

Factors Affecting Patient Safety Incidents In Datu Beru Takengon Regional Hospital In 2021

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ABSTRACT

Patient safety is the most important global issue today where there are now many reports of patient demands for medical errors that occur in patients. The report of the Committee for Quality Improvement and Patient Safety (PMKP) in 2020 at the Datu Beru Takengon Regional General Hospital showed that there were 15 safety incidents. This research is a quantitative research with a cross sectional study design, which is a measurement of the dependent variable and the independent variable of the relationship between nurse characteristics (age, gender, education, years of service and unit tenure), organizational factors, teamwork factors, work environment factors, individual factors with the dependent variable of patient safety and using a survey method. From the results of the study, the most dominant factor influencing patient safety was the teamwork factor variable $p < 0.000 < 0.05$ and 95% CI 0.014-0.244 meaning that the teamwork factor had an effect on patient safety at Datu Beru Takengon General Hospital. In the study, there was a significant influence on the occurrence of patient safety incidents, whether it was from individual nurses such as age, education, years of service, work units, organizational factors, teamwork factors, environmental factors and individual factors. The conclusion of this study that the teamwork factor is a more influential variable than the others in the occurrence of patient safety incidents in the inpatient unit. It is hoped that the management of is more serious in establishing quality improvement and patient safety (PMKP).

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1. Introduction

Patient safety is the most important global issue today where there are currently many reports of patient demands for medical errors that occur in patients. Hospital patient safety is a system where the hospital makes patient care safer which includes risk assessment, identification and management of matters relating to patient risk, incident reporting and analysis, the ability to learn from incidents and their follow-up and implementation of solutions to minimize risks. risk. and prevent injury caused by error as a result of taking an action or not taking the action that should have been taken. In patient safety there is the term patient safety incident, hereinafter referred to as incident, which is any unintentional event and condition that results in or has the potential to result in preventable injury to the patient, which consists of Unexpected Events (KTD (Faluzi, Machmud, & Arif, 2018).

A study states that the concept of patient safety is basically defined as "free from accidental injury" by the Institute of Medicine (IOM). In recent years, patient safety has become a special

concern in the context of health services in hospitals. Hospital accreditation in Indonesia, has included the implementation of patient safety in all lines as an important assessment in determining quality standards in hospitals (Adrini T, Harijanto, & Woro U, 2015). Hospital quality assessment is obtained through an accreditation system, one of which is the target of patient safety because it has become a priority for health services throughout the world. One of the steps to improve the quality of service is through the implementation of patient safety in hospitals (Yasmi & Thabrany, 2018).

According to the World Health Organization (WHO), patient safety in hospitals is an important issue because of the large number of medical error cases that occur in various countries. In the United States, medical errors occur across a spectrum, and can be attributed to systems and human factors. The most common adverse safety incidents were related to surgical procedures (27%), medication errors (18.3%) and health care-related infections (12.2%) (4). The Ministry of Health Malaysia reported the number of patient safety incidents in the period January-December 2013 as many as 2,769 incidents and for the State of Indonesia in the period 2006-2011 KKPRS reported there were 8777 patient safety incidents. The 2012 patient safety incident data reported an analysis of the cause of the incident, 46% related to mis-identification (Cahyono, 2008).

Based on several studies related to the implementation of patient safety in hospitals that have been accredited version 2012 in Indonesia. Nurmalia & Nivalinda's research in 2016 at a government hospital in Semarang showed that 56.2% of assistance in implementing patient safety was still not good (Iririvanty, 2014). While at Panti Waluya Sawahan Private Hospital, Malang by Must Bernadeta, KTD data reported 9 incidents (41%), KNC 6 events (27%), KPC 5 events (23%), KTC 2 events (9%). Patient safety incident data are still found to be lacking in both government and private hospitals even though they have passed accreditation, so that they can have a negative impact on health services (Joint Commission International (JCI), 2015).

The impact that occurs because the hospital does not implement patient safety can be a decrease in the quality of hospital services. US hospitals found that patients who experienced side effects cost about \$500,000 or were insured \$1 million per mistake. About 15% of healthcare professionals consider leaving the profession because of an error. These health professionals are more likely to be experienced in nursing services. The nurse's role in patient safety is described and many are related to patient safety needs. One of them is safety culture (WHO, 2016).

