

ORIGINAL ARTICLE

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## ANALYSIS OF NURSING AUDIT IMPLEMENTATION ON QUALITY OF CARE SUBCOMMITTEE AT HOSPITAL, JAKARTA

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### Abstract

A nursing audit is a professional evaluation of the quality of nursing services provided for patients by employing medical records or other supporting data conducted by nursing staff. This research aimed to investigate the root causes of the nursing audit performed by the quality care subcommittee in the hospital. To gain the data, the researchers employed secondary methods consisting of observation and interview. The collected data were analyzed by using a systematic methodology to investigate the root causes by using the Ishikawa diagram. The analysis results are presented by applying the 5-M method. The solution is proposed as a feedback to the hospital to develop a nursing audit. Meanwhile, the recommendation is rendered to the hospital to improve the quality of nursing care of the hospital, particularly the nursing committee in performing nursing audits conducted by the quality care subcommittee by developing a documentation audit system.

**Keywords:** nursing audit, quality care, the subcommittee

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### Introduction

The regulation of the Ministry of Health, Republic of Indonesia number 49 in 2013, stated that to improve the quality of professionalism and to ensure the quality of healthcare services, the nursing committee needs to establish (1).

The nursing committee is a non-structural council of a hospital that has principle functions to maintain and to escalate professionalism all of the nurses through the credential mechanism, surveillance of professional quality, and maintenance of etiquette as well as professional discipline. The goals of the committee to improve professionalism among nurses and to regulate good-clinical governance. Therefore, the quality of nursing services and midwifery services that are oriented to patients' safety in hospitals is ensured and protected.

The quality subcommittee may guarantee the quality of services or nursing care. Nursing staff as a service provider must be competent, ethical, and culturally sensitive. The quality of nurses should be improved through the development program, and effective guidance to health issues, science, changes in professional standards, service standards, and results of the latest research (2).

The quality of nursing care can be described in the documentation of nursing care. This documentation plays a vital role in community demands that become more critical and affect community awareness about their rights from the health unit (3). Documentation is legal evidence of the healthcare services implementation at hospitals (4). This was useful to improve the quality of accreditation standards, tools of communication, quality service indicators, and nurse' accountability (5).

Contrary, incomplete nursing documentation could impact nursing quality due to unable to identify the progress of nursing care. Furthermore, they always receive complaints from patients regarding dissatisfy with nursing services (3).

The nursing audit is a professional evaluation of the quality of nursing services provided by nursing staff for patients by employing medical records or other supporting data. Asserts that a nursing audit is a process of analyzing data that assess structures, processes, and results of nursing care (6).

Nursing care is a series of activities consisting of determining topics, determining criteria and standards, collecting data, analyzing data, determining changes, and re-auditing. These activities are known as the cycle of the nursing audit. The sequence must be conducted continuously to create a comprehensive process of nursing care in a hospital. The sequence is expected to be able to portrait the quality of profession and nursing services. Consequently, improvement is possibly created. An independent team of nursing compulsorily conducts the nursing audit with high integrity and precise regulation. Therefore, a guideline on nursing audit is necessarily composed (7)

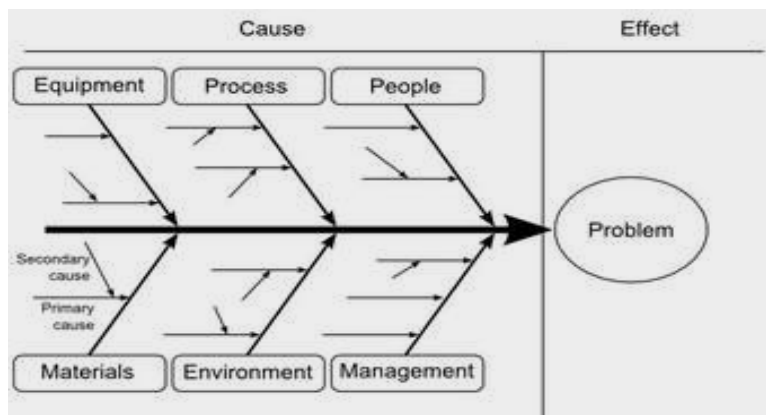
Braaf, Manias, and Riley (2011) explained that inefficient and ineffective documentation resulting from inadequate quality and accuracy causes communication errors between nurses and other professions (8). The care and health quality commission of Australia in 2008 identified 13% of clinical management errors stemming from documentation errors (9).

The preliminary study on the report of nursing quality about the audit of nursing care management conducted by internal hospital supervisors in March-April 2018 in a central hospital reveals an audit result. The result indicates that only 60% of nurses attend documentation. This result is below the standard determined by the Ministry of Health for 85%. Furthermore, the implementation of a nursing care audit only involves 20 samples from all documentations in the hospital and employs active patient status. The samples are selected by random sampling technique. Based on the background and the result of a documentation study, the researchers assert that the function of the quality care subcommittee in implementing nursing care documentation in the hospital is not optimal.

