

The Relationship between Patient Centered Care Implementation and the Quality of Health Services at the Regional General Hospital Dr. RM Djoelham Binjai 2022

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ABSTRACT

Hospitals are services that have an important role in people's lives in the health sector, Patient Centered Care (PCC) is related to seven patient safety standards that can improve health services in general hospitals, at the Dr. RM Djoelham Binjai has been accredited Plenary and has implemented PCC, but it has not been carried out optimally and has never been studied before regarding the relationship between PCC implementation and the quality of health services in the Inpatient Room of Dr. Hospital. RM Binjai, the purpose of the study was to determine whether the relationship between the implementation of patient centered care and the quality of health services at the Dr. RM Djoelham Binjai in 2022. This research uses this type of research using direct observation, using a cross sectional research approach, the study population was all patients who were hospitalized at the Regional General Hospital Dr. RM Djoelham Binjai in 2022 as many as 63 patients, the sample in the study was total sampling, the research technique used the chi square formula (kai squared). The results of this study show that there is a significant relationship between the implementation of Patient Centered Care and the Quality of Health Services at the Dr. Regional General Hospital. RM Djoelham Binjai in 2022, with p value = 0.002 ($p < 0.05$). The conclusion in this study from these results. There is a significant relationship between the implementation of Patient Centered Care with the Quality of Health Services at the Dr. Regional General Hospital. RM Djoelham Binjai, suggestions for health workers need to do training related to information and communication to patients and families.

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INTRODUCTION

The hospital is a service that has an important role in people's lives in the health sector. Health services are efforts that are carried out individually or jointly in an organization to maintain and

improve health, prevent and treat disease and restore health aimed at individuals, groups and communities (Azwar, 2018) The hospital is a very complex place with hundreds of kinds of drugs, hundreds of tests and procedures, there are lots of tools and technology, various professions that provide patient services 24 hours continuously, where the diversity and routine of these services if the hospital is not managed properly can causing an unexpected event (KTD) which seriously threatens patient safety (Ministry of Health, 2017).

Unwanted events (KTD) that occur in hospitals are like an iceberg phenomenon. This means that only a small proportion of adverse events are detected, while most of the incidents tend not to be recorded or reported, or even go unnoticed. This is supported by a study by the National Patient Safety Agency (NPSA) which interprets that if there is 1 event of a serious adverse event, it means that there have been 25 mild adverse events and 300 near misses (KNC) which should be of concern (Cayono, 2017).

The quality of patient health and safety services is the basis and goal of hospital administration (Law of the Republic of Indonesia Number 44 of 2019). Thus, a hospital is declared qualified if in providing health services it pays more attention to the needs of patients in the hospital. World health facilities have created a culture of patient-centered care by transforming the care experience based on choice, convenience, personalization, quality, and service to create safe and quality services. Advisory Board Company in (Frampton & Charmel, 2019).

Patient Centered Care (PCC) relates to seven patient safety standards according to the Regulation of the Minister of Health Number 11 of 2017, namely the rights of patients and educating patients and families regarding the patient's condition and recovery. Therefore, the services provided aim to provide safe services to patients. The health service model implemented by hospitals in Indonesia today is Patient Centered Care (PCC) which places the patient as the center of health services in the hospital. PCC is a new paradigm that aims to obtain quality health care outcomes. The PCC that is implemented is a change from the traditional paradigm, namely system centered care and has been implemented earlier by developed countries such as America, England and countries on the European continent. System centered care places the doctor as the center of service and the full decision of care for the patient rests with the doctor while the model currently applied is Patient.

Center Care where the patient is the center of every service and the decision rests entirely with the patient and family. The current PCC implementation does not only communicate with patients but health workers must also provide information, educate, and pay attention to patient needs in making decisions related to the care received by patients. The interaction between patients and nurses is related to the provision of nursing care so that unexpected things can happen to patients, such as unexpected events (KTD), near misses (KNC), Potential Injury Events (KPC), and sentinels (Ministry of Health, 2017).

PCC implementation consists of eight dimensions that affect PCC implementation. The eight dimensions if applied properly will achieve good quality health services. PCC is felt directly by patients and their families when they are hospitalized. therefore, there is a need for cooperation between service providers with patients and families. One of the goals and benefits of PCC is to provide safe and quality services and reduce patient safety incidents. Hospitals have one of the obligations to provide safe, quality, anti-discrimination and effective services by prioritizing the interests of patients in accordance with hospital service standards (RI Law No. 44 of 2019).

