



**UTAMAKAN
KESELAMATAN
PASIHEN**

PROGRAM PERSI DALAM GERAKAN NASIONAL KESELAMATAN PASIEN DI RUMAH SAKIT

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Ketua Umum PERSI**

**Forum Mutu Pelayanan Indonesia 2006 : “Implementasi Patient
Safety di Indonesia”**

Hotel Kartika Plaza, Bali 19 – 21 Juli 2006

PRIMUM, NON NOCERE
FIRST, DO NO HARM



HIPPOCRATES'S TENET
(460-335 BC)



Patient Safety bukan kegiatan yang baru.
Patient Safety sudah menyatu dengan proses
pengobatan kepada pasien itu sendiri

**“ Patient Safety programs were born of
existing practices that were
expanded, formalized, and
centralized.”**

**Struktur
& Proses**

**KTD
KNC**

Outcome

RUMAH SAKIT

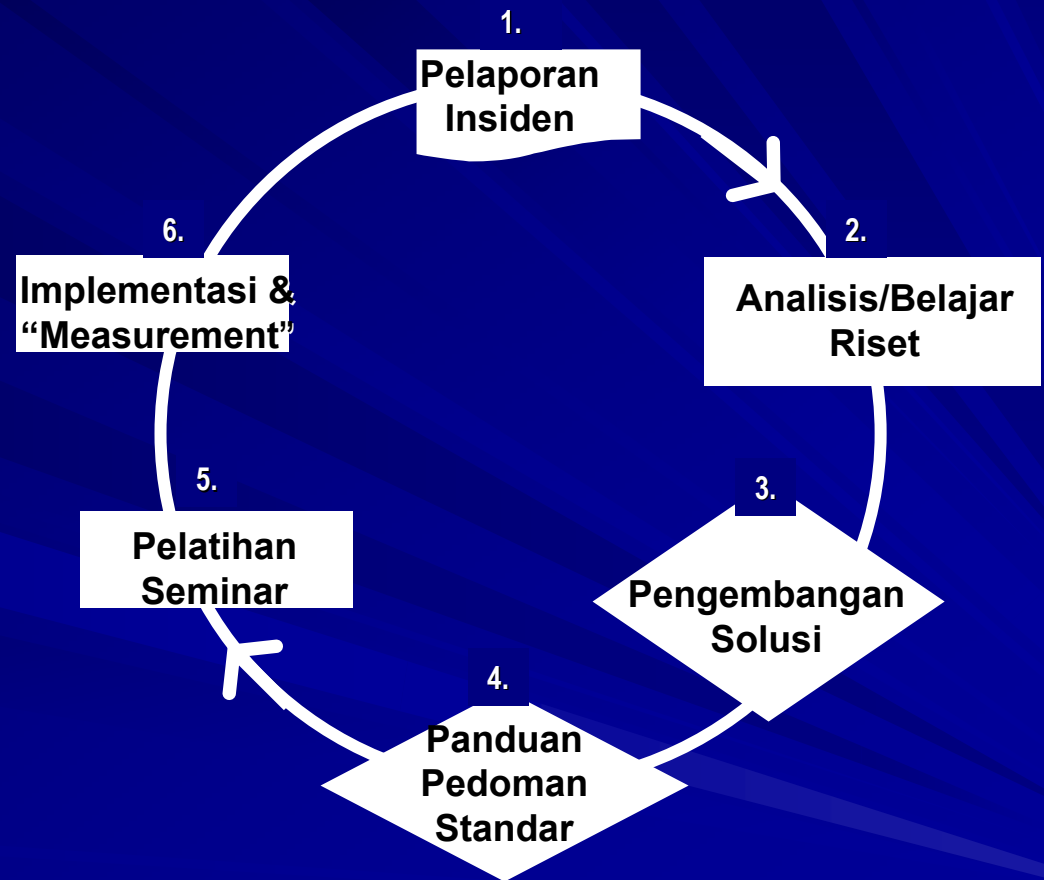
***Organisasi/Manajemen**

1. Regulasi RS
2. Standar Yan RS
3. Standar Profesi, Good Professional Practice, EB Practice
4. Good Clinical Governance, Komite Medis, Komite Etik, Medical Audit, Clinical Indicator, Credentialling
5. Konsep & Evaluasi Mutu : QA, TQM, PDCA, Akreditasi, ISO

