

Implementation of Patient Safety Program as a Prevention and Controlling Health Care – Associated Infection (Hais) Effort in Outpatient and Inpatient Room Of Radjiman Wediodiningrat Mental Hospital

Tofan Agung Eka Prasetya¹, Tiyar Junaedi², Mas Udi Prihanto³,
Indra Perdana⁴, Y. Denny Ardyanto W⁵, Tri Martiana⁶

¹(Faculty of Health Science, Darussalam Gontor University, Ponorogo, Indonesia)

^{2,3,4,5,6}(Faculty of Occupational Health and Safety, Airlangga University, Surabaya, Indonesia)

Abstract :-Hospital is a unique working area bringing health risk for the worker either of patient or visitor. Society who received health service, health worker and visitor in hospital faced to the risk of occurrence infection or nosokomial infection now called as Healthcare-Associated Infections (HAIs). The occurrence of nosokomial infection in hospital is still on high level. The level of nosokomial infection in hospital for entire the world showing improvement, it's about 9% (variation 3 – 21 %) or more than 1.4 million inpatient spaces (Depkes. 2009). The aimed of this study was to know the implementation of nosokomial infection prevention program in supporting patient safety in Radjiman Wediodiningrat mental hospital.

Primer and secondary data was obtained from sanitation department and K3 of hospital, collected using questionnaire interview sheet, polls, and observation using observation sheets. Data obtained using purposive sampling technique. Data was analyzed by descriptive methode and presented into frequency distribution table.

The result of this research showed that Implementation of Patient safety in Outpatient and Inpatient mental hospital of Wediodingrat Radjiman still less than optimal, infection Prevention and Control (PPI) at the Outpatient and Inpatient room not been implemented. So It takes effort to improve the implementation of Patient Safety in Outpatient and Inpatient especially in Anyelir, Napza, Camar, General clinic, Kemuning and VIP room, required socialization, education and training on PPI programs in the room.

Keywords:- Noise, Blood Pressure, Ground handling labor

I. INTRODUCTION

Occupational health effort should be held in every working area to protect the workers to the health life and free from healthy disturbance and bad impact caused by working (constitution no 36. Chapter 164th 2009 about health). Hospital is a unique working area bringing health risk for the worker either of patient or visitor.

Beside of the infected illness, hospital also bring another dangerous potential effected hospital situation and condition such as an accident (explode, fire, electric installation accident and so on), radiation, dangerous chemical substances, anesthetist gases, psychosocial and agronomy disturbance. Result of survey related to the infection prevention (Depkes, 2003) showing several actions have dangerous potency like infected illness either to their self, patient or public society.

Almost every medical action has risk potency. A lot of drugs examine kinds and procedure and total of patient and hospital staff, potentially for the occurrence medical errors. Errors that occur in process of medical care will be effected or potentially create injury to the patient can be as near miss or adverse event.

Effort is made to decrease medical error, therefore developed patient system safety designed to be able to answer the presence problem. Besides that, also have been formed safety and occupational health committee's hospital (K3RS) and infection prevention and controlling committee (PPI) in hospital. Committee of K3RS, PPI and patient safety program expected to be able to corporate in decreasing medical error in hospital.

Program of patient safety become the requirement for hospital accreditation. Hospital and another health services facility should be able to give good quality services based on the set standard.

Society who received health service, health worker and visitor in hospital faced to the risk of occurrence infection or nosokomial infection now called as Healthcare-Associated Infections (HAIs), that is infection obtained not only in the hospital but also in another health services facility(Depkes, 2009).

The occurrence of nosokomial infection in hospital is still high. The figure of nosokomial infection in hospital for entire the world showing improvement, it's about 9% (variation 3 – 21 %) or more than 1.4 million inpatient spaces (Depkes. 2009). A research conducted by world health organization shows that around 8.7%

from 55 hospitals from 14 countries comes from Europe, middle asia, southeast asia, and pacific showing there are nosokomial infections and for southeast asia totally 10.0 % (WHO, 2002).

Data of nosokomial infection in Indonesia can be seen from surveillance data by health department of Indonesian republic at year of 1987 in 10 education hospitals, obtained high figure of nosokomial with 6 – 16 % mean 9.8%. this research ever been conducted in 11 hospitals in Jakarta 2004 shows that 9.8% inpatient space get new infection Prof. Dr. Sulianti Saroso Jakarta year 2003, known infection figure nosokomial for ILO (surgical wound infection), ISK urinary tract infection 15.1%, IADP primary blood stream infection) 26.4 %, pneumonia 24.5% , other respiratory tract infection 15.1% and another infection 32.1% (Depkes & Perdalim, 2007).

