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Analysis of Infection Prevention and Control Program Implementation on Nurses in the Room Dr. Fauziah Bireuen Hospitals Makasaar

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Abstract. *The study aims to analyze the implementation of infection prevention and control programs. This type of research is qualitative with a phenomenological approach. The research informants were 11 people consisting of 3 nurses, 3 heads of rooms, 1 head of the PPI committee, 1 IPCN, 1 Deputy Director of Services, 1 Head of Nursing and 1 Head of Medical Services. The research was conducted in November–December 2021 through interviews and observations. The data were analyzed using qualitative descriptive through the stages of data reduction, presentation and conclusion drawing. It can be concluded that the implementation of the PPI (Infection Prevention Program) program is not entirely in accordance with SPO (Standard Operating Procedures) due to the lack of compliance by nurses, lack of implementation of aseptic actions in HAIs (Healthcare Associated Infection) bundles, lack of regular and inaccurate training. submission of monthly reports. So it is recommended for hospital management and staff to make policies that regulate the commitment of all health workers in implementing the PPI (Infection Prevention Program) program, being a role model / role model in the implementation of the PPI (Infection Prevention Program) program such as in inviting, familiarizing hand hygiene activities. , use of PPE (Personal Protective Equipment) and aseptic measures and routinely carry out training / training on a regular basis.*

Keywords: *Prevention and Control Program, Nurse, HAIs (Healthcare Associated Infection)*

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INTRODUCTION

The quality of health services, especially nursing services in hospitals, can be assessed through various indicators. One of them is through an assessment of Infection Prevention and Control (PPI) efforts which are standard for hospital accreditation. Infections in hospitals such as HAI's (Healthcare Associated Infection) are a measure of the quality of a hospital's services. HAI's (Healthcare Associated Infection) greatly influences the patient's overall health condition which can increase morbidity and mortality. The occurrence of HAI's (Healthcare Associated Infection) can also cause dissatisfaction for both patients and their families (Goldenberg et al., 2012).

Control of HAI's (Healthcare Associated Infection) that nurses can do according to WHO (2002) is to maintain the cleanliness of the hospital which is guided by nursing policies and practices; monitoring of aseptic technique including hand washing and use

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of isolation, reporting to doctor if there are any problems or signs and symptoms of infection during health care delivery; carry out isolation if the patient shows signs of an infectious disease; limiting the patient's exposure to infection from visitors, hospital staff, other patients, or equipment used for diagnosis or nursing care; as well as maintaining the safety of equipment, medicines and treatment equipment in the room from the transmission of HAI's (Healthcare Associated Infection) (Nirbita et al., 2017).

Various studies in the world show that HAI's (Healthcare Associated Infection) has the potential to increase the severity of the disease and emotional stress that reduces the patient's quality of life. In addition, with the increasing length of treatment days, the use of drugs and supporting examinations due to HAI's (Healthcare Associated Infection) will lead to an increase in patient care costs. Therefore, HAI's (Healthcare Associated Infection) is a type of patient safety incident in the hospital (Arini, 2016).

According to WHO (2010) the source of HAI's (Healthcare Associated Infection) can come from patients, hospital staff, visitors or the hospital environment. However, of the four sources of transmission, HAI's (Healthcare Associated Infection) generally occurs through the hands of hospital staff who are contaminated with germs due to contact with patients, contaminated materials or tools (2). From several research results published from 1995-2008, it was found that HAI's (Healthcare Associated Infection) prevalence data in developed countries ranged from 5.1% to 11.6%. The European Center for Disease Prevention and Control reports that the average prevalence of HAI's (Healthcare Associated Infection) in European countries is 7.1%, with an estimated 4,131,000 patients experiencing 4,544,100 episodes of HAI's (Healthcare Associated Infection) each year (Wang et al., 2015).

The Centers of Disease Control and Prevention (CDC) in 2016 estimated that there were at least 722,000 patients suffering from HAI's (Healthcare Associated Infection) in the United States. About 75,000 of these patients died during their hospitalization (Marbun, 2018). According to Nasution (2012), approximately 6.7% of inpatients in Italy experienced HAI's (Healthcare Associated Infection) in 2000 (approximately 450,000-700,000 patients) and caused death in 4,500-7,000 patients. Whereas in France, the prevalence of HAI's (Healthcare Associated Infection) was 6.87% in 2001 and increased to 7.5% in 2006. Unlike the case with developed countries, several studies in developing countries reported the prevalence of HAI's (Healthcare Associated Infection)) were higher, which ranged between 5-19%, and most reported prevalence rates above 10% (Akbar & Isfiandiari, 2018).

