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Analysis of Implementation of Effective Communication for Patient Safety by Strengthening Risk Management in the Inpatient Room

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Abstract

Improving effective communication is the second point in patient safety targets. Based on initial data, effective communication at RSU X Padang City in its implementation has not reached the target of 100% and the weakness of this hospital is that risk management has not been implemented properly. The purpose of this study was to analyze the implementation of effective communication by strengthening risk management in the inpatient ward of RSU X Padang City. This study used a qualitative research design with a phenomenological approach. Researchers conducted semi-structured interviews with 16 informants, document reviews, and observations. The results of the study showed that the role of HR factors in effective communication was not optimal, cooperation within the unit was quite good, the role of management and the hospital environment was not optimal, the role of risk management was not optimal, and the impact of effective communication could improve the achievement of IMP-RS, facilitate the delivery of patient conditions, and minimize errors in providing therapy or medication to patients so that patient quality and safety are guaranteed. It is recommended that the implementation of effective communication always be improved with improvement efforts, namely completing facilities and infrastructure, implementing socialization and training, monitoring and evaluation, and implementing risk management programs.

Introduction

The implementation of patient safety must be a top priority in every service provided to patients in order to maintain the image and quality of the hospital (Juniarti & Mudayana, 2018). This statement is in accordance with Government Regulation number 28 of 2024, that every health service facility is required to improve the quality of health services through measuring and reporting quality indicators, reporting patient safety incidents and risk management.

Improving effective communication is one of the six points of the Patient Safety Targets contained in the Minister of Health Regulation Number 11 of 2017. The purpose of effective communication is to reduce the potential for errors and improve patient safety (Permenkes, 2017).

Joint Commission International (JCI) and the World Health Organization (WHO) noted that at least 70% of medication error incidents occurred in several countries, with more than 25,000 cases of permanent disability in Australia, 11% of which were due to poor communication between health workers (WHO, 2017). In Indonesia, the most Patient Safety Incidents occurred

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in inpatient rooms and the second biggest root cause of the problem was communication factors (Daud, 2023).

One of the effective communication tools that can be used in hospitals is the SBAR method (Situation, Background, Assessment, Recommendation). SBAR communication is carried out by nurses when reporting information related to patient conditions to doctors or other health workers, while nurses receive verbal instructions via telephone from doctors using the CABAK method of communication (Record, Reread, Confirm) which must be carried out in accordance with SOP (Standard Operating Procedure) (Permenkes 11, 2017). Structured communication methods are useful for conveying patient information effectively, reducing costly errors, improving the quality of care, improving patient safety and increasing the satisfaction of health service providers (Lee & Kim, 2020).

Based on the quality report at RSU X Padang City in 2023 and the quarter of 2024, the implementation of effective communication compliance has not reached the target of 100%. The results of a preliminary study through interviews with the quality team stated that effective communication using the SBAR method has been implemented in the inpatient ward but has not been optimal according to the SOP in the hospital, namely that there are still some nurses who do not report the SBAR components completely to the doctor. Through observations of nurses in the inpatient ward during patient handovers between shifts, only the recommendation component was explained very well. The implementation of the CABAK method has been carried out well through the CABAK stamp on the integrated patient progress notes (CPPT).

The weaknesses of this hospital are that the risk management program has not been implemented properly, there is a decrease in the concern, responsibility and accountability of nursing staff towards their roles and functions, and a lack of awareness/knowledge of nursing staff in implementing SOPs/procedure to improve the quality of service.

Based on the background above, the researcher is interested in conducting research to analyze the implementation of effective communication by strengthening risk management in the inpatient ward of RSU X Padang City.

Methods

This research is a qualitative research. Qualitative research is conducted using observation methods, semi-structured interviews, and document reviews. The research data validity technique is carried out using source triangulation and method triangulation. The method used to select informants is purposive sampling.

The unit of analysis in this study is the factors that play a role in the implementation of effective communication such as the role of HR factors which include officers responsible for implementing effective communication, staff training, and work experience. Furthermore, the role of cooperation within the unit, environmental and management factors consisting of comfortable work environment, availability of facilities, organizational structure, safety culture and effective communication policies. Then the role of risk management which includes risk identification, risk analysis, risk evaluation, risk management/control, communication and consultation, Monitoring so that later the impact of Implementing Effective Communication of the SBAR-CABAK method can be known.

