

# Patient Safety Dimension in Primary Health Care Padang City

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**Abstract**— Primary health care (PHC) in Padang, Indonesia has a significant barrier to assessing risk reduction strategy, due to difficulties in identifying medical errors and adverse events. It is thought that patient safety initiatives can be framed within a public health model of prevention, but the initiative has not implemented yet. Our presentation focus on examine the dimensions of patient safety systems in PHC. We conducted a qualitative study, by focus group discussions and in-depth interviews among of doctors, nurse, midwife, pharmacy officer analysts and medical record officers with total of 13 participant. We asked open-ended questions about their perceptions include predefined categories were: understanding of health personnel about patient safety, implementation of patient safety in primary health care, dimensions that appropriate in patient safety, Data analyses used a content analysis technique. Our study showed that most workers in health centers did not understand the concept and definition of patient safety. There were no modules and guidelines. It concluded that the PHC need five dimensions for implementations of patient safety systems.

**Keywords**— Patient safety, primary care, dimension, medical errors, adverse event

## I. INTRODUCTION

Patient Safety is a serious global issue since the report from *Institute of Medicine* (IOM) in 2000 that made many countries realized that the issue of patient safety has been the central issue and a new agenda in many countries [1-3]. Patient safety is an issue that comes out of the hospital setting. [4-6] The issue of patient safety in primer health center start exposed in recent years. [7, 8]

Based on the IOM report, found adverse event 2.9% where 6.6% died. While in New York by 3.7% where 16.6% died. For the entire US, mortality due to adverse event in hospitalized patients amounting to 33.6 million per year. [2, 9] In Indonesia, adverse event report on Medical Care and Nursing Ministry of Health reached the 289 report until February 2016. [10] Adverse event cases in primary service varies from 0.004 to 240 per 1,000 consultations.[11] The current study conducted in primary service found that adverse

event often related to administrative issues and documentation, [11], [12] diagnoses of disease and prescription of drugs, [13], [14] cooperation and communication between health workers,[13], [15], [16] reporting and monitoring [12], [17].

Aspects of patient safety in health centers appeared as part of the Health Minister Regulation number 75 of 2014 on Standards for Accreditation of Public Health Center (CHC). At the end of 2017 all health centers in Indonesia must have been accredited .[18], [19] Readiness of public services in the new health center reached 71% and service of non-communicable diseases has reached 79%. Only 24% of health centers who could implement all components of the diagnosis [10].

Until now, the report of patient safety incidents in CHC and the health department has been not found, that made the lack of knowledge about the magnitude of the problems faced. But the news that appeared in the local newspaper about the malpractice incident shows that the problem of patient safety occurred in CHC. This study aim to examined the dimensions of patient safety that is suitable for patient safety systems in CHC.

## II. MATERIALS AND METHODS

This study using qualitative approaches, and in-depth semistructured interviews which were suited to exploratory aims of the study. 13 individuals participated in the study. Individuals working in Public Health Center of Seberang Padang are as general practitioner, nurse, midwives, laboran, and ministri of health employewy. Interviews took place between February 2016.

Interviews were conducted by one member of the research team who had previous training in interviewing healthcare staff. Interview transcripts were subjected to a directed content analysis, a

form of thematic analysis in which some coding categories are predetermined in line with the aims of the study.

These predefined categories were: understanding of health personnel about patient safety, implementation of patient safety in public health centers of seberang padang today, dimensions that appropriate in patient safety, appropriate steps towards the patient safety, and target that appropriate for patient safety has resulted in public health centers.

Transcripts were coded by one member of the research team. Any other relevant statements were given new codes at this stage, which culminated in the final coding framework. The coded data were investigated for relationships which approaches.

Research ethics. The study received ethical clearance from the committee ethics of Faculty of Medicine, Universitas Andalas Indonesia. We contact and told informan about inform before the interviews. Verbal informed consent from the participants was audio recorded, also we ask informan handwriting in the inform concent. We kept anonymity during data analysis and presentation.

