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Quality and Patient Safety related to the Integration of Health Education in Hospital Service Standards in Different Types of Hospitals in Indonesia

Santi Anugrahsari[1,2], Sutoto[2], Djoni Darmadjaja[2]

[1]Doctoral Student of Education Management, Postgraduate School, Universitas Negeri Jakarta
[2] Komisi Akreditasi Rumah Sakit (KARS)/ The Indonesian Commission for Hospital Accreditation (ICAHO), Jakarta, Indonesia

ABSTRACT

The National Standard for Hospital Accreditation (SNARS) first edition consists of the Integration of Health Education in Hospital Services Standards (IPKP). This standard only applies to hospitals that carry out an education process for health clinical trainees, including medical and other clinical trainees, with attention to service quality and patient safety. Quality improvement and patient safety must include educational activities; therefore, the Hospital must have a quality control system for patient care and safety for its educational activities. The Standards consist of 6 Element of Assessment (EA). Sixth EA relating to Quality and Patient Safety. The purpose of this study is to compare the compliance of the Quality and Patient Safety EA related Integration of Health Education in Hospital Services Standards in various types of hospitals. Methods in this study using descriptive analysis. Data collected according to hospital type on compliance with EA relating to patients' quality and safety. The results show A total of 1531 hospitals where conduct health education was evaluated. The mean score of the 6th EA in type A and B was 7.404 and 4.865, respectively, while type C and type D were 2.098 and 0.475. The Element of Assessment 6.4 has a score of 0 at most, especially in type D. Hospital must monitor and evaluate that the implementation of clinical education does not reduce the quality and patient safety to get adequate health personnel and hospital services.

Keywords: Health Clinical Education - National Standard for Hospital Accreditation - SNARS – Quality and Patient Safety

*Corresponding author: Santi Anugrahsari. Doctoral Student of Education Management, Postgraduate School, Universitas Negeri Jakarta. Email:santianugrah@gmail.com. Mobile : +6281328124862

Introduction

Health care services have improved considerably in the light of medical advances; however, these advancements were considered significant threats to the health care industry (Nie et al., 2011). The case for education and training of healthcare students in patient safety, first formally recognized nearly a decade ago in the report *To Err is Human* (Kohn et al., 1999), is only now gathering momentum. Other information (Institute of Medicine, 2001), (Greiner & Knebel, 2003) have echoed the need for patient safety education since then.

Health care is becoming more effective and complex, using new technologies, medicines, and treatments. The World Health Care Organization (WHO) defines patient safety as preventing errors and adverse effects on patients (World Health Organization, 2010). Patient safety has also been defined by the Institute of Medicine (2001) as "prevention of harm to patients."

Not all who have graduated from medical school learn the concept of patient safety. Of those who teach and mentor young doctors, not all are skilled and familiar with the idea. This is why it is now widely accepted that quality and safety education should begin during medical school. The concepts of quality and safety in health care are becoming recognized as basic concepts that are slowly being embedded in student teaching in the same way that basic science is assumed to be an integral component of the curriculum (Walton et al., 2010). In the United Kingdom, the General Medical Council works with medical schools to teach all students about patient safety (General Medical Council & Medical Schools Council, 2015).

Many accreditations have recognized the urgent need for patient safety education for healthcare students, but there has been sporadic attention to undergraduate/ graduate medical programs to date. Medical students themselves have identified quality and safety of care as an important area of instruction; as future doctors and healthcare leaders, they must be prepared to practice safe healthcare (Walton et al., 2010).

Brennan (1991) reports that about 4% of hospitalized patients get side effects during hospitalization; nearly 30% of these errors are due to negligence. Besides, nursing students can become involved in events that contribute to patient harm. Some of these undesirable events involve medication and other errors every day during the student's clinical learning experience (Affonso et al., 2003).

The American College of Surgeons started accreditation 100 years ago, and since then, the number of hospital accreditation programs has multiplied. The World Health Organization identified 36 national health care accreditation programs in 2000 (Shaw, 2003). Accreditation is an integral part of the health care system in more than 70 countries and is often provided for independent review, assessment, or external audit (Greenfield & Braithwaite, 2009). Accreditation is a learning process and continuous improvement of service quality in maintaining patient health services with predetermined standards (Al-Awa et al., 2012). Accreditation is considered a key component in prioritizing patient safety and quality of care. Besides, accreditation is useful for improving risk management, providing a patient safety culture in the Hospital, controlling costs, streamlining management, and building patient safety initiatives from organizations that participate in accreditation. The achievement of accreditation is a strong statement to show the public about the organization's efforts to provide the highest quality service (Marzban et al., 2017), (Sack et al., 2011).

