

**Grand Launching Buku Instrumen Akreditasi Rumah Sakit  
Lembaga Akreditasi Rumah Sakit Damar Husada Paripurna**

**MEMBANGUN BUDAYA  
KESELAMATAN PASIEN**

**dr Bambang Tutuko SpAn KIC**

**Komite Nasional Keselamatan Pasien, Kemenkes RI**

13 Agustus 2022

# dr Bambang Tutuko SpAn KIC

## PENDIDIKAN:

- Dokter, FKUI 1979
- Sepamilwa ABRI , 1980
- Diktap POLRI , 1982
- Dokter Spesialis Anestesiologi dan Terapi Intensif , FKUI 1989
- Konsultan Intensive Care , FKUI 1997

## JABATAN SAAT INI:

- Ketua Komite Nasional Keselamatan Pasien , Kemenkes RI 2020 - 2023
- Wakil Ketua MAKERSI IRSJAM 2020 - 2023
- Ketua Dewan Spesialis dan Subspesialis MPPK IDI 2022 – 2024
- Anggota Institut Keselamatan Pasien RS PERSI 2022 -2024
- Anggota Komite Medik RS Medistra 2022 - 2024
- Ketua Komite Medik RS Premier Bintaro , 2009 – sekarang

# dr Bambang Tutuko SpAn KIC

## RIWAYAT ORGANISASI DAN PEKERJAAN:

- Dokter POLRI 1981 - 2006
- Ketua Umum PP PERDATIN , 2007 - 2009 dan 2010 - 2013
- Anggota Majelis Pengembangan Pelayanan Keprofesian PB IDI , 2009 - 2012 , 2012 - 2015 , 2015 - 2018
- Anggota BP2KB PB IDI 2009 - 2012 , 2012 - 2015
- Anggota Kompartemen Pengendalian Infeksi Rumah Sakit PERSI , 2012 - 2015
- Anggota Institut Keselamatan Pasien RS PERSI , 2012 - 2015 , 2015 – 2018
- Ketua Sub-komite Etik Rumah Sakit, RS Medistra 2010 - sekarang
- Ketua MAKERSI IRSJAM 2017 - 2020
- Member of Safety and Quality of Patient Committee, World Federation of Societies of Anaesthesiologists , 2012 - 2016
- Chair of Confederation of ASEAN Society of Anesthesiologists , 2013 - 2015
- Anggota Komite Nasional Keselamatan Pasien , Kemenkes RI 2018 – 2021
- Wakil Ketua Institut Keselamatan Pasien RS PERSI 2018 -2021
- Ketua Dewan Spesialis dan Subspesialis MPPK IDI 2018 - 2021



PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA  
NOMOR 11 TAHUN 2017  
TENTANG  
KESELAMATAN PASIEN

Organisasi dg Keandalan Tinggi  
High Reliability Organisation

Manajemen Risiko  
Risk Management

Sistim Pembejaran  
Learning System

## BAB I KETENTUAN UMUM

### Pasal 1

Dalam Peraturan Menteri ini yang dimaksud dengan:

Keselamatan Pasien adalah suatu **sistem** yang membuat **asuhan pasien lebih aman,**

meliputi asesmen risiko, identifikasi dan pengelolaan risiko pasien,

pelaporan dan analisis insiden, kemampuan belajar dari insiden dan tindak lanjutnya, serta implementasi solusi untuk meminimalkan timbulnya risiko dan mencegah terjadinya cedera yang disebabkan oleh kesalahan akibat melaksanakan suatu tindakan atau tidak mengambil tindakan yang seharusnya diambil.

# Tujuh Langkah Menuju Keselamatan Pasien

(Permenkes 11 / 2017 Ttg Keselamatan Pasien)

## 1. Membangun kesadaran akan nilai keselamatan pasien (KP).

Ciptakan budaya yg terbuka & adil.

## 2. Memimpin dan mendukung staf.

Tegakkan fokus yang kuat & jelas tentang KP di seluruh fasyankes anda.

## 3. Mengintegrasikan aktivitas pengelolaan risiko.

Bangun sistem & proses untuk mengelola risiko, mengidentifikasi kemungkinan terjadinya kesalahan.

## 4. Mengembangkan sistem pelaporan.

Pastikan staf anda mudah untuk melaporkan secara internal (lokal) maupun eksternal (nasional).

## 5. Melibatkan dan berkomunikasi dengan pasien.

Kembangkan cara-cara berkomunikasi cara terbuka dan mendengarkan pasien

## 6. Belajar dan berbagi pengalaman tentang KP.

Dorong staf utk menggunakan analisis akar masalah guna pembelajaran ttg bagaimana & mengapa terjadi insiden.

## 7. Mencegah cedera melalui implementasi sistem KP.

Pembelajaran lewat perubahan2 didalam praktek, proses atau sistem. Untuk sistem yang sangat kompleks seperti fasilitas pelayanan kesehatan untuk mencapai hal2 diatas dibutuhkan perubahan budaya dan komitmen yang tinggi bagi seluruh staf dalam waktu yang cukup lama.

# Standar Akreditasi RS Kemkes RI 2022

## Standar PMKP 10

Rumah sakit melakukan pengukuran dan evaluasi budaya keselamatan pasien.

## Maksud dan Tujuan PMKP 10

Pengukuran budaya keselamatan pasien perlu dilakukan oleh rumah sakit dengan melakukan survei budaya keselamatan pasien setiap tahun. Budaya keselamatan pasien juga dikenal sebagai budaya yang aman, yakni sebuah budaya organisasi yang mendorong setiap individu anggota staf (klinis atau administratif) melaporkan hal-hal yang mengawatirkan tentang keselamatan atau mutu pelayanan tanpa imbal jasa dari rumah sakit.

Direktur rumah sakit melakukan evaluasi rutin terhadap hasil survei budaya keselamatan pasien dengan melakukan analisis dan tindak lanjutnya.

## Elemen Penilaian PMKP 10

- a) Rumah sakit telah melaksanakan pengukuran budaya keselamatan pasien dengan survei budaya keselamatan pasien setiap tahun menggunakan metode yang telah terbukti.
- b) Hasil pengukuran budaya sebagai acuan dalam menyusun program peningkatan budaya keselamatan di rumah sakit.

# Standar Akreditasi RS Kemkes RI 2022

## Standar TKRS 13

Pimpinan rumah sakit menerapkan, memantau dan mengambil tindakan serta mendukung Budaya Keselamatan di seluruh area rumah sakit.

## Elemen Penilaian TKRS 13

- a) Pimpinan rumah sakit menetapkan Program Budaya Keselamatan yang mencakup poin a) sampai dengan h) dalam maksud dan tujuan serta mendukung penerapannya secara akuntabel dan transparan.
- b) Pimpinan rumah sakit menyelenggarakan pendidikan dan menyediakan informasi (kepuustakaan dan laporan) terkait budaya keselamatan bagi semua staf yang bekerja di rumah sakit.
- c) Pimpinan rumah sakit menyediakan sumber daya untuk mendukung dan mendorong budaya keselamatan di rumah sakit.
- d) Pimpinan rumah sakit mengembangkan sistem yang rahasia, sederhana dan mudah diakses bagi staf untuk mengidentifikasi dan melaporkan perilaku yang tidak diinginkan dan menindaklanjutinya.
- e) Pimpinan rumah sakit melakukan pengukuran untuk mengevaluasi dan memantau budaya keselamatan di rumah sakit serta hasil yang diperoleh dipergunakan untuk perbaikan penerapannya di rumah sakit.
- f) Pimpinan rumah sakit menerapkan budaya adil (*just culture*) terhadap staf yang terkait laporan budaya keselamatan tersebut.

# **BUDAYA KESELAMATAN**

**Dalam TKRS 13, 13.1, PMKP 10  
Standar Akreditasi RS Kemkes 2022**

**Budaya keselamatan :**

- 1) Staf klinis memperlakukan satu sama lain secara hormat dengan,**
- 2) Melibatkan dan memberdayakan pasien dan keluarga**
- 3) Staf klinis pemberi asuhan bekerja sama dalam tim yang efektif dan mendukung proses kolaborasi interprofesional**
- 4) Asuhan berfokus pada pasien 🕒 PCC & APT.**
- 5) Setiap individu anggota staf (klinis atau administratif) melaporkan hal-hal yang menguatkirkan tentang keselamatan atau mutu pelayanan**



# Mengenal dan mengimplementasikan standar untuk Akreditasi RS

## Standar JCI Edisi 7

### **Standard GLD.13**

Hospital leadership creates and supports a culture of safety program throughout the hospital.

### **Standard GLD.13.1**

Hospital leadership implements, monitors, and takes action to improve the program for a culture of safety throughout the hospital.

## SNARS 1

### **Standar TKRS 13**

Direktur RS menciptakan dan mendukung budaya keselamatan di seluruh area di RS sesuai peraturan perundang-undangan.

### **Standar TKRS 13.1**

Direktur Rumah Sakit melaksanakan, melakukan monitor, mengambil tindakan untuk memperbaiki program budaya keselamatan di seluruh area di Rumah Sakit.

## Standar Akreditasi Rumah Sakit Kemkes 2022

### **Standar TKRS 13**

Pimpinan rumah sakit menerapkan, memantau dan mengambil tindakan serta mendukung Budaya Keselamatan di seluruh area rumah sakit.

# Accreditation Participation Requirements (APR)

**APR.9** Any individual hospital staff member (clinical or administrative) can report concerns about patient safety and quality of care to JCI without retaliatory action from the hospital.

To support this culture of safety, the hospital must communicate to staff that such reporting is permitted. In addition, the hospital must make it clear to staff that no formal disciplinary actions (**for example**, demotions, reassignments, or change in working conditions or hours) or informal punitive actions (**for example**, harassment, isolation, or abuse) will be threatened or carried out in retaliation for reporting concerns to JCI.

# Mengenal dan mengimplementasikan standar untuk Akreditasi RS

## Intent of GLD.13 and GLD.13.1

*A culture of safety* has been defined as “a collaborative environment in which skilled clinicians treat each other with respect, leaders drive effective teamwork and promote psychological safety, teams learn from errors and near misses, caregivers are aware of the inherent limitations of human performance in complex systems (stress recognition), and there is a visible process of learning and driving improvement through debriefings.”

Hospital leadership evaluates the culture on a regular basis using a variety of methods, such as formal surveys, focus groups, staff interviews, and data analysis. Hospital leadership encourages teamwork and creates structures, processes, and programs that allow this positive culture to flourish. Hospital leadership must address undesirable behaviors of individuals working at all levels of the hospital, including management, clinical and nonclinical staff, licensed independent practitioners, and governing entity members.

## Measurable Elements of GLD.13.1

1. Hospital leadership provides a simple, accessible, and confidential system for reporting issues relevant to a culture of safety in the hospital.
2. Hospital leadership ensures that all reports related to the hospital’s culture of safety are investigated in a timely manner.
3. The hospital identifies systems issues that lead health care practitioners to engage in unsafe behaviors.
4. Hospital leadership uses measures to evaluate and monitor the safety culture within the hospital and implement improvements identified from measurement and evaluation.
5. Hospital leadership implements a process to prevent retribution against individuals who report issues related to the culture of safety.



## **Kompleks**

"Tetapi budaya tidak lagi tetap,  
... Pada dasarnya itu cair dan  
terus bergerak."

