HTechJ Health and Technology Journal (HTechJ)

Volume 03 Number 02
April 2025
p-ISSN: 2986-5662
e-ISSN: 2985-959X

Observation of The Implementation of the 3rd Patient Safety Goal with the 6 Right Approach in Patients with Anemia and Hepatomegaly

Erika Wulandari[1], Alfid Tri Afandi[1], Anisah Ardiana[1], Denny Rifki Kurniawan[2]

[1] *Faculty of Nursing, Universitas Jember, Indonesia*
[2] *Kaliwates General Hospital, Jember, Indonesia*

Correspondence should be addressed to:
Alfid Tri Afandi
alfid@unej.ac.id

Abstract:
Patient safety is a process related to healthcare facilities that serve patients safely. The global issue of patient safety in health services is an important factor in certifying that hospitals can provide maximum service following Standard Operating Procedures (SOP) to ensure patient safety by the principles of patient safety. The application of the principle of correct medication administration is something that must be considered to minimize patient safety events that can cause harm to patients, health workers, or hospitals. This study aimed to analyze medication administration with the six rights medication principles implemented by nurses in cases of anemia and hepatomegaly in Treatment Room C (RPC) RSU Kaliwates Jember. This type of research is quantitative, using a descriptive analysis case study approach. The results showed that the average total percentage related to applying the six rights principles of medication administration was 70%. The percentage of each indicator includes correct medication (84.62%), correct dose (38.46%), correct time (80.77%), correct patient (65.38%), correct route (61.54%), and correct documentation (66.67%). Based on these results, it is not optimal because the application of the six rights principles of medication administration has not reached a percentage of 100%. Health agencies must update strategies to improve nurse compliance in applying the six rights principles of medication administration.

Article info:
Submitted:
31-01-2025
Revised:
10-03-2025
Accepted:
17-03-2025

Keywords:
six rights principles; patient safety; medication administration

DOI: https://doi.org/10.53713/htechj.v3i2.325

INTRODUCTION

Medical records comprehensively document a patient's identity, medical history, treatments, and healthcare interactions (Falcetta et al., 2023). These records are vital for guiding clinical decisions, ensuring continuity of care, and maintaining accurate health information for future reference (Ding & Peng, 2022). Beyond clinical use, they are legal documents providing evidence in medico-legal disputes and ethical reviews (Oliva et al., 2022). By capturing a patient's holistic health status, medical records enable healthcare providers to deliver safe, effective, and personalized care (Tapuria et al., 2021).

A critical component of medical records is the initial nursing assessment, which provides a detailed evaluation of a patient's physical, psychological, and social needs upon admission (Rossi et al., 2022). This assessment forms the foundation for tailored nursing interventions and care planning (Ajibade, 2021). By identifying immediate and long-term patient requirements, nurses can prioritize actions, anticipate complications, and collaborate with other healthcare professionals (Curley et al., 2024). The accuracy and completeness of this assessment directly influence the quality of subsequent care, making it indispensable in clinical practice (Cao et al., 2025).

Volume 03 Number 02
April 2025
p-ISSN: 2986-5662
e-ISSN: 2985-959X

Despite their importance, medical records often face issues of incomplete documentation (Poulos et al., 2021). Gaps in recording patient data can lead to flawed analyses, misdiagnosis, or inappropriate interventions, jeopardizing patient safety (Msiska et al., 2023). Incomplete initial nursing assessments, for instance, may result in overlooked symptoms or unmet needs, undermining care continuity (Chaboyer et al., 2021). Such deficiencies compromise individual patient outcomes and reflect poorly on institutional credibility and legal accountability, highlighting the need for rigorous documentation standards (Michl et al., 2023).

Several human-related factors contribute to incomplete medical records (Shin et al., 2021). Nurses' knowledge gaps about documentation protocols and age and experience levels may affect their ability to capture comprehensive data (Moy et al., 2021). Older or less experienced nurses might struggle with evolving record-keeping technologies or complex assessment frameworks (Hossain et al., 2025). Additionally, a lack of motivation due to insufficient rewards or accountability measures can discourage thorough documentation, perpetuating complacency in compliance (Hosseini et al., 2021).

Institutional factors, such as ineffective monitoring and evaluation systems, exacerbate documentation challenges (Nijor et al., 2022). Without regular audits or feedback mechanisms, errors or omissions may go unnoticed, reinforcing poor practices. The absence of a structured reward and punishment system further diminishes accountability, as there are no incentives for diligence or consequences for negligence (Corfmat et al., 2025). These systemic gaps highlight the need for robust quality assurance frameworks to uphold documentation standards (Reegu et al., 2022).

