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Research Article

Evaluation implementation of Occupational Health and Safety Based on a Management System Analysis Using Work Safety Standards According to SMK3

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Abstract. Occupational Safety and Health (OSH) plays a crucial role in ensuring a safe work environment, especially in high-risk sectors like healthcare, where workplace accidents and disease exposure are common. This study aims to assess the implementation of OSH at Hospital X in Bandung City by analyzing its occupational safety management system according to Government Regulation No. 50 of 2012, with a focus on Indicator 6, which pertains to Work Safety Standards under the Occupational Safety and Health Management System (SMK3). The research method used a qualitative approach supported by quantitative data, with data collection through questionnaires, observations, and interviews. The respondents included OSH management staff and hospital visitors. The study's findings indicate that the overall implementation of Occupational Health and Safety (OHS) at Hospital X is categorized as good. This suggests that the hospital's risk control procedures are generally effective in minimizing potential workplace hazards. The hospital management's perception of the OHS Management System (SMK3) implementation was positive, reflecting their commitment to ensuring a safe work environment. However, the assessment from visitors regarding the OSH implementation fell into the fairly good category, indicating room for improvement in certain areas, especially in terms of visitor awareness and involvement in the hospital's safety measures. The results highlight the importance of continuous evaluation and improvement in implementing OHS standards, particularly in high-risk settings such as hospitals. Strengthening visitor education and engagement in OHS practices could further enhance the overall safety culture at the hospital. This study contributes valuable insights for improving OSH management systems and risk control strategies, ultimately aiming for a safer and healthier work environment for both hospital staff and visitors.

Keywords: Hospital, Management System, Occupational Health and Safety, OHS Evaluation, SMK3.

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1. Introduction

Hospitals are health service institutions that provide comprehensive individual health services including outpatient, inpatient, laboratory and emergency care, hospitals are one of the workplaces that have various potential hazards and can have an impact or risk on occupational safety and health (Suharno, 2019). Hospitals are required to ensure the safety and health of both patients, service providers or workers and the surrounding community, hospitals are required to implement Occupational Health and Safety (K3) which is carried out in an integrated manner so that the risk of Occupational Diseases (PAK), and Occupational Accidents (KAK) can be avoided (Tanjung, et al., 2022). In Law No. 17 of 2023 Article 98 paragraphs 1 and 2 concerning Health, the Central

Government, Regional Governments, and employers or workplace managers have the responsibility to implement occupational health programs that are integrated with the occupational safety and health system, these efforts include increasing knowledge, awareness, and skills in implementing healthy living behaviors and preventing occupational diseases and work accidents. In accreditation, there are standards related to the implementation of Occupational Safety and Health (K3) in Hospitals that focus on workers, patients, hospital visitors and the community in the hospital environment to avoid health problems and accidents due to the presence of hospitals (Suhariono, 2019).

One of the standards used in Indonesia to tighten Occupational Safety and Health (SMK3) regulations is the International Organization for Standardization in its standards there are 6 stages that need to be carried out to design an SMK3 management system including policy making, planning, implementing or implementing, checking, and reviewing management and continuous improvement, the expected results of this are in the form of manual guidelines from SMK3 (Nugraha, Aviasti, & Rukmana, 2018).

Hospitals need to design and implement a K3RS program. To achieve the objectives of this program, recording, monitoring, evaluation, and reporting are required. The progress of the K3RS program must be monitored periodically so that it can continue to be improved according to the risks that have been identified and referring to previous records and the achievement of previous K3RS targets (Masjuli, Taufani, & Kasim, 2019).

Evaluation based on Compliance assesses how all activities carried out comply with applicable policies, rules, provisions, and laws. Compliance also determines whether the audited party has followed certain procedures, standards and rules that have been set by the authorities, there are 2 points

of view related to the theory of compliance, namely the first instrumental where individuals are completely influenced by personal interests and perceptions of changes related to behavior, while the second is normative associated with the assumption of people who are moral and opposed to personal interests, an individual tends to obey the law is considered consistent and internal norms that have been applied by Stanley Milgram 1963 in (Purwoko, Prasetyo, Wijayanti, & Setiawan, 2022).

Evaluation leads to assessment by giving numbers or assessments, performance evaluation is considered very important for the accountability of an organization in producing services thatsesuai, performance evaluation serves to assist a leader in making decisions in a policy, the value resulting from the evaluation makes a policy beneficial for public services, Evaluation is one of the activities that can be carried out to measure the success of a policy. (Widyaningrum, 2020).

