



An Application Pre-Conference and Post-Conference in Hospital: A Case Study

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ABSTRACT

Pre-conference and post-conference are part of implementing the Professional Nursing Care Model (MAKP) to improve the quality of nursing services in hospitals and minimize negligence or errors in nursing practice. Pre-conference and post-conference is the activity of the team leader and members of the nursing team in communicating related to nursing care given to patients during shift changes. In pre-conference and post-conference, the nurse in charge of care must plan daily activities for patients from admission to discharge from the hospital. However, implementation pre-conference and post-conference still need to be improved. This can affect the nursing care provided by nurses. This writing aims to describe pre-and post-conference activities during the COVID-19 pandemic, which students in the inpatient room carried out. This research uses the case study method. Implementation research results in pre-conference are in a suitable category, while post-conference results could be better. Therefore to optimize the implementation of pre-conference and post-conference, nurses need to improve their quality as Nurses in Charge of Caring (PPJA).

Keywords: Professional Nursing Care Model, Pre-conference, Post-conference, Responsible Nurse, Nursing care

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1. INTRODUCTION

Nursing Law No. 38 of 2014 in article 2 explains that nursing services are professional services and part of an integral health service based on nursing knowledge and tips for individuals, families, groups, and communities in health or illness (Afandi & Ardiana, 2021). The Professional

Nursing Care Model, commonly abbreviated as MAKP, aims to improve the quality of nursing services in hospitals to minimize negligence and errors in nursing practice (Amir et al., 2020).

Research Islamy et al. (2019) state that implementing the Professional Nursing Care Model still needs to be

improved. The MAKP stages that were carried out well were only team formation and handover, whereas pre-conference, post-conference, and nursing rounds needed to be carried out properly. Nurse indiscipline and need for more understanding regarding MAKP cause this. Training only for room heads and team leaders and mentoring activities by experts that still need to be implemented is one of the triggers for less optimal implementation pre and post-conference.

Research by Nadila et al. (2020) revealed that the task carried out by the Nurse in Charge of Care (PPJA) is to take more indirect actions, such as documenting nursing care, while the implementing nurses take more direct action on patients. The results of interviews with 6 PPJA people said that they often felt overwhelmed due to a large number of patients on a particular day, so the documentation that was made needed to be completed. The documentation of nursing care must be recorded in full; this results in increased working hours for nurses to complete nursing care. In addition, research on PPJA respondents found that as many as nine (40.9%) documented good nursing care by SNARS, while 13 (59.1%) documented nursing care not following SNARS.

Research at the Ibnu Sina Islamic Hospital showed 34.4% implementation pre-conference and post-conference included in the less good category (Riskah, 2017; Hidayat, 2021). This indicates that there are still nurses who have not carried out activities pre-conference and post-conference in the room, so it needs to be repaired and improved in quality

Pre and post-conferences influence the smooth delivery of nursing care. The application that could be more optimal can be caused by the division or planning of nursing care that needs to be more organized so that nursing care is not systematically arranged (Amalia et al., 2015; Artono, 2019).

Research conducted at the H. Hanfie Muara Bungo General Hospital, the application of nursing management in the room has not gone as well as pre and post-conference less than optimal as well post-conference which was not done before the operand when carrying out the operand much information not been conveyed (Maryanti, 2019).

The impact felt by the patient if the implementation pre and post-conference are not optimal, namely the effect on therapeutic administration or the treatment given is too late or not even following the patient's condition can endanger patient safety, prolong patient

care and trigger medical error until death (Hidayat, 2021). Implementation of pre-conference and post-conference is essential in determining the quality of nursing care. The quality of nursing services is a top priority that needs to be improved, so nurses must emphasize the importance of optimally applying pre and post-conference.

Based on this description, the researcher is interested in observing the application of pre-conference and post-conference nursing in the Inpatient Room.

2. METHODS

The research was conducted from March 28 to March 31, 2022. The activities were located in the inpatient room of a hospital in the Jember area, East Java. The scope of research activities is to observe students regarding pre- and post-conference implementation in the inpatient room. This study uses primary data from observations (observations) through sheets checklist and interviews. Besides that, it also uses secondary data in hospital documents, such as patient medical records. In addition, this study also uses research articles. This research method uses case studies to analyze implementation pre-conference and post-conference in patients managed in the inpatient unit.

