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The Role of The Nurse in Charge of Care in Providing Medication Based on The Six True Medications

Kholid Rosyidi Muhammad Nur[1], Nurfika Asmaningrum[1], Sri Wahyuni[2], Sindi Arika Putri[1]

[1] *Faculty of Nursing, Universitas Jember, Indonesia*
[2] *Rumah Sakit Perkebunan Jember Klinik, Indonesia*

Correspondence should be addressed to:
Kholid Rosyidi Muhammad Nur
kholidrosyidi.psik@unej.ac.id

Abstract:
Patient safety is a top priority for health care facilities because it is related to the quality and good image of the hospital. The impact that occurs when health workers ignore patient safety is that patient care is prolonged, patients can experience physical and psychological trauma, disability and even death. Proper drug administration is influenced by several factors. One of these factors is the nurse behavior factor, where nurses do not apply the six principles of treatment in accordance with the Standard Operating Procedures (SOP) set by the hospital. The research aims to see the role of the Nurse in Charge in identifying the 6 correct drug administration. This research is of the analytical description type using observational methods. The population in the research were all nurses in the Anthurium 3 room with a sample of 14 respondents selected using total sampling. This study looked at the compliance of nurses in identifying the six correct principles as measured by a questionnaire on the implementation of the six correct principles of drug administration. The results of the study showed the accuracy of identifying 6 correct drugs, namely the correct drug with an accuracy of 74.1%, the correct dose of 70%, the correct time of 73.2%, the correct patient 64.2%, the correct route 87.5% and the correct documentation 65%. The implementation of the identification of the 6 correct drug administration can be carried out optimally if all nurses can carry out the protocol according to procedures based on the right drug, right time, right patient, right route, and right documentation.

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INTRODUCTION

Patient safety is a system that makes patient care safer, including risk assessment, patient risk identification and management, accident reporting and analysis, the ability to learn from incidents and follow-up, and solutions to minimize risks and prevent injuries caused by errors or negligence. Patient safety is a system where hospitals make patient care safer to prevent injuries resulting from errors resulting from acting or not taking actions that should be taken (Wahyono & Ririanti, 2023). The impact of neglecting patient safety is that it can prolong hospital treatment days and even the worst thing is that it can cause death. In developed countries, 1 in 10 patients experience undesirable events due to medication errors, and from 421 hospitals worldwide, there are 42.7 million unexpected events during hospital treatment (Wahyuni et al., 2022). Data on patient safety cases by province recorded that DKI Jakarta was in the first place at 37.5%. The second place was Central Java at 15.9%, and other provinces (D.I. Yogyakarta at 13.8%, East Java at 11.7%, South Sumatra 6.9%, West Java at 2.8%, Bali at 1.4%, Aceh at 0.7% at, and South

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Sulawesi 0.7%) (Mulyani & Kusumawardani, 2023). Errors often occur in administering drugs are 40.9% wrong dose, 16% wrong drug, and 9.5% wrong route (Nuryani et al., 2021).

Patient safety implementation is influenced by several factors, namely organizational and administrative (management) factors, work environment, care behavior factors, workload factors, communication factors, performance, and patient factors (Putri. et al., 2021). Several factors influence correct drug administration. One of these factors is the nurse behavior factor, where nurses do not follow the six principles of service according to the operating instructions (SOP) set by the hospital (Wahyuni et al., 2022).

The phenomenon regarding patient safety in administering medication in the right aspect to the client occurred in the Anthurium 3 room at Jember Klinik Hospital. This happened during observing the medication administration process carried out by the nurse in Anthurium Room 3. Patients with almost the same name and almost identical patient beds made the nurse give the wrong medication. Patient A should have been given the medication, but it was the patient who was given the medication. B. Apart from that, it was found that several patients were not wearing patient identification bracelets, so nurses sometimes rarely carried out double cross-checks regarding patient identity. Based on this, it is necessary to evaluate the role of the nurse in charge regarding identifying the six correct drug administration by the implementing nurse in the Anthurium 3 room at Jember Klinik Hospital. This research aims to determine the role of the nurse in charge of care in identifying the six correct drug administrations in the Anthurium 3 room at Jember Klinik Hospital.

