

INDONESIA:

Country Report on Patient Safety

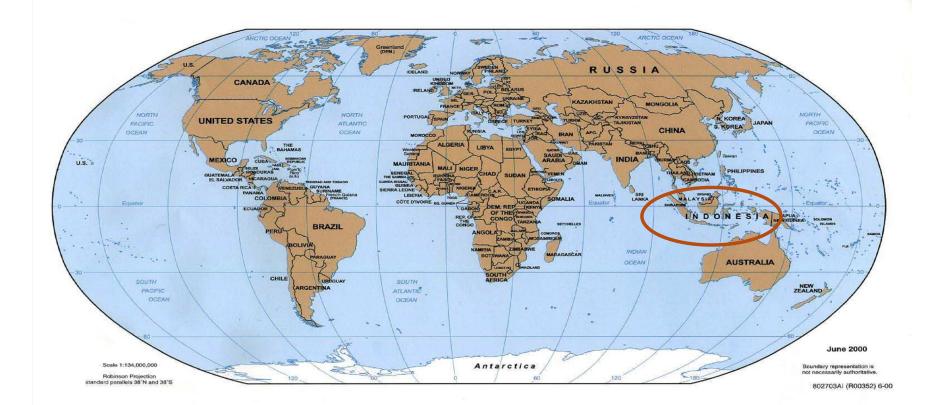
The National Committee on Patient Safety Ministry of Health, Republic of Indonesia

Herkutanto Guru Besar FKUI



- Ketua Komite Nasional Keselamatan Pasien Rumah Sakit, Kementerian Kesehatan Republik Indonesia
- Ketua Konsil Kedokteran, Konsil Kedokteran Indonesia, 2014 -2019
- Menyelesaikan pendidikan Doktor, Sp. For, dokter, dari UI dan Monash University, Melbourne
- Menyelesaikan pendidikan SH, Master of Laws (LL.M) dari UI dan La Trobe University, Melbourne

Indonesia on the world map



THE CHALLENGES IN PATIENT SAFETY

- Magnitude of burden: hugh number of population, isolated wide-spread areas, cultural diversity and beliefs
- Limited healthcare resources: limited infrastructures, limited awareness to patient safety

DISCUSSIONS FOR TODAY

- 1. National Leaderships on Patient Safety
- 2. Compliance to the Global and Regional Strategies on Patient Safety
- 3. Infection Control Programme in Indonesia
- 4. Our Current Principles in Patient Safety



NATIONAL LEADERSHIPS ON PATIENT SAFETY



Pencanangan **Gerakan Keselamatan Pasien Rumah Sakit** Oleh **Menteri Kesehatan**

Seminar Nasional Persi 21 Agustus 2005 JCC

PENCANANGAN

MENTERI KESEHATAN R Dr. dr. Siti Fadillah Supari, Sp. JP. (K) NURI ROOM 2 - JAKARTA CONVENTION CENTRE 21 Agustus 200

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WHO South East Region, Regional Workshop on Patient Safety, New Delhi, 12 – 14 July 2006











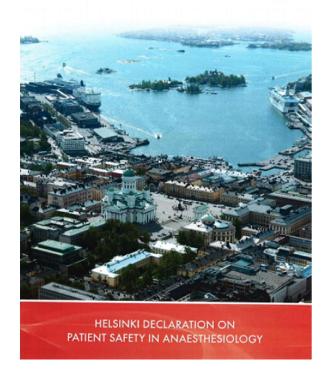


JAKARTA DECLARATION On Patients for Patient Safety in Countries of South-East Asia

We, the patients, consumer advocates, health care professionals, policy-makers and representatives of nongovernmental organizations, professional associations and regulatory councils having reflected on the issue of patient safety in the regional workshop on "Patients for Patient Safety", 17-19 July 2007, in Jakarta, Indonesia,

Referring to Resolution SEA/RC59/R3 on Promoting Patient Safety in Health Care, adopted at the 59th Session of the Regional Committee for South-East Asia Region, which notes "with concern the high human and financial toll of adverse events" and

Hosted by the Indonesian Hospital Association, 2007



Adoption of Helsinki Declaration on Patient Safety in Anaesthesiology By The Indonesian Association of Anaesthesiology, 2012

NATIONAL POLICIES ON PATIENT SAFETY

- What we have:
 - Patient Safety Committee at National Level
- What we donot have:
 - Integration of scaterred activities of Patient Safety conducted by various sectors
- Action Plan:
 - Formulate integrated national policy on quality and patient safety.