3. RESULTS

Pre-Conference

Based on the first day of observations, the pre-conference was carried out by students led by the nurse in charge shift afternoon because there needed to be a head of the room and team leader. The nurse carries out the division of tasks within the group in charge shift. In the meantime, there is a presentation of the report pre-conference, which has not been implemented as such; the person responsible for change does not provide a conclusion from the discussion conducted, the person in charge shift, nor does it emphasize the SOP for the actions to be carried out, the person in charge shift did not ask about the readiness of all members to carry out nursing service activities and did not submit a contract for middle implementation conference. Based on the researcher's assessment of students using observation sheets, a value of 86.25 (good) was obtained.

Implementation observation pre-conference on the second day by students carried out after the service operand with shift previously. In its implementation, it is also carried out in a hurry because it will carry out activities/tasks in the room. Information about the patient provided at the time of pre-conference needed to be completed, so that previous service

operand records were used. Implementation of pre-conference on the second day by students following the documentation procedure pre-conference. In delivering the report pre-conference, several things comply with the documentation standards pre-conference, such as patient identification, medical diagnoses, nursing diagnoses and focus data, nursing actions to be performed (planning), and nursing actions that have been carried out and the results, as well as follow-up plans. The team leader also plays a role in dividing managed patients into implementing nurses. Meanwhile, there is a submission of reports pre-conference which have not been implemented as such; the head of the room did not provide conclusions from the discussions that were carried out, and the head of the room also did not emphasize the SOP for the actions to be carried out, the team leader did not ask about the readiness of all members to carry out nursing service activities and did not submit a time contract for middle implementation conference. In addition to reports pre-conference also not written the signature of the team leader or team PJ, the implementing nurse, and the head of the room. Based on the researcher's assessment results using the observation sheet, a score of 88.75 (good) was obtained.

Post Conference

Observation post-conference The first day was carried out by students. On the first day of serving in the room, students still seem busy carrying out activities/tasks, such as documenting nursing care for patients, so they carry out post conferences, not on time. Implementation post conference led by the person in charge of the team and followed by the implementing nurse on shift afternoon. The implementation of post-conference students takes about 5 minutes. When it's almost time to go home shift/service. In this activity, the person in charge shift opened the discussion and then asked about the results of the actions the implementing nurse had carried out for the patient being managed. The implementing nurse conveys starting from the patient's identity, medical diagnoses, nursing diagnoses, and focus data that support but still needs to be completed, nursing actions that have been carried out and the results, but does not convey a follow-up plan. While in charge shift also did not provide conclusions from the discussion, did not explain further activities to follow operands, nor did they end the discussion with thanks or greetings; documenting post conference also needs to be revised. Based on the results of the researcher's assessment

regarding the implementation post-conference using the observation sheet obtained a value of 63.75 (not good).

Based on the observations of the second-day students have carried out post-conference. In addition, students have begun to know how to implement it post-conference. However, the information about the patient provided at the time post-conference could have been more extensive and complete. The head of the room, primary nurses, and implementing nurses attended the discussion activities. Post-conference led by the head of the room and explained the purpose of the final conference. Furthermore, the team leader asked the implementing nurse about the results of nursing actions on managed patients. The implementing nurse conveys starting from patient identity, medical diagnoses, nursing diagnoses, and focus

data that supports but is still incomplete, nursing actions that have been carried out and the results but are still incomplete as well as follow-up plans whose writing is incomplete, as well as documenting the problems encountered. Then the team leader allows the team to respond. However, the head of the room did not convey the conclusions of the discussion or explain further activities to follow the operands, nor did he end the discussion with thanks or greetings. The implementation of the post-conference takes about 5 minutes, besides documenting post-conference also needs to be up to standard. Students also do not write the results post-conference according to procedures. Based on the researcher's assessment results using the observation sheet, a value of 61.25 (not good) was obtained.

Table 1. Assessment of the Observation Sheet

Date and time	Shift	Score	
		Pre Conference	Post Conference
Monday 28 March 2022	Evening	86,25	63,75
Wednesday 30 March 2022	Morning	88,75	61,25

4. DISCUSSIONS

Pre-Conference

Based on the results of observations pre-conference, The first day was carried out by students with an assessment of the observation sheet pre-conference in the good category. In line with the research of Jumari et al. (2021) obtained, the results of observations made in the R room of X Jakarta Hospital activities pre-conference by 85% in the good category. This shows that the duties and duties of the implementing nurses in room R need to be improved, especially in discussions related to problems that are held regularly.

