hukum bagi tenaga kefarmasian, melindungi pasien dan masyarakat dari penggunaan obat yang tidak rasional dalam rangka keselamatan pasien.(Permenkes 2016).

Menurut Permenkes RI No 1691/MENKES/PER/VIII/2011 Tentang keselamatan pasien Rumah sakit, obat-obatan yang perlu diwaspadai (high-alert medications) adalah obat yang sering menyebabkan terjadi kesalahan/kesalahan serius (sentinel event), obat yang berisiko tinggi menyebabkan dampak yang tidak diinginkan (adverse outcome) seperti obat-obat yang terlihat mirip dan kedengarannya mirip (Nama Obat Rupa dan Ucapan Mirip/NORUM, atau Look Alike Sound Alike/LASA).

Patient safety atau keselamatan pasien menjadi salah satu parameter akreditasi rumah sakit yang tercantum dalam Undang-Undang No.44 Tahun 2009 yang menyebutkan dalam upaya peningkatan mutu pelayanan rumah sakit wajib melakukan standar keselamatan pasien. Salah satu upaya untuk meningkatkan mutu pelayanan yaitu pengelolaan sediaan farmasi, alat kesehatan, dan bahan medis habis pakai di rumah sakit haruslah dilaksanakan secara multidisiplin, terkoordinir, dan menggunakan proses yang efektif.

Rumah Sakit Sariningsih merupakan rumah sakit yang baru aktif kembali pada bulan desember 2022 karena ada renovasi pembangunan. Berdasarkan hasil observasi awal di Rumah Sakit Sariningsih ada beberapa hal yang membuat penulis tertarik yaitu dari pengelolaan obat khusus atau obat yang berbahaya contoh nya obat narkotika, antibiotik dsb.

Untuk itu dalam penelitian ini penulis tertarik untuk menyusun suatu penelitian dengan judul “EVALUASI PENGELOLAAN OBAT *HIGH ALERT* RAWAT JALAN DI RUMAH SAKIT SARININGSIH PERIODE

MARET – MEI 2023". Dengan tujuan untuk mengetahui proses cara pengelolaan obat high alert mulai dari tata cara penyimpanan serta pendistribusiannya.

1. METODE PENELITIAN

Jenis penelitian ini adalah penelitian deskriptif kualitatif yang menggunakan metode Observasional dan Wawancara. Penelitian Deskriptif adalah penelitian yang dilakukan terhadap suatu objek dengan tujuan untuk memberikan gambaran lengkap dan akurat mengenai suatu objek yang terjadi disuatu populasi tertentu (Notoatmodjo,2010).

Populasi yang pada penelitian ini adalah seluruh obat *High Alert* di Unit Farmasi Rumah Sakit Sariningsih

Sampel yang digunakan pada penelitian ini adalah seluruh populasi obat *High Alert* yang ada di Unit Farmasi Rumah Sakit Sariningsih atau biasa disebut dengan sampel jenuh. Sampel jenuh adalah seluruh populasi yang dijadikan sebagai sampel penelitian.

1. HASIL

Tabel 1. Hasil Observasi Penyimpanan Obat *High alert* Di Unit Farmasi Rumah Sakit Sariningsih

NO.	Standar Prosedur Operasional Rumah Sakit Sariningsih	Sesuai	Kurang Sesuai	Tidak Sesuai
1.	Daftar obat <i>high alert</i> ditempel diruangan penyimpanan di instalasi farmasi	✓		
2.	Obat <i>high alert</i> ditempatkan terpisah dari obat lain	✓		
3.	Terdapat tanda peringatan obat <i>high alert</i> berupa label merah	✓		
4.	Obat <i>high alert</i> yang ada di instalasi farmasi telah diberi label	✓		
5.	Obat <i>high alert</i> golongan narkotik dan psikotropik disimpan dilemari tersendiri dengan 2 pintu dan 2 kunci	✓		
6.	Penyimpanan obat <i>high alert</i> dengan suhu 2-8°C maka disimpan dilemari pendingin	✓		
7.	Penyimpanan obat <i>high alert</i> pada suhu ruangan yaitu 15-30°C	✓		
8.	Obat <i>high alert</i> disimpan sesuai bentuk sediaan dan disusun cara alfabetis	✓		
9.	Penyimpanan obat <i>high alert</i> menggunakan metode FEFO	✓		
10.	Penyimpanan obat <i>high alert</i> menggunakan metode FIFO	✓		
11.	Ketersediaan dan kualitas obat <i>high alert</i> dimonitoring atau dipantau setiap hari oleh kepala ruangan	✓		
12.	Ketersediaan dan kualitas obat <i>high alert</i> dimonitoring atau dipantau setiap bulan oleh kepala instalasi farmasi	✓		
13.	Saat Pemberian obat <i>high alert</i> dilakukan double chek oleh staff farmasi yang berbeda	✓		
14.	Melakukan prinsip 7 benar	✓		
Jumlah Total		14	0	0
Jumlah Persentasi Keterangan nilai Sesuai : 2 Kurang Sesuai : 1 Tidak Sesuai 0		28/28 x 100% = 100%		