As a developing country, in Indonesia infection is still the main cause of death and illness in hospitals and other health care facilities. According to Nugraheni, et al. (2012), HAI's (Healthcare Associated Infection) in 10 teaching General Hospitals (RSU) in Indonesia are quite high, between 6-16% with an average of 9.8% in 2010. HAI's (Healthcare Associated Infection) are the most common The most common is Surgical Wound Infection (ILO). The results of previous studies show that the incidence of ILO in hospitals in Indonesia varies between 2-18% of all surgical procedures. Another study conducted in 11 hospitals in Jakarta in 2004 showed that 9.8% of inpatients had HAI's (Healthcare Associated Infection) (Marzuki, 2018).

Aceh Province, the percentage of the incidence of HAI's (Healthcare Associated Infection) in RSUD Dr. Zainoel Abidin Banda Aceh 2018, is also still high, at 12.16% which includes infections due to the use of 10% infusion needles, 5.16% due to blood transfusions, 6% surgical wounds, and 13.47% phlebitis (Marzuki, 2018).

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The cause of HAI's (Healthcare Associated Infection) are microorganisms in the form of bacteria, viruses, fungi and parasites. Some of the factors that influence the occurrence of HAI's (Healthcare Associated Infection) include the lack of attention from nurses on sterile techniques when carrying out actions, the level of invasion ability and the level of microbial ability to damage tissues, factors that exist in the patient such as age, gender, general condition of the patient, the risk of therapy or the presence of other diseases and nursing factors such as the length of the nursing process, suboptimal service standards and the density of patients in the room (Rahayu & Kadri, 2018).

According to Utami (2009) prevention of HAI's (Healthcare Associated Infection) requires an integrated plan, monitoring and program by limiting the transmission of organisms from or between patients by washing hands and using gloves, septic and aseptic measures, sterilization, and disinfection, controlling risk transmission from the environment, protecting patients with adequate use of antibiotics, adequate nutrition, and vaccination.

Prevention can also be done by using standard precautions, including wearing Personal Protective Equipment (PPE), performing patient care equipment and sharp instruments, cleaning the environment, placing patients and performing 5 steps of hand washing, namely: before and after touching the patient, before and after the procedure. or aseptic, after exposure to patient body fluids, before and after performing invasive procedures, after touching the patient's surroundings or environment (Zulkarnain, 2018).

Implementing nurses in carrying out medical actions to patients in the process of treating patients if they do not follow standard operating procedures for health services can cause infectious diseases. Not only patients but this risk can be borne by health workers in other work units. This is because the body's immune system is not able to keep up with the infection spread by pathogenic microorganisms that have a strong attack power in the body.

The high incidence of HAI's (Healthcare Associated Infection) shows that transmission is still quite high and is a threat to hospital services. The lack of quantity and quality of hospital infection control is closely related to hand hygiene compliance. According to the World Health Organization (WHO) that hand hygiene adherence to health workers can control or control the incidence of infection (Al'Amri, 2017).

The success of the PPI program in hospitals is shown through the behavior of officers, especially nurses, as officers who have the most contact with patients. The behavior in question is to demonstrate compliance with infection prevention and control procedures and policies in hospitals that have been established so that the incidence of HAI's (Healthcare Associated Infection) decreases. With the decrease in the incidence of HAI's (Healthcare Associated Infection) in hospitals, it shows good health services (Octavia, 2016).

In terms of the application of universal precautions by nurses on the infusion installation, it is necessary to monitor monthly by the hospital. Periodic monitoring carried out by hospitals can reduce the incidence of phlebitis in hospitals. To reduce the incidence of phlebitis in hospitals, efforts can be made to increase the ability of nurses on prevention. Prevention efforts can be taken with simulation programs both in terms of knowledge, skills of nurses regarding intravenous care as well as programs to improve the quality of nursing through online and offline education simulation programs as well as training or training programs (Antonio & Anggraeni, 2014).

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Based on the results of the initial survey at RSUD dr. Fauziah Bireuen type B, health services were provided in 14 inpatient rooms with 319 beds. Health services are supported by nurses totaling 412 people with the location of the hospital located in the center of Bireuen City. Based on HAI's (Healthcare Associated Infection) surveillance in inpatients in 2018, it was found that the operating area infection (IDO) rate was 1.27%, the urinary tract infection (UTI) rate was 1.53%, and phlebitis infection cases were 9.59%. The hand washing compliance of inpatient nurses in 2018 was 53.7% of the 85% target (according to the Regulation of the Minister of Health Number 27 of 2017) (Romiko, 2020).