STUDY DESIGN

This research uses a descriptive design and case study that focuses on six appropriate drug administrations for one of the child clients in the Anthurium 3 room at Jember Klinik Hospital. This research also uses a cross-sectional approach, carried out in one shot at a certain time. The location of this research was the Anthurium 3 room at Jember Klinik Hospital. The time used to compile this research, from determining the title, collecting data, and preparing the assignment report for this scientific work, was from October 2023 to January 2024. The population and sample in this study were all nurses in Anthurium Room 3 at the Jember Clinic Hospital. The instrument used in this research was the Questionnaire for the Implementation of the Six Correct Principles of Medication Administration to find out the description of the implementation of the six correct administration principles of medication carried out by nurses. The ethics used in this research are providing informed consent, confidentiality, fairness, and expediency.

PATIENT INFORMATION

The patient's mother said that the patient had started having a fever approximately 3 days ago. The fever is accompanied by nausea but not vomiting. Apart from that, the patient's appetite also decreased, so the patient was weak from that day on. The patient's mother said the patient had previously had a similar fever. Still, after compressing it and giving paracetamol (a medicine he had taken during a previous illness), he recovered. However, the patient's fever still did not go down for the current illness. Apart from this, the patient's appetite decreases sometime before the patient has a fever. So, on October 26, 2023, at 09.00 WIB, the family took the patient to the RSJK emergency room for further treatment. When an assessment was carried out in the Anthurium 3 room, it was found that the patient was weak, GCS: 456, S: 38.5°C, RR: 20 x/min, SPO2: 99%, N: 134 x/min.

The patient's mother said the patient had a similar illness approximately 3 months ago. The patient's mother said the patient did not have any drug allergies but had food allergies, namely chicken, milk, and eggs.

CLINICAL FINDINGS

In this study, the medical diagnosis was febrile. The nursing diagnosis taken was hyperthermia based on the mother saying the patient had had a fever for the past 3 days, indicated by temperature: 38.5 °C, N: 134x/minute, RR: 20x/minute, warm acral, there are red spots on the right arm and the abdomen, tubex: positive 4 and nutritional deficit based on the patient's mother saying the patient's appetite decreased before the illness, indicated by weight loss of approximately 1 kg, dry lip mucosa, condition In general, patients are weak, it appears that food is not finished, they only eat 3-4 spoonfuls of food from the hospital.

THERAPEUTIC INTERVENTION

The pharmacological therapy obtained was rung as infusion, paracetamol, and ondansetron. The nursing interventions given to the case were hyperthermia management and nutritional management.

RESULT

Table 1. Characteristics of Nurses in Anthurium Room 3 Jember Clinic Hospital

Characteristics of Respondents	N	%
Age category		
Late teens (17 – 25 years)	1	7
Early adulthood (26 – 35 years)	5	36
Late adulthood (36 – 45 years)	5	36
Early elderly (46 – 55 years)	3	21
Total	14	100
Gender		
Male	3	22
Female	11	78
Total	14	100
Level of Education		
D3	6	43
S1	8	57
Total	14	100
Length of Work		
< 10 years	8	57
> 10 years	6	43
Total	14	100

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Table 2. The Implementation of the Six Correct Principles of Medication Administration

No	Nursing Action	Always (n)	Often (n)	Rarely (n)	Never (n)
Correct of Patient					
1	I check the patient's identity based on the patient's identity bracelet	10	4		
2	I checked the patient's identity based on the patient's name plate	10	3		1
3	I ask the patient's full name directly before giving medicine	10	1	3	
4	I ask the patient/family to state the patient's date of birth	6	6	1	1
*Correct **of** Medicine*					
5	I check the drug label 3 times (when looking at the packaging) before giving the drug to the patient	11	3		
6	I check the medicine label 3 times (before pouring the medicine) before giving the medicine to the patient	13	1		
7	I check the medicine label 3 times (after pouring the medicine) before giving the medicine to the patient	11	3		
8	I ensure that the medication prescribed is in accordance with the patient's indications	12	2		
9	I ask the patient whether there is an allergy to the drug or not	9	5		
10	If the patient is in doubt about the medication given, I inform him that the medication has been prescribed correctly	10	4		
11	I explain the function of the medicine given to the patient	10	4		
12	I explained the side effects of the drugs given to the patient	7	4	3	
*Correct **of** Dosage*					
13	I ensure that the dose of medication prescribed is appropriate to the patient's needs	11	3		
14	I give medicine to patients without changing the prescribed dose	12	2		
15	I checked the prescribed drug dosage	11	2	1	
16	I recalculated the prescribed drug dose	8	2	3	1
17	I ask the prescriber if I have any doubts about the dose that has been found	7	6	1	
*Correct **of** Time*					
18	I checked the time of drug administration	13	1		
19	I give medication according to the prescribed medication administration time	11	3		
20	I checked the expiration date of the medicine	6	5	3	
21	I do not change the medication administration time without confirming with the prescriber	11	3		
*Correct **of** Route*					
22	I checked the route of drug administration	13	1		
23	I give medication using a predetermined route	13	1		
24	I ensure that the route of drug administration is safe and appropriate for the patient without any contraindications	12	2		
25	I checked the route of drug administration on the drug label/packaging	11	3		
*Correct **of** Documentation*					
26	I document the medication administration action immediately after administering the medication to the patient	10	4		
27	I recorded the patient's name in the documentation book	9	3	2	
28	I record the medications given to patients in the documentation book	8	5	1	
29	I record the dose of medication given to the patient in the documentation book	11	3		
30	I record the time of administering medication to patients in the documentation book	9	4	1	
31	I record the route of drug administration to patients in the documentation book	11	2	1	
32	I put my name/initials in the documentation book	6	6	2	
33	I put my initials in the documentation book	9	5		
34	I include the patient's response to treatment in the documentation book	9	3	1	1

