Analysis of Management System Implementation Occupational Health and Safety (SMK3) at Hospital Royal Prima Medan 2018

Diana Agustina Ritonga¹, Sri Lestari Ramadhan², Ermi Girsang³, Sri Wahyuni Nasution⁴

^{1,2,3,4}Faculty of Medicine, Universitas Prima Indonesia dianaagustinaritonga@gmail.com

Abstract

Based on data from BPJS Employment for North Sumatra (Sumbagut), the number of BPJS Employment accidents in 2016 reached an average of 226 cases per day. Implementation of Occupational Safety and Health Management (SMK3) at RSU Royal Prima Medan in 2018. The study was conducted in November-December 2018. The sample in this study amounted to 5 people. The type and design of this research are qualitative. The results of the research, commitments, and policies of SMK3 at the Royal Prima Hospital Medan have been carried out with written decisions regarding K3, the planning which was prepared directly by the leader of the Royal Prima Medan Hospital orally already exists and has been fully realized, the organization and implementation are carried out verbally comprehensive and significant so that all workers are controlled for their health and minimize the occurrence of work-related accidents, the implementation of SMK3 is by participating in K3 training, Royal Prima Hospital Medan also requires Personal Protective Equipment (PPE) in the occupational health and safety management system, the organization has been made but not running optimally. Royal Prima Hospital is expected to further improve the implementation of SMK3RS, make a thorough improvement of SMK3 and review SMK3 documents.

Keywords

analysis; implementation of occupational health and safety management; RSU Royal Prima



I. Introduction

According to the Constitution of the Republic of Indonesia (UUD RI) number 44 of 2009 concerning hospitals, the hospital is a health service institution for the community with characteristics that are influenced by the development of health science, technological progress, and the socio-economic life of the community which must be able to improve services that manifest the highest degree of health (Herlambang, 2018). The economic condition of the population is a condition that describes human life that has economic score (Shah et al, 2020).

Hospitals are health service institutions that provide complete individual health services that provide inpatient, outpatient, and emergency services (PMK, 2018). Meanwhile, the notion of work safety is an effort made to reduce the occurrence of accidents, damage, and all forms of loss to humans, as well as those related to equipment, work objects, workplaces, and the work environment, directly and indirectly (PMK, 2016).

Based on data from the International Labor Organization (ILO) in 2013, 1 worker in the world dies every 15 seconds due to a work accident and 160 workers experience work-related illnesses. The previous year (2012) the ILO recorded the number of deaths due to

Budapest International Research and Critics Institute-Journal (BIRCI-Journal) Volume 5, No 3, August 2022, Page: 18953-18966 e-ISSN: 2615-3076 (Online), p-ISSN: 2615-1715 (Print)

www.bircu-journal.com/index.php/birci email: birci.journal@gmail.com

accidents and occupational diseases (PAK) as many as 2 million cases every year (Kemenkes RI, 2014). The Social Security Administration for Manpower (BPJS) noted that the number of work accidents in Indonesia tends to continue to increase. As many as 123,000 work accident cases were recorded throughout 2017. "Throughout 2017, according to our statistics, there was an increase in work accidents of around 20 percent compared to 2016 nationally," the total work accident in 2017 was 123,000 cases with a claim value of more than IDR 971 billion. This figure increased from 2016 with a claim value of only IDR 792 billion more (Saut, 2018).

Based on data from BPJS Employment for North Sumatra (Sumbagut), the number of BPJS Employment accidents in 2016 reached an average of 226 cases per day. Of the number of cases, including every day there are 20 people with disabilities, 7 people die and 1 person is disabled. Meanwhile, BPJS Employment data until October 30, 2017, there were 88,000 work accidents or an average of 303 cases per month. For the Sumbagut area which includes North Sumatra-Aceh with more than 1.1 million BPJS Employment participants, there were 6,217 cases in 2017. "The Sumbagut region contributes 7% of the work accident rate in Indonesia" (Roben, 2017).

Royal Prima Hospital Medan is one of the largest private hospitals and will be a referral center for the community, especially the city of Medan and the people of North Sumatra in general. Royal Prima Hospital Medan is a Type B teaching hospital with 700 employees. Royal Prima Hospital Medan has the vision to become a leading hospital in the field of health services, education and research, and health development by prioritizing the interests of public health. Of course, to achieve this, the Royal Prima Hospital Medan must have every criterion as a hospital that meets the standards, one of which is the application of Occupational Safety and Health (SMK3). (Royal Prima Hospital Medan, 2016).