In carrying out the duties of implementing and evaluating patient safety, the Quality Committee has the function of formulating policies, guidelines, and work programs related to hospital patient safety, providing input and considerations to the Head or Hospital Director in order to realize patient safety. policies, monitoring and fostering the implementation of patient safety. in the work unit, motivation, education, consultation, monitoring and assessment of the implementation of patient safety programs, recording, analyzing, and reporting incidents, including conducting Root Cause Analysis (RCA) and providing solutions to improve patient safety, continuous incident reporting in accordance with the provisions laws and regulations, carry out patient safety training and prepare reports on the implementation of patient safety programs (Gunawan, Widodo, & Harijanto, 2015).

The report of the Committee for Quality Improvement and Patient Safety (PMKP) in 2020 at the Datu Beru Takengon Hospital showed that there were 15 safety incidents. More safety incidents occur in inpatient rooms, including potential injury events (KPC), namely 8 incidents (such as: damage to ventilator equipment, unprotected beds, slippery bathrooms and shortage of staff while the number of patients is large), Non-Injury Incidents (KTC) 1 event (such as the patient receiving a contraindicated drug but no drug reaction), Near Injury Event (KNC), namely events such as: a drug with a fatal overdose will be given to the patient, but other officers know and cancel before taking the drug given to the patient. An unexpected event (KTD) is an event such as a patient being given an excessive dose of drug A due to an error in reading the drug dose on the prescription so that the patient complains of side effects from the drug. The results of the safety recapitulation in the inpatient room showed that 1 patient fell, the patient experienced an allergy after receiving 1 drug, the patient refused to have an infusion and NGT so that the vital sign was reduced by 1 person.

Given the importance of patient safety and based on the problems that have been described, it is necessary to conduct a study that analyzes the factors that influence patient safety incidents by measuring the dependent variable and the independent variable. The results of the research are expected to be a tool in assisting health care providers in making policies related to patient safety.

2. Methods

This research is a quantitative research with a cross sectional study design, which is a measurement of the dependent variable and the independent variable of the relationship between the characteristics of nurses (age, gender, education, years of service), organizational factors, teamwork factors, work environment factors, individual factors with the dependent variable. patient safety and using survey methods. The location of the research was carried out in the Inpatient Room of Datu Beru Takengon Hospital on Jalan Qurata Aini Number 153 Kebayakan Central Aceh. The research will be carried out in October 2021. Data collection is planned to be carried out for 2 weeks, followed by data entry and data processing for 1 week. Population is the whole symptom/unit to be studied or the whole object of research or object under study. The population in this study were nurses at Datu Beru Takengon Hospital with a total of 642 nurses. Which is divided into 38 nurses in the emergency department, 45 nurses in the polyclinic, and 559 nurses in the inpatient room. The research sample was taken by purposive sampling. Purposive sampling is sampling based on considerations with the aim of obtaining a sampling unit that has the desired characteristics or criteria using the formula Slovin. Data Type In this study there are two types of data, namely primary data and secondary data. Data collection techniques in this study were carried out with the following steps: Research Administration Procedure, Research Technical Procedure. Data analysis Univariate Analysis, Bivariate Analysis and Multivariate Analysis.

3. Results and Discussion

3.1 Research result

a. Univariate Analysis

TABLE 1.
DISTRIBUTION OF AGE, EDUCATION, PERIOD OF SERVICE, PERIOD OF UNIT SERVICE, WORK UNIT AT DATU BERU TAKENGON HOSPITAL IN 2021

No.	Characteristic	Frequency (f)	Percentage (%)
Age			
1	> 30 Years	122	49,4
2	<30 Years	125	50,6
Education			
1	D3 Nursing	95	38,5
2	S1 Midwifery	76	30,8
3	Ners	76	30,8
Years of service			
1	<10 Years	124	50,2
2	>10 Years	123	49,8
Unit Working Period			
1	< 3 Years	161	65,2
2	> 3 Years	86	34,8
Work unit			
1	Igd	38	15,4
2	Inpatient	168	68,0
3	Polyclinic	41	16,6
Total		247	100

Based on table 1, shows that of the 247 respondents studied, the majority of respondents in the <30 years age category were 50.6% and the minority in the >30 year age category were 49.4%. The majority of the education category is D3 nursing as much as 38.5% and the minority is undergraduate nursing and nurses as much as 30.8%, the majority of respondents in the category of working period <10 years are 50.2% and the minority is in the category >10 years 49.8%. The category of working unit period of the majority unit is <3 years as much as 65.2% and the minority in the category of working unit period of >3 years is 34.8%. The majority of work units in inpatient categories are 67.8%, and minorities are 16.6% in polyclinic work units, while the emergency department work unit is 15.4%.