Inadequate facilities and infrastructure hinder complete documentation (Pai et al., 2021). Overburdened nurses may lack access to user-friendly electronic health record systems, sufficient training, or time to complete assessments amid high workloads (Baporikar, 2024). Outdated tools or poorly designed workflows can delay data entry, increasing the likelihood of incomplete records (Al Bahrani & Medhi, 2023). Addressing these resource constraints is essential to creating an environment that supports thorough and efficient documentation.

This study analyzes nurses' compliance with initial nursing assessment documentation at Kaliwates Hospital. By evaluating the extent of completeness in these records, the research seeks to identify underlying barriers—such as knowledge gaps, systemic inefficiencies, or resource limitations—and propose targeted interventions. The findings will inform strategies to enhance documentation practices, ultimately improving patient care quality and institutional accountability (Bhati et al., 2023).

METHOD

This study employs a quantitative descriptive design to evaluate the completeness of initial nursing assessment documentation at Kaliwates Hospital. The target population consists of all medical records from patients admitted to the hospital's RPD unit between October 21 and 26, 2024. Sixty-eight medical records were identified during this period, and total sampling was applied to ensure comprehensive coverage. This approach was chosen to analyze real-world documentation practices without introducing selection bias, providing a clear snapshot of compliance levels among nurses in the RPD unit.

Medical records were included if they pertained to patients still undergoing inpatient treatment at Kaliwates Hospital's RPD unit during the specified dates. Records from other departments or those dated outside the study period were excluded to maintain focus on the target population and

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p-ISSN: 2986-5662
e-ISSN: 2985-959X

setting. These criteria ensured data relevance and minimized confounding variables, allowing the study to isolate factors influencing documentation completeness within the RPD unit.

The study utilized a structured checklist adapted from the hospital's standard operating procedures (SOPs) for nursing documentation. The researcher modified the checklist to align with the specific components of the initial nursing assessment, ensuring validity and applicability to the RPD context. Data collection involved collaboration with the RPD unit supervisor to gather eligible records, followed by systematic coding and assessment of completeness. Each record was reviewed for adherence to documentation standards, with gaps recorded and categorized for analysis.

Ethical approval for the study was obtained from Kaliwates Hospital's institutional review board to ensure compliance with research ethics standards. Data were analyzed using descriptive statistics to quantify the proportion of complete and incomplete documentation across the 68 records. Results were tabulated to identify patterns of non-compliance, informing recommendations for improving documentation practices. This approach emphasizes objectivity and transparency, aligning with the study's goal of enhancing patient care quality through accurate record-keeping.

RESULT

The accuracy of principle 6 in administering medication by nurses was observed for five days, during which supervision was carried out every day and every shift. Researchers used totals and percentages to implement the six correct principles in administering medication to Mr. R to determine suitability regarding the six correct principles in administering medication by nurses in Treatment Room C (RPC) Kaliwates Jember General Hospital.

Table 1. Implementation of the six correct principles in administering medication to Mr. R

The Six Principes	Day 1			2			3			4			5			Average/ Indicator %
	SP n (%)	SS n (%)	SM n (%)	SP n (%)	SS n (%)	SM n (%)	SP n (%)	SS n (%)	SM n (%)	SP n (%)	SS	SM	SP	SS	SM	%
Correct Medicine	6 (100)	6 (100)	4 (66,67)	5 (83,33)	5 (83,33)	4 (66,67)	6 (100)	5 (83,33)	4 (66,67)	5 (83,33)	5 (83,33)	6 (100)	5 (83,33)	-	-	84,62
Correct Dosage	2 (100)	2 (100)	0 (0)	1 (50)	1 (50)	0 (0)	2 (100)	0 (0)	0 (0)	0 (0)	0 (0)	2 (100)	0 (0)	-	-	38,46
Correct Time	2 (100)	2 (100)	1 (50)	1 (50)	2 (100)	2 (100)	2 (100)	1 (50)	2 (100)	1 (50)	2 (100)	2 (100)	1 (50)	-	-	80,77
Correct Patient	2 (100)	2 (100)	1 (50)	1 (50)	1 (50)	1 (50)	2 (100)	1 (50)	1 (50)	1 (50)	1 (50)	2 (100)	1 (50)	-	-	65,38
Correct Route	2 (100)	2 (100)	0 (0)	1 (50)	1 (50)	1 (50)	2 (100)	1 (50)	1 (50)	1 (50)	1 (50)	2 (100)	1 (50)	-	-	61,54
Correct Docu-mentation	4 (66,67)	4 (66,67)	4 (66,67)	4 (66,67)	4 (66,67)	4 (66,67)	4 (66,67)	4 (66,67)	4 (66,67)	4 (66,67)	4 (66,67)	4 (66,67)	4 (66,67)	-	-	66,67
Percen-tage/ Shift	18 (90)	18 (90)	10 (50)	12 (60)	13 (70)	12 (60)	18 (90)	12 (60)	12 (60)	12 (60)	13 (70)	18 (90)	12 (60)	-	-	Total Average 70%

