

# Implementation of Effective Communication in Improving Patient Safety Standards at Jasa Kartini Tasikmalaya Hospital

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**Abstract:** Patient safety is a top priority in hospitals; however, it is often hindered by poor communication among healthcare professionals. According to Minister of Health Regulation No. 11 of 2017, the patient safety system must ensure the provision of safe care. At Jasa Kartini Hospital in Tasikmalaya, there were 76 incidents attributed to poor communication from 2021 to 2023, with new communication standards reaching only 40% compliance. This study aims to analyze effective communication in support of patient safety standards at the hospital. A qualitative approach was employed using a case study design, with subjects selected through purposive sampling, consisting of eight individuals with relevant experience. Data were collected through in-depth interviews. The results indicated that communication when receiving instructions via telephone was in accordance with the KARS Accreditation Survey Instrument. However, obstacles emerged due to changes in the electronic medical record system and high staff turnover, which affected nurses' understanding of the provided instructions. In reporting critical diagnostic results, although the process was detailed and effective, there was a discrepancy in the reporting time frame: 60 minutes instead of the 30 minutes stipulated by KARS standards. For handover communication, the application of the SBAR method proved effective in ensuring continuity and smoothness of nursing tasks. Overall, while communication in the hospital met most accreditation criteria, improvements are still needed to address existing obstacles, particularly in system operations and staff training.

**Keywords:** Effective Communication; Patient Safety; Hospital

## INTRODUCTION

Hospitals provide health services that include inpatient, outpatient, and emergency care. and emergency department, with nurses playing a dominant role in ensuring patient safety. patient safety. In Indonesia, patient safety is regulated in Permenkes No.11 of 2017, which defines patient safety as a system that ensures safer care. defines patient safety as a system that ensures safer care through risk assessment, reporting, and through risk assessment, reporting, incident analysis, and implementation of solutions to minimize risk and prevent injury. minimize risk and prevent injury.

Patient safety standards include patient identification, effective communication, infection prevention, and safe medication management. Patient safety incidents are divided into several

types, such as potential injury events, near-injury events, and adverse events. adverse events. According to data from the Hospital Patient Safety Committee (KKPRS), cases of patient safety incidents in Indonesia in 2021 reached 145 incidents, with West Java Province recording 33.33% of incidents among other provinces (Basri, 2021).

Research by the Joint Commission on Accreditation of Healthcare Organizations in 2012 on 2,840 cases of unexpected events that resulted in fatalities found that 65% of the the cause was communication problems. Of these cases, 75% ended in patient death due to communication failure (Maulita et al., 2020). Effective communication is a key factor in improving patient safety. Study in several hospitals in Indonesia, such as Surabaya Islamic Hospital and Raden Mattaher Regional Hospital (RSUD Raden Mattaher) Jambi, showed that effective communication has a significant impact on patient safety culture (Irwanti et al., 2022).

Jasa Kartini Tasikmalaya Hospital, a type C private hospital with capacity of 194 beds, has a focus on quality service in accordance with the motto "Because We Care". Based on interview data with the Quality Committee of Jasa Kartini Hospital, between 2021-2023 there were 27 incidents due to patient identification, 76 incidents due to lack of communication, 75 incidents related to medication errors, and 16 incidents related to the risk of patient falls.

Although the patient safety goals for identification, medication safety and infection prevention have reached the target, the target for effective communication has only reached 40%, well below the target. The failure of the electronic prescription writing system is one of the causes of high communication incidents. Based on this description, the researcher interested in conducting research related to the analysis of the implementation of patient safety at Jasa Kartini Tasikmalaya Hospital.

