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Qualitative Article

Evaluation of Patient Safety Goals Implementation for Postoperative Inpatient Protection at Bhakti Kartini Hospital, 2023

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Abstract

Background: Patient safety is one of the foundational elements in strengthening health system resilience, particularly in hospital-based care. In Indonesia, the implementation of Patient Safety Goals (PSGs) is mandated as part of national standards to reduce preventable incidents such as infections, complications, and falls—especially among postoperative inpatients who are clinically vulnerable.

Objective: This study aimed to evaluate the implementation of PSGs and their role in protecting postoperative inpatients at Bhakti Kartini Hospital in 2023.

Design and Methodology: This qualitative study employed a descriptive design using triangulated data sources: in-depth interviews with five informants (including health personnel and patients), non-participant observation, and document analysis. Data were analyzed thematically to identify patterns in PSG implementation and factors influencing their application.

Findings: The hospital consistently implemented five out of six PSGs, including patient identification, effective communication, medication safety, surgical accuracy, and infection prevention. However, follow-up assessments related to fall risk were not conducted systematically, potentially affecting patient safety outcomes. Contributing factors included human resource competence and structured SOPs, while barriers involved incomplete incident reporting, communication challenges with elderly or local-language-speaking patients, and infrastructure limitations.

Conclusion and Implications: Strengthening monitoring systems for fall-risk patients, enhancing communication strategies, and optimizing the reliability of material resources are essential for sustaining patient protection practices. These efforts should be positioned as part of broader strategies to improve institutional resilience and quality of care.

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Introduction

Patient safety is increasingly recognized as a critical component of health system resilience. The World Health Organization (2023) estimates that one in ten patients experiences harm during care, with over three million deaths globally attributed to unsafe healthcare annually. These figures underline not

only the magnitude of the issue but also the urgent need to embed safety as a core institutional practice. In low- and middle-income countries, including Indonesia, the challenge of ensuring safe and standardized care is compounded by resource constraints, service variability, and fragmented monitoring systems.

To address this challenge, Indonesia has formalized patient safety within national policy through the Ministry of Health Regulation No. 11 of 2017 concerning patient safety implementation. This regulation requires all healthcare facilities to adopt structured measures, including the six Patient Safety Goals (PSGs) as outlined in the National Hospital Accreditation Standards (SNARS). These goals include: (1) correct patient identification, (2) effective communication, (3) safe use of high-alert medications, (4) accuracy in procedures, (5) prevention of healthcare-associated infections, and (6) reduction of fall risks (Komisi Akreditasi Rumah Sakit, 2018). The systematic application of these goals is integral not only to reducing Patient Safety Incidents (PSIs), but also to enhancing care reliability and institutional sustainability.

Bhakti Kartini Hospital, a Class C private hospital in Bekasi, serves a substantial volume of postoperative inpatients who are inherently at higher risk of experiencing PSIs due to factors such as limited mobility, compromised immunity, and the complexity of post-surgical recovery. Initial documentation in 2023 indicated that while no fall-related incidents were reported among inpatients, follow-up assessments for fall risks were inconsistently performed, raising questions about the reliability of preventive measures. Conversely, other PSG components—such as infection prevention and medication safety—were reportedly implemented with higher consistency.

Given the elevated vulnerability of postoperative inpatients, evaluating how PSGs are implemented in practice is essential to identify potential gaps and inform strategic improvements. This study aims to assess the extent to which Bhakti Kartini Hospital implements PSGs to protect this patient group, while identifying supporting and inhibiting factors in the process. The findings are expected to contribute to institutional learning, while reinforcing the importance of PSG compliance as a pathway toward sustainable and resilient patient care.

Methods

Study Design

This study employed a qualitative descriptive approach to explore the implementation of Patient Safety Goals (PSGs) in the context of postoperative inpatient care. The design was chosen to capture the depth of institutional practices, perceptions of health personnel, and contextual challenges that may not be reflected in quantitative metrics.

Study Setting and Period

The study was conducted at Bhakti Kartini Hospital, a Class C private hospital located in Bekasi, West Java. Data collection was carried out between August and December 2023.