In the implementation of the application of K3, hospitals have several principles in their application based on the Regulation of the Minister of Health of the Republic of Indonesia Number 66 of 2016 concerning Occupational Safety and Health in Hospitals. The hospital occupational safety management system is a whole that includes organizational structure, planning, responsibility, implementation, application, achievement, assessment and maintenance of K3 policies in order to control risks related to work activities in order to create a safe, efficient and productive workplace (Regulation of the Minister of Manpower Number: 26 of 2014)

It is stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 66 (2016) that hospitals are workplaces that have a high risk to the safety and health of hospital human resources, patients, patient companions, visitors, and the hospital environment that in order to manage and control risks related to occupational safety and health in hospitals, it is necessary to organize occupational safety and health in hospitals in order to create healthy, safe, secure and comfortable hospital conditions; In Law Number 23 of 1992 concerning health, Article 23 states that Occupational Safety and Health (K3) efforts must be carried out in all workplaces, especially in working conditions that have the potential to endanger health. Applicable to companies that have at least 10 employees.

Government Regulation No. 50 of 2012 concerning the Implementation of the Occupational Safety and Health Management System further regulates how hospital management implements K3RS with the SMK 3 section:

a. Determination of K3 policies

Be approved by the company's top management, Be written, dated, and signed clearly state the goals and objectives of K3, Be explained and disseminated to all workers, guests, customers, Be well documented and maintained, Be dynamic and, Be reviewed periodically to ensure that the policy is in accordance with changes that occur in the company and laws and regulations.

b. K3 Planning

Prepare a K3 plan based on: the results of the initial review are an initial review of the K3 conditions that have been carried out in the preparation of the policy, Identification of potential hazards, risk assessment and control, Legislation and other requirements must be: established, maintained, inventoried and identified by the company and socialized to all workers

c. Implementation of the K3 plan

Provide qualified human resources, Provide adequate infrastructure and facilities

d. Monitoring and Evaluation of K3 performance

Internal audits of the SMK3 must be carried out periodically to determine the effectiveness of the SMK3 implementation, carried out systematically and independently by personnel who have work competencies using established methodologies, internal audits can use external audit criteria as stated in attachment II of PP No.50tahun 2012, and its reporting uses the report format listed.

e. Review and Improvement of SMK3 Performance

To ensure the suitability and continuous effectiveness in achieving SMK3 objectives, employers and/or company managers or the workplace must conduct periodic reviews of the SMK3.Based on the research, facts and data that have been presented above, the researcher considers it important to conduct further research on the evaluation of the implementation of the K3 management system in hospitals, because seeing this, it needs to be a concern to prevent unwanted incidents, from the 12 indicators contained in PP No. 50 of 2012, based on the results of observations, it refers more to the indicator point 6, namely regarding work safety based on SMK3, therefore the researcher will focus on this indicator.

2. Related Work

One of the important factors influencing the implementation of OHS in hospitals is the management system. Most of the above studies discuss the evaluation of the implementation of the OHS management system in terms of compliance with applicable regulations and performance evaluations. The implementation of the OHS Management System (SMK3) in hospitals is highly relevant for the safety of medical personnel and patients, with standards such as Minister of Health Regulation No. 66 of 2016. Research such as Rosmalia et al. (2021) emphasizes the role of the OHS committee and safety culture, while Dani Ramadhani (2022) uses the RAP method to evaluate the OHS Management System at Bunda Aliyah Hospital. Abdurozzaq Hasibuan and Suhela Putri (2023) focus on the documentation of workplace accidents, while Militia C. Dolontelide et al. (2023) implements OHS policies through direct observation. Previous research such as that by Ulfah Mulfidah (2021) and Rian S.P. Gosal et al. (2024) encourages comprehensive evaluations to provide hospital dynamics.

The sophistication of this research differs in its methodology. Most previous studies employed qualitative methods with observation and interviews. This study will employ qualitative descriptive research with data triangulation. Another difference is the sample size, which focuses not only on OHS management but also on patients or their families, as human resources involved in and experiencing the effectiveness of hospital OHS implementation. With this qualitative descriptive approach, with data triangulation, the researcher will first collect data through a questionnaire, which will be processed quantitatively. Then, qualitative interviews and observations will be conducted to supplement the information needed for the study.

