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Application of Safety Briefing as an Effort to Reduce the Impact of Disasters in Health Care Facilities

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ABSTRACT

Disasters can occur anywhere, including in community health service centers. Disasters in public health service centers can occur due to natural disasters but can also be caused by occupational accidents, due to the failure of occupational safety and health programs, poor physical planning of buildings, and the absence of care and supervision of sources of danger. The aim of this Review study is to describe the implementation of safety briefing as an effort to reduce the impact of disasters in health care facilities (FAS YANKES). Traditional literature review research methods and research design library research. Data were obtained from 5 research journals that have ISSN (International Standard Serial Number) and have a DOI (Digital Objective Identifier) by comparing or looking for similarities in the contents of research journals then discussing them. The results show that safety briefings are more influential in improving patient safety than some general hospital patient safety practices and show that safety briefings achieve beneficial results and can enhance safety culture.

Keyword : Safety Briefing; Disasters

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INTRODUCTION

Disasters can occur anywhere, including at public health service centers. Disasters in public health service centers can occur due to natural disasters but can also be caused by work accidents, due to non-performance of occupational health and safety programs, poor physical planning of buildings, and lack of maintenance and supervision of sources of danger (1).

According to KEMENHAM Regulation no 39 of 2014 concerning disaster management in hospitals, a hospital disaster is a disaster that occurs inside and/or outside a hospital which can affect the function of services. Disasters in hospitals are related to disasters resulting from fires, spills or leaks of dangerous gases and disasters that pose a threat to the general public such as earthquakes, tsunamis

and so on. Likewise with Community Health Centers, disasters in hospitals and at Community Health Centers are the same thing, especially since Community Health Centers are Primary Health Care Centers which allow large numbers of people to gather, therefore Safety Briefing is very necessary.

According to SNARS (National Hospital Accreditation Standards) a safety briefing is information on occupational safety and health provided to guests (visitors) and carried out by employees who understand occupational safety and health (K3). According to Dictionary University, a safety briefing emphasizes the main safety issues at the incident and the safety briefing should contain information to alert incident personnel to potential risks. This safety briefing aims to provide information to new and old patients, visitors and staff so they can understand how to prevent casualties in disaster situations, and any evacuation route in the event of a natural disaster or fire in a hospital or other health service center. Safety briefings can help ensure that workers consider health and safety in the workplace (2). Safety Briefing functions as a way to provide key information and knowledge to a wider audience and to check understanding with the aim of maintaining health and safety as well as the most important mitigation for workers (Partland, 2017).

Safety briefings are designed for facilitating access to important safety information (3). They contain relevant safety information. Using the information provided in the briefing to obtain prioritization suggestions on which protocol areas and questions should be pursued to increase the overall level of implementation (3). The implementation of safety briefings can be in the form of video, audio or safety briefing cards. According to Chittaro, 2017 safety briefing cards and safety briefing videos are two media that are routinely employed. Which all contains information about K3.

Based on a preliminary study that I conducted at one of the community health centers, namely the Sukorejo Community Health Center, this community health center already has evacuation routes and gathering points, however there are still no safety procedures for patient visitors or staff in the event of a disaster, in fact at the Sukorejo Community Health Center itself there are also media such as television that can be used to show safety videos that are useful for prevention in the event of a disaster. And most community health center officers know what a safety briefing is, but the implementation of the safety briefing itself has not yet been carried out.

Based on this, researchers are interested in raising the issue of Implementing Safety Briefing as an Effort to Reduce the Impact of Disasters in Health Service Facilities (FASYANKES).

METHODS

Methods used in research this is a Traditional Literature Review Method used to identify, review, evaluate, and interpret all available research on a topic area of interest, with specific relevant research questions.

RESULT

No	Author, Year of publication	Sample size	City / country samples obtained	Year sample data collection	Sample inclusion criteria	Variable/focus researched case studies	Main results of research	Conclusion
1	(Pham et al., 2019)	all clinical units, risk management, biomedical engineering, facilities, environmental services, pharmacy, quality and patient safety, security, information technology, and others.	Hawai	2016	Participants were unit managers, directors, vice presidents, and various other hospital leaders.	Perceived Value of the Daily Safety Briefing (DSB)	The result suggest that DSB indeed improves patient safety. Specifically, the DSB is more influential in improving patient safety than some common hospital patient safety practices such as use of the Morse Fall Scale to predict patients at high risk for falls (Morse, Morse, & Tylko, 1989).	DSB improves communication among team members and is a valuable investment of healthcare leaders' time.
2	Deng, 2019	DSB (Daily Safety Briefing) huddles were piloted in a gastrointestinal surgical unit.	China	2017	The study compared AE/NM reporting rates and reporting types before and after adopting DSB huddles	Effect of Daily Safety Briefing Huddles on the Reporting of Adverse Events and Near-misses	After adopting DSB huddles, AE (Adverse Event) reporting improved from 0.9% to 1.8%, and NM (Near Miss) reporting improved from 0.5% to 7.1% ($p < .05$). Self-reporting of safety issues increased from 44.4% to 73.8%; NM reporting domains increased from 6 to 15.	DSB huddles increased reporting rates of AE and of NM particularly, improved reporting dimensions of NM, and increased team members' situational patient safety awareness.
3	Ryan et al., 2019	Literature databases from Cinahl, Medline, Scopus and Health Business Elite from January 2002 – March 2017.	Dublin, Ireland	2017	Four health literature databases were searched (Cinahl, Medline, Scopus and Health	Safety briefings improve patient safety (A systematic review)	Following quality appraisal, 12 studies were included. There was significant heterogeneity in study aims, measures, and outcomes. Findings showed that safety briefings achieved beneficial outcomes and can improve safety culture. Outcomes included improved	Healthcare leaders should embrace the potential of safety briefings by promoting their effective use whilst allowing for local adaptation