According to Toding's research, 2016 on the analysis of the implementation of the Occupational Health and Safety Management System (SMK3) at RSIA Kasih Ibu Manado, the results of this research are the commitment and management policies in the implementation of SMK3, the planning is prepared by the hospital leadership verbally, and the implementation Occupational Safety and Health (K3) activities have been programmed but do not yet have special organizations and K3 experts, including the provision of Personal Protective Equipment (PPE) and K3 training for hospital employees and measurements and evaluations, have not been maximally implemented (Toding, 2016).

According to Tamboto's 2017 research on the analysis of the application of occupational health service standards at Gmim Kalooran Amurang Hospital, South Minahasa Regency 2017, the results of occupational health service standards that have been implemented but have not been maximized are health checks before work, periodic health checks, specifically, improvement of body health. and mental conditions, education/training on occupational health, evaluation of recording and reporting, physical capabilities of human resources, and handling of sick human resources, while what has not been implemented in coordination with the infection control prevention committee team. Monitoring of work environment and ergonomics, surveillance of occupational health. (Toding, 2016).

II. Review of Literature

2.1 Management Level

According to Herlambang in 2018, the levels of management are as follows:

a. Top management

ManagementThe top management is the manager who is responsible for the running of the organization as a whole. Where this top management formulates planning, organizing, implementing, and monitoring activities and policies of the organization as a whole.

b. Middle Management

Middle Management is a manager who directs, guides, and supervises line management under it. The responsibility of this middle-level manager is to help find solutions so that the implementation of organizational activities can run smoothly.

c. First Line Management

The first-line management is the lowest level of management in an organization, the first-line managers directly supervise, do the first-line work directly supervise, and do the work so that organizational activities can run smoothly.

2.2 Management Tools

According to Herlambang in 2018, the management tools consist of:

a. Men

Human resources are the main means of every management to achieve the goals that have been set, the various activities carried out to achieve the goals are planning, organizing, implementing, directing, and supervising organizational activities, all of which require humans as a means of propulsion.

b. Money

To carry out the operational activities of a health care organization requires facilities in the form of money, which are used as a means of purchasing medical and non-medical materials.

c. Materials

In the implementation of health care organizations require materials as a means or management tool to achieve the goals that have been set.

d. Machine

With advances in technology in the field of medicine, medical equipment is currently following the times.

e. Method

Methods are various alternative ways that are used to do a job within the organization to achieve effective and efficient goals.

f. Market

Without a market, the goals of health care organizations cannot be achieved as expected.

2.3 Hospital Occupational Health and Safety

Hospital Occupational Health and Safety, hereinafter abbreviated as K3RS, are all activities to ensure and protect the safety and health of hospital human resources, patients, patient companions, visitors, and the hospital environment through efforts to prevent work accidents and occupational diseases in hospitals. (PMK, 2016).

According to the Government Regulation of the Republic of Indonesia, Number 50 of 2012 concerning the Implementation of Occupational Health and Safety Management Systems are all activities to ensure and protect the safety and health of workers through efforts to prevent work accidents and occupational diseases.

2.4 K3RS Standard

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 66 of 2016 concerning Hospital Occupational Health and Safety, the K3RS Standards include:

- a. K3RS risk management
- b. Hospital safety and security
- c. Occupational Health Services
- d. Management of Hazardous and Toxic Materials (B3) from the aspect of Occupational Safety and Health
- e. Fire prevention and control
- f. Management of hospital infrastructure from the aspect of occupational safety and health, management of medical equipment, from the aspect of occupational safety and health, preparedness to face emergency or disaster conditions.