Information:
SP : Morning Shift
SS : Afternoon Shift
SM : Night Shift
BO : Correct Medicine
BD : Correct Dosage
BW : Correct Time
BP : Correct Patient
BR : Correct Route
BDok : Correct Documentation

*True Sixth Principle Indicator
Correct Medicine : There are six questions
Correct Dosage : There are two questions
Correct Time : There are two questions
Correct Patient : There are two questions
Correct Route : There are two questions
Correct Documentation : There are six questions

Table 1 shows that the implementation of principle 6 was correct in administering medication, which was observed using a six-indicator observation sheet with 20 question items. On day 1, each

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p-ISSN: 2986-5662
e-ISSN: 2985-959X

had a percentage of SP with indirect observation (90%), SS with indirect observation (90%), and SM with direct observation (50%). On day 2, there were percentages of SP with direct observation (65%), SS with direct observation (70%), and SM with direct observation (60%). On the third day, there were percentages of SP with indirect observation (90%), SS with direct observation (60%), and SM with direct observation (60%). On the fourth day, there were percentages of SP with direct observation (60%), SS with direct observation (65%), and SM with indirect observation (90%). On the fifth day, there was an SP presentation with direct observation (60%). It is known that the percentage of accuracy in implementing the six correct principles of administration for 5 days (13 drug administration times) of drugs for each indicator on each day has a different percentage. Percentage of correct drug indicators (84.62%), correct dose (38.46%), correct time (80.77%), correct patient (65.38%), correct route (61.54%), and correct documentation (66.67%).

DISCUSSION

Implementation of the Six Correct Principles of Medication Administration

Based on the results of the analysis of observations carried out by researchers regarding implementing the correct principles of six correct drug administration, Mr. R observed during each shift for 5 days with direct observation and indirect observation obtained a percentage of (70%). The application of the six correct principles in administering medication to patients has not been optimal because the application of the six correct principles in administering medication has not yet reached a 100% percentage. The lack of optimal application of the six correct principles in administering medication is caused by several things. During the observation period carried out by researchers through interviews with nurses, it was discovered that nurses knew how principle 6 was correct in administering medication. Extended work experience, teamwork, and thoroughness in administering medication to clients influence nurses' knowledge about using the six principles of correct medication (Sutherland et al., 2023). The work period influences nurses' competency regarding patient safety so that application and learning about patient safety are formed from work experience (Zaitoun et al., 2023).

In contrast, low commitment has negative impacts such as lack of absenteeism, tardiness, expression of complaints, and decreased work morale. Nurses implement patient safety in hospitals, which is influenced by organizational commitment, which is important in implementing patient safety in hospitals (Lee et al., 2021). Apart from that, excessive workload will cause various undesirable things. A high workload/responsibility makes nurses rush to do their work, so errors due to reduced accuracy in administering medication increase (Jin et al., 2022).

The implementation of the six correct principles in administering drugs observed for 5 days shows that it has still not reached 100%. This is due to nurses' lack of awareness of fully implementing the accuracy of administering medication according to the six correct principles. Excessive workload also affects nurses' accuracy in applying the six correct medications.

Implementation of the Sixth Correct Principle of Medication Administration on Correct Medication Indicators

In the correct indicator, the drug has a percentage of (84.62%). Nurses explaining the medication that will be given and asking the patient about their allergy history are important things to implement because this can affect the patient's right to obtain information regarding the intervention and treatment received and can endanger patient safety if not implemented. In addition, administering medication safely and accurately is an important responsibility for nurses (Bengtsson et al., 2021). Even though drugs have benefits for the patient's recovery, some drugs have the

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p-ISSN: 2986-5662
e-ISSN: 2985-959X

potential to cause effects that can be harmful to the patient if not appropriately given, so there is a need for nurses to understand and explain to the patient or family about the drug's action and the side effects that may arise.

