

Patient Identification Compliance during Food-Service to Diabetes Mellitus Patients at Nur Hidayah Hospital

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ABSTRACT

Background: The priorities are to ensure patients safety, attempt to put all patients in safe conditions, minimize all errors, and act according to the SOP. Degenerative illnesses such as diabetes mellitus, coronary heart, hypertension, and cancer include nutrition therapy in their treatments. Therefore, the food-service process in the identification stage should be appropriate. The purpose of this study was to determine the level of compliance with patient identification at the time of serving food for DM patients at the hospital.

Methodology: This study was a mixed method qualitative and analytic observational quantitative with a cross-sectional approach.

Result: The implementation of patient identification at the time of serving food to diabetes mellitus patients at Nur Hidayah hospital has generally been running well.

Conclusion: Patient identification implementation during food-service to diabetes mellitus patients was implemented well according to the SOP ($p < 0.05$ with OR 16). However, several problems regarding workloads affecting the identification process, according the SOP, were present.

Keywords: Patient Identification, Food-Serving, Diabetes Mellitus

INTRODUCTION

Nutrition service in hospitals provides nutrition adjusted to patients conditions based on clinical state, nutritional status, and metabolism status. The recuperation process highly depends on patients' nutritional conditions, and vice versa to patients' nutritional conditions affected by the recuperation process. If the nutritional status is inadequate, it will affect patients' conditions for a worse or better one. Degenerative illnesses such as diabetes mellitus, coronary heart, hypertension, or cancer include nutrition therapy in their treatments⁽¹¹⁾.

Diabetes mellitus is a disease with chronic metabolic disorders caused by the

work of the pancreas being unable to produce and adequate insulin or even the body itself is unable to use insulin reserves effectively. Meanwhile, the definition of insulin is a hormone whose function is to regulate the balance of sugar in the blood. If the concentration of glucose in the blood increases, hyperglycemia will occur.

According to Act No. 8 of 1999 regarding Consumer Protection, Act No. 36 of 2009 regarding Health, and KEPMENKES No 133/MENKES/SK/XII/1999 regarding Hospital Service Standards, hospitals are obliged to conduct patient safety⁽¹⁰⁾. Patient safety incidents are unexpected events that cause or potentials to preventable injuries on patients and

comprise Non-Injury Incident and Injury Potential Incident⁽¹¹⁾.

Surgeons are annually performing errors up to 4000 times in field incidents. These are the only data collected in a study by the Johns Hopkins School of Medicine team and published in the Surgery journal. The JCI data of 2012 presented 13% of surgical errors and 68% of blood transfusion errors caused by errors in the patient identification stage⁽¹⁰⁾.

On the regulation of the Minister of Health of the Republic of Indonesia No. 11 of 2017⁽²⁰⁾ regarding Patient Safety in article 1, several items are mentioned as follow:

1. Patient Safety Priority is a system regulating and attempting that all patients are in safe conditions. Things to be considered are identifications, risk patient management, reporting measures, follow-up analyses, and providing solutions to avoid injuries or minimize errors of actions based on the SOP.
2. Patient Safety Incidents are unexpected events or conditions that potentially emerge preventable injuries.

Article 5 also states that all healthcare services are obliged to conduct Patient Safety. Hence, healthcare facilities will establish a service system that implements Patient Safety standards, Patient Safety objectives, and seven steps to Patient Safety.

By referring to the background, the researcher was interested in examining patient identification compliance during food-service to diabetes mellitus patients at Nur Hidayah Hospital.

RESEARCH METHOD

This study was a mixed method qualitative and analytic observational quantitative with a cross-sectional approach. The sample determination method was by providing questions to those who met the inclusion criteria. Inpatients with diagnosis diabetes mellitus, hospitalization no more than 3 days and ready to be respond. The

data collection was conducted by a questionnaire method that examined the identification implementation by distributing Google form to patients, the nutrition installation team, and the director. The data analysis was carried out using Fisher's test.

