

Evaluation of the Implementation of the Prevention of Patients at Risk of a Fall in the General Hospital Melati Perbaungan

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ABSTRACT

The risk of falling is an increased chance of falling which can later lead to physical injury. The risk of falling is every patient who is at risk for falling which is generally caused by environmental and physiological factors. The purpose of this study was to evaluate the implementation of prevention of patients at risk of falling at RSUD Melati Perbaungan. This type of research used in this research is a type of qualitative research with a phenomenological approach. Data obtained by using in-depth interview guidelines (depth interview) to the respondents. The population is all nurses in the inpatient room of RSUD Melati Perbaungan. The sample used non probability sampling with purposive sampling technique of 10 nurses. From the results, it can be concluded that the nurse understands the assessment of the risk patient, the nurse understands the initial assessment of the patient at risk of falling, the nurse understands the reassessment of the patient at risk of falling, the nurse understands the inhibiting factors (patient, family, and nurse factors), the nurse understands the supporting factors (factors motivation and infrastructure factors). The recommendations obtained based on the author's analysis are the need to conduct education and training for the nurse administrators, increase the number of human resources and education for the patient's family regarding the prevention of falling risk patients.

Keywords: Melati Perbaungan General Hospital, Patient at Risk of Falling, In-depth Interview, Hospitalization.

INTRODUCTION

Regulation of the Minister of Health of the Republic of Indonesia Number 11 Year of 2017 about the Safety of the Patients said that patient safety is a system that make patient care safer, which includes risk assessment, identification and management of risk patients, reporting and analysis of incidents, the ability to learn from the incident and follow-up, as well as the implementation of solutions to minimize risk and prevent the occurrence of injuries caused by mistakes due to carry out an action or not take action that should be taken (Permenkes RI, 2017).

In the handling of the health problems in Indonesia, the Hospital is one of the institutions that took part in it. In general hospitals in particular are an institution that handles the health problems that are non-profit oriented. In addition, the hospital does not limit the number of patients served, in accordance with the purpose to provide services to people who need health services (Nasution, 2018).

By the National Reporting and Learning System (NRLS) in the year 2015 insiden safety patients occur in Inggris in the last six months reported 825.416

incident, where to report the increase of 6% of the incidents reported in any previous year. Furthermore, The National Patient Safety Agency in 2017 reported that the incidence of incidence of patient safety in the United kingdom in the year 2016 as much as 1.879.822 incident. For Indonesia, in time frames 2006-2011, the Committee on the Safety of Hospital Patients reported that there are 877 incident (Harsul W, Syahrul S, & Majid A, 2018).

In the United States related to the incidence of patient falls reported as many as 700,000 to 1,000,000 people experiencing a fall each year. In the United kingdom in the year 2011 a total of 282,000 patients fall each year, with the 840 patients experiencing hip fracture, 550 patients experienced a fracture, as well as 30 patients injury of intra-cranial. For Indonesia, based on the report of the XII congress of the PERSI 2012 showed that the incidence of patient falls go in three major incident medical hospital and was ranked second after the medicine error and shows the data that there are as many as 34 cases or equal to 14% incidence of falls in a Hospital in Indonesia (Nur H A, Dharmana E, & Santoso A, 2017).

There are 6 indicators patient safety goals, which includes : 1) the Accuracy of patient identification, 2) Improved communication effective, 3) Increase the safety of the drug for watch, 4) the Certainty of the exact location, proper procedure, the proper surgery patients, 5) Reduction in the risk of healthcare associated infections, and 6) Reduction in the risk of patient falls. Sixth patient safety goals are a standard indicator main base in the assessment of Hospital Accreditation Version 2012. (Zahroti N M, & Chalidyanto, 2018).

Patient services in a Hospital away from the patient coming in, registration, inspection, to the patient's home. But in some cases patients often fall at the time to get service in a hospital due to lack of attention from the Hospital. The patient list can be as an outpatient or as an inpatient. In the implementation of program Standards of

Patient Safety hospital, the incidence of patient falls is one of the indicators run whether or not the implementation of this program (Caroline H A, 2016).