The data analysis method is carried out and presented in a triangulation matrix. The data triangulation matrix contains the results of observation data processing, semi-structured interviews and document reviews. All data that has been grouped based on factors that play a role in the implementation of effective communication, is analyzed for its suitability to the theory.

This research has passed the ethical review of the Research Ethics Commission Team of the Faculty of Medicine, Andalas University, Padang.

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Result and Discussion

Informants who provided information through in-depth interviews numbered 16 people, consisting of the Head of Medical Services, PMKP Team, Head of Inpatient Installation, Head of Obstetrics Inpatient Room.

Nurse/Midwife including Head of Inpatient Team, obstetric and non-obstetric inpatients.

Table1.Respondent Characteristics

Informant Code	Gender	Position
P1	Woman	Head of Medical Services Division
P2	Woman	Quality Coordinator
P3	Woman	Head of Ranap Installation
P4	Woman	Head of Obstetrics Room
P5	Woman	Executive Midwife
P6	Woman	Executive Midwife
P7	Woman	Executive Midwife
P8	Woman	Executive Midwife
P9	Woman	Nurse Practitioner
P10	Woman	Nurse Practitioner
P11	Woman	Head of Nursing Team
P12	Woman	Head of Nursing Team
P13	Woman	Patient
P14	Woman	Patient
P15	Woman	Patient
P16	Woman	Patient

The role of HR factors

Officers involved in effective communication using the SBAR-CABAK method

Effective communication of the SBAR-CABAK method in the inpatient room of RSU X Padang City involves the head of the inpatient room, nurse/midwife and the doctor in charge of the patient. The communication process is more often done via WhatsApp than telephone.The results of the study showed that the role of nurses/midwives in implementing SBAR-CABAK communication was not optimal. There were still several SBAR components that were not reported to doctors or during patient handover. Meanwhile, the role of doctors in effective communication was quite good, which was seen when researchers conducted document review observations.

The theory explains that the better the communication between nurses and doctors, the better the care provided (Dewi et al., 2019). This step requires the hospital to identify in each section the aspects of SBAR communication implementation as an integrated whole and document them in detail and accurately (Academy ACT, 2017).

Effective communication training

Interventions in the form of training and socialization of effective communication are expected to be able to reduce errors in communication between health workers and health workers with patients, so as to prevent the occurrence of unwanted events (KTD) and improve the quality of health services and patient safety (Kane et al., 2019).

In order to support the implementation of effective communication in the inpatient ward of RSU X Padang City, the Hospital has provided effective communication training to nurses/midwives, however, nurses/midwives have not yet been optimal in implementing the training that has been provided.especially regarding the completeness of filling out the SBAR.

Work experience

Based on the results of the study, the work experience of nurses/midwives in the inpatient ward of RSU X Padang City did not play a role in the implementation of effective communication using the SBAR-CABAK method. The implementation of effective communication depends on the knowledge of each individual.

Huber Theory (2006) said that individuals who have longer working periods will gain more knowledge, senior individuals become role models for juniors to be able to improve their performance (Huber D, 2006).

Cooperation within the unit

Cooperation is defined as work done by two or more people, working together across professions in order to achieve goals that have been previously planned and agreed upon together. In hospitals, teamwork has become a necessity to be able to realize success in achieving goals (Bosch & Mansell, 2015).

Collaboration between Professional Care Providers (PPA) and patients and families in terms of effective communication in the inpatient room of RSU X Padang City is quite good. According to researchers, doctors and nurses are quite communicative in explaining the patient's condition and can be relied on when the patient/family needs help.

The results of this study are supported by research conducted in the Inpatient Room of Prof. Anwar Regional Hospital, which shows that cooperation between health workers in the hospital has a positive impact on improving patient safety (Lestari et al., 2017). Another study showed that 82.2% of respondents had collaborated well in the cooperation domain (Fathya et al., 2021).