Participants and Sampling

Five informants were selected using purposive sampling, consisting of three health personnel involved in inpatient care and two postoperative inpatients. Inclusion criteria included experience with PSG-related practices and willingness to participate. Informants were chosen to represent both the provider and patient perspectives, thereby allowing for triangulated insight into PSG implementation.

Data Collection

Primary data were collected through in-depth interviews, non-participant observation, and document review. Interviews were guided by a semi-structured protocol, recorded with consent, and conducted in a private setting to ensure confidentiality. Observations were carried out in inpatient wards, focusing on safety practices such as patient identification, communication, medication handling, surgical protocols, hygiene, and fall risk prevention. Hospital documents, including standard operating procedures (SOPs) and internal audit records, were reviewed to support and verify interview findings.

Data Analysis

Data were analyzed thematically through a systematic process of coding, categorization, and interpretation. Transcripts and field notes were reviewed manually, and emerging patterns were grouped under major themes aligned with the six PSG domains. To enhance trustworthiness, both source triangulation (comparing data from patients, staff, and documents) and method triangulation (interviews, observations, and document review) were applied.

Ethical Consideration

This study was approved by the Research Ethics Committee of Universitas Pembangunan Nasional "Veteran" Jakarta, with reference number: 420/XI/2023/KEP. All participants provided written informed consent prior to data collection. Confidentiality and anonymity were maintained throughout the research process.

Results

The results of this study are presented based on thematic categories aligned with the six Patient Safety Goals (PSGs), as well as factors supporting and hindering their implementation at Bhakti Kartini Hospital. These categories reflect both the hospital's current practices and the contextual realities that influence patient safety among postoperative inpatients.

Efforts to ensure correct patient identification were observed to be consistently applied. Patients were provided with identity wristbands containing full name, medical record number, and date of birth. Health personnel routinely verified these identifiers before administering services. This routine was supported by daily handover briefings and reinforced in the unit's operational culture. A nurse explained,

"We check the patient's identity before every intervention, as part of our standard operating procedures."

(**Nurse, Interview #2**)

Communication among health workers was largely effective. SBAR (Situation, Background, Assessment, Recommendation) was adopted as a structured communication tool during shift handovers. Additionally, the TBaK method (Write, Read, Confirm) was integrated into electronic documentation to reduce miscommunication. However, staff reported difficulties in maintaining communication clarity with elderly patients and those who spoke local dialects. One nurse described,

"Sometimes the patient doesn't understand us well, especially older patients or those who speak a different language." **(Nurse, Interview #1)**

The hospital maintained compliance with medication safety protocols, particularly concerning high-alert and LASA (look-alike, sound-alike) medications. The pharmacy unit applied clear visual labels—red for high- alert drugs and yellow for LASA items—and storage was arranged according to risk classification. These measures were monitored under the supervision of the pharmacy head, and any revisions required director-level approval.

"The label colors and storage system really help us avoid confusion, especially for LASA medications."

(Pharmacist, Interview #5)

Surgical safety procedures followed a structured verification process. This included the use of a checklist for confirming the patient, procedure, and surgical site. The preoperative protocol incorporated sign-in, time-out, and sign-out steps, and patients were actively involved in verifying the procedure through site marking and informed consent.

"Before surgery, we go through a full checklist with the patient, including marking the correct surgical site."

(Surgeon, Interview #3)

Infection prevention efforts were supported through adherence to hand hygiene protocols. Health personnel received routine training in line with WHO's six-step handwashing technique. The practice was extended to patients and their families, who were educated by the nursing staff during hospitalization. Observational data confirmed the use of hand hygiene at key care moments.

"We don't just apply it ourselves—we also teach families how to wash their hands properly." **(Nurse, Interview #2)**

However, the most significant gap was observed in the implementation of fall risk assessments. While initial assessments were conducted upon admission, follow-up assessments were often overlooked during the inpatient stay. Some patients classified as at risk did not receive further evaluation or tailored preventive measures. One patient shared,

"They only assessed me at the beginning. After that, no one checked again if I was still at risk." **(Patient, Interview #4)**

This inconsistency in fall-risk follow-up represents a critical shortfall in the hospital's overall safety

performance. A summary of the observed implementation across all six PSG components is presented in Table 1, highlighting the relative strength and weakness areas within the hospital's patient safety system.