TABLE 2.
DISTRIBUTION OF PATIENT SAFETY INCIDENTS AT DATU BERU TAKENGON HOSPITAL IN 2021

No	Variable	Frequency (f)	Percentage (%)
Organizational Factor			
1	Well	189	76,5
2	Not enough	58	23,5
Teamwork Factor			
1	Well	156	63,2
2	Not enough	91	36,8
Environmental factor			
1	Well	163	66,0
2	Not enough	84	34,0
Individual Factor			
1	Well	180	72,9
2	Not enough	67	27,1
Total		247	100

Based on table 2 above shows that of the 247 respondents studied the majority of respondents in the category of good organizational factors as much as 76.5% and the minority in the category of less organizational factors as much as 23.5%, the majority of respondents in the category of good teamwork factors as much as 63.2% and minorities in the category of the lack of teamwork factor as much as 36.8%, the majority of respondents in the good environmental factor category as much as 66.0% and the minority in the lacking environmental factor category as much as 34.0%, the majority of respondents in the good oindividual factor category as much as 72.9% and the minority in the category of individual factors less as much as 27.1%.

TABLE 3.
DISTRIBUTION OF PATIENT SAFETY AT DATU BERU TAKENGON HOSPITAL IN 2021

No	Patient Safety	F	%
1	Well	175	70,9
2	Not enough	72	29,1
Total		247	100

Table 3 shows that of the 247 respondents studied, the majority with good patient safety as much as 70.9% and the minority with poor patient safety as much as 29.1%.

Bivariate Analysis

TABLE 4.
EFFECT OF AGE ON PATIENT SAFETY AT DATU BERU TAKENGON HOSPITAL IN 2021

No.	Usia	Patient Safety				Total	Sig-p	
		Good		Less				
		f	%	f	%			
1	> 30 Tahun	80	45,7	42	58,3	122	49,4	0,071
2	< 30 Tahun	95	54,3	30	41,7	125	50,6	
Total		175	100	72	100	247	100	

Based on table 4, it can be seen that from 247 respondents aged > 30 years, 45.7% were good and 58.3% were less. Meanwhile, those aged <30 years who are good are 54.3% and those who are less are 41.7%.

The results of the Chi-Square analysis in the attachment of the Continuity Correction test table between the effect of age on patient safety, it is known that the probability value is (0.071) > = 0.05, so it can be concluded that age does not have a significant effect on patient safety at Datu General Hospital Beru Takengon.

TABLE 5.
THE EFFECT OF EDUCATION ON PATIENT SAFETY AT DATU BERU TAKENGON HOSPITAL IN 2021

No.	Education	Patient Safety				Total	Sig-p	
		Good		Less				
		f	%	f	%			
1	D3 Nursing	73	41,7	22	30,6	95	38,5	0,203
2	S1 Nursing	53	30,3	23	31,9	76	30,8	

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3	nurse	49	28,0	27	37,5	76	30,8
	Total	175	100	72	100	247	100

Based on table 5, it can be seen that of the 247 respondents who had a good D3 nursing education, 41.7% and those who lacked as much as 30.6%. Respondents with good undergraduate nursing education were 30.3% and those who lacked 31.9%. Respondents with good nursing education were 28.0% and 37.5% were lacking. The results of the Chi-Square analysis in the attachment of the Continuity Correction test table between the effect of education on patient safety, it is known that the probability value is $(0.203) < 0.05$, so it can be concluded that education has no significant effect on patient safety at Datu General Hospital. Beru Takengon.