For Patient Safety

Hospital Act No. 44 Year 2009

Health Act No. 36 Year 2009

Medical Practice Act No. 29 Year 2004

Ministery of Health Decree No. 1691/MENKES/PER/ VIII/2011 on Patient Safety

Ministery of Health Decree No. 251/MENKES/SK/VII/2012 on The Committee on Patient Safety

PATIENT SAFETY COMMITEE PROFILE

Pengarah

: 1. Sekretaris Jenderal

2. Direktur Jenderal Bina Upaya Kesehatan

3. Staf Ahli Menteri Bidang Mediko Legal

Ketua

: Prof. Dr. Herkutanto, SpF (K), SH, LL.M

Wakil Ketua

: Dr. Nico A. Lumenta, K. Nefro, MM

Sekretaris

: Direktur Bina Upaya Kesehatan Rujukan

- 1. Dr. dr. Sutoto, M.Kes. (Asosiasi Perumahsakitan)
- 2. dr. Umar Wahid, Sp.P (Pakar Perumahsakitan)
- 3. dr. Adib Yahya, MARS (Pakar Perumahsakitan)
- 4. Prof. dr. Laksono Trisnantoro, Ph.D (Pakar Perumahsakitan)
- 5. Elis Puji Utami, Ns, Skep, M.Kes (Unsur Keperawatan)
- 6. Dr. Zaenal Abidin, MHKes. (Pakar Kesehatan)
- 7. DR. drg. Nursanty Andi Sapada (Kementerian Kesehatan)
- 8. Dr. Heru Ariyadi, MPH (Asosiasi Perumahsakitan)

COMPETENCE STANDARD FOR MEDICAL PRACTITIONER IN INDONESIA

CORE COMPETENCE:

 Ability to perform clinical procedures related to the health problem by applying principles of patient safety, personal safety, and the safety of others

Indonesian Medical Council Regulation No. 11 Year 2012
On The Competence Standard for Medical Practitioners

INDONESIAN PATIENT SAFETY STRATEGY

MACRO LEVEL National Capacity Building

Rules & Regulations

Advocating Body

MESO LEVEL Institutional Capacity Building

Policies & Procedures

Access to resources

MICRO LEVEL

Professional Capacity Building

Workshop & Training

consultation

IMPLEMENTATION OF PATIENT SAFETY

IMPLEMENTING PATIENT SAFETY IN INDONESIA

MACRO LEVEL

- All level of Regulators
- Accreditation body

National Capacity Building

MESO LEVEL

Hospitals

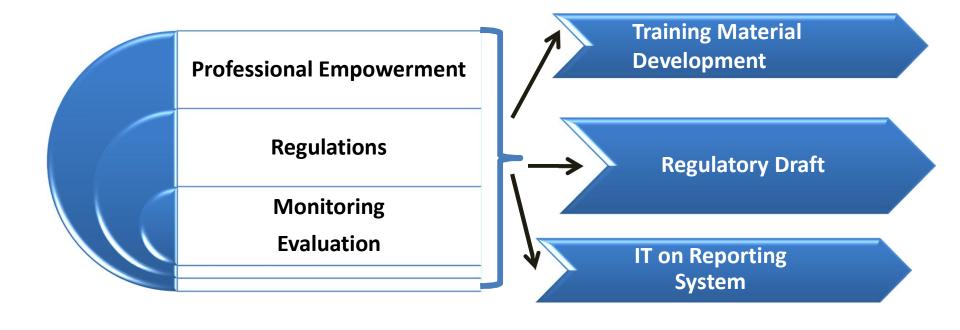
Institutional Capacity

MICRO LEVEL

- Health Professionals
- Hospital Managers /Owners

Professional Capacity building

FOCUS ACTIVITIES



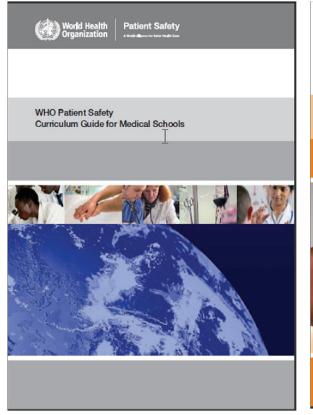


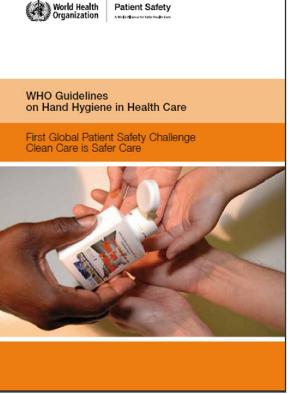
WHO
WHO SEARO
EUROPEAN COMMUNITY

COMPLIANCE TO THE GLOBAL AND REGIONAL STRATEGIES ON PATIENT SAFETY

OFFICIAL NATIONAL REFERRENCE:

Adopted by MoH, MoEC, HAC







WHO SEARO:

The Strategic objectives of the patient safety

- **Strategic Objective 1**: Improve the structural systems to support quality and efficiency of health care and place patient safety at the core at all levels of healthcare.
- **Strategic Objective 2**: Assess the nature and scale of harm to patients and establish system of reporting and learning at national level.
- **Strategic Objective 3**: Ensure a competent and capable work force which is aware and sensitive to patient safety.
- Strategic Objective 4: Prevent and control healthcare associated infection.
- **Strategic Objective 5**: Improve implementation of Global patient safety challengesandstrengthen patient safety in all health programmes.
- **Strategic Objective 6:** Strengthen capacity for research and promote patient safety research.

Accreditation mechanism for hospital, laboratory and diagnostic facilities

What we have:

- National accrediting body existed since 25 years ago and has been undergone ISQua accreditation survey
- Hospital accreditation system adapted JCI (Joint Commission International) standard
- Accreditation programme is mandatory for all hospital

What we donot have:

Health inspectorate for quality is not yet established

Action Plan:

- Accreditation system will be improved with the involvement of the stakeholders
- Health inspectorate for quality

ensure a competent and capable work force which is aware and sensitive to patient safety

What we have:

 The Implementation of Curricullum on Patient Safety for 18 Medical Faculty since 2011 accroding to the WHO Standard

What we donot have:

- Curricullum on Patient Safety for other healthcare professional education
- Integration with the National Strategy of Patient Safety

Action Plan:

- Developing Curricullum on Patient Safety for other healthcare professional education
- Integration with the National Strategy of Patient Safety

INTEGRATION OF PATIENT SAFETY IN THE MEDICAL EDUCATION CURRICULLUM





- Funded by The Ministry of Education and Culture
- Implemented to 18
 School of Medicine in
 Indonesia since 2011

the nature and scale of adverse events in healthcare system of reporting and learning

- What we have:
 - On going web based national reporting system for hospitals
 - Some hospitals implement incident reporting system
- What we donot have:
 - Integrated national reporting system, feedback, dan learning
 - national reporting system policies
- Action Plan:
 - Developing Integrated national reporting system, feedback, dan learning

Safe surgical care, Safe chid birth, Safe injection, Safe medicine, Safe blood safety

What we have:

- National policy on Safe surgical care, Safe chid birth, Safe injection, Safe medicine, Safe blood safety
- implementation of Surgical checklist on some tertiary HCF
- What we donot have:
 - implementation of Surgical checklist on all level of HCF
- Action Plan:
 - To improve and disseminate surgical checklist





Clinical Privileges

Clinical Privileges

Clinical Privileges

Tindakan Medis

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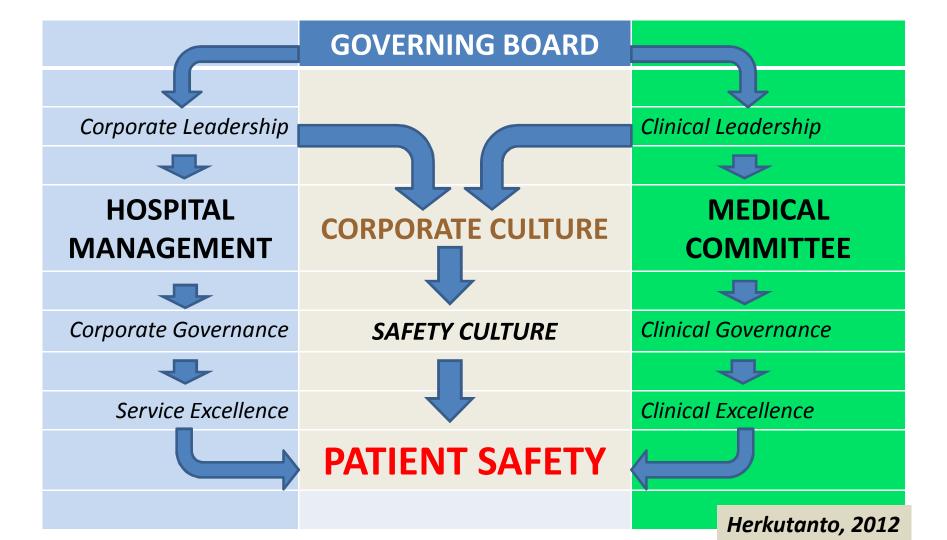
Tindakan Medis