(Sumber : Data primer yang diolah)

Tabel 2. Hasil Observasi Penyimpanan Obat LASA Di Unit Farmasi Rumah Sakit Sariningsih

NO	Standar Prosedur Operasional Rumah Sakit Sariningsih	Sesuai	Kurang Sesuai	Tidak Sesuai
1.	Tempat penyimpanan obat LASA diberi jarak dengan 1- 2 rak obat lain	✓		
2.	Obat LASA disimpan pada wadah yang sudah diberi stiker LASA	✓		
3.	Terdapat tanda peringatan LASA	✓		
4.	Obat LASA golongan narkotik dan psikotropik disimpan dilemari tersendiri, untuk narkotik disimpan di lemari dengan 2 pintu dan 2 kunci dan diberi label	✓		
5.	Penyimpanan obat LASA pada suhu ruangan yaitu 15- 30°C	✓		
6.	Obat LASA disimpan sesuai bentuk sediaan dan disusun cara alfabetis	✓		
7.	Penyimpanan obat LASA menggunakan metode FEFO	✓		
8.	Penyimpanan obat LASA menggunakan metode FIFO	✓		
9.	Ketersediaan dan kualitas obat LASA dimonitoring atau dipantau setiap hari oleh kepala ruangan	✓		
10.	Ketersediaan dan kualitas obat LASA dimonitoring atau dipantau setiap bulan oleh kepala unit farmasi	✓		
11.	Saat Pemberian obat LASA dilakukan double chek oleh oleh staff farmasi yang berbeda	✓		
12.	Melakukan prinsip 7 benar	✓		
Jumlah Total		12		
Jumlah Persentasi Keterangan nilai Sesuai : 2 Kurang Sesuai : 1 Tidak Sesuai 0		24/24 x100% = 100%		

(Sumber : Data primer yang diolah)

Tabel 3. Hasil Observasi Penyimpanan Obat Elektrolit Konsentrasi Tinggi Di Unit Farmasi Rumah Sakit Sariningsih

NO	Standar Prosedur Operasional Rumah Sakit Sariningsih	Sesuai	Kurang Sesuai	Tidak Sesuai
1.	Tempat penyimpanan obat elektrolit konsentrasi tinggi dipisah dengan obat lain	✓		
2.	Elektrolit konsentrasi tinggi telah diberi label high alert	✓		
3.	Terdapat tanda peringatan obat <i>high alert</i> berupa label merah	✓		
4.	Penyimpanan elektrolit konsentrasi tinggi pada suhu ruangan yaitu 15-30°C	✓		
5.	Penyimpanan elektrolit konsentrasi tinggi seperti KCL 7,45%, NaCl 3% disimpan difarmasi (apotik dan gudang).	✓		
6.	Penyimpanan obat elektrolit konsentrasi tinggi menggunakan metode FIFO	✓		
7.	Penyimpanan obat elektrolit konsentrasi tinggi menggunakan metode FEFO	✓		
8.	Ketersediaan dan kualitas obat elektrolit konsentrasi tinggi dimonitoring atau dipantau setiap hari oleh supervisi ruangan	✓		
9.	Ketersediaan dan kualitas obatelektrolit konsentrasi tinggi dimonitoring atau dipantau soleh supervisi ruangan	✓		
10.	Saat Pemberian obat LASA dilakukan double chek oleh oleh staff farmasi yang berbeda	✓		
11.	Melakukan prinsip 7 benar	✓		

Jumlah Total :	11		
Jumlah Persentasi Keterangan nilai Sesuai : 2 Kurang Sesuai : 1 Tidak Sesuai 0	$22/22 \times 100\% = 100\%$		

(Sumber : Data primer yang diolah)

Tabel 4 Jumlah Resep High Alert BPJS yang keluar dari bulan Maret- Mei 2023

NO	BULAN	Seluruh Resep	Resep High Alert	% Resep High Alert
1.	Maret	1105	387	$387 / 1105 \times 100\% = 35,02\%$
2.	April	941	409	$409 / 941 \times 100\% = 43,46\%$
3.	Mei	1182	419	$419/1182 \times 100\% = 35,44$
4.	Maret-Mei	3228	1215	$1215/3228 \times 100\% = 37,64\%$

(Sumber : Data primer yang diolah)