The National Hospital Accreditation Standard is a method for viewing and assessing healthcare organizations' quality using external surveyors and published standards. Implementing hospital accreditation covers patient safety goals, patient-focused service standards, hospital management standards, national programs, and integration of health education in-hospital services. (Trisno et al., 2020). The National Hospital Accreditation Standards (SNARS) first edition contains 16 chapters. The Service Integration Standard in Clinical Education in Hospitals /Integrasi Pendidikan Kesehatan dalam Pelayanan Rumah Sakit

(IPKP) is a new standard in SNARS edition. This IPKP standard only applies to hospitals that carry out ten educational processes for health workers/ clinical students according to statutory regulations. This standard also provides a framework to cover medical education and other clinical staff education concerning the quality of care and patient safety. Educational activities must be included in the framework of improving the quality and safety of hospital patients; therefore, the Hospital is required to have a system of quality control and patient safety for educational activities carried out in the Hospital (KARS, 2017).

Materials and Methods

Descriptive analysis. The data were collected from a KARS (Komisi Akreditasi Rumah Sakit)/ ICAHO (The Indonesian Commission for Hospital Accreditation) information system from July 2018 - December 2019. Data were collected according to hospital type on compliance with Element of Assessment relating to Quality and Safety of Patients. Each Element of the assessment is classified as score 0, 5, or 10. The following is the hospital classification (Type A, B, C, and D) according to the Minister of Health Regulation No. 30/2019: Type A general hospital is a public hospital that has medical facilities and service capabilities of at least four basic specialists, five specialist medical support, 12 specialists other than basic specialists, and 13 subspecialties. Type B general hospital is a public hospital with medical facilities and service capabilities of at least four basic specialists, four specialists medical support, eight other specialists besides basic specialists, and two basic subspecialists. This type will improve their facilities and medical service capabilities, adding services at most other specialists besides basic specialists, one specialist medical support, two basic subspecialty medical services, and one subspecialty. Other than the basic subspecialty. Type C hospital is a general hospital with medical facilities and service capabilities of at least four basic specialists and four specialists medical support. This type will improve their medical service facilities and capabilities, add services for a maximum of 3 other specialist medical services besides basic specialists, and one

specialist medical support. Type D public hospital is a general hospital with facilities and medical service capability of at least two basic specialists. This type will improve its medical service facilities and capabilities, adding services at most primary specialist medical services and one specialist medical support.

Result

We evaluated A total of 1531 hospitals where conduct health education. Of those, 57 Hospitals were type A (3.61 %), 351 Hospital were categorized type B (22. 26 %), 828 hospital type C (52.50 %), and 341 hospital type D (21.64 %).
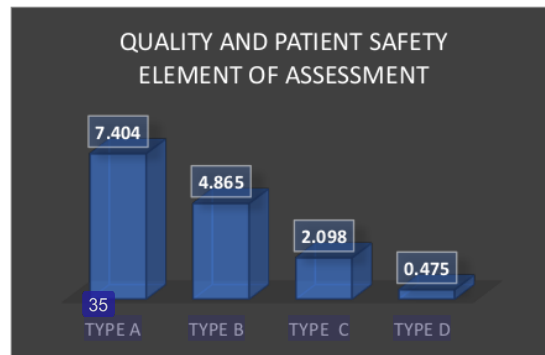

Figure 1. Mean score of sixth EA in various type of Hospital.

Table 1.   Sixth Element of Assessment

	TYPE A HOSPITAL			TYPE B			TYPE C			TYPE D		
	0	5	10	0	5	10	0	5	10	0	5	10
EP 6												
6.1	2 (3.51%)	4 (7.02%)	51 (89.47%)	103 (29.34%)	17 (4.84%)	223 (63.53%)	562 (67.87%)	31(3.74%)	234 (28.26%)	313 (91.79%)	3 (0.88%)	25 (7.33%)
6.2	1 (1.75%)	12 (21.05%)	44 (77.19%)	108 (30.77%)	67 (19.09%)	167 (47.58%)	578 (69.81%)	74 (8.94%)	176 (21.25%)	315 (92.37%)	9 (2.64%)	16 (4.69%)
6.3	20 (35.09%)	14 (24.56%)	23 (40.35)	166 (47.29%)	75 (21.37%)	100 (28.49%)	636 (76.81%)	83 (10.02%)	108 (13.04%)	324 (95.01%)	6 (1.76%)	11(3.22%)
6.4	9 (15.78%)	26 (45.61%)	22 (38.59%)	179 (50.99%)	93 (26.49%)	67 (19.09%)	675 (81.52%)	84 (10.15%)	67 (8.09%)	326 (95.60%)	7 (2.05%)	8 (2.34%)
6.5	8 (14.03%)	12 (21.05%)	37 (64.91%)	160(45.58%)	67 (19.09%)	113 (32.19%)	646 (78.02%)	67 (8.09%)	113 (13.64%)	325 (95.31%)	6 (2.05%)	10 (2.93%)