2.5 Occupational Health and Safety Program at Royal Prima Hospital Medan

Based on the OHS information system at the Royal Prima Hospital in Medan, the Royal Prima Hospital has several K3 work programs at the Hospital, which are as follows:

- a. Disaster awareness work program to increase preparedness in the face of disasters, both disasters in hospitals and outside hospitals.
- b. Fire prevention and control programs to increase comfort in fire prevention and control, both from the staff side and the required hospital facilities and infrastructure.
- c. Patient safety program (Patient Safety), visitors and officers to improve the comfort and safety of patients, visitors and employees who are in the Royal Prima Hospital Medan environment, from the dangers of accidents.
- d. Employee health safety program to improve employee safety and health from the risk of work accidents and occupational diseases.
- e. Toxic and hazardous materials (B3) management program to improve B3 management so that there is no danger that can be caused by side effects of hazardous materials, starting from planning, procurement, storage, distribution and handling in the event of contamination.
- f. Work environment health program to improve the health of the work environment so that accidents and diseases do not occur due to a work environment that does not meet standards.
- g. Sanitation program to improve the quality of sanitation in hospitals so that sanitation needs are met, as well as prevent disease transmission in the hospital environment.
- h. Certification program (calibration) of infrastructure and equipment to maintain the quality and quality of facilities, infrastructure and equipment in hospitals so that things do not happen that are harmful to patients, staff and visitors to the hospital.
- i. Solid, liquid and gas waste treatment program to improve and maintain the quality of solid, liquid and gas waste treatment.
- j. Education and training programs to improve the knowledge and skills of hospital staff, administration of PK3 members and implementers who have certain occupational risks.

k. Data collection, processing and reporting program to obtain data on the incidence of occupational accidents, occupational diseases (PAK), fires & disasters in hospitals so that they can be used for evaluation and planning of OHS programs.

III. Research Method

The type and design in this study is qualitative, namely to obtain information about the analysis of the Occupational Health and Safety Management System (SMK3).

This research was conducted at the Royal Prima General Hospital Medan, Jl. Father No. 68 A, Sei Putih Tengah, Medan Petisah District, Medan. Studyconducted in November-December 2018.

Population in this study were all workers who were registered as employees at the Royal Prima Hospital Medan.

Samples of this study there were 5 people, namely the subject was selected according to the wishes of the researcher (Purposive Sampling). (Sastroasmoro, 2018)

- Director Rsick house
- HRD Hospital
- Head of Nursing
- in charge of the hospital laboratory,
- Occupational Health and Safety Supervisor.

To focus this research, the operational definitions of the variables are set as follows:

- a. Commitments and policies are written statements that include vision, mission, and goals, which are the determination of the director and hospital management in implementing SMK3 in hospitals.
- b. K3RS planning is preparations taken to achieve the successful implementation of SMK3 in hospitals with clear and measurable targets as the embodiment of commitments and policies.
- c. Organizing is the determination of personnel in accordance with the provisions and the granting of authority and responsibility to the K3 implementing unit to implement SMK3 in the Hospital in accordance with the plan.
- d. The implementation of K3RS is the steps taken in implementing SMK3 in hospitals, including preparation, implementation, evaluation and review.

The data collected in this study include:

- Primary data

This data was obtained through in-depth interviews as well as through direct observation. People who are authorized in the effort to implement SMK3RS are used as research informants and are categorized into key informants, regular informants and basic informants. The basic informants were taken from the director as the head of the hospital, then the deputy director of support and development of Human Resources (HR) in charge of the K3RS installation. From them, researchers will get references to key informants, namely people who have a lot of knowledge about the implementation of SMK3RS, namely personnel from the Hospital Occupational Safety and Health Implementation Committee (PK3RS), as well as from each head of the work unit.

- Secondary Data

Secondary data in the form of organizational structure, standards/procedures and regulations regarding the Occupational Safety and Health Management System (SMK3), and a list of Personal Protective Equipment (PPE) used at the research location and literature study used as supporting data.

MethodanalysisData collection is done by compiling, discussing and evaluating data and results of interviews/observations regarding SMK3 at the location of the Royal Prima Hospital in Medan.

Where in this study the researchers used a triangulation test, where triangulation is a data analysis approach that synthesizes data from various sources (Bachri, 2012).

According to Miles and Hubberman's theory, there are 3 stages of data analysis in the field (Yusuf, 2014), which are as follows:

- Data reduction

Data reduction is a form of analysis that sharpens, selects, focuses, discards, and organizes data in a way, where conclusions can be drawn and verified.

Data Display

Display data is an organized collection of information that allows drawing conclusions and taking action.

- Conclusion/Verification

Since the beginning of data collection, researchers have recorded and given meaning to what they saw or interviewed. The memo has been written, but a final conclusion is still far away. The researcher must be honest and avoid his own subjective bias.