Tabel 5 Resep High Alert Swasta yang keluar dari bulan Maret- Mei 2023

NO	BULAN	Seluruh Resep	Resep High Alert	% Resep High Alert
1.	Maret	245	108	$108/245 \times 100\% = 44,08\%$
2.	April	198	115	$115/198 \times 100\% = 58,08\%$
3.	Mei	271	180	$180/271 \times 100\% = 66,42\%$
4.	Maret-Mei	714	403	$403/714 \times 100\% = 56,44\%$

(Sumber : Data primer yang diolah)

Pembahasan

Berdasarkan tabel 1 poin 1-4 Unit farmasi mempunyai daftar obat *high alert* yang ditempelkan disetiap ruangan untuk mengetahui daftar nama obat yang termasuk dalam obat high alert. obat *high alert* juga telah mempunyai label khusus. Cara penyimpanan obat *high alert* di unit farmasi yaitu memisahkan rak obat *high alert* dengan obat lainnya, rak obat *high alert* diberi label merah dan diberi garis warna merah. Pada setiap obatnya diberi label obat *high alert* untuk menghindari terjadinya kesalahan pengambilan. Hal tersebut seperti hasil wawancara dengan kepala unit farmasi berikut ini. “Untuk obat injeksi, obat generik maupun non generik yang berada di ruang maupun yang di pendingin kita sudah pisahkan semuanya dan sudah kita beri label saat melakukan pendistribusian kepada pasien kita pasti melakukan pengecekan sebanyak 2 kali dengan orang yang berbeda.”

Selanjutnya untuk poin 5 masih di table 1, Ada sebagian obat psikotropik dan narkotik yang termasuk dalam obat *high alert* yang penyimpanannya harus lebih diperhatikan karena selain dapat membahayakan bagi pasien dalam kesalahan pemberian, obat psikotropika dan narkotik juga mempunyai resiko untuk disalah gunakan jika penyimpanannya tidak benar. Untuk itu penyimpanan narkotik harus disimpan dilemari yang berkunci ganda dengan kunci dibawa oleh dua orang yang berbeda.

Selanjut nya poin 6 dan 7, Suhu pada ruangan penyimpanan obat dipantau setiap hari oleh petugas farmasi untuk memastikan suhu sudah sesuai. Hal tersebut seperti hasil wawancara dengan kepala instalasi farmasi berikut ini. “Untuk suhu ruangan kita di dukung oleh AC dan kita melakukan monitoring suhu untuk memastikan suhu yang sesuai (18°C - 28°C) untuk lemari pendingin nya kita pantau suhu 2°C - 8°C ”

Selanjutnya di poin 8-10, Metode FEFO dilakukan kombinasi dengan metode FIFO (First In First Out) yaitu obat yang datang dahulu maka obat tersebut yang didistribusikan terlebih dahulu, hanya saja di Rumah Sakit Sariningsih lebih dominan dengan menggunakan FEFO. Hal tersebut berdasarkan hasil observasi yang peneliti lakukan walaupun

menurut hasil wawancara yang dilakukan peneliti terhadap kepala unit menggunakan metode FEFO dan menggunakan FIFO. *“Iya kita disini FEFO tetapi kadang juga FIFO cuman sering nya itu FEFO. Disini semua obat disusun secara Alfabet ya ”*

Selanjutnya di poin 11 dan 12, sistem monitoring ketersediaan dan kualitas obat dilakukan setiap bulan dengan cara stock opname yang dipantau oleh kepala Unit Farmasi Rumah Sakit Sariningsih dibantu seluruh petugas farmasi.

Dan terakhir di poin 13 dan 14, bila ada resep *high alert* harus melakukan double chek karena ditakutkan nya salah pengambilan obat dan Rumah Sakit Sariningsih mempunyai prinsip 7 benar yaitu 1. Benar obat 2. Benar dosis 3. Benar waktu 4. Benar cara 5. Benar pasien 6. Benar informasi 7. Benar dokumentasi.

Selanjutnya masuk ke tabel 2 poin 1-3, Obat LASA disimpan dengan diberi jarak antara satu sampai dua obat lain dengan pemberian stiker pada wadah obat sebagai tanda obat LASA untuk menghindari terjadinya kesalahan pemberian. Hal ini seperti yang dikatakan oleh kepala unit farmasi berikut ini *“Obat LASA sudah ditempel label LASA dan dikasih jarak antar obatnya biar mengurangi terjadi nya kesalahan saat mengambil obat ”.*