***Pelayanan**

1. Pengendalian Infeksi Nosokomial
2. Safe blood transfusion
3. Hospital Pharmacy, Penggunaan obat rasional
4. Yan Laboratorium, Radiologi, Penunjang Medis lain

**Hosp Risk
Mgt**



***PATIENT SAFETY DI
INDONESIA
DAN
PEMBENTUKAN KKPRS***

Data yang Ada Di Indonesia

Iwan Dwiprahasto MMedSc, PhD di Jogja:

- MEDICATION ERROR DI I.C.U. MENCAPAI 96% (TAK SESUAI INDIKASI, TAK SESUAI DOSIS, POLIFARMAKA TAK LOGIS, DLL)
- MEDICATION ERROR DI PUSKESMAS: 80-AN %

DI JAKARTA

PIDANA: 48 KASUS DI POLDA METRO

PERDATA: 160 KASUS DIAJUKAN LBH

KESEHATAN

(Budi Sampurna, Seminar Perumahsakitan, Surabaya, 24 Maret 2005)

Patient Safety Di Indonesia ?

- The “cockroach theory” : For every one you see, hundreds more are hiding in the woodwork !
- “Our hospital are very safe and couple of ‘accidents’ are acceptable”
- Masih di daerah ‘Blaming’ yang sangat ‘costly’ dan menjauhkan pasien dari rumah sakit
- “Litigious Society” → “defensive medicine”

Mengapa Patient Safety



Cost: Invsment

Costly

Patient Safety

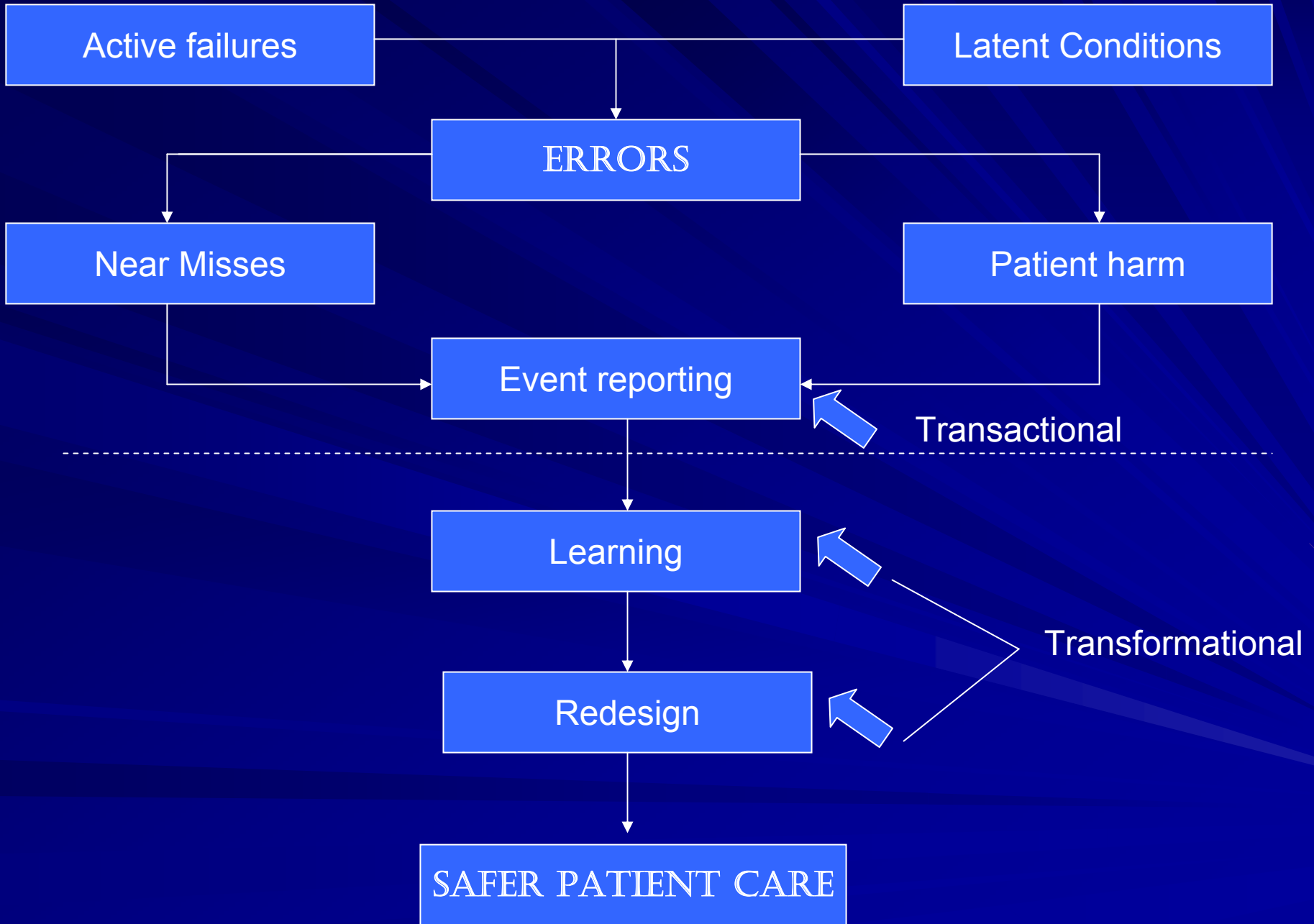
- Culture
- Reporting
- Learning/Analysis/Research
- K&R-based Standard-Guideline
- Implementasi, Monitor
- Patient Involvement