					Business Elite) from January 2002 – March 2017.		risk identification, reduced falls, enhanced relationships, increased incident reporting, ability to voice concerns, and reduced length of stay	
4	Defontes & Surbida, 2004	A team of doctors, nurses, and technicians		2002		Preoperative Safety Briefing	Wrong-site surgeries decreased from 3 to 0 (300%) per year; employee satisfaction increased 19%; nursing personnel turnover decreased 16%; and perception of the safety climate in the operating room improved from “good” to “outstanding.” Operating suite personnel perception of teamwork quality improved substantially. Operating suite personnel perception of patient safety as a priority, of personnel communication, of their taking responsibility for patient safety, of nurse input being well received, of overall morale, and of medical errors being handled appropriately also improved substantially	Team members who work together and communicate well can quickly detect and more easily avoid errors. The Preoperative Safety Briefing is now standard in many operating suites in the KP Orange County Service Area. The concepts and design of this project are transferable, and similar projects are underway in the Departments of Radiology and of Labor and Delivery at KP Anaheim Medical Center.
5	Lestantyo, 2018	The study population was hospital nutrition workers	Indonesia	2018	The sample was selected purposively, 60 respondents, divided into two groups,	Effects of Training Interventions and Safety Briefing on Behavior	The results of four weeks of observation showed that there was no difference in the mean scores of attitudes towards knowledge (p 0.052) and practice (p	Party Hospital management is expected to carry out safety measures briefing in person continuous with workers. Workers are expected to comply with procedures

					namely intervention and control	Occupationa l Safety and Health of Installation Food Handlers Home Nutrition Sick	0.567) in both groups. There is a difference in mean scores attitude (p 0.035) after four weeks of observation in both groups. LMM test results shows that there is no influence of age and years of service on the behavior of respondents in this study. (p<0.05).	work and use complete PPE.
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DISCUSSION

According to research by Pham et.al, 2019 the results show that Daily Safety Briefing (DSB) does improve patient safety. In particular, the Daily Safety Briefing (DSB) is more influential in improving patient safety than some common hospital patient safety practices such as the use of the Morse Fall Scale to predict patients at high risk for falls.

According to Deng et.al, 2019 Huddle Daily Safety Briefing can increase AE (adverse event) and NM (Near-Miss) reporting rates, especially increase the NM (Near-Miss) reporting dimension, and increase team members' situational patient safety awareness. Meanwhile, according to Ryan et.al, 2020 it shows that safety briefings achieve useful results and can improve safety culture. Both studies are in accordance with the benefits of safety briefings, namely for reduced patient harm and increased safety when they promote and support daily briefings.

The above matters are in accordance with the meaning of a safety briefing, namely emphasizing the main safety issues at the incident and the safety briefing must contain information to warn incident personnel about potential risks (Dictionary University) and in accordance with the benefits of the safety briefing itself, namely:

- a. promotes a culture of safety and patient safety.
- b. Proactively identify hazards and unsafe conditions
- c. Increase patient safety. Therefore, safety briefings are very beneficial for both nurses and patients and safety briefings can also improve health and safety culture for patients, apart from that, safety briefings can also increase knowledge about health.

CONCLUSION

Daily Safety Briefing (DSB) is more influential in improving patient safety than some general hospital patient safety practices. Huddle Daily Safety Briefing can increase AE (adverse event) and NM (Near-Miss) reporting rates, especially increase the NM (Near-Miss) reporting dimension, and increase team members' situational patient safety awareness. Shows that safety briefings achieve useful results and can improve safety culture. From the discussion above it can be It was concluded that safety briefings are very beneficial for both nurses and patients and safety briefings can also improve health and safety culture for patients, apart from that Safety briefings can also increase knowledge about health.

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