## **METHOD**

This research uses a qualitative approach with a phenomenological design, which aims to deeply understand the experiences and perspectives of individuals related to their experiences and perspectives. aims to understand in depth the experiences and perspectives of individuals related to the situation under study. This method allows researchers to explore the meaning behind observed phenomena. The purposive sampling technique was applied in selecting informants based on certain criteria, such as individuals who best understand or have a connection with the situation under study. related to the situation under study. The number of informants in this study was eight, consisting of people, consisting of one key informant who has in-depth knowledge

related to the issue under study, five executive nurses at Jasa Kartini Tasikmalaya Hospital. the issue under study, five executive nurses at Jasa Kartini Tasikmalaya Hospital as main informants, and two patients who participated in the study. five executive nurses at Jasa Kartini Tasikmalaya Hospital as the main informants, and two patients who participated directly in the social interactions studied as supporting informants. as supporting informants.

The instrument in this study was the researcher himself, who used the interview guidelines to collect primary data. In addition, secondary data was obtained documents available at Jasa Kartini Tasikmalaya Hospital, with informants as the main source. informants as the main source. The data collected was then analyzed by organizing and arranging data into specific patterns and categories, so that the research objectives can be achieved well.

## RESULTS

### 1. Communication When Receiving Instructions Over the Phone

Communication when receiving instructions over the phone is an important element in the assessment of patient safety goal number 2, which aims to improve effective communication. Some of the elements involved in this assessment include communicator, message, media, communicant, and effect.

Based on the results of interviews with key informants, the role of the communicator in this this communication is as follows:

“All nurses who handle patients are required to fill in and input. inputting.” (IU5)

Nurses function as communicators. This is supported by information from key informant:

“...for reporting the patient's condition from the nurse to the doctor, the information is recorded in the CPPT. Previously, we used stamps and TBAK, so every instruction received, either verbally or by phone, must be recorded. instruction received, either verbally or over the phone, must be recorded and then confirmed. then confirmed. The instruction must be verified within 1x24 hours by the person giving the instruction. by the party giving the instruction.” (IK1)

Regarding the messages conveyed in this communication, the informants stated:

“The message delivered is usually a repetition of instructions from the doctor.” (IU1)

Messages relate to information about the patient's condition or instructions given by the DPJP to the nurse. given by the DPJP to the nurse. This is in line with the key informant's statement:

“...for reporting the patient's condition from the nurse to the doctor...” (IK1)

Regarding the media used in communication, the interview results showed:

“Communication can be done via regular telephone or WhatsApp application.” (IU1)

Communication media included telephone and instant messaging apps. Key informant adds:

“...information received, whether verbally or over the phone, is recorded for confirmation and verification.” (IK1)

Furthermore, the communicants in this communication are:

“The nurse is in charge of entering information and confirming it with the doctor.” (IU3) “The information submitted is in accordance with the instructions, and the report to the DPJP is done using the SBAR format.” (IU5)

This shows that the communicant is the DPJP or doctor in charge of the patient, who previously gave instructions to the nurse. patient, who previously gave instructions to the nurse. This is reinforced by key informant's statement:

“...reporting of the patient's condition from the nurse to the doctor... which must be recorded and verified.” (IK1)

Lastly, regarding the effect or impact of communication over the phone, one of the informant stated:

“The effect is faster, because now we are in the era of digitalization, so that everything becomes more efficient.” (IU5)

The impact of this communication includes increased effectiveness and speed in the implementation of communication.

## **2. Communication When Reporting Critical Result Values of Diagnostic Support Tests By Telephone**

In the context of communication when reporting critical result values of over the phone, there are several important elements that need to be considered, including communicator, message, media, communicant, and effect. including communicator, message, media, communicant, and effect.

Based on the results of interviews with key informants, the communicators in this process are described as follows:

“From the analyst who checks the critical lab results and then reports them to the nurse. The nurse writes down the critical value and reports it to the DPJP.”(IU5)

This shows that the analysts and nurses acted as communicators in this communication.

