Optimalisasi
Peran SDM Keperawatan
dalam Perawatan Bermartabat
(Dignified Care)
Pasien COVID-19 di Rumah Sakit

Oleh.
Ns. Nurfika Asmaningrum, M.Kep., Ph.D.

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Enlighten your future

COVID-19
as Global Outbreak

- C*oronavirus disease* 2019 (COVID-19) merupakan penyakit infeksi disebabkan oleh SARS-CoV-2 (Kemenkes, 2020; WHO, 2020).

- Pada akhir Maret 2020, virus menyebar secara mendunia, sehingga menyebabkan *'a large global outbreak'*.

- COVID-19 ini telah dinyatakan sebagai PANDEMI GLOBAL oleh WHO pada 12 Maret 2020 (WHO, 2020).

- Di Indonesia, Presiden Republik Indonesia telah menyatakan status penyakit ini menjadi tahap Tanggap Darurat pada tanggal 17 Maret 2020 & ditetapkan sebagai **bencana nasional non-alam**.

Extraordinary threat to global public health, socioeconomic stability, food security and other social goods

Emerging and Reemerging (Respiratory) Viruses In the Last Century
(Çelik,Saatçi & Eyüboğlu, 2020)

Emerging infections: *Infectious diseases that increase in incidence and tend to spread geographically within decades*

1. Influenza virus
2. H1N1 influenza
3. H2N2 influenza
4. Avian influenza
5. Hantavirus
6. Human metapneumovirus (HMPV)
7. Bocavirus
8. Coronavirus:
   - HCoV-229E and HcoV-OC43
   - Severe acute respiratory syndrome coronavirus (SARS-CoV)
   - Middle east respiratory syndrome coronavirus (MERS-CoV)
   - **SARS-CoV-2**

Analisis Situasi
INDONESIA

Situasi COVID-19 — Kondisi 14 Juni 2020

Indonesia
Positif COVID-19	: 38.277
Sembuh (Positif COVID-19)	: 14.531
Meninggal (Positif COVID-19)	: 2.134
Jumlah ODP	: 41.639
Jumlah PDP	: 13.574

Situasi COVID-19 — Kondisi 15 Juni 2020

Indonesia
Positif COVID-19	: 39.294
Sembuh (Positif COVID-19)	: 15.123
Meninggal (Positif COVID-19)	: 2.198
Jumlah ODP	: 36.744
Jumlah PDP	: 13.649

Situasi COVID-19 — Kondisi 16 Juni 2020

Indonesia
Positif COVID-19	: 40.400
Sembuh (Positif COVID-19)	: 15.703
Meninggal (Positif COVID-19)	: 2.231
Jumlah ODP	: 29.124
Jumlah PDP	: 13.510

Situasi COVID-19 — Kondisi 17 Juni 2020

Indonesia
Positif COVID-19	: 41.431
Sembuh (Positif COVID-19)	: 16.243
Meninggal (Positif COVID-19)	: 2.276
Jumlah ODP	: 42.714
Jumlah PDP	: 13.279

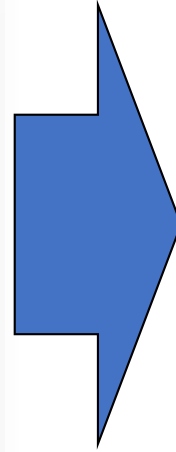+1017 kasus → + 1106 kasus → + 1031 kasus →

- Trend peningkatan kasus COVID-19 secara nasional
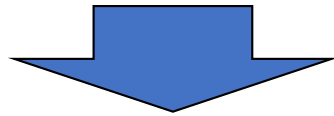- Peningkatan pasien terinfeksi yang membutuhkan perawatan di RS

KEPUTUSAN MENTERI KESEHATAN REPUBLIK INDONESIA

NOMOR HK.01.07/MENKES/169/2020

TENTANG

PENETAPAN RUMAH SAKIT RUJUKAN PENANGGULANGAN

PENYAKIT INFEKSI EMERGING TERTENTU

132 Rumah Sakit rujukan nasional

- Jika seluruh pasien positif COVID-19=41.431 pasien di rawat di RS rujukan nasional
- Terdapat sekitar 314 pasien COVID-19 dirawat di satu RS nya
- Identifikasi pasien positif COVID-19 di Indonesia per 2 Maret 2020 ➔ lama pandemic COVID-19 adalah 3,5 bulan (100 hari)➔ maka 314 PDP/ 100 hari ATAU sekitar 31,4 (31 Pasien/ dirawat per harinya)