Di poin 4, Penyimpanan obat psikotropik dan narkotik seperti yang dijelaskan pada obat *high alert* , obat LASA yang termasuk dalam golongan psikotropik dan narkotik juga penyimpanannya sama yaitu disimpan dilemari khusus untuk narkotik disimpan di lemari yang mempunyai pintu ganda dan berkunci ganda dengan dipegang oleh dua orang yang berbeda untuk mencegah terjadinya penyalahgunaan. Seperti yang dikatakan oleh kepala unit farmasi berikut ini. *“Untuk obat narkotika dan psikotropika kita di pisah kan lemarnya ya dan seiring kalian mahasiswa PKL disini juga sudah tau dimana kedua obat ini disimpan di lemari khusus yang berkunci, khusus untuk narkotika mempunyai 2 lemari dengan kunci yang berbeda”*

Selanjutnya poin 5, suhu penyimpanan obat LASA yang termolabil disimpan dilemari pendingin dengan suhu 2-8°C dan obat yang bersifat termostabil disimpan disuhu ruang yaitu dengan suhu 15-27°C dengan menggunakan AC diruangan.

Selanjutnya yaitu poin 6-8, penyimpanan obat LASA berdasarkan alfabetis dari A-Z untuk mempermudah dalam pencarian dengan menerapkan metode FEFO (*First Expired First Out*) atau barang yang mempunyai tanggal kadaluarsa paling dekat itulah yang ditempatkan paling depan karena barang yang baru datang belum tentu mempunyai tanggal kadaluarsa yang lebih jauh dibandingkan stok obat yang ada dan menggunakan sistem FIFO (*First In First Out*) atau obat yang baru datang disimpan dibelakang obat yang sudah ada sebelumnya, hanya saja di Rumah Sakit Sariningsih lebih dominan dengan menggunakan FEFO.

Di poin 9 dan 10, Pengawasan obat LASA dipantau setiap hari oleh apoteker (supervise ruangan) dan dipantau setiap bulannya oleh kepala unit farmasi untuk memonitoring dan menjaga ketersediaan obat LASA yang ada di Rumah Sakit Sariningsih.

Poin terakhir di tabel 2 yaitu poin 11 dan 12, bila ada resep *high alert* harus dilakukan double chek untuk menghindari kesalahan pengambilan obat, Rumah Sakit Sariningsih mempunyai prinsip 7 benar yaitu 1. Benar obat 2. Benar dosis 3. Benar waktu 4. Benar cara 5. Benar pasien 6. Benar informasi 7. Benar dokumentasi.

Sekarang masuk ke tabel 3 poin 1-3, Penyimpanan obat *high alert* yang termasuk konsentrat pekat disimpan dilemari yang terpisah dengan diberi label obat *high alert* untuk memudahkan mengenali obat *high alert* dan meminimalisir akan terjadinya salah pengambilan yang dapat memberikan efek berbahaya bagi pasien. Elektrolit konsentrat pekat merupakan salah satu kategori obat *high alert* yang harus diperhatikan juga cara penyimpanannya karena dapat membahayakan pasien jika terjadi kesalahan pemberian, cara penyimpanan obat *high alert* kategori elektrolit konsentrat pekat sama dengan penyimpanan obat *high alert* lainnya seperti yang dikatakan oleh kepala unit farmasi dibawah ini. *“untuk elektrolit pekat itu sudah disimpan di high alert dan di tempel label elektrolit pekat, elektrolit pekat harus di encerkan.”*

Selanjutnya di poin 4 dan 5, Penyimpanan elektrolit pekat disimpan di lemari high alert dilengkapi dengan AC dan lembar monitoring.

Adapun di poin 6 dan 7, berdasarkan hasil observasi yang peneliti lakukan walaupun menurut hasil wawancara yang dilakukan peneliti terhadap kepala instalasi hanya menggunakan metode metode FEFO dan tidak menggunakan FIFO. Seperti yang dikatakan oleh kepala instalasi berikut ini. “*Iya kita disini FEFO tetapi kadang juga FIFO cuman seringnya itu FEFO.*”

Selanjutnya poin 8 dan 9, Pengawasan obat Elektrolit Konsentrat Pekat dipantau setiap hari oleh supervise ruangan dan dibawah pengawasan kepala unit farmasi untuk memonitoring dan menjaga ketersediaan obat Elektrolit Konsentrat Pekat yang ada di Rumah Sakit Sariningsih dan untuk obat yang tersimpan diruangan atau dalam trolley emergency juga pantau jika telah digunakan maka petugas harus melengkapinya kembali trolley tersebut dalam 1x24 jam.

Dan poin terakhir di tabel 3 yaitu poin 10 dan 11, Elektrolit konsentrasi tinggi (misalnya kalium klorida 2 meq/ml yang lebih pekat, kalium fosfat, natrium klorida pekat 3% dan magnesium sulfat = 50% atau lebih pekat) Contoh : KCL 7,46% 25 ml, NaCl 3 harus dilakukan double chek karena ditakutkannya salah pengambilan obat dan Rumah Sakit Sariningsih mempunyai prinsip 7 benar yaitu 1. Benar obat 2. Benar dosis 3. Benar waktu 4. Benar cara 5. Benar pasien 6. Benar informasi 7. Benar dokumentasi.