### III.RESULT

Total of 13 people participated in this study, consisting of doctors, nurse, midwife, pharmacy officer analysts and medical record officers. The average age of the informant was 43 years with youngest age was 30 years old and the oldest 52 years old. The average length of working experience was 13,5 years with a variety from 2 years to 22 years.

Less than half of the respondents did not know about patient safety in health centers, some informants interpreted it as providing good health services without any errors. All informants claimed that there were no modules and standard operating procedures (SOP) of patient safety in the CHC yet, but some informants said SOP already exist can be used as guidelines for the implementation of patient safety. For socializing, there were no workshops

and formal training on patient safety at CHC yet, but two informants attended training patient safety in hospitals.

All over the place and the health programs at the CHC must pay attention to the patient safety. Most informants stated that everyone in the health center is the person in charge for patient safety, but others said the one with got the letter of assignment is reponsible. If incident of patient safety accured, generally informants said that they must report. Generally, informants said there was support from officemates in reporting. A small number of informants said that they got a negative response from the head of management when reporting. Almost all of the informants said that there was no follow-up in most of patient safety incidents case yet, but the chronology and the one who should be responsible for the case always seeked in every incident that occurred.

Prevention infection which is part of patient safety has been carried out in health centers by almost all informants The socialization about the medication to the patients is the responsibility of the doctor and the pharmacy officer based on some informants. While information about maintenance is the responsibility of doctors and nurses

All informants said that the dimension corresponds to the patients safety in the CHC include awareness, commitment, ability to identify risk factors, compliance of reporting incidents. In addition, two informants added dimension of competency of health officer as one of the dimensions that must be considered for patients safety in health centers.

### IV. DISCUSSION

From the characteristics of the respondents, the average of respondents had worked more than 10 years so that it counts all the informants understand and applied out the job descriptions of each well. But from depth interview turned out to be largely informants still did not know the definition of patient safety. Informants believe that patient safety is limited to the provision of health services that are

safe for the patient. According to the informant, safety incidents includes only adverse event, Sentinel event (adverse event that caused death or of serious injury). While the incidence of patient safety include Near Miss (incidents that are not yet exposed to the patient; Not Injured (incident has been exposed to the patient, but the patient does not arise injuries) and Potential Injuries (events that could potentially cause injury) not included in the incidents of patient safety and not to worry about. in accordance with the definition of patient safety from Comittee Patient Safety Hospital Indonesia that patient safety is a system of that prevent adverse event as a result of actions taken or not by trained medical or non-medical officer. [20] So although the incident has not occurred, if the process has potential of patient safety incidents it must be analyzed and fixed.

Patient safety issues have only focused on implementation and reporting in the hospital. With the national health insurance program in Indonesia carried out by PT BPJS, it require any health service to start of the first-level health facilities. This causes an increase in visits to the first-level health facilities. Increased traffic causes increased workload of health workers that increased the possibility of patient safety incidents. There are no SOP modules and patients safety in the CHC caused lack of the implementation of patient safety in the CHC, but for the prevention of infection has been carried out in the CHC, only sometimes constrained by lack of infrastructures or not available and incomplete. However, some informants claimed existing SOP could be used as guidelines for the implementation of patient safety in health centers. Socialization, workshops and formal training on patient safety in the CHC had not available yet because the patient safety is a new discourse that echoed after the health minister RI regulations number 46 in 2015 on the accreditation of health centers.[19] These regulations required all health centers in Indonesia accredited by the end of 2017 where patient safety is one point in the accreditation requirements of health centers.

Half of informants said that all health workers are responsible for the implementation of patient safety. All informants also said the implementation of patient safety must be implemented in all the rooms or health service programs. The same thing is stated in Minister Regulation No. 1691 of 2011 on the safety of patients in hospitals. [21] Data on patient safety incidents in the CHC current did not exist in the health department of Padang and health department of povince. This is due to no reporting of patient safety incidents that occurred in the CHC. Although almost all of the informants stated any patient safety incidents must be reported but it is not reported as a fraction of informants not received positive support from co-workers and there were co-worker who suggested to resolve cases without reported. There was also a small portion of informants who got a negative response when reporting, that caused them not to report it.