KONKLUSI: Admisi PDP COVID-19 ke RS rujukan meningkat
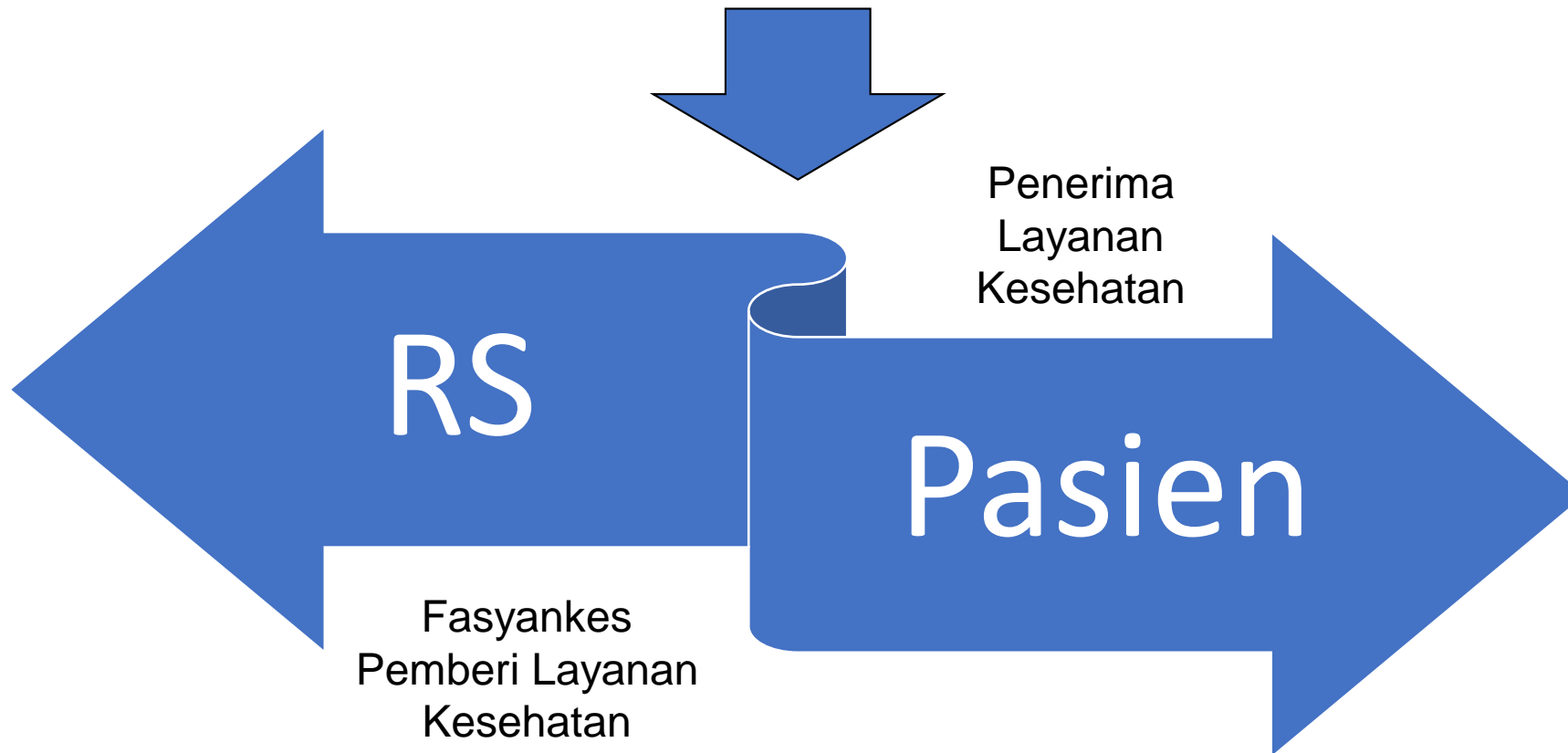
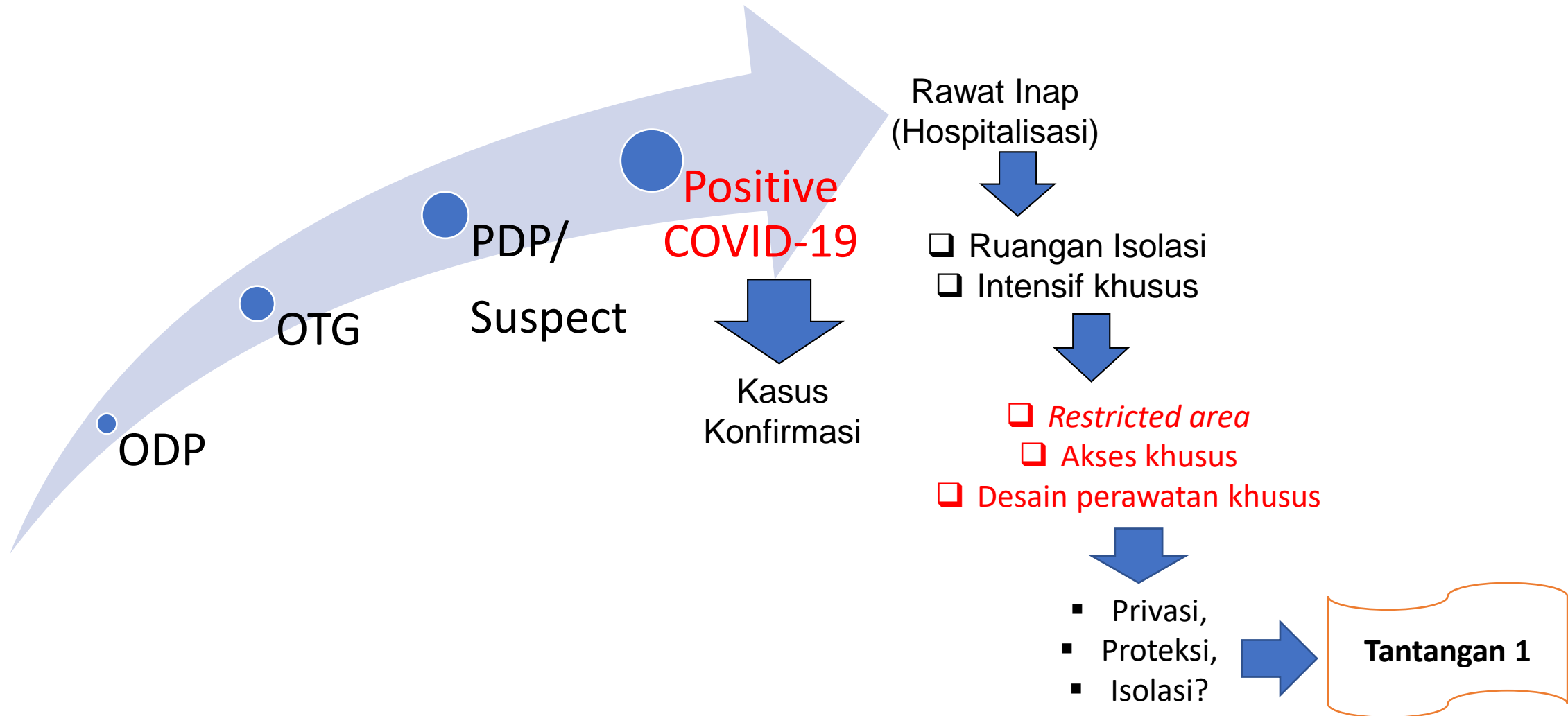# Bagaimana Kesiapan RS dengan adanya Invasi Pasien COVID-19?

Comprehensive Hospital Preparedness Checklist for Coronavirus Disease 2019 (COVID-19)
https://www.cdc.gov/coronavirus/2019-ncov/downloads/HCW_Checklist_508.pdf
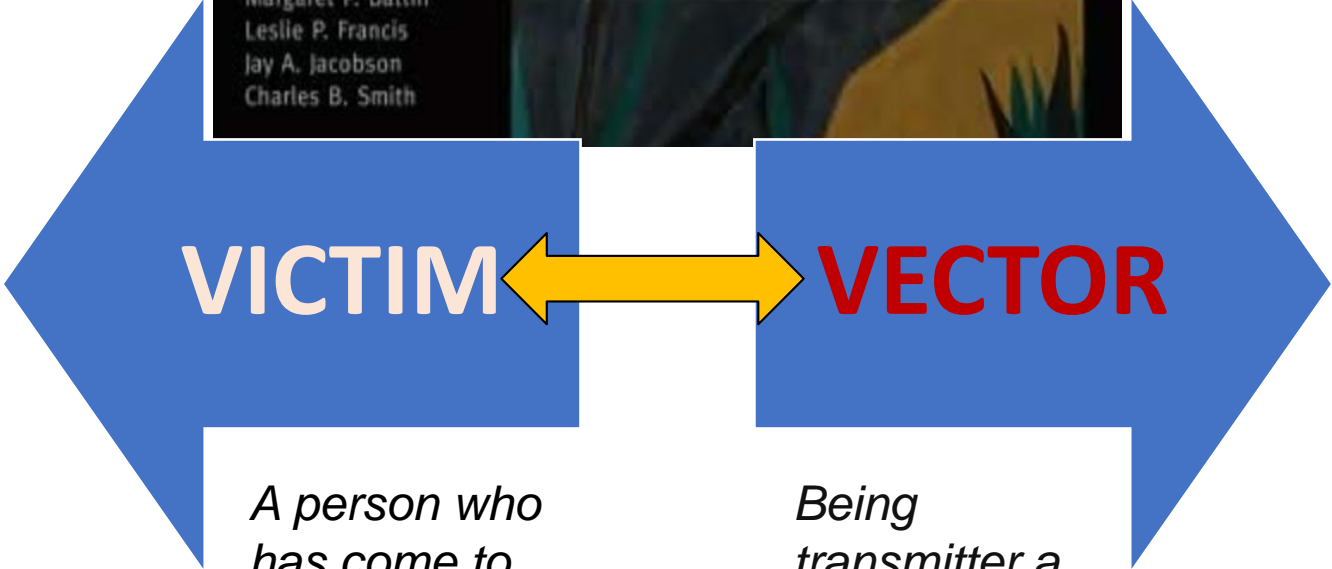
Istilah Terkait COVID-19

(Abdillah, 2020)

ODP

OTG

PDP/ Suspect

Positive COVID-19

Kasus Konfirmasi

Rawat Inap (Hospitalisasi)

❑ Ruangan Isolasi
❑ Intensif khusus

❑ *Restricted area*
❑ Akses khusus
❑ Desain perawatan khusus

▪ Privasi,
▪ Proteksi,
▪ Isolasi?