During 10 – 20 in recent year many researchers have been conducted to find primary problem to improve figure of infection nosokomial occurrence in several countries, its condition precisely was really poor. This condition prolongs cure time, impacted to the change of treatment by germ resistance and using of service out of hospital. Because it is in poor and developed country, prevention of nosokomial infection preferred is able to improve quality of patient service in hospital.

Based on initial study, there are mental disorders patient in mental hospital suffering scabies and recorded that nurse experience scabies because infected by patient. These cases can be categorized as nosokomial infection case. Disadvantage posed of these infections is length of hospitalization which would need more cost compare with normal one. So that today figure of nosokomial infection occurrence has been as one benchmark of hospital services quality.

Based on Kepmenkes no. 129 in 2008, standard of nosokomial infection occurrence in hospital with \leq 1.5%. Operational license of a hospital can be revoked because the high of nosokomial infection occurrence. Moreover, insurance will not pay the fee occurred by this infection (Darmadi, 2008). Hence prevention and controlling infection in the hospital is the most important to conduct because describing the service quality of a hospital (Depkes, 2007).

Kepmenkes no. 129 year 2008 set a minimal standard of a hospital services, include reporting of nosokomial infection cases to see how far hospital controlling toward this infection. Data of nosokomial infection from surveillance nosokomial infection in every hospital can be used as reference of preventing the infection to improve medical services for the patient.

Beside to improve medical services, by applying preventing and controlling nosokomial infection therefore one of direction of patient safety can be fulfilled. One of the aim patient safeties internationally is reduce the risk of health care-associated infections. Based on those problems above, researcher is interesting to know the implementation of nosokomial infection prevention program in supporting patient safety in Radjiman Wediodiningrat mental hospital.

II. MATERIALS AND METHODS

Data used in this research are primer and secondary data obtained from sanitation department and k3 of hospital, primer data collected using questionnaire interview sheet, polls, and observation using observation sheets whereas secondary data obtained by documentation technique by seeing to the secondary data. Data obtained using purposive sampling technique with selected place like PKJ, IGD, GHH, Kemuning room, VIP room, NAPZA room, Poli Umum room, bekisar room, IPCU (camar dan anyelir room), Flamboyam room, Bangau room. Data analyzed descriptively and presented into frequency distribution table.

III. RESULTS

3.1 Implementation Of Patient Safety In Space Outpatient And Inpatient Of Radjiman Wediodiningrat Mental Hospital

Treatment of patient safety in space outpatient and inpatient of radjiman wediodiningrat mental hospital can be seen as table 3.1

Tabel 3.1 Implementation of Patient Safety in Outpatient And Inpatient Space Of Radjiman Wediodiningrat Mental Hospital

Room	Pasient right	Patient educat ed And family	KP and service sustainabil ity	Performance improvement method	Leadershi p role	Teaching staff about kp	Communicat ion	average
Kemuning	100	100	50	25	60	100	100	76,42
Flamboyan	100	100	100	50	100	100	100	92,85
Bangau	100	100	100	100	100	100	100	100
Klinik umum	100	100	100	100	100	0	0	71,42
Bekisar	100	100	100	100	80	100	100	97,14
Camar	66,67	66,67	100	75	40	100	50	71,19
Klinik keswa	100	100	75	25	100	100	100	85,71
Napza	100	100	25	25	60	100	100	72,85
IGD	100	100	100	75	100	100	100	96,42
GHH	100	100	100	100	100	100	100	100
VIP	100	66,67	100	25	20	50	0	51,66
Anyelir	66,67	66,67	0	0	20	0	0	21,9
Average	94,44	91,66	79,16	58,33	73,33	79,16	70,83	

Table 3.1 showing the highest score to the implementation patient safety in the room is 100%, whereas the lowest score 21.9%. the average compliance standards overall the highest is in the first standard namely patient right with 94.44 % whereas the lowest standard is 4 namely the using of increase work method for the evaluation program in improving patient safety with 58.33%.

