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# NURSE COMPLIANCE IN IMPLEMENTING INTERVENTION PROCEDURES FOR HIGH-RISK PATIENTS OF FALL IN INSTALLATION AT CIMACAN HOSPITAL, CIANJUR REGENCY

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***Abstract***

*The indicator of patient safety in hospitals is the reduction of the patient's risk of falling. The number of patients falling in Cimacan Hospital, Cianjur Regency, in 2015 was 7 patients and increased to 9 patients in 2016, nurses' compliance in implementing high-risk patient standards for falls is very important for patient safety. The purpose is to know the level of nurse compliance in the implementation of interventions for patients with a high risk of falling in Cimacan Hospital, Cianjur Regency. This study uses quantitative methods with an analytical descriptive design. Sampling with probability sampling using proportional stratified random sampling. The number of research samples is as many as 57 nurses. Results: most of the nurses (68.4%) were in the category of being obedient to the implementation of the intervention for patients with a high risk of falling. Based on each stage of the intervention procedure for high-risk patients, nurses were obedient in the pre-interaction stage (100%), orientation stage (89.5%), and documentation stage (100%) but at the implementation stage (63.2%) nurses did not comply. Suggestions to improve the standard implementation of high fall-risk patients so that the incidence of falls can be prevented or reduced.*

***Keywords:*** *Patient Safety; Patient Falls; Patient Standards High Risk of Falling*

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## 1. Introduction

Safety Patient *(patient safety* )is processed house sick in giving service to the patient which is safe including an assessment of risk, identification, and manage risk to the patient, reporting and analysis of incidents, the ability to study follow-up incidents, and apply solution for reduce as well as minimize emergence risk (Law 44/2009 on Hospitals chapter 43 in KKPRS, 2015). Fall is something incident with results alie down no on purpose in soil or floor or surface which more low (WHO in Make-Lye *et al*, 2013). Patient falls is incident that doesn't desire that can be harmful to the patient and house sick, the loss experienced patient for exampleloss of physical can add cost to care whereas the loss of house sick is the accreditation possible down.

The root problem of incident falls originated from not yet optimal planning standard operational procedure patient fall somewhere institutions (Budiono *et al*, 2014), besides that obedience to nurses in the implementation of the standard operational procedure could be a one-factor risk from incident fall. Based on several studies action the implementation of standard operating procedures patients fail to explain that the action procedure the not conducted by the complete Results study Suparna (2015), mentions implementation of the standard operating procedure for *patient Safety* is not 100% accomplished. Action documentation was conducted as big as 100%, assessment risk fall 50% and 51% conducted installation signrisk fall Faisal S . research *et al* (2014), obtained that system safety patient ( *Patient Safety* ) yet done 100% only 2 from 6 target safety patient performed _ withappropriate if standard operations that have been set no implemented with good nature could increase the riskfrom patient fall.

HOSPITAL Cimacan Regency Cianjur is wrong one house sick accredited KARS, Graduatedwith accreditation plenary HOSPITAL Cimacan Regency Cianjur has arranged a policy service house sick which inside poured policy in effort house sick for reducing the risk of falls. Amount of patients who fall into hospital Cimacan

Regency Cianjur by 7 patients in 2015 and increased Becomes 9 patients in 2015. An effort has been conducted to reduce falls wrong the only one with arranged standard operational procedure for intervention patient fall, good in prevention fall, subtraction risk fall, and intervention patient risk fall which everything listed in Guide Risk fall.

Based on the results studies preliminary not found a problem in the action assessment beginning nor the assessment of repeat patient, on the contrary in action intervention prevention of patient fall there are several problems with no conducted action which has been listedin standard operational intervention patient risk tall fall down example; Inrisk labeling fall that doesn't conduct by thorough even there are several patients which nogiven risk label sign fall even though in the column documentation the has written that action has conducted with be marked with there is sign tick on points "make sure" label riskfall. down installed in the room or the place sleep patient.