RESULT AND DISCUSSION

A. Result

Description of Respondents

Table 1. Characteristics of respondents

Characteristics of Responden	Total	Percentage
Gender		
Male	13	65%
Female	7	35%
Total	20	
Age		
31-40 age	1	5%
41-50 age	4	20%
>50 age	15	65%
Total	20	100%
Last Education		
Elementary School	12	60 %
Junior High School	3	15%
Senior High School	2	10 %
Under Graduated	2	10 %
Post Graduated	1	5%
Total	20	100%
Profession		
Entrepreneur	8	40%
Farmer	5	25%
General Employees	2	10%
House Wife	2	10%
Labor	2	10%
Police	1	5%
Total	20	100%
Salary		
<500 thousand rupiah	6	30%
≥500thousand rupiah – 1 million	6	30%
≥1million – 2 million	5	25%
≥2 million – 5 million	2	10%
≥5 million	1	5%
Total	20	100%
Visit		
One time	11	65%
twice	7	35%
three times	1	5%
more than three times	1	5%
Total	20	100%
Obedience		
Not obey	7	35%
Obedient	13	65%
Total	20	100%
Food Service		
Pretty good	5	35%
Good	15	65%
Total	20	100%

DISCUSSION

The most study subject was males 65%, while females were 35%. The most age was over 50 years for 65%, and 5% for 31-40-year-olds. The most education level

was elementary schoolers for 65%, while 5% was for postgraduates. The patient identification compliance rate was declared to comply with a percentage of 65% and a good food-service of 75%.

1). Illustration of Patient Identification Compliance During Food-service to Diabetes Mellitus Patients at Nur Hidayah Hospital.

Patient identification accuracy is one of the objectives of Patient Safety. In hospital accreditation version 2012⁽¹⁰⁾, an element to be fulfilled in patient identification accuracy objectives is that patients are identified using two identities and not allowed to be identified using ward numbers or patients' locations.

Element 1 of patient identification accuracy objectives is the identification using two identities, such as name and date of birth, and not allowed to be identified using ward numbers or patients' locations. Based on observation results on patients regarding food-service carried out by waiters, no waiters used ward numbers or patients' locations in identifying patients. However, waiters were only identifying patients using one identity, i.e., name. There were no waiters identifying diabetes mellitus patients using two identities of name and date of birth. Policies and procedures that encourage a consistent identification practice in all situations and locations is the fifth element of patient identification objectives. Thus, formulation and socialization of policies or standard operating procedures (SOP) regarding patient identification implementation are necessary.

2). Illustration of Patient Identification Accuracy During Food-service to Diabetes Mellitus Patients at Nur Hidayah Hospital

Nur Hidayah Hospital has created a regulation concerning patient identification accuracy by issuing the Director's Decree No.39/YANMED GIZI/SPO/RSNH/V/2016 regarding patient identification accuracy

during food-service at Nur Hidayah Hospital.

This is in accordance with what the director said "*kebijakannya ada, kita sudah ada SK dan sudah disahkan juga. Saya lampirkan ya*". The policy on the accuracy of identification regulates the use of at least one identity (patient name) and whenever a patient is identified. This is in accordance with what the waiter said "*kita kalau kebijakan mengatur masalah identifikasi hanya pakai satu minimal sama kapan melakukan identifikasi.*"

According to waiters, the policy has been running well, but not all elements were conducting patient identification accuracy following the regulation.

Waiters are officers that often identify patients before performing food-service. Based on interview results on waiters through questionnaires that asked about policies or regulations over patient identification accuracy, several waiters stated that patient identification accuracy was merely an SOP. Others asserted that patient identification accuracy was implemented according to the KARS regulation.