IV. Results and Discussion

Studythis was done in November-December 2018 and took about a month. The researchers used interview guidelines as an interview guide to informants consisting of five informants, namely: director RHospital, Hospital Human Resource Department (HRD), head of nursing, person in charge of hospital laboratories, supervisor of occupational health and safety.

4.1 Overview of Royal Prima Hospital Medan

Royal Prima General Hospital Medan is one of the largest private hospitals and will become a referral center for the community, especially the city of Medan and the people of North Sumatra in general. On May 17, 2011, the Deputy Minister of National Education of the Republic of Indonesia, Prof. Dr. Fasli Jalal, PhD. laying the groundwork for the construction of the Royal Prima Hospital. On February 14, 2013, the Head of the North Sumatra Provincial Health Office issued a Temporary Operational Permit to RSU Royal Prima Medan No. 440.442/1641/II/YEAR 2014.

a. Vision

To become a leading hospital in the field of health services, education and health research and development by prioritizing the interests of public health.

b. Mission

- 1. Organizing quality and professional plenary health services based on evidence and scientific research.
- 2. Continuously improve the competence of human resources in accordance with the development of science and technology in medicine, dentistry and other health.
- 3. Improving the quality and quantity of health, education and research facilities/infrastructure in accordance with technological developments and community needs.
- 4. Carry out a comprehensive and integrated research and evidence-based education function in the health sector.

- 5. Creating a work environment that synergizes with each other and upholds human and religious values and improves the welfare of the parties concerned.
- 6. Establish partnerships with various parties in an effort to strengthen the role of hospitals in health services and education.
- 7. Carry out service to the interests of public health

Interviewcarried out using a technique (in-depth interview), namely in-depth interviews. The tool used during the interview is a digital voice recorder. All data from the interviews are described in the following table:

Table 1. Triangulation Test Table OHS Commitment and PolicyInformantObservationInterviewResults

Informant	Observation	Interview	Results
I	It is written in the	Already, with the	SK and work programs
	form of a decree	Decree (SK) of the	already exist and are in
	and K3RS work	director of the K3RS	accordance with the
	program	guideline	Regulation of the
			Minister of Health of the
			Republic of Indonesia
			Number 66 of 2016
			concerning Hospital
			Occupational Health and
			Safety. (Attached)
II	It is written in the	So far it has been	SK and work programs
	form of a decree	implemented by the	already exist and are in
	and K3RS work	Hospital and issued by	accordance with the
	program	the director	Regulation of the
			Minister of Health of the
			Republic of Indonesia
			Number 66 of 2016
			concerning Hospital
			Occupational Health and
			Safety. (Attached)
III	It is written in the	Already	SK and work programs
	form of a decree		already exist and are in
	and K3RS work		accordance with the
	program		Regulation of the
			Minister of Health of the
			Republic of Indonesia
			Number 66 of 2016
			concerning Hospital
			Occupational Health and
TX7	T4 :	T.,	Safety. (Attached)
IV	It is written in the	In my opinion, the	SK and work programs
	form of a decree	Royal Prima General	already exist and are in
	and K3RS work	Hospital Medan has	accordance with the
	program	established the policies	Regulation of the
		and objectives of the K3RS program at the	Minister of Health of the Republic of Indonesia
		Royal Prima General	Number 66 of 2016
		Hospital.	concerning Hospital
		mospitai.	Occupational Health and
			Safety.
			(Attached)
			(Attacheu)

V	It is written in the	So for this hospital, the	SK and work programs
	form of a decree	policy itself has	already exist and are in
	and K3RS work	already been approved	accordance with the
	program	and issued by the main	Regulation of the
		director and in writing	Minister of Health of the
			Republic of Indonesia
			Number 66 of 2016
			concerning Hospital
			Occupational Health and
			Safety. (Attached)

Table 2. Question 2

Informant	Observation	Interview	Results
I	There are made in the form	Already	The organizational
	of a K3RS organizing		structure already
	decree		exists(Attached)
II	There are made in the form	So far there have	The organizational
	of a K3RS organizing	been personnel but	structure already
	decree	the personnel are	exists(Attached)
		not complete	
III	There are made in the form	Already	The organizational
	of a K3RS organizing		structure already
	decree		exists(Attached)
IV	There are made in the form	As far as I know,	The organizational
	of a K3RS organizing	the organization	structure already
	decree	already exists	exists(Attached)
V	There are made in the form	Yes, this has been	The organizational
	of a K3RS organizing	determined by the	structure already
	decree	K3RS organization	exists(Attached)