## **Definisi**

Kata "culture (budaya)" berasal dari istilah Perancis, yang pada gilirannya berasal dari bahasa Latin "colere," yg berarti cenderung ke bumi dan tumbuh, atau budidaya dan pemeliharaan.

## **Dimensi /Core concept**

## **Di Pelayanan Kesehatan : Keselamatan Pasien**

**“Menggerakkan” orang**

dalam kelompok

## Safety Culture Definition

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management.

Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

- **Budaya keselamatan suatu RS (organisasi) adalah hasil dari nilai2 individu dan kelompok, sikap, persepsi, kompetensi, dan pola perilaku yg menentukan komitmen terhadap, dan gaya serta kemampuan, manajemen pelayanan kesehatan dan keselamatan RS.**
- **RS dengan budaya keselamatan positif dicirikan oleh komunikasi atas dasar saling percaya, dengan persepsi yang sama tentang pentingnya keselamatan, dan yakin akan manfaat langkah2 pencegahan.**

*(AHRQ, U.S. Department of Health and Human Services. 2016. Hospital Survey on Patient Safety Culture, User's Guide)*

## Culture Definition

The Joint Commission defines culture of safety as,  
A safety culture is the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to quality and patient safety.  
[Organizations with] a robust safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

- **Budaya keselamatan adalah produk dari keyakinan, nilai, sikap, persepsi, kompetensi, dan pola perilaku, dari individu dan kelompok yang menentukan komitmen RS (organisasi) terhadap mutu dan keselamatan pasien.**
- **RS dengan budaya keselamatan yang kuat ditandai dengan komunikasi yang dibangun atas dasar saling percaya, dengan berbagi persepsi tentang pentingnya keselamatan, dan dengan keyakinan akan kemandirian langkah-langkah penting**

*(Strategies for Creating, Sustaining, and Improving a Culture of Safety in Health Care, JCI, 2017)*

## Definisi Patient Safety Culture

**"Nilai-nilai yang dianut staf RS tentang apa yg penting, kepercayaan mereka ttg bagaimana segala sesuatu beroperasi dalam RS, dan interaksi ini dengan unit kerja dan struktur organisasi dan sistem, yg bersama-sama menghasilkan norma perilaku dalam RS yang mempromosikan keselamatan"**

### **Dimensions of Patient Safety Culture**

1. LEADERSHIP CULTURE
2. TEAMWORK CULTURE
3. CULTURE OF EVIDENCE-BASED PRACTICE
4. COMMUNICATION CULTURE
5. LEARNING CULTURE
6. JUST CULTURE
7. PATIENT-CENTERED CULTURE

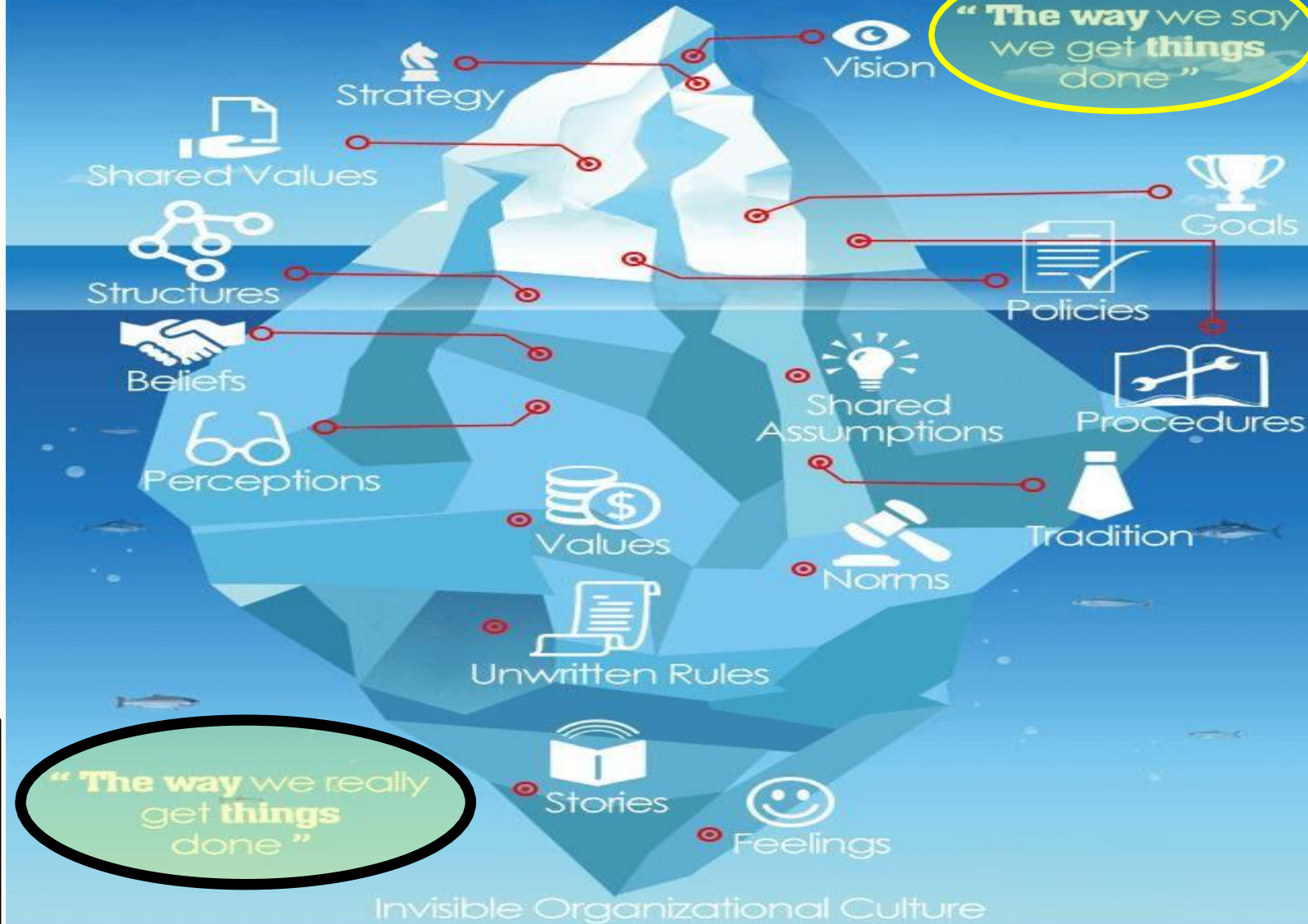
*(Botwinick, L., Bisognano, M., & Haraden, C. (2006). Leadership guide to patient safety. Cambridge, MA: Institute for Healthcare Improvement. Retrieved from [www.ihl.org/knowledge/Pages/IHIWhitePapers/LeadershipGuideToPatientSafetyWhitePaper.aspx](http://www.ihl.org/knowledge/Pages/IHIWhitePapers/LeadershipGuideToPatientSafetyWhitePaper.aspx))*



# THE ICEBERG

that sinks organizational change

Visible Organizational Culture



(Kita berkata)  
“Inilah cara kita menyelesaikan sesuatu”

“Cara kita benar-benar menyelesaikan sesuatu”

- o Beberapa aspek budaya organisasi terlihat di permukaan, seperti puncak gunung es, sementara yang lain tersirat dan tenggelam dalam organisasi.....
- o Jangan tinggalkan gunung es organisasi tanpa pengawasan



## Key components of safety culture (JCI)

**1. Trust**

**2. Accountability**

**3. Identifying unsafe conditions**

**4. Strengthening systems**

**5. Assessment**

**1. Kepercayaan**

**2. Akuntabilitas**

**3. Mengidentifikasi kondisi yang tidak aman**

**4. Penguatan sistem**

**5. Penilaian/Pengukuran**

Melalui  
SURVEI BUDAYA KESELAMATAN

*(Strategies for Creating, Sustaining, and Improving a Culture of Safety in Health Care. (2017) .JCI)*

# Dimensi Budaya Keselamatan

Rangkuman Berbagai Core Concept

## \*DNA of Care

-  Safety
-  Quality
-  Culture



**Kepemimpinan**

**PCC**  
**Patient Centred Care**  
**'BPIS'**

**Pelaporan IKP-  
Pembelajaran**

**Kolaborasi  
Interprofesional**

**BUDAYA**  
**KESELAMATAN**

**Keterlibatan Pasien**

**Respek/Trust**

**Just Culture-Budaya Adil**  
**Keseimbangan Sistem & Manusia**

**Komunikasi**

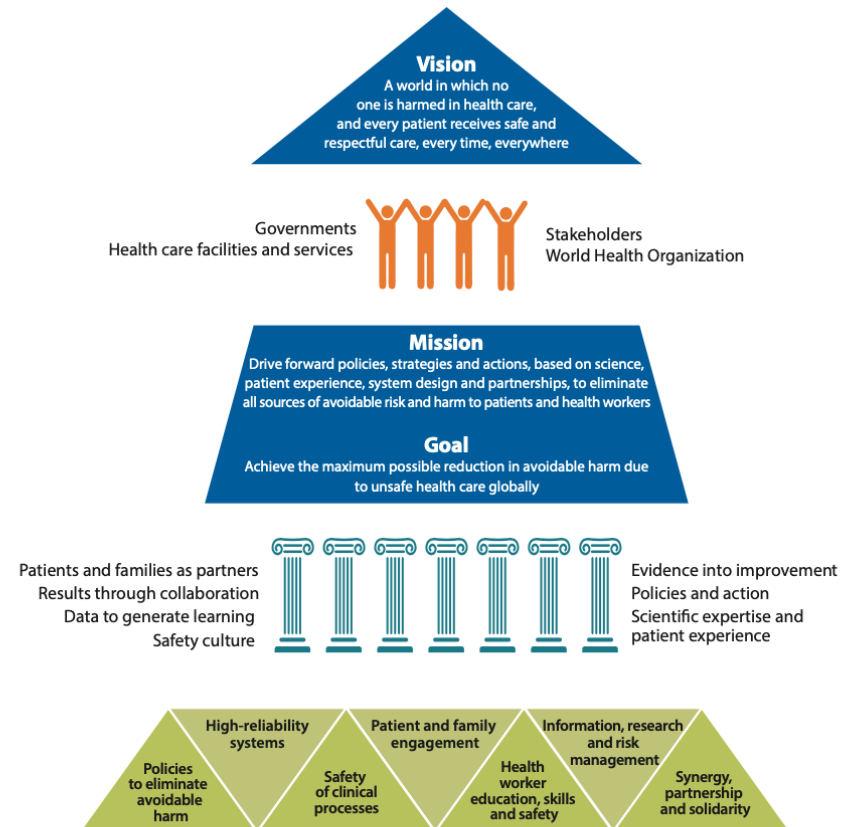
GLOBAL PATIENT SAFETY ACTION PLAN 2021–2030  
Towards eliminating avoidable harm in health care

## What is patient safety?

Patient safety is: “A framework of organized activities that creates cultures, processes, procedures, behaviours, technologies and environments in health care that consistently and sustainably lower risks, reduce the occurrence of avoidable harm, make errors less likely and reduce the impact of harm when it does occur.”