Regional General Hospital Dr. RM Djoelham Binjai must be accredited according to the National Hospital Accreditation Standards (SNARS). SNARS Edition 1 is a health service standard that focuses on patients to improve patient quality and safety with a risk management approach in hospitals. SNARS aims to make the hospital a safe, effective and well-managed health facility (Hospital Accreditation Commission [KARS], 2017).

Regional General Hospital Dr. RM Djoelham Binjai implements PCC based on seven things, namely access to hospitals and continuity of service (ARK), patient and family rights (HPK),

patient assessment (AP), patient care and service (PAP), anesthesia and surgical services (PAB), pharmaceutical services and drug use ((PKPO), management of communication and education (MKE).

Binjai City is one of the big cities in Indonesia which has various health facilities such as hospitals. The hospital that has implemented PCC is the Regional General Hospital, Dr. RM Djoelham Binja since 2016. Regional General Hospital Dr. RM Djoelham Binjai is a type B hospital owned by the government of Binjai City which has been accredited Plenary by KARS based on SNARS Edition 1 in January 2022. Therefore, the services provided at the hospital must focus on patients to improve quality and patient safety. Regional General Hospital Dr. RM Djoelham Binjai has 30 inpatient rooms. In hospital inpatient rooms, patients will expect quality and safe treatment and recovery. Besides that,

Based on a preliminary survey in January 2022, the number of inpatients at Dr. Pirngadi Binjai in 2022 as many as 8,760 patients. There are still patient and family expectations and satisfaction achievements that have not been achieved every month, namely from January to December 2021 of 80% and is still below the standard of 85% (Ministry of Health RI, 2018). KTD increased from 2018 – 2019, namely 16 incidents to 25 incidents. While the goals and benefits of PCC are reducing patient safety incidents and increasing patient satisfaction at the hospital.

RESEARCH METHOD

Types of research

This type of research uses direct observation, namely data collection by direct observation of respondents with a cross-sectional time approach, which is a method of data collection that is carried out at a moment's time or one measurement.

Research design

The research design used in this study is with a cross sectional research approach, which is a study in which variables including effects are observed at the same time (Notoadmojo, 2018). In other words, this study is to see the relationship between the variables, namely the independent variable by identifying whether there is a relationship between the implementation of Patient Centered Care and the Quality of Health Services at the Dr. RM Djoelham Binjai 2022.

Research Location and Time

a. Location

This research will be carried out in the Pulau Rambung Plantation Village, Bahorok Health Center in 2021. The reason for choosing the location is because of the problem with the Regional General Hospital Dr. RM Djoelham Binjai has been accredited Plenary and has implemented PCC, but it has not been carried out optimally and has never been studied before regarding the relationship between PCC implementation and the quality of health services in the Inpatient Room of Dr. Hospital. Pirngadi Binjai. Therefore, researchers are interested in researching the relationship between the implementation of Patient Centered Care and the quality of health services in the Inpatient Room of Dr. Hospital. Pirngadi Binjai.

b. Research time

The research will be carried out starting from June 2021 since the title is in acc by the supervisor and the implementation of the initial survey in January 2022, starting from the initial survey to data collection and research.

Table 1. Research PoA

No	Information	April	May	June	July	August
1	Title Submission	■				
2	ACC title		■			
3	Preparation Thesis		■	■		
4	Consul chapter 1,2 and 3			■	■	■
5	Proposal Examination				■	
6	Proposal Revision				■	
7	To do Study			■	■	
8	Result Preparation					■
9	Exam Results					■

Population and Sample

a. Population

The population is an area consisting of: objects/subjects that have certain qualities and characteristics determined by researchers to be studied and then drawn conclusions (Sugiyono, 2018). The population in this study were all inpatients at the Regional General Hospital Dr. RM Djoelham Binjai in 2022 as many as 63 patients.

b. Sample

The sample is part or representative of the population being studied (Arikato, 2018). The sample in this study was the total population, namely all patients who were hospitalized at the Dr. RM Djoelham Binjai in 2022, namely 63 inpatients.