Table 2. Description Sixth Element of Assessment on IPKP Standard

The implementation of clinical education in hospitals must comply with hospital regulations, and the services provided are to maintain or improve patients' quality and safety.

Purpose and Objectives of the 6th IPKP Standard:

The orientation of clinical education participants includes at least

a) hospital programs regarding quality and patient safety

b) infection control program

c) drug use safety program

d) patient safety goals.

6.1. Clinical staff education participant orientation program with orientation materials covering a) to d) regarding the aims and objectives.

6.2. Evidence of implementation and certificate of clinical education participant orientation program.

6.3. Evidence of implementation and documentation of students who are included in all quality improvement and patient safety programs in the hospital.

6.4. Monitoring and evaluation that the implementation of clinical education does not reduce the quality and patient safety which is carried out at least once a year which is integrated with the quality and patient safety program

6.5. Survey on patient satisfaction with hospital services for the implementation of clinical education at least once a year.

Discussion

Clinical students at the Hospital are students who have completed academically on campus, then continue their practical education at the Hospital that provides Clinical Education. In this case, it is necessary to have standards to measure and assess clinical education's success. A hospital is a place of learning for students, but on the other hand, there is a function of health services to the community; thus, health education must be integrated into services at the Hospital. That is the case with hospitals that are in the process of leading to teaching hospitals and hospitals that provide clinical education.

It depends on the data that as much as 89.47% of type A hospitals had the best score (score 10) on assessment 6.1. This result shows that type A hospital has organized an orientation program on participant clinical education, including hospital programs regarding quality and patient safety, infection control program, drug use safety program, and patient safety goals. The type D hospital had the lowest score (score 0) on EA 6.3, which was 95.01%, EA 6.4 was 95.6%, and EA 6.5 was 95.3%. This needs attention to the achievement of scores in type D.

The Purpose and Objectives of the 6th IPKP Standard are: The implementation, the clinical education program, always ensures quality and patient safety. The Hospital has a plan and implements an orientation program by applying the concept of quality and patient safety, which must be followed by all clinical education participants and includes students in all monitoring indicators of quality and patient safety.

The Hospital must be able to prove that the presence of students in the Hospital does not reduce the quality of service and does not endanger the safety of patients in the Hospital. Teaching hospitals must have higher quality and patient safety than non-teaching hospitals. To Maintaining patients for quality and safety in teaching hospitals, it is necessary to set

accreditation standards for teaching hospitals. Therefore, in hospitals that carry out the educational process, whether they have been approved or not yet approved by the Ministry of Health, standards and assessment elements need to be applied to maintain the quality of service and ensure patient safety, whoever owns the Hospital.

The assessment of the Elements Assessment includes a regulatory check, a document check, and an interview. The Element of Assessment 6.1 is assessed utilizing a regulatory review, whether the organization has regulations regarding orientation programs, including patient quality and safety, infection control, drug use safety, and patient safety objectives. The so-called patient safety goals are: accuracy of patient identification, increased effective communication, increased safety of drugs that need to be watched out for, the process of ensuring the right procedure, the right patient undergoing actions and practices, and reducing the risk of injury due to falling patients. Elements of Assessment 6.2 are proof of orientation implementation documents and implementation documents and interviews with clinical students. Elements of Assessment 6.3 by check documentary evidence of the implementation of quality improvement and patient safety programs involving clinical students. There is evidence of students' assignment to participate in quality improvement and patient safety programs and proof of evaluation of student involvement and student interviews. Especially the Element of assessment 6.4 contains Hospital must have a document that the proof of evaluation is once a year to state that the implementation of education does not reduce the quality and safety of patients. This implementation includes patient identification compliance rates, hand washing, and other quality indicators on documents, run charts, and other statistical tools). The Element of Assessment 6.5 check by documentary evidence of survey implementation and analysis of patient satisfaction associated with students' attendance/involvement in the Hospital and accompanied by patient and family interviews.