Regarding the message conveyed, the informant stated:

"The lab results are critical." (IU3)

This message includes information about the patient's lab results which are in the critical category, in line with the key informant's statement:

"...Sometimes reporting is done via telephone regarding lab results." (IK1)

Regarding the media used in the communication of critical result value reporting, the informant said:

"Telephone, and we also look at digital medical records. If the results have not been inputted, we will contact the analyst, and the report is recorded in the critical lab reporting book." (IU5)

Communication media used include telephone and reporting book. This is also supported by the key informant's statement:

"Sometimes reporting is done over the phone, and there is one rule that must be followed, which is to spell out the reported results. This is important because the quality of the phone signal quality can interfere with communication." (IK1)

In terms of communicants, the interview results indicated:

"From the analyst who checks the critical lab results, then it is reported to the nurse who will record and report to the DPJP." (IU5)

This indicates that the communicator in reporting critical result values is the DPJP or the doctor in charge of the patient. This is reinforced by the key informant:

"This is very important because there are SOPs that must be followed, with a reporting target of within 60 minutes after the results come out." (IK1)

Regarding the effect or impact of communication when reporting critical result values, one of the informants stated:

"When there are abnormal vital signs, abnormal labs are immediately reported so that the patient can be treated quickly." (IU3)

From this statement, it can be concluded that the effect of reporting critical result values by telephone is an increase in the speed of patient care. over the phone is an increase in the speed of handling patients with abnormal lab results.

### **3. Handover Communication**

In the context of communication during handover, several elements including communicator, message, media, communicant, and effect.

Based on the results of interviews with key informants, the communicator in handover communication is the nurse who performs the handover the implementation of communication during handover is the nurse who changes shifts. One informant stated:

“All service providers, such as nurses who communicate between shifts.” (IU5)

This statement was supported by a key informant who added:

“...handover is done when the nurse finishes their service or during shift change.” (IK1)

Regarding the messages conveyed in the handover process, informants revealed:

“At the time of handover, what is conveyed includes the patient's condition, complaints, as well as the tasks that have and have not been done, including the plan for the handover. tasks that have and have not been done, including future plans.” (IU1)

This message includes important information about the patient's condition and the status of relevant tasks, which was also reinforced by key informants:

“The previous nurse tells what has been done and what has not been done to the next nurse.” (IK1)

Regarding the media used in the implementation of communication, informants said:

“Communication is done through a notebook, where information is written down and read from the handover file on the computer.” (IU1)

The media used in this handover includes an overran book. This is in line with the key informant's statement:

“There are special forms or books for patient transfers, including forms used when patients are transferred from the emergency room to the treatment room.” (IK1)

In terms of communicants, the interview showed that:

“Communication is carried out between nurses, from the previous service to the next service nurse.” (IU1)

Thus, the communicant in this process is the nurse who will be on duty afterwards, in line with the informant's statement on duty afterwards, in line with the key informant's statement:

“Handover occurs when the nurse completes the service or when changing shifts.” (IK1)

Regarding the effect or impact of the implementation of communication during handover, one of the informants stated informant stated:

“If there are tasks that have not been carried out in the previous shift, we can see them in the book, so that work can be monitored properly.” (IU4)

From this statement, it can be concluded that the effect of the handover implementation is an increase in the ease and continuity of the work is an increase in ease and continuity in task execution.

## **DISCUSSION**

### **1. Communican When Receiving Instructions By Telephone**

Communication when receiving instructions by telephone at Jasa Kartini Hospital Tasikmalaya in accordance with the KARS Accreditation Survey Instrument includes the process of writing or inputting information, read-back, and confirmation to the instruction giver, such as the doctor in charge of the patient (DPJP). This confirmation process must be done immediately to ensure the accuracy of the instructions received. The interview results show that nurses act as the main communicator, where they are responsible for communicator, where they are responsible for inputting information as well as confirming instructions from doctors. Although the hospital has transitioned from a manual system to an electronic system, challenges such as employee turnover and barriers in the implementation of the new system are still encountered, potentially resulting in delays in the verification of instructions. According to Gustafsson and (Gustafsson & Wahlberg, 2023), the role of communicators is crucial in ensuring that instructions are received and understood correctly, which ultimately contributes to the understood correctly, which ultimately contributes to patient safety.

