

Implementation of Patient Safety Goals (SKP) in Hospital Services: Systematic Review

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ABSTRACT

Background: Patient safety is a primary indicator of healthcare service quality and remains a critical global priority. The World Health Organization reported approximately 134 million hospital injury cases in 2019, causing 2.6 million deaths. In Indonesia, national data recorded 4,397 patient safety incidents in 2021, with Central Java province ranking as the second highest contributor (15.9%), highlighting the urgent need for consistent safety standard enforcement. **Objective:** This study aims to comprehensively analyze the implementation of the six Patient Safety Goals in hospital services, identify the underlying barriers, and outline strategic factors that influence healthcare workers' compliance. **Methods:** A qualitative approach using a narrative literature review was conducted. Database searches were carried out via PubMed and Google Scholar for full-text articles published between 2020 and 2026. Applying the PRISMA framework, duplicates and irrelevant papers were systematically screened out, resulting in a final synthesis of 8 qualified articles for thematic evaluation. **Results:** The review indicated that healthcare compliance in executing safety goals ranged between 65% and 92%. Goal 5 (Infection Risk Reduction: 85%–95%) and Goal 1 (Patient Identification: 75%–88%) achieved the highest compliance rates. Conversely, Goal 2 (Effective Communication: 60%–72%) and Goal 6 (Fall Risk Reduction: 65%–78%) represented the weakest operational points. Primary operational barriers include high nursing workloads, emergency shifts, administrative rush during surgical time-outs, space limitations for separating look-alike sound-alike medications, and a lack of ongoing fall risk re-assessments. Organizational success is significantly driven by supportive leadership supervision, a well-established non-blaming culture, balanced staffing ratios, and seamless supply chains for safety logistics. **Conclusion:** Successful implementation of patient safety protocols requires active interprofessional collaboration and a profound transition toward a supportive safety culture. While basic procedural knowledge is widely sustained, intensive managerial interventions are critically required to optimize clinical communication workflows and maintain continuous risk re-evaluations to guarantee safe hospital care.

Introduction

Patient safety is a fundamental component of improving healthcare service quality. As healthcare institutions, hospitals are responsible for ensuring patient safety throughout the continuum of care. Patient safety incidents, including medication errors, healthcare-associated infections, patient misidentification, and patient falls, continue to represent major global healthcare challenges. According to the Indonesian Ministry of Health Regulation No. 3 of 2020, a hospital is defined as a healthcare institution that provides comprehensive individual health services, including inpatient, outpatient, and emergency care.



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Patient safety is recognized as a key indicator of hospital service quality and remains a global priority within healthcare systems. The World Health Organization (WHO) has reported that adverse events continue to be a serious issue in both developed and developing countries, contributing to increased morbidity, mortality, prolonged hospital stays, and rising healthcare expenditures. Incidents such as patient misidentification, medication errors, healthcare-associated infections, and procedural mistakes demonstrate the ongoing need to strengthen patient safety systems through continuous improvement.

According to the WHO (2020), approximately 134 million patient harm incidents occurred during hospital care worldwide in 2019, resulting in an estimated 2.6 million deaths. The WHO further reported that harmful patient safety incidents were associated with surgical procedures (27%), medication errors (18.3%), and healthcare-associated infections (12.2%).

In Indonesia, the Patient Safety Goals (PSGs) constitute mandatory standards for hospital accreditation. These six goals encompass accurate patient identification, effective communication, medication safety, ensuring the correct surgical procedure, infection prevention, and fall risk prevention. Although these standards have been formally established, numerous studies indicate that the implementation of the Patient Safety Goals continues to face significant challenges (Sari & Rulyandari, 2024).

Recent data from the Indonesian Ministry of Health (2021) documented 4,397 patient safety incidents, comprising 1,508 near-miss events, 1,373 no-harm incidents, and 1,516 adverse events. Central Java Province accounted for the second-highest proportion of patient safety incidents in Indonesia (15.9%). Furthermore, previous reports indicated that 28.3% of patient safety violations involved nursing personnel (WHO, 2017). Melinda and Kusnadi (2024) also reported that, among the five accreditation elements related to patient identification under the Indonesian National Hospital Accreditation Standards (SNARS), only the first element had been implemented in accordance with the required standards.