Data collection technique

In this study, all data was taken directly from the respondents (primary data). The data collection process was carried out in several stages, namely:

a. Primary data

The types of data collected are primary data and secondary data. Primary data were obtained through interviews with a questionnaire related to the relationship between the implementation of patient centered care and the quality of health services at the Dr. RM Djoelham Binjai in 2022 using a questionnaire

b. Secondary Data

Secondary data is data obtained from documentation and report data from Rs Julham Medical Records.

RESULTS AND DISCUSSIONS

Characteristics of Respondents

Characteristics of respondents at the Regional General Hospital Dr. RM Djoelham Binjai in 2022 in this study grouped by age, gender, and education. Characteristics of respondents are described in table 4.1 as follows:

Table 2. Characteristics of Respondents at the Regional General Hospital Dr. RM Djoelham Binjai 2022

No	Demographic Data	Frequency	Percentage (%)
1	Age (years)		
	<25	5	7.9
	26-35	34	54.0
	35-45	18	28.6
	>45	6	9.5
	Amount	63	100
2	Gender		

Man	22	34.9
Woman	41	65.1
Amount	63	100

Based on table 4.1 above, it is known that the characteristics of respondents based on the age of the majority of respondents aged between 25-35 years were 34 respondents (54.0%), and female sex as many as 41 respondents (65.1%).

Implementation of Patient Centered Care at the Regional General Hospital Dr. RM Djoelham Binjai 2022

Frequency distribution of the implementation of patient centered care at Dr. RM Djoelham Binjai in 2022 can be seen in table 4.2 below:

Table 1 3. Distribution of Frequency of Patient Centered Care Implementation in Regional General Hospital Dr. RM Djoelham Binjai 2022

No	Implementation of Patient Centered Care	Frequency	Percentage(%)
1	Well	16	25.4
2	Enough	36	57.1
3	Not enough	11	17.5
	Amount	63	100

Based on table 4.2 above, it is explained that the implementation of patient centered care at the Dr. The majority of RM Djoelham Binjai in 2022 were carried out quite well, namely as many as 36 people (57.1%).

Quality of Health Services at the Regional General Hospital Dr. RM Djoelham Binjai 2022

Distribution of the frequency of quality of health services at the Regional General Hospital Dr. RM Djoelham Binjai in 2022 can be seen in table 4.3 below:

Table 1 4. Frequency Distribution of Health Service Quality in General Hospitals Dr. area. RM Djoelham Binjai 2022

No	Quality of health services	Frequency	Percentage (%)
1	Well	11	17.5
2	Enough	38	60.3
3	Not enough	14	22.2
	Amount	63	100

Based on table 4.3 above, it can be explained that the quality of health services at the Dr. RM Djoelham Binjai In 2022, the majority is sufficient as many as 38 respondents (60.3%)..

The Relationship between the Implementation of Patient Centered Care and the Quality of Health Services at the Regional General Hospital Dr. RM Djoelham Binjai in 2022

Data analysis of the relationship between the implementation of patient centered care and the quality of health services at the Regional General Hospital Dr. RM Djoelham Binjai in 2022 can be seen in table 4.4 below:

Table 1 5. Cross Tabulation of the Relationship between the Implementation of Patient Centered Care and the Quality of Health Services at the Dr. RM Djoelham Binjai 2022

PCC implementation	Quality of health services						Total	p-values
	Well		Enough		Not enough			
	f	%	f	%	f	%	f	%
Well	7	11.1	8	12,7	1	1,6	16	25,4
Enough	4	6,3	25	39,7	7	11.1	36	57.1
Not enough	0	0.0	5	7.9	6	9.5	11	17.5
Total	11	17.5	38	60.3	14	22,2	63	100.0

Based on the table above, it is known that the quality of good health services in the implementation of PCC was carried out well by 7 people (11.1%) and the quality of adequate health services in the implementation of PCC was carried out by 25 people (39.7%). The proportion of poor health service quality in the implementation of PCC was less than 6 people (9.5%).

Based on the calculation of the Chi-Square test analysis, it is known that the significant p value is 0.002. Because the p value is smaller than 0.05 ($0.002 < 0.05$), the hypothesis is accepted so that in this study there is a significant relationship between the implementation of patient centered care and the quality of health services at the Dr. RM Djoelham Binjai in 2022.