Tantangan 1

The Patient as Victim and Vector
ETHICS AND INFECTIOUS DISEASE

Margaret P. Battin
Leslie P. Francis
Jay A. Jacobson
Charles B. Smith

VICTIM ⬌ **VECTOR**
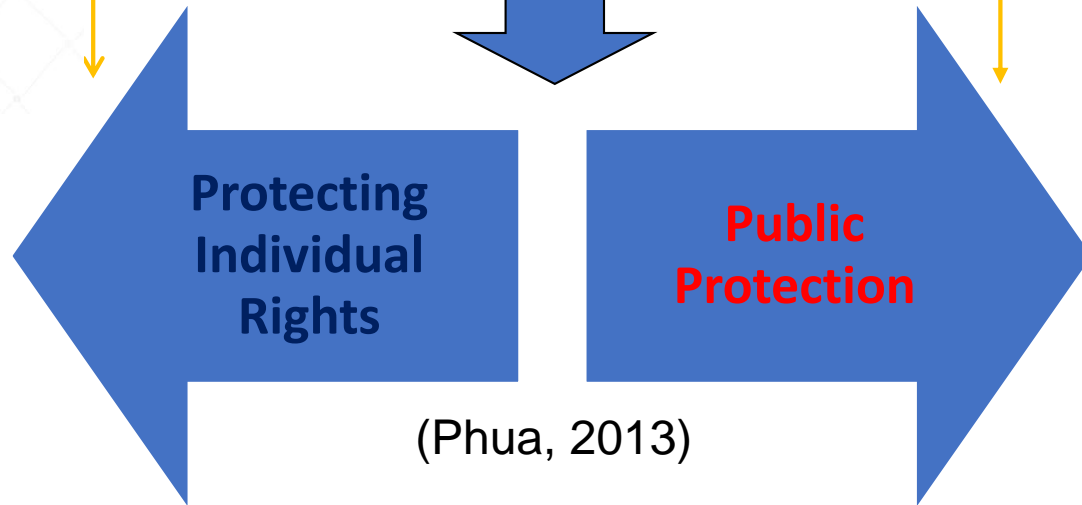
A person who has come to feel helpless and passive in the face of misfortune or ill-treatment.
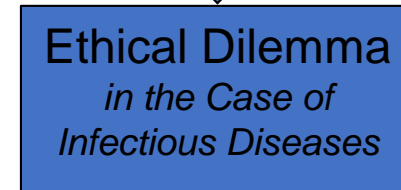
Being transmitter a disease from one to another.

Balance??

Protecting Individual Rights	Public (Health) Protection
❑ *Privacy,* ❑ *Access To Treatment,* ❑ *Confidentiality* ❑ *Etc*	❑ *Screening for Disease,* ❑ *Surveillance,* ❑ *Isolation,* ❑ *Quarantine* ❑ *Contact Tracing And Partner Notification,* ❑ *Monitoring Treatment,* ❑ *The Duty To Warn*
Hak pasien: ➢ UU No. 8 Tahun 1999 tentang Perlindungan Konsumen ➢ UU No. 29 Tahun 2004 tentang Praktek Kedokteran ➢ UU No. 44 Tahun 2009 tentang Rumah Sakit	• Penempatan blok/ruang khusus • Perlindungan khusus para Nakes • APD & *Universal precaution* yang ketat • SOP perawatan khusus

Setting Masyarakat

Setting Klinik

Patient as VICTIM..

Outbreak of Infectious disease

Helping

Duty of Care

Patient as Victim

Evacuating

Treating
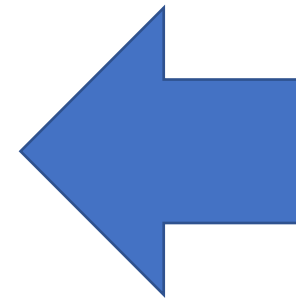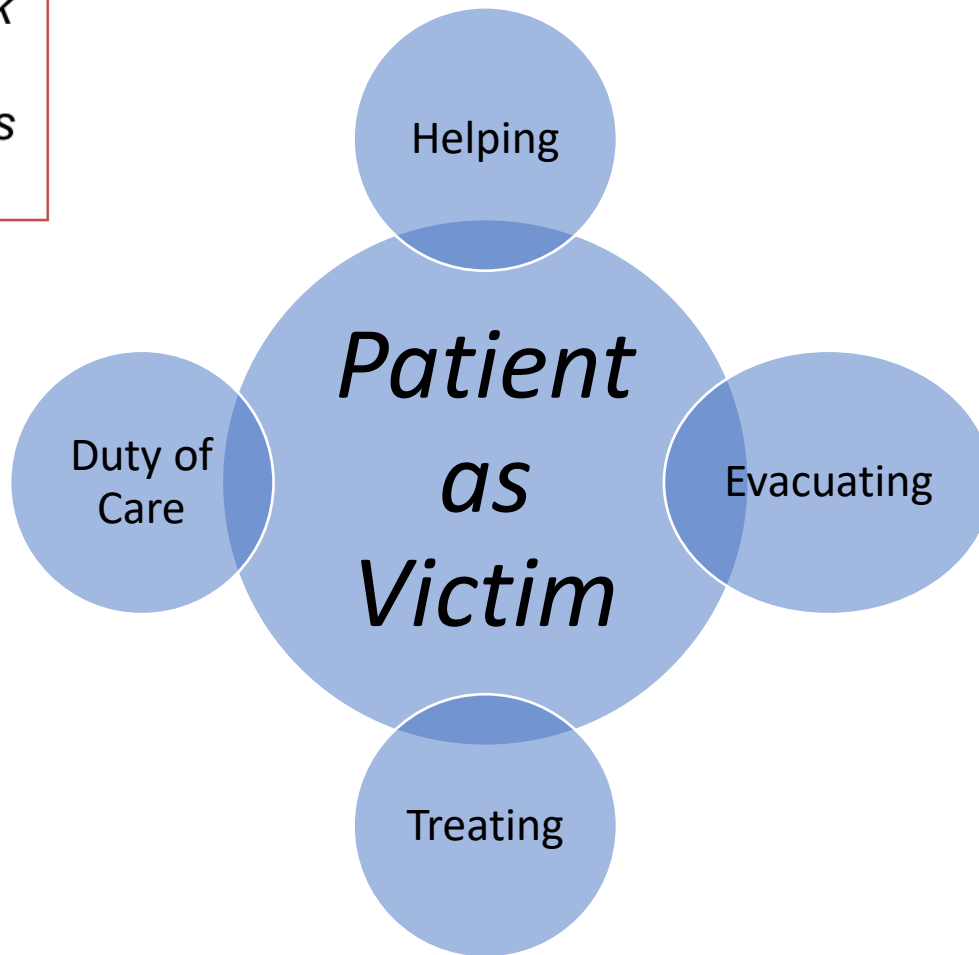
❑ *Professional responsibility*
❑ Observasi prinsip etik
❑ *Adherence to law*
(Ali Akbari et al., 2015)

Kondisi sakit mengancam *Human Dignity?*

Tantangan 2

Manifestation of **Disease**

Interpersonal

Relational

Hospitalization

Vulnerable situation

Threatening Human Dignity
(Raee et al., 2017).

