Efectivity Clinical Supervision In Integrated Patient Development Records Of Compliance And Nursing Performance: Systematic Review

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Abstract: In Indonesia the model of nursing clinical supervision at the hospital is not as clear as what and how its implementation. Supervision is an effort undertaken in the context of monitoring accompanied by the provision of guidance, mobilization or motivation and direction involving many practitioners providing health services such as doctors, nurses, midwives, nutritionists, pharmacists, therapists, etc. and can involve various units of work and service which are in the integrated care record that is in the medical record. Literature searches are performed in major databases such as proquest, sciencedirect, doaj, sagepub, medline, and google scholar with time limits used in January 2008 to December 2018. A total of fifteen studies raised in this study, which is almost the same that is how to carry out clinical supervision in improving the compliance and performance of nurses in each population. From fifteen randomly selected respondents chose respondents. In order to ensure better compliance and performance of nurses in documentation of integrated patient development records, quality clinical supervision is needed in accordance with needs and problems in the inpatient room so as to improve the quality of documentation of integrated patient development records to support the achievement of optimal health services.

1 INTRODUCTION

The health service paradigm has begun to change by focusing on patient health services. No longer putting one of the professions as a service center, but it requires the integration of care from various service professions (National Standard Accreditation Hospital, 2017). Based on patient-centered care pattern (Patient Centered Care), care is given based on patient service needs. The care process is dynamic and involves many practitioners providing health services such as doctors, nurses, midwives, nutritionists, pharmacists, therapists, etc. and can involve various work units and services that are in integrated care records (National Accreditation Hospital Standard, 2017).

One of the functions of management is directing where there is nursing supervision activities, the fact shows the implementation of nursing supervision in various hospitals has not been optimal. Mularso's research (2006) found that more supervisory activities in "supervision" activities were not on guidance, observation and assessment activities. In Indonesia the model of nursing clinic supervision at the hospital is also not clear what kind and how its implementation. Supervision is an effort undertaken in the context of monitoring accompanied by guidance, mobilization or motivation and direction (Department of Health, 2008).

Medical records facilitate and reflect the integration and coordination of care. In particular, each health practitioner: nurse, physician, therapist, nutritionist and other health professionals records observations, medications, results or conclusions from the patient care group meeting / discussion in a problem-oriented developmental record in the form of SOAP (IE) together in the medical record, is expected to improve communication among health professionals (Frelita, Situmorang, & Silitonga, 2011; Iyer Patricia and Camp Nancy, 2004).

Documentation is a means of communication between health workers in order to restore the health of patients, without proper and clear documentation,
nursing care activities that have been implemented by a professional nurse person can not be accounted for in improving the quality of nursing service and improvement of patient's health status in hospital (Nursalam, 2011). Documentation in medical record is a means of communication between health professions in providing services to patients. The communication in question is inter-professional communication aimed at preventing misinformation, interdisciplinary coordination, preventing repetitive information, assisting nurses in the management of their time (Klehr et al., 2009). According to medical record guidance mentioned there are 3 main principles in medical record documentation that is: comprehensive and complete, patient-centered and collaboration and guarantee and keep patient confidentiality (WHO, 2007).

Written proof of service provided to patients by nursing personnel aims to avoid mistakes, overlapping and incomplete information. Act No. 44 of 2009 Article 52 paragraph 1 states that the hospital is obliged to record and report on all activities of the organization in the form of hospital management information system (Department of Health, 2009). Permenkes No.269/MENKES/PER/II/ 2008 concerning medical records in article 1, paragraph 1, stipulates that the medical record is a file containing records and documents on the patient's identity, examination, treatment, actions and other services that have been provided to the patient.

Given the importance documentation as a medium of communication between professions that can prevent the occurrence of unexpected events in the hospital due to communication problems including in the nursing. Data from Root Cause Analysis (RCA) results shows that one hospital in the United States shows 65% sentinel event, 90% of which is communication and 50% occurs during the handover of patient information (JCI, 2006).

One sign of a lack of communication between different health professions is the continued use of separate medical records with care records and other health profession records to record the patient's condition. The notes made less describe information about the patient's response and what the patient perceives, even many observations that are not recorded in the medical record. To improve the quality of medical records is to integrate the records of health professionals into an integrated patient record that is an integrated patient development record.