Discussion

a. Pain Implementation of Patient Centered Care at the Regional General Hospital Dr. RM Djoelham Binjai in 2022

Patient Centered Care is a patient-focused service that gives patients the right to receive information in making decisions about the care they receive. The implementation of PCC has been carried out well in the Inpatient Room of the Dr. Regional General Hospital. RM Djoelham Binjai in 2022 but there are still patients who state that the PCC has not been implemented properly.

The results of the research on the implementation of Patient Centered Care conducted in the Inpatient Room of the Dr. Regional General Hospital. RM Djoelham Binjai In 2022, the hospital has implemented patient centered care in the inpatient room, from 63 patients who were respondents, many patients stated that patient centered care was carried out quite well because most nurses had implemented patient centered care. However, from the PCC implementation which was carried out quite well, there were still some patients in the inpatient room who stated that patient centered care had not been implemented properly because some patients felt that the services provided were unfair and the lack of information and communication carried out by nurses. The implementation of PCC is based on the eight dimensions of PCC in Gerteis, et al (1993), namely respect for patient values and needs, coordination and integration of services, information, communication and education, physical comfort, emotional support and reduction of fear, involvement of friends and family, transition and continuity , as well as access to services. PCC implementation is based on eight dimensions, namely.

In addition, patients have a tendency to obtain information about the patient's condition and are involved in every decision making, but in treatment there are still patients who feel that they are not given fair services related to the patient's needs. Patient care during hospitalization is one of the things related to the patient's health so it is important to respect the values and needs of the patient. This research is supported by (Marti et al., 2015) which states that the application of PCC is carried out in the form of an attitude that respects the values and needs of patients and families, maintaining patient comfort and safety, patient and family participation, information, communication, and education, and collaboration. Therefore, meeting patient expectations by respecting the patient's values and needs can create patient satisfaction during the treatment period.

The delay in giving the drug was not informed so that the patient felt uncomfortable and always complained to the nurse. Therefore, coordination between officers is still not good in providing complete information for patients and families. This is in line with research by Fitriana

& Pratiwi, 2018 which states that it is important to build inter-professional relationships related to patient safety and good service for patients and families supported by good communication between professions. In addition, poor coordination can also occur when the patient feels that he is not being heard when making a complaint.

Information, communication and education. Information, communication and education aspects have been well implemented by providing information for patients and families in making decisions about the care they receive and conducting communication and education when patients experience pain while being treated. The hospital provides safe services for patients during the treatment period with effective communication and meets patient needs (SNARS, 2018). Based on the results of the study, there were still patients who stated that the nurse did not provide information if there was a delay in service and treatment from a doctor's visit or medication that was given too late.

Emotional support and reduction of fear and anxiety. In this aspect it has been carried out well because patients and families are encouraged to ask questions and give opinions about the patient's condition while being treated at the hospital, but there are still patients who say they are not encouraged to ask questions and patients who directly give complaints and are not given information about the complaint process that has been delivered. In line with research (Fauzan & Widodo, 2019) which states that emotional support and encouragement is very important for nurses to provide for sick patients. Therefore, the patient's health condition will be better with good support from the staff while the patient is being treated. recovery of the patient, complaints and wishes of the patient and family,

Access to services. In the aspect of access to services, it has been implemented well because most patients stated that nurses provide information regarding which doctors will provide service and treatment results for each patient so that patients know the doctor who will explain the patient's condition and can also communicate directly with the doctor, but still there are patients who do not know who the doctor will handle and inform the results of the treatment. This is related to research (Riskiyah et al., 2017) which states that communication and patients are able to influence patients to comply with the treatment process and increase patient satisfaction.

The eight dimensions of PCC are in line with research (Riskiyah et al., 2017) which states that patients feel comfortable and satisfied with the implementation of PCC when patients receive good service from the attitude of staff who are friendly and kind to patients, officers who communicate well with patients, the patient gets the same service from the officer, the officer pays attention to the patient's name when administering the drug, food is provided according to the patient's condition, and the patient feels cared for by the officer.

b. Quality of Health Services at the Regional General Hospital Dr. RM Djoelham Binjai in 2022

The results showed that the quality of health services at the Dr. RM Djoelham Binjai In 2022 the majority is sufficient at 60.3%. While those who stated good were 17.5% and those who stated less were 22.2%. Good and quality health services are the desire of all patients during the treatment process. The quality of good health services provides comfort for patients and families and how the attitude of health workers to patients during the hospitalization period and is the basis and purpose of holding hospitals (Law of the Republic of Indonesia Number 44 of 2009). The results of the study obtained results which stated the quality of health services in the quality category at the Inpatient Room of Dr. Hospital. Pirngadi Medan 2020.