In Indonesia, efforts to improve patient safety are supported through national policies and regulations governing healthcare quality standards. The Indonesian Ministry of Health has established the Patient Safety Goals as an essential component of hospital accreditation standards, while the Indonesian Hospital Accreditation Commission (KARS) considers their implementation a key criterion during accreditation assessments. These goals include accurate patient identification, effective communication, high-alert medication safety, correct-site and correct-procedure surgery, prevention of healthcare-associated infections, and reduction of patient fall risk.

Despite the existence of comprehensive regulations and accreditation standards, previous studies have consistently demonstrated that implementation of the Patient Safety Goals remains suboptimal. Several factors influence the effectiveness of implementation, including healthcare professionals' compliance, patient safety culture, workload, inadequate supervision, and limited facilities and infrastructure. Moreover, differences in hospital management commitment and organizational understanding contribute to variations in patient safety performance across healthcare institutions (Studi et al., 2023).

Yulia et al. (2022) reported an overall Patient Safety Goal implementation rate of 92.43%, with compliance rates of 90.8% for patient identification, 93.2% for effective communication, 93.82% for medication management, 94.0% for correct procedural practices, 91.9% for infection prevention, and 86.82% for fall risk reduction. Evidence from previous studies suggests that successful implementation of the Patient Safety Goals is influenced by both internal and external organizational factors. Internal factors include healthcare workers' knowledge, attitudes, compliance with standard operating procedures, and organizational patient safety culture. External factors comprise management support, availability of facilities and infrastructure, workload, as well as supervision and quality assurance systems. Hospitals with strong leadership

commitment and a well-established no-blame culture generally demonstrate higher compliance with patient safety standards and lower rates of patient safety incidents (Wilasa, 2023).

As highly complex healthcare organizations, hospitals involve multidisciplinary professionals working in environments with substantial risks of medical errors. Consequently, implementation of the Patient Safety Goals extends beyond administrative compliance and requires a comprehensive transformation toward a sustainable patient safety culture. A systems-based approach, non-punitive incident reporting, and continuous improvement of healthcare workforce competencies are essential elements supporting successful implementation of patient safety programs.

Based on these considerations, a comprehensive literature review is required to examine the implementation of the Patient Safety Goals in hospital services, identify the factors influencing successful implementation, and determine evidence-based strategies for improving compliance with patient safety standards. Through critical analysis of previous research findings, this review aims to provide a comprehensive understanding of current Patient Safety Goal implementation practices and generate evidence-based recommendations to improve the quality and safety of hospital services.

The findings of this study are expected to provide valuable evidence for hospital administrators, healthcare professionals, and policymakers in strengthening the sustainable implementation of the Patient Safety Goals, thereby promoting healthcare services that are safe, high-quality, and patient-centered.

Methods

This study was conducted using a qualitative research method through a narrative literature review. A narrative literature review is a type of qualitative research that tells the story of human life through experiences, interviews, photography, biographies, and other narrative methods.

Search Strategy

- a. Database
The literature search was conducted electronically in several reputable databases, including Google Scholar, Portal Garuda, Neliti, and Sinta.
- b. Keywords and Boolean Operators
The search strategy used OR "SKP" OR "Patient Safety" OR "Patient Safety" OR "International Patient Safety Goals" OR "IPSG") AND ("Implementation" OR "Compliance" OR "Implementation" OR "Implementation" OR "Compliance" OR "Adherence") AND ("Hospital" OR "Hospital" OR "Health Services").
- c. Search Limitations
The search was limited to publications within the last 5-10 years (2016-2026), articles in Indonesian and English, and full-text open access.

Study Selection

Article selection was carried out in stages based on inclusion and exclusion criteria:

- a. Inclusion Criteria:
 1. Subjects/Population: Nurses, healthcare workers, and hospital inpatient care units.
 2. Intervention/Focus: Studies addressing implementation/adherence of the 6 SKPs (patient identification, communication, and Effectiveness, high-alert medications, safe surgery, infection prevention, and fall risk) or influencing factors (knowledge, safety culture, accreditation).
 3. Study Design: Quantitative, qualitative, or mixed-methods research articles (Original Research).
 4. Data Availability: Full-text manuscripts.
- b. Exclusion Criteria
 1. Articles located outside the hospital setting (such as Community Health Centers or Primary Clinics).