## 2. Method

HOSPITAL Cimacan Regency Cianjur generated that no in full SOP implementation intervention prevention patient risk fall, caused by a condition which complexes so that action standard operational no by complete done and evenno Required conducted example on points " place the call bell in rangepatient "no" Required conducted when the bell is on room patient no available. Condition like that naturally could increase the risk from fall down when not respondedto seriously. Ingredient and Method

The study use method Quantitative with design Descriptive Analysis carried out in RSUD Cimacan Regency Cianjur. The population used in the study is all nurses in 8 rooms who take care of stay mature with total nurse 134 people. The determination amount sample in the study this used *Probability sampling* with *Proportionalstratified random sampling* with an amount total sample of 57 nurses which in for by proportional in 8 rooms take care stay hospital adult Cimacan Regency Cianjur.

Stage process study started with arranging instrument sheet observation based on Standard Procedure Operational Intervention Patient Risk Fall down the height has set in HOSPITAL Cimacan Regency Cianjur, with sheet observation the researcher To do observation thorough to action prevention patient risk tall based on the SOP as there is. Sheet observation SOUP risk tall fall down next shared Becomes several stages that is 1) Pre-interaction, 2) Orientation, 3) implementation, and 4) Documentation. After the instrument study is arranged, the researcher will observe the respondent and the final process istaking data.

Taking data study thisconducted with the observation by direct to nurse which to do procedure intervention patient risk tall fall in 8 spaces takes care stay mature. To make it easyto take data, the researcher ask help from the headroom tohelp the researcher in observing action SOUP conducted nurse. Whereas step implementation taking data started with the step; 1) Researcher identify the nurse who Becomes a respondent in the election random based on amount sample who have determined per room; 2) Researcherthen come to the candidate respondent and chooses then explained about goal, benefits, rare procedure taking data, possibility discomfort, nor possibility reject without influence work nurses and rights nurse inside ward space; 3) Evaluation observation conducted at 4 o'clock; 4) Taking data covers whole action standard procedure operational intervention patient risk fall down height; 5) After that next interpret the results of the data as there is. After data obtained observation so next with interpretation results observation use the formula: with criteria results shared Becomes Obey when P = 75% and disobedient P = <74%.

## 3. Results

Research results in level obedience nurse to procedure intervention patient risk tall fall down is part big nurse no obey to procedure intervention, outcome observation could be seen on table 1:

**Table 1.** Level Obedience Nurse to Procedure Intervention Patient Risk Tall Fall down In HOSPITAL Cimacan Regency Cianjur (N = 57)

| Category | Frequency (N) | Percent (%) |
|---|---|---|
| Obey | 39 | 68.4 |
| Not Obey | 18 | 31.6 |
| **Total** | 57 | 100.0 |

Table 1 shows that part of big nurses do not obey procedure intervention patient risk is high.

Whereas obedience nurse to stages procedure intervention patient risk tall fall down shared Becomes Preinteraction, Orientation, Implementation, and Documentation obtained result:

Based on the table one could see that standard operation patient risk tall fall down Step pre-interaction has the category obey with a frequency of 57 (100.0%); Step orientation has the category obey with a frequency of 51 (89.5%); Step implementation have category no obey with frequency 36 (63.2%), and the documentation stage has categories obey with frequency 57 (100.0%).

**Table 2.** Stage Obedience Nurse to Procedure Intervention Patient Risk Tall Fall down in HOSPITAL Cimacan Regency Cianjur (N = 57)

| Stage | Category | Frequency (N) | Percent (%) |
|---|---|---|---|
| pre-interaction | Obey | 57 | 100.0 |
| | Not Obey | 0 | 0.0 |
| Orientation | Obey | 51 | 89.5 |
| | Not Obey | 6 | 10.5 |
| Implementation | Obey | 36 | 63.2 |
| | Not Obey | 21 | 36.8 |
| Documentation | Obey | 57 | 100.0 |
| | Not Obey | 0 | 0.0 |

Results research, got that part big respondents Obey to procedure intervention patient with risk tall fall in hospital Cimacan Regency Cianjur Whereas for obedience to stages intervention patient risk tall fall down on Step pre-interaction, orientation, and documentation by significant nurse obey in run it, just Step implementation by significant not obedience nurse enough tall even though on Step this is Step which most important in SOUP Patient risk tall fall.