The messages conveyed during this communication generally include the patient's condition of the patient and the doctor's instructions. In the hospital, the SBAR method (Situation, Background, Assessment, Recommendation) method is implemented to deliver the information in a structured and effective manner. However, although this method proved to be useful, the electronic system implementation still faces obstacles in the process of verification of doctor's instructions, which sometimes leads to information not being conveyed optimally.

The communication mediums used include the telephone and the Whatsapp app, both of which play an important role in ensuring that information is conveyed accurately and clearly. Communication over the phone, especially in the context of patient safety, is particularly important to ensure that information is not only delivered, but also well understood. Fotland et al. (2024)

states that structured messaging techniques, such as the read-back method, are very important for preventing medical errors.

The communicator in this process is the doctor who gives the instructions. The nurse performs read-back to ensure that the information received and relayed is in accordance with the instructions given. Verification of doctor's instructions must be done within a specified time, to ensure that there are no errors in the delivery of information.

The impact of effective communication is seen in increased efficiency and continuity in task execution. While the use of the SBAR method can improve communication details, the transition to an electronic system often creates difficulties, including misunderstandings in communication. Hariyanto et al. (2019) showed that the application of effective communication techniques such as SBAR can reduce the risk of medical errors and improve patient safety. Overall, clear and structured communication in this context is essential to avoid medical errors and improve patient safety.

## **2. Communication When Reporting Critical Result Values of Diagnostic Support Tests By Telephone**

Communication when reporting critical result values of diagnostic support examinations over the phone at Jasa Kartini Tasikmalaya Hospital follows the guidelines from the KARS Accreditation Survey Instrument, in which the process involves writing or inputting into the computer, reading back, and confirmation. Critical results, which are values that indicate a high-risk or life-threatening pathophysiological condition, must be followed up immediately to prevent undesirable events. These results can come from both outpatients and inpatients, with the reporting mechanism defined for each category. Reporting of critical results in inpatients is done through a nurse who submits the report to the doctor in

charge of the patient (DPJP). Critical result reporting time must be less than 30 minutes after the results are verified by the authorized officer in the supporting examination unit. Research conducted through interviews showed that nurses or clinical staff play the role of communicator in reporting these critical values. Ideally, critical results should be delivered by the laboratory analyst, but in this hospital, nurses are involved in the process because they understand the patient's condition better. Critical results are usually reported directly by laboratory technicians to doctors or nurses. Research by Febrianto et al. (2021) emphasized the importance of speed and accuracy in reporting critical results, which starts from the validation of laboratory results by authorized officers.



The message conveyed in this communication includes critical laboratory results that require immediate action. The SBAR method (Situation, Background, Assessment, Recommendation) method is used to convey information in a structured and effective manner. In reporting, if a word is unclear, it is required to spell it out to avoid misunderstanding, especially when there is a signal. This hospital has a critical outcome reporting standard that must be achieved within 60 minutes, although KARS guidelines recommend less than 30 minutes. Komalasari & Martha (2023) showed that the timeliness of critical reporting is an indicator of patient safety quality.

Communication media used in reporting are telephone and computer. The telephone is used to report critical value results with the SBAR method, while the computer serves to access digital medical records. Although some doctors prefer communication through chat applications such as WhatsApp, reporting using the telephone is considered faster and more efficient. Research by (Hidayat et al. (2024) showed that delays in reporting can negatively impact patient safety.

The communicator in this process is the DPJP, who receives information through the SBAR method so that the results delivered are clear and detailed. Thus, the doctor can immediately decide on the necessary action for the patient. However, the reporting time set by the hospital differs from the KARS guideline, which emphasizes the need for reporting in less than two hours. Timeliness in this communication is very important, as described in the study of Komalasari & Martha (2023). (Komalasari and Martha, 2023).