2. Articles containing abstracts only, editorials, opinion pieces, book chapters, or unpublished theses/dissertations.
3. Duplicate articles.

Data Extraction

Data from selected articles were systematically extracted into a literature review matrix table. Data components extracted included article identity, methodology, variables, main results, and limitations.

Risk of Bias Assessment

To maintain the internal validity of the review, a risk of bias assessment was conducted for each selected study, taking into account:

- a. Selection Bias: Assessing the representativeness of the sample of nurses/healthcare workers to the hospital population.
- b. Bias Reporting/Measurement Bias: Assess whether compliance data is measured using self-report questionnaires or direct observation sheets to minimize social desirability bias.
- c. Publication Bias: Ensure a broad search across multiple databases to avoid the tendency to publish only positive results.

Quality Assessment

The methodological quality of selected articles was evaluated using an instrument with the following criteria: clarity of research objectives, appropriateness of sample design and data collection instruments, feasibility of statistical analysis, study limitations, and research ethics.

Data Analysis

Data analysis was conducted using a thematic synthesis approach and comparative descriptive analysis:

1. Data Grouping: Findings from articles were grouped based on the six SKP indicators and supporting variables (such as knowledge, safety culture, and accreditation drivers).
2. Barrier Categorization: Barriers were grouped into systemic categories, including workload/time factors, facilities/logistics, and behavioral aspects/safety culture.
3. Narrative Development: Quantitative data (such as percentages) compliance level) and qualitative data were synthesized into a comprehensive narrative to answer the research questions.