From 25 points statement intervention patient risk tall fall down there is 7 points question which level implementation low points question number 7 (score 24 from 56 respondent), points question number 12 (score 28 from 56 respondent), points question number 13 (score 15 from 56 respondent), points question number 16 (score 29 from 56 respondents), points question number 21 (score 37 from 56 respondent), points question number 22 (score 24 from 56 respondents), and points question number 24(score 39 out of 56 respondents. The seventh points question the whole entry into the Step implementation for a patientwith a risk of a tall fall.

Points number 7; Nurse put a bell calling in range patient (if available) as many as 32 respondents no To do pointsbecause the room was not available bell call and some bells are difficult reachable patient so the family patient on duty called the nurse if the patient need help. Points number 12; Nurse prepare tool help which is at in range (stick, tool passengers) as many as 28 respondents no To do points because several one of the conditions because nurse no quick prepare tool help needed after entering room ward stay condition next because patient bed *rest* and always family accompany so that nurse feel tool helps no need provided becausethere is the family which accompanies.

Points 13; Nurse optimizingusage glasses and tools help hear(make sure clean and working) as much 41 respondent no To do pointsthe because availability glasses and tool help hear no available by all over the room ward observer too see several patient elderly with drop power hearing and vision no provided glasses and tool help hear only several patients with glasses owned by the personalpatient just which confirmed cleanliness. Points number 16; Nurse recommends the patient to room bathby routine as many as 33 respondents no to do points because several respondents only recommend the patient by routine recommend to roombath when capable (assisted family) reason next because a patient with bed rest doing toileting using the potty. Points number 21; Nurse makes sure sandals don't slippery as much as 19 respondents no to do points because several of them forget to ensure slippers no slippery reason next because a patient on *bed rest* was not provided slippers.

Points number 22; Nurse offers help to the patient to room bath/ use a bedpan every 2 o'clock (when the patient wakes up) and periodically (when night days) as many as 32 respondents no To do the point becausethe nurse does not need offer help because accompanying family patient provide help besides that usage bedpan During 2 o'clock and monitoring periodically sometimes difficult conducted Karana limited power nurse. Points number 23; Nurse visit &observe the patient every 2 o'clock by officer treatment (Points 23) as many as 17 respondents no to do Thing because no certain every 2 o'clock nurse observe patient because a lot of Duty must _ done Thing only could be conducted in shift morning where officer optimal nurse. Points number 24; nurse pair rope safety or rest if required (Points 24) as much 32 respondent no to dopoints the because nurse feels no need install rest because nurse no need To do because family always together patient.

Obedience is part of the behavior of the individual concerned about obeying or obeying something According to notoatmojo, in Arifianto, (2017). In practice, obedience nurses in doing standard procedure intervention patient risk tall fall down no could be held by perfect. Based on the report monitoring risk fall by working group SKP in the year 2016 still their incident patient falls amount to 10 (ten). With factor reason is floor slippery Becomes reason incident to 3 (three) patient who experiences incident patient fall, there are 2 (two) incidents caused nothe side rail is installed sleep, 1 (one) incident fall down consequence no there is *side rail* in the place sleep and 1 (one) incident fall consequence wheel the place sleep which no locked. The thing this showing though observation of the results shows that nurses obey there is procedure permanently just incidents of patient fall still happen.

## 4. Conclusion

Results study and discussion explained above, obedience nurse to implementation standard operational procedure intervention patients tall fall down have results no obey (68.4%). Based on the results the discussion specified based on stages SOUP patient tall fall down could conclude that nurses obey on Step interaction (100.0%), stage orientation (89.5%), and documentation (100.0%), whereas on Step implementation nurses no obey (63.2%) to Step from the procedure that.

## 5. Suggestion

a. Expected measurement or evaluation to obedience implementation obedience Standard Operational Procedure (SOUP) should not be measured with the category; very obedient, obedient, less obedient and not obey but use standard tall that is if one _ points statement in SOP no conducted considered no obey. Expected patient SOP risk fall updated with detail, clarify, and specify in every point action so that effective as well as easily followed and no impressed confusing its implementation
b. Implementation of Standard Operational Procedure (SOUP) intervention patient fall tall which contains 25 items statement should conduct so that incident patient falls could prevent no could be reduced
c. Expected researchers other could perfect the study with continuous observation and _deep.
d. Studying this is an experience which very valuable remember researchers are still in the process of learning about implementation interventions patients fall high.

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