Patricia Suti Lasmani (2013) conducted a research with title evaluation of integrated medical record implementation in inpatient installation of RSUP Dr. Sardjito Yogyakarta. The result of this research is Implementation that still need to be improved that is: clarity; with result 29.7% rectification with crossed and initialed and none medical record using standard abbreviation; completeness: with 61.5% result of clear and concise treatment record, 85.4% developmental records fully and 81.3% written name and signature; novelty: with 41.6% written out the time and date of each action; comprehensive: 95% of the results of the incidence of critical incidents, patient-centered and collaborative: with 92.2% of the results there is subjective and objective data on developmental records, 73.4% of individual and comprehensive plans and 88.0% documented action approval.

Weaknesses in documenting an integrated patient development record (IPDR), nurses are required to make changes aimed at improving nursing services and the application of quality nursing documentation. Problems in the implementation of the current nursing documentation system, among others, 1) Currently there are still many nurses who have not realized that the actions they do must be accounted for. 2) Many parties mention that lack of documentation is also caused because many do not know what data should be included and how to make correct documentation. 3) Lack of document control (Handayaningish, 2009). Compliance of nurses in documenting nursing care is defined as obedience to carry out documenting nursing care in accordance with fixed procedures that have been established (Arikunto, 2002). Less nurse compliance in applying nursing documentation records will result in low quality of service. In addition to the means of supervision, other issues related to the performance of the nurses in carrying out documentation can also be attributed to factors from the human resources of the nurse itself.

According to Setyono's research, this is because supervision is carried out by people who have been doing the same thing so that there is no impression from nurses that there is nothing new from such structured supervision and the factors that influence the performance of the nurses are not controlled such as work situation, work experience, motivation, attitudes and behavior of supervisors, who are responsible for carrying out supervision is a superior who has advantages in the organization, ideally the advantages are not only from the aspect of status and position, but also knowledge and skills (Nursalam, 2011).

All of these can improve the quality of nursing care to clients. Thus, nursing documentation can be

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used as evidence of quality assurance nursing care for clients (Asmadi, 2008).

In order to adhere to the quality of nurses' compliance and performance in documenting an integrated patient development record, clinical supervision is needed to meet the needs and problems in the inpatient room. Based on the theory of clinical supervision to improve the quality in documenting the record of integrated patient development between professions. This research is expected to be one of the health service research that will provide solution in the implementation of clinical supervision to improve the quality and performance of the nurses in documenting the record of the development of quality integrated patients so as to improve the quality of documenting the records of the development of integrated patients to support the achievement of optimal health services.

2 METODS

2.1 Design
Systematic reviews are used to review published journals that describe clinical supervision in documenting integrated patient development records to improve nurse compliance and performance.

2.2 Inclusion and exclusion criteria
2.2.1 Study type
This systematic review uses inclusion criteria which use quantitative and qualitative methods to evaluate outcomes from the implementation of clinical supervision.

2.2.2 Participant type
The nurse in charge of the patient / head of team / primary nurse at the inpatient.

2.2.3 Intervention type
Methods of implementation of existing clinical supervision include:
1) Conducted by a competent nurse or manager to the nurse in charge of the patient / team leader / primary nurse.
2) Covers experimental methods, observation, dialogue, reflection, briefings, post clinical clinical supervision implementation.
3) Activities are carried out individually or in combination of both methods.

2.3 Search literature strategy

The strategy in searching the literature used is to search in proquest, sciencedirect, doaj, sagepub, medline, and google scholar with the time limit used is January 2008 to December 2018. By using keywords of clinical supervision, nurse compliance, nurse performance.

2.4 Quality study assessment method
Study quality study method used to examine the data of research results using 2 stages of validity (validity), reliability and Applicability (applicable).

2.5 How to data extraction
To compare the journals already obtained, the data are extracted using the author and the year of publication, design, research objectives, population, interventions, methods of implementation and outcomes to be achieved.

2.6 Data synthesis
The synthesis of data using data from the extraction of journals that have been done then dilakukan inference.