TABLE 6.
THE EFFECT OF WORKING PERIOD ON PATIENT SAFETY AT DATU BERU TAKENGON HOSPITAL IN 2021

No.	Unit Working Period	Patient Safety				Total		Sig-p
		Good		Less		F	%	
		f	%	f	%			
1	<10 Years	81	46,3	43	59,7	124	50,2	0,055
2	>10 Years	94	53,7	29	40,3	123	49,8	
	Total	175	100	72	100	247	100	

Based on table 6, it can be seen that from 247 respondents based on service period <10 years, 46.3 were good and 59.7% were less. While the working period of >10 years is good as much as 53.7% and 40.3% less. The results of the Chi-Square analysis in the attachment of the Continuity Correction test table between years of service and patient safety, it is known that the probability value $(0.055) = 0.05$, so it can be concluded that working period has a significant influence on patient safety in General Hospitals. Datu Beru Takengon.

TABLE 7.
INFLUENCE OF UNIT WORKING PERIOD ON PATIENT SAFETY AT DATU BERU TAKENGON HOSPITAL IN 2021

No.	Unit Working Period	Patient Safety				Total		Sig-p
		Good		Less		F	%	
		f	%	f	%			
1	<3 Years	117	66,9	44	61,1	161	65,2	0,389
2	>3 Years	58	33,1	28	38,9	86	34,8	
	Total	175	100	72	100	247	100	

Based on table 7, it can be seen that of the 247 respondents based on the service period of the unit <3 years, 66.9% were good and 61.1% were less. While the working period of the unit >3 years is good as much as 33.1% and the less is 38.9%. The results of the Chi-Square analysis in the attachment of the Continuity Correction test table between the effect of unit length of service on patient satisfaction, it is known that the probability value is $(0.389) > 0.05$, so it can be concluded that the unit's length of service has no significant effect on safety. patient at Datu Beru Takengon General Hospital

TABLE 8.
THE INFLUENCE OF ORGANIZATIONAL FACTORS ON PATIENT SAFETY AT DATU BERU TAKENGON HOSPITAL IN 2021

No.	Organizational Factor	Patient Safety				Total		Sig-p
		Good		Less		F	%	
		f	%	f	%			
1	Well	135	77,7	39	22,3	175	100	0,489
2	Not enough	53	73,6	19	26,4	72	100	
	Total	189	76,5	58	23,5	247	100	

Based on table 8, it can be seen that from 247 respondents based on good organizational factors as much as 77.7% and 26.4% less. The results of the Chi-Square analysis in the attachment of the Continuity Correction test table between the influence of organizational factors on patient safety, it is known that the probability value is $(0.489) > 0.05$, so it can be concluded that organizational factors do not have a significant influence on patient safety in hospitals. General Datu Beru Takengon.

TABLE 9.
THE EFFECT OF TEAMWORK FACTORS ON PATIENT SAFETY AT DATU BERU TAKENGON HOSPITAL IN 2021

No.	Teamwork Factor	Patient Safety				Total		Sig-p
		Good		Less		F	%	
		f	%	f	%			
1	Well	100	57,1	75	42,9	175	100	0,002
2	Not enough	56	77,8	16	22,2	72	100	
Total		156	63,2	91	36,8	247	100	

Based on table 9, it can be seen that patient safety in the category of good teamwork is 57.1% and 22.2% is lacking. The results of the Chi-Square analysis in the attachment of the Continuity Correction test table between the effect of teamwork on patient safety, it is known that the probability value (0.002) ≤ 0.05 , so it can be concluded that teamwork has a significant effect on patient safety at home. General Hospital Datu Beru Takengon.

TABLE 10.
THE EFFECT OF ENVIRONMENTAL FACTORS ON PATIENT SAFETY AT DATU BERU TAKENGON HOSPITAL IN 2021

No.	Environmental factor	Patient Safety				Total		Sig-p
		Good		Less		F	%	
		f	%	f	%			
1	Well	124	70,9	51	29,1	175	100	0,012
2	Not enough	39	54,2	33	45,8	72	100	
Total		163	66,0	84	34,0	247	100	

Based on table 10, it can be seen that patient safety in the category of good environmental factors is 70.9% and those who are less are 45.8%. The results of the Chi-Square analysis in the attachment of the Continuity Correction test table between the effect of teamwork on patient safety, it is known that the probability value is (0.012) ≤ 0.05 , so it can be concluded that environmental factors have a significant influence on patient safety in hospitals. General Datu Beru Takengon