Kepercayaan meningkat

“Blaming”

- Pengaduan, Tuntutan
- Tuduhan “Malpraktek”(Pid/Perd)
- Proses Hukum:Polisi,Pengadilan
- Blow-up Mass Media, 90% Publikasi-opini negatif
- “Pertahanan RS” :
 - Pengacara
 - RS/Dr : Asuransi
 - Tuntutan balik
- Dsb

Kecurigaan meningkat



Perubahan Budaya yang Diharapkan :

- **Culture of Safety**
- **Blame-Free Culture**
- **Reporting Culture**
- **Learning Culture**

Diperlukan upaya transformasional yang menyangkut intervensi multi level dan multi dimensional yang terfokus pada misi dan strategi organisasi, leadership style, serta budaya organisasi.

Perlu adanya “National Leadership” dalam upaya perubahan budaya tersebut → PERSI membentuk Komite Keselamatan Pasien Rumah Sakit (KKPRS).

Mengapa Komite Keselamatan Pasien Rumah Sakit

- ❑ Belajar dari dunia Aviation dan Health & Safety, "KTD" berupa kecelakaan penerbangan, kecelakaan kerja menurun karena peran sentralisasi dalam hal : kebijakan, penanganan pelaporan, kajian / analisis. Contoh : badan FAA (Federal Aviation Agency), HSA (Health & Safety Agency)
- ❑ Pada Keselamatan pasien, badan yang menangani : di Inggris NPSA (National Patient Safety Agency), Amerika : peran sentral pada AHRQ (Agency for Healthcare Research & Quality), Australia : Australian Council for Safety & Quality in Health Care, Kanada : NSCPS (National Steering Committee on Patient Safety), Malaysia : Patient Safety Council, dsb.
- ❑ Di Indonesia : Komite Keselamatan Pasien Rumah Sakit, dibentuk oleh PERSI melalui keputusan Raker di Surabaya Maret 2005, SK Pembentukan tgl 1 Juni 2005 & dicanangkan Menteri Kesehatan pd tgl 21 Agustus 2005 pada Seminar Nasional PERSI di Jakarta.