## Overview of the Global Patient Safety Action Plan 2021–2030





# Framework for Action - The 7x5 Matrix

1		<b>Policies for zero patient harm</b>	1.1 Patient safety policy, strategy and implementation framework	1.2 Resource mobilization and allocation	1.3 Protective legislative measures	1.4 Safety standards, regulation and accreditation	1.5 World Patient Safety Day and Global Patient Safety Challenges
2		<b>High reliability systems</b>	2.1 Transparency, openness and 'No blame' culture	2.2 Good governance for the health care system	2.3 Leadership capacity for clinical and managerial functions	2.4 Human factors (or ergonomics) for health systems resilience	2.5 Emergency preparedness plan and processes
3		<b>Safety of clinical processes</b>	3.1 Safety of high-risk clinical procedures	3.2 Global Patient Safety Challenge: <i>Medication Without Harm</i>	3.3 Infection prevention and control & antimicrobial resistance	3.4 Safety of medical devices, medicines, blood and vaccines	3.5 Patient safety improvement programmes in priority clinical areas
4		<b>Patient and family engagement</b>	4.1 Co-development of policies and programmes with patients	4.2 Learning from patient experience for safety improvement	4.3 Patient advocates and patient safety champions	4.4 Patient safety incident disclosure to victims	4.5 Patient involvement in implementation of action plan
5		<b>Health worker education and skills</b>	5.1 Patient safety in professional education and training	5.2 Centres of excellence for patient safety education and training	5.3 Patient safety competencies as regulatory requirements	5.4 Linking patient safety with appraisal system of health workers	5.5 Safe working environment for health workers
6		<b>Information and research</b>	6.1 Patient safety incident reporting and learning systems	6.2 Patient safety surveillance and information system	6.3 Patient safety improvement programmes	6.4 Patient safety research programmes	6.5 Digital technology for patient safety
7		<b>Synergies, partnerships and solidarity</b>	7.1 Stakeholders engagement	7.2 Common understanding and shared commitment	7.3 Patient safety networks and collaboration	7.4 Cross geographic and multisectoral initiatives for patient safety	7.5 Linkages with technical programmes and initiatives

# Characteristics of High-Reliability Organizations

Faktor kunci keberhasilan dalam organisasi berisiko tinggi (al. pelayanan kesehatan) adalah penekanan pada pencegahan kecelakaan, bahaya dan kesalahan. Konsep yang muncul dari pendekatan ini adalah **ketangguhan**, yang merupakan kapasitas dan kemampuan organisasi untuk terus-menerus mempertahankan status operasi yang aman dan memulihkan dengan cepat serta memulihkan status aman ini saat terjadi hal tsb.

- 1. Preoccupation with failure**
- 2. Reluctance to simplify.**
- 3. Sensitivity to operations.**
  - Situational Awareness
- 4. Commitment to resilience.**
- 5. Deference to expertise.**

- 1. Selalu waspada dengan kegagalan**
- 2. Keengganan untuk menyederhanakan.**
- 3. Sensitivitas terhadap operasi.**
  - Kesadaran Situasional
- 4. Komitmen untuk ketahanan.**
- 5. Menghormati dan menghargai keahlian**

## **STRATEGY 2.1:**

**Develop and sustain a culture of respect, openness and transparency that promotes learning, not blame and retribution, within each organization providing patient care**

### **Actions for health care facilities and services**

- ▶ Establish and promote a non-punitive policy for responding to and learning from adverse events and errors as well as from what goes well, whilst clarifying the circumstances where individual accountability will apply.
- ▶ Develop a system for rapidly implementing recommendations from analyses of adverse events and through proactive risk management.
- ▶ Conduct a regular survey of the organization's safety culture, identify gaps and introduce innovative approaches to building safety culture, in line with international experience and best practice.
- ▶ Reduce hierarchical structures, attitudes and behaviour throughout the organization, promoting a speak-up culture.
- ▶ Promote transparency with patients; ensure that patients have access to their medical records and that fully informed consent is practised.
- ▶ Create open and respectful rights-based organizational cultures.

## STRATEGI 2.1:

**Kembangkan dan pertahankan budaya hormat, terbuka dan transparan yang mempromosikan pembelajaran, tidak menyalahkan dan membalas, dalam setiap organisasi yang memberi asuhan pada pasien**

### **Aksi / langkah untuk fasilitas dan jasa layanan kesehatan**

- Menetapkan dan mempromosikan kebijakan tidak menghukum untuk menanggapi dan belajar dari KTD dan kesalahan serta dari apa yang berjalan dengan baik, sambil mengklarifikasi keadaan di mana akuntabilitas individu akan berlaku.
- Kembangkan sistem untuk mengimplementasikan rekomendasi dengan cepat dari analisis KTD dan melalui manajemen risiko proaktif.
- Melakukan survei rutin terhadap budaya keselamatan organisasi, mengidentifikasi kesenjangan dan memperkenalkan pendekatan inovatif untuk membangun budaya keselamatan, sejalan dengan pengalaman internasional dan praktik yang terbaik.
- Mengurangi struktur hierarki, sikap dan perilaku di seluruh organisasi, mempromosikan budaya angkat bicara / speak up.
- Promosikan transparansi dengan pasien; memastikan bahwa pasien memiliki akses ke rekam medis mereka dan bahwa informed consent sepenuhnya dilakukan.
- Ciptakan budaya organisasi yang terbuka dan saling menghormati serta berbasis hak



# Measuring and Achieving a Culture of Safety

Safety culture is generally measured by surveys of providers at all levels.

Available validated surveys include (AHRQ PSNet):

- AHRQ's [Patient Safety Culture Surveys](#) and
- the [Safety Attitudes Questionnaire](#).

These surveys ask providers to rate the safety culture in their unit and in the organization as a whole, specifically with regard to the key features



# SOPS™ Hospital Survey Version: 1.0



## HOSPITAL SURVEY ON PATIENT SAFETY CULTURE

### INSTRUCTIONS

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10 to 15 minutes to complete.

If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.

- An *“event”* is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm.
- *“Patient safety”* is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.

### SECTION A: Your Work Area/Unit

In this survey, think of your “unit” as the work area, department, or clinical area of the hospital where you spend *most of your work time or provide most of your clinical services*.

What is your primary work area or unit in this hospital? Mark ONE answer by filling in the circle.

- a. Many different hospital units/No specific unit
- |   |   |  |
|---|---|--|
| <input type="radio"/> b. Medicine (nonsurgical) | <input type="radio"/> g. Intensive care unit (any type) | <input type="radio"/> l. Radiology                       |
| <input type="radio"/> c. Surgery                | <input type="radio"/> h. Psychiatry/mental health       | <input type="radio"/> m. Anesthesiology                  |
| <input type="radio"/> d. Obstetrics             | <input type="radio"/> i. Rehabilitation                 | <input type="radio"/> n. Other, please specify:          |
| <input type="radio"/> e. Pediatrics             | <input type="radio"/> j. Pharmacy                       | <input style="width: 150px; height: 20px;" type="text"/> |
| <input type="radio"/> f. Emergency department   | <input type="radio"/> k. Laboratory                     |  |

Please indicate your agreement or disagreement with the following statements about your work area/unit. Mark your answer by filling in the circle.

Think about your hospital work area/unit...	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. People support one another in this unit .....	①	②	③	④	⑤
2. We have enough staff to handle the workload .....	①	②	③	④	⑤

### SECTION B: Your Supervisor/Manager

Please indicate your agreement or disagreement with the following statements about your immediate supervisor/manager or person to whom you directly report. Mark your answer by filling in the circle.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures.....	①	②	③	④	⑤

### SECTION C: Communications

How often do the following things happen in your work area/unit? Mark your answer by filling in the circle.

Think about your hospital work area/unit...	Never	Rarely	Sometimes	Most of the time	Always
1. We are given feedback about changes put into place based on event reports.....	①	②	③	④	⑤

### SECTION D: Frequency of Events Reported

In your hospital work area/unit, when the following mistakes happen, *how often are they reported?* Mark your answer by filling in the circle.

	Never	Rarely	Sometimes	Most of the time	Always
1. When a mistake is made, but is <i>caught and corrected before affecting the patient</i> , how often is this reported? .....	①	②	③	④	⑤

### SECTION E: Patient Safety Grade

Please give your work area/unit in this hospital an overall grade on patient safety. Mark ONE answer.

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D | <input type="radio"/> E |
| Excellent               | Very Good               | Acceptable              | Poor                    | Failing                 |

### SECTION F: Your Hospital

Please indicate your agreement or disagreement with the following statements about your hospital. Mark your answer by filling in the circle.

Think about your hospital...	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. Hospital management provides a work climate that promotes patient safety .....	①	②	③	④	⑤

# SOPS™ Hospital Survey Version: 2.0

## SOPS® Hospital Survey

**Version: 2.0**  
**Language: English**

- For more information on getting started, selecting a sample, determining data collection methods, establishing data collection procedures, conducting a web-based survey, and preparing and analyzing data, and producing reports, please read the [Hospital Survey Version 2.0 User's Guide](#).
- For the survey items grouped according to the safety culture composite measures that are intended to assess, please refer to the [Hospital Survey Version 2.0 Items and Composite Measures](#) document.
- To participate in the AHRQ Hospital Survey on Patient Safety Culture Database, you must have administered the survey in its entirety without modifications or deletions:
  - No changes to any of the survey item text and response options.
  - No reordering of survey items.
  - Questions added only at the end of the survey after Section F, before the Background Questions section.

For assistance with this survey, please contact the SOPS Help Line at 1-888-324-9749 or [SafetyCultureSurveys@westat.com](mailto:SafetyCultureSurveys@westat.com).



## Hospital Survey on Patient Safety (Version 2.0)

### Instructions

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10-15 minutes to complete. If a question does not apply to you or your hospital or you don't know the answer, please select "Does Not Apply or Don't Know."

- "Patient safety" is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of healthcare delivery.
- A "patient safety event" is defined as any type of healthcare-related error, mistake, or incident, regardless of whether or not it results in patient harm.

### Your Staff Position

1. What is your position in this hospital?

Select ONE answer.

#### Nursing

- 1 Advanced Practice Nurse (NP, CRNA, CNS, CNM)
- 2 Licensed Vocational Nurse (LVN), Licensed Practical Nurse (LPN)
- 3 Patient Care Aide, Hospital Aide, Nursing Assistant
- 4 Registered Nurse (RN)

#### Medical

- 5 Physician Assistant
- 6 Resident, Intern
- 7 Physician, Attending, Hospitalist

#### Other Clinical Position

- 8 Dietitian
- 9 Pharmacist, Pharmacy Technician
- 10 Physical, Occupational, or Speech Therapist
- 11 Psychologist
- 12 Respiratory Therapist
- 13 Social Worker
- 14 Technologist, Technician (e.g., EKG, Lab, Radiology)

#### Supervisor, Manager, Clinical Leader, Senior Leader

- 15 Supervisor, Manager, Department Manager, Clinical Leader, Administrator, Director
- 16 Senior Leader, Executive, C-Suite

#### Support

- 17 Facilities
- 18 Food Services
- 19 Housekeeping, Environmental Services
- 20 Information Technology, Health Information Services, Clinical Informatics
- 21 Security
- 22 Transporter
- 23 Unit Clerk, Secretary, Receptionist, Office Staff

#### Other

- 24 Other, please specify:

### Your Unit/Work Area

2. Think of your "unit" as the work area, department, or clinical area of the hospital where you spend most of your work time. What is your primary unit or work area in this hospital?