Tabel 4 dan 5 menunjukkan hasil dari keluarnya obat *high alert* per resep. Resep adalah permintaan tertulis dari dokter atau dokter gigi, kepada apoteker, baik dalam bentuk paper maupun electronic untuk menyediakan dan menyerahkan obat bagi pasien sesuai peraturan yang berlaku. (Permenkes, 2016). Resep obat *high alert* rawat jalan BPJS kita dapat mengetahui bahwa ada 1215 resep obat *high alert* dari 3228 resep dengan persentase 37,64% resep *high alert* rawat jalan BPJS pada bulan Maret-Mei 2023. Untuk resep obat *high alert* rawat jalan swasta kita dapatkan bahwa ada 403 resep obat *high alert* dari 714 resep dengan persentase 56,44% resep *high alert* rawat jalan swasta pada bulan Maret-Mei 2023.

Pernyataan di atas menggambarkan salah satu evaluasi pengelolaan obat *high alert* di Rumah Sakit Sariningsih. Dimulai dari penyesuaian penyimpanan, pelabelan, memberikan obat kepada pasien dengan menggunakan prinsip 7 benar.

Simpulan

Berdasarkan hasil kegiatan yang dilakukan selama periode Maret – Mei 2023 dapat disimpulkan sebagai berikut:

1. Penyimpanan obat *high alert* dan elektrolit konsentrasi tinggi di unit farmasi yaitu disimpan dirak terpisah, diberi garis warna merah dan diberi label obat high alert dan penyimpanan obat LASA terpisah antar obatnya (diberi jarak / diselang satu sampai dua obat yang berbeda) dan diberi label LASA
2. Penyimpanan obat *high alert* sudah sesuai dengan SOP Rumah Sakit Sariningsih dengan menghasilkan persentase 100% untuk kateogon *high alert* LASA (*Look Alike Sound Alike*) dan elektrolit konsentrasi tinggi.
3. Resep obat *high alert* rawat jalan BPJS kita dapat mengetahui bahwa ada 1215 resep obat *high alert* dari 3228 resep dengan persentase 37,64% resep *high alert* rawat jalan BPJS pada bulan Maret-Mei 2023. Untuk resep obat *high alert* rawat jalan swasta kita dapatkan bahwa ada 403 resep obat *high alert* dari 714 resep dengan persentase 56,44% resep *high alert* rawat jalan swasta pada bulan Maret-Mei 2023.

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ANALYSIS OF PATIENT SAFETY MANAGEMENT IN IMPROVING THE QUALITY OF HEALTHCARE SERVICES IN THE INPATIENT WARD OF HUMANA PRIMA HOSPITAL BANDUNG

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Abstract

Health stands as a paramount requirement for all individuals, with health development inherently encompassing aspects of both physical and mental well-being. Health condition has an effect to social economy development of some country, especially Indonesia. In Indonesia constitution, health system is protected under Indonesia law. The research method used is descriptive qualitative analysis. The data collection used is interviews using interviews accompanied by observation and library techniques. Data analysis techniques using interactive model analysis consist of data collection, data reduction, data presentation and drawing conclusions. The results of the study can be seen that improving quality and patient safety are interconnected, providing patient care as needed, doctors, nurses, competent, competent employees, tools according to patient needs, equipment that supports patient safety can improve service quality. Patient safety management can also be a solution to prevent and minimize the risk of medical injury to patients. Indirectly, if the number of injury cases is reduced, the hospital will also become one of the institutions that are credible and trusted by the community.

Keywords: Safety Management, Physical Well-being, Mental Well-being, Indonesia Health Care Law

Introduction

Health stands as a paramount requirement for all individuals, with health development inherently encompassing aspects of both physical and mental well-being. An individual's health condition can have an impact on various aspects of their socio-economic life, as well as the sustainability of a nation and country, whether in developed countries or in developing ones like Indonesia. Health is a right and an investment for all Indonesian citizens, and protected under Indonesia constitution, as stated in the 1945 Constitution, article 27 paragraph 2, where every citizen has the right to work and a decent standard of living for humanity. Therefore, all citizens, without exception, have equal rights in terms of livelihood, health, and employment. Based on the context, it follows that every citizen, without exception, possesses an equal entitlement to an adequate standard of living, health, and employment. This notion of livelihood encompasses the right to access material necessities such as sustenance, clothing, and suitable shelter, alongside other essential needs like healthcare, spiritual well-being, and more. Health stands as a critical investment for society, as it represents a foundational cornerstone indispensable for the entire community to engage in activities that align with their individual roles and responsibilities. This capacity, in turn, empowers the populace to generate meaningful contributions for their own well-being and that of their families. However, in situations where health conditions become compromised, it is conceivable that an individual's entire wealth and resources might be exhausted in the pursuit of restoring or maintaining their health.