PENCANANGAN

GERAKAN KESELAMATAN PASIEN RUMAH SAKIT

Oleh

MENTERI KESEHATAN RI

Dr. dr. Siti Fadillah Supari, Sp. JP. (K)

NURI ROOM 2 - JAKARTA CONVENTION CENTRE
21 Agustus 2005



Pencanangan Gerakan Keselamatan Pasien Rumah Sakit Oleh Menteri Kesehatan

Seminar Nasional Persi
21 Agustus 2005
JCC



PENCANANGAN

GERAKAN KESELAMATAN PASIEN RUMAH SAKIT

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MENTERI KESEHATAN RI

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NURI ROOM 2 - JAKARTA CONVENTION CENTRE
21 Agustus 2005

Primum, non nocere
First, do no harm



KKP-RS

Komite Keselamatan Pasien Rumah Sakit

***PROGRAM PERSI DALAM
PATIENT SAFETY***

Patient Safety Initiatives in Indonesia



- 1. On June 1st, 2005 Indonesian Hospital Patient Safety Committee was established by the Indonesian Hospital Association, supported by the Ministry of Health**
- 2. On August 21st, 2005 the Minister of Health Dr. Siti Fadillah Supari inaugurate the Patient Safety Movement in the National Seminar of the Indonesian Hospital Association in Jakarta**
- 3. At the end of 2005, Hospital Patient Safety Committee published “Seven Steps toward Hospital Patient Safety” – A guide book for hospital staff**
- 4. Followed by the publication of Patient Safety Glossary**

5. In March 2006 : collaboration between the MOH, the Indonesian Commission on Hospital Accreditation (ICHA), the Indonesian Hospital Association (IHA) and the Indonesian Hospital Patient Safety Commission (IHPSC) : has been published : "NATIONAL GUIDE FOR HOSPITAL PATIENT SAFETY "

6. The National Guide for Hospital Patient Safety consists of :

- 1. Concept of Patient Safety***
- 2. Hospital Patient Safety Standard***
- 3. Seven Steps toward Hospital Patient Safety***
- 4. Incident Report System and Form***
- 5. Hospital Patient Safety Glossary***
- 6. Instrument for Hospital Patient Safety Accreditation***

7. Draft of Hospital Act (2006).

- Patient Safety program is compulsory for Hospitals**
- Incident report shall not be subjected to disciplinary investigations or criminal sanctions by the courts.**

8. Try out and socialization HPS program

a. From end of June up to August 2006, teams with members from the MOH, ICHA, IHA and IHPSC visited 12 cities for a road show

b.

b. In every city, hospitals are invited for a presentation which consists of explanation and training on National Guide for HPS. Followed by choosing 3-5 hospitals to run a try out of implementation on the standards of HPS, also the Seven Steps and practice on submission of Incident Report

c. In October 2006, hospitals who ran the try out has to submit the detailed report on the result of the try out

9. Indonesian Hospital Association Congress, 22-25 November 2006 in Jakarta.

Out of the reports submitted by the hospitals, will be chosen two best reports to be presented by the hospital representative in a plenary session of IHA Congress. Other reports will be included in a Poster Session

10. Education & Training Program

- IHPSC provide several training modules for Hospital Staff, Medical Associations, Nurse Association, Other Health Professionals**
- National Collegium on Medical Education agreed to work out PS in the curriculum**



**Socialization and try out of HPS program in 12 cities
June – August 2006**

WHO/SEAR
Regional Workshop on Patient Safety
At Healthcare Institutions
New Delhi, 12 – 14 July 2006



**World Health
Organization**



Summary

- Patient safety must be built into all aspects of healthcare
- Patient safety is action-oriented
- Patient safety is a mindset and a behavior
- Patient safety requires a safe reporting environment
- Patient safety requires a partnership with patients, their families and communities

KESIMPULAN

- Indonesia sudah memiliki “National Leadership” dalam gerakan nasional keselamatan pasien yaitu terbentuknya Komite Keselamatan Pasien Rumah Sakit (KKPRS)
- Perlu terus dibina lingkungan yang kondusif untuk pelaksanaan program keselamatan pasien
- Perlu di perkokoh tiga pilar utama dalam keselamatan pasien yaitu :
 - DEPKES sebagai Regulator
 - Perguruan Tinggi → Penelitian dan Pengembangan
 - PERSI/Asosiasi RS → Ujung Tombak

TERIMA KASIH