Table 3. Question3

Informant	Observation	Interview	Results
I	Can be seen in	It is attached to the K3RS	The hospital has been
	the work	program and is already in the	equipped with K3
	program and	K3RS budget.	facilities and
	directly seen in	-	infrastructure in
	the K3 facilities		accordance with the
	and infrastructure		Regulation of the
	at the Hospital		Minister of Health of the
			Republic of Indonesia
			Number 66 of 2016
			concerning Hospital
			Occupational Health and
			Safety.(Attached)
II	It can be seen	Yes, the hospital has	The hospital has been
	from the K3	determined funding support,	equipped with K3
	facilities and	facilities and infrastructure,	facilities and
	infrastructure at	such as simulation activities or	infrastructure in
	the Hospital	anything related to the	accordance with the
		hospital's K3RS.	Regulation of the
			Minister of Health of the
			Republic of Indonesia
			Number 66 of 2016

			1
			concerning Hospital Occupational Health and Safety.(Attached)
III	It can be seen from the K3 facilities and infrastructure at the Hospital	The hospital has established supporting facilities and infrastructure for K3RS	The hospital has been equipped with K3 facilities and infrastructure in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 66 of 2016 concerning Hospital Occupational Health and Safety.(Attached)
IV	It can be seen from the K3 facilities and infrastructure at the Hospital	The Royal Prima General Hospital Medan always supports all the needs and activities to run the K3RS program at the Royal Prima Hospital Medan.	The hospital has been equipped with K3 facilities and infrastructure in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 66 of 2016 concerning Hospital Occupational Health and Safety.(Attached)
V	It can be seen from the K3 facilities and infrastructure at the Hospital	Yes, so special expenditures are indeed issued for K3 starting from repairs when there is damage, facilities, calibration of medical devices and waste treatment are carried out.	The hospital has been equipped with K3 facilities and infrastructure in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 66 of 2016 concerning Hospital Occupational Health and Safety.(Attached)

Table 4. Question 1

20020 11 (0000001 1			
Informant	Observation	Interview	Results
I	Included in the K3RS	Already, already running	Hospital risk
	policy		management already
			exists(Attached)
II	Included in the K3RS	It was planned by the	Hospital risk
	policy	hospital	management already
			exists(Attached)
III	Included in the K3RS	The hospital is carrying	Hospital risk
	policy	out K3RS risk	management already
		management risk	exists(Attached)

IV	Included in the K3RS	Yes, the hospital has	Hospital risk
	policy	implemented K3RS risk	management already
		management and we have	exists(Attached)
		formed a K3RS team.	
V	Included in the K3RS	So for K3RS risk	Hospital risk
	policy	management, it has been	management already
		planned and stipulated in	exists(Attached)
		a guideline and has been	
		issued by the main	
		director.	

Table 5. Question 2

Informant	Observation	Interview	Results
I	It's already stated in the K3RS SK	Safety and security has been planned covering various factors, namely facilities, training, and hospital staff.	Hospital has planned safety and security.(Attached)
П	It's already stated in the K3RS SK	Yes, that was also planned by the Hospital	Hospital has planned safety and security.(Attached)
III	It's already stated in the K3RS SK	The hospital has planned safety and security at the Royal Prima Hospital in Medan.	Hospital has planned safety and security.(Attached)
IV	It's already stated in the K3RS SK	The Royal Prima Medan General Hospital has planned safety and security at the Royal Prima Medan Hospital in accordance with the procedures.	Hospital has planned safety and security.(Attached)
V	It's already stated in the K3RS SK	Yes, so for the safety and security of both staff and patients and visitors, it has also been established and made in a regulation by the director of this hospital.	Hospital has planned safety and security.(Attached)

Implementation of SMK3 at Royal Prima Hospital Medan

Informant 1

The implementation of SMK3 has been carried out at the Royal Prima Hospital in Medan

Informant 2

Yes, hospitals always improve the effectiveness of occupational safety and health protection, yes, the hospital itself also has a Medical Check Up (MCU) and a Human Immunodefiency Virus (HIV) test is also carried out to reduce occupational diseases, to create a safe environment, it must be done because it is cleaned every day and the Air Conditioner (AC) is also cleaned to keep the room cool and comfortable.