Select ONE answer.

**Multiple Units, No specific unit**  
 1 Many different hospital units, No specific unit

**Medical/Surgical Units**  
 2 Combined Medical/Surgical Unit  
 3 Medical Unit (Non-Surgical)  
 4 Surgical Unit

#### Patient Care Units

- 5 Cardiology
- 6 Emergency Department, Observation, Short Stay
- 7 Gastroenterology
- 8 ICU (all adult types)
- 9 Labor & Delivery, Obstetrics & Gynecology
- 10 Oncology, Hematology
- 11 Pediatrics (including NICU, PICU)
- 12 Psychiatry, Behavioral Health
- 13 Pulmonology
- 14 Rehabilitation, Physical Medicine
- 15 Telemetry

**Surgical Services**  
 16 Anesthesiology  
 17 Endoscopy, Colonoscopy  
 18 Pre Op, Operating Room/Suite, PACU/Post Op, Peri Op

#### Clinical Services

- 19 Pathology, Lab
- 20 Pharmacy
- 21 Radiology, Imaging
- 22 Respiratory Therapy
- 23 Social Services, Case Management, Discharge Planning

#### Administration/Management

- 24 Administration, Management
- 25 Financial Services, Billing
- 26 Human Resources, Training
- 27 Information Technology, Health Information Management, Clinical Informatics
- 28 Quality, Risk Management, Patient Safety

#### Support Services

- 29 Admitting/Registration
- 30 Food Services, Dietary
- 31 Housekeeping, Environmental Services, Facilities
- 32 Security Services
- 33 Transport

#### Other

- 34 Other, please specify:

**SECTION A: Your Unit/Work Area**

How much do you agree or disagree with the following statements about your unit/work area?

Strongly Disagree    Disagree    Neither Agree nor Disagree    Agree    Strongly Agree    Does Not Apply or Don't Know

Think about your unit/work area:

1. In this unit, we work together as an effective team.....
2. In this unit, we have enough staff to handle the workload.....
3. Staff in this unit work longer hours than is best for patient care.....
4. This unit regularly reviews work processes to determine if changes are needed to improve patient safety.....
5. This unit relies too much on temporary, float, or PRN staff.....
6. In this unit, staff feel like their mistakes are held against them.....
7. When an event is reported in this unit, it feels like the person is being written up, not the problem.....
8. During busy times, staff in this unit help each other.....
9. There is a problem with disrespectful behavior by those working in this unit.....
10. When staff make errors, this unit focuses on learning rather than blaming individuals.....
11. The work pace in this unit is so rushed that it negatively affects patient safety.....
12. In this unit, changes to improve patient safety are evaluated to see how well they worked.....
13. In this unit, there is a lack of support for staff involved in patient safety errors.....
14. This unit lets the same patient safety problems keep happening.....

**SECTION B: Your Supervisor, Manager, or Clinical Leader**

How much do you agree or disagree with the following statements about your immediate supervisor, manager, or clinical leader?

Strongly Disagree    Disagree

1. My supervisor, manager, or clinical leader seriously considers staff suggestions for improving patient safety..... 1 2
2. My supervisor, manager, or clinical leader wants us to work faster during busy times, even if it means taking shortcuts..... 1 2
3. My supervisor, manager, or clinical leader takes action to address patient safety concerns that are brought to their attention..... 1 2

**SECTION C: Communication**

How often do the following things happen in your unit/work area?

Think about your unit/work area:    Never    Rarely

1. We are informed about errors that happen in this unit..... 1 2
2. When errors happen in this unit, we discuss ways to prevent them from happening again..... 1 2
3. In this unit, we are informed about changes that are made based on event reports..... 1 2
4. In this unit, staff speak up if they see something that may negatively affect patient care..... 1 2
5. When staff in this unit see someone with more authority doing something unsafe for patients, they speak up..... 1 2
6. When staff in this unit speak up, those with more authority are open to their patient safety concerns..... 1 2
7. In this unit, staff are afraid to ask questions when something does not seem right..... 1 2

**SECTION D: Reporting Patient Safety Events**

Think about your unit/work area:

Never    Rarely    Sometimes    Most of the time

1. When a mistake is caught and corrected before reaching the patient, how often is this reported?..... 1 2 3 4
2. When a mistake reaches the patient and could have harmed the patient, but did not, how often is this reported?..... 1 2 3 4
3. In the past 12 months, how many patient safety events have you reported?
  - a. None
  - b. 1 to 2
  - c. 3 to 5
  - d. 6 to 10
  - e. 11 or more

**SECTION E: Patient Safety Rating**

1. How would you rate your unit/work area on patient safety?

- Poor    Fair    Good    Very Good    Excellent
- 1    2    3    4    5

**SECTION F: Your Hospital**

How much do you agree or disagree with the following statements about your hospital?

Think about your hospital:

Strongly Disagree    Disagree    Neither Agree nor Disagree    Agree

1. The actions of hospital management show that patient safety is a top priority..... 1 2 3 4
2. Hospital management provides adequate resources to improve patient safety..... 1 2 3 4
3. Hospital management seems interested in patient safety only after an adverse event happens..... 1 2 3 4
4. When transferring patients from one unit to another, important information is often left out..... 1 2 3 4
5. During shift changes, important patient care information is often left out..... 1 2 3 4
6. During shift changes, there is adequate time to exchange all key patient care information..... 1 2 3 4 5 9

**Background Questions**

1. How long have you worked in this hospital?

- a. Less than 1 year
- b. 1 to 5 years
- c. 6 to 10 years
- d. 11 or more years

2. In this hospital, how long have you worked in your current unit/work area?

- a. Less than 1 year
- b. 1 to 5 years
- c. 6 to 10 years
- d. 11 or more years

3. Typically, how many hours per week do you work in this hospital?

- a. Less than 30 hours per week
- b. 30 to 40 hours per week
- c. More than 40 hours per week

4. In your staff position, do you typically have direct interaction or contact with patients?

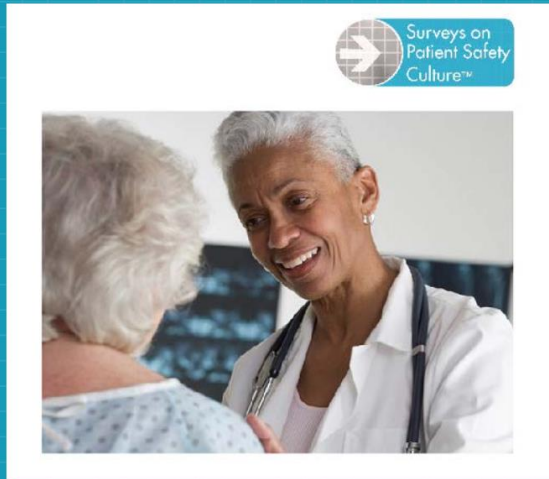
- a. YES, I typically have direct interaction or contact with patients
- b. NO, I typically do NOT have direct interaction or contact with patients

**Your Comments**

Please feel free to provide any comments about how things are done or could be done in your hospital that might affect patient safety.

Thank you for completing this survey.

# HOSPITAL SURVEY ON PATIENT SAFETY CULTURE VERSION 2.0 USER'S GUIDE



## Contents of This User's Guide

This AHRQ Hospital Survey on Patient Safety Culture Version 2.0 User's Guide and other materials are available on the AHRQ website ([www.ahrq.gov/sops/surveys/hospital](http://www.ahrq.gov/sops/surveys/hospital)). The materials are designed to provide hospitals with basic knowledge about how to administer SOPS Hospital Survey 2.0, analyze the data, and report results.

### Table of Contents

#### Chapter

<b>1.</b>	<b>Introduction</b>
	Survey Items and Composite Measures.....
	Survey Modifications .....
<b>2.</b>	<b>Getting Started</b>
	Determine Available Resources and Project Scope .....
	Decide on Your Data Collection Method .....
	Decide Whether the Survey Will Be Confidential or Anonymous .....
	Decide Whether To Use an Outside Vendor .....
	Plan Your Project Schedule.....
	Form a Project Team.....
	Establish Points of Contact .....
	Perform Additional Tasks To Administer the Survey in Multiple Hospitals.....
<b>3.</b>	<b>Selecting Your Survey Population</b>
	Determine Whom to Survey .....
	Determine Whether To Conduct a Census or Sample .....
	Compile Your Provider and Staff List .....
	Select a Sample .....
<b>4.</b>	<b>Administering a Web Survey</b>
	Design and Test the SOPS Web Survey .....
	Publicize and Promote the Survey .....
	Administer the Survey .....

### Contents (continued)

<b>5.</b>	<b>Administering Paper Surveys</b>	<b>18</b>
	Determine How To Distribute and Return Completed Surveys.....	18
	Develop and Assemble Survey Materials.....	18
	Publicize and Promote the Survey .....	19
	Administer the Survey .....	20
<b>6.</b>	<b>Analyzing the Data</b>	<b>24</b>
	Create and Clean Your Survey Data File.....	24
	Calculate the Final Response Rate.....	26
	Deidentify and Analyze Open-Ended Comments .....	26
	Analyze the Data .....	26
	Submit to the SOPS Database.....	29
	<b>References</b>	<b>30</b>

### List of Appendixes

<b>Appendix</b>		<b>Page</b>
A	Sample Data Collection Protocol for the Hospital Point of Contact: Web Survey .....	31
B	Sample Data Collection Protocol for the Hospital Point of Contact: Paper Survey .....	32



# HOSPITAL SURVEY ON PATIENT SAFETY CULTURE VERSION 2.0 USER GUIDE

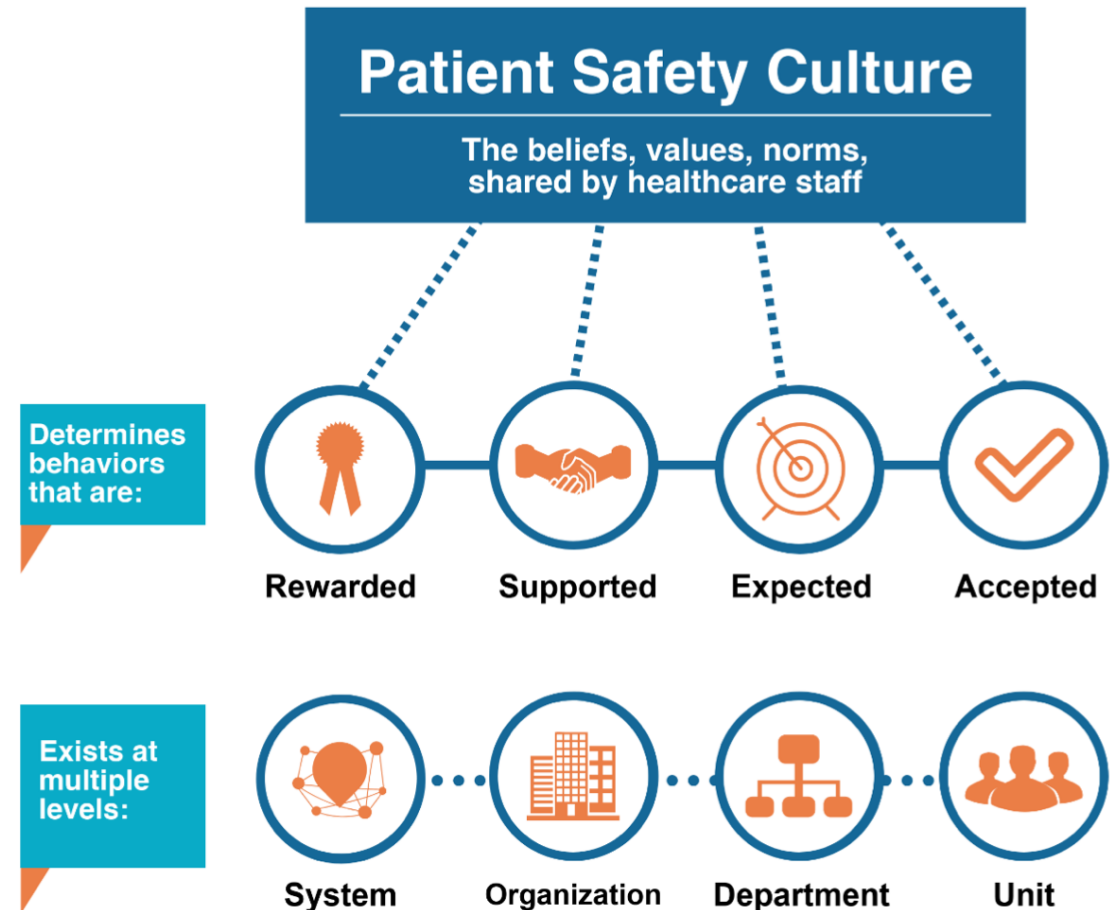
Patient safety culture can be measured by determining what is important and what attitudes and behaviors are rewarded, supported, expected, and accepted, with regard to patient safety.