Table 1. Summary of Patient Safety Goals Implementation at Bhakti Kartini Hospital

PSG Component	Implementation Status	Supporting Observations
Patient Identification	Consistently implemented	Verified via wristbands; reinforced during handovers
Effective Communication	Largely effective	Use of SBAR and TBaK; some issues with elderly patients
High-Alert Medication Safety	Compliant	Clear labeling and pharmacy oversight
Surgical Procedure Accuracy	Well implemented	Checklist and site marking performed with patient input
Infection Prevention	Adequately applied	WHO-standard hand hygiene enforced and taught
Fall Risk Assessment and Follow-up	Inconsistent	Initial assessment done; follow-up often missing

Additional findings revealed that the implementation of PSGs was supported by competent human resources and structured operational planning. All nurses and doctors held valid licenses and had completed the mandatory 20-hour annual training requirement. Furthermore, the nursing department prepared annual budget plans for PSG-related resources, which were approved by the hospital director.

"We plan for everything in advance—wristbands, disinfectants, and documentation tools are all accounted for."

(Head Nurse, Interview #1)

Conversely, several barriers were noted. Reporting of minor safety incidents was found to be inconsistent.

Some nurses hesitated to report events they considered insignificant, leading to underreporting.

"We often leave out minor incidents because they don't seem urgent." **(Nurse, Interview #3)**

Infrastructure constraints were also highlighted, including noisy air conditioning units, weak internet signals that disrupted documentation systems, and emergency trolleys that locked automatically and delayed response times.

"Sometimes we can't open the emergency trolley fast enough because it locks by itself." **(Nurse, Interview #2)**

These barriers are synthesized in **Table 2** to provide a concise overview of operational limitations impacting PSG implementation.

Table 2. Barriers to PSG Implementation Identified in the Field

Barrier Category	Description	Illustrative Quote

Reporting gaps	Incomplete incident reporting among staff	*"Minor incidents are often left unreported."*
Communication challenges	Elderly and regional-language patients face comprehension difficulties	*"It's hard to communicate when the patient doesn't understand us."*
Infrastructure issues	Noisy ACs, weak internet, self-locking trolleys disrupting workflow	*"Sometimes the emergency trolley just locks itself and can't be used quickly."*

To address these issues, the hospital conducted monthly and quarterly monitoring and evaluation (monev) meetings involving representatives from each unit. While this provided a platform to identify and address challenges, several staff members expressed the need for more targeted and practical training—especially regarding fall-risk assessment and communication strategies with vulnerable patient groups.

"We would benefit from more focused training on fall prevention and how to communicate better with older patients." **(Nurse, Interview #3)**

Discussions

This study aimed to evaluate the implementation of Patient Safety Goals (PSGs) at Bhakti Kartini Hospital and how they contribute to the protection of postoperative inpatients. The findings show that while five out of six PSGs were implemented adequately, the inconsistency in follow-up assessments for fall risk highlighted a critical gap that requires attention. This discussion interprets those findings in light of existing literature, regulatory frameworks, and broader policy relevance.

The consistent application of patient identification protocols, effective communication practices, and compliance with medication safety standards aligns with previous evaluations of safety culture in accredited hospitals (Ahmed et al., 2022; Jodjana et al., 2023). These elements reflect basic structural readiness and adherence to national accreditation guidelines (Komisi Akreditasi Rumah Sakit, 2018). As suggested by WHO (2023), establishing such core safety mechanisms is a fundamental step in minimizing avoidable harm and building institutional resilience.

The engagement of patients and families in surgical verification procedures demonstrates a commitment to patient-centered care. This aligns with national and international guidelines that recommend shared decision-making and patient involvement in safety practices (Kementerian Kesehatan RI, 2017; WHO, 2023). Similar models have been applied in other Indonesian hospitals, including Labuang Baji Hospital, which adopted site marking and KIE protocols as part of standard surgical preparation (Haritsa & Haskas, 2021).