Informant 3

Yes the Hospital has done it, yes this has been done by the Hospital, as far as I am monitoring the Hospital has done it.

Informant 4

Yes the hospital has done it, I think yes, with the programs that have been at the hospital so far

Informant 5

We have carried out maintenance of facilities and infrastructure when damage occurs, providing personal protective equipment, then damage as well as educating staff regarding how to protect themselves from working safely, so for the prevention of occupational diseases, we have also implemented them, such as providing personal protective equipment, maintenance facilities and infrastructure as well as medical checkups to find out whether the condition is infected with disease, yes, so this hospital has also created a safe and efficient hospital to encourage the productivity of its workers.

From all the interviews given by the researcher to the informants, it was found that all the informants stated that the Hospital had implemented the K3RS implementation at the Royal Prima Hospital in Medan.

This is in accordance with Rahayuningsing's research (2011) on the Application of Occupational Health and Safety Management (MK3) in the Emergency Installation of Muhammadiyah Hospital Yogyakarta. The results showed that emergency health care department personnel, personal use of protective equipment, prevention of hazards or accidents, periodic health checks, and K3 training in the emergency department in accordance with the safety, fire, and disaster awareness operation manual at RSU Muhammadiyah in Yogyakarta in 2005. Conclusion: health workers have been carried out correctly in accordance with the established procedures at RSU Muhammadiyah Yogyakarta. The use of personal protective equipment has been carried out properly by the emergency department staff in accordance with the procedures established by the Muhammadiyah Yogyakarta General Hospital. Hazard and accident prevention work has been properly carried out by emergency personnel. Periodic medical check-ups in accordance with the procedures for the Muhammadiyah Yogyakarta General Hospital. Health and safety training is not discussed in the implementation of manual safety, fire, and disaster awareness but especially Hospital emergency department has been implemented well.

This is in accordance with Zaririma's research (2018) on the Application of Occupational Safety and Health in the Laundry Installation of the Klaten Islamic Hospital in 2017-2018, the results showed that the implementation of occupational safety and health in the laundry installation of the Islamic Hospital had 50% achievement. In detail, the achievements of each sub-variable are as follows: (1) OSH commitment is 67% achieved, (2) OSH implementation has 100% achievement, (3) OSH monitoring and evaluation has 33% achievement, (4) OSH review has 0% achievement.

This is in accordance with Sari's research (2018) on Occupational Health and Safety Management Audits to Assess the Effectiveness and Efficiency of the Implementation of Hospital Occupational Safety and Health (K3RS), the results of research conducted indicate that hospitals have provided facilities, infrastructure and personal protective equipment. adequate to support the implementation of hospital OSH implementation. However, the implementation of occupational safety and health in hospitals is still not running effectively and efficiently. This is due to the lack of monitoring of the OHS

implementation carried out by the OSH committee and the lack of implementation of OHS policies for employees.

This is in accordance with Permadi's (2013) research on the Implementation of the Decision of the Regional Hospital Director, dr. Soebandi Jember No. 800/91.SK/610/2009 concerning Policy on Occupational Safety, Fire and Disaster Awareness (K3) Regional Hospital dr. Soebandi Jember (Case Study on Occupational Health Service Aspects and Prevention of Occupational Diseases), where the results of the study explain that the implementation carried out by the implementor is the K3RS team at RSD dr. Soebandi Jember has gone well. This can be seen from the existence of several items in the indicators used that have been implemented well even though there are some things that have not been running optimally.

V. Conclusion

Based on the results of research and discussion of the entire description of the implementation of SMK3 at the Royal Prima Hospital in Medan, conclusions can be drawn, namely:

- a. The commitment and policies of SMK3 at the Royal Prima Hospital Medan have been carried out with written decisions regarding K3 at the Royal Prima Hospital Medan.
- b. The planning that was prepared directly by the leader of the Royal Prima Hospital Medan orally already exists and has been fully realized, at the Royal Prima Hospital Medan.
- c. The organization has been made but has not run optimally, where the K3RS organization already exists but the K3 officers at the Royal Prima Medan General Hospital are not yet complete.
- d. The implementation of SMK3 at the Royal Prima Hospital in Medan is by participating in K3 training, Royal Prima Hospital Medan also requires PPE in the occupational health and safety management system through outreach to employees of the Royal Prima Medan Hospital and K3 signs at the hospital. Royal Prima Hospital Medan.