Greater Risk to loss dignity

Patients rely on the integrity of provider for caring them
(Smith & Field, 2011)
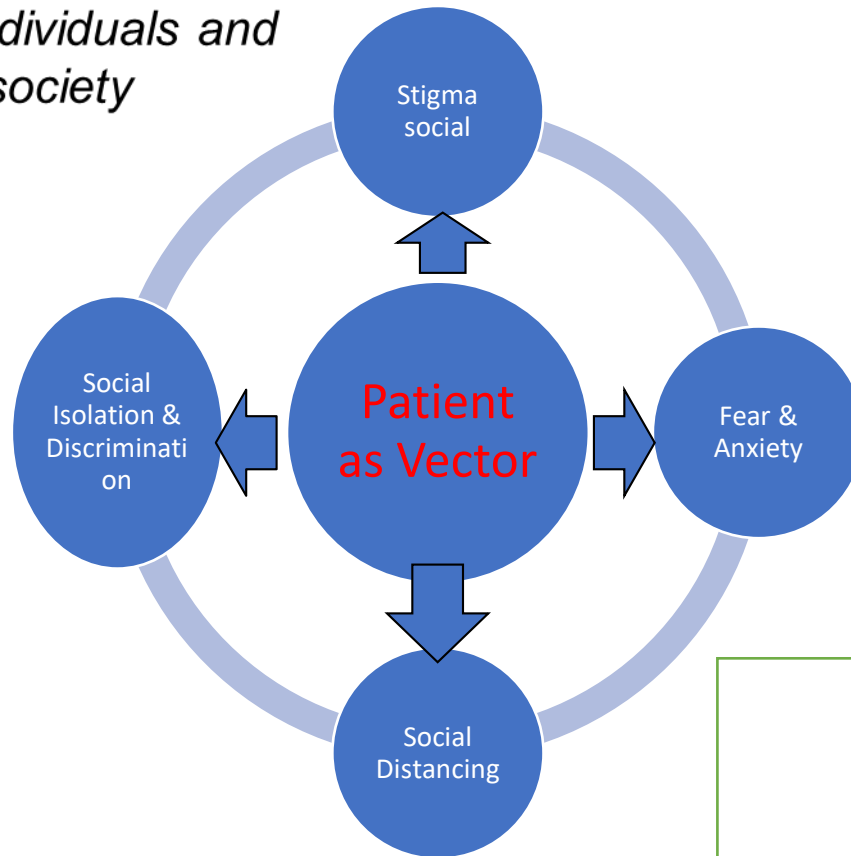
Is "outbreak" threaten human dignity?

- *In Emerging infectious disease, <u>infected patient regarded as a dangerous vector (perpetrator)</u> to spread virus who should be isolated* (Battin et al., 2009).

- Pasien terinfeksi COVID-19 seperti "terdakwa"

- Ironisnya, Nakes yang merawat pasien terinfeksi virus pun mengalami kondisi serupa.

Increased Vulnerability:
1. Sakit
2. Hospitalisasi
3. Stigmatisasi

Vulnerability increases the need for respect of human dignity
(Borhani, Abbaszadeh, & Rabori, 2016).
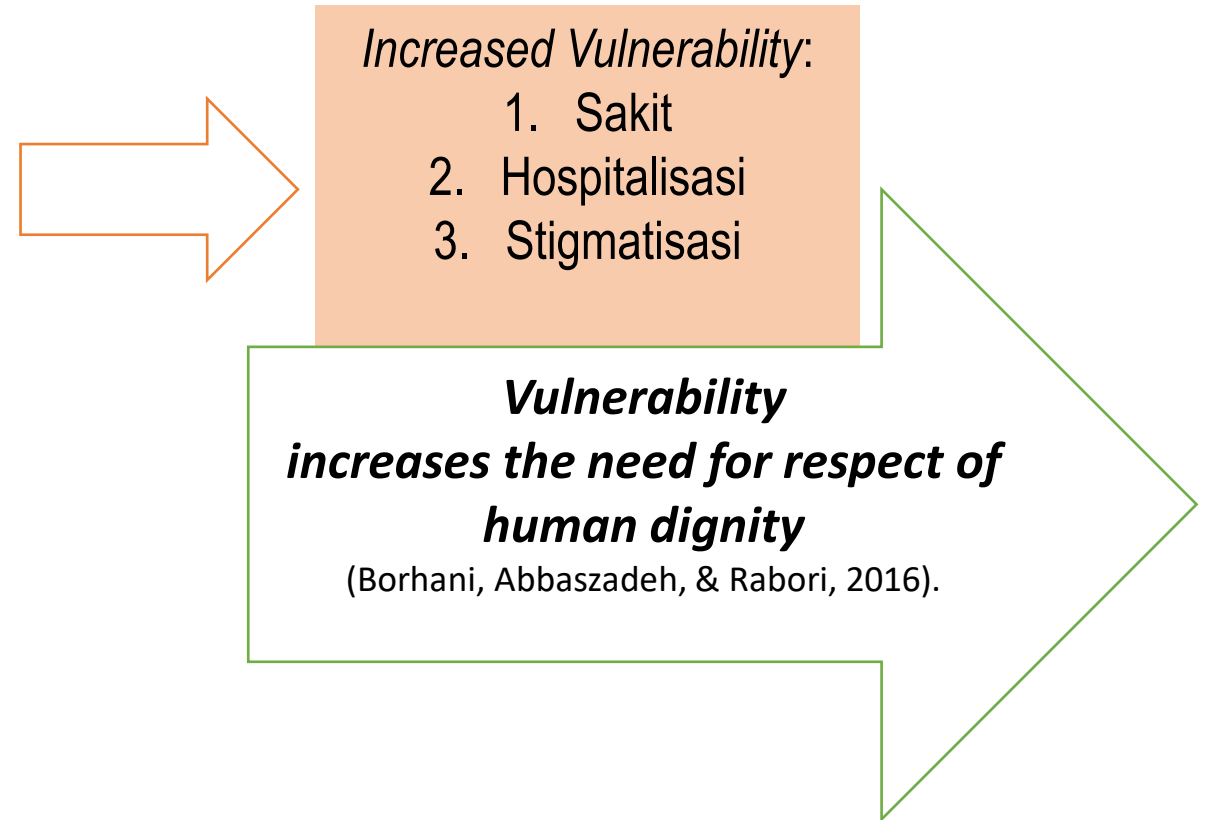
Apa yang Menjadi Harapan Pasien yang di rawat di RS?
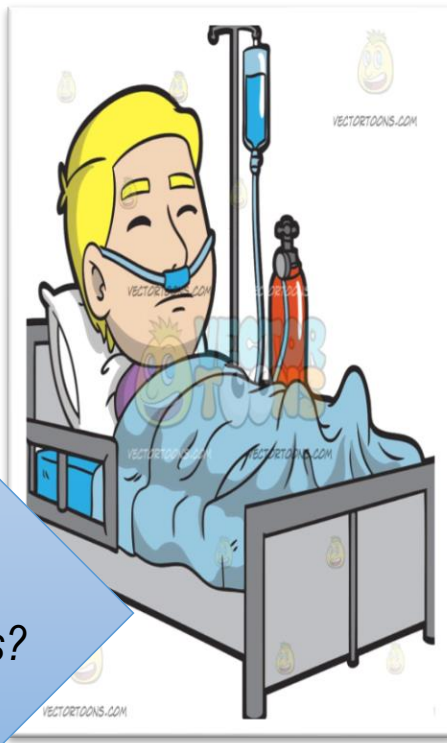
What your Expectations?