The study aimed to analyze the implementation of a nursing audit of the quality care subcommittee and provide recommendations for improvement under policies and standards as a follow-up to the practice of managing nursing services according to the method/model of delivering nursing care.

## **Method**

This study employed a cause-and-effect diagram based on the Kaoru Ishikawa model. The model was used to describe the relationship between problems and its' possible causes. The process started with identifying causes, challenges, and factors linked to the issues, then designing a solution to solve the problem(10). Details of the fishbone diagram explanation were summarized in figure



Picture 1: Fishbone Diagram

Source: *Diolah* (2008)

To collect data, this research employed secondary data technique.

The data were not collected from the first researchers but from published journals, internet, interview, observation, perceptive training, books, and documents gained from X Hospital in Jakarta, particularly from the quality care subcommittee with medical practice permit DL.01.03/II/4414/2018. The collected data were used as primary data in this research. From X Hospital, the researchers projected to present the research results.

### Findings

X Hospital established a nursing committee in 2014. The committee's organizational structure is directly under the president director consisting of heads of the nursing committee from three subcommittees. They are credential subcommittee, profession quality subcommittee, as well as etiquette and professional discipline subcommittee. The establishment of the organizational structure is based on PMK 49, the year 2013, which indicates the absence of the secretary.

The profession quality subcommittee implements a nursing audit. The result of this research reveals that the implementation of the nursing audit is not optimal, as shown in the quality care subcommittee's report on the nursing audits.

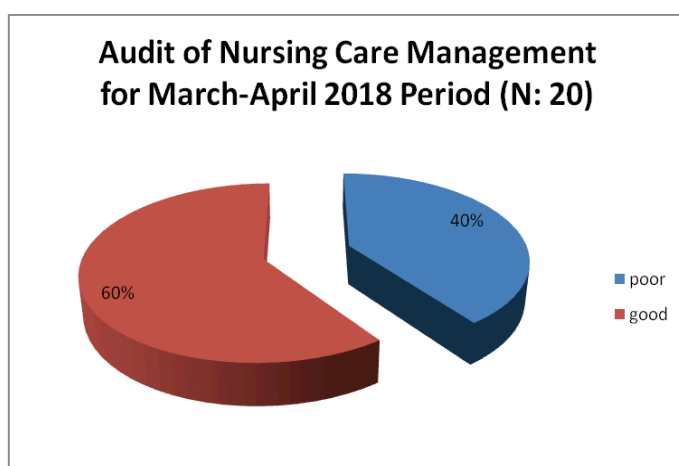
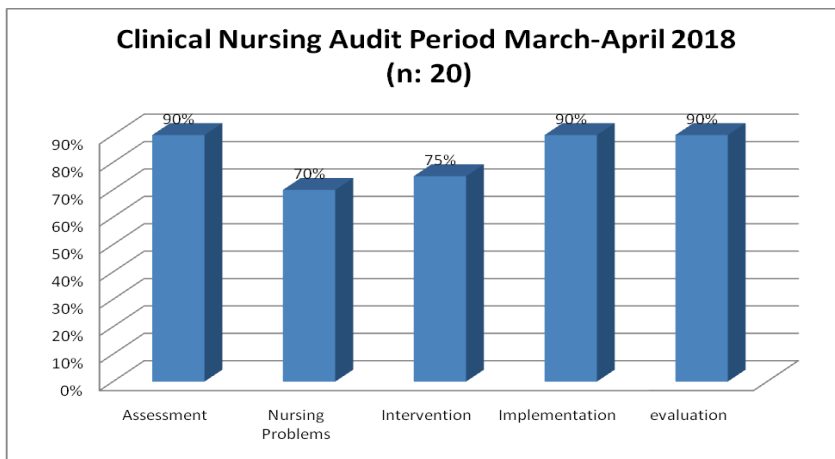