Based on the results of interviews with 5 nurses in the inpatient room at RSUD dr. Fauziah Bireuen regarding the implementation of preventing and controlling infection, it can be identified, namely; (a) nurses do not use gloves when providing health services because they are not comfortable, (b) nurses do not wash their hands with 5 moments and 6 steps before and after providing nursing care because there is no soap and handrub in the sink, as well as irregular hand washing techniques, (c) nurses apply aseptic techniques in the inpatient room such as inserting a catheter, NGT, injecting not using ordinary gloves because it does not there are sterile gloves, (d) There are still nurses who have not received training, (e) Nurses do not report to the head of the room if there are signs and symptoms of infection for fear of being scolded, (e) There are nurses who do not know the stages of implementing the UTI Bundle, IDO and infusion, (f) Nurses do not provide education to patients/patient families about PPI, (g) nurses do not k forcing visitors to wear masks when visiting infectious patients, and (h) nurses do not sort infectious and non-infectious waste and sharp objects according to the trash. If this condition is not monitored effectively, it is feared that the infection will increase in the future.

The results of the interview with the head of the PPI Committee said cases of infection in the inpatient room could be due to the fact that there were no isolation rooms in the male and female inpatient rooms, supervision was less effective because sanctions had not been strictly applied, training on infection surveillance using the old method by imitating hospital implementation. On the other hand, through comparative studies to other hospitals, the number of skilled health workers has not been supported because the training has not been evenly distributed. Consumables such as infusion needles are not standard from PPI because the needles are blunt. There are still hand washing facilities such as sinks that don't work or cannot drain in the inpatient room. Reports from nurses every month are not timely.

Inadequate availability of funds, where as a government hospital the budget for the PPI program has not been in line with expectations, where cases of consumables are late in procurement. Therefore, based on the description of the background above and the phenomenon of the occurrence of HAI's (Healthcare Associated Infection) in the inpatient room of RSUD dr. Fauziah Bireuen, the researchers are interested in conducting in-depth research on the analysis of the implementation of infection prevention and control programs in the inpatient room.

METHODS

The research design is a qualitative descriptive with a triangulation method. This type of research is qualitative because it aims to understand an event, the role and interaction of a group, or is investigative in nature. According to Creswell, qualitative research is research that intends to understand phenomena about what is experienced

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by research subjects, for example behavior, perceptions, motivations, actions, etc. holistically, and by means of dethesis in the form of words. While the triangulation method is a method used to examine interrelated phenomena from different points of view and perspectives, where to check the validity of information through different information (Jannah et al., 2016).

Furthermore, researchers want to understand the description of how the implementation of infection prevention and control programs in inpatient rooms improves patient health status and other related situations through in-depth interviews and observations. While the problems in qualitative research are still temporary and will develop after researchers enter the field.

RESULTS AND DISCUSSION

Infection Surveillance Activities

Documentation study obtained that infection surveillance data of dr. Fauziah Bireuen Hospital were collected and made only by IPCN in the form of quarterly reports. The data obtained were only recorded in 2019. The details of the data obtained are the incidence of UTI (Urine Tract Infection) as much as 0%, Plebitis 31.33%, and IDO (Operational Infection) as much as 1.61%, the highest in the Urology room (PPI Team, 2020). Reports on infection prevention and control in the inpatient ward of Dr. Fauziah Bireuen Hospital were carried out through data collection, analysis, evaluation and reporting but were still too late for documentation because they did not have a hospital information system that was connected to the PPI committee software. The reports are submitted daily and monthly, but they are not timely and need to be presented to the leadership through meetings to find solutions to reduce infection cases.

Monitoring and evaluation activities are carried out every 1 day, 1 month and 3 months, meetings are held with management and between officers regarding the results of findings and problems as well as proposals/recommendations from the PPI committee which will be submitted to the director. The obstacle related to monitoring the evaluation of the implementation of the PPI is that not all findings can be followed up immediately, especially those related to funds and facilities and infrastructure. This is in line with the research of Nelwan et al (2017) at Ratok Buyat Hospital, the surveillance process is routinely carried out by IPCLN every day to monitor the occurrence of HAIs (Healthcare Associated Infection) using a checklist form. The obstacle to implementing surveillance is the lack of trained IPCN personnel. In accordance with research conducted by Kartika et al (2015), that the obstacles to implementing the PPI surveillance program for hospitals are limited personnel and the lack of trained PPI personnel. This obstacle should be overcome by hospital management in the future, budgeting funds for training for PPI implementing staff and increasing the number of IPCN and IPCLN staff.