On the correct medication indicator, the nurse has applied it before administering the medication. The nurse will ask whether or not the patient has a drug allergy. The nurse also asked about complaints before the medicine was given, but after the medicine was given, the nurse did not ask again about the patient's complaints. It is best that the nurse also asks what the patient feels after administering the medication. This is used to ensure that the patient does not have an allergy to the medication.

Implementation of Principle 6: Correct Administration of Medication at the Correct Dosage Indicator

In the correct dose indicator, the percentage is (38.46%). Incompatibility occurs when two or more drugs are used via the same intravenous route or mixed in the same container, causing undesirable reactions. On the other hand, drug stability can be influenced by pH, solution or solvent, temperature, light, and the container used. The use of incorrect and appropriate solvents will affect drug stability. Intolerance and instability of medicinal ingredients will cause failure in the patient's healing therapy. Besides that, double-checking dosing with another nurse can reduce the incidence of dosage errors in administering medication (Mulac et al., 2021). The reality in the field is that nurses usually prepare their medication by looking at the medication administration record documents without doing double checks with other nurses. Then, the nurse uses one syringe containing several medicines to prepare the medicine. This poses a risk of harm to the patient because if you mix two or more different drugs in the same container, there are concerns that it will cause unwanted reactions.

Implementation of Principle 6: Correct Administration of Medication at the Correct Time Indicator

The correct time indicator has a percentage of (80.77%). Medication must be administered appropriately in the morning, afternoon, or evening. For example, sleeping pills should be given at night before bed, and usually, the dose is only once a day or if needed, according to the patient's condition. Drug administration is often carried out after the operation has been completed. Usually, medication administration is carried out at more than the specified time because medication administration in the room cannot be done simultaneously but alternately for each patient (Hawkins & Morse, 2022).

Implementation of Principle 6 Correct Administration of Medication to Correct Patient Indicators

In the correct indicator, the percentage of patients was (65.38%). The implementation of patient identification uses at least two identities, namely the patient's full name and date of birth (Ningtias & Sundari, 2024). When identifying a patient, the nurse only asks for the name and matches it with the room number on each syringe pack. Identifying patients using at least two identities is still not optimally implemented. This carries the risk of medication administration errors because name identification alone is insufficient.

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e-ISSN: 2985-959X

Implementation of Principle 6 Correct Administration of Medication on the Correct Route Indicator

The correct route indicator has a percentage of (61.54%). The nurse is obliged to ensure that the patient does not experience swallowing problems and waits for the patient until the medication is swallowed to ensure that the treatment goes as expected. In the first point, check the method of administration on the drug label/packaging with a percentage of (91.67%). In the second point, when giving orally, checking swallowing ability and waiting for the patient to drink the medicine with a percentage of (33.33%). Interprofessional collaboration in administering medicines requires cooperation between doctors, nurses, and pharmacists. Each profession has different authorities, but in providing services to patients, mutual assistance between professions is needed (Afandi, 2023).

Often, nurses in the room who implement the correct route are still not optimal. One example is administering oral medication to the patient concerned, but the nurse does not remind the patient of the medication-taking schedule. This is because the number of patients is significant, and it is impossible to remind every patient. This will cause the nurse not to be able to know directly whether the patient has taken the medicine or not.

Implementation of Principle 6 Correct Administration of Medication on Correct Documentation Indicators

The correct documentation indicator has a percentage of (66.67%). Nursing documentation is not only used as a necessity for nurses in clinical settings but also includes professional nurses, other health team members, researchers, and decision-making (Martin et al., 2022). Accuracy in writing nursing documentation is also necessary to avoid forgetting and get nurses used to writing down the results of their actions as soon as possible. Documentation is important to ensure you know the amount, time, and route of medication given to the patient (Luokkamäki et al., 2021). This is because health workers need to know how the treatment process affects patients so that the patient's treatment process is safer because health workers know through written documentation.

Some documentation related to treatment in the room is still incomplete. The route of drug administration is not written on the medication administration record, and the name or initials are not included on the medication administration record sheet. Documentation records should be written in full because documenting every action that has been taken becomes written evidence regarding the action that has been taken.

CONCLUSION

After five days of observation in Treatment Room C (RPC) Kaliwates Jember General Hospital, the sixth principle of correct drug administration has not been implemented optimally. The accuracy of the six drug administration principles needs to be implemented. Nurses have a critical role in preparing and administering medication. Therefore, nurses need to be vigilant to avoid errors in administering medication.

ACKNOWLEDGEMENT

The authors thank Kaliwates Jember General Hospital, Jember, East Java, Indonesia, for providing the database used in this study.

CONFLICT OF INTEREST

The authors declared no competing interests in the production of this manuscript.

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