Good service received by patients is fast and appropriate service and friendly staff, nurses pay attention to patient complaints, patient confidentiality is maintained, and nurses motivate patients to recover quickly which gives a sense of satisfaction for patients during the treatment period. (Purwanto in Triwibowo, 2017). According to Purnomo in Triwibowo (2017), the quality of health services is a service that is in accordance with the needs of patients. However, there are still

patients who are treated in inpatient rooms stating that health services are of poor quality based on the patient's needs during the treatment period.

Some patients stated that health services were not of good quality because the services provided by officers were not quick enough to respond to patient complaints and doctors did not always ask about patient complaints during visits, lack of attention from officers, did not receive explanations about their illness from doctors or nurses, did not try to calm their feelings. patient anxiety, and getting unfair services related to complaints that have been submitted by patients and families to nurses, namely some patients who disagree that the doctor always asks about patient complaints and more patients who say they do not agree are calmed down about anxiety about the patient's illness. This is in line with research (Kurnia et al.,

Patient dissatisfaction is also caused by poor communication from officers to patients and in obtaining information about the patient's condition, they must first ask to initiate communication with officers. Therefore, there are still patients who are dissatisfied and distrustful of the services they receive while being treated at the hospital. The attitude and behavior of nurses and doctors is one of the important things for patients in assessing the quality of health services. Patients feel satisfied or dissatisfied because the services received by patients when treated are in accordance with or not what is expected by the patient (Tazkiyatun Nafs Az-zahroh, 2017).

In line with previous research by Hadijah (2016) which stated that service quality is assessed from patient satisfaction and trust as users of health services. A responsive hospital is a hospital that makes efforts to provide satisfaction according to what the patient wants. One of the rights of patients and families is to get information about the services received and adverse events that can occur. Therefore, patients being treated have the right to obtain information during the treatment process. Thus, fulfilling the patient's expectations and desires according to the patient's needs and values is one of the many goals of health services to provide patient satisfaction. In providing all health services for patients,

c. The Relationship between the Implementation of Patient Centered Care and the Quality of Health Services at the Regional General Hospital Dr. RM Djoelham Binjai in 2022

The quality of good health services is one of the important things for hospitals. Service quality is closely related to patient satisfaction during hospitalization. Patient satisfaction is the goal of patient-centered care. The results showed that as many as 36 people (57.1%) stated that the implementation of PCC had been carried out sufficiently, while 16 people (25.4%) stated that it was implemented well and 11 people (17.5%) stated that it was not carried out well. The quality of health services is also still in the sufficient category as many as 38 people (60.3%).

The statistical test results showed a p value <0.05 , meaning that there is a relationship between the implementation of patient centered care and the quality of health services. Patient satisfaction is influenced by the implementation of patient centered care implemented by the hospital. The implementation of patient centered care provides services as expected by the patient because every action and treatment received by the patient is based on the wishes and decisions of the patient and family. This is related to previous research by Fauzan and Widodo (2019) which states that there is a relationship between the implementation of patient centered care and client experience at the hospital, which means that the better the implementation of PCC implemented by the hospital, the more satisfied the patient will be with the service received.

Based on the results of the study, it can be concluded that the implementation of Patient Centered Care implemented by Dr. Hospital. Pirngadi Medan has been carried out well and the quality of health services related to patient satisfaction is also good, but from some patients interviewed there are still complaints and are not satisfied with the services received. The application of PCC is important for patients and families, where the better and quality of services provided to patients, the more satisfied patients will be with the services received while being treated in the Inpatient Room of Dr. Hospital. Pirngadi Medan, on the other hand, if Patient Centered Care services are not carried out properly, it will lead to poor quality health services or

dissatisfied patients while being treated in the Inpatient Room of Dr. Hospital. Pirngadi Medan. Services provided in the Inpatient Room of Dr. Hospital. Pirngadi Medan has been quite good with regards to PCC implementation.