❑ *WHO's general population surveys of "health systems responsiveness" in 41 countries (2008)*

❑ *Indonesia were being participated in the survey*

❑ *Asked "what the most important and the least important for aspects of non-clinical quality of care ?"*

Patient dignity is seen as the most imperative aspect of quality care

Prompt Response

DIGNITY

Communication

Dignified Care
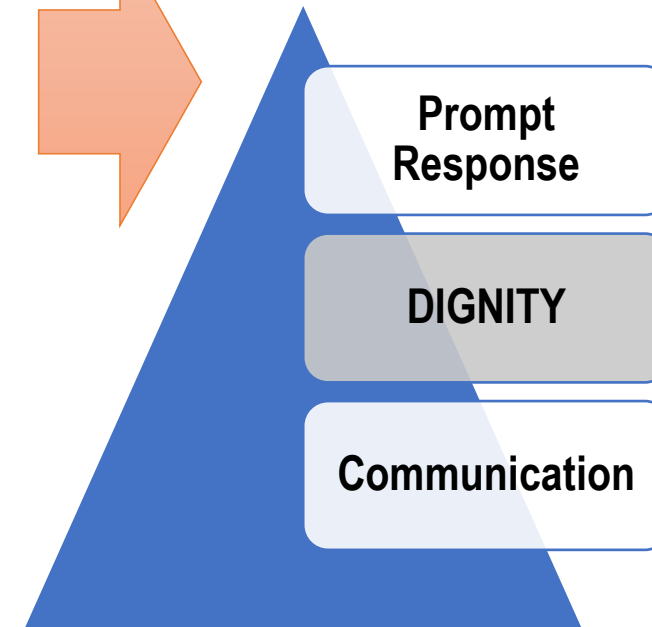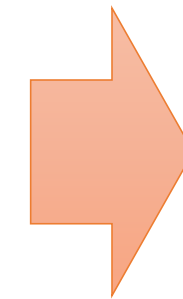
Patient's Dignity
(Martabat Pasien)

- *Dignity means…the state or quality of **being worthy of honour or respect**.*

- *Dignity is defined as "inherent in an individual's feeling of worth or value, which is closely associated with **respect, recognition**, self-worth, and the ability to make choices" (WHO, 2015, p. 1).*

- *The Royal College of Nursing [RCN] (2008) describes the importance of treating someone with dignity as performing a good manner that shows **respectfulness of their value as individuals.***

- Martabat manusia berarti tingkatan harkat kemanusiaan dan harga diri (kedudukan) manusia yang terhormat sebagai ciptaan Tuhan Yang Maha Esa.

--Dignified Care--
(Perawatan Bermartabat)

❑ *Promoting dignity is considered to be a* **main responsibility** *for healthcare providers*

❑ *Nurses are in* **a unique position** *when caring and treating patients, as the play a prominent role in maintaining patients' dignity and preserving a scene of respect*

❑ *Dignified care is considered an* **essential goal of comprehensive care**, *which is crucial to good healthcare*

❖ *Feeling Happier*
❖ *Emotional comfort*
❖ *Sense well being*
❖ *Self esteem*
❖ *increase recovery*
❖ *Satisfaction*

--to bridge the interpretation--

Abstract

Multi-dimensional

Complex

Cultural concept

Difficulty to directly applied in concrete settings

Perceptions & Interpretation

Personal, social, cultural, ethnic, religious, political, organizational, & professional
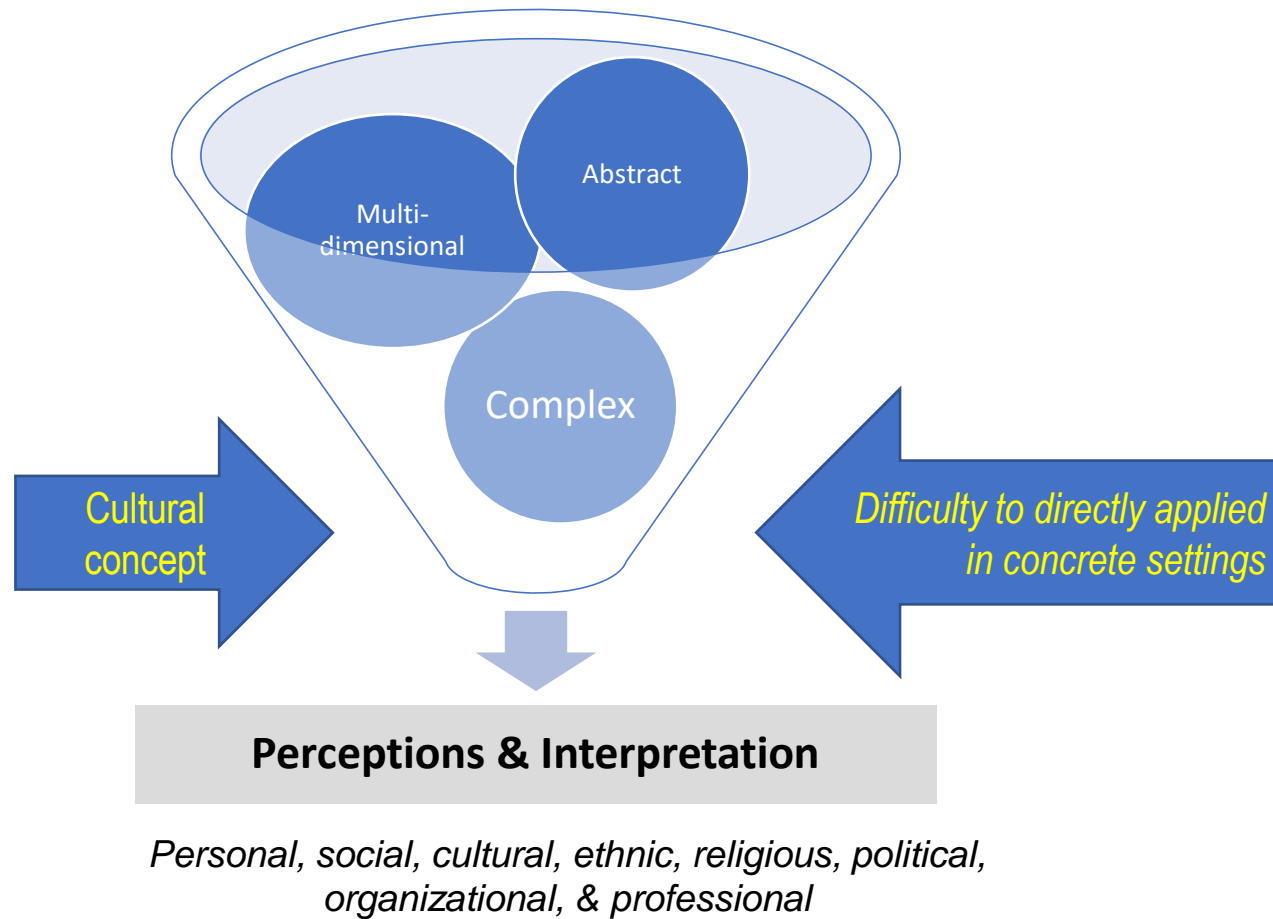
As an attempt to interpret the phenomenon of dignity in care ➔
we conducted <u>a qualitative study to investigate the perspectives of patients and nurses regarding maintaining patient dignity in Indonesian clinical care settings</u>
(Asmaningrum & Tsai, 2018a; Asmaningrum & Tsai, 2018b).

Dignified Care
(*based on Indonesian Nurses' Perspective*)