DISCUSSION

1. Patient Safety Management in Anthurium Room 3 Jember Klinik Hospital

Patient safety management is a system implemented by hospitals to ensure that patients receive safer care. This management includes risk assessment, incident identification, incident management, incident reporting and implementation, and follow-up of an incident to minimize risk (Oliviany et al., 2023). Patient safety management consists of 6 aspects, including implementing the correct identification of 6 drugs. Implementing the 6 correct identifications in administering medication is one of the activities carried out to prevent errors in administering medication to patients while they are receiving treatment (Nuryani et al., 2021). The implementation of supervision in the Anthurium room is led by the head of the room to the primary nurse, then the primary nurse to the associate nurse. The Anthurium Room uses a modified primary team nursing model in implementing nursing care. The modified primary team nursing model is a combined nursing model of Team MAKP and primary MAKP. This nursing model emphasizes professional and non-professional nurses working together to provide care. In providing care, nurses are responsible for a small group of patients. In the modified nursing model, a team consists of 2 to 3 nurses who have full responsibility for a group of 8 to 12 patients (Andung et al, 2017).

The modified nursing model in the Anthurium Jember Clinic room is divided into 4 primary nursing teams, each consisting of 1 primary nurse and 2-3 associate nurses responsible for 12 patients with agreed room divisions. 1 associate nurse is responsible for patients in rooms 1 (a and b) to room 6 (a and b). Meanwhile, 1 associate nurse is responsible for patients in rooms 7 (a and b) to 14 (a and b). The implementation of handover and bedside teaching is carried out separately according to the patient's management by the team. The primary nurse is responsible for carrying out care in each shift. Supervision is also carried out separately by each nurse in their associate nurse with the most frequently used supervision system being indirect supervision.

One of the areas for improvement of safety management in the room is that some patients need an identity bracelet installed, so errors can occur in correctly identifying the patient. In essence, identifying a patient's identity is done in at least 2 ways, namely checking the patient's name with two names, looking at the identification number with the medical record number, looking at the date of birth, looking at the patient's identity bracelet. The room number or patient location cannot be used as a reference in identifying the patient (Kartika et al., 2022). The researcher assumes that the room nurses needed to carry out the identification correctly because the room nurses had too much workload.

a. Evaluation of Medication Accuracy Scores

The research results conducted in Anthurium Room 3 at Jember Clinic Hospital were related to indicator 6 of correct drug administration. In the items assessing the accuracy of drug administration with a total of 8 items, it was found that item 1 was related to checking the drug label 3 times before giving it to the patient. Of the 14 nurses who filled out the questionnaire, 11 (78.6%) answered that they always do it and the other 3 (21.4%) often do it. In item 2, regarding checking the medicine label 3 times (before pouring the medicine) before giving the medicine to the patient, 13 (92.9%) nurses answered that they always do it, and 1 (7.14%) nurse answered that they often do it. Item 3 regarding checking the medicine label 3 times (after pouring the medicine) before giving it to the patient, 11 (78.6%) nurses answered that they always do it while 3 (21.4%) nurses answered that they often do it. In item 4, it discusses ensuring that the medication prescribed is in accordance with the patient's indications, 12 (85.7%) nurses answered that they always check, while 2 (14.3%) nurses answered that they often do it. In item 5, it discusses asking