3.2 Implementation of prevention and infection control (PPI) in Outpatient and Inpatient room of Radjiman Wediodiningrat Mental Hospital

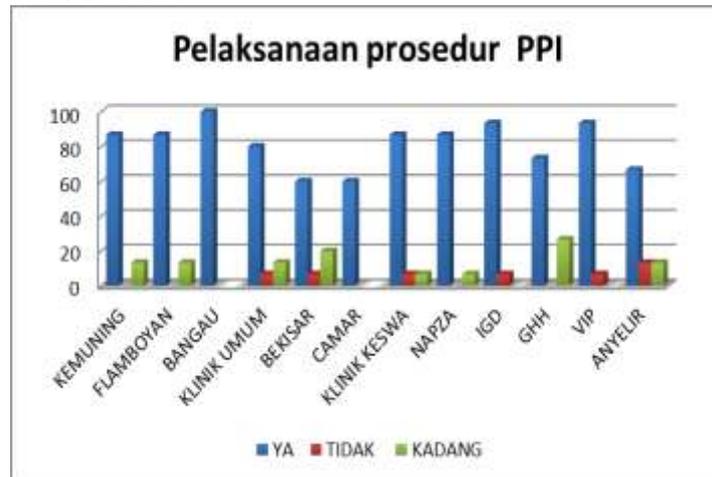
Based on questionnaire result, be discovered of the implementation prevention and infection control (PPI) in Outpatient and Inpatient follow table 3.2

Tabel 3.2 Implementation of prevention and infection control (PPI) in Outpatient and Inpatient room of Radjiman Wediodiningrat Mental Hospital

Room	Yes	No	Sometimes
Kemuning	86,67		13,33
Flamboyan	86,67		13,33
Bangau	100		
Klinik umum	80	6,67	13,33
Bekisar	60	6,67	20
Camar	60		
Klinik keswa	86,67	6,67	6,67
Napza	86,67		6,67
IGD	93,33	6,67	
GHH	73,33		26,67
VIP	93,33	6,67	
Anyelir	66,67	13,33	13,33
Average	81,11167	7,78	14,16625

Table 3.2 showing in all rooms have been conduct prevention and controlling infection activity with totally score average 81.11%, several say “not” with average 7.78 % and several rooms with “sometimes”

answer with average 14.17 % whereas all observation result of Implementation of prevention and infection control can be seen as table 3.3 as follow:



With observational data as table 3.3

Table 3.3 observation data in preventing and infection controlling Data in Outpatient and Inpatient Room of Radjiman Wediodiningrat Mental Hospital

Room	Washing hand	Protection tool	Decontamination	Management of sharp thing	Waste	Average
Kemuning	100	62,5	100	80	100	88,5
Flamboyan	60	75	0	80	100	63
Bangau	100	50	25	80	100	71
Klinik umum	100	37,5	100	80	100	83,5
Bekisar	80	62,5	75	80	100	79,5
Camar	60	62,5	25	80	100	65,5
Klinik keswa	80	37,5	25	40	66,67	49,8
Napza	100	37,5	75	80	66,67	71,8
Igd	100	87,5	100	80	66,67	86,8
Ghh	100	75	75	80	100	86
Vip	80	50	100	60	100	78
Anyelir	100	87,5	100	100	100	97,5
Average/ process	88,33	60,42	66,67	76,67	91,67	

Based on table 3.3. The highest implementation rate in the room is 97.5% while the lowest one is 63 %. The average value per action in the waste management is 91.67% and the lowest on action is using protective equipment is 60.42%.

IV. DISCUSSION

Achievement standard filled based on the seven standards of patient safety which refer to “Hospital Patient Safety Standards “issued by Joint Commission on Accreditation of Health Organizations (2002) in Space Outpatient and Inpatient Space of Radjiman Wediodiningrat Mental Hospital are:

a. patient right

Fulfillment of patient right in Space Outpatient and Inpatient Space of Radjiman Wediodiningrat Mental Hospital has the highest percentage. Patient right become the first standard of patient safety. This standard takes the prior attention from the hospital beside that patient right arranged in several rules. Some rules arranged about patient’s right is constitution number 8 year 1999 about customer protection, constitution number 29 20014 about medical practicing. Constitution number 44 2009 about hospital and PMK No.1691/MENKES/PER/VIII/2011 about patient safety in hospital. Regulation of health minister no. 1691 about patient safety in hospital state that patient and the whole family have the right to get some information about planning and service result include incident occurrences possibility.

b. educate patient and the family

Standard in educating patient and the family for patient safety have been fulfilled in Space Outpatient and Inpatient Space of Radjiman Wediodiningrat Mental Hospital. Hospital should educate patient and the family so that they get knowledge and skill to participate in process and taking patient care decision. Education focus on knowledge and specific skill need by patient and family in taking decision participate in care and further home care.