It is important to broadly establish a culture of patient safety because it exists at multiple levels: within healthcare systems, hospitals, departments, and units (Figure 1).

Budaya keselamatan pasien dapat diukur dengan menentukan apa yang penting dan sikap serta perilaku apa yang dihargai, didukung, diharapkan, dan diterima, berkaitan dengan keselamatan pasien.

Penting untuk membangun budaya keselamatan pasien secara luas karena ada di berbagai tingkatan: dalam sistem pelayanan kesehatan, rumah sakit, departemen, dan unit (Gambar 1).

Figure 1. Patient Safety Culture



# Survey Items and Composite Measures

The Surveys on Patient Safety Culture™ (SOPSTM) Hospital Survey Version 2.0 (SOPS Hospital Survey 2.0) is intended to help hospitals assess patient safety culture. This survey is an update of the original SOPS Hospital Survey (1.0) that AHRQ released in 2004. The SOPS Hospital Survey 2.0 has a total of 40 survey items:

Eight single-item measures:

- One survey item asking how many patient safety events the respondent has reported
- One survey item asking respondents to provide an overall rating on patient safety for their unit/work area
- Six survey items on respondent background characteristics (staff position, unit/work area, hospital tenure, unit/work area tenure, work hours, interaction with patients)

Thirty-two survey items grouped into 10 composite measures that are groupings of two or more survey items that assess the same areas of patient safety culture (Table 1 describes the composite measures).

**Table 1. SOPS Hospital Survey 2.0 Patient Safety Culture Composite Measures**

Patient safety culture composite measures	Definition: The extent to which...	Number of items
<b>Communication About Error</b>	Staff are informed when errors occur, discuss ways to prevent errors, and are informed when changes are made.	3
<b>Communication Openness</b>	Staff speak up if they see something unsafe and feel comfortable asking questions.	4
<b>Handoffs and Information Exchange</b>	Important patient care information is transferred across hospital units and during shift changes.	3
<b>Hospital Management Support for Patient Safety</b>	Hospital management shows that patient safety is a top priority and provides adequate resources for patient safety.	3
<b>Organizational Learning—Continuous Improvement</b>	Work processes are regularly reviewed, changes are made to keep mistakes from happening again, and changes are evaluated.	3
<b>Reporting Patient Safety Events</b>	Mistakes of the following types are reported: (1) mistakes caught and corrected before reaching the patient and (2) mistakes that could have harmed the patient but did not.	2
<b>Response to Error</b>	Staff are treated fairly when they make mistakes and there is a focus on learning from mistakes and supporting staff involved in errors.	4
<b>Staffing and Work Pace</b>	There are enough staff to handle the workload, staff work appropriate hours and do not feel rushed, and there is appropriate reliance on temporary, float, or PRN staff.	4
<b>Supervisor, Manager, or Clinical Leader Support for Patient Safety</b>	Supervisors, managers, or clinical leaders consider staff suggestions for improving patient safety, do not encourage taking shortcuts, and take action to address patient safety concerns.	3
<b>Teamwork</b>	Staff work together as an effective team, help each other during busy times, and are respectful.	3

Total 32

# Item-item Survei dan Ukuran-ukuran Gabungan:

The Surveys on Patient Safety Culture™(SOPSTM) Hospital Survey Versi 2.0 (SOPS Hospital Survey 2.0) dimaksudkan untuk membantu rumah sakit menilai budaya keselamatan pasien. Survei ini merupakan pembaruan dari SOPS Hospital Survey (1.0) asli yang dirilis AHRQ pada tahun 2004. SOPS Hospital Survey 2.0 **memiliki total 40 item survei:**

**Delapan** ukuran **item** tunggal:

- Satu item survei menanyakan berapa banyak peristiwa keselamatan pasien yang telah dilaporkan responden
- Satu item survei yang meminta responden untuk memberikan penilaian menyeluruh tentang keselamatan pasien untuk unit/area kerja mereka
- Enam item survei tentang karakteristik latar belakang responden (posisi staf, unit/wilayah kerja, masa kerja rumah sakit, masa kerja unit/wilayah kerja, jam kerja, interaksi dengan pasien)

**Tiga puluh dua item** survei dikelompokkan ke dalam 10 ukuran gabungan yang merupakan pengelompokan dua atau lebih item survei yang menilai bidang budaya keselamatan pasien yang sama (Tabel 1 menjelaskan ukuran gabungan).

**Table 1. SOPS Hospital Survey 2.0 Patient Safety Culture Composite Measures**

Patient safety culture composite measures	Definition: The extent to which...	Number of items
<b>Communication About Error</b>	Staff are informed when errors occur, discuss ways to prevent errors, and are informed when changes are made.	3
<b>Communication Openness</b>	Staff speak up if they see something unsafe and feel comfortable asking questions.	4
<b>Handoffs and Information Exchange</b>	Important patient care information is transferred across hospital units and during shift changes.	3
<b>Hospital Management Support for Patient Safety</b>	Hospital management shows that patient safety is a top priority and provides adequate resources for patient safety.	3
<b>Organizational Learning—Continuous Improvement</b>	Work processes are regularly reviewed, changes are made to keep mistakes from happening again, and changes are evaluated.	3
<b>Reporting Patient Safety Events</b>	Mistakes of the following types are reported: (1) mistakes caught and corrected before reaching the patient and (2) mistakes that could have harmed the patient but did not.	2
<b>Response to Error</b>	Staff are treated fairly when they make mistakes and there is a focus on learning from mistakes and supporting staff involved in errors.	4
<b>Staffing and Work Pace</b>	There are enough staff to handle the workload, staff work appropriate hours and do not feel rushed, and there is appropriate reliance on temporary, float, or PRN staff.	4
<b>Supervisor, Manager, or Clinical Leader Support for Patient Safety</b>	Supervisors, managers, or clinical leaders consider staff suggestions for improving patient safety, do not encourage taking shortcuts, and take action to address patient safety concerns.	3
<b>Teamwork</b>	Staff work together as an effective team, help each other during busy times, and are respectful.	3

Total 32

# Ukuran-ukuran Gabungan:

Pengukuran gabungan budaya keselamatan pasien	Definisi: Sejauh mana...	Jumlah item
<b>1. Komunikasi Tentang Kesalahan</b>	Staf diberi tahu saat terjadi kesalahan, mendiskusikan cara untuk mencegah kesalahan, dan diberi tahu saat ada perubahan	3
<b>2. Keterbukaan Komunikasi</b>	Staf angkat bicara jika mereka melihat sesuatu yang tidak aman dan merasa nyaman mengajukan pertanyaan.	4
<b>3. Serah Terima dan Pertukaran Informasi</b>	Informasi penting perawatan pasien ditransfer ke seluruh unit rumah sakit dan selama pergantian shift.	3
<b>4. Dukungan Manajemen Rumah Sakit untuk Keselamatan Pasien</b>	Manajemen rumah sakit menunjukkan bahwa keselamatan pasien adalah prioritas utama dan menyediakan sumber daya yang memadai untuk keselamatan pasien	3
<b>5. Pembelajaran Organisasi—Perbaikan Berkelanjutan</b>	Proses kerja ditinjau secara berkala, perubahan dilakukan agar kesalahan tidak terjadi lagi, dan perubahan dievaluasi.	3
<b>6. Melaporkan Insiden Keselamatan Pasien</b>	Jenis kesalahan berikut dilaporkan: (1) kesalahan yang diketahui dan diperbaiki sebelum mencapai pasien dan (2) kesalahan yang dapat merugikan pasien tetapi tidak dilakukan.	2
<b>7. Tanggapan terhadap Kesalahan</b>	Staf diperlakukan secara adil ketika mereka membuat kesalahan dan ada fokus untuk belajar dari kesalahan dan mendukung staf yang terlibat dalam kesalahan.	4
<b>8. Kepegawaian dan Kecepatan Kerja</b>	Ada cukup staf untuk menangani beban kerja, staf bekerja dengan jam kerja yang tepat dan tidak merasa terburu-buru, dan ada ketergantungan yang tepat pada staf sementara, staf pelampung, atau PRN.	4
<b>9. Dukungan Supervisor, Manajer, atau Pemimpin Klinis untuk Keselamatan Pasien</b>	Supervisor, manajer, atau pemimpin klinis mempertimbangkan saran staf untuk meningkatkan keselamatan pasien, tidak mendorong mengambil jalan pintas, dan mengambil tindakan untuk mengatasi masalah keselamatan pasien.	3
<b>10. Kerjasama tim</b>	Staf bekerja sama sebagai tim yang efektif, saling membantu selama masa sibuk, dan saling menghormati.	3



# SOPS Hospital Survey 2.0: Items and Composite Measures

## SOPS Hospital Survey 2.0: Items and Composite Measures

In this document, the items in the SOPS Hospital Survey 2.0 are grouped according to the safety culture composite measures they are intended to assess. The item's survey location is shown to the left of each item. Negatively worded items are indicated. Reliability statistics based on the pilot test data from 25 hospitals and 4,345 hospital staff are provided for the composite measures.

