Beban Kerja Subjektif Perawat Intensive Care Unit

Pengaruh Faktor Organisasi dan Pekerjaan terhadap Kinerja Puskesmas

Analisis Rasio Rujukan Puskesmas Berdasarkan Kemampuan Pelayanan Puskesmas

Pengaruh Kompetensi dan Self-Leadership terhadap Kinerja Petugas Program Pengendalian Tuberkulosis (P2TB) Puskesmas di Kabupaten Jember

Hubungan Penilaian Mutu dengan Pemahaman Pelayanan Kesehatan Pasien Penerima Bantuan Iuran

Penyebab Bed Turn Over (BTO) di Instalasi Rawat Inap RSUD dr. M. Soewandhi

Optimalisasi Proses Koordinasi Program Keselamatan Pasien (Patient Safety) di Rumah Sakit X Surabaya

Dimensi Budaya Organisasi sebagai Prediktor Kinerja Unit Kerja
## Table of Contents

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SUBJECTIVE WORKLOAD OF NURSING STAFF IN INTENSIVE CARE UNIT</td>
<td>141 - 148</td>
</tr>
<tr>
<td>2</td>
<td>INFLUENCE OF ORGANIZATIONAL AND WORK FACTORS TOWARD PONKESDES PERFORMANCE</td>
<td>149 - 158</td>
</tr>
<tr>
<td>3</td>
<td>ANALYSIS OF REFERRAL RATIO ON PUSKESMAS BASED ON CAPABILITIES SERVICES OF PUSKESMAS</td>
<td>159 - 168</td>
</tr>
<tr>
<td>4</td>
<td>INFLUENCE OF COMPETENCE AND SELF-LEADERSHIP ON THE PERFORMANCE OF TUBERCULOSIS CONTROL PROGRAM OFFICER IN JEMBER HEALTH CENTERS</td>
<td>169 - 177</td>
</tr>
<tr>
<td>5</td>
<td>CORRELATION OF QUALITY ASSESSMENT WITH HEALTH CARE UTILIZATION BY POOR BENEFICIARIES’ PATIENT</td>
<td>178 - 186</td>
</tr>
<tr>
<td>6</td>
<td>DETERMINANT FACTORS OF BED TURN OVER IN HOSPITALIZATION RSUD dr. M. SOEWANDHIE</td>
<td>187 - 197</td>
</tr>
<tr>
<td>7</td>
<td>OPTIMIZATION OF COORDINATING PROCESS OF PATIENT SAFETY PROGRAM IN HOSPITAL X SURABAYA</td>
<td>198 - 208</td>
</tr>
<tr>
<td>8</td>
<td>DIMENSIONS OF ORGANIZATIONAL CULTURE AS PREDICTOR WORK UNITS PERFORMANCE</td>
<td>209 - 216</td>
</tr>
</tbody>
</table>
OPTIMIZATION OF COORDINATING PROCESS OF PATIENT SAFETY PROGRAM IN HOSPITAL X SURABAYA

OPTIMALISASI PROSES KOORDINASI PROGRAM KESELAMATAN PASIEN (PATIENT SAFETY) DI RUMAH SAKIT X SURABAYA

1. Lukman Hakim --> Mahasiswa Fakultas Kesehatan Masyarakat / ukman.lvs@gmail.com
2. Widodo J. Pudirahardjo --> Dosen Fakultas Kesehatan Masyarakat / jurnalakk@yahoo.com

Abstract

A health care which is not concerned to the patient safety can cause adverse event and impact an injury to the patient, extension of treatment time and increased maintenance costs. A good coordination between units provide safe health care for the patient. This study describes coordination process between units in the implementation of the hospital patient safety program. The research was in Hospital X Surabaya with a descriptive design cross-sectional study of the 44 respondents who are representing each units on patient safety program. Data was collected by using questionnaires distributed to respondents to assess the respondent’s knowledge about coordination, the type of dependency, coordinating mechanisms, communication processes, integration, synchronization, simplification of patient safety programs. The results showed that most respondents had a level of knowledge coordination in the medium category, most types of dependencies between units were pooled interdependence, the majority of inter-unit coordinating mechanism was the standardization, while communication, integration, synchronization, and inter-unit simplification processes was not quite good. Optimization that can be applied in patient safety program are mapping inter-unit dependency and coordinating mechanisms, arranging procedure of each patient safety program, granting more authority to some employees, enforcement performance appraisal and reward system, and simplification of coordination workflow.

Keyword : coordination, coordination, mechanism, interdependence, patient, safety,

Daftar Pustaka :