Patient safety is a new discourse in the health centers along with the accreditation of health centers. Although there has been no clear sistem, but some implementation of patient safety activities already carried out at health centers such as infection control, information of how totake medication, procedures and actions during the treatment. However, in practice was still not running optimally for the facilities and infrastructure that does not exist or is incomplete. In addition, health centers as the first-level health facilities for logistical needs were still channeled through the health department so that when there were obstacles in logistics management in the health service will affect also the health centers.

Based upon survey of the safety of various countries there are various dimensions of patient safety, such as the Hospital Survey on Patient Safety Culture (HSPSC) states 12 dimension in a culture of patient safety, Safety Attitude questionnaires (SAQ) uses eight dimensions of patient safety, Instrument Stanford (IS) uses 5 dimensions of patient safety. Dimensions of patient safety by Comittee Patient Safety Hospital Indonesia include the dimension of consciousness, dimension

of commitment, dimension of ability of risk factors identification, and dimensional compliance incident reporting. This is in accordance with the interviewee, but on the other dimensions of the above, two informants added dimension of competency of health personnel.

#### V. CONCLUSION

Most workers in health centers did not understand the concept and definition of patient safety. Implementation of patient safety in the health centers had no modules and guidelines. Implementation has been done in some informants based on the existing SOP. Patient safety implementation was still limited to medical personnel and any health service. Dimensions, steps and patient safety goals in the CHC is almost the same as the guidelines of patient safety in hospitals. Suggested to construct patient safety models that fit to CHC basic from dimension, step and goals of patient safety in Public Health Center

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TABLE I  
INFORMAN CHARACTERISTICS

Informant's Number	Age	Length Of Working Experience	Position	Education
1	45 years old	14 years	Health Department of West Sumatera	Master
2	50 years old	21 years	Health Department of Padang	Master
3	40 years old	6 years	Midwife	Diploma
4	50 years old	15 years	Nurse	Dimploma
5	52 years old	22 years	Pharmacy Officer	Farmacy High School
6	30 years old	5 years	Doctor	Medical doctor
7	38 years old	19 years	Nurse	Diploma
8	39 years old	12 years	Nurse	Diploma
9	46 years old	20 years	Midwife	Diploma
10	40 years old	20 years	PPT	Diploma
11	44 years old	14 years	Nurse	Diploma
12	33 years old	2 years	Medical Record	Diploma
13	52 years old	5 years	Laboratorium Analyst	Senior High School
Average	43 years old	13,5 years		

TABLE II  
TRANSKRIP OF INDEPTH INTERVIEW

No	Questions	Informan 1	Informan 2	Informan 3	Informan 4	Informan 5	Informan 6	Informan 7	Informan 9	Informan 10	Informan 12	Informan 13
P1	Do you know about the meaning of Patient Safety?	Keep healthy and safe patients	Activities performed on patients to injury and illness unsustainable	Health care provided to patients	A procedure to maintain for patients and personel	No infection and healthy patients	Patients healed, healthy and safety is assured	An attempt of health personels to provide service according standars operational procedura for patient safety	Yes, I know	I don't know	Dependin g on the working condition	Yes, I know
P2	Are there module about Patient Safety at Health Center?	There was in ER	No	Not yet	Not complete	Not yet	Not yet	No	Not yet	Yes	there is no module	Yes
P3	Is there workshop or training about Patient Safety at Health Center or City Health Departement	Ever held in 2013	Sometimes	Not yet	Yes, but not routinely every year	Not yet	Not yet	Yes	Not yet	I don't know	No	Yes
P4	Is there anyone who is responsible for the implementati on of Patient Safety in Health Center?	Doctor	No one	Not yet	Not yet, but all the personel take responsibility of patient safety	Not yet	Not yet	All personels take responsibility	Health personels	I don't know. Never hear about it	I don't know	Yes
P5	What activities are being targeted for Patients Safety in Health Center	In the Emergency room and every room at Health Center needs	In all programs in Health center	Most of the rooms need to be targeted to develop guidelines for patient safety	Every places aand acivities that related to Patient Safety	In the examination room, immunizations, emergency room and room service	All the rooms in health center	The examination rooms t the pharmacy, the entire rooms	The entire rooms	Pharmacy, family planning, MCH, dental treatment	The entire rooms	The registration booth to pharmacy
P6	Are there existing policeor Standard Operational	No	There is no written policy	Not yet	Not yet	Not yet	Not yet	There is no standard operational procedure for patient safety	Not yet	Not yet	I don't know	Yes, entire room have standard operational procedure