- Providing Emotional Support

1

- Protecting Patient's Privacy

2

- Responsiveness

4

- Patient Centered Communication

3
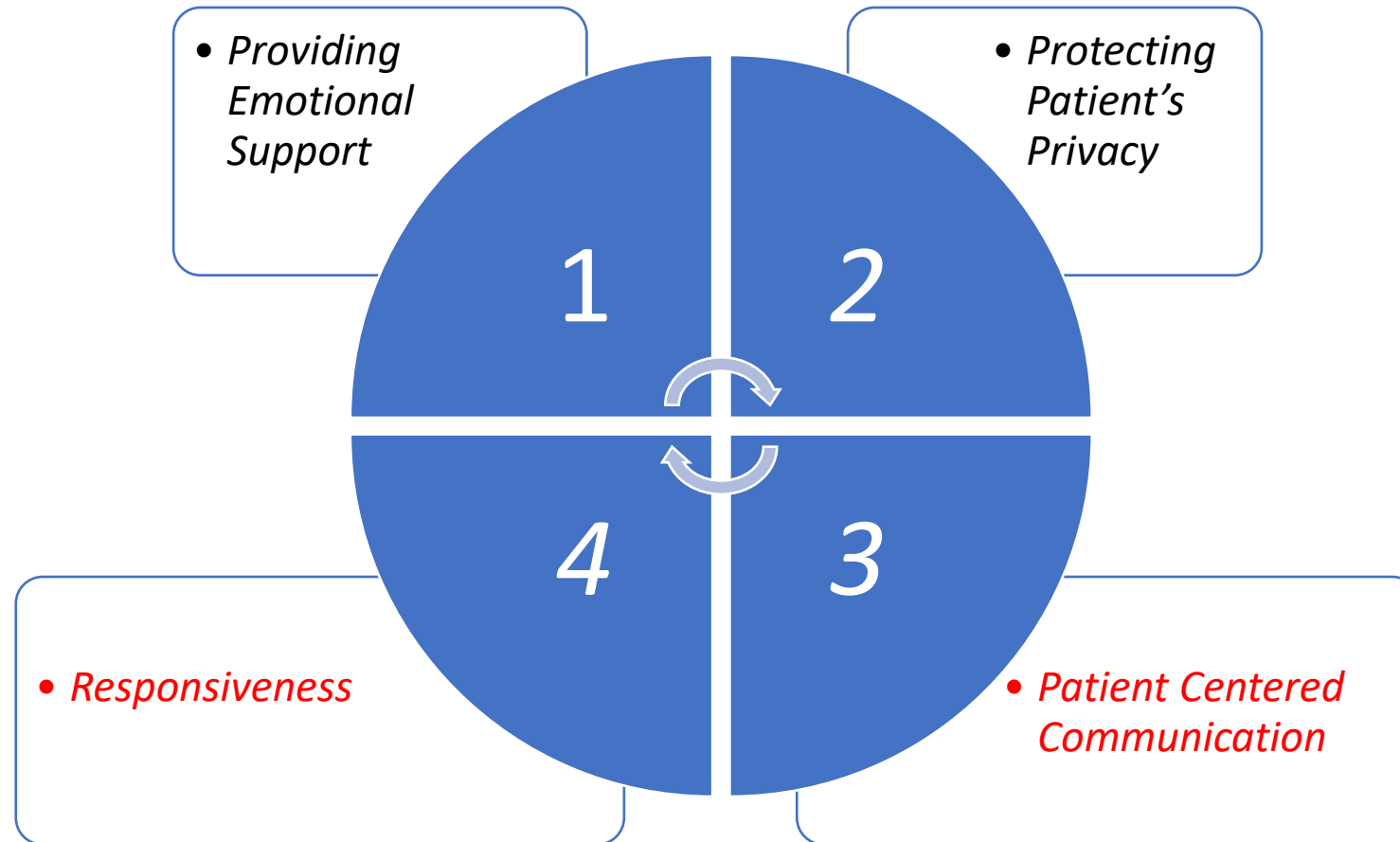
Dignified Care
(*based on Indonesian Patient's Perspective*)

Patient Centered Communication

Identifikasi background demografi & sosiokultural

Komunikasi dengan *"plain language"* yang mudah dipahami pasien

Komunikasi berpusat Pasien

Memahami bahasa yang digunakan pasien selama interaksi
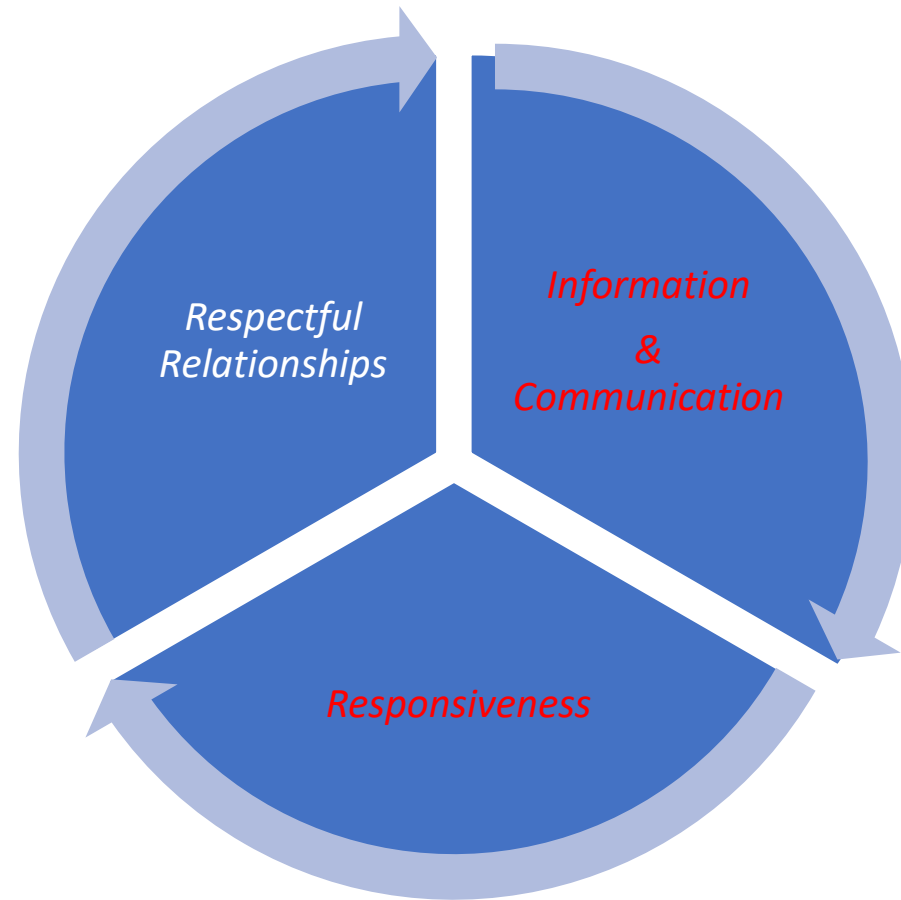
Salam ketika bertemu pasien
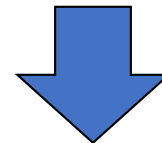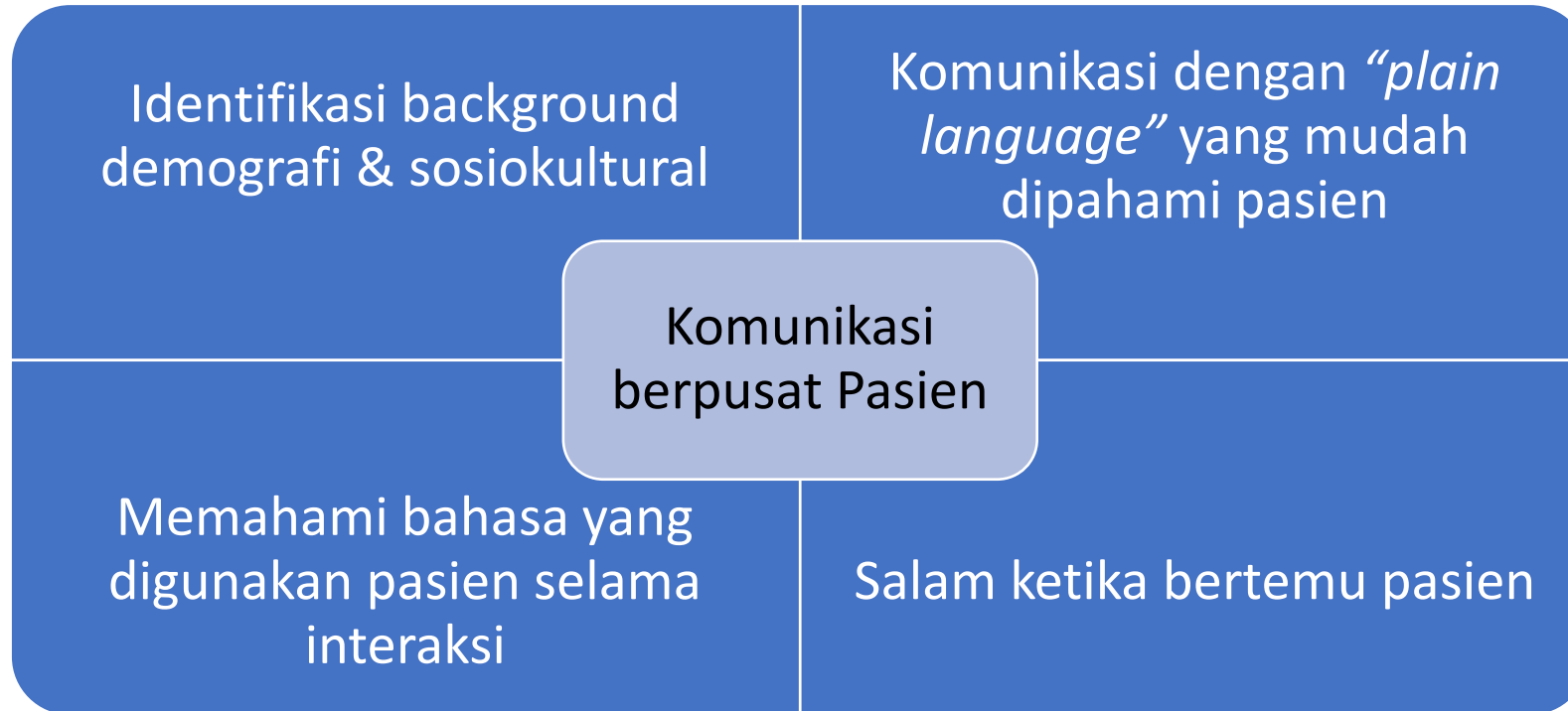
Dismissal is disrespectful (Undignified)