The advancement of the healthcare service industry is inseparable from the imperative to consistently provide quality healthcare. Numerous efforts have been exerted to enhance healthcare services, aiming for greater efficacy, efficiency, and inclusivity to encompass all segments of society. Thus, endeavors to enhance the quality of human resources, improve equipment and pharmaceutical provisions, and enhance the physical infrastructure of healthcare facilities are essential. Based on this issue, the author initiates this research on this topic.

Method

This research is a qualitative descriptive study, utilizing a descriptive survey research method. This study took research subjects from hospital documents and employees who worked in the inpatient wards of the Prima Humana Hospital.

The data collection used is interviews using interviews accompanied by observation and library techniques. Data analysis techniques using interactive model analysis consist of data collection, data reduction, data presentation and drawing conclusions.

Result and Discussion

The results of this study indicate that the implementation of patient safety program activities at the hospital has been running as expected. The results of the author's observations based on hospital document data show that there are policies or guidelines, SPO in all units, use of anesthesia and sedation and antibiotics, drug absorption, adherence to the 6 patient safety goals, service reporting time, evidence of outreach, evidence of training, error forms, forms monitoring and evaluation. According to The Health Foundation, safety culture relates to the extent to which an organization prioritizes and supports safety improvements safely and comfortably. Organizations with a positive safety culture have communication based on mutual trust, shared perceptions of the importance of safety, belief in the effectiveness of preventive measures, and support from the workforce (Irviranty, 2014). It is known that the Humana Prima Bandung Hospital has issued various policies, guidelines, and standard operating procedures regarding patient safety. This is reflected in the results of observations by looking at the traces of some references for health workers in providing health services. Here Humana Prima Bandung Hospital has been accredited so that assessment of patient safety indicators in the form of documents is available.

In addition, it is also known that medical audits or monitoring of patient safety are held every month and are followed by evaluating the findings through quarterly meetings to realize the hospital's vision. Medical audits or patient safety monitoring conducted are recorded on the patient safety monitoring and evaluation form at the hospital. Medical audit is a systematic and independent analysis or examination of clinical care to determine if activities and results are in accordance with the arrangements that have been implemented effectively and are suitable for achieving goals, including procedures for diagnosis, medical treatment, treatment, utilization of resources provided associated, and quality of life outcomes for patients because of these procedures. According to the United Nations Development Program (2012), monitoring aims to carry out measurements or assessments of process performance to achieve the expected output. Good monitoring is carried out on an ongoing basis. In addition, through monitoring activities. The process of improving the quality and effectiveness of medical services at Humana Prima Bandung Hospital lies in medical audits, where in general the data sources used are patient medical records, both outpatient and inpatient care. Some things that need to be considered in medical audits are about the impact on professional behavior, management's responsibility for the value of the medical audit, how far it affects workload, sense of accountability, career prospects and morale and the type of training needed. The most important legal aspect of a medical audit is the use of patient medical information, which of course is related to the obligation to keep medical secrets.

Patient safety management system is a system in which hospitals make patient care safer. This includes risk assessment, identification and management of patient-related risks, incident reporting and analysis, the ability to learn from incidents and their follow-up and implementation of solutions to minimize risk exposure. This system prevents unwanted events such as injury to patients caused by errors due to carrying out a medical action (therapy) or not taking action that should be followed up. In implementing the patient safety system, the hospital has obstacles such as communication and cooperation between individuals that have not been implemented properly, but these obstacles are covered by good synergy from leaders and a problem-solving system that is carried out by deliberation. and so far the existing constraints have not caused unexpected events to occur. Then for other supporting facilities still need other support such as the availability of personal protective equipment such as gloves or signs according to risks and potential hazards, sinks to avoid infectious diseases, and standard beds to prevent patients from being away and patient bells to speed up the service process at every inpatient room to avoid health workers and patients experiencing adverse events. Some of the conditions above have shown low concern for patient safety in hospitals. In accordance with the research based on the results of observations in surgical and non-surgical inpatients there were several obstacles, namely the unavailability of telephone facilities, the drug storage cabinet did not have a key. Apart from that, many of the hand washing facilities, handrub/handwash liquid and tissues have run out. For the risk of falling, handrails have not been installed in non-surgical inpatients. This condition indicates that the availability of adequate facilities to achieve the best balance between risks and safety benefits received by patients.

