Model Supervision Fair, Feedback, Follow Up Against Nurses Compliance in the Application of Prevention of Infection Control as Efforts to Reduce Flebitis Occurrence

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Abstract: Introduction: Infection prevention and control is the greatest challenge in health care settings, and increased costs for healthcare-related infectious diseases (HAIs) are among the world's health problems, including Indonesia. In the forum of the Asian Pacific Economic Comitte (APEC) or the Global Health Security Agenda (GHSA), health care-related infectious diseases has been the subject of discussion. This suggests that the HAIs inflicted directly affected the country's economic burden. Infection control and prevention is the greatest challenge in health care settings, and increased costs to address health-related infectious diseases (HAIs) are among the world's health problems, including Indonesia. In the forum of the Asian Pacific Economic Comitte (APEC) or the Global Health Security Agenda (GHSA), health care-related infectious diseases has been the subject of discussion. This suggests that the HAIs inflicted directly affected the country's economic burden. Methods: Literature searches are performed in major databases such as proquest, sciencedirect, scopus, and google scholar with the time limit used November 2017 to December 2017. Results: A total of fifteen studies raised in this study all have similar objectives how to carry out clinical supervision in improving nurse compliance and performance in each population. From fifteen randomly selected respondents chose respondents. Conclusion: In order to adhere to the compliance and performance of the nurses, the quality is in line with the SPO development model supervision fair feedback follow-up on the compliance of nurses in the application of infection control procedures to decrease the incidence of phlebitis needs to be done.

1 BACKGROUND

In accordance with the regulation of the minister of health of the Republic of Indonesia number 27 of 2017 on infection prevention and control guidelines (PREVENTION OF INFECTION CONTROL) in health care facilities. Infection control and prevention is the greatest challenge in health care settings, and increased costs to address health-related infectious diseases (HAIs) are among the world's health problems, including Indonesia. In the forum of the Asian Pacific Economic Comitte (APEC) or the Global Health Security Agenda (GHSA), health care-related infectious diseases has been the subject of discussion. This suggests that the HAIs inflicted directly affected the country's economic burden.

In principle, the incidence of HAIs can actually be prevented if health care facilities consistently implement infection prevention and control programs (PREVENTION OF INFECTION CONTROLs). PREVENTION OF INFECTION CONTROL is an effort to ensure the protection of everyone against the possibility of contracting the infection from public sources and while receiving health services at various health facilities.

Compliance is an individual's conduct of loyalty, obedience to doing what it tells him to carry out fixed procedures that have been made. Adherence at first individual adheres and often compliance is done because want to avoid punishment or sanction if not obedient (Niven, 2008). The phenomenon that we often encounter in the field of nursing services all nursing orders already have standard operating procedures (SPO) for patient safety, but still found...
non-obedient behavior of nurses in implementing the procedure of action. One is non-compliance with the infection control program, this infection is the leading cause of death and increased morbidity of hospitalized patients. WHO prevalence surveys in 55 hospitals from 14 countries representing 4 WHO Regions (Europe, Middle East, Southeast Asia and the Western Pacific) showed an average of 8.7% of hospital patients experiencing HAIs. At any time, more than 1.4 million people worldwide suffer complications from hospital-acquired infections. The highest frequency of HAIs was reported from hospitals in the Middle East and Southeast Asia (11.8% and 10.0% respectively), with a prevalence of 7.7% and 9.0% respectively in western Europe and the Pacific (WHO, 2002). Another study, HAIs is reported to average about 3.5% (Germany) to 5% (United States) of all inpatients, in tertiary hospital care about 10% and in ICU about 15% -20% of cases (Kayser, 2005). Kasmad (2007) states in developing countries including Indonesia, the incidence of HAIs is much higher. According to research conducted in two major cities of Indonesia, the incidence of HAIs is 39% - 60%. In developing countries the occurrence of HAIs is high due to lack of oversight, poor prevention practices, improper use of inappropriate resources and crowded hospitals by patients. Survey data conducted by AMRIN researchers (Anti Microbal Resistance In Indonesia), in dr. Kariadi Semarang in 2002, the incidence of deep wound infections (Deep Incisional) surgery by 3%, primary blood flow infections (phlebitis) by 6% and urinary tract infection is the highest incidence rate of 11%. Based on data from nursing field RSUD.dr. Tuban R.Koesma still found the incidence of phlebitis on 7-12 August 2017 amounted to 11% of the number of patients at risk of phlebitis as many as 19 people. Phlebitis incidence becomes indicator of hospital minimum service quality with standard incidence ≤ 1.5%.