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patients about allergic reactions to drugs, as many as 9 (64.3%) nurses answered that they always do it, while 5 (35.7%) nurses answered that they often do it. In item 6 regarding nurses telling patients who are in doubt about the accuracy of the prescription given by the doctor, 10 (71.4%) nurses answered that they always do it and 4 (28.6%) nurses answered that they often do it. Item 7 discusses nurses explaining the function of the medicine given to patients. 10 (71.4%) nurses answered that they always do it and 4 (28.6%) others answered that they often do it. Item 8, the last item, discusses nurses explaining the side effects of drugs. 7 (50%) nurses answered that they always say, 4 (28.6%) nurses answered that they often do, and 3 (21.4%) other nurses answered that they sometimes do. From the eight question items regarding the accuracy of drug identification, it is known that, on average, nurses have carried out optimal drug identification accuracy of 74.1%.

The results of this research are in line with research conducted by (Nursery, 2023) who answered that 60% of nurses had correctly identified drugs while the other 40% still had difficulty in correctly identifying drugs, especially in items explaining the function and side effects of drugs. Meanwhile, research conducted by (Siagian et al., 2019) answered that of 81 nurses, only 75.3% had correctly identified optimal drugs. According to researchers, correct identification of drugs is sometimes carried out due to the large number of patients who need to be cared for so that not all nurses can carry out optimal identification, especially when explaining the side effects of drugs to patients. However, the nurses have carried out the correct identification of other drugs well so that it can be concluded that the nurses' correct administration of the drugs in the Anthurium room has been carried out optimally.

b. Dosage Accuracy Score Evaluation

The results of research conducted in the Anthurium 3 room at Jember Clinic Hospital were related to indicator 6 of correct drug administration. In the assessment of dosage accuracy items with a total of 5 items, it was found that in item 1 regarding nurses ensuring the dose of prescribed medication is in accordance with the patient's needs, 11 (78.6%) nurses answered that they always do it while the other 3 (21.4%) answered that they often do it. do. In item 2, it discusses nurses giving medication to patients without changing the prescribed dose. 12 (85.6%) nurses answered that they always do it, while the other 2 (14.3%) answered that they often do it. Item 3 discusses checking the prescribed drug dosage. 11 (78.6%) nurses answered that they always do it, 2 (14.3%) nurses answered that they often do it and 1 (7.1%) nurse answered that they sometimes do it. In item 4 related to recalculating medication doses that have been done, 8 (57.1%) nurses answered that they always do it, 2 (14.3%) nurses answered that they often do it, 3 (21.4%) nurses answered that they sometimes do it and 1 (7.1%) nurses answered that they never did. In the last item, namely 5, it discusses nurses asking the prescriber if they are in doubt about the prescribed dose, 7 (50%) nurses answered that they always do it, 6 (42.9%) nurses answered that they often do it and 1 (7.1%) nurse answer sometimes do. Based on all the item results, it was found that on average nurses were 70% compliant in implementing the correct identification of doses for patients. Items that are rarely done by nurses are recalculating the doses that have been determined and rechecking the accuracy of prescription drug doses.

Items that are rarely done by nurses are recalculating the doses that have been determined and rechecking the accuracy of prescription drug doses. Nurses need to double-check the dosage of medication that will be given to patients because this is one measure of the nurse's success in acting as a collaborator. Having medication checked again will reduce errors in administering patient medication. The researcher assumes that compliance in administering the correct dose must be applied by the nurse because the correct dose will help speed up the patient's healing

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process and the nurse must stop administration and reconfirm with the prescriber if doubts arise when administering it.

c. Timeliness Score Evaluation

The research results conducted in the Anthurium 3 room at Jember Clinic Hospital were related to indicator 6 of correct drug administration. In the timeliness assessment items with a total of 4 items, it was found that in item 1 which discussed nurses checking the time of medication administration, 13 (92.9%) nurses answered that they always did it, while 1 (7.1%) nurse said that they often did it. Item 2 discusses nurses giving medication according to the prescribed drug administration time. 11 (78.6%) nurses answered that they always do it and 3 (21.4%) nurses answered that they often do it. Meanwhile, in item 3 which discusses nurses checking the expiration date of medicines, 6 (42.9%) nurses answered they always do it, 5 (35.7%) nurses answered they often do it and 3 (21.4%) nurses answered they sometimes do it. In the last item, namely item 4, nurses do not change the time of drug administration without confirming with the prescriber, 11 (78.6%) nurses answered that they always do it and 3 (21.4%) nurses answered that they often do it. Based on all the answers, it was found that on average nurses had identified the optimal time for administering medication by 73.2%. Based on the overall results, it was found that the item that was most rarely done by nurses was checking the expiration date of the medication. Apart from that, almost all nurses have complied with administering medication at the right time so identifying the timeliness of administering medication has been carried out optimally. The researcher assumes that applying the correct principles of drug administration time will be one of the benchmarks for the success of the treatment therapy procedure and will help speed up the patient's recovery in accordance with the expected therapeutic effect.