It is known that efforts to optimize facilities to support patient safety have been going well. Any repair or replacement of facilities such as beds is carried out immediately. The addition of facilities involves a meeting with the team to

ensure the improvement of facilities that are lacking. Vincent (2012) highlighted the importance of supporting facilities in evaluating patient safety. Quality improvement and patient safety team's procedures in completing patient safety support facilities have been maximized. Coordination with hospital MFK ensures that facility needs are met. Damaged facilities in the inpatient room are immediately repaired or replaced with new ones if funding approval is needed from the leadership. Funds are the main factor in ensuring the availability of health facilities. Dewi (2017) emphasizes the importance of facilities according to health service standards for an effective patient safety program. Medical facilities play a major role in service quality and patient satisfaction. Sufficient funds are needed to provide medical devices in hospitals.

Implementation of Standard operational procedures

The implementation of patient safety in Humana Prima Hospital, all health service activities have Standard Operating Procedures (SOP). If there is a new SPO, the PMKP team works with the Education and Training Department to carry out socialization. New health workers receive direct guidance and direction from the heads of their respective units. However, the implementation of SPO in inpatient rooms has not been maximized, especially in terms of reducing the risk of infection related to health services; and reducing the risk of patients falling in the inpatient room so that collaboration with the nursing sector is needed. In accordance with Suparna's research (2015) said that the application of fall risk to patients based on SOP aspects of writing on documentation was carried out 100 percent, while 50 percent of fall risk assessment, aspects of installing fall risk signs, found that the implementation was only 25 percent. From the three aspects, it can be concluded that the application of patient safety at risk of falling based on SOP is not implemented 100 percent at Panti Rini Kalasan Hospital, Sleman. While the SPO itself is dynamic and flexible which can change according to the development of science so that to add information, continuous activities are needed. In line with Keles research (2015) that the implementation of patient identification, the implementation of effective communication, the implementation of increasing drug safety that needs to be watched out for and the implementation of reducing the risk of infection and the implementation of reducing the risk of falling patients are not in accordance with the 2012 version of hospital accreditation standards The need for monitoring and evaluating hospital management in support of the patient safety program.

Communication, Perception, and relations between workers in the PMKP Team

Health workers at the Humana Prima Hospital are known to have good communication between health workers in the PMKP team, as well as perceptions, and relations between workers. In communicating health workers can make online contact (phone) if needed or provide information about patient safety. The communication applied between health workers is two-way regardless of the status of each health worker by using the Situation Background Assessment Recommendation System (SBAR), which is a communication technical framework provided for health workers in conveying the patient's condition in the inpatient room. Based on the results of the author's observation that nurses at Humana Prima Hospital Bandung in applying situational aspects to SBAR communication, nurses have not mentioned all patient identity data, medical diagnoses, and patient complaints and nurses also did not mention the patient's age and date of admission. Incompleteness in the application of Situassion to SBAR communication can occur due to the low motivation of nurses towards the importance of other health workers knowing the patient's age and date of admission. Likewise, communication between doctors and patients to obtain health information about disease complaints is still represented by the duty nurse, not directly obtained from the doctor concerned. SBAR communication that is done incorrectly can cause several problems, including delays in medical diagnosis and an increased likelihood of side effects as well as other consequences including higher costs of health care. According to Manupo (2012) that communication between health workers in interdisciplinary collaboration is a common cause of patient injuries. Communication errors that often occur such as medical orders that are illegible and ambiguous resulting in wrong translations, erroneous procedures performed, medical errors, errors in reporting significant patient changes, and non-compliance with applied communication standards. Smith, (2017) added that the factors that contribute to the occurrence of adverse events in hospitals include stating that communication about treatment and surgery is the most important factor that influences patient safety culture.

Workers understanding and perception of the purpose of forming the PMKP team in terms of improving the quality of health and patient safety services has the same perception. In accordance with the results of the PMKP team meeting, they are always committed to the success of the program with all their might and optimize the resources available at the hospital. Unbalanced communication and division of tasks is the cause of not running an effective work team. Effectiveness is very dependent on communication and teamwork, cooperation, supervision and division

of tasks. Patient safety incidents show that poor work team factors contribute more than weak clinical skills. Effective communication can achieve the desired work program objectives (Vincent, 2010). Findings in the field based on the results of interviews with health workers in inpatient rooms said that they are trying to carry out optimal health services by prioritizing patient safety programs so that patients feel satisfied and are willing to take advantage of health services again if they need disease treatment or re-control. This is in accordance with the hospital's mission, which is to prioritize hospital patient/client satisfaction and increase recovery rates, reduce complaints and/or improve patient health.

the relationship between worker in the PMKP team in providing health services with other units has been going well. Likewise with other health workers, especially in providing clear and detailed education and training until they fully understand how to improve the quality of service based on patient safety indicators.