The effects of well-conducted communication are seen in the speed of critical value reporting and rapid action on the patient. The SBAR method aims to prevent misperceptions and improve efficiency in reporting. Research Komalasari and Martha (2023) showed that the use of this method plays an important role in improving patient safety, although it still important role in improving patient safety, although challenges remain regarding challenges related to reporting delays and staff communication skills.

Overall, the reporting of critical outcome scores by telephone at Jasa Kartini Tasikmalaya Hospital shows compliance with accreditation standards and efforts to continuously improve to continuously improve the quality of communication for patient safety.

### **3. Handover Communication**

Communication during handover at Hasa Kartini Tasikmalaya hospitalis in accordance with KARS Accreditation Survey Instrument, which emphasizes the importance of standardized communication methods, especially at handover between rooms. This process involves the handover and acceptance of duties between shifts by doctors, nurses, or midwives, and includes information about the condition of patients who have been treated or who need to be treated. In this case, the main communicator is the nurse who applies the SBAR method to ensure information is conveyed clearly and accurately. Christina an Sudsilo's research (2021) shows the use of SBAR increases the effectiveness of communication, so the services provided are safe and sustainable, in accordance with the research of Rachmat et al. (2023) which highlights the importance of continuity of care.

Message conveyed during handover include the patiens condition and intructions that need to be carried out, with the SBAR method used to avoid misperceptions. Abdullohi (2022) emphasized that the SBAR communication model is effective in improving the quality of care. In addition, this communication also includes reports regarding patient needs, referring to the opinion of Riedel et al. (2017) on the importance of information exchange in maintaining continuity of care.

The media used in this process consist of forms, overran books, and electronic medical records, all of which contribute tp the effectiveness of communication. Research by Desmedt et al. (2021) shows that the use of structured tools and systems is important to improve patient safety. Although face-to-face communication is preferred, written documentation remains important in supporting the handover process.

The communicants in this communication were nurses who were about to resume duties, and the use of the SBAR method helped them receive information clearly. According to by Desmedt et al. (2021), the receiver of information plays an important role in ensuring the clarity and completeness of imformation. Thus, structured communicatin such as SBAR can reduce the risk o missing information that could jeopardize patient safety.

Finally, the effect of communication during handover at Jasa Kartini hospital is increased communication effectiveness. Informants stated that the overran book was very helpful in facilitating the handover process. Ehit the SBAR method, communication becomes more detailed, so nurses feel helped in carrying out their duties and ensuring continuity of care, in accordance with the research of Sugianto et al. (2023) which states that SBAR is effective in preventing errors in providing actios to patients.

## **CONCLUSION**

The conclusion of this study shows that communication in Jasa Kartini Tasikmalaya Hospital is in accordance with the KARS Accreditationns Survey Instrument in several key aspects. First, in communicatin when receiving instructions over the phone, although while communication and media were adequate, there were barriers related to changes in the electronic medical record system and high staff turnover that effected nurses understanding. The message delivered was also effective with the SBAR method, but the verification process was constrained.

Furthermore, in the reporting of critical result values of diagnostic support examinations, communicators followed the new SPO which established nurses as the conduit of information from anlysts to doctors. The use of the SBAR method made communication detailed, although the reporting time set was not fully compliant with KARS.

Finally, communication during handover using the SBAR method also demonstrated effectiveness, with optimal message delivery and media supporting the process. Overall, despite some obstacles, communication in this hospital is still good and sustainable, with the potential to be imprpvd through system strengthening and training for nurses.

## **Conflict of Interest**

The author declare that they have no affiliations or involvement with any organization or entity that has any financial interests related to the research conducted in this study. This includes, but is not limited to, honoraria, educational grants, participation in speaker bureaus, memberships, employment, consultancy, stock ownership, or any other equity interests. Additionally, the author(s) affirm that there are no non-financial interests, such as personal or professional relationships, affiliations, knowledge, or beliefs that could be construed as influencing the subject matter or materials discussed in this manuscript, particularly regarding the implementation of effective communication and patient safety standards at Jasa Kartini Tasikmalaya Hospital.

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