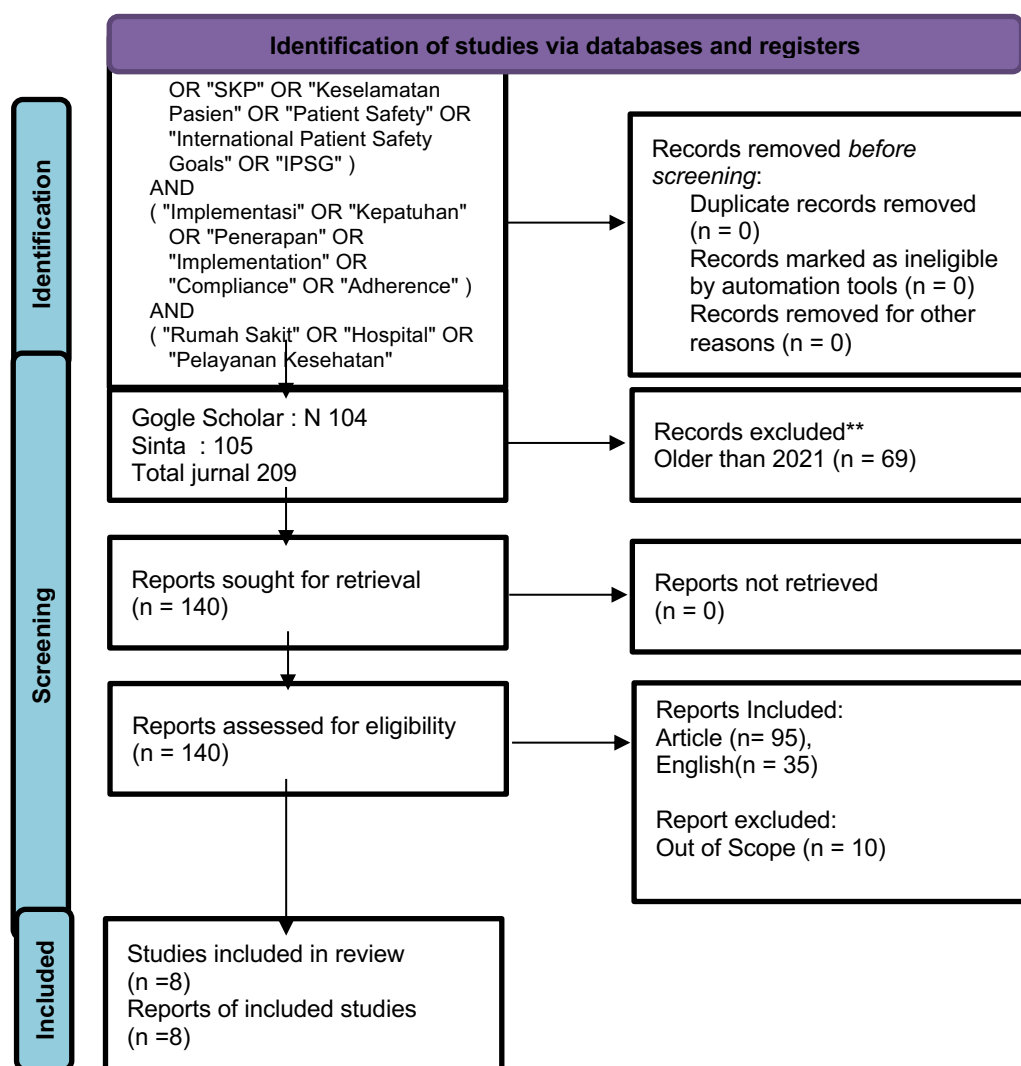


Figure 1. The PRISMA flow diagram detailing the screening and selection process of literature.

Table 1. Analyzed article data

No	Article
1.	Muliyadi, Sri Yulia. 2022. Penerapan Sasaran Keselamatan Pasien di Pelayanan Rumah Sakit.
2.	Marianna, S. and Yolanda, W. (2024) Pengetahuan Perawat Berpengaruh Terhadap Kepatuhan Penerapan Sasaran Keselamatan Pasien Risiko Jatuh Di Ruang Rawat Inap Rumah Sakit Melia Nurses.) 'PROFESI (Profesional Islam): Media Publikasi Penelitian ; 2024 ; Volume 22 ; No 2 Website : https://journals.itspku.ac.id/index.php/profesi/
3.	Melinda, T. and Kusnadi, D. (2024) 'Analisis Pelaksanaan Ketepatan Identifikasi Pasien Berdasarkan Standar Sasaran Keselamatan Pasien di Rumah Sakit Medika Djaya , Pontianak', 4, pp. 8313–8330.

4. Putri, M.E. and Sari, M.T. (2022) 'Faktor yang Berhubungan dengan Penerapan 6 Sasaran Keselamatan Pasien', 11(1), pp. 55–61.
5. Saputra, R.A. and Rizky, W. (2023) 'Gambaran Pelaksanaan Sasaran Keselamatan Pasien oleh Perawat Berdasarkan Standar Akreditasi Rumah Sakit di Instalasi Rawat Inap RSUD Kabupaten Karanganyar', 6(2), pp. 53–62.
6. Sari, D.W. and Rulyandari, R. (no date) 'Penerapan Budaya Keselamatan Pasien Di Rumah Sakit : Narrative Literature, 8(3), pp. 527–539.
7. Muhammad Kholillurrahman, Endang Pertiwiwati, Herry Setiawan. (2023) 'Gambaran Penerapan 6 Sasaran Keselamatan Pasien di Rumah Sakit: Studi, (3). <https://garuda.kemdiktisaintek.go.id/documents/detail/5560427>
8. Yulia, S. *et al.* (2022) 'PENERAPAN SASARAN KESELAMATAN PASIEN DI PELAYANAN RUMAH. <https://jurnal.unisa-palembang.ac.id/index.php/IAM/article/view/904>

Result

The following table presents a synthesis matrix of the principal findings from the reviewed studies, highlighting the major barriers associated with each Patient Safety Goal (PSG)

Patient Safety Goal (PSG)	Implementation Status Reported in the Literature	Major Barriers Identified
PSG 1: Accurate Patient Identification	Fair (75%–88%)	Workload-related omissions, uncooperative patients, and inadequate availability of patient identification wristbands.
PSG 2: Effective Communication	Suboptimal (60%–72%)	Inconsistent implementation of the SBAR and TBAK (Write–Read Back–Confirm) communication methods, with handovers frequently conducted under time pressure.
PSG 3: High-Alert Medication Safety	Good (80%–90%)	Look-Alike Sound-Alike (LASA) medications were not always stored separately in satellite pharmacy units, increasing the risk of medication errors.
PSG 4: Ensuring Correct Site, Correct Procedure, and Correct Patient Surgery	Good (85%–92%)	The Time-Out procedure before surgery was often performed merely as a formality and completed hastily without active team verification.
PSG 5: Reduction of Healthcare-Associated Infection Risk	Very Good (85%–95%)	Hand hygiene compliance declined during peak working hours due to heavy workloads and limited availability of alcohol-based hand-rub facilities.
PSG 6: Reduction of Patient Fall Risk	Fair (65%–78%)	Fall risk assessments were not consistently updated following changes in patients' clinical

		conditions, and structured education for patients' families regarding fall prevention remained insufficient.
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Discussion