This research will not only focus on how the organization implements its management system, but also include one of the groups that experience the success of OHS implementation: patients or their families. This study will also focus more on category 6 in Government Regulation No. 50 of 2012 concerning OHS management systems, which focuses on occupational safety based on the OHS Management System (SMK3).

Novelty: This study explores how effective implementation of an OHSMS not only focuses on staff protection but also impacts the quality of healthcare services received by patients. This evaluation will examine the impact of occupational safety on safer medical procedures, which in turn will reduce medical accidents and increase patient satisfaction.

This study was conducted at Hospital X, Bandung City, which offers complex services. Furthermore, Hospital X, Bandung City, is a teaching hospital that accepts students from various majors and professions for internships and has superior accreditation. This adds to the complexity of the human resources within the hospital. The population in this study was the management involved in the OHSMS, chosen because the role of OHS management is crucial in creating a safe and healthy work environment, especially in hospitals that face high risks to worker and patient safety. Furthermore, this study involved patients and their families, as hospital visitors are also at risk of potential hazards in the hospital environment. By involving hospital visitors, we can further explore how the safety policies and procedures implemented by the hospital impact the safety of patients and their families.

3. Proposed Method

This research will be conducted at Hospital X, Bandung City, the reason the research was conducted at Hospital X, Bandung City because it is one of the government hospitals that continues to develop, and based on the Hospital accreditation certificate

with full accreditation status according to the Damar Husada Paripurna version in accordance with the accreditation standards of the Indonesian Ministry of Health which are valid until January 26, 2027, 12 services include administration management, medical services, emergency services, nursing services, medical records, pharmacy, K3RS, radiology, laboratory, operating room, infection control. The data on the number of beds in Hospital X is 205 beds, the number of days of treatment is 12,207 days, and the number of patients discharged alive and dead is 3895, so that the BOR of Hospital X in the last 3 months from January-March 2025 can be analyzed, namely 66.2%, which means it is in the ideal category, and LOS in the range of 3.13 days is in good efficiency.

This research method uses descriptive qualitative with the support of quantitative data, qualitative research is a research method that is carried out by collecting data to obtain a description of the answers to the formulation of the problems that have been set (Yaniawati & Indrawan, 2024). In this study, the first stage used was a simple quantitative method obtained from the results of the questionnaire, this quantitative data was used to show the general tendency or level of understanding of the workforce regarding the aspects of K3 but was not analyzed inferentially, then the second stage was carried out with a qualitative method to prove, deepen, expand, weaken and invalidate the quantitative data that had been obtained in the first stage, in addition, this study used data triangulation techniques, namely by combining the results of interviews, field observations, documentation, and quantitative power to strengthen the validity and reliability of the findings.

The population is the total of the research object, each population study must be written down, namely with its size and the area that is the scope of the research (Hardani, et al., 2020), in this study the population involved were 2 groups, including those involved in K3RS management with a total of 2 people, along with patients or families of patients who visit the hospital, the population of hospital visitors As of January-March 2025, there were 3,895 patients.

The sample is a part of the population taken using a sampling technique, the sample must be able to cover to describe the population Husain and Purnomo (2001 in Hardani, et al 2020). The sample in this study were administrators or members involved in the management of SMK3, as well as patients or families of patients who visited RS X, Bandung City.

To determine the number of samples needed in this study using the Slovin formula Based on the provisions and formulas above, the sample for K3RS management is the total number of employees involved in K3 management, while for patients with a total population of 3895 people:

$$n = \frac{3895}{1 + 3895.(0{,}05)^2}$$

$$n = 363 \text{ people}$$

Data analysis has the meaning of ana "above" and lysis means to break, meaning analysis means breaking down the data first so that it can be analyzed, then combining it again to form a new understanding, analysis comes from data collection. Analysis is an activity of review, grouping which is carried out systematically (Siyoto & Sodik, 2015), the data analysis carried out in this study is:

a. Data reduction

   This means summarizing, here the researcher sorts out the main things that are important to look for that are in accordance with the theme and discards the unnecessary ones. This means that data reduction aims to simplify the data obtained during data collection in the field (Siyoto & Sodik, 2015).

b. Data Comparison

   Comparative data is carried out to compare the process of implementing SMK3 RS and applicable regulations whether they are appropriate or not related to the evaluation of the implementation of SMK3RS.

c. The data used in the study comes from data sourced from the problems observed, in terms of knowing the achievement of SMK3 implementation at Hospital X Bandung City, all sub-indicator percentage data are then divided by the number of sub-indicators and entered into 5 categories 81% -100% (Very Good), 61-80% (Good), 41-60% (Enough), 21-40% (Less Good), 0-20% (Not Good).