References

- Adzhani. (2016). Analisis Implementasi Manajemen Pelatihan Kesiapan Petugas Tanggap Darurat Dalam Menghadapi Bencana Gempa Bumi Pada Gedung Instalasi Rawat Inap I (Irna I) di RSUP Dr. Sardjito Yogyakarta.
- Fadhila. (2017). Analisis Upaya Manajemen Rumah Sakit dalam Penerapan Budaya Kesehatan dan Keselamatan Kerja (K3) Pasca Akreditasi pada Sebuah RSUD di Kabupaten Semarang. Jurnal Manajemen Kesehatan Indonesia, Universitas Diponegoro.
- Herlambang. (2017). Cara Mudah Memahami Manajemen Kesehatan dan Rumah Sakit, Gosyen Publishing: Yogyakarta.
- Herlambang. (2018). *Manajemen Pelayanan Kesehatan Rumah Sakit*. Yogyakarta: Gosyen Publishing
- Hermanto. (2015). Analisis Implementasi Sistem Evakuasi Pasien dalam Tanggap Darurat Bencana Kebakaran Pada Gedung Bertingkat di Rumah Sakit X Semarang. Jurnal Kesehatan Masyarakat. Universitas Diponegoro.
- Ibrahim. (2017). Gambaran Penerapan Standar Manajemen Keselamatan dan Kesehatan Kerja Rumah Sakit Di Rumah Sakit Umum Daerah Haji Makassar. Jurnal Kesehatan Masyarakat, Universitas Islam Negeri Alauddin Makassar.

- Ivana. (2014). Analisa Komitmen Manajemen Rumah Sakit (RS) Terhadap Keselamatan dan Kesehatan Kerja (K3) Pada RS Prima Medika Pemalang. Jurnal Kesehatan Masyarakat. Universitas Diponegoro.
- Kemenkes RI, 2014. 1 Orang Pekerja di Dunia Meninggal Setiap 15 Detik Karena Kecelakaan Kerja. Jakarta.
- Kemenkes. (2016). Peraturan Menteri Kesehatan Republik Indonesia Nomor 66 Tahun 2016 Tentang Keselamatan dan Kesehatan Kerja Rumah Sakit. Menkes RI.
- Kemenkes. (2016). Peraturan Menteri Kesehatan Republik Indonesia Nomor 66 Tahun 2016 Tentang Keselamatan dan Kesehatan Kerja Rumah Sakit. Menkes RI.
- Kemenkes. (2018). Peraturan Menteri Kesehatan Republik Indonesia Nomor 4 Tahun 2018 Tentang Kewajiban Rumah Sakit dan Kewajiban Pasien. Menkes RI.
- Kurniawan. (2017). *Implementasi Keselamatan dan Kesehatan Kerja Instalasi Radiologi Rumah Sakit X Kota Semarang*. Jurnal Manajemen Kesehatan Indonesia. Universitas Diponegoro.
- Pangkey. (2012). Penerapan Sistem Manajemen Keselamatan Dan Kesehatan Kerja (SMK3) Pada Proyek Konstruksi di Indonesia (Studi Kasus: Pembangunan Jembatan Dr. Ir. Soekarno-Manado). Jurnal Ilmiah Media Engineering, Universitas Sam Ratulangi.
- Peraturan Pemerintah RI. (2012). Peraturan Pemerintah Republik Indonesia Nomor 50 Tahun 2012 Tentang Penerapan Sistem Manajemen Keselamatan dan Kesehatan Kerja. Presiden Republik Indonesia.
- Permadi. (2013). Implementasi Keputusan Direktur Rumah Sakit Daerah dr. Soebandi Jember No. 800/91.SK/610/2009 tentang Kebijakan Keselamatan Kerja, Kebakaran dan Kewaspadaan Bencana (K3) Rumah Sakit Daerah dr. Soebandi Jember (Studi Kasus Pada Aspek Pelayanan Kesehatan Kerja dan Pencegahan Penyakit Akibat Kerja). Universitas Jember (UNEJ).
- Profil Rumah Sakit Royal Prima Medan. (2016).
- Rahayuningsing. (2011). Penerapan Manajemen Keselamatan dan Kesehatan Kerja (MK3) Di Instalasi Gawat Darurat RSU PKU Muhammadiyah Yogyakarta. Jurnal Kesmas, Universitas Ahmad Dahlan, Yogyakarta.
- Rahmawati. (2017). Gambaran Penerapan Program Kesehatan dan Keselamatan Kerja Rumah Sakit (K3RS) Pada Perawat Di Rsud Tugurejo Semarang. Skripsi. Universitas Diponegoro.
- Roben. (2017). *Jumlah Kecelakaan Kerja di Sumut-Aceh Sebanyak 6.217 Kasus*. https://reporter88.com/hingga-oktober-2017-jumlah-kecelakaan-kerja-di-Sumut-Aceh-sebanyak-6-217-kasus/.Diakses tanggal 23 februari 2019.
- Sari. (2018). Audit Manajemen Keselamatan dan Kesehatan Kerja Untuk Menilai Efektivitas Dan Efisiensi Penerapan Keselamatan dan Kesehatan Kerja Rumah Sakit (K3RS). Tesis, Universitas 17 Agustus 1945 Surabaya.
- Sastroasmoro, Sudigdo. (2016). Dasar Dasar Metodologi Penelitian Klinis, Edisi ke 5. Jakarta: Sagung Seto.
- Saut. (2018). *Angka Kecelakaan Kerja RI Meningkat ke 123 Ribu Kasus di 2017*. https://finance.detik.com/moneter/d-3853101/angka-kecelakaan-kerja-ri-meningkat-ke-123-ribu-kasus-di-2017, Diakses tangaal 23 februari 2019.
- Sembiring. (2018). Penerapan Keselamatan dan Kesehatan Kerja di Rumah Sakit Umum Daerah Kabanjahe Kabupaten Karo Sumatera Utara. Tesis. Universitas Sumatera Utara.