TABLE 11.
THE INFLUENCE OF INDIVIDUAL FACTORS ON PATIENT SAFETY AT DATU BERU TAKENGON HOSPITAL IN 2021

No.	Faktor Individu	Patient Safety				Total		Sig-p
		Good		Less		F	%	
		f	%	f	%			
1	Baik	167	95,4	8	4,6	175	100	0,000
2	Kurang	13	18,1	59	81,9	72	100	
Total		180	72,9	67	27,1	247	100	

Based on table 11, it can be seen that patient safety in the category of good individual factors is 95.4% and 81.9% is lacking. The results of the Chi-Square analysis in the attachment of the Continuity Correction test table between the effect of teamwork on patient safety, it is known that the probability value (0.000) ≤ 0.05 , so it can be concluded that individual factors have a significant influence on patient safety in hospitals. General Datu Beru Takengon.

Multivariate

Stage 1

Based on the logistic regression test, stage 1 to determine the dominant influence of the independent variable with the dependent variable having a p value = < 0.05 , namely age, education, years of service, unit tenure, organizational factors, teamwork factors, environmental factors, individual factors.

TABLE 12.
RESULTS OF PHASE 1 LOGISTIC REGRESSION TEST ANALYSIS FACTORS AFFECTING PATIENT SAFETY INCIDENTS AT THE DATU BERU TAKENGON REGIONAL GENERAL HOSPITAL IN 2021

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	Variable	B	Sig.	Exp (B)
Step 1 ^a	Age	1,844	0,373	6,320
	Education	1,000	0,153	2,718
	Years of service	-2,712	0,200	0,066
	Unit Working Period	0,186	0,759	1,204
	Organizational Factor	-0,786	0,272	0,456
	Teamwork Factor	-3,054	0,000	0,047
	Environmental factor	3,253	0,000	25,873
	Individual Factor	6,531	0,000	686,104
	<i>Constant</i>	-3,899	0,000	0,020

Stage 2

Based on the logistic regression test, stage 2 to determine the dominant influence of the independent variable with the dependent variable having a p value = < 0.05, namely age, education, years of service, unit tenure, organizational factors, teamwork factors, environmental factors, individual factors.

TABLE 13.
RESULTS OF PHASE 2 LOGISTIC REGRESSION TEST ANALYSIS FACTORS AFFECTING PATIENT SAFETY INCIDENTS AT DATU BERU TAKENGON REGIONAL GENERAL HOSPITAL IN 2021

	Variable	B	Sig.	Exp (B)
Step 2 ^a	Age	1,829	0,359	6,230
	Education	1,007	0,147	2,738
	Years of service	-2,712	0,183	0,066
	Unit Working Period	0,196	0,746	1,216
	Organizational Factor	-0,690	0,322	0,501
	Teamwork Factor	-3,083	0,000	0,046
	Environmental factor	3,136	0,000	23,005
	Individual Factor	6,488	0,000	657,395
	<i>Constant</i>	-3,740	0,000	0,024

Stage 3

Based on the logistic regression test, stage 3 to determine the dominant influence of the independent variable with the dependent variable having a value of p = <0.05, namely work unit, age, education, years of service, organizational factors, teamwork factors, environmental factors, individual factors.

TABLE 14.
RESULTS OF PHASE 3 LOGISTIC REGRESSION TEST ANALYSIS FACTORS AFFECTING PATIENT SAFETY INCIDENTS AT THE DATU BERU TAKENGON REGIONAL GENERAL HOSPITAL IN 2021

	Variable	B	Sig.	Exp (B)
Step 3 ^a	Age	1,780	0,370	5,931
	Education	1,018	0,141	2,768
	Years of service	-2,623	0,192	0,073
	Organizational Factor	-0,730	0,288	0,482
	Teamwork Factor	-3,071	0,000	0,046
	Environmental factor	3,164	0,000	23,663
	Individual Factor	6,512	0,000	673,210
		<i>Constant</i>	-3,697	0,000

Stage 4

Based on the logistic regression test, step 4 was to determine the dominant influence of the independent variable with the dependent variable having a p value = <0.05, namely education, years of service, organizational factors, teamwork factors, environmental factors, individual factors.