Patient education and the family help patient to participate better in caring given by and get some information about decision making about caring it receives. Education is given when patient interact to the doctor or nurse. Some hospital have developed private education unit called as PKMRS (counseling / promotion of public health in hospital) (Notoatmodjo, 2003).

Education of patient and family is important knowledge needed by patient and family during processes of caring either of knowledge after patient is discharged to another health service centre or house. Patient education can cover information of resource in the community to the services and follow up services if needed and how access to emergency service if needed.

Hospital as working area that has biological risk factors (Harrianto, 2009). So that, it is important to give health education routine particularly to the high risky area of the patient, family, visitor and health officer. Patient and family driven to participate in services process by giving chance to deliver opinion and question to the staff to ensure correct understanding. In giving education to the patient, need some collaboration between professional officers in hospital to achieve the maximal result.

c. patient safety (KP) and service sustainability

Implementation of this standard was decrease compared by two previous standards. PMK no. 1961 about patient safety in the hospital state that hospital will guarantee the safety of patient in the sustainability services and condition between officer and among services unit. Based on the criteria in those regulations, coordination among officer and services units is highlighted to guarantee the patient safety.

According to WHO (1986) coordination seeks activities or activity groups related each of them to ensure everything is needed to be implementing is real so that it avoid the duplication of works.

With the presence of coordination so that it will minimize fragmentation, discrepancy, and duplication in running the activity. Coordination can be interpreted as working together by logically way to achieve result or common goal. Failure in running coordination can be caused by major managerial failure, yet this case can be anticipated with approach “if every sub unit in system working optimally, therefore all the system function optimally” (Ronen and Pliskin, 2006).

d. Using of working improvement methods to evaluate and program in improving patient safety

This kind of standard has the lowest percentage of implementation compared with another standard. Criteria in using method in improving increased work to evaluating and program of patient safety increasing still not fulfilled yet by the hospital. In the regulation of health minister, mentioned that hospital should design new process or repair the presence process, monitoring and evaluating the performance through data collection, analyzing intensively incident and conducting changing to increase the performance and patient safety.

Implementation of monitoring and evaluation, analysis, till the changing if increased performance are one of the most important thing from managerial health service, and to improve and developed value and instance performance (Ronen and Pliskin, 2006). Hence need to conducted evaluation and performance measurement and developing system can be used continuously in conducting evaluation.

e. role of leadership in improving patient safety

Hospital has been conducted this standard with percentage more than 70%. Means that patient safety has been supported by head of hospital. One of the criteria in health minister is leader to encourage and guarantee implementation of patient safety program integrity in one organization through implementation “7 steps towards patient safety in hospital”.

Besides that, hospital has been conducted identification risk in the hospital with mapping areas with highly risk to the officer or patient. This Identification risk is very important to be implemented by hospital, because one of criteria in this standard is leader to guarantee the continuously proactive program to risk identification of patient safety and program to reduce and press incident occurrence. One of the methods can be used to do risk identification by using FMEA (Failure Mode and Effect Analysis) (Depkes, 2008).

f. educated staff about patient safety

The implementation of this standard achieves more than 70 % means that mental hospital of Radjiman Wediodingrat has been conducted education to the staff about patient safety. Health minister regulation mentioned that there are two standards, first is hospital with education process, training and orientation to every position; include the relationship of position toward patient safety clearly. Second is hospital should implementing education and continuously training to improve and maintain staff competence and support

interdisciplinary in patient services According to Notoatmodjo (2003) education Is not only given to the patient in context of education in hospital, all the officer of health services need continuously education.

g. communication is key for staff to achieve patient safety

the implementation of this standard more than 70% , means that hospital have been developed good communication system to support patient safety program in hospital. Health minister regulation mentioned that there are two standards first is hospital planned and design management process of patient safety information to fulfill internal and external information need, the second standard is data transmission, right and accurate information.