Health professional schools, be it medicine, nursing, pharmacy, dentistry, and others, provide limited education about patient safety. In medical school, the curriculum focuses on basic science and medical knowledge. Residency and other postgraduate training add a focus on technical expertise. Other health professions, including nursing, pharmacy, and health technology, significantly focus on acquiring facts and knowledge. Neither has paid sufficient attention to the concepts, attitudes, and skills necessary to practice safely and promote service improvement. There is a destructive culture of shame, blame, and punishment around medical errors, and denial and defense in response to patients and their families. A "hidden curriculum" reflects cultural sabotage attempts in the educational classroom (Fischer et al., 2006). These conditions prevent awareness, take action, and learn from mistakes. Health professional schools and training programs need to refocus their objectives away from acquiring mere knowledge and facts. This program needs to make room for new concepts, attitudes, behaviors, and skills and allow participants to put them into practice (Wu & Busch, 2019).

Elements of Assessment 6.4 is The Hospital must have monitoring and evaluation that the implementation of clinical education does not reduce the quality and patient safety, at least once a year, which integrated into the quality and patient safety program) has a score of 0 at most, especially in type D hospitals and in type A hospitals that reached a score of 10, only 38.59%. It shows that hospitals that provide clinical education can still monitor and evaluate for a minimum of one year related to patient quality and safety.

The quantitative research results on applying patient safety in accredited hospitals and its determinants in Jambi City, Indonesia, show that the application of patient safety by nurses in accredited hospitals is better, and the less good is 59%. The results of the analysis of determinant factors include: there is a significant relationship between teamwork, safety culture, stress, management, and working conditions with the application of patient safety (p =

0.000-0.017), while job satisfaction (p = 0.928) is a factor that is not relevant to the application of patient safety. application of patient safety (Buharia et al., 2018).

The Lucian Leape Institute of the National Patient Safety Foundation organized a group of experts that produced recommendations to improve patient safety (Lucian Leape Institute & NPSF, 2010). Although developed in the US for medical school reform, most of these recommendations are widely applicable to other international and professional schools. There is an emphasis on enhancing interpersonal skills and interdisciplinary teamwork. Patient safety must be embodied as a science, and undergraduate professional education should focus on core competencies in the domains identified earlier in this editorial. This learning must go beyond undergraduate training and lifelong learning. Many of these recommendations are addressed to the top university leaders and even higher-level external leaders in ministries of education and accreditation institutions. (Medland, 2016).

Recommendations from the Commission on Health Care Professional Education for the 21st Century namely reform of the entire system to promote adaptation, enhancement, and flexibility in health care education and create a workforce of health care professionals prepared for collaboration and work of trans- and interprofessional teams that can adapt to the local environment. Recently, WHO put forward the general conditions needed to include patient safety in education and the skills inherent in it, such as teamwork and communication, human and safety factors, patient involvement in their care, and broader contextual awareness and understanding of systems. health care (WHO, 2011). Patient safety education in developing countries requires special attention. Poor educational infrastructure, a lack of educational resources and materials, a shortage of qualified educators due to low motivation or inadequate skills, and a lack of financing from the higher education sector make patient safety education more challenging than in resource-rich countries (WHO, 2011). The challenges are significant

in integrating patient safety into undergraduate education in developing countries and in some transition countries, where health care and education systems.

Accreditation is one of the programs to monitor health services and evaluation processes that are recognized internationally and nationally used to assess, promote, and ensure quality and efficient patient care regarding patient safety (Top & Tekingündüz, 2015). Accreditation is increasingly being applied as a tool to regulate and ensure the quality of service quality and patient safety (Alswat et al., 2017). The organization shall implement, develop, and evaluate a practical and continuous quality assessment and performance improvement program in all organizations based on the information system. Hospital management must ensure that the program improves patients' quality and safety in hospital services by involving all hospital departments and services (Bahrami et al., 2014).

Conclusion

The achievement of the standard of integration of health education in-hospital services, especially the assessment elements regarding quality and patient safety in hospitals that provide education in Indonesia, varies depending on the type of Hospital. Type A hospitals achieved the best score, and the average score was still lacking in type D hospitals in terms of quality and patient safety. Monitoring and evaluating the quality and patient safety need to be further improved to produce the best quality health students and services in the hospitals.

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