3). Illustration of Waiters' Knowledge and Abilities in Patient Identification Accuracy During Food-service on Diabetes Mellitus Patients at Nur Hidayah Hospital

Waiters' abilities in identifying patients should follow the identification SOP formulated. Based on the identification SOP, waiters should perform identification during food-service at all times. Based on confirmation results to waiters in performing food-service to diabetes mellitus patients, a few waiters followed the patient identification procedure by identifying patients by comparing the identity on the identity bracelet. Meanwhile, most waiters did not perform identification using two identities of name and date of birth and used one identity of patients' names instead. Based on the results of confirmation with the waiter through WhatsApp

communication, he said “kami sudah disosialisasikan mengenai SOP, seperti apa mekanisme mulai dari pasien rawat inap masuk bangsal lalu proses identifikasi menu makanan diitnya berdasarkan diagnosis dan melaksanakan yang sesuai SOP namun yang terjadi dilapangan sebagian pramusaji memang hanya mengcrosscheck nama tanpa membandingkan dengan gelang identitas. Apalagi kalau pasien sudah rawat inap lama, biasanya sudah mengenal sehingga hanya dengan kata sapaan "assalamualaikum selamat pagi bu X" bahkan kadang tidak menyebutkan nama pasien, pernah karena

setiap hari menanyakan nma ada yang komplain ko sudah berhari-hari masih lupa aja si sus ”.

Patient identification procedure steps skipped by waiters were examining and comparing data on the identity bracelet with medical records. Most waiters identified patients by only asking their names without comparing them with the identity bracelet. Sometimes, during patient identification, waiters only asked patients’ names with closed questions because they perceived to know the patient and prevent patients’ boredom from being asked continuously.

Table 2. Patient identification compliance during food-serving to diabetes mellitus patients at Nur Hidayah hospital

		Food-service			OR	95% CI	p*
		Pretty good	Good	Total			
		n (%)	n (%)	n (%)			
Patient Identification	Not Obey	4 (80)	3 (20)	7 (25,93)	16	1,274-200,917	0,031
	Obedient	1 (20)	12 (80)	20 (74,07)			
	Total	5 (100)	15 (100)	27 (100)			

The bivariate analysis result of the relationship between patient identification compliance with food-service to diabetes mellitus patients at Nur Hidayah Hospital

The statistic result regarding the relationship of patient identification compliance with food-service to diabetes mellitus patients shows $p < 0.05$ with OR 16, indicating a relationship between patient identification compliance with food-service. Accuracy in identifying patients is an attempt to minimize errors in patients’ actions ⁽²⁴⁾.

Five elements are present in patient identification accuracy objectives. One of which is that patients are identified using two identities and not allowed to be identified using ward numbers or patients’ locations. For the first element of patient identification accuracy objectives, medical workers are obliged to identify patients using two identities and not identify them using ward numbers or patients’ locations ⁽¹⁰⁾. Based on the study, most nurses only identified patients by asking patients’ nicknames, not their full names, and not using two identities. Meanwhile, according to Hospital accreditation standard version

2012, officers should as patients’ names using two names, i.e., patients’ full names. It aims to minimize errors of patients with the same name. Waiters should also identify patients using a minimum of two identities, such as name, date of birth, or medical record number.

Policies and procedures encourage a consistent identification practice in all situations and locations. For the fifth element of patient identification accuracy objectives during food-service to diabetes mellitus patients at Nur Hidayah Hospitals, the hospital had created documents necessary for patient identification accuracy objectives, such as the Director’s policy Decree. This document did not meet hospital accreditations standards for patient identification accuracy objectives because only performed identification from patient’s name.

Policies and procedures are elements of patient identification accuracy in fulfilling hospital accreditation standard version 2012. According to Guwandi, in ensuring patient safety, hospitals are obliged to formulate and implement regulations and policies to ensure patients’ safe services ⁽³⁾.

It follows that hospitals should conduct the steps in pursuing patient safety, where the first step is that hospitals should possess policies and elaborate roles and accountabilities of individuals in case of incidents⁽¹⁹⁾.

Patient identification policies/regulations require at least two ways to identify a patient, such as a name, date of birth, or medical record number, and not allowed to use ward numbers or patients' locations⁽⁹⁾. Policies produced by the patient safety team regulate patient identification of a minimum of two identities and to perform patient identification at any given time.

Waiters' knowledge of procedures implemented at Nur Hidayah Hospital concerning patient identification accuracy should be well-understood by waiters. According to WHO, training or socialization over patient verification procedures are necessary⁽²⁴⁾.