There are differences in the order of execution pre-conference by students and room nurses, where students do pre-conference after completing the official operand while the nurse in the room performs pre-conference at the same time as the service operand. Researchers argue that there are differences in the order of implementation pre-conference due to prevent work saturation, commonly referred to as burn-out room nurse. The demands of a lot of work over much time cause this.

In line with the results of Afandi & Ardiana's research (2021) states that boredom at work (burnout) among nurses often experience. In addition, according to the researchers, this is due to shortening

the execution time of operands, pre-conference and bedside handover so that nurses can save time and energy and hasten other activities or tasks. Researchers assume that the implementation pre-conference students have done has gone well, but the documentation still needs to be completed, this is because students are doing it for the first time pre-conference so do not understand the implementation procedure pre-conference students are also in a hurry in doing pre-con

Based on observation pre-conference The second day is the same as the first day of observation; namely, there is a difference in the order of implementation pre-conference by students and room nurses, where students do pre-conference after completing the official operand while the nurse in the room performs pre-conference at the same time as the service operand. Researchers assume that implementation pre-conference on the second day is better; this can be seen from the increase in value on the second day and is in a good category.

In line with the research of Andung et al. (2017) where as many as 42% of the nurses in the dahlia room at the Uumbu Rara Meha Hospital, Waingapu, East Sumba pre-conference well because the primary nurses opened the event well, there were PJ primary nurses who asked about the daily plans of each implementing nurse, the

primary nurses provided input and follow-up regarding the nursing care provided at that time, the primary nurses provided reinforcement and ends by closing pre-conference.

The performance of nurses, namely team leaders and implementing nurses, greatly influenced activities pre and post conference. If the implementation pre and post conference is good, then the nurse's performance will also be good, and vice versa (Seniwati, 2014; Harvia et al., 2022).

Post Conference

Based on observation post-conference The first day carried out by students is in line with the research of Andung et al. (2017) found that three nurses (25%) did it post-conference unfavorably caused of nurses needed to be planning and preparing properly according to the procedures Researchers assume that students get poor grades due to a lack of planning and preparation as nurses in charge of care, so they are not on time and there are still results that have yet to be delivered at the time post-conference.

Besides that, Rezkiki et al. (2019) mentioned post conferences are not done because of a lack of motivation to do post-conference according to the rules. Researchers assume that the implementation post-conference students

have is already running, but the implementation still needs to be optimal; this is because students are doing it for the first time post-conference so they need to understand the implementation procedure post-conference. Apart from that, post conference implementation does not use formats post conference precisely, so the filling still needs to be structured clearly (Rifai et al., 2020).

The opinions of researchers about activities post-conference on the second-day students are the same as those carried out on the first day. In this case the nurse also needed to document the results post conference which is in accordance with the SOP due to the large amount of work. In line with the research of Rezkiki et al. (2019), nurses rarely complete nursing care documentation; one of the factors is due to insufficient and weak supervision and control over nursing care documentation. In addition, research by Putri et al. (2021) also stated that the leadership style of the head of the room is a mechanism for managing a nursing room, but filling in the completeness of the initial assessment depends on the nurse concerned in documenting nursing care.

Based on the results of observations in the room for two days, it can be concluded that the implementation pre and post-conference by students there are

advantages and disadvantages in its application. Implementation pre-conference is included in the good category while post-conference implementation is included in the poor category until implementation pre and post-conference is already running but still needs to be optimal. This is caused by several obstacles including the lack of experience of students in conducting pre and post-conference, implementation pre and post-conference along with handover activities, documentation that is incomplete or not in accordance with procedures, lack of supervision, control over nursing care documentation, lack of compliance or discipline of students in carrying out duties and authorities as nurses, lack of knowledge and training given to students regarding communication pre and post-conference and, work saturation (burnout) so that motivation at work decreases. This can impact providing incomplete information during operands so that it allows different actions given by students as nurses to patients being managed. In addition, it can result in delays or errors in administering therapy to patients under management due to unclear information from pre and post-conference thus harming the patient and prolonging the patient's hospitalization time.

Nurses need to maintain the quality of service. One way is to improve the management function by directing communication between teams.

5. CONCLUSION

Students have applied pre-conference with good category assessment results. Students have applied post-conference with poor category assessment results. The hospital recommendation is to schedule an evaluation of the implementation pre-conference and post-conference in the inpatient room.

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