The implementation of patient safety encompasses accurate patient identification, effective communication, safe medication management, correct-site, correct-patient, and correct-procedure surgery, infection prevention, and fall prevention throughout hospital services, all of which require active involvement of nurses as integral members of the healthcare team. Yulia et al. (2022) reported that the overall implementation of patient safety in hospitals was categorized as good, with an average compliance rate of 92.43%. However, the findings indicated that greater attention is still required for fall prevention (86.82%) and infection risk management (91.97%), despite both indicators being classified as satisfactory.

The literature review demonstrates that nurses generally understand the importance of patient identification using at least two identifiers, such as the patient's full name and date of birth or medical record number. Nevertheless, identification failures continue to occur during emergency situations or periods of excessive workload. In such circumstances, nurses may rely on visual recognition instead of performing verbal confirmation, thereby increasing the likelihood of near-miss incidents (Putri & Sari, 2022).

Research by Saptomo et al. (2026) indicates that nurse compliance with correct patient identification is associated with their level of knowledge. Nurses with good knowledge tend to demonstrate high compliance (83.6%), whereas those with adequate knowledge show higher rates of non-compliance (8.8%). Knowledge is a primary predictor of patient identification practices (Rivani et al., 2022). According to Prehati et al. (2025), actual practice—specifically compliance—occurs because, from a behavioral psychology perspective, good knowledge fosters a positive attitude.

Communication during the receipt of verbal orders or critical laboratory results remains one of the most vulnerable aspects of patient safety. Although the SBAR (Situation, Background, Assessment, Recommendation) communication framework and the TBAK (Write–Read Back–Confirm) technique are formally incorporated into standard operating procedures, compliance in clinical practice is often inconsistent. Read-back confirmation is frequently omitted because attending physicians are under time pressure or nurses hesitate to request confirmation, thereby increasing the potential for communication-related errors (Larasati & Dhamanti, 2021). Research conducted by Sabila et al. (2026) indicates that a portion of the respondents possessed a good level of SBAR knowledge (78.9%) and demonstrated compliance with handover procedures (70.2%). The researchers also noted that there was no significant relationship between nurses' knowledge of SBAR and their compliance with patient handover implementation.

High-alert medications and Look-Alike Sound-Alike (LASA) medications present a substantial risk of serious patient harm when medication errors occur. Most hospitals included in the reviewed studies have implemented double-check procedures and red warning labels for these medications. However, challenges remain during the medication distribution process from the pharmacy to inpatient wards, where LASA medications are occasionally stored adjacent to one another due to limited storage capacity. According to Rahmawati (2024), implementing a double-check procedure is crucial for reducing the risk of errors regarding medication dosage or type. Meanwhile, compliance is influenced by factors such as workload, Standard Operating Procedures (SOPs), and hospital supervision.

Compliance with the Surgical Safety Checklist, including the Sign-In, Time-Out, and Sign-Out procedures, was generally high across the reviewed studies. This high compliance is attributable to the multidisciplinary nature of the process, involving surgeons, anesthesiologists, and nurses. Nevertheless, the Time-Out phase is sometimes conducted hastily without active participation and confirmation from all members of the operating team, thereby reducing the effectiveness of the safety verification process (Saputra & Rizky, 2023). Research by Kusumawati & Rahardjo (2023) indicates that nurse compliance with the Surgical Safety Checklist (SSC) is significantly influenced by a deep understanding of patient safety and workload levels managed through administrative support. While most nurses demonstrate a

good level of engagement, the "sign-out" phase is frequently overlooked compared to the "sign-in" and "time-out" phases.