Based on the initial survey conducted by researchers in the month of August on General Hospital Melati obtained on indicators of quality and patient safety goals especially on the reduction of the risk of the patient falling obtained do not meet the standards set, where during consecutively from January-December 2019 achieved hasil 75%, 76%, 83%, 75%, 76%, 83%, 85%, 86%, 95%, 90%, 96%, and 98%.

To see the data that the researcher is interested to find out more related to the evaluation of the implementation of the prevention of patients at risk of a fall in the General Hospital Melati Perbaungan.

LITERATURE REVIEW

Health Services

Health services can be defined as any organized efforts by themselves or together in an organization with the goal to maintain and improve health, prevent as well as cure diseases, and restore the health of individuals, families, groups, and communities (Ayu V, 2016).

Quality Of Service

The quality of health services is defined as the degree of perfection of health services in accordance with the standards of the profession as well as service standards with the use of the potential resources available in the hospital or health center in a fair, efficient and effective and given in a safe and satisfactory for norm, ethical, legal and social culture with attention to the limitations and capabilities of the government, as well as the consumer society (Purwoastuti, 2015).

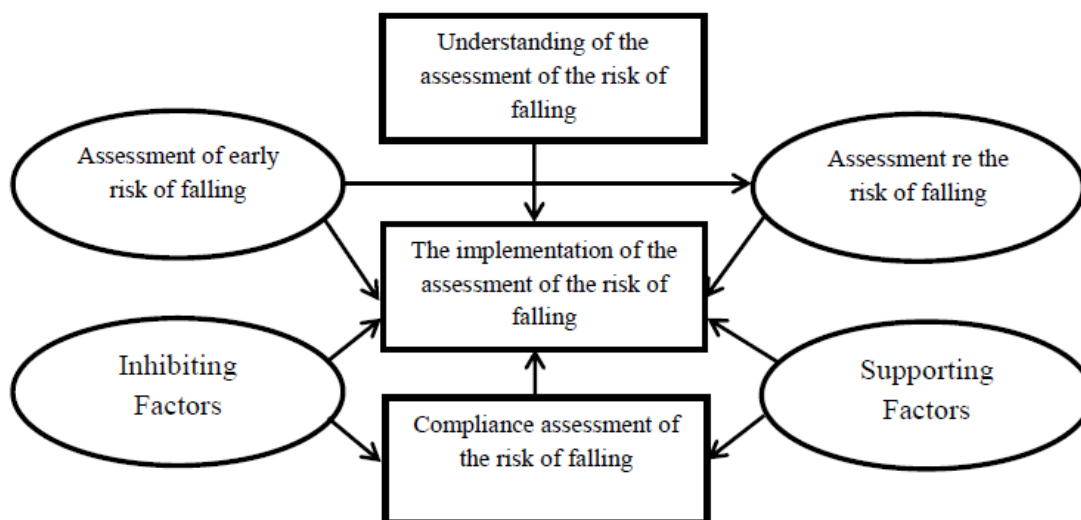
Patient Safety

Patient safety, which is intended to patient safety is a system that makes patient care safer, covering risk assessment, identification and management of risk patients, reporting and analysis of incidents,

the ability to learn from the incident and follow-up, as well as the implementation of solutions to minimize risk and prevent the occurrence of injuries caused by mistakes due to carry out an action or not take action that should be taken (Permenkes RI, 2017).

Fall Risk Patient

The risk of falling is increased likelihood for fall that can later lead to physical injury. The risk of falling ialahsetiap patients at risk for falling, which generally caused by environmental factors and physiological (Julimar, 2018).