Information & Communication

Advice after obtained results

Interpretasi hasil pemeriksaan

Providing: diagnostic & program information; education;

Comfortable although care in ward room

Listening & provide response after listening

Komunikasi yang mudah dicerna

Fasilitasi kebutuhan pasien

- Perawat memahami kondisi sakit
- Motivasi untuk sembuh
- Menyilahkan bertanya jika ada yang tidak dimengerti
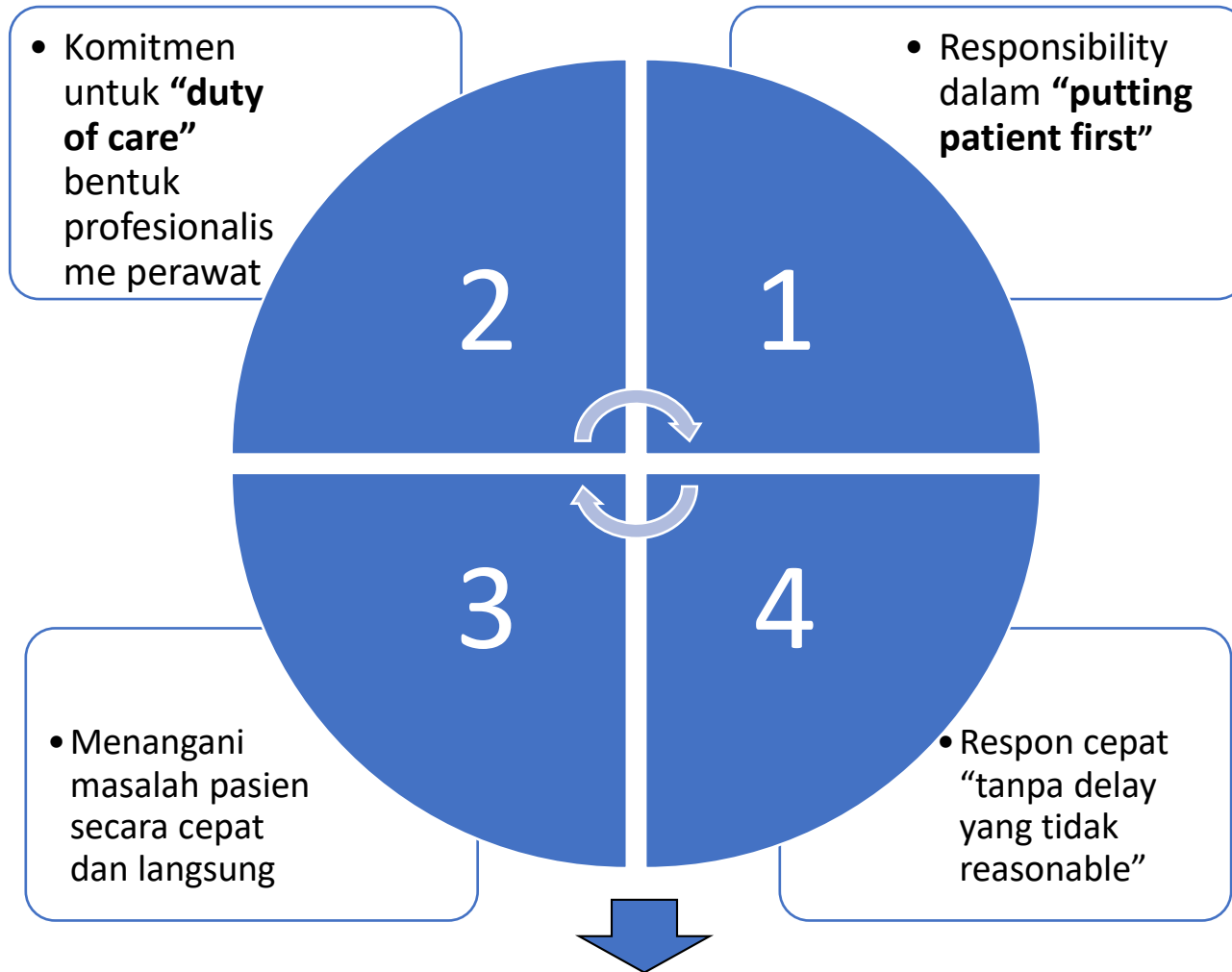
Dismissal is disrespectful (Undignified)

Pengembangan Desain Metode pemberian Informasi & Komunikasi dalam standard protocol COVID-19:
Verbal: suara jelas, perlahan & sederhana
Non-verbal: kontak mata, gesture tubuh, gerak tangan.
Media komunikasi: tulis-bolpen-kertas, informasi mell TV, Leaflet-booklet, siaran radio PKMRS

Responsiveness

- Komitmen untuk **"duty of care"** bentuk profesionalisme perawat

- Responsibility dalam **"putting patient first"**

2 1

3 4

- Menangani masalah pasien secara cepat dan langsung

- Respon cepat "tanpa delay yang tidak reasonable"

❑ SOP tentang organisasi Tindakan keperawatan: *direct care*
❑ Komitmen perawat untuk PCC
❑ Fasilitasi dengan alat monitoring dr ruangan pasien

Neglected & Inattentiveness are disrespectful (Undignified)

Responsiveness

| Berikan respon yang tepat | Tangani keluhan secara langsung & cepat | Tangani secara tepat saat situasi urgent/ kritis | Segera datang Ketika pasien membutuh kan |

Negligence is disrespectful (Undignified)

- ❑ Monitoring pasien berkala
- ❑ Berikan bel disamping bed pasien & alat komunikasi spt HT
- ❑ Pasang kamera monitor ruangan pasien yang terpantau jelas
- ❑ Siapkan alat emergency yang siap guna dengan akses mudah
- ❑ Peluang pengembangan IPTEK dalam pelayanan keperawatan