4. Results and Discussion

Result

Description of the characteristics of K3RS management respondents at Hospital X, Bandung City:

Table 1 Characteristics of K3 Management Respondents

Respondent Characteristics Frequency	Frequency (f) N=2 Percentage (%)	Persentase (%)
Gender		
Male	1	50%
Female	1	50%
Age		
26-35 years 1 50%	1	50%
46-55 years 1 50%	1	50%
Length of Work		
<10 years 1 50%	1	50%
>10 years 1 50%	1	50%
Last Education		
D3/S1equivalent	2	100%
Position		
Head of Division/Person in Charge	1	50%
K3RS Staff	1	50%

Characteristics of K3RS management at Hospital X, Bandung City, there are 1 male (50%) and 1 female (50%) with a total of 2 respondents (100%), age category of K3RS management with age range 17-25 years 0 people (0%), 26-35 years 1 person (50%), age 36, 45 years 0 people, 46-55 years 1 person (50%), 56 years and above 0 people (0%), characteristics of K3RS management respondents based on length of service <10 years 1 person (50%), >10 years 1 person (50%) with a total of 2 respondents (100%), based on the last education for the last level of education SD/equivalent 0 people (0%), SMP/MTS equivalent 0 people (0%), D3/S1 equivalent 2 people (100%), others 0 people (0%) characteristics of positions in K3RS management Head of field/Person in charge 1 person (50%) K3 Coordinator 0 people (0%), K3RS Staff 1 person (50%), K3RS Technical Team 0 people (0%), K3RS Committee 0 people (0%), Internal audit team 0 people (0%), Administration 0 people (0%), others 0 people (0%).

Table 2 Characteristics of Hospital Visitors

Respondent Characteristics	Frequency (f) N=363	Percentage (%)
Gender		
Male	177	48,7%
Female	186	51,3%
Last education		
Elementary school/equivalent	28	8%

Junior high school/Islamic junior high school/equivalent	41	11%
Senior high school/equivalent	134	37%
D3/S1/profession/equivalent	157	43%
S2/Magister	3	1%
Purpose of Visit to Hospital		
Visit	98	44%
Inpatient/Control	158	27%
Education Program	77	21%

Distribution of respondent characteristics from the study with a total of 363 hospital visitors showed that the research respondents were dominated by female gender with a total of 186 people (51.3%), and male with a total of 177 people (48.7%), The last education of hospital visitor respondents was dominated by D3/S1/Professional/equivalent education level with a total of 157 people (43%), then in the next order was in high school/equivalent with 134 people (37%), and the third order was in SMP/MTS/Equivalent education level with 41 people (11%), then the last education was SD 28 people (8%), and in the last position S2/Masters education level 3 people (1%), others as many as 0 people (0%), hospital visitors who came had the purpose of inpatient/control 158 people (27%), then 98 people for visiting (44%), and education programs as many as 77 people (21%), and finally with others 30 people (8%).

Table 3 Management Respond

No	Variable	Item	Jumlah Skor	Mean	Percentage
1	Implementation of Occupati onal Safety and Health (K3)	32	184	2,87	57,4% (Enough)
2	Work safety based on SMK3	44	345	3,92	78,4% (Good)
3	Evaluation of compliance and performance	14	102	3,64	72,8% (Good)
	Total	90	631		
	The final result			3,47	69,5% (Baik)

Recapitulation of K3RS Management Respondents' responses to the Variables of Occupational Safety and Health (K3) Implementation (XI), Work safety based on SMK3 (X2), Compliance and performance evaluation (Y) based on their respective indicators from the total number of 90 statement items that can be seen based on the average score (mean). From the aria and the picture, it can be seen that the highest average score is in the work safety variable based on SMK3 78.40% in the good category, in second place is the work safety variable based on SMK3 with a percentage of 72.80% in the good category, and the lowest is in the implementation of occupational safety and health (K3) with a percentage of 57.40% in the sufficient category. And the final value is in the range of 69.5% in the good category.