d. Evaluation of Patient Accuracy Scores

The results of research conducted in Anthurium Room 3 of the Jember Clinic Hospital related to indicator 6 of correct drug administration, there were 4 question items in the patient's correct indicator. Question item number 1, as many as 10 (71.4%) nurses said they always did it while 4 (28.6%) others said they often carried out the procedure of checking patient identity based on the patient's identity bracelet. Question item number 2, there were 10 (71.4%) nurses who always did it, 3 (21.4%) nurses who often did it and 1 (7.1%) nurse who did not check the patient's identity based on the patient's name plate. Question item number 3, there are 10 (71.4%) nurses who always ask directly the patient's full name before giving medication, 1 (7.1%) nurse often does this and there are 3 (21.4%) nurses who sometimes carry out that action. Question item number 4, there are 6 (42.9%) nurses who always ask the patient/family to state the patient's date of birth, 6 (42.9%) nurses often do it, 1 (7.1%) nurse sometimes does it and there are 1 (7.1%) nurses who had never carried out this action. The overall results found that on average, correct patient identification was carried out at 64.2%. The results of this research are in accordance with research conducted by Setianingsih and Septiyana (2019), that in implementing the six correct principles of drug administration, as many as 74 nurses (59.7%) nurses have implemented the six correct principles correctly, and as many as 50 nurses (40 3%) nurses do not apply the six true principles of administering medication correctly.

This is also similar to previous research in that implementing the correct patient indicator showed that nurses had not reached the maximum value (Utama et al., 2021). Based on this explanation, it can be concluded that applying the six true principles to correct patients has not been optimal because in its implementation there are still nurses who sometimes carry it out and

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there are even nurses who never do it. Therefore, applying the six correct indicators to correct patients must be improved to maximize patient safety in obtaining medication.

e. Evaluation of Patient Accuracy Scores

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This is also similar to previous research in that the implementation of the correct patient indicator showed that nurses had not reached the maximum value (Utama et al., 2021). Based on this explanation, it can be concluded that the application of the six true principles to correct patients has not been optimal because, in its implementation, there are still nurses who sometimes carry it out, and there are even nurses who never do it. Therefore, applying the six correct indicators to correct patients needs to be improved to maximize patient safety in obtaining medication.

f. Evaluation of Documentation Accuracy Score

The results of the research conducted in the Anthurium 3 room at Jember Clinic Hospital were related to indicator 6 of correct drug administration, and there were 9 question items. In item 1, it discusses documenting the action of administering medication immediately after administering medication to a patient. As many as 10 (71.4%) nurses always do it and 4 (28.9%) nurses often do it. In item 2, it discusses recording the patient's name in the documentation book, as many as 9 (64.2%) nurses always do it, 3 (21.4%) nurses often do it and 2 (14.2%) nurses sometimes do it. Item number 3: 8 (57.1%) nurses always do it, 5 (38.7%) nurses often do it and 1 (7.1%) nurse sometimes records the medication given to patients in the documentation book. Item 4 regarding recording the dose of medication given to patients in the documentation book, 11 (78.6%) nurses always do and 3 (21.4%) nurses often do. Item 5 regarding recording the time of administering medication to patients in the documentation book, 9 (64.2%) nurses always do, 4 (28.9%) nurses often do and 1 (7.1%) nurse sometimes does. Item 6 regarding recording the route of drug administration to patients in the documentation book, 11 (78.6%) nurses always do, 2 (14.2%) nurses often do and 1 (7.1%) nurse sometimes does. Item 7 regarding putting my name/initials in the documentation book, 6 (42.9%) nurses answered that they always do it, 6 (42.9%) nurses often do it and 2 (14.2%) nurses sometimes do it. Item 8 discusses including my initials in the documentation book. 9 (64.2%) nurses answered that they always do it and 5 (35.8%) nurses often

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do it. Item 9 regarding including the patient's response to treatment in the documentation book, 9 (64.2%) nurses answered that they always do it, 3 (21.4%) nurses often do it, 1 (7.1%) nurse sometimes does it and 1 (7. 1%) nurses did not do it. The average result of implementing correct identification of documentation was found to be 65%, which was implemented optimally.