Based on preliminary study conducted by researchers in the Jasmine Room RSUD. Dr. R. Koesma Tuban which is the place of this research, on October 6, 2017 obtained the result of 5 moments indication of hand hygiene, the officer only often do hand hygiene at the time after contact with the patient just hand hygiene, and the implementation steps are not in accordance with procedure, which is still a few officers who do 6 steps hand hygiene correctly. of the 10 nurses who were observed found 7 people (70%) nurses did not wash hands SPO. 3 people (30%) nurses wash hands in accordance with the SPO. Also obtained data from the observation there are nurses who hold the infusion when fixing the infusion flow is jammed without using a sarong tanggangan. If non-compliance to hand hygiene is not immediately overcome it will cause some consequences on patient safety against infection.

The purpose of the PREVENTION OF INFECTION CONTROL Program is to improve the quality of hospital services and other health facilities through infection prevention and control. Protecting human health and health of the public from dangerous infectious diseases; and Lower the number of HAIs incidents. The scope of the PREVENTION OF INFECTION CONTROL Program includes Prevention of Infections, Education and Training, Surveillance, and Rational Use of Antibiotic Drugs. Gender, age and occupation are factors of compliance (Szilagyi et al, 2013). Ernawati, et.al (2014) states that the knowledge and strengthening of monitoring in the form of audits, reminder media, the absence of sanctions and rewards mechanisms are factors of determinant compliance. Interventions involving behavioral change, creative education, monitoring and evaluation, and more important are the involvement of supervisors as role models and leadership support (Ernawati, et.al, 2014).

Each hospital is required to establish a Hospital Patient Safety Team (TKPRS) established by the head of the hospital as the implementer of patient safety activities. The TKPRS as referred to is responsible to the head of the hospital. Membership of TKPRS consists of hospital management and elements of the health profession at the hospital. TKPRS performs the task: develop patient safety program in the hospital according to the specificity of the hospital; to formulate policies and procedures related to the patient's hospital safety program; carrying out the role of motivation, education, consultation, monitoring and assessment (evaluation) on the implementation of hospital patient safety program. The key to successful supervision is 3 F, Fair, Feedback, and Follow Up (H. Burton, in Pier AS, 1997). and is the spearhead of achieving the goal of health services in the hospital.

The new focus of this research is to develop a fair feedback supervision model for nurse compliance in the application of PREVENTION OF INFECTION CONTROL as an effort to decrease the incidence of phlebitis.
2 METHODS

2.1 Design

Systematic reviews are used to review published journals that illustrate 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 fair feedback follow-up supervision.

2.2.2 Type Participant

The whole range of nursing managerial in RSU dr. R. Koesma Tuban. Participants were selected by purposive technique consisting of Head of Nursing, Head of Nursing of Inpatient Installation, Head of Nursing Service Nursing Division, Head of Monitoring Section of Nursing Service Evaluation, Head of Room and Team Leader.

2.2.3 Search Literature Strategy

The strategy in searching the literature used is to search in proquest, sciencedirect, scopus, and google scholar with the time limit used is November 2017 to December 2017. By using keyword supervision, nurse compliance, nurse performance.

2.3 Quality Study Assessment Method

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

2.4 How to Data Extraction

To compare the journals that have been obtained then the data is extracted using the author and the year of publication, design, research objectives, population, intervention, method of implementation and outcome to be achieved.

2.5 Data Synthesis

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

3 RESULTS

Quality services should be supported by adequate sources of resources, including qualified human resources, service standards including quality nursing services, in addition to facilities that meet the expectations of the community. In order for nursing services senantisa meet consumer expectations and in accordance with the prevailing standard then required a supervision of the implementation of nursing actions. Supervision or supervision is a good thing Supervision is important and its implementation depends on how the staff sees it. Elements in the execution of supervisions ranging from fair, responsible and responsible feedbacks and Follow Ups, competent to the right and wewenag will provide direct feedback on the performance of nursing staff, if nursing staff in action in accordance with the SPO will be able to encourage them to be able to improving their performance orientation, as well as if the performance of nursing staff does not achieve as expected or does not comply with the SPO will be able to give impetus to the non-compliance does not happen again (Ngatno 2006). The main activities of supervision basically include four things: (1) determining problems and priorities; (2) determine the cause of the problem, priority, and solution; (3) execute its solution; (4) assessing the outcomes to be achieved for subsequent follow-up (Nursalam, 2016). In the systematic review of this research, the results obtained are Characteristics of Respondents, the respondents of the supervision on the 15 journals are health workers, pediatric nurses and Health Care Providers including implementing nurses therein. Implementation of fair feedback followup supervision method.