Table 4 Respondents' Responses from Visitors to Hospital X, Bandung City to the SMK3 of Hospital X, Bandung City

No	Indicator	Item	Total Score	Mean	Persentase	Category
1	Safety of hospital facilities	12	13037	2,99	59,8%	Enough
2		10	10204	2,81	56,2%	Enough
3	Komunikasi dan sosialisasi K3	4	4303	2,96	59,2%	Enough
4	Penanganan keadaan darurat	4	3593	2,47	49,4%	Enough
5	Penilaian umum terhadap penerapan K3	4	4377	3,01	60,2%	Good
	Total	34	35.514			
	The final result			2,84	56,96%	Enough

Respondents on the Occupational Safety and Health (K3) Implementation Variable (XI) Evaluation of compliance and performance (Y) based on their respective indicators from the total number of 34 statement items that can be seen based on the average score (mean). From the table and figure, it can be seen that the highest average score is in the general assessment indicator for the implementation of K3 of 3.01, while the lowest average score is in the emergency handling indicator with a score of 2.47, so from the explanation it is known that the implementation of K3 in general is considered quite good by respondents, especially in the general assessment aspect of the implementation of K3, with a total score of 56.96% and a mean of 2.84 which is in the sufficient category.

a. Coding

Table 4 Qualitative Axial Coding

Main Category	Sub-Category	Code
Occupational Health and Safety Policy	Staff understanding	Irregular socialization
OHS Planning	Program basis	OH&S targets based on HIRARC
Implementation	Reporting system	Manual reporting
OHS Education	Training frequency	Irregular training
OHS Communication	Delivery pattern	One-way communication
Evaluation	Audit follow-up	Audit evaluations responded to

b. Theme Extraction

Table 5 Qualitative Themes

Theme	Explanation
Lack of ongoing socialization and training	Policies and training are only implemented initially, not regularly.
Uneven implementation across units	Some rooms are compliant, while others are less so.
Vertical communication system	One-way communication is still dominant, through the room head.
K3 evaluations have been carried out but are not yet optimal	Follow-up audits are conducted, but not all staff are involved.

Data Presentation

Respondents stated that the OHS policy had been socialized, but implementation was limited. Socialization generally only occurs during new employee orientation or when there are changes to SOPs. Routine evaluations and audits are conducted, but internal audits are typically scheduled for accreditation, with findings followed up.

Regarding training, almost all respondents stated they had attended basic OHS training. However, follow-up training is not conducted periodically, except during accreditation. Communication between management and staff is indirect, usually through the ward head. In terms of planning, the hospital has established targets based on hazard and risk identification, but several ward heads stated they only received the program without understanding the planning process in depth.

Conclusions from interviews and observations

a. Implementation of OHS policies is not optimal because socialization has not been conducted routinely.
b. OHS training is still limited to orientation and accreditation and is not sustainable.
c. The OHS communication system is ineffective, tending to be one-way and hierarchical, with not all reports being conveyed directly.

Discussion

The commitment to implementing K3RS at X Hospital in Bandung City has been established and is good, however, even though the policy structure is available, the implementation and communication of K3 has not been running optimally, this indicates that the commitment has not been established sustainably, as mandated in PP No. 50 of 2012, this is due to the inadequate number of human resources in K3RS management,

with a commitment that is not optimal but the K3RS management of X Hospital in Bandung City has a perception that is considered quite good. However, in the implementation of this commitment there are still weaknesses in terms of continuous socialization, especially to staff and hospital visitors, which will later have an impact on public perception of it. The implementation of the K3RS commitment at X Hospital in Bandung City shows that the existence of an occupational safety and health policy has been formally formulated and refers to national regulations. However, the implementation of this policy does not fully reflect the ongoing commitment of the management. The commitment to implementing K3RS should be carried out in the form of a written document after a verbal statement with the aim of being known, studied dan Internalized and implemented by all staff, with prior socialization conducted as determined (Handayuni, Putri, & Aulia, 2023).

The perception of K3RS management at Hospital X in Bandung City regarding the implementation of the K3 system indicates a fairly high level of awareness of the importance of systematic and structured K3 implementation. This is reflected in the procurement of PPE, safety procedures, and the implementation of internal and external audits, which are part of the continuous improvement cycle. However, in reality, there is still a gap between managerial perception and the reality of technical implementation in the field. Several operational control elements, such as the installation of evacuation signs and access restrictions in high-risk areas, do not meet the standards stipulated in Government Regulation No. 50 of 2012. Management's perception tends to be normative and has not been fully followed by strategic and comprehensive operational steps.