3 RESULTS
Competence of nurse in charge of patient during documentation of record of integrated patient development at this time many influenced factors such as composition of nurses in inpatient room, individual factor of nurses and factor from outside that is organization in this case is Hospital. Competence of nurses in charge of patients during documentation of records of development of integrated patients are still many that have not been appropriate due to several factors that can not be predicted and circumvented. Specifically, clinical supervision is necessary to improve the competence of nurses. From the results of research that has been done to get results that after the clinical supervision, there will be improvements in the quality of carrying out documentation or in improving the ability of nurses. In the systematic review of this research, the results obtained are:

3.1 Characteristics of respondents
Respondents for the implementation of clinical supervision on the four journals are nurse implementers (neonatal nurses), nursing students who will graduate, Nurse Fresh Graduate, pediatric nurse and Health Care Provider including nurses implementing therein.
3.2 Implementation of clinical supervision methods

Clinical Supervision is one of the ideal models to assist an individual in self-development, improvement of expertise and to help develop the nursing care plan that has been made. Implementation of clinical supervision reviewed in this research journal is carried out at least within 1st month of nurses conducted by clinical supervision supervisor who has been appointed then will be seen the impact of the implementation of clinical supervision on improving the competence of nurses in charge of patients during the documentation of records of development of integrated patients.

3.3 Advantages and disadvantages of journal

Research The obtained journal is a search result by limiting the clinical supervision of the nurses. The journals obtained have a nurse population of executives or fresh graduate students (Fresh Graduate). Of the five journals obtained are also less specific for each clinical supervision implementation using various methods. The implementation of coaching should have a standard or criteria to be achieved and measuring instruments used clearly. Critical Appraisal Quality The study was conducted by the author himself so that the results obtained still depend on the subjectivity of the author.

4 DISCUSSION

Supervision comes from the word super and vision. Super is something great, while vision is observing. Supervision is defined as the activity of observing the activities of others from the point of view of a person whose position or position is higher (Mulianto, S., Cahyadi, E.R., Widjayakusuma M.K., 2006). Supervision performed by superiors to subordinates with direct and periodic observations to provide guidance as a problem solving (Azwar, 1997). Supervision also facilitates the resources that workers need to complete their tasks (Swansburg R.C., 2000).

This relationship is evaluative and hierarchical, which involves a lot of time and has a goal to improve professional functionality for a more junior and professional quality of service monitoring (Dilworth et al., 2013). Thus the clinical supervision can be concluded as a part of the function of supervision that serves to improve the performance, daily tasks and competencies in order to improve the quality of nursing services.

Clinical supervision has benefits to improve nursing care and competence development. The quality of nursing documentation can be seen from the completeness and accuracy of writing the nursing care process given to the patient, which includes assessment, nursing diagnosis, action plan and evaluation (Nursalam, 2007). Clinical Supervision plays an important role in providing support to nursing services through quality assurance, risk management and competence within the framework of accountability and responsibility (Butterworth & Faugier, 2013).

The benefits of clinical supervision are the learning process, improving and honing the clinical ability. Clinical Supervision ensures the quality of nursing care. Clinical Supervision can improve therapeutic competence or skill and provide support to nurses or clinicians to be professional (Lynch et al., 2009)

5 CONCLUSIONS

Compliance of professional officers (nurses) is the extent to which the behavior of a nurse in accordance with provisions that have been given the leadership of nurses or the hospital (Niven, 2002).

Nurses as one of the health workers in the hospital plays an important role in efforts to achieve health development goals. The success of health care depends on the participation of nurses in providing quality nursing care for patients (Potter & Perry, 2005). This is related to the presence of nurses who served for 24 hours serving patients, as well as the number of nurses who dominate health workers in the hospital, which ranges from 40-60%.

Therefore, the hospital must have a well-performing nurse who will support the hospital's performance so as to achieve customer or patient satisfaction (Swansburg, 2000 in Suroso, 2011). The performance of nurses is nurse activity in implementing the best of an authority, duties and responsibilities in the framework of achieving the goal of the main task of the profession and the realization of the goals and objectives of the organizational unit. The performance of the nurse is actually the same as the work achievement in the company. Nurses want to measure their performance based on objective standards that are open and can be communicated. If nurses are noticed and rewarded until the award is superior, they will be
more motivated to achieve achievement at a higher level (Faizin and Winarsih, 2008).

6 RECOMMENDATION

Hospitals can develop clinical supervision instruments that focus on integrated patient development records and conduct periodic clinical supervision so as to evaluate nurses’ compliance and performance with improvement, nurses must maintain compliance with quality documentation and improve nurse performance in accordance with agreed standards.

REFERENCES