CONCLUSION

Based on the description of the results and discussion, it can be concluded that: Implementation of patient centered care at the Regional General Hospital Dr. RM Djoelham Binjai In 2022 the majority of them have been sufficiently implemented, namely as many as 36 people (57.1%). The quality of health services at the Regional General Hospital Dr. RM Djoelham Binjai In 2022 the majority is sufficient as many as 38 respondents (60.3%). There is a significant relationship between the Implementation of Patient Centered Care and the Quality of Health Services at the Dr. RM Djoelham Binjai in 2022, with a p value = 0.002 ($p < 0.05$).

References

- Akca, S. O., Akpınar, Y. Y., & Habbani, T. (2015). Knowledge and attitudes of nurses regarding patient rights: A Corum/Turkey sample. *Revista Da Associacao Medica Brasileira*, 61(5), 452–457. <https://doi.org/10.1590/1806-9282.61.05.452>
- Al-Assaf, A.F. (2016). *Mutu pelayanan kesehatan : Perspektif internasional*. Jakarta: Penerbit Buku Kedokteran EGC.
- Andriani, A. (2017). Hubungan mutu pelayanan kesehatan dengan kepuasan pasien di Ruang Poliklinik Umum Puskesmas Bukit Tinggi. *Journal Endurance*, 2(1), 45-52. Diakses dari <http://ejournal.kopertis10.or.id/index.php/endurance/article/view/461>
- Arikunto, S. (2010). *Prosedur penelitian: Suatu pendekatan praktik*. Jakarta: PT Rineka Cipta.
- Banda Aceh, K., Havistia Rachma, A., Kamil, H., Studi Ilmu Keperawatan Fakultas Keperawatan Universitas Syiah Kuala Banda Aceh, P., & Keilmuan Keperawatan Dasar dan Dasar Keperawatan Fakultas Keperawatan Universitas Syiah Kuala Banda Aceh, B. (2019). Pelaksanaan patient centered care di Rumah Sakit Umum Kota Banda Aceh. *Idea Nursing Journal*, X(1), 1- 10. Diakses dari <http://jurnal.unsyiah.ac.id/INJ/article/view/15757>
- Departemen Kesehatan Republik Indonesia. (2017). *Paduan Nasional Keselamatan Pasien Rumah Sakit*. Diakses dari https://www.academia.edu/11153513/panduan_keselamatan_pasien_De_pkes_2017
- Gerteis, M., Levitan, S.E., Daley, J., & Delbanco, T. (1993). *Through the patient's eyes: Understanding and promoting patient - centered care*. San Fransisco: John Wiley & Sons.
- Gaulth, I., Shapcott, J., Luthi, A., & Reid, G. (2019). *Komunikasi efektif dalam keperawatan dan layanan kesehatan*. Yogyakarta: Rapha Publishing.
- Hadijah. (2016). Analisis kualitas pelayanan rawat inap di Rumah Sakit Umum Daerah Undata Palu Provinsi Sulawesi Tengah. *E Jurnal Katalogis*, 4(7), 118-129. Diakses dari <http://jurnal.untad.ac.id/jurnal/index.php/Katalogis/article/view/6645>
- Handayani, F., Keperawatan, J., & Borneo, U. (2019). Hubungan komunikasi dan reward dengan penerapan patient centered care di instalasi rawat inap. *Journal of Borneo Holistic Health*. Diakses dari <http://jurnal.borneo.ac.id/index.php/borticalth/article/view/749>
- Hastono, S. P. (2016). *Analisa data bidang kesehatan*. Depok: Rajawali Pers. Diakses dari <https://scholar.ui.ac.id/en/publications/analisis-data-pada-bidang-kesehatan>
- Herlambang, S. (2016). *Manajemen pelayanan kesehatan rumah sakit*. Yogyakarta: Gosyen Publishing.
- Kementerian Kesehatan RI. (2018). *Kamus Indikator Kinerja Rumah Sakit dan Balai*. Diakses dari <https://docplayer.info/79395844-Kamus-indikator-kinerja-rumah-sakit-dan>