Chart 1. Audit of Care Management

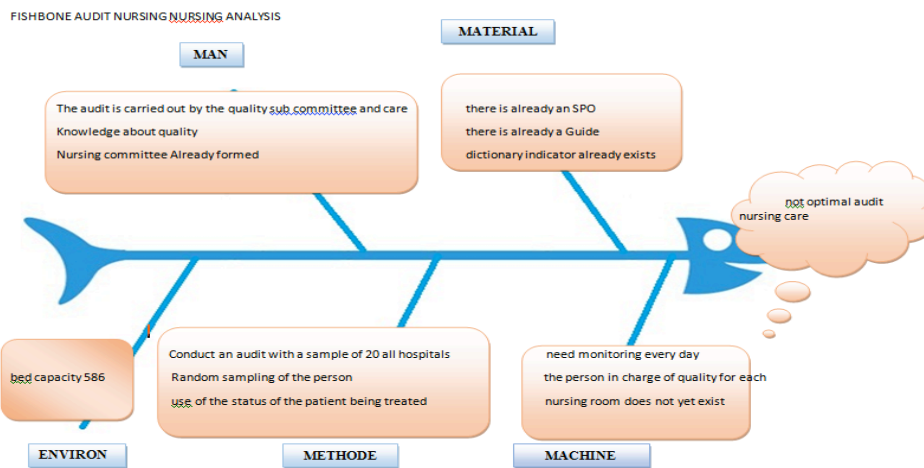
The audit was conducted in room IRIN A, B, and C. Room IRIN A is represented by the surgery room and Anggrek Bawah rooms. Room IRIN B is represented by Cempaka Atas, Cempaka Bawah, Dahlia Atas, and Dahlia Bawah rooms. Meanwhile, room IRIN C is represented by Melati Atas and Melati Bawah rooms. From the 20 investigated status, 60% of the implementation of nursing care is good. It

consists of nursing investigation, nursing problems, planning, implementation, and evaluation.



**Chart2: Clinical Nursing Audit**

The arising problems indicate that nursing audit conducted by quality care subcommittee is not optimal. Therefore, the use of fishbone to describe the issues in the nursing audit is necessary.



**Picture 3. Fishbone**

**Diagram of an Analysis of Nursing Audit**

The analysis of nursing audit was explained by using the cause-and-effect diagram as follows: 1) manpower, 2) management, 3) methods, 4) money, and 5) environment. The cause-and-effect diagram revealed the vital relationship of variables, causes, and their solution.

**Man** is a factor causing problems created by nursing staff in the hospital. The nursing quality subcommittee performs the nursing audit. However, (7) posits that a nursing care audit is conducted by the nursing quality subcommittee after the committee receives disposition from the chair of the nursing committee of the hospital. Then, the nursing quality subcommittee creates a clinical audit team consisting of the nursing committee. In this case, the subcommittee is responsible for determining well and facilitating the process of clinical nursing audit. Nurses who are directly involved in the nursing service process and selected medical record staff must be skillful, are not alternate, and have a license as an assistant of nursing audit (3). In this phase, their comprehension of the nursing committee is shaped.

**Material**, in this item, quality care subcommittee has already possessed documents employed as a guideline, SOP, and work programs. Furthermore, the subcommittee has an indicator dictionary for a nursing audit conducted twice in a year with 128 samples of medical records. However, in the real application, a nursing audit is undertaken only twice a year, with 20 samples of medical records from each installation in X Hospital. The population and samples are determined based on types of audit which will be conducted. The first type is a scientific audit (research) for international or national-scientific publications. This audit requires valid samples to strengthen the research results. The second type is pragmatic/internal audit, which employs the required number of patients to make clinicians willingly create changes based on the audit results. The number of samples is adequate, around 20-50 patients, to investigate the appropriateness in the field with audit criteria. An excessive amount of samples will be time and energy-consuming. The third type is a clinical nursing audit at X Hospital. The research sample is collected by employing a random sampling technique.

**Environment**, in this stage, the researchers reveal that there are 585 beds. (7) states that a nursing audit with 585 beds must involve 132-217 samples of patients' medical records.

**The method**, this stage, reveals that the employed method is a random sampling technique to collect the data with 20 inpatients' status. The report of nursing audit represents the quality of all nursing care in X Hospital.

**Machine**, nursing audit requires continuous monitoring. Thus, a person in charge of nursing care quality in each room is needed. Unfortunately, X Hospital does not have it, and therefore, a nursing audit is conducted by the quality care subcommittee.

## **Conclusion**

Documentation is legal proof of the implementation of services in a hospital. Service quality of a hospital is possibly found in the implementation of nursing care documentation (4). Nursing care documentation is conducted as proof of nursing intervention provided professionally and legally. Therefore, it can give protection for nurses and patients (6).

Furthermore, documentation is beneficial to hospitals to improve their accreditation standards, function as a means communication of cross-professions, create indicators of quality services, and provide proof of responsibility, nurses' accountability, data sources, and research facilities (12). The nursing audit must be conducted continuously to investigate the quality of nursing care completeness and conformity. In a real implementation, the employed samples are appropriate to the average capacity of the total patients. The nursing audit is not biased and is only performed by the quality care subcommittee. However, the chair of the nursing committee creates a team to implement nursing care.

## **Recommendation**

This research proposes several recommendations to optimize nursing audits. The recommendations are developing an audit system of nursing documentation by creating an audit team, arranging job descriptions of audit team members, establishing documentation tools used by audit team members in nursing audits, and attending a seminar on nursing documentation audits held by the hospital or others.

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