Audits and incident investigations have become part of the existing system, but are not fully supported by optimal follow-up and equitable understanding across all staff. Management still faces challenges in terms of resource capacity and systems. digitalisasi yang mendukung efektivitas kontrol K3, selain itu fasilitas While fire extinguishers and medical equipment are properly certified, demonstrating legal compliance, emergency preparedness is not yet evenly distributed in non-medical areas, potentially creating a weak point in the overall emergency response system. Unsafe behaviors contribute to workplace accidents, including factors such as human factors, media, machines, management, and unsafe conditions and behaviors. These factors include the use of PPE, regulations, training, and supervision, as defined by Domini and Heinrich (1930 in Setiyaningrum, Ma'rufi, & WijayaDodi, 2024).

Visitor assessments of occupational safety and health (OHS) in the hospital environment are important indicators in assessing the effectiveness and affordability of the implemented OHS management system. Hospital X, Bandung City, demonstrated that OHS implementation has received appreciation for certain aspects, such as medical personnel compliance with PPE use and the speed of staff response to emergencies. However, visitor assessments also revealed weaknesses, particularly in risk communication, public preparedness, and access to safety information.

Lacks in the provision of visual information such as evacuation signs The lack of signs and hazard signs in public areas, as well as the lack of visitor involvement in emergency education, reflects a suboptimal participatory approach to the hospital's OHS system. Safety management principles require the integration of all elements involved in the service system, including patients and visitors, as emphasized in Health Ministerial Regulation No. 66 of 2016 concerning Hospital OHS. Visitors' perceptions that they do not understand safety procedures, despite observing staff implementing procedures, indicate a gap between technical implementation and risk communication.

The implementation of an OHSMS in hospitals has a significant impact on improving OHS and service quality. Developing a strong safety culture and involving all aspects of the hospital environment will reduce the number of accidents and increase collective responsibility for safety (Vovo, Ginting, & Hasibuan, 2024). The lack of socialization and information regarding OHS will impact its suboptimal implementation (Ramadhani, 2021).

6. Conclusions And Recommendation

Based on the results of research regarding the evaluation of the implementation of occupational safety and health (K3) based on the management system at Hospital X, Bandung City, the following conclusions were obtained:

The level of implementation of K3 in the environment of Hospital X, Bandung City is in the good category, indicating that the procedures and risk control are quite effective and have commitment, however, in the variable of implementation of occupational safety and health it is still in the sufficient category, socialization regarding K3 is limited to the orientation of new employees or before accreditation so that the K3 culture has not been internalized as a whole.

K3 management perceptions of the implementation of the occupational safety and health management system at X Hospital, Bandung City. In general, management has a positive and good perception of the implementation of K3, marked by the provision

of occupational safety facilities, the implementation of periodic audits, and the fulfillment of legal aspects such as certification of tools and procedures, but these perceptions have not been fully realized in technical implementation in the field.

Several discrepancies were still found, such as the installation of evacuation signs that do not meet standards, supervision of access to isolation rooms that is not yet strict, and the distribution of emergency preparedness facilities that is not evenly distributed throughout the hospital. hospital area, this shows that the condition of the K3 system that has been built has a good basic framework, but its implementation still faces challenges in terms of consistency, supervision and involvement across work units.

Visitor assessment of the implementation of K3 at Hospital X, Bandung City, shows that although technical aspects such as the use of PPE and emergency response are quite good, there are still weaknesses in communication, safety socialization, and visitor preparedness. The lack of education for visitors reflects the suboptimal participatory approach in the K3RS system, which creates a gap between the implementation of procedures and public understanding.

The results of this study indicate that although Hospital X in Bandung City has a formal commitment to K3RS, its implementation is not optimal. Therefore:

a. The hospital needs to establish routine training and education aspects.
b. Improve internal and external communication systems, and optimize monitoring.

Documentation and audit follow-up as part of continuous quality improvement are also important for developing It is important to develop an occupational safety and health communication strategy that involves hospital visitors, so that the K3RS system is not only the internal responsibility of medical personnel and management, but becomes part of a comprehensive safety culture.

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