). 29/2004 **PMK No** PRAKTIK KEDOKTERAN **KOMITE MEDIS** Keselamatan Kompetensi & Perilaku **Pasien** Kejadian Tak **Professional** diharapkan Misconduct • Pasien • Pengaduan Cedera









diharapkan

Pasien

Cedera

Professional

Misconduct

• Pengaduan



MILESTONES
ACHIEVEMENTS

INFECTION CONTROL PROGRAMME (ICP)

MILESTONES OF ICP in INDONESIA

2007 – 2010 :

National
Guidelines (MOH
Decree) – Technical
Guidelines on ICP,
Surveilance on HAI
(Revised 3 times),
Hospital
accreditaion

instruments

2009: National Working

Group on ICP

appointment of 10 Hospitals as model for the ICP

2009 - 2014:

2002 - 2007 : initiation of ICP by the MOH

Infection Control Program (ICP) in Indonesia by The MoH

Achievements:

- Dissemination of information re: ICP to 733 hospitals
- 95 ICP Trainers (72 hospital was trained)
- Host of APEC meeting in ICP (2013)



AFTER NINE YEARS OF JOURNEY
WHAT DO WE NOW BELIEVE

OUR CURRENT KEY PRINCIPLES IN PATIENT SAFETY

KEY PRINCIPLES TO PATIENT SAFETY



Key 3: Changes

- cultural & behavior
- risk management strategy
- security and protection to provider
- reporting system and feedback

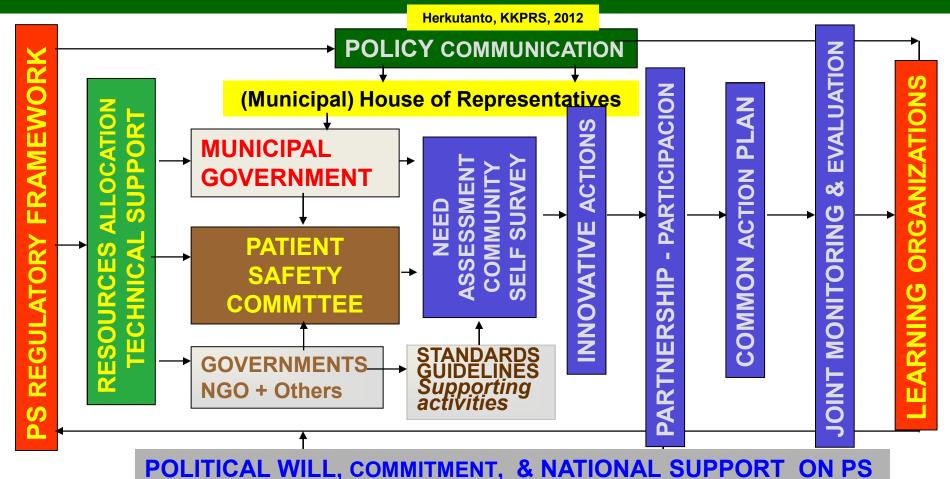
Key 1: Credat Emptor

- screening and maintaining credibility
- overseeing professionalism



System Capability ERROR IN SITUATION AWARENESS Interface Design Stress & Workload Complexity **Automatication** Task/System Factors **Feedback** SITUATION AWARENESS **Clinical** Comprehen Projection Perception of **Performance** State of the sion of of Future Elements in **Decision** of Actions **Environment** Current Status Current Situation Situation Level 2 Level 3 Level I Individual **Information Processing** · Goals & **Factors Mechanisms Objectives** Preconceptions Long Term **A**utomaticity (Expectations) **Memory Stores** 3 levels of medical error **Abilities Experience Training**

IMPLEMENTING PATIENT SAFETY IN HOSPITALS



CONCLUSION

- Although patient safety activities were not new in Indonesia, we are not perfect yet
- We are struggling to challenge the huge obstacles to comply with the global standard of patient safety