One of Criteria in achieving this standard is the presence budgetary funds to design and planned management process to obtain data and information related things to the patient safety. Therefore, the management commitment is very important to achieve this standard

Description of implementation PPI in Outpatient and Inpatient room of Radjiman Wediodiningrat Mental Hospital

The implementation of prevention of infection in hospital has aimed to minimize the occurrence of nosokomial infection in hospital. The decrease of infection is the purpose from patient safety internationally, so that it can describe how PPI implementation in mental hospital is. Based on the questionnaire arranged by managerial guidance of PPI shows that hospital has been conducted PPI in treatment room but there is still some rooms don't implementing the standard of PPI implementation.

Universal precaution act namely using of glove is a must to conduct by whole treatment room. The using of glove is the way to protect health officer and patient (Depkes, 2009).gloves have been provided to whole treatment room to conduct treatment act as one the part of personal protective equipment. Based on observation data, not all health officers in the room using gloves when conducting invasive act. The researcher of Garner and Favero (1986) in Depkes (2009), state that the using of protective equipment or gloves and hand cleanness will minimize the spread of illness and keep environment free form infection. It means that if health officer doesn't use glove it will be appeared several risk of illness spreading. This is supported by the research by Tenorio et al (2001) in Depkes (2009) mention that effectiveness of using gloves in the way to prevent the contamination to the health officer has been proofed many times.

The action infusion or injection in mental hospital of Radjiman Wediodiningrat conducted in several rooms. Patients in mental hospital not only experience treatment of mental disorder yet several patients with physic illness. Effort in patient treatment with physic illness to one of them given by the IV. The IV is one of the ways (port de entry) for bacteria can be caused infection nosokomial (Depkes RI, 2009).action infusion or injection are one of the invasive way in the treatment room conducted by health officer.

Washing hand of one of the acts should be conducted by the health officer as the effort for controlling and prevention of infection. In view of preventing and controlling infection, practice in cleaning is the way to protect infection prevention that infected by hand. The purpose of hand cleanness is to lose all bacterial, debris and hamper and killing microorganisms in the skin. Microorganisms in the hand are obtained by patient contact and the environment. according to Boyce dan Pittet (2002) in Depkes (2009), the failure in conducting a correct hand cleanness considered as the main cause of nosokomial infection (HAIs) and the spreading of microorganism multi resisted in health service facility and have been admitted as the important contributor toward outbreaks.

According to Boyce (1999), Larson (1995) in Depkes (2009), keeping hand cleanness well can decrease microorganism infection and decrease nosokomial infection frequency. Common problem is how to make the officer submissive to the practice of washing hand. Several room have procedure standard in washing hand and using APD, yet based on implementation data, both of them are not maximal. Although it's too difficult to change the habit of it. Based on Depkes RI (2009) there are several way to improve the success as follow:

- a) Spreading the latest tutorial about practice in keeping hand cleanness where evidence effectiveness listed in preventing illness and need health officer to follow it.
- b) Involving leader or manager of hospital in dissemination and implementation cleaning hand listed.
- c) Using technique of effective education, involve role model (especially for supervisor), mentoring, monitoring and positive feedback.
- d) Using performance approach targeting to the whole health officers, not only doctor or nurse, to improve the obedience.
- e) Determining officer confront and effective selection to keep hand cleanness so that the office easier to obey it.

Beside to improve the obedience of health officer, mental hospital is able to provide small bottle hand rub antiseptic to every officer. The using more effective rather than cleaning hand with ordinary soap or antiseptic soap because provided in several place based on amount needed. Does not require a water source,

shorter time, In addition to improve the health of the compliance officer, mental hospital can provide a small bottle of antiseptic hand rub for each officer. Use hand rub is more effective than washing hands with plain soap or antiseptic soap because it is provided in different places according to the amount needed, does not require a source of water, less time and less irritating to the skin. According to Larsson et al (2000) and Pittet et al, (2000) in the Department of Health (2009), antiseptic hand rub can replace the process of washing hands with soap and water as the main procedure to improve compliance.

In addition to hand washing, use of personal protective equipment (PPE) is one indicator of the implementation of the PPI in the room. Based on the data obtained, the use of PPE has been done, but the implementation is not maximized. This is supported by the observation that the data results indicate that the use of PPE get the lowest percentage. APD has been used as a barrier to protect patients from microorganisms that exist in health care workers (DEPKES, 2009).