Providing Emotional Support

Senyum- ketika memulai & mengakhiri kontak

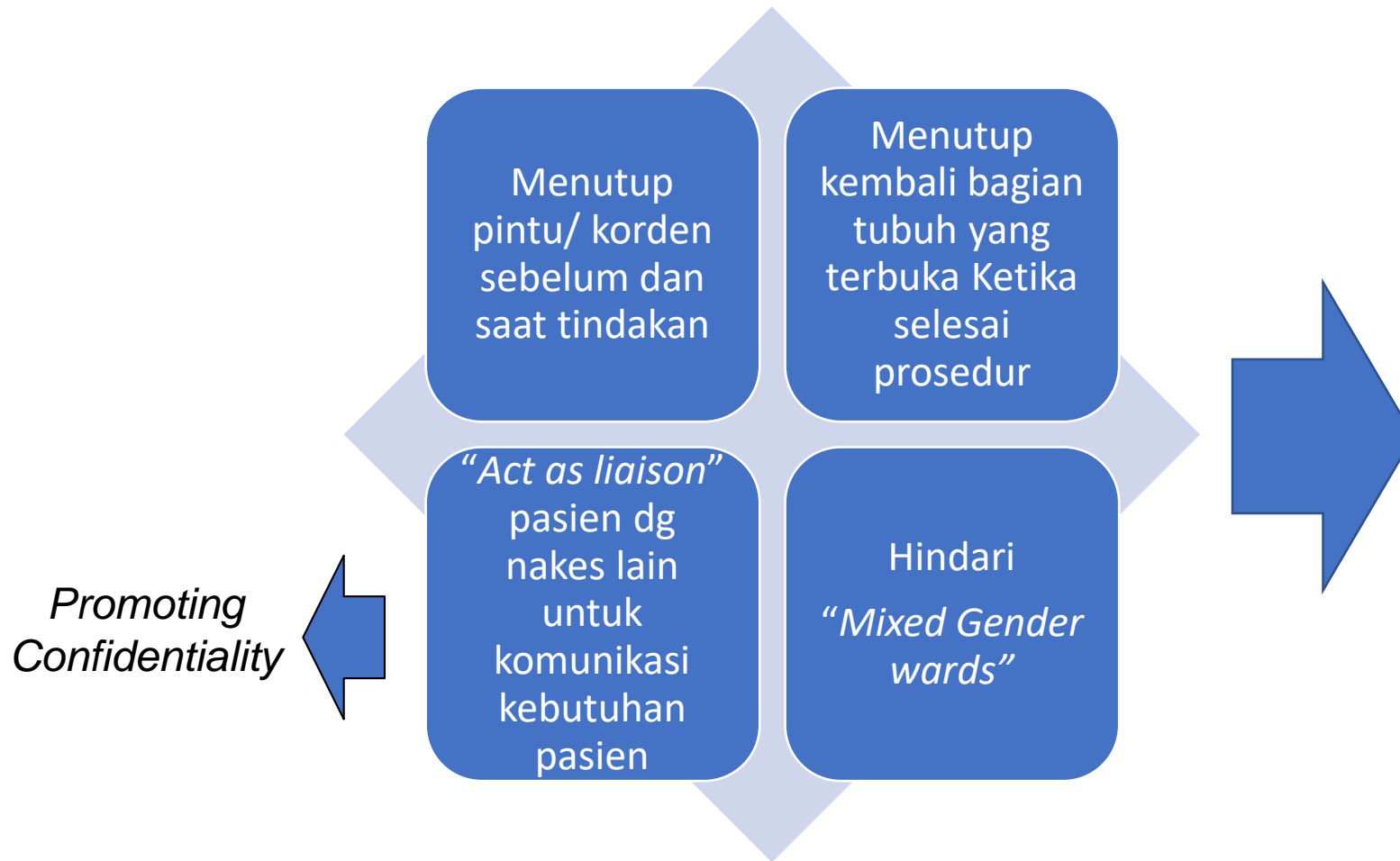Teknik menurunkan *tension* & bina hubungan perawat-pasien: humor yang tepat

Nada suara bicara yang menyenangkan

Impoliteness is disrespectful

Dukungan psikologis: *encouragement*

Protecting Patient's Privacy
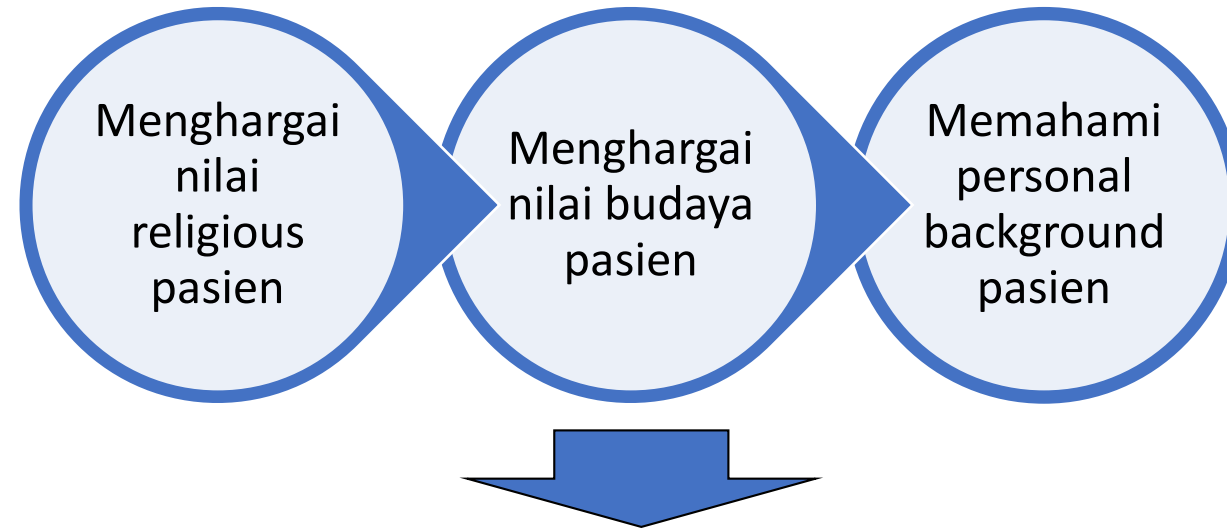## (Privasi fisik & informasi)

RSUI Depok tambah ruang perawatan khusus pasien COVID-19

Rabu, 6 Mei 2020 11:55 WIB

Menutup pintu/ korden sebelum dan saat tindakan

Menutup kembali bagian tubuh yang terbuka Ketika selesai prosedur

"Act as liaison" pasien dg nakes lain untuk komunikasi kebutuhan pasien

Hindari *"Mixed Gender wards"*

Promoting Confidentiality

1. Desain penempatan ruangan perawatan khusus
2. Penempatan terpisah pasien berdasarkan gender

Respectful Relationship

Menghargai nilai religious pasien → Menghargai nilai budaya pasien → Memahami personal background pasien

❑ Jika kasus terinfeksinya pasien akibat kaitan dengan aspek agama, budaya, social dll ➜ Jangan hakimi pasien !

❑ Diferensiasi keragaman nilai budaya, religious dan keyakinan individu ➜ individual yang unik ➜ pendekatan untuk terapi penyembuhan pasien

Implikasi Keperawatan

❏ Pengelolaan pasien COVID-19 di RS mengintegrasikan kompetensi etikal, manajerial dan professional SDM di RS,

❏ Pentingnya '*hospital preparedness*' dalam perawatan pasien COVID-19,

❏ Desain ruangan perawatan PDP COVID-19 yang memfasilitasi adekuatnya responsifnya nakes, media komunikasi dan proteksi privasi,

❏ Aspek perilaku kerja perawat menekankan pentingnya "*patient centred care*",

❏ Peran *leadership* keperawatan dalam desain, monitoring serta kontrol mutu pelayanan pada masa pandemic COVID-19.

Terima Kasih