Environment and Management

Environmental Comfort

Disturbing activities in the inpatient unit of RSU X Padang City come from conversations between officers of other units who often pass through the nurse station, thus disrupting communication between PPA both when reporting the patient's condition to the doctor and during patient handoff. Other disturbances come from the patient's family who are free to enter to visit because there are no visiting hours posted at the hospital entrance. This can affect service because it disturbs officers when communicating with patients and disturbs other patients who are going to rest.

Comfort is a state of having fulfilled basic human needs, namely the need for peace (satisfaction that improves daily performance), relief (needs have been fulfilled), and transcendence (a state of something that is beyondproblems and pain (Kolcaba K, 2003). If staff work in uncomfortable conditions, their performance will decrease and this is dangerous for patient safety (Keykaleh et al., 2018).

Availability of Facilities

Availability of facilitiesin the inpatient room of RSU X Padang City still incomplete to support the implementation of effective communication, such as the absence of a patient handover form between shifts, poor computer network and not yet using EMR (Electronic Medical Records).

This is in line with research conducted by Ulva at hospital X Padang where confirmation sheets were not yet available as proof of recording in the implementation of effective communication

(Ulva F, 2017). The results of Neri's research at the Padang Pariaman Regional Hospital inpatient unit stated that the facilities for increasing effective communication were partly complete, but were not yet available.Telephone facilities for surgical and non-surgical inpatient care (Neri, 2018).

Organizational structure

There is already a quality committee patient safety that assists the Director in managing quality improvement activities, patient safety, and risk management in the hospital. The quality team is tasked with collecting hospital quality indicator data from units including compliance with the implementation of effective communication. Each unit does not yet have a PIC (Person In Charge) who is responsible for carrying out control, supervision ,monitoring, and evaluation in achieving quality indicators and implementing patient safety in each work unit.

According to STARKES 2022, hospitals need to establish a committee/team or form an organization to manage quality improvement and patient safety programs, one of which is improving effective communication (Menkes RI, 2022).

Safety Culture

The safety culture in the inpatient ward of RSU X Padang City has not been optimal in its implementation. The results of the safety culture survey that has been conducted in the hospital, showed that the safety culture of the communication dimension is in the weak culture category so that system improvements are needed for communication problems in the Hospital environment. There are still many officers who are afraid to report if a patient safety incident is found.

This research is in line with research conducted at EMC Hospital, Tangerang, which stated that there is an influence between effective communication and patient safety culture at EMC Hospital, Tangerang (Hexanini et al., 2021).

Patient safety culture is a shared set of values and beliefs relating to organizational structures and monitoring and control systems to produce behavioral norms (Tabrischi & Sedanghat, 2012).

Effective Communication Policy

The policy for improving effective communication at RSU X, Padang City already exists in the form of SOP and refers to the Minister of Health Regulation No. 11 of 2017 concerning patient safety and STARKES 2022.

According to Handoko, one form of policy that can be made is in the form of more detailed is the Standard Operating Procedure (SOP) (Handoko, 2012).

In line with the research conducted by Neri at Padang Pariaman Regional Hospital, where the policy on improving effective communication is included in the Patient Safety Policy (Neri, 2018). This is different from the research conducted by Ulva at X Hospital, Padang City, where the hospital policy related to improving effective communication does not exist or is still in the process of being created (Ulva F, 2017).

Risk Management

Risk management affects patient safety. Good risk management implementation has a 3.4 times chance of improving patient safety (Liana et al., 2021).

Risk Management Policy

Risk management regulation is a formal document created by the Director as a reference in implementing risk management. The policies created must be well documented in managing organizational risk.

There is no policy regarding the risk management program at RSU X, Padang City. There is no SOP regarding risk management, there is no clear organizational structure related to the risk management program, staff training and education related to risk management has never been done.

Risk Management Process

Communication and Consultation

Communication and consultation aims to assist relevant stakeholders in understanding risks, the basis for decision-making, and the reasons why certain actions are necessary (Menkes RI, 2024).

Based on the results of interviews with informants, communication and consultation with stakeholders have not been carried out in every risk management process at RSU X, Padang City.

Risk Identification

Risk identification is part of the risk management process. All informants said that risk identification at RSU X Padang City was carried out formally and informally, formally through incident reports. While informally it was carried out through meeting forums, but this was not done routinely.