Personal protective equipment includes gloves, masks, eye protective devices (face shields and goggles), caps, gowns, aprons and other protective. In many countries hats, masks, and gowns often made of cloth or paper, but the best protection is made of materials that have been processed or synthetic material that is impermeable to water or other liquids. Fluid resistant material is not widely available because it is expensive. The use of PPE, if it cannot be washed, you should not be used anymore (DEPKES, 2009).

In order to be effective use of PPE, PPE must be used correctly, for example dress and kerchief hole has been shown to prevent wound infection when in a dry state. While wet, sponge cloth as interesting useful bacteria from the skin through the fabric or equipment that could contaminate the surgical wound. As a consequence, hospital managers, supervisors, and health workers should know the real PPE role in preventing infectious diseases.

To create an environment that is free of infection and prevent infectious diseases, the most important thing is that any rational recommended infection prevention processes and limitations in understanding by health staff at every level, from health care workers to the cleaners and maintenance (DEPKES, 2009). The basic infection prevention processes are recommended to reduce the transmission of disease from dirty instruments, surgical gloves, and items other consumables are washing dam cleaning, sterilization or high-level disinfection (HLD) or sterilization. Based on observations and data obtained, the implementation of decontamination in the room is low. This occurs because some rooms do not perform decontamination of medical devices. The rooms were always perform decontamination tool is the ICU and General Clinic.

The rooms were doing invasive, doctors and nurses or assistants should discard / isolate objects / equipment contaminated in plastic bags or containers sealed leak proof. Furthermore, sharp objects to be discarded (egg; scalpels, needles, sewing needles) must be placed in a container of goods sharply. If no equipment or goods to be returned as surgical gloves, suction cannula, both which have been used or not any action, must be carried out precleaning / prabilas with detergent, enzymatic first. This step is very important, especially if the equipment or the item will be cleaned by hand (Tietjen & McIn tosh, 2003).

After cleaning (precleaning / prabilas) equipment and goods to be used again must be cleaned using running water, then rinsed and dried. The equipment will be used for surgery (major / minor) that will come into contact with blood or other tissue under the skin sterile (critical items), should be sterilized to destroy all microorganisms, including bacterial endospores. If not may be sterilized so do high-level disinfection (HLD) to boil, evaporated or soaked in disinfectant solution chemistry is the only alternative is recommended. Tools that just touching the mucous membrane or outer skin injuries (semi critical items), simply by DTT.

PPI activities undertaken in the next room is the management of sharps and waste treatment. Waste Management has the highest percentage of implementation in the room, while the management of sharps has a percentage above 70%. This happens because the room was available facilities used for the processing and management of sharps waste. In addition, officers have to understand how to handle waste and sharps in the room.

Based DEPKES (2009) hospital waste or other health care may be contaminated waste (potentially very dangerous) or not contaminated. Approximately 85% of municipal waste generated in the RS is not contaminated and not harmful to personnel handling nevertheless handling this waste must be managed properly. Metal hospital has a public sewage disposal facilities and contaminated waste. General waste will be disposed of in the mental hospital in the public waste disposal facility.

For contaminated waste that normally carry microorganisms, if not managed properly will be able to transmit to the clerk who touches such waste, including the general public. Mental hospital has given a special place for contaminated waste, by labeling the container, as well as providing safety box to hold sharp objects. Contaminated waste is all waste that has been contaminated with blood, pus, urine, feces, other body tissues, and other materials instead of the body such as the former wound dressings, gauze, cotton, and others. Waste from the operating room as tissue, blood, gauze, cotton, and other as well as from laboratory such as blood, stool, sputum, urine, microbiological culture must be considered contaminated. Tools that can hurt like needles, blades which can transmit diseases such as hepatitis B, hepatitis C, AIDS is also classified as contaminated

waste.

Needs to be taken in the room, that there are some who do not carry sewage microorganisms, but classified as dangerous as potentially harmful to the environment include; chemicals or pharmaceuticals (eg, cans, bottles or boxes containing expired drugs, vaccines, reagents disinfectants such as formaldehyde, glutaraldehyde, organic materials such as acetone and chloroform) was in the room, cytotoxic waste (eg chemotherapy drugs), waste containing metal weight (eg mercury from broken thermometers). The waste must be properly managed, in order to protect personnel; the public did not catch the disease.