Utama et al. (2021), stated that accuracy in writing nursing documentation is very necessary in order to get nurses into the habit of writing down their actions as soon as possible so that the documentation can later be used to determine the effectiveness of the nursing process carried out by a nurse. Based on this explanation, it can be concluded that the implementation of the six correct principles in correct documentation by nurses still needs to be improved. Therefore, it is necessary to increase indicators of correct documentation so that the documentation can be used as legal evidence as a nursing care action process so that if at any time there is an error, the documentation can be accounted for.

2. Implementation of Identification of 6 Correct Medication Administration in Anthurium Room 3 Jember Klinik Hospital

The process of observing the identification of 6 correct drug administrations was carried out in the Anthurium 3 room at Jember Clinic Hospital for 3 days on 26 October 2023 - 28 October 2023. It was discovered that the nurse in charge was tasked with writing down all instructions from the doctor in charge of the patient in the patient's medical record. Then the implementing nurse will administer medication and then re-record the medication that has been given or is needed during the shift according to the medication administration observation sheet in the patient's medical record. The recording carried out by the implementing nurse is based on the 6 principles of correct drug administration, namely correct patient, correct drug, correct dose, correct time, correct route and correct documentation. The drug administration record will be used as a benchmark in preparing the drug, as well as a benchmark in administering the next drug by the nurse in the next shift.

Results of interviews with the head of the room in Anthurium 3 as the inpatient room has 26 patient beds. The executive nurse must provide various types of drug therapy to several different patients for whom he is responsible. Each executive nurse is responsible for providing nursing care, one of which is providing drug therapy to 13 patients. This description includes factors that can influence nurses in implementing the six correct principles of drug administration, one of which is the nurse's workload. In accordance with previous research, there are factors that can influence nurses in implementing the six correct principles of drug administration, including the level of knowledge of nurses, length of work of nurses, nurse workload, availability of standard operational procedures, and nurse compliance in implementing the six correct principles. drug administration (Olii et al., 2023). According to Olii et al. (2023), excessive workload of nurses will cause nurses to feel tired, resulting in nurses not being able to implement maximum compliance in administering medication. Vice versa, if the nurse does not feel the workload is excessive, the nurse can comply with the six correct principles in administering medication optimally, so that undesirable events do not occur.

The majority of nurses have applied the six correct principles in administering medication to managed patients. However, there are several indicators that not all nurses implement. This is because there is one influencing factor, namely workload. Excessive workload in each shift such as one executive nurse being responsible for providing nursing care, one of which is providing drug therapy to 13 patients. Therefore, nurses cannot optimally carry out the six correct principles in administering medication which will increase the risk of stress for nurses and can cause various undesirable events such as undesirable events and KNC.

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The results of interviews and observations by researchers found that the implementation of patient safety management on the accuracy of drug administration was 6 correct in patients managed by researchers. It was found that the nurse in the room checked the patient correctly only looking at the medical record data and the patient's room number. For patients managed by researchers, they are pediatric patients with typhoid, where in handling pharmacological drug administration, especially the right patient, the right dose, the right time and the right route need to be taken into account. The following is an observation of compliance with the correct administration of six medications to patients managed in the Anthurium 3 room.

CONCLUSION

Most nurses who work in the Anthurium 3 room are female and their last level of education is a bachelor's degree with less than 10 years of service. The score correctly identified 6 correct drugs, namely the correct drug with a precision of 74.1%, the correct dose with a precision of 70%, the correct time 73.2%, the correct patient 64.2%, the correct route 87.5% and the correct documentation 65%. The highest value is for the item that provides the route of administration, 87.5%, while for the item that provides medication, the lowest value is for the item that is correct for the patient, namely 64.2%. The role of the nurse in charge of nursing care in introducing the correct administration of the 6 drugs is to provide supervision and care for the workload or errors made by the implementing nurse so that in carrying out the implementation, the implementing nurse is more thorough and careful in administering medication to the patient.

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CONFLICT OF INTEREST

The weakness of this research is that nurses assessed the accuracy of compliance with appropriate medication administration. This could result in dishonesty in filling out the questionnaire. As a result, the research results will be biased. It is hoped that future researchers will assess nurses' compliance in administering medication from the side of the patient or family.

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