Therefore, the SOP should be explained to all medical workers to understand the SOP content and implement it accordingly. Following the first element of patient identification accuracy objectives based on hospital accreditation standard version 2012, nurses should identify patients using two identities⁽⁹⁾. Meanwhile, based on the patient identification SOP at Nur Hidayah Hospital, waiters should compare patients' data with patients' identity bracelets during the patient identification process. However, not all subjects were aware of the appropriate patient identification procedure. Based on the study, not all waiters understand the proper patient identification SOP at Nur Hidayah Hospital.

Only a few waiters were aware of the proper patient identification procedure. Most were absent-minded of the proper patient identification procedure formulated by the patient safety team. Procedures that often skipped when performing patient identification identified patients using two identities and performing verification by comparing patients' data with the identity

bracelet. The patient safety team's lack of knowledge regarding patient identification SOP could make patient identification accuracy implementation to be not optimal. It follows the study, stating that there was a relationship between nurses' knowledge and accurate patient identification implementation. Due to the lack of nurses' knowledge of patient identification SOP, the patient safety team should perform socialization regarding patient identification procedures to ensure optimal patient identification accuracy.

Waiters' abilities in performing patient identification accuracy should follow the procedure made by the patient safety team of Nur Hidayah Hospital. Waiters should identify patients before conducting food-service to them. Based on the patient identification SOP, after asking patients' data, waiters should verify the data by comparing it to the identity bracelet. Based on the study, most waiters did not identify patients according to the patient identification procedure of Nur Hidayah Hospital. The patient identification procedure step that commonly skipped was comparing patients' data to their identity bracelets. Most waiters were merely asking their names, where they should have used two identifiers, i.e., name and date of birth.

Waiters also often did not ask patients' identity using open questions when they know the patients or the patient has been hospitalized for a long time. It was because some waiters thought not to make patients feel bored by continuous questions during food-service. It follows a study by Anggreani et al. which stated that nurses did not always perform patient identification, especially when performing routine nursing actions, by reasoning that they were busy, had no time, and avoid patients' boredom⁽¹⁾. Patient identification that did not follow the identification SOP performed by waiters was in line with patients' statements when asked about patient identification. Based on the study, most patients/patients' families asserted that waiters only asked patients' names during patient identification without

questioning two identities or verifying patients' data.

In supervising the patient identification, the patient safety team assigned responsibilities to the room head. The room head was responsible for supervising the waiters during their actions/treatments to patients. However, it had not been well implemented since the supervision form was still in the making. It could make the patient identification accuracy implementation not to be well-implemented. It follows a study by Anggraeni et al. which stated that the not optimal patient identification system implementation was related to the not optimal supervision of identification procedure implementation⁽¹⁾.

Diabetes mellitus diet is a diet provided for diabetes mellitus type II patients, where the diet consists of the right amount of consumed calorie in a day, the right schedule of three times main food and three times snacks with an interval of three hours between the main food and snack, and the right type of avoiding sweet food or high-calorie food⁽²³⁾.

Diabetes mellitus diet aims to help patients repair their eating and exercising habits to obtain better metabolic control. Diabetes mellitus type II patients should follow the diet with the right amount of consumed calorie in a day according to their activities and body metabolism requirements, the right eating schedule according to the 3-hour interval between the main food and snack, and avoiding food or drinks with high sugar content or easily absorbed calories.

Furthermore, diabetes mellitus type II patients' self-awareness to perform a diet with the right amount, schedule, and type is an excellent medication to control their blood sugar and avoid complications.

Diet is crucial for DM patients. A person who cannot regulate their diet with 3J (schedule, type, and amount) will increase their blood sugar levels. DM patients' diet should be considered. DM patients tend to have uncontrollable blood

sugar levels. Their blood sugar levels may increase drastically after consuming high-carbohydrate or high-sugar food. Therefore, DM patients should maintain their diet in controlling their blood sugar levels.

CONCLUSION

The implementation of patient identification at the time of serving food to diabetes mellitus patients at Nur Hidayah hospital has generally been running well.

The implementation system of identification at the time of serving food to diabetes mellitus patients at Nur Hidayah Hospital, there are several problems in terms of the process. Explanation of the obstacles that occur to waiters collided because of the double workload of officers, namely patient food services and canteen services

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