Evaluation Of The Implementation Of The Prevention Of Fall Risk Patient
Figure 1 Conceptual Framework

Hypothesis

1. Nurses to understand assessment on fall risk patient in Public Hospital Melati Perbaungan.
2. Nurses to understand assessment beginning on fall risk patient in Public Hospital Melati Perbaungan.
3. Nurses to understand assessment reset on fall risk patient in Public Hospital Melati Perbaungan.
4. Nurses understand the inhibiting factors in the implementation of the prevention of fall risk patient in Public Hospital Melati Perbaungan.
5. Nurses understand the supporting factors in the implementation of the prevention of fall risk patient in Public Hospital Melati Perbaungan.
6. Nurses do with obedient assessment fall risk patient in Public Hospital Melati Perbaungan.
7. The acquisition of the recommendations related to the improvement of the prevention of the risk of patient falls in the Hospital General Melati Perbaungan.

MATERIALS AND METHODS

Research used in this research is qualitative research with a phenomenological approach. The location of this research is on the Inpatient General Hospital Melati Perbaungan. Inpatient selected because it is where the most potential for the occurrence of fall risk patient in the Hospital considering the patient will be in the Hospital as an inpatient in a few days so that it becomes important to pay attention to and evaluate the installation part of the hospitalization. This research started from since the filing of the title, namely from July 2020 until completed.

The population in this study is the whole nurses in inpatient General Hospital Melati Perbaungan. Sampling in this study using non probability sampling with purposive sampling technique. Criteria for inclusion is the whole nurse who has worked for >3 years. The number of informants used as much as 8 informants from 2 inpatient namely the children's ward

and wards adult plus with the head of the room in each ward so that the total informants who used that as many as 10 people, 8 people of the nurse practitioner and 2 head room

Source of Data used is primary Data obtained through interviews semi-structured indepth interviews for 40-60 minutes that related with understanding, the factors inhibiting and supporting efforts to overcome the obstacles, as well as expectations related to the optimization of the implementation of the assessment of the risk of falling. Secondary Data obtained through document review about the assessment of the risk of falling ranging from SPO, format, guide books, and the status of the patient's medical record related to the assessment of the risk of falling.

Data Analysis techniques used are Data Reduction, the First is to do the sorting, culling, simplification, abstract, as well as the transformation of raw data that are found in the field, then selecting and grouping data, as well as discard data that is not necessary. The presentation of Data (Data Display), the Next is to present data that has been analyzed on the first groove, which is then presented in the form of a narrative. Conclusion Data (Conclusion Drawing/Verification), the Last is the search for meaning or things that are specific to be appointed as the flow of cause and effect.

RESULTS AND DISCUSSION

Understanding Assessment Of Fall Risk Patient

Based on interviews that have been done with the informants, the researchers assume that in inpatient Hospital Melati Perbaungan current ratings of related fall risk patient is still limited in adult patients and not for the baby. All the nurses in the room already understand how to do assessment on the patient's risk of falling.

This is in line with the study documents that have been obtained for assessment of patient fall risk in adult patients used scale morse with the division of categories of patients without the risk of

falling with a score of 0 to 24, the patient is a moderate risk with a score of 25-50 and high risk for >51 (Nur H A, Dharmana E, & Santoso A, 2017).

As for patients who are at risk of falls is patients with conditions there is a history of the falls earlier, cognitive impairment or mental status changes suddenly, balance disorders, gait, or strength, mobility impairments, neurologic diseases; such as stroke and Parkinson's disease, musculoskeletal disorders; such as arthritis, joint replacement, deformity, chronic diseases; such as osteoporosis, cardiovascular disease, pulmonary disease, and diabetes, nutrition problems, medicamentosa (especially the consumption of > 4 types of medications) (Tutiany, Lindawati, & Krisanti P, 2017).

In addition, there is also the risk of potential risks, including poor eyesight or not good/not clear (Poor vision), shoes import or local shoe that does not fit (United shoes/improper shoe fit), slippery floor (Spills on the floor), too much of furniture (Too much furniture), the terrain is uneven (Uneven terrain), hydration less (Poor hydration) (Tutiany, Lindawati, & Krisanti P, 2017).

