

Pengembangan budaya keselamatan pasien di RSUD H. Abdul Manap Kota Jambi = Patient safety culture development at Abdul Manap Hospital in Jambi City

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Abstrak

Pengembangan Budaya Keselamatan Pasien di RSUD H Abdul Manap Kota Jambi Salah satu pendekatan untuk meningkatkan keselamatan pasien adalah membangun budaya keselamatan pasien. Budaya keselamatan pasien sendiri merupakan salah satu aspek dari budaya organisasi, karena itu, untuk mengembangkannya diperlukan pengkajian budaya organisasi agar terjadi perubahan yang mendorong upaya peningkatan keselamatan pasien. Penelitian ini bertujuan menganalisis budaya keselamatan pasien dan mengidentifikasi profil organisasi untuk menentukan langkah strategis pengembangan budaya keselamatan pasien di RSUD H. Abdul Manap Kota Jambi. Penelitian cross-sectional, mix method dengan survei kepada sebanyak 190 tenaga klinis yang langsung berhubungan dengan pasien yaitu tenaga medis, tenaga keperawatan dan tenaga penunjang pelayanan medis dengan menggunakan kuesioner HSOPSC (Hospital Survey on Patients Safety Culture) yang dikembangkan oleh AHRQ (Agency for Healthcare Research and Quality) dalam mengukur Budaya Keselamatan Pasien dan OCAI (Organization Culture Assessment Instrument) untuk mengidentifikasi profil budaya organisasi. Dilakukan analisis korelasi antara kedua temuan. Dilakukan pula Focus Group Discussion (FGD) untuk mengidentifikasi hambatan dan harapan dan kemudian dibahas dalam Consensus Decision Making Group (CDMG) jajaran manajemen sebagai kesepakatan tentang rencana tindak lanjut. Pembelajaran organisasi dan perbaikan berkelanjutan dan kerjasama dalam unit merupakan dimensi budaya terkuat sementara staffing, respons non-punitive terhadap kesalahan terlapor, frekuensi pelaporan kejadian dan jumlah kejadian yang dilaporkan merupakan dimensi budaya kurang yang perlu mendapatkan intervensi. Budaya Clan adalah jenis budaya organisasi yang paling dominan, tetapi bukan merupakan budaya yang kuat karena selisih skor dengan budaya Hierarki hanya satu (1) poin. Hasil korelasi antara dimensi pada budaya keselamatan menunjukkan adanya hubungan positif bermakna. Sedangkan korelasi antara tipe budaya organisasi dengan dimensi budaya keselamatan pasien menunjukkan hasil yang bervariasi. Strategi mutu budaya Clan dan budaya Hierarki dipakai sebagai panduan untuk perubahan dalam pengembangan budaya keselamatan pasien di RSUD H. Abdul Manap. Secara keseluruhan budaya keselamatan pasien termasuk dalam kategori budaya sedang, dimensi budaya pelaporan merupakan yang terlemah. Upaya pengembangan budaya keselamatan pasien memerlukan komitmen pimpinan, pemberdayaan staf dan pengembangan sistem. Diperlukan penelitian lebih lanjut untuk menganalisis berbagai faktor dalam pengembangan budaya pelaporan.

.....Building Patient safety culture is the first step in the improvement of patient safety. As patient safety culture is one aspect of organizational culture, therefore, to develop it, an assessment of organizational culture is needed to make changes that encourage efforts to improve patient safety. This study aims to analyze the patient safety culture and identify organizational profiles to determine the strategic steps of developing a patient safety culture at H. Abdul Manap Hospital in Jambi City. Methods: This study was cross-sectional, mix method. A survey was conducted on 190 clinical staff who were directly faced to patients namely medical doctors, nursing staffs and medical service support personnels using the HSOPSC

(Hospital Survey on Patient Safety Culture) questionnaire developed by AHRQ (Agency for Healthcare Research and Quality) and OCAI (Organization Culture Assessment Instrument). Correlation analysis between the two findings was carried out. Focus Group Discussion (FGD) was carried out to identify obstacles and expectations in the implementation of patient safety culture, and its results will be discussed in the managements Consensus Decisions Making Group as an agreement that will be taken as an action plan

Results: Organizational learning and continuous improvement and Teamwork within units are the strongest cultural dimensions while staffing, non-punitive response to errors, frequency of events reported and “number of events reported are dimensions of culture that need to be intervened. Clan culture is the most dominant type of organizational culture, but it is not a strong culture because the difference in scores with the Hierarchy culture was only one (1) point. The results of the correlation between the dimensions of safety culture indicate a significant positive. While the correlation between the type of organizational culture and the dimensions of patient safety culture, shows varying result. The quality strategy of Clan culture and hierarchical culture are used as a guide for changes in the development of a patient safety culture at H. Abdul Manap Hospital. Conclusion: In general, the patient safety culture belongs to the moderate level. The reporting culture becomes the weakest dimensions. A managements commitment and staff empowerment as well as system development are all needed on the development of a patient safety culture. Further research is required to investigate various factors to develop the reporting culture.