

## SUMMARY

### **Preparation of Service Process Standardization Related to Patient Safety through Lean Hospital Approach at Petrokimia Gresik Hospital**

Hospital patient safety is a system in which hospital make patient care safer. According to study from Institute of Medicine in United States in 1997, 44.000 – 98.000 American citizen died in hospital because of medical error. This number were higher than the death rate from traffic accidents as many as 43 458 incidences, the date rate from breast cancer as many as 42.297 incidences, or AIDS as many as 16.516 incidences (Kohn, 2000). WHO publication in 2004 showed that unexpected incidences in United States, England, Denmark, and Australia were around 3.2 – 16.6%.

Petrokimia Gresik hospital is one of the hospital under PT Petro Graha Medika who has biggest market share of BPJS Kesehatan that reach 60% of the total customer. Therefore, the hospital need to develop more efficient service pattern without putting the patient safety aside. Petrokimia Gresik hospital already has patient safety program but the implementation was not optimum and has not meet the standards in Permenkes 1691 year 2011 about Hospital Patient Safety. The recording and reporting system and patient safety incidence analysis has not been implemented. Based on early observation at Petrokimia Gresik Hospital, there were 7 patient safety incidents during January 2013 until October 2014. Two of seven incidents were sentinel incidents. This showed that there were still many flaws in service processes related to patient safety.

The purpose of this research is to prepare service process standardization related to patient safety through Lean Hospital Approach. This type of research conducted by researchers is action research, in 10 units that provide medical services to patients. Researchers conducted intervention begins with socialization of patient safety and Lean Hospital, then coaching the units in analyzing the incident risk grading. Incident with the greatest risk grade analyzed the process through Lean Hospitals with stage approach include: analysis of the process of patient safety incidents, the determination of waste in the process, brainstorming the causes of waste and find a solution, creating a new workflow and carried out standardization process through the development of new procedures and other documents required.

The result of the intervention of researchers using the theory of Lean Hospital, the ER found waste in the process of handover between shifts, handover between units and inpatient admission from ER. In the outpatient installation, waste is found in the searching process of patient's medical records and patient identification prior to the examination. On the first floor inpatient units, waste is found in the process of replacing an empty drug. On the second floor inpatient units, waste is found in the process of sample labeling and in the process of patient identification prior to sampling. On the 3rd floor inpatient unit, found

waste in the process of patient identification prior to drug administration. In the maternity installation, waste is found in the process of effective communication and the provision of high-alert medications. In the surgical installation, waste is found in the ordering process of prosthesis. At the pharmacy, the waste is too many persons process the drug and the clerk does not check the accuracy of the drug before being given to patient. In the laboratory installations the waste is the blood type card is not attached to the outcome. In the radiology installations waste is found in the form of inaccuracy writing radiology request form.

In order to eliminate waste in the process of service, then the ER agreed to renew patients handover process and workflow processes of inpatient admission from ER. The outpatient installation arranged for outpatient registration workflow and searching medical records outpatient status. On the first floor inpatient unit arranged a workflow of empty drug replacement process. On the second floor inpatient unit arranged a workflow of urine test in hospitalized patients. On the 3rd floor inpatient unit arranged a workflow of inpatient drug treatment. The maternity unit arranged a workflow about installation of high alert medication in hospitalized patients. The surgical installation arranged a workflow of surgical operation prosthesis ordering. The pharmaceutical installation arranged a workflow of outpatient drug preparation. The laboratory installation arranged a workflow of examination of the blood group of inpatients and in radiology installation arranged a workflow of radiological examinations in ER patients.

Standardization of services related to patient safety process is done through the preparation of procedure and other required documents as a guide for officers to run the new process flow. The ER revising the procedure of patients handover and procedure of new patients in hospitalization. Then made the handover checklist in the medical record, the Clinical Practice Guidelines for dyspepsia and procedure of effective communication. The outpatient installation revising the procedure outpatient identification, and outpatient registration, and made a new procedure for seeking medical record. The first floor inpatient units revising procedure of inpatient drug treatment and procedure of drug replacement and made the procedure of communications via telephone. The second floor inpatient units revising the procedure of patient identification prior to urine examination. The 3rd floor inpatient unit revising the procedure of patient identification prior to drug administration and arranged a procedure of inpatient drug treatment by pharmacists. The maternity installation revising the procedure of doctor visit and effective communication. As well as the need to be prepared the procedure of high alert drug delivery, a list of abbreviations used in hospitals as well as a list of high-alert medications and its maximum doses. The surgical installation creating the procedure of surgical operation prosthesis reservations. The pharmacy revising the procedure for preparing outpatient drugs. The laboratory installation revising the procedure of blood type examination and the radiology installation composed procedure of radiological examinations in ER patients.