TABLE 15.
THE RESULTS OF THE LOGISTICS REGRESSION TEST ANALYSIS PHASE 4 FACTORS AFFECTING PATIENT SAFETY INCIDENTS AT THE DATU BERU TAKENGON REGIONAL GENERAL HOSPITAL IN 2021

	Variable	B	Sig.	Exp (B)
Step 4 ^a	Education	1,120	0,099	3,064
	Years of service	-0,896	0,109	0,408
	Organizational Factor	-0,634	0,346	0,531
	Teamwork Factor	-3,052	0,000	0,047
	Environmental factor	3,177	0,000	23,972
	Individual Factor	6,498	0,000	663,665
	Constant	-3,701	0,000	0,025

Stage 5

Based on the logistic regression test, step 5 to determine the dominant influence of the independent variable with the dependent variable having a p value = <0.05, namely education, years of service, teamwork factors, environmental factors, individual factors.

TABLE 16.
RESULTS OF THE LOGISTICS REGRESSION TEST ANALYSIS STAGE 5 FACTORS AFFECTING PATIENT SAFETY INCIDENTS AT THE DATU BERU TAKENGON REGIONAL GENERAL HOSPITAL IN 2021

	Variable	B	Sig.	Exp (B)
Step 5 ^a	Education	1,028	0,121	2,797
	Years of service	-0,875	0,114	0,417
	Teamwork Factor	-3,060	0,000	0,047
	Environmental factor	2,867	0,000	17,584
	Individual Factor	6,499	0,000	664,726
	Constant	-3,688	0,000	0,025

Stage 6

Based on the logistic regression test, step 6 to determine the dominant influence of the independent variable with the dependent variable having a value of p = <0.05, namely years of service, teamwork factors, environmental factors and individual factors.

TABLE 17.
RESULTS OF THE LOGISTICS REGRESSION TEST ANALYSIS STAGE 6 FACTORS AFFECTING PATIENT SAFETY INCIDENTS AT THE DATU BERU TAKENGON REGIONAL GENERAL HOSPITAL IN 2021

	Variable	B	Sig.	Exp (B)
Step 6 ^a	Years of service	-0,896	0,100	0,408
	Teamwork Factor	-2,942	0,000	0,053
	Environmental factor	2,837	0,000	17,064
	Individual Factor	6,399	0,000	601,053
	Constant	-3,282	0,000	0,038

Based on the logistic regression test, step 7 to determine the dominant influence of the independent variable with the dependent variable has a value of p = <0.05, namely teamwork factors, environmental factors and individual factors.

TABLE 18.
RESULTS OF THE LOGISTICS REGRESSION TEST ANALYSIS STAGE 7 FACTORS AFFECTING PATIENT SAFETY INCIDENTS AT THE DATU BERU TAKENGON REGIONAL GENERAL HOSPITAL IN 2021

	Variable	B	Sig.	Exp (B)
Step 7 ^a	Teamwork Factor	-2,855	0,000	0,058
	Environmental factor	2,749	0,000	15,625
	Individual Factor	6,278	0,000	532,665
	Constant	-3,591	0,00	0,028

Based on the results from table 4.18. From the results above, the most dominant factor that affects patient safety is the teamwork factor variable $p = 0.000 < 0.05$ and 95% CI = 0.014-0.244 meaning that the teamwork factor has an effect on patient safety at Datu Beru General Hospital Takengon.

4. Conclusion

This study aims to find the effect of patient safety incidents, whether it comes from individual nurses such as age, education, years of service, work units, organizational factors, teamwork factors, environmental factors and individual factors. The results of this study indicate that: There is no significant effect between the age of nurses and the occurrence of IKP in Datu Beru Takengon Hospital. There is no significant effect between nurse education and the occurrence of patient safety incidents at Datu Beru Takengon Hospital. There is no significant effect between working period and the occurrence of patient safety incidents at Datu Beru Takengon Hospital. There is no significant effect between organizational factors and the occurrence of patient safety incidents at Datu Beru Takengon Hospital. There is a significant influence between the teamwork factor and the occurrence of patient safety incidents at Datu Beru Takengon Hospital. There is no significant effect between environmental factors and the occurrence of patient safety incidents at Datu Beru Takengon Hospital. There is no significant effect between individual factors and the occurrence of patient safety incidents at Datu Beru Takengon Hospital. With the significant relationship between such as age, education, years of service, work unit, organizational factors, teamwork factors, environmental factors and individual factors, it can be concluded that the teamwork factor is a more influential variable than the others in the occurrence of patient safety incidents in the outpatient unit stay.

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