Assessment Beginning Of The Fall Risk Patient

From the results of the interviews have been conducted, researchers assume that assessment beginning in fall risk patient hospitalization that begins when a new patient comes into the room from the ER and poly and assessment done within the first 24 hours in the inpatient unit.

This is in accordance with the results of the study guide document assessment of the patient where the initial assessment in hospitalized patients was done the first 24 hours since the patient entered the hospital room (Nur H A, Dharmana E, & Santoso A, 2017).

In the Manual the Risk of Falling, published by the Government of the Province of West Sumatra Mental Hospital Prof. HB. Saanin Padang (2016) states that

the assessment initial is the nurse will perform an assessment with the assessment of the risk of falling Morse Fall Scale in 4 hours since the patient is in the Hospital and record the results of the assessment and directly performed the procedure for the risk of falling.

Assessment Re-Fall Risk Patient

From the results of the interviews have been conducted by researchers assume that for assessment re-the risk of falling is done criteria particular includes the transfer of the patient to the room, a change in the patient's condition, and after the patient suffered a fall, while monitoring assessment of the risk of falling is done every shift when high-risk patients and per day to low risk.

This is in accordance with the results of the document review where to assessment re the risk of falling is done to the patient at the time of transfer to another section, a change in the condition of the patient, and the occurrence of falls in patients. For treatment intervention done every shift for the high score, and interventions per day for a low score (Nur H A, Dharmana E, & Santoso A, 2017).

In the Manual the Risk of Falling, published by the Government of the Province of West Sumatra Mental Hospital Prof. HB. Saanin Padang (2016) states that the assessment re-done is:

1. Each patient will be done assessment ulang risk of falling at any moment: the moment of transfer to another unit, the change of the condition of the patient, and the presence of the state falls on the patient.
2. Assessment using the assessment of the risk of falling Morse Fall Scale and plan nursing interdisciplinary will be updated/modified in accordance with the results of the assessment.

Inhibiting Factors

From the results of the transcript of the interview to the informant has achieved some results. And researchers assume that

the factors inhibiting the implementation of the assessment of the risk of falling is divided into several factors, namely the condition of the patient (the patient rebelled, the patient is not stable, the patient ngamuk, changes in GCS, seizures), family factors, namely the absence of the family of the patient and the patient's family does not watch over at night, as well as the nurse (visiting nurse; high workload; lack of Human resources is adequate; the patient is a full and a lot of supervision) (Nur H A, Dharmana E, & Santoso A, 2017).

Sanjaya P D (2017) in his research he get the results where the barriers obtained is the completeness of the SOP, the assessment of daily/monitoring reduction the risk of patient falls has not performed well, the initial assessment of fall risk patient in UGD. The importance of the initial assessment in the UGD because UGD is units that are vulnerable to patient safety, because the hospital's UGD has the task of organizing care services medical and nursing care while as well as the service of emergency surgery, for patients who come to emergency medical. Assessment of fall risk patient is not enough initial assessment but should be monitored for the reduction of the patient's risk for falling and it has not been applied by the Hospital fertilizer Kaltim, it is described in the policy, which states that the hospital apply the process of initial assessment of the patient against the risk of falling and perform a re-assessment of the patient when the indicated change occurs a condition or treatment, and others. Hospital make a step monitoring hasilnya, both the success of the reduction of injury caused by falling and impact of the incident is not expected.

Supporting Factors

From the results of interviews with informant has been conducted by researchers assume that the supporting factors of the implementation of the assessment of the risk of falling associated with motivation (both fellow colleagues and head space) and infrastructure (better than

the format of the assessment and SPO). This is in accordance with document review in the room, which showed that in the room there is the format of the assessment as well as there are various SPO that supports ranging from SPO assessment of the patient, SPO initial assessment the risk of falling, SPO re-assessment risk of falling, and SPO handling of patient falls with or without injury (Nur H A, Dharmana E, & Santoso A, 2017).