- Shah, M. M., et al. (2020). The Development Impact of PT. Medco E & P Malaka on Economic Aspects in East Aceh Regency. *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)*. Volume 3, No 1, Page: 276-286
- Sistem Informasi K3RS Rumah Sakit Royal prima Medan
- Subiyadevi. (2017). Pelaksanaan Sistem Manajemen Kesehatan dan Keselamatan Kerja Rumah Sakit (SMK3RS) Untuk Memenuhi Hak Tenaga Kesehatan Rumah Sakit Umum Roemani Semarang. Tesis. Universitas Katolik Soegijapranata Semarang.
- Tamboto. (2017). Analisis Penerapan Standar Pelayanan Kesehatan Kerja di Rumah Sakit Gmim Kalooran Amurang Kabupaten Minahasa Selatan . Jurnal, Universitas Sam Ratulangi.
- Toding. (2016). Analisis Penerapan Sistem Manajemen Kesehatan dan Keselamatan Kerja (Smk3) Di Rsia Kasih Ibu Manado, Jurnal. Universitas Sam Ratulangi Manado.
- Wati. (2017). Analisis Sistem Manajemen Keselamatan Dan Kesehatan Kerja di Rumah Sakit Umum Daerah Mukomuko Tahun 2017. Jurnal Ilmiah. Universitas Muhammadiyah Bengkulu.
- Yunita. (2016). Analisis Faktor-Faktor Kebijakan Dalam Implementasi Program Keselamatan Dan Kesehatan Kerja Rumah Sakit (K3RS) Di Instalasi Gawat Darurat Rumah Sakit Umum Daerah Kota Semarang. Jurnal Kesehatan Masyarakat, Universitas Diponegoro.
- Yusuf. (2014). Metode Penelitian Kuantitatif, Kualitatif & Penelitian Gabungan, Kecana: Jakarta.
- Zaririma. (2018). Penerapan Keselamatan Dan Kesehatan Kerja Di Instalasi Laundry Rumah Sakit Islam Klaten Tahun 2017- 2018. Tesis. Kesehatan Masyarakat, Universitas Muhammadiyah Surakarta.