The results of previous research conducted by Fanny, N & Soviani, A the risk identification process has been carried out in the medical records unit by the head of the medical records section, this identification is done by listing on paper every month. If there is an emergency situation, it willcoordinated via social media (WhatsApp) (Fanny N & Soviani, 2020).

Risk Analysis

Based on the results of interviews with informants, this risk analysis stage has not been implemented at RSU X, Padang City.

The results of other studies conducted at the inpatient installation of XYZ Hospital, the identified risks will be analyzed using FMEA tools. Potential failure modes, impacts, and control efforts in the FMEA matrix are scored by the FMEA team to produce a Risk Priority Number (RPN) (Umina & Permanasari, 2023).

Risk Evaluation

At this risk evaluation stage is to assess whether the analysis conducted has been in accordance with the previously determined criteria. However, because the risk management program has not been running at RSU X Padang City, the evaluation stage was not carried out.

Based on previous research on the medical record unit at RSUD dr Soediran Mangun Sumarso Wonogiri, the risk evaluation process is carried out by determining which risks are acceptable and which risks are unacceptable so that if the risk owner takes this risk, a risk treatment needs to be made. The evaluation process is also carried out by compiling a list of risk priorities as a description of the immediacy of providing treatment in response to the level of risk influence on target achievement (Fanny N & Soviani, 2020).

Risk Treatment

Risk treatment is the process of identifying, selecting and implementing responses to unacceptable risks that require control measures. In general, it can be in the form of avoiding risks, sharing risks, and mitigation (Menkes RI, 2022).

Based on the results of interviews with informants, there is already a risk list (risk register) for risk control and follow-up with controlling from management, but there is no risk list related to effective communication and also the implementation of risk treatment has not run properly.

The researcher did not see the risk treatment at RSU X Padang City because from the beginning the risk management process was not structured systematically. However, it was revealed from the interview that there were efforts to control risks by making a risk list to minimize the impact or losses arising from the incident that occurred.

Panggabean et al's research states that the risks that exist in space filling can be controlled with several risk control methods, namely elimination, substitution, PPE (Personal Protective Equipment), and administration. The selection of the method to be used can be adjusted to the risk.that exist (Panggabean et al., 2023).

Monitoring

Once risk treatment has been determined, monitoring is necessary to ensure that what has been done is effective and in line with targets (ISO, 2018).

According to the informant, process monitoring Risk management at RSU X Padang City does not yet exist and is planned to be carried out routinely every month.

The results of Fanny, N & Soviani's research, monitoring is carried out in every part of the medical record unit, including the filling room. This activity is carried out in the form of continuous observation of the possibility of risk due to changes in environmental influences that cause risk. Monitoring done once a month (Fanny N & Soviani, 2020).

Conclusion

The role of human resource factors in effective communication using the SBAR-CABAK method is the suboptimal role of nurses/midwives in implementing effective communication and the suboptimal implementation of effective communication training. While work experience does not have much influence on the implementation of effective communication in the inpatient room of RSU X Padang City, cooperation between PPA and patients/patient families in the unit is quite good, the role of the environment and management in the implementation of effective communication is the suboptimal implementation of visiting hours rules in the hospital, the suboptimal implementation of safety culture, the suboptimal socialization and implementation of effective communication SOPs, the incomplete supporting facilities for effective communication, there is already a Hospital quality committee in the organizational structure that supports patient safety in the inpatient room of RSU X Padang City, the role of risk management is not optimal in supporting the implementation of effective communication in the inpatient room of RSU X Padang City.

In principle, a strong and sustainable commitment from the leadership is needed by including risk management as one of the hospital's strategic policies, holding and accommodating effective communication and risk management training activities for all employees and determining the person in charge (PIC) or coordinator for the implementation of this program, completing infrastructure that can support the implementation of effective communication, monitoring the implementation and socialization of the SOP for effective communication using the SBAR-CABAK method between PPA which is completely documented, carrying out regular supervision at least once a month in order to monitor and evaluate the implementation of effective communication, and strengthening commitment with a reward and punishment system to implement effective communication.

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