In a study conducted by Julimar (2018) obtained the result of which more than half (75%) of the respondents have a high value in assessing the factors of organization and management, more than half (68,75%) of the respondents have a high value in assessing the factors of the work environment, almost all (94%) of the respondents have a high value in assessing the factors team, more than half (75%) of the respondents have a high value in assessing the factors of the officers, less than half (37,5%) of the respondents have low value in assessing the duty factor, all (100%) of the respondents have a high value in assessing the factors of the patient, more than half (56,25%) of the respondents have low value in assessing the factors of communication.

Compliance Assessment Of The Implementation Of The Reduction Of Fall Risk Patient

Based on the results of interviews have been conducted, researchers assume that the nurse executive already doing well and are obedient to the task given, though sometimes have to be reminded in advance. As for compliance appear as a form of attitude. In this case, if a nurse has the attitude that better then the nurse will be motivated to comply with the actions related to the prevention of the risk of falling in the sense of motivation is a force that encourages the nurse to do a job.

There are two factors that affect its motivation of the nurses, namely the intrinsic and extrinsic factors. Intrinsic factor appears as a factor of self which can

raise the motivation of nurses suppose that self-consciousness of the nurse in carrying out the assessment of the risk of falling. While the motivation extrinsic related to factors outside the individual such as the relationship between colleagues, relationships with superiors, as well as reward and punishment (Nur H A, Dharmana E, & Santoso A, 2017).

Based on the research that has been done by Purnomo et al (2019) related to the description of the compliance of nurses in the conduct of assessment of the patient fall the obtained results that the compliance of nurses in prevention of the risk of falling average in the category of obedient but needs to be enhanced to provide maximum service for the patient.

Analysis Of The Evaluation Of The Reduction Of Fall Risk Patient

Based on the results of the research that has been done, the researchers assume that there are some main factors that become an obstacle in the implementation. The factors include:

1. The factors of the condition of the patient (the patient rebelled, the patient is not stable, the patient ngamuk, changes in GCS, seizures).
2. Family factors, namely the absence of the patient's family and the family of the patient is not watching over at night.
3. Factors of nurses (visiting nurse; high workload; lack of Human resources is adequate; the patient is a full and a lot of supervision)

Inhibiting factors would make the activities of the efforts of the implementation of the reduction of fall risk patient to be reduced and inefficient. For it is related to the effort that is needed is to adjust with the inhibiting factors that are encountered, namely the need to do education and training to the nurses in carrying out the assessment of fall risk patient as well as increase the number of resources so that each patient can do assessment with better without any obstacle or hindrance. The next step that can be done

is to provide education to patient's family related fall risk patient so that both patients and patient families can be cooperative with the nurse practitioner in conducting the assessment prevention fall risk patient in the inpatient unit.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

1. Nurses to understand assessment on fall risk patient in Public Hospital Melati Perbaungan.
2. Nurse understand assessment beginning in fall risk patient in Public Hospital Melati Perbaungan.
3. Nurse understand assessment reset on fall risk patient in Public Hospital Melati Perbaungan.
4. Nurse understand the inhibiting factors in the implementation of the prevention of fall risk patient in Public Hospital Melati Perbaungan, where the limiting factor is divided into factors of the patient, family, and nurse.
5. Nurse understand the supporting factors in the implementation of the prevention of fall risk patient in Public Hospital Melati Perbaungan, where the supporting factors are the factors of motivation and the factors of infrastructure
6. The nurse was performing the task of assessment with obedient
7. As for the recommendations obtained based on the analysis of the author is necessary to do the education and training to the nurse practitioner, the addition of a number of Human resources and education for families of patients related to the prevention of the patient's risk of falling.

Recommendations

1. For the Hospital it is recommended that the management can provide ongoing training to the nurse practitioner.
2. It is recommended to increase the number TBSP nurse executive order

execution assessment fall risk patient can walk more optimal.

3. For further research it is recommended to do further research related to the efforts of the implementation in the reduction of fall risk patient.

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