At this stage two rooms were chosen: Lotus room (for female patients with internal medicine) as treatment group and Asoka room (for male patients with internal disease) as control group. Before the treatment group was given intervention, a pre test was taken in the treatment group and the control group to obtain the initial satisfaction level. Furthermore, in the treatment group, intervention model of fair feedback supervision follow-up, while the control group was not intervened. In both groups
Advantages and Disadvantages of Journal The Journal study obtained is the result of the Journal's search obtained having a population of health personnel, pediatric nurse and Health Care Provider including nurse executor. Of the 5 journals obtained are also less specific for each 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 authors so that the results obtained still depend on the subjectivity of the author.

4 DISCUSSION

Supervision is an effort to assist the fostering and upgrading of the supervised party so that they can carry out the tasks that have been determined efficiently and effectively (Huber, 2000). Nursing Supervision is supervisory and coaching activities conducted continuously by the supervisor covering the problem of nursing service, manpower problem and equipment so that patients get quality service every time.

Nursing Supervision Step starts from Pre supervision, supervision up to post supervision consisting of fair feedback follow up (Nursalam, 2016) Pre supervision 1. Supervisor specifies the activities to be supervised. 2. Supervisor sets goals and competencies to be assessed. Implementation of supervision 1. Supervisor assess performance perwat based on measuring instrument or instrument that have been prepared. 2. Supervisors get some things that require coaching. 3. Supervisors are involved in PP and PA to conduct guidance and clarification of the problem. 4. Implementation of supervision by inspection, interviewing, and validating secondary data. Supervisor clarify the problems and supervisor does Question with the nurse. Post Supervision 1. Supervisor provides an assessment of supervision (F-fair). Supervisor clarify the problem. Supervisor conducts question and answer with the nurse. 2. Supervisor provides Feedback and clarification (as reported by the supervision report). In general there are 2 methods of effective feedback. Verbal (oral), giving comments to the observation of the learning process directly through face to face no distance or equipment used. This method is usually done by talking to each other / dialogue, interviews, meetings, speeches, and discussions. In addition, the provision of comments can also be made indirectly through intermediary tools such as telephone, mobile phone, and so forth because of the distance the speaker with the other person. Non verbal (written), commenting on the observation of the learning process by means of writing without any direct conversation using a short, clear, and understandable language by the recipient. This method can be in the form of correspondence, sms, e-mail, photo learning, and so forth.

3. Supervisor provides reinforcement and follow-up improvement. There are two reinforcements: positive reinforcement or rewards are given to those who are positive or desirable to gain an award so as to increase the strength of the response or stimulate the repetition of their behavior. Both negative reinforcement or punishment is a situation that occurs when the desired behavior occurs to avoid negative consequences of punishment (Roussel et al, 2003).

There are two follow-up improvements: short-term follow-ups are short-term interventions involving patients after going through an episode of acute illness and long-term follow-up is given to patients receiving long-term intervention or follow-up, more formalized individual plans can be performed together with the people around him to expand monitoring and repeat positive behavior. (Cohen and Toni, 2005).

The elements in the assessment of the implementation of 3 F supervision by the head of the room include R-A-A namely: 1. Responsibility (responsibility), is the work to be completed by someone in a certain position. 2. Accountability (ability), competent in providing responsibility for the devotion given to him. 3. Authority (authority) the right or authority to decide everything related to the fungis. (Nursalam, 2016)

5 CONCLUSIONS

5.1 Conclusion

Hand hygiene compliance monitoring is an important element of the PREVENTION OF INFECTION CONTROL program. Observations by trained auditors are considered standard methods for establishing hand hygiene compliance levels. Losses include resources required for observational surveys, installation costs, variable accuracy in estimating compliance rates, issues related to health personnel's acceptance. The purpose of the PREVENTION OF
INFECTION CONTROL Program is to improve the quality of hospital services and other health facilities through infection prevention and control. Protecting human health and health of the public from dangerous infectious diseases; and Lower the number of HAIs incidents. The scope of the PREVENTION OF INFECTION CONTROL Program includes Prevention of Infections, Education and Training, Surveillance, and Rational Use of Antibiotic Drugs. The main activities of supervision basically include four things: (1) determining problems and priorities; (2) determine the cause of the problem, priority, and solution; (3) execute its solution; (4) assessing the outcomes to be achieved for subsequent follow-up (Nursalam, 2016). The key to successful supervision is 3 F, Fair, Feedback, and Follow Up (H. Burton, in Pier AS, 1997), and is the spearhead of achieving the goal of health services in the hospital.

5.2 Recommendation

The organization can apply a fair feedback followup so that it can evaluate the nurses' compliance and performance by making improvements, the nurse must maintain compliance with the measures in accordance with agreed standards.

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