Implementation of Standard Isolation Precautions Dr. Fauziah Bireuen Hospital has implemented Standard Isolation Precautions consisting of: hand hygiene of nurses, use of Personal Protective Equipment (PPE), medical and non-medical waste management, implementation of one syringe, one syringe, one time and other measures aseptic technique, patient bed management, and application of cough etiquette. However, the implementation of standard isolation precautions has not been fully implemented, where the nurse's hand hygiene techniques are not sequential, do not use PPE, do not comply with waste management, aseptic techniques have not been fully implemented in injections, cough etiquette has not yet become a habit. However, the bed arrangement was in accordance with the hospital SOP. The purpose of standard isolation precautions

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is to prevent or minimize the incidence of infection rates related to health services for patients, officers and visitors as well as the community around hospitals and other health care facilities.

Hand Hygiene

Nurse's hand hygiene aims to lift the microorganism in the hands, create sterile hand conditions so that cross-infection can be prevented. The implementation of nurse's hand hygiene in the inpatient room of RSUD Dr. Fauziah Bireuen has not run optimally. This is due to the unavailability of several supporting facilities in the room, such as wasteful damaged conditions due to non-flowing water, soap, tissue, hand scrub and small towels. The implementing nurse should perform hand hygiene according to the six stages of cleanliness in an orderly and sequential manner using plain soap (not containing anti-microbial) or antiseptic soap containing anti-microbial (handrub), rubbing both hands covering the entire surface of the hands and washing them with running water and dry thoroughly with a disposable towel. Personal hygiene and regular cleaning are very important for good health. Nurses practicing good hand hygiene frequently is key to preventing the spread of microorganisms (also known as microbes or germs) that cause common illnesses, and regular cleaning of hand surfaces can remove dirt and food particles where germs can growth.

Use of Personal Protective Equipment

The use of personal protective equipment is still not optimal because there are still those who do not use personal protective equipment on a regular basis and, we see that some officers do not implement it in its entirety. Personal protective equipment is very important for a nurse to use because the use of personal protective equipment can reduce the risk of exposure to disease transmission and avoid work accidents. The use of PPE must be an obligation and habit for officers as protection in efforts to prevent infection. The use of PPE can reduce the risk of exposure to disease transmission to staff and patients. In implementing the work safety system, hospitals must implement the obligation to use PPE for the health and safety of officers or employees in the workplace who have certain potential and hazard factors.

Management of Medical and Non-Medical Waste

Management of medical waste in the inpatient room of RSUD dr. Fauziah Bireuen cannot be said to be effective because the selection of medical waste is not disposed of in the provided place. Placement of non-medical waste in a color box or black plastic and medical waste in a yellow box or plastic. Currently, hospitals still use cardboard covered with black and yellow plastic as a waste disposal site. The waste bin is not yet available according to the standard in the form of a waterproof box and sharp objects. However, only some nurses obediently manage any waste in the treatment room.

Implementation of One Syring, One Syringe, One Time and Aseptic Actions

The nurse performs an aseptic procedure before injecting in the inpatient room. The used injection syringe is disposed of directly into the sharps area, into a safety box container. The procedure for injecting in the inpatient room is for the nurse to check the drug to be injected, prepare the drug in a disposable syringe, disinfect the insertion area with alcohol, inject the drug that has been prepared, and dispose of the syringe in the space provided. The practice of injecting is disposable and the nurse does not cover the used syringe again and then disposes of it in the provided container. This is in accordance

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with existing guidelines, where used syringes are immediately disposed of in a container without having to cover the syringe again.

Patient Bed Arrangement

Arrangement of patient beds in the inpatient room is arranged according to the hospital's SPO. The arrangement of the beds has been evaluated by the head of the room and PPI according to the applicable regulations. Based on the SPO of the hospital that every hospitalization is usually a bed distance of 1.5 meters but for pulmonary isolation treatment it is more than 1.5 m to avoid infectious diseases to other patients. However, there are also adjacent beds because of the large number of patients.

Application of Cough Ethics

Cough etiquette habits in general have been applied in hospitals. However, a small number of nurses have not implemented cough ethics because they forget, they don't even use masks. There are several steps in implementing rock ethics. First, cover your nose and mouth when you cough so that the virus doesn't spread. If using a tissue, throw away the used tissue immediately, then wash your hands with clean water and soap. Coughing itself is a reflex that is difficult to control. There are times when when you cough you don't have time to take a tissue, so cough on the upper arm to make sure no splashes get on other people. If coughing should stay away from other people. The upper arm is a part that rarely comes into contact with objects, so cough etiquette like this ensures that no splashes hit other people and don't forget to turn your face away from other people around you.

Implementation of HAIs (Healthcare Associated Infection) Bundles

Urinary Catheter Insertion UTI Bundle