### 1. Teamwork

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

- A1. In this unit, we work together as an effective team.
- A8. During busy times, staff in this unit help each other.
- A9. There is a problem with disrespectful behavior by those working in this unit. (negatively worded)

Reliability of this composite measure—Cronbach's alpha (3 items) = .76

### 2. Staffing and Work Pace

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

- A2. In this unit, we have enough staff to handle the workload.
- A3. Staff in this unit work longer hours than is best for patient care. (negatively worded)
- A5. This unit relies too much on temporary, float, or PRN staff. (negatively worded)
- A11. The work pace in this unit is so rushed that it negatively affects patient safety. (negatively worded)

Reliability of this composite measure—Cronbach's alpha (4 items) = .67

### 3. Organizational Learning—Continuous Improvement

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

- A4. This unit regularly reviews work processes to determine if changes are needed to improve patient safety.
- A12. In this unit, changes to improve patient safety are evaluated to see how well they worked.
- A14. This unit lets the same patient safety problems keep happening. (negatively worded)

Reliability of this composite measure—Cronbach's alpha (3 items) = .76

### 4. Response to Error

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

- A6. In this unit, staff feel like their mistakes are held against them. (negatively worded)
- A7. When an event is reported in this unit, it feels like the person is being written up, not the problem. (negatively worded)
- A10. When staff make errors, this unit focuses on learning rather than blaming individuals.
- A13. In this unit, there is a lack of support for staff involved in patient safety errors. (negatively worded)

Reliability of this composite measure—Cronbach's alpha (4 items) = .83

**Note:** Negatively worded questions should be reverse coded when calculating percent "positive" response, means, and composite measure scores.

### 5. Supervisor, Manager, or Clinical Leader Support for Patient Safety

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

- B1. My supervisor, manager, or clinical leader seriously considers staff suggestions for improving patient safety.
- B2. My supervisor, manager, or clinical leader wants us to work faster during busy times, even if it means taking shortcuts. (negatively worded)
- B3. My supervisor, manager, or clinical leader takes action to address patient safety concerns that are brought to their attention.

Reliability of this composite measure—Cronbach's alpha (3 items) = .77

### 6. Communication About Error

(Never, Rarely, Sometimes, Most of the time, Always, Does Not Apply or Don't Know)

- C1. We are informed about errors that happen in this unit.
- C2. When errors happen in this unit, we discuss ways to prevent them from happening again.
- C3. In this unit, we are informed about changes that are made based on event reports.

Reliability of this composite measure—Cronbach's alpha (3 items) = .89

### 7. Communication Openness

(Never, Rarely, Sometimes, Most of the time, Always, Does Not Apply or Don't Know)

- C4. In this unit, staff speak up if they see something that may negatively affect patient care.
- C5. When staff in this unit see someone with more authority doing something unsafe for patients, they speak up.
- C6. When staff in this unit speak up, those with more authority are open to their patient safety concerns.
- C7. In this unit, staff are afraid to ask questions when something does not seem right. (negatively worded)

Reliability of this composite measure—Cronbach's alpha (4 items) = .83

### 8. Reporting Patient Safety Events

(Never, Rarely, Sometimes, Most of the time, Always, Does Not Apply or Don't Know)

- D1. When a mistake is caught and corrected before reaching the patient, how often is this reported?
- D2. When a mistake reaches the patient and could have harmed the patient, but did not, how often is this reported?

Reliability of this composite measure—Cronbach's alpha (2 items) = .75

### 9. Hospital Management Support for Patient Safety

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

- F1. The actions of hospital management show that patient safety is a top priority.
- F2. Hospital management provides adequate resources to improve patient safety.
- F3. Hospital management seems interested in patient safety only after an adverse event happens. (negatively worded)

Reliability of this composite measure—Cronbach's alpha (3 items) = .77

**Note:** Negatively worded questions should be reverse coded when calculating percent "positive" response, means, and composite measure scores.

### 10. Handoffs and Information Exchange

(Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree, Does Not Apply or Don't Know)

- F4. When transferring patients from one unit to another, important information is often left out. (negatively worded)
- F5. During shift changes, important patient care information is often left out. (negatively worded)
- F6. During shift changes, there is adequate time to exchange all key patient care information.

Reliability of this composite measure—Cronbach's alpha (3 items) = .72

### Number of Events Reported

(None, 1 to 2, 3 to 5, 6 to 10, 11 or more)

- D3. In the past 12 months, how many patient safety events have you reported?

### Patient Safety Rating

(Poor, Fair, Good, Very Good, Excellent)

- E1. How would you rate your unit/work area on patient safety?

**Note:** Negatively worded questions should be reverse coded when calculating percent "positive" response, means, and composite measure scores.

# SOPS Hospital Survey 2.0: Item2 dan Ukuran2 Gabungan

## 1. Kerjasama tim

(sangat tidak setuju, tidak setuju, tidak setuju atau tidak setuju, setuju, sangat setuju, tidak berlaku atau tidak tahu)

A1. Di unit ini, kami bekerja bersama sebagai tim yang efektif.

A8. Selama masa sibuk, staf di unit ini saling membantu.

A9. Ada masalah dengan perilaku tidak sopan oleh mereka yang bekerja di unit ini. (Kata negatif)

*Keandalan ukuran komposit ini - Alpha Cronbach (3 item) = .76*

## 2. Staf / kepegawaian dan kecepatan kerja

(sangat tidak setuju, tidak setuju, tidak setuju atau tidak setuju, setuju, sangat setuju, tidak berlaku atau tidak tahu)

A2. Di unit ini, kami memiliki cukup staf untuk menangani beban kerja.

A3. Staf di unit ini bekerja lebih lama daripada yang terbaik untuk perawatan pasien. (kata negatif)

A5. Unit ini terlalu bergantung pada staf sementara, staf *float*, atau staf *PRN*. (kata negatif)

A11. Kecepatan kerja di unit ini sangat terburu-buru sehingga berdampak negatif pada keselamatan pasien. (Kata negatif)

*Keandalan ukuran komposit ini - Alpha Cronbach (4 item) = .67*

### 3. Pembelajaran Organisasi - Perbaikan berkelanjutan

(sangat tidak setuju, tidak setuju, tidak setuju atau tidak setuju, setuju, sangat setuju, tidak berlaku atau tidak tahu)

A4. Unit ini secara teratur meninjau proses kerja untuk menentukan apakah perubahan diperlukan untuk meningkatkan keselamatan pasien.

A12. Dalam unit ini, perubahan untuk meningkatkan keselamatan pasien dievaluasi untuk melihat seberapa baik mereka bekerja.

A14. Unit ini memungkinkan masalah keselamatan pasien yang sama terus terjadi. (Kata negatif)

*Keandalan ukuran komposit ini - Alpha Cronbach (3 item) = .76*

### 4. Tanggapan terhadap kesalahan

(sangat tidak setuju, tidak setuju, tidak setuju atau tidak setuju, setuju, sangat setuju, tidak berlaku atau tidak tahu)

A6. Di unit ini, staf merasa kesalahan ditimpakan kepada mereka. (kata negatif)

A7. Ketika suatu peristiwa dilaporkan di unit ini, rasanya seperti orang tersebut sedang ditulis, bukan masalah. (kata negatif)

A10. Ketika staf membuat kesalahan, unit ini berfokus pada pembelajaran daripada menyalahkan individu.

A13. Di unit ini, ada kurangnya dukungan untuk staf yang terlibat dalam kesalahan keselamatan pasien. (Kata negatif)

*Keandalan ukuran komposit ini - Alpha Cronbach (4 item) = .83*

*Catatan: Pertanyaan dengan kata negatif harus dikodekan terbalik ketika menghitung persentase respons "positif", rata-rata, dan skor ukuran komposit. 1*

## 5. Dukungan Supervisor, Manajer, atau Pemimpin Klinis untuk Keselamatan Pasien

(sangat tidak setuju, tidak setuju, tidak setuju atau tidak setuju, setuju, sangat setuju, tidak berlaku atau tidak tahu)

B1. Supervisor, manajer, atau pemimpin klinis saya secara serius mempertimbangkan saran staf untuk meningkatkan keselamatan pasien.

B2. Atasan saya, manajer, atau pemimpin klinis ingin kami bekerja lebih cepat selama masa sibuk, bahkan jika itu berarti mengambil jalan pintas. (kata negatif)

B3. Atasan saya, manajer, atau pemimpin klinis mengambil tindakan untuk mengatasi masalah keselamatan pasien yang menjadi perhatian mereka.

*Keandalan ukuran komposit ini - Alpha Cronbach (3 item) = .77*

## 6. Komunikasi tentang kesalahan

(sangat tidak setuju, tidak setuju, tidak setuju atau tidak setuju, setuju, sangat setuju, tidak berlaku atau tidak tahu)

C1. Kami diberitahu tentang kesalahan yang terjadi di unit ini.

C2. Ketika kesalahan terjadi di unit ini, kami membahas cara untuk mencegahnya terjadi lagi.

C3. Di unit ini, kami diberitahu tentang perubahan yang dibuat berdasarkan laporan kejadian.

*Keandalan ukuran komposit ini - Alpha Cronbach (3 item) = .89*

## 7. Keterbukaan komunikasi

(sangat tidak setuju, tidak setuju, tidak setuju atau tidak setuju, setuju, sangat setuju, tidak berlaku atau tidak tahu)

C4. Di unit ini, staf berbicara jika mereka melihat sesuatu yang dapat berdampak negatif pada pelayanan pasien.

C5. Ketika staf di unit ini melihat seseorang dengan lebih banyak otoritas melakukan sesuatu yang tidak aman untuk pasien, mereka berbicara.

C6. Ketika staf di unit ini berbicara, mereka yang memiliki otoritas lebih terbuka untuk masalah keselamatan pasien mereka.

C7. Di unit ini, staf takut untuk bertanya ketika sesuatu tampaknya tidak benar. (Kata negatif)

*Keandalan ukuran komposit ini - Alpha Cronbach (4 item) = .83*

## 8. Melaporkan Insiden Keselamatan Pasien

(sangat tidak setuju, tidak setuju, tidak setuju atau tidak setuju, setuju, sangat setuju, tidak berlaku atau tidak tahu)

D1. Ketika kesalahan ditangkap dan diperbaiki sebelum mencapai pasien, seberapa sering ini dilaporkan?

D2. Ketika kesalahan mencapai pasien dan bisa melukai pasien, tetapi tidak terjadi, seberapa sering hal ini dilaporkan?

*Keandalan ukuran komposit ini - Alpha Cronbach (2 item) = .75*

## 9. Dukungan manajemen rumah sakit untuk keselamatan pasien

(sangat tidak setuju, tidak setuju, tidak setuju atau tidak setuju, setuju, sangat setuju, tidak berlaku atau tidak tahu)

F1. Tindakan manajemen rumah sakit menunjukkan bahwa keselamatan pasien adalah prioritas utama.

F2. Manajemen rumah sakit menyediakan sumber daya yang memadai untuk meningkatkan keselamatan pasien.

F3. Manajemen rumah sakit tampaknya tertarik pada keselamatan pasien hanya setelah kejadian buruk terjadi. (Kata negatif)

*Keandalan ukuran komposit ini - Alpha Cronbach (3 item) = .77*

*Catatan: Pertanyaan dengan kata negatif harus dikodekan terbalik ketika menghitung persentase respons "positif", rata-rata, dan skor ukuran komposit. 2*

## 10. Handoff / serah terima dan pertukaran informasi

(sangat tidak setuju, tidak setuju, tidak setuju atau tidak setuju, setuju, sangat setuju, tidak berlaku atau tidak tahu)

F4. Ketika memindahkan pasien dari satu unit ke unit lain, informasi penting sering kali ditinggalkan. (kata negatif)

F5. Selama perubahan shift, informasi asuhan pasien yang penting sering ditinggalkan. (kata negatif)

F6. Selama perubahan shift, ada waktu yang cukup untuk bertukar semua informasi asuhan pasien.