	Procedure that regulated and explain what to do if there is incident?											
P7	Are there have to be reported in case of incident of Patient Safety	Yes	Yes	Yes	Yes	Yes, there was medical errors	Medication errors for patients with the same name	Necessary, but there is no report	Settled internally first, and if not finished asking for help out	Yes and have to reported	Yes	Yes
P8	Is there any feedback to the employee or staff who report patient safety incident?	Empolyess werw reprimanded and told then defend themselves	Positive response	Yes	Yes, positive response	Ordered to find the address	Told to find these patients up to their home	There is no reported about patient safety	No	Warning	Yes, such as warning	Yes
P9	Is there support form leader to reporting when incident related patient safety?	Just warning, no punishment	Yes	Yes	Yes	Warning from Head of Health Center	Warning from head of health center	Yes, if there are problem, the leader or head of health center will investigated	Yes, the Head of Health Center will asked to the health personel concerned	Warning from Head oh Health Center	Just warning	Yes
P10	Is there support from colleagues for reporting about incident patient safety?	There is support for friend	There is support for friend	Yes	Yes	More reminding	More reminding	Yes	No	Yes, there are support from other health personel	Support ang motivation from other health worker	Yes
P11	In the event of incident, is the health center do investigation , analysis and determines solution for patient safety?	We investigate about work permitt and practice here	Yes, for some cases	No	Yes, depending on the cases	Investigation and analysis is done, solution will be reminded	Investigation and analysis is done, the solution is to be reminded	Should to do investigation and incease service to the patients	Should indeed be done	Yes, developed by Head of health center. Health personel wil get warning	Yes	Yes
P12	How to identify incident related to patient safety? Is	Investigation	There is identification but not written, and tend to FMEA	Sometimes FMEA	Done with FMEA but not written	Judging causal problem	Judging causal problem, then find the patients and resolve the problems	Find the patients, prescription medication like and searching for	Judging causal problem	Judging causal problem	Judging causal problem	Find the patients, review an re-check

	there any identification such as the ( <i>Root Cause Analysis</i> )s atau <i>Failure Mode Effect Analysis</i> (FMEA)?							detail.				
P1 3	Who are involved in the implementation of patient safety in health center?	All health worker and trained cadres	All health worker, cadres and family.	All related services, including family and cadres	All personnel, including cadres and family	All worker in Health Center only	Just at the Health Center	Cadres, stakeholder, not just health personels	Cadres and stakeholder s	Nurses and doctor.	All personels	All personels
P1 4	What do the clinical management to identify, assess and report potential hazard and risk?	Implementation of clinical management told each monthly	Sometimes	Yes, but not all clinic or program involved	Do management risk, but there is no procedure	There is monthly meeting of all staff and Head of Health Center. There is procedure as reference	There monthly meeting between management and staff.	Every month there is meeting with cadres and sectors to discuss and report the problem that find.	All personels should to know	The meeting gathered monthly discuss about service to patients and drug administration	There is meeting at health center given information about referral	Meeting to be more careful
P1 5	There is infections control program in health center?	Infection control, medical and non-medical waste separation, washing hands but not all the rooms, personal protective equipment still not complete	Not yet,	Yes, but not complete	Yes, but not complete	Personal protective equipment complete the process of action	Complete personal protective equipment, less hand washing facilities	Sterilization equipment, water for hand washing, complete personal protective equipment	Yes, but not complete	There is personal protective equipment	Yes	Yes
P1 6	What do the introduction of safe treatment to patients?	Will be explain by doctor and in pharmacies also described	Yes, sometimes	Yes	There was carried out starting from the history, how to put on and take medicine including an explanation of high-risk drugs	Yes	Yes	Yes, ask allergies, dosage. Report the problem	Always describe to patients and family	Yes, sometimes pharmacy will explained	Yes, in the pharmacy	Yes
P1 7	Do the patient and	Yes	Yes, specially in	Yes	Yes	Yes	Yes, always give	Give information	Always explain to	Sometimes, but	Pharmacy will	Yes