Infection prevention through hand hygiene, though operationally implemented, remains vulnerable to behavioral inconsistency. Training initiatives and supervision have played a critical role in reinforcing compliance, consistent with earlier findings that emphasized education as a key enabler of hygiene

practices (Hadiarto et al., 2021). Nonetheless, challenges persist in ensuring that such practices become an embedded institutional culture rather than periodic compliance behavior.

The most salient finding in this study was the lack of consistency in follow-up assessments for fall risk. Although initial screening was conducted at admission, the failure to maintain periodic reassessment indicates a procedural gap with potentially significant implications. Elderly postoperative patients are especially vulnerable to falls, and the absence of targeted follow-up could compromise recovery and patient trust. Previous studies in public hospitals reported similar challenges, where fall prevention strategies were either reactive or documentation-driven rather than preventive in practice (Wijayanti et al., 2022; Damanik et al., 2021).

This issue highlights a broader systemic concern—the translation of written SOPs into sustained clinical action. Health system resilience is not solely about the availability of procedures but about the system's capacity to adapt, respond, and improve under varying conditions (Dhamanti et al., 2019). From this perspective, resilience depends on the presence of mechanisms such as ongoing risk monitoring, staff empowerment, and feedback loops that ensure dynamic improvement rather than static compliance.

Supporting factors identified in this study—including human resource competence and structured budgeting—suggest that institutional readiness is present. However, readiness alone is insufficient without behavioral reinforcement and accountability. The gap in incident reporting, for instance, indicates a weakness in feedback culture. A resilient system encourages open communication, even about minor incidents, as part of continuous learning (Miandi & Peristiowati, 2022).

Barriers related to communication with elderly or linguistically diverse patients illustrate the intersection between clinical protocols and sociocultural realities. In a multicultural setting such as Indonesia, patient safety initiatives must consider language sensitivity, cognitive limitations, and caregiver involvement. Strategies that promote clearer communication—such as using non-medical terms or engaging family members—have been found effective in bridging this gap (Anzani et al., 2020; Sugiyarto et al., 2020).

From a sustainability standpoint, patient safety is not merely a regulatory obligation but an investment in long-term service quality. The inability to address small procedural failures can lead to costlier corrective measures, reputational loss, and ultimately, diminished trust in health institutions. Incorporating safety into the operational core—rather than treating it as an external compliance metric—enhances sustainability through reduced adverse events and higher patient satisfaction (Huang et al., 2022).

Overall, the findings of this study support the argument that patient safety practices—especially in high-risk groups such as postoperative inpatients—must be maintained as part of a larger institutional framework that values adaptability, communication, and continuous improvement. Addressing observed gaps in fall risk management and incident reporting is not only a matter of protocol adherence but a

necessary step toward building a resilient and sustainable health service delivery model.

Conclusions

This study reveals that Bhakti Kartini Hospital has made substantial progress in implementing five out of six Patient Safety Goals (PSGs), particularly in patient identification, effective communication, high-alert medication safety, surgical accuracy, and infection prevention. These achievements reflect the hospital's commitment to safety standards and its structural readiness in supporting patient care.

However, the inconsistency in follow-up assessments for fall risk among postoperative inpatients remains a significant concern. Despite the availability of protocols and resources, gaps in routine reassessment and preventive intervention indicate weaknesses in operational continuity and patient-centered monitoring. This shortfall is particularly critical for high-risk groups, where safety lapses can lead to preventable harm.

The presence of competent health workers, structured planning, and ongoing evaluations suggests that the foundation for safe care delivery is in place. Nevertheless, the effectiveness of these measures depends on behavioral compliance, interprofessional communication, and proactive safety culture. Constraints such as limited incident reporting, communication barriers with elderly patients, and technical disruptions further highlight the need for adaptive systems that promote continuous vigilance and responsiveness.

Improving patient safety requires not only compliance with standards but also a resilient health service model that integrates routine monitoring, staff engagement, and inclusive communication. Strengthening these areas will not only improve patient outcomes but also contribute to the sustainability and credibility of healthcare delivery in similar institutional settings.

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