Hand hygiene compliance based on the WHO Five Moments for Hand Hygiene remains one of the most frequently monitored patient safety indicators. The literature indicates a generally high level of compliance among healthcare professionals, supported by adequate availability of alcohol-based hand rubs. However, compliance commonly declines during the fifth moment—after touching the patient's surroundings—because healthcare workers often perceive this activity as carrying a lower risk of contamination due to the absence of direct contact with body fluids (Putri & Sari, 2022). Research by Satriani (2025) indicates that knowledge and attitude are variables influencing hand hygiene compliance; if an individual possesses poor knowledge and a negative attitude, they are highly likely to fail to comply with hand hygiene practices.

The Indonesian Ministry of Health has adopted a hospital accreditation system aligned with the Joint Commission International (JCI) standards. Following this adoption, the International Patient Safety Goals (IPSGs) were established as the primary framework for hospital quality improvement. These six goals include accurate patient identification, improved effective communication, enhanced safety of high-alert medications, correct-site, correct-procedure, and correct-patient surgery, reduction of healthcare-associated infections, and prevention of patient falls (KARS, 2017). Successful implementation of these six goals depends heavily on effective communication among healthcare professionals, which can be strengthened through Interprofessional Collaboration (IPC). Previous studies have demonstrated that IPC significantly improves the quality of healthcare services while simultaneously enhancing patient safety outcomes (Intening, Permina, & Setyanto, 2022).

One of the most significant challenges identified in Patient Safety Goal 6 (Fall Risk Reduction) is maintaining continuity of fall risk assessment. In routine practice, nurses frequently perform fall risk assessments using instruments such as the Morse Fall Scale or the Humpty Dumpty Scale only upon patient admission. Subsequent reassessments following changes in the patient's clinical condition or administration of sedative medications are often overlooked. Furthermore, family involvement in fall prevention remains limited because hospitals frequently lack structured educational programs for caregivers. Research findings by Utami, Handayani, and Nuraini (2023) indicate that nurse compliance with Morse Fall Scale assessments ranges from 81% to 89%. Successfully reducing fall incidence rates in healthcare facilities does not depend solely on the assessment tool itself but is influenced by various operational and behavioral factors (Lestari, 2024).

Based on the analytical synthesis of the reviewed literature, successful implementation of the six Patient Safety Goals does not depend on a single factor but rather on the interaction of multiple organizational dimensions (Mastuty et al., 2021; Putri et al., 2022). Active involvement of hospital patient safety committees and regular supervisory activities conducted by nurse managers have been shown to reduce unsafe clinical shortcuts while fostering a non-blaming culture, thereby encouraging transparent incident reporting and continuous organizational learning.

In addition, an imbalance between nurse staffing levels and patient workload contributes to physical and cognitive fatigue, which consequently reduces the accuracy of patient safety verification procedures. The availability of essential patient safety logistics—including barcode identification systems, color-coded patient identification wristbands (yellow and red), adequate hand-rub stations, and properly maintained bedside rails—is also considered a fundamental prerequisite for ensuring nurses' compliance with patient safety standards.

Conclusion

Based on the analytical synthesis of the reviewed literature, it can be concluded that the implementation of the Patient Safety Goals (PSGs) in hospitals demonstrates varying levels of compliance across the six goals. The highest levels of compliance were consistently observed in PSG 5 (Reduction of Healthcare-Associated Infection Risk) and PSG 1 (Accurate Patient Identification). In contrast, PSG 2 (Effective Communication) and PSG 6 (Reduction of Patient Fall

Risk) were consistently identified as the most critical areas, exhibiting the lowest levels of compliance.

The findings indicate that barriers to effective patient safety implementation are no longer primarily related to healthcare professionals' knowledge or awareness. Instead, they are predominantly associated with systemic and operational challenges, including excessive workload, inadequate nurse-to-patient staffing ratios, emergency clinical situations, rushed administrative procedures, and the lack of continuous reassessment of patients' fall risk.

Furthermore, the successful implementation of the Patient Safety Goals is strongly influenced by effective leadership supervision, organizational commitment to fostering a non-blame culture, and the availability of essential patient safety resources and logistics. Strengthening these organizational factors is crucial for improving compliance with patient safety standards and ensuring the delivery of safe, high-quality, and patient-centered healthcare services.

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