Penerapan *Surgical Safety Checklist* dalam Meningkatkan Budaya *Patient Safety* di Instalasi Bedah Sentral RSUD Kota Salatiga

Surgical Safety Checklist Application To Improve Patient Safety Culture at Central Operating Instalation RSUD Kota Salatiga

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INTISARI

Latar Belakang: Program keselamatan pasien merupakan domain utama kualitas pelayanan kesehatan. WHO menyusun program *Surgical Safety* untuk seluruh kamar operasi di dunia. IBS (Instalasi Bedah Sentral) RSUD Kota Salatiga yang menyelenggarakan rata-rata 200 pembedahan/ bulan, namun Tim KKPRS (Komite Keselamatan Pasien Rumah Sakit) belum mempunyai standar keselamatan pasien di unit ini. Tujuan dari penelitian ini adalah untuk mengetahui pelaksanaan *surgical safety* dan penerapan *Surgical Safety Checklist* (SSC) dalam meningkatkan budaya *patient safety* di IBS RSUD Kota Salatiga.

Metode: Rancangan *action research* dua siklus dengan jenis penelitian kualitatif. Pengumpulan data menggunakan lembar *SSC.* Observasi menggunakan lembar *SSC* pada 10 tindakan pembedahan. Proses pada siklus I menggunakan sosialisasi SSC, sedangkan siklus II dengan *workshop*.

Hasil dan Pembahasan: Hasil observasi adalah 0 (nol) antara sebelum dan setelah sosialisasi SSC. Hasil observasi setelah *workshop* terdapat peningkatan kepatuhan dalam menerapkannya. Dimensi yang tergolong paling tinggi adalah kerjasama dalam unit (87,5%). Berdasarkan wawancara, pelaksanaan *SSC* belum dapat dilaksanakan sepenuhnya, membutuhkan waktu persiapan dan koordinasi semua jajaran serta *Standard Operating Procedure* (SOP) untuk menertibkan dan menyeragamkan penerapannya. Hambatan berupa tidak adanya kesadaran penerapan budaya pengisian *checklist* terstandar, miskomunikasi, sulitnya pendokumentasian, serta sarana prasarana yang kurang mendukung.

Kesimpulan: Penerapan SSC melalui sosialisasi lembar SSC tidak dapat meningkatkan kepatuhan terhadap *checklist*. Selanjutnya, melalui *workshop* dapat meningkatkan kepatuhan terhadap *checklist* di IBS. Survei dimensi budaya keselamatan di IBS RSUD Kota Salatiga yang tertinggi adalah kerjasama dalam unit dan terendah adalah frekuensi pelaporan kejadian. Sebaiknya, pihak direksi dan manajerial membuat SOP tertulis mengenai penggunaan SSC di IBS.

Kata Kunci: *Surgical Safety Checklist,* budaya keselamatan, Instalasi Bedah Sentral.

ABSTRACT

Background: *Patient safety programme is a major domains of quality in health care. WHO was created Surgical Safety program that can be applied in all operating rooms around the world. Hospital Patient Safety Committee of RSUD Salatiga does not have a standard patient safety programme in the operating room while CSI (Central Surgery Installation) held surgeries in average of 200 per month. The purposes of this study were to determine the safety of surgical implementation and application of the Surgical Safety Checklist (SSC) in fostering culture of patient safety in the operating room RSUD Salatiga.*

Methods: *The design of action research consists of two cycles with the type of qualitative research. Collecting data using observation sheet SSC. Observation of using SSC sheets on ten operations. Class action process in the first cycle using SSC dissemination, while the second was workshop.*

Results and Discussion: *The results of observation was 0 (zero) between before socializing with after socialization the SSC. The results of observation after workshop was patient safety culture improvement. Ranks highest dimension was the dimension of cooperation in the unit (87.5%). According to the interviews, the implementation of the SSC in CSI of RSUD Salatiga can not be implemented on an ongoing basis, requiring time for preparation and coordination of all ranks, requiring Standard Operating Procedure (SOP) to bring order and uniformity. Barriers that exist are lack of awareness patient safety implementation through standardized checklist charging, difficulty of documentation, miscommunication, and lack of infrastructure support.*

Conclusion: *Surgical safety checklist application through socialization sheet of SSC can't improve obedient of the checklist. Then, after workshop can improve obedient to checklist at CSI. Patient safety culture dimention survey at CSI of RSUD Salatiga the highest is team unit cooperation and the lowest is frequency of the incidence report. The direction and manager should make written SOP about utilizing SSC at CSI.*

Keywords: *Surgical Safety Checklist, safety culture, Central Surgery Installation.*