Waste management in the mental hospital has done optimally, such as the provision of incinerator for hazardous waste. Some hazardous waste such as contaminated waste, chemicals, pharmaceutical waste incineration will be done. According to the Department of Health (2009), incineration is a high temperature process for reducing the content and weight of waste, the process is usually chosen to deal with the waste that cannot be recycled, reused, or disposed of to landfills or a leveling hygiene

V. CONCLUSION

Based on the results and conclusions of the discussion can be obtained as follows:

1. Implementation of Patient safety in Space Outpatient and Inpatient mental hospital of Wediodingrat Radjiman still less than optimal.
2. Infection Prevention and Control (PPI) at the Outpatient and Inpatient mental hospital of Wediodingrat Radjiman not been implemented.

Some advices that can be given is as follows:

1. It takes effort to improve the implementation of Patient Safety in Space Outpatient and Inpatient mental hospital of Radjiman Wediodingrat especially in Anyelir, Napza, Camar, General clinic, Kemuning and VIP room.
2. Required socialization, education and training on PPI programs in the room, so that every action in the PPI can be implemented to the fullest.
3. Need to form a program of hospital to maximize the implementation of PPI for the safety patient implementation maximally in the hospital.

REFERENCES

- [1]. Arikunto, Suharsimi. 2006. *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta :Rineka Cipta
- [2]. Byers, Jacqueline Fowler dan White, Susan V. 2004. *Patient Safety: principles and practice*. New York: Springer Publishing Company
- [3]. Darmadi. 2008. *Infeksi Nosokomial : Problematika Dan Pengendaliannya*. Jakarta : Penerbit Salemba Medika
- [4]. DEPKES RI. 2003. *Pedoman Pelaksanaan Kewaspadaan Kewaspadaan Universal di Pelayanan Kesehatan*. Jakarta: Direktorat Jendral Pemberantasan Penyakit Menular dan Penyehatan Lingkungan.
- [5]. Departemen Kesehatan RI Direktorat Jenderal Bina Pelayanan Medik. 2007. *Pedoman manajerial pencegahan dan pengendalian infeksi di rumah sakit dan fasilitas pelayanan kesehatan lainnya*. Jakarta : Departemen Kesehatan RI
- [6]. Depkes RI, Perdalin, JHPIEGO. 2007. *Pedoman Pencegahan dan Pengendalian Infeksi di RS dan Fasilitas Kesehatan Lainnya*. Jakarta: Depkes RI
- [7]. Departemen Kesehatan RI. 2009. *Pedoman Pencegahan dan Pengendalian Infeksi di Rumah Sakit dan Fasilitas Pelayanan Kesehatan Lainnya*. Jakarta: Departemen Kesehatan RI
- [8]. Harrianto, Ridwan. 2009. *Buku Ajar Kesehatan Kerja*. Jakarta: EGC
- [9]. Joni, Bambang. 2007. *Belajar Kenal Dengan Program Keselamatan Pasien (Pasient Safety)*. nursingadventure.files.wordpress.com/.../implementasi-prog. (Diunduh, 11 Oktober 2012)
- [10]. Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. 2000. *To err is human: Building a safer health system*. Washington, DC: National Academy Press.
- [11]. Notoatmodjo, Soekidjo. 2003. *Pendidikan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta
- [12]. Notoatmodjo, Soekidjo. 2007. *Metodologi penelitian kesehatan*. Jakarta : PT Rineka Cipta
- [13]. Ronen, Boaz dan Pliskin, Joseph S. 2006. *Focused Operations Management for Health Service Organizations*. USA: Jhon Wiley & Sons
- [14]. WHO, Geneva. 1986. *On Being In Charge, A Guide for Middle Level Management in Primary Health Care*, pp 92 – 95
- [15]. Wikansari, Hestningsih, Raharjo. 2012. *Pemeriksaan Total Kuman Udara dan Staphylococcus aureus di Ruang Rawat Inap Rumah Sakit X Kota Semarang*. *Jurnal Kesehatan Masyarakat* 1(2): 384-392
- [16]. Tietjen LG, D Bossenmeyer and N. McIntosh. 2003. *Infection Prevention Guidelines for Healthcare Facilities with Limited Resources*. JHPIEGO: Baltimore, MD.