Understanding of patient safety in health workers in inpatient rooms

In general, health workers in the inpatient room of the Humana Prima Hospital have sufficient understanding of the patient safety system in the hospital because it is part of the task being carried out. To increase this understanding, the PMKP team conducts refreshments by holding periodic training. In line with Arumningrum's research (2014), where it was found that nurses' knowledge of Patient Safety Goals was high in RSU. This reflects that more health workers working in hospitals already know about patient safety so they can minimize patient safety in accordance with the standard values from the Ministry.

Hospital patient safety is a system where hospitals make patient care safer which includes risk assessment, identification and management of matters related to patient risk, reporting and analysis of incidents, the ability to learn from incidents and their follow-up and implementation of solutions to minimize risks and prevent the occurrence of injuries caused by mistakes due to carrying out an action or not taking the action that should be taken. This situation must be supported by the PMPK team and nurses in the inpatient room as the spearhead in providing health services to patients. In contrast to the understanding of nurses in the inpatient room that is not optimal so that later it can cause unwanted events. According to Sulahyuningsih's research (2017), the implementation of 6 SKPs at the Sumbawa Regional Public Hospital has not run optimally. This is due to various obstacles, namely limited knowledge and awareness of nurses in hospitals and limited facilities and infrastructure in carrying out 6 SKP. Incompatibility in the implementation of the six patient safety goals (SKP) increases patient safety incidents (IKP).

Minimizing the risk of unexpected events

The most basic effort in minimizing the risk of unexpected events in patient safety is by providing education to every health worker on all fronts. Providing an understanding of the program is very supportive in improving their skills when providing health services. Furthermore, they can also take part in various training according to their respective fields of work. The training that is most frequently conducted is related to the 6 patient safety goals. To support the understanding of health workers, each health worker is given a pocketbook on patient safety programs that can be carried or read at leisure to recall. However, not all lines in the patient safety program can be monitored because the coverage is very wide. The teamwork method in health facilities needs to be a strategy in handling patient safety because the team method is a method of providing nursing care, namely a professional nurse leading a group of nursing staff in providing nursing care to a group of patients through cooperative and collaborative efforts (Sitorus, 2016). This method also allows comprehensive nursing services. The provision of nursing care to a group of patients (Nursalam, 2012).

Hospital health workers as individuals who directly implement services must meet the adequacy of both quantity and quality. Aspects of individual quality seen from the education and competency standards possessed. The competence of staff at the hospital can be done by trying to meet competency standards by each officer in accordance with the standards set in each profession. Hospitals can take efforts such as sending officers to take part in competency-based training for each existing profession. This step is integrated with hospital HR planning, especially the education and training department. For officers who do not meet the competency standards for their profession, the hospital can provide facilities to meet these standards. The research findings are not much different from Beginta's opinion (2012) that every work team in a hospital seeks to improve the capabilities and skills of health workers in realizing patient safety programs. The PMKP team has improved the abilities and skills of its members regarding the patient safety program through good training. However, it is different from nurses in inpatient rooms who are given more

socialization because each nurse has different abilities and as a reminder to stay focused in implementing patient safety in inpatient rooms. Meanwhile, the training was not evenly distributed due to limited hospital funds.

Conclusion

The results of the analysis of patient safety management in improving the quality of health services in the Inpatient Room of Humana Prima Bandung Hospital can be drawn the following conclusions:

1. Management of patient safety in the Inpatient Room of Humana Prima Hospital Bandung, namely as follows:
 - a) The role of the organization in establishing patient safety management has not been supported by experts,
 - b) The working environment conditions of the hospital in supporting patient safety have not been supportive and the implementation of SOPs in the room has not been effective,
 - c) The individual's ability to carry out patient safety in inpatient rooms are less effective,
 - d) The ability of health workers to carry out patient safety in inpatient rooms is not good,
 - e) External environmental support in the form of adverse events reports supported by patient safety policies has been implemented.
2. The quality of health services in the Inpatient Room of Humana Prima Hospital Bandung based on the five aspects of reliability, responsiveness, assurance, empathy, and physical evidence has provided quality and quality services. to the patient.
3. Obstacles/obstacles faced in the implementation of patient safety management in improving the quality of health services in the Inpatient Room of Humana Prima Bandung Hospital, namely a) external environment, b) leadership, c) organizational culture, d) management practices, e) structure and system, f) tasks and individual skills and g) work environment, individual needs, and motivation.
4. Management of patient safety in improving the quality of health services in the Inpatient Room of Humana Prima Hospital Bandung, namely by a) Building awareness of patient safety values, b) Building commitment and a clear focus on patient safety, c) Building risk management systems and processes as well as identifying and assessing potential problems, d) Building a reporting system, e) Involving and communicating with patients, f) Learning and sharing experiences about patient safety by conducting root cause analysis, g) Preventing injuries through implementing patient safety systems using information which exists.

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