*Keandalan ukuran komposit ini - Alpha Cronbach (3 item) = .72*

## **Jumlah peristiwa yang dilaporkan**

(tidak ada, 1 hingga 2, 3 hingga 5, 6 hingga 10, 11 atau lebih)

D3. Dalam 12 bulan terakhir, berapa banyak kejadian keselamatan pasien yang telah Anda laporkan?

## **Peringkat Keselamatan Pasien**

(buruk, adil, bagus, sangat bagus, luar biasa)

E1. Bagaimana Anda menilai unit / area kerja Anda pada keselamatan pasien?

# Beberapa pertimbangan pada tahap pelaksanaan:

- Metoda pengambilan data: dg web atau menggunakan kertas.
- Tentukan apakah Survei akan dirahasiakan (confidential) atau anonim (lihat table 2)

**Table 2. Confidential Versus Anonymous Surveys**

Confidential Survey	Anonymous Survey
<ul style="list-style-type: none"><li>• Able to track individual respondents – can send followup reminders or second surveys to nonrespondents</li></ul>	<ul style="list-style-type: none"><li>• Unable to track respondents – will need to send thank you/followup reminders or second surveys to everyone</li></ul>
<ul style="list-style-type: none"><li>• Staff may not feel as comfortable completing the survey if they think their responses can be linked back to them</li></ul>	<ul style="list-style-type: none"><li>• Staff may feel more comfortable completing the survey because they have assurance that responses cannot be linked back to them</li></ul>

- Apakah akan menggunakan vendor luar (yg lebih professional dan berpengalaman, dan staf mungkin akan merasa tanggapan mereka lebih rahasia bila survei mereka dikembalikan ke vendor luar) atau diselenggarakan sendiri.
- Buat Rencana Jadwal survei.



# Beberapa pertimbangan pada tahap pelaksanaan:

- **Tentukan Siapa yang Akan Disurvei** (seluruh personil RS / unit tertentu /manajemen – lihat AHRQ ver 2.0)
  - Survei akan menilai budaya keselamatan pasien dari perspektif pemberi layanan dan staf rumah sakit. Mereka (yang di survei) harus memiliki pengetahuan yang cukup tentang RS dan operasionalnya untuk dapat memberikan jawaban yang tepat atas item survei.
- **Tentukan apakah akan melakukan Sensus atau Sample**
  - Dari populasi RS ini, anda mungkin ingin mengelola survei untuk semua orang (sensus), atau anda mungkin ingin fokus pada unit atau posisi staf tertentu (sample), bila sampling tentukan Simple Random vs. Systematic Sampling.
- **Bila anda memutuskan melakukan Survei Web (termasuk Publikasi dan Promosi Survei)**
  - Pertimbangkan praktik terbaik dalam desain survei web dan pengujian awal; langkah-langkah administrasi survei untuk survei web, termasuk cara mempublikasikan survei anda; dan bahan yang perlu dikembangkan. Aktivitas ini dapat dilakukan oleh staf rumah sakit Anda, staf vendor outsourcing, atau kombinasinya.
- **Kelola Survei**
  - Kirim email pranotifikasi, Kirim email undangan survei, Kirim email pengingat mingguan
  - Bagikan tingkat respons mingguan

**Figure 3. Web Survey Recommended Survey Administration Steps**



## Consider Using Incentives To Maximize Response Rates

Offering incentives can be a good way to increase responses to a survey because respondents often ask, “What’s in it for me?” You may want to offer individual incentives, such as a raffle for cash prizes or gift certificates, or you can offer group incentives, such as catered lunches for hospital units/work areas with at least a 75 percent response rate. Be creative and think about what would motivate your providers and staff to complete the survey.

### **Pertimbangkan Menggunakan Insentif Untuk Memaksimalkan Tingkat Respons**

Menawarkan insentif dapat menjadi cara yang baik untuk meningkatkan tanggapan terhadap survei

Responden sering bertanya, “Apa untungnya bagi saya?” Anda mungkin ingin menawarkan insentif individu, seperti undian untuk hadiah uang tunai atau sertifikat hadiah, atau anda dapat menawarkan insentif kelompok, seperti makan siang dengan katering untuk unit rumah sakit/area kerja dengan tingkat respons minimal 75 persen.

Jadilah kreatif dan pikirkan apa yang akan memotivasi pemberi layanan dan staf anda untuk menyelesaikan survei.

# Hitung Tingkat Respons Akhir

Setelah Anda mengidentifikasi survei yang dikembalikan untuk disertakan dalam file data analisis, Anda dapat menggunakan rumus berikut untuk **menghitung tingkat respons** resmi:

$$\frac{\text{Number of surveys returned – incompletes}}{\text{Number of eligible providers and staff who received a survey}}$$

## De-identifikasi dan Analisis Komentar Terbuka

Responden diberi kesempatan untuk memberikan komentar tertulis di akhir survei.

Komentar dapat digunakan untuk mendapatkan kutipan langsung untuk tujuan umpan balik, tetapi komentar tersebut harus ditinjau dengan cermat dan diidentifikasi terlebih dahulu untuk memastikan bahwa komentar tersebut tidak mengandung informasi apa pun yang dapat digunakan untuk mengidentifikasi siapa yang menulis komentar atau individu yang dirujuk dalam komentar.

Anda dapat menganalisis komentar dengan meninjau dan mengidentifikasi tema umum (misalnya, komunikasi, staf dan kecepatan kerja, kerja tim).

Anda kemudian dapat menetapkan kode untuk setiap tema dan memberi kode untuk setiap komentar. Kemudian Anda dapat menghitung jumlah komentar per kode atau tema untuk mengetahui tema mana yang memiliki komentar paling banyak.

# **Analisis Data**

# Analisis Data

- Idealnya, laporan umpan balik harus diberikan secara luas—kepada manajemen, administrator, dewan direksi, komite, dan staf—baik secara langsung selama rapat atau melalui alat komunikasi seperti email, situs intranet, atau buletin.
- Semakin luas hasilnya disebarluaskan, semakin bermanfaat informasi tersebut dan semakin besar kemungkinan responden akan merasa bahwa mengikuti survei itu bermanfaat.
- Anda dapat menyesuaikan laporan umpan balik untuk masing2 audiens, mulai dari ringkasan eksekutif satu atau dua halaman hingga laporan yang lebih lengkap yang menggunakan statistik untuk menarik kesimpulan atau membuat perbandingan.

# Analisis Data

Dalam laporan umpan balik, sertakan jenis informasi berikut:

- **Bagaimana survei dilakukan** (kertas, web, periode administrasi survei) dan **tingkat respons** Anda.
- **Karakteristik latar belakang** semua responden—unit/area kerja mereka, posisi staf, masa kerja di rumah sakit, masa kerja di dalam unit, jam kerja mingguan, dll.—untuk membantu orang lain memahami siapa yang menanggapi survei.
- **Hasil item**—jangan laporkan hasil untuk item jika jumlah total responden  $< 3$  untuk item tersebut.
- **Hasil pengukuran gabungan**—jangan laporkan hasil untuk pengukuran gabungan jika item apa pun dalam ukuran gabungan tersebut memiliki kurang dari tiga responden.
- **Perincian hasil** berdasarkan posisi staf, unit/area kerja, atau karakteristik latar belakang lainnya. Jangan laporkan hasil untuk kategori karakteristik latar belakang (misalnya, perawat) yang memiliki  $< 5$  responden dalam kategori tersebut dan  $< 3$  responden untuk item dalam kategori tersebut.
- ❖ Masih dimungkinkan untuk memberikan hasil breakout saat Anda memiliki lebih sedikit responden dengan menggabungkan kategori. Misalnya, jika hanya dua responden yang merupakan Residen atau Magang dan empat adalah Asisten Dokter, Anda dapat menggabungkan kategori ini untuk tujuan analisis dan pelaporan.



# Hasil Survei Budaya KP

# Challenging Patient Safety Culture: Survey Results

Hellings J, Schrooten W, Klazinga N and Vleugels A.

## Abstract

**Purpose:** To measure the patient safety culture in **five Belgian general hospitals**. Safety culture plays an important role in the approach towards more patient safety in hospitals.

**Design/methodology:** The Hospital Survey on Patient Safety Culture was distributed hospital-wide in five general hospitals. The survey **evaluates ten patient safety culture dimensions and two outcomes**. The dimensional scores were expressed as the percentage of positive answers towards patient safety for each dimension. The survey was conducted from **March through November 2005**. In total, 3940 individuals responded (overall response rate = 77%), including 2813 nurses and nurse assistants, 462 physicians, 397 physiotherapists, laboratory and radiology assistants, social workers and 64 pharmacists and pharmacy assistants.

**Findings:** **For all hospitals, the dimensional positive scores were found to be low to average**. The lowest scores were found for the dimensions “Hospital management support for patient safety” (35%), “Non-punitive response to error” (36%), “Hospital transfers and transitions” (36%), “Staffing” (38%) and “Teamwork across hospital units” (40%). The dimension “Teamwork within hospital units” generated the highest score (70%). Although the same dimensions were considered problematic in the different hospitals, important variations between five hospitals were observed.

**Value:** Results indicate that **important aspects of the patient safety culture in these hospitals need improvement**. This is an important challenge to all stakeholders on the road to more patient safety.

**Practical implications:** A comprehensive and tailor-made plan to improve the patient safety culture in these hospitals can now be developed.

**Funding:** The participating hospitals were partially funded by the Belgian Federal Government; research project “Clinical Risk Management in Hospitals” 2005-2006.



The majority of organizations will need to change their culture, which means humans will need to change their habits.

At the NeuroLeadership Institute, we like to define culture as “shared everyday habits.”

Research suggests that three types of activities need to occur for an organizational (or individual) change to succeed. We call this the “PHS model of change,” for Priorities, Habits and Systems.

These priorities need to be easily recallable, sticky ideas that make complete sense with everything else going on and get people thinking in new ways. They need to appear desirable, as well as feasible.

The second step involves building true *habits* that support these priorities. Building habits take time and attention, it doesn’t happen by just wanting to.

The third step involves *systems* that support everything, to keep the priorities and habits alive.

Habits must be built one at a time, over time. And then research shows that doing this in social settings is a key driver of change. In fact, our client work suggests it’s the optimal way to manifest priorities through actual behavior change. First off, to get the motivation needed, people need an experience of an “insight” about a new priority, and about any habits you want them to focus on. An insight is a moment when strong motivation occurs.