	family gets a clear and detailed information about treatments and preventing the incident?		some cases				information to family and patients	n about medical record and Counseling before return home on maternal and neonatal care at home, hoe to drug consumption	patients and family	pharmacy always explain	explain	
P18	What dimensions accordance with the concept of Patient Safety at Health Center?	Awareness of health personels, committed from management team, identification capabilities and reported	To involve all health personels and committen from leader	Dimensions from all health personels and leader	All lines in the health center should know about patient safety and also system are made	Awareness from health personels, good leadership, competent health personels to identifying the risk factors associated with the incident	Health personels awarnes, responsibility and competent	All of it	Self awareness from health personels to take responsibility for patients	Self awareness from health personels, comminttwd leadership, and reporting incident	Self awareness from health personels and health center policy	Paramedics and Head of Health Center

TABLE III  
MATRIX OF INDEPTH INTERVIEW

No.	QUESTIONS	ANSWERS BY INFORMAN NUMBER
1	Definition of patient safety	Does not know (Informan 10,11,12,13) Good service without errors (Informan 3,4,5,6,7,8,9) Patient safety system (Informan 1,2)
2	Availability of modules and SOP	Not available, SOP as substitute of module (Informan 1,2,3,11,13) Not available (Informan 4,5,7,8,9,10,11,12)
3	Dissemination, workshops or training	Available in Hospital (Informan 3,6,9,13) Ever joined (Informan 1,7) Never (Informan 1,2,4,5,7,8,10,11,12)
4	Responsible	No assignment (Informan 5,6,11,12) All the officers in charge (Informan 1,2,3,4,7,8,9,10,13)
5	Place or patient safety activities	In each room services/programs (Informan 1,2,3,4,5,6,7,8,9,10,11,12,13)
6	Reporting to an incident	Needed (Informan 1,2,3,4,5,6,7,9,10,11,12,13) Fix it, report if unfixed (Informan 8)
7	Support from colleagues to report	Support (Informan 3,4,5,6,7,8,9,11,12,13) No Support (Informan 10)
8	Feedback of reporting from the leaders	Positive Response (Informan 3,4,5,6,11,12,13) Negative Response (Informan 7,8,9,10)
9	Analysis, investigation and solutions and follow-up incidents	Asked, sought who was wrong, no follow-up (Informan 1,2,3,4,6,7,8,9,11,12,13) No follow up (Informan 5,10)
10	Infection control programs in health centers	Available but incomplete (Informan 1,2,3,4,5,6,7,8,9,10,11,12,13)
11	Information procedure for taking medicine	Doctor and pharmacist (Informan 1,2,3) Doctor (Informan 5,6,7,8,9,10,13) pharmacist (Informan 4,11,12)
12	Care information	Doctors / nurses (Informan 1,2,3,4,5,6,7,8,9,10,11,12,13)
13	Dimensions in accordance with the concept of patient safety awareness in public health centers	Awareness (Informan 1,2,3,4,5,6,7,8,9,10,11,12,13) Commitments (Informan 1,2,3,4,5,6,7,8,9,10,11,12,13) Identification of risk factors (Informan 1,2,3) Reporting (Informan 1,2,3,4,5,6,7,8,9,10,11,12,13) Competention of personel (Informan 7,8)

TABLE IV  
SUMMARY OF DIMENSION OF PATIENT SAFETY IN PRIMARY HEALTH CARE

Dimension of Patien Safety	Number of participants stated the benefit		
	All informants (n=13)	Health Workforce (n=11)	Policy Makers (n=2)
Awareness of health workforce	13	11	2
Health workforce commitment of management	13	11	2
Identify risk factors associated with the incident	3	1	2
Compliance health workers for Reporting	13	11	2
Competention of Health Workforce	2	2	-