

## SUMMARY

### **Analysis of the Risk Management to Support of Patients Safety Program in Intensive Care Unit General Hospital Haji Surabaya**

Patient safety program conducted by a team of quality improvement and patient safety General Hospital Haji Surabaya since 2013, by decree of Director General Hospital Haji Surabaya No. 445/291/304/2013. Intensive Care Unit has the highest incidence number of probability of occurrence patient safety in General Hospital Haji Surabaya. The average value of the probability of incidence patient safety in the Intensive Care Unit General Hospital Haji Surabaya during January 2013-March 2014 was 3.9%.

This study aims to provide recommendations for risk control in the Intensive Care Unit General Hospital Haji Surabaya. Risk management is carried out by several activities which are: 1) identification of risk, 2) the risk analysis, 3) grading of risk and 4) risk control. Risk analysis conducted by assessing the probability and risk impact assessment. Risk grading was conducted by multiplying the probability assessment and impact assessment. Risk control is based on the results of grading the risk. Application of the theory of risk management in the Intensive Care Unit General Hospital Haji Surabaya underlie this study.

This study used quantitative research method with observational approach in April-May 2015. Data was collected using observational and checklist. Later, data are use to confirm observational result in order to get actual condition of observation. First, risk identification was conducted by assessing the probability and impact assessment and than put into a matrix.

Based on the results of the probability and impact assessment, risk grading are conducted to determine the risk control priority. Grading's result are use as primary consideration to give recommendation. Recommendation are being establish within some processes follow:

1. Conducting literatur review within emanate risk;
2. Looking for some information to solve the risk control related problem that have been conducted by other researcher or institution who had perform risk control activity;
3. Performing financial consideration to managed the risk within the principle that the expence should be more little compare the expence of risk impact; and
4. Performing logical thinking to ward risk control follow with researcher experience.

Vincent (2001), stated that clinical area's risk encompass these for area:

1. Patient direct treatment risk;
2. Patient direct treatment risk;
3. Health and safety risks; and
4. Organizational risk.

The result of risk identification in Intensive Care Unit General Hospital Haji Surabaya are:

1. In the area of patient direct treatment risk, is in the sub area of risk of standard services;
2. In the area of patient indirect treatment risk, is in the sub area of risk as follow:
  - a. Personal safety, property and other security issue;
  - b. Fire;
  - c. Building and equipment; and
  - d. Infection control.
3. In the area of health and safety risks, is in the sub area of risk as follow:
  - a. Law obligation and implication;
  - b. Hazardous material control;
  - c. Staf training and supervision, and
  - d. Secured working area.
4. In the area of organizational risks, is in the sub area of risk of requirment obligation.

The result of risk grading there are some sub area of risk appeared on each of risk grading criteria as follow:

1. Extreme category of risk encompass these sub area:
  - a. Risk of personal safety, property and other security issue
  - b. Obligation and implication of health and safety regulation
2. High category of risk encompass these sub area:
  - a. Building and equipment
  - b. Infection control
3. Medium category of risk encompass these sub area:
  - a. Standar of services;
  - b. Infection control; and
  - c. Requirment implication.
4. Low category of risk encompass these sub area:
  - a. Standard of services;
  - b. Fire;
  - c. Building and equipment;
  - d. Infection control;
  - e. Staf training and supervision; and
  - f. Hazardous material control.

Based on research results can be concluded that the highest risk percentage in Intensive Care Unit General Hospital Haji Surabaya is in the low category (has 0-25% risk number into incidence) with amount 53,5%, Medium category (has 25-50% risk number into incidence) with amount 23,3%, extreme category (has 75-100% risk number into incidence) with amount 16,6% and high category (has 50-75% risk number into incidence) with amount 6,6%.

The priority of control are base on the risk grading criteria result wich are extreme, high, medium and low. Rekomendation of risk control are implemented by minimizing risk exsept for the fire risk be transfer (risk transfer). The implimentation of risk control is not necessary to be completed in order as the risk

grading result, but it could be proceed simultaneously depend on hospital resources availability.

Based on the result, they are some suggestion that can be draw:

1. Hospital management could use the research issue as reference to submit propose to meet the second grade Intensive Care Unit standard.
2. Put up scale of priority of budgeting proposal to hospital top management in order to meet the second grade Intensive Care Unit standard.
3. Develop other risk area to be study to sharpen and deepen risk management study.