- balai.html
- Kharismawati, N.L. (2015). Hubungan konsep patient centered care dengan mutu pelayanan kesehatan di Ruang Rawat Inap Rumah Sakit Bangli Medical Canthi di Kabupaten Bangli Tahun 2015 (Skripsi, Universitas Udayana). Diakses dari <https://www.unud.ac.id/in/tugas-akhir1320015031.html>
- Komisi Akreditasi Rumah Sakit. (2017). Standar Nasional Akreditasi Rumah Sakit (Edisi Ke-1). Diakses dari <https://kars.or.id/>
- Marti, E., Andarini, S., & Lestari, R. (2015). Studi fenomenologi penerapan prinsip patient centered care pada saat proses resusitasi Di Igd Rsud Saiful Anwar Malang. *The Indonesian Journal of Health Science*, 6(1), 1-17. Diakses dari <http://repository.ub.ac.id/158228/>
- Mundakir. (2016). Komunikasi pelayanan kesehatan. Yogyakarta: Indomedia Pustaka.
- Muninjaya, A.A.G. (2011). Manajemen kesehatan. Jakarta: EGC.
- Musliha, & Fatmawati, S. (2017). Komunikasi keperawatan. Yogyakarta: Nuha Medika.
- Najihah. (2018). Budaya keselamatan pasien dan insiden keselamatan pasien di rumah sakit: Literature review. *Journal Of Islamic Nursing*, 3(1), 1-8. Diakses dari <http://journal.uinalauddin.ac.id/index.php/join/article/download/5469/4836>
- Nisjar, K., Winardi. (1997). Teori sistem dan pendekatan sistem dalam bidang manajemen. Mandar Maju.
- Notoatmodjo, S. (2010). Metodologi penelitian kesehatan. Jakarta: Rineka Cipta. Pamungkas, F., Hariyanti, T., Prawestiningtyas, E., & Juhariah, S. (2016).
- Pengalaman pasien dirawat inap di rumah sakit sebagai upaya penyusunan strategi pemasaran. *Jurnal Aplikasi Manajemen*, 14(1), 109-119. <https://doi.org/10.18202/jam23026332.14.1.12>
- Panesar, S.S., Stevens, A.C., Salvilla, S.A., & Sheikh, A. (2017). At a glance keselamatan pasien dan peningkatan mutu pelayanan kesehatan. Indonesia: Erlangga.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 11 Tahun 2017 tentang Keselamatan Pasien.
- Rosa, E.M. (2018). Patient centered care di rumah sakit konsep dan implementasi. Diakses dari [http://repository.umy.ac.id/bitstream/handle/123456789/24189/Buku%20PA TIENT%20CC%20%281%29.pdf?sequence=1&isAllowed=y](http://repository.umy.ac.id/bitstream/handle/123456789/24189/Buku%20PA%20TIENT%20CC%20%281%29.pdf?sequence=1&isAllowed=y)
- Rusmawati, A. (2016). Upaya meningkatkan kemampuan perawat dalam menerapkan patient centered care (pcc) di rumah sakit (Tesis, Universitas Diponegoro). Diakses dari <http://eprints.undip.ac.id/47863/>
- Sekarini, R. W. A. (2018). Pengalaman pasien rawat inap pada penerapan patient centered care di Rumah Sakit Estomihi Binjai tahun 2018. (Skripsi, Universitas Sumatera Utara). Diakses dari <http://repositori.usu.ac.id>
- Simamora, R.H. (2018). Keselamatan pasien melalui timbangan terima pasien berbasis komunikasi efektif: SBAR. Binjai: USU Press.
- SNARS. (2018). Standar Akreditasi Rumah Sakit. Diakses dari <http://web90.opencloud.dssdi.ugm.ac.id/wpcontent/uploads/sites/644/2018/05/SNARS-Edisi-1.pdf>
- Sukei, N. (2013). Upaya peningkatan caring perawat terhadap kepuasan pasien di Ruang Rawat Inap RS Permata Medika. *Jurnal Manajemen Keperawatan*, 1(1), 15-24. Diakses dari <https://media.neliti.com/media/publications/111628-ID-upaya-peningkatan-caring-perawat-terhada.pdf>
- Sugiyono. (2016). Statistika untuk penelitian. Bandung: Alfabeta. Tjiptono, P. (2016). Manajemen jasa. Yogyakarta: Andi.
- Triwibowo, C. (2017). Perizinan dan akreditasi rumah sakit: Sebuah kajian hukum kesehatan. Yogyakarta: Nuha Medika.