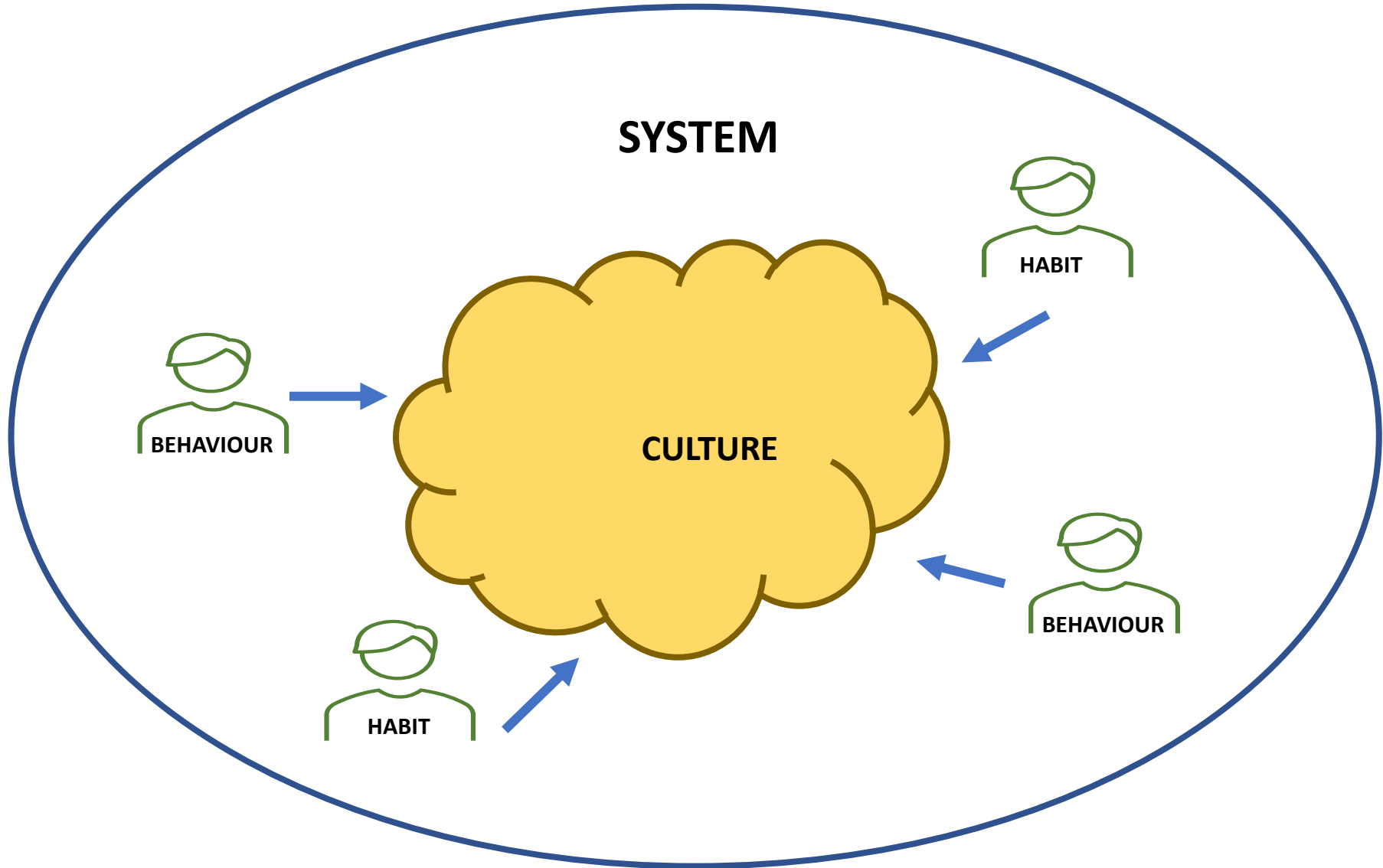
**Instilling Systems:** Habits must be easy to execute for them to stick. organizations need to implement systems that support their desired habits.

## The Fastest Way To Change A Culture

David Rock Contributor 

*I write about the neuroscience of leadership.*

May 24, 2019, 11:32am EDT



## How long does it really take to change your culture?

The standard belief is that culture change takes 2-3 years to occur. A timeframe that is becoming increasingly unpalatable in our world of rapid change? A company's business model might have changed twice in that time, you might have a new executive team, possibly a new CEO. The time it takes to change culture I believe is one of the deterrents to people engaging in change.

**Let's bust the myth...** you can change culture in less than 2-3 years. But you need to do some important things and they spell the difference between evolution and revolution.

**Focus your energy** – if you try to do too much it will take you a long time to change your culture as you are dissipating your energy. Invest your time up front to understand the root cause of your cultural **challenges** and then be laser focussed on the 1-2 things that will make the difference.

“Nothing worth having  
was ever achieved  
without effort.”



Theodore Roosevelt

**Invest** – time, energy, resources. As Roosevelt famously stated ‘Nothing worth having was ever achieved without effort’ and this is the case for culture change. CEOs who delegate culture down their business and only ever discuss it at a Steering Committee will never achieve change. The more actively an organisation encourages, discourages and sets new standards on behaviours in every moment, the faster the organisation will change.

**Leaders as role models** – the fastest cultural shifts I have experienced are when the **leaders** are authentically and determinedly working on themselves, making changes and talking about those changes and their impact on the business openly with others. This intense ‘evidence’ that leaders are committed to change is without doubt powerful and critical for momentum. As I was once advised... ‘what my boss finds interesting... I find fascinating’. Leaders set the tone on what is important and if vulnerable, make it safe for everyone else in the organisation to step into the change.

**Top down AND bottom up** – There is no question that leaders set the tone of the culture BUT focussing purely on leaders for change ignores other critical social dynamics in your organisation that you can be leveraging to fast track change.

- **Champions** – there are always a passionate group of enthusiasts who are your change cheerleaders. Leverage their energy to catalyst change
- **Role models** – once you are laser focussed on the change you want to make you will have people who **already** demonstrate these behaviours – find them and give them a voice
- **Influencers** – outside of your formal hierarchy there is a huge power base – the informal dynamic of influence and **communication** flows means that if you know who your informal influencers are, you can find ways to engage them and leverage them to help you in the change

With a carefully planned transformation leveraging all of these dimensions, your organisation can **feel very different** within 12 months. Consistency and persistence however are needed so that you don't declare victory too soon – remember your people are watching and waiting to see whether this is for the long haul.



# Mengapa organisasi kesehatan harus melakukan survei budaya keselamatan pasien?

Survei budaya keselamatan berguna untuk mengukur kondisi organisasi yang dapat menyebabkan KTD dan membahayakan pasien di organisasi pelayanan kesehatan. Organisasi yang ingin menilai budaya keselamatan pasien yang ada, harus mempertimbangkan untuk melakukan survei budaya keselamatan.

Survei budaya keselamatan dapat digunakan untuk:

- Meningkatkan kesadaran staf tentang keselamatan pasien.
- Kaji status budaya keselamatan pasien saat ini.
- Identifikasi kekuatan dan area untuk peningkatan budaya keselamatan pasien. Periksa tren perubahan budaya keselamatan pasien dari waktu ke waktu.
- Mengevaluasi dampak budaya dari inisiatif dan intervensi keselamatan pasien.

Ada survei budaya organisasi dan budaya keselamatan lainnya;

# Mengapa harus menggunakan Survei AHRQ tentang Budaya Keselamatan Pasien?

Survei AHRQ tentang Budaya Keselamatan Pasien memiliki beberapa keunggulan:

- 1. Gratis**—tersedia untuk umum. Survei dikembangkan oleh AHRQ dan tersedia secara gratis.
- 2. Instrumen di seluruh organisasi.** Survei dirancang untuk diberikan kepada semua jenis staf, termasuk staf klinis dan nonklinis di rumah sakit, panti jompo, tempat praktek, apotek komunitas, dan klinik bedah rawat jalan. Survei ini dapat digunakan untuk menilai unit atau departemen secara terpisah atau dapat dikelola di seluruh organisasi.
- 3. Terpercaya dan valid.** Proses pengembangan survei dilakukan secara hati-hati dan teliti, berdasarkan tinjauan penelitian yang ada dan survei budaya lainnya. Lebih penting lagi, item survei telah menunjukkan reliabilitas dan validitas (untuk lebih jelasnya, lihat materi Toolkit survei yang tersedia di situs web AHRQ SOPS).
- 4. Komprehensif dan spesifik.** Survei mencakup beberapa area budaya keselamatan pasien, memberikan tingkat detail yang membantu organisasi mengidentifikasi area kekuatan dan area tertentu untuk perbaikan. Selain itu, ada item tambahan yang dapat ditambahkan pengguna untuk menilai konten di area yang tidak termasuk dalam kuesioner inti (mis., Item Tambahan Keselamatan Pasien Teknologi Informasi Kesehatan dan Item Tambahan Nilai dan Efisiensi).

Ada survei budaya organisasi dan budaya keselamatan lainnya;

# Mengapa harus menggunakan Survei AHRQ tentang Budaya Keselamatan Pasien?

Survei AHRQ tentang Budaya Keselamatan Pasien memiliki beberapa keunggulan:

**5. Mudah digunakan.** Setiap survei memiliki bahan sumber yang menyertainya: Formulir Survei.

Item Survei dan Pengukuran Gabungan.

Panduan Pengguna Survei: Memberikan petunjuk langkah demi langkah tentang cara memilih sampel, mengelola survei dan memperoleh tingkat respons yang tinggi, serta cara menganalisis dan melaporkan hasil.

Alat Entri dan Analisis Data: Alat entri dan analisis data yang bekerja dengan Microsoft® Excel dan memudahkan untuk memasukkan data tingkat individu Anda dari survei. Alat tersebut kemudian secara otomatis membuat tabel dan grafik untuk menampilkan hasil survei Anda. Untuk meminta alat untuk survei SOPS atau item tambahan, kirim email.

**6. Repositori / Gudang data.** AHRQ menetapkan Database SOPS sebagai pusat penyimpanan data survei dari setiap survei SOPS. Organisasi pelayanan kesehatan yang mengelola salah satu survei budaya keselamatan pasien AHRQ dapat secara sukarela menyerahkan data mereka ke database yang sesuai dan membandingkan hasil survei mereka dengan Database.

## Seberapa sering organisasi harus mengelola Survei AHRQ tentang Budaya Keselamatan Pasien?

Rata-rata, rumah sakit yang telah mengajukan Survei di Rumah Sakit tentang Basis Data Budaya Keselamatan Pasien lebih dari satu kali melakukan **survei ulang setiap 24 bulan**.

Meskipun tidak diberikan rekomendasi yang ditetapkan mengenai kapan harus mengelola kembali survei, disarankan agar **tidak melakukan survei dengan jarak kurang dari 6 bulan**. Ini akan berlaku juga untuk pengaturan di tempat praktek, panti jompo, apotek komunitas, dan klinik bedah rawat jalan.

# RANGKUMAN:

1. Budaya Keselamatan Pasien dibutuhkan bila suatu organisasi ingin menjadi Organisasi dengan Keandalan Tinggi.
2. Budaya suatu organisasi hanya bisa terwujud bila semua anggotanya mempunyai kebiasaan / perilaku yang mendukung nilai-nilai budaya tersebut.
3. Untuk memperoleh suatu Budaya Keselamatan Pasien, suatu organisasi perlu untuk melakukan survei budaya keselamatan pasien secara berkala dan terus menerus, dan melakukan pembelajaran dan perbaikan sesuai hasil survei.
4. Perlu digunakan suatu alat survei yang dapat dipercaya dan dapat dibandingkan dengan survei organisasi lain untuk dapat belajar.
5. Berdasarkan hasil survei budaya keselamatan pasien tersebut perlu dilakukan upaya-upaya untuk perbaikan melalui perubahan budaya dalam kebiasaan / perilaku para anggotanya (**culture as shared everyday habits**)
6. Perubahan perilaku ini dapat dilakukan dengan model perubahan PHS (**Priorities – Habit – System**).



Semoga Bermanfaat

**TERIMA KASIH**

Dr Bambang Tutuko SpAn KIC

0816824109

[bambang.tutuko@yahoo.co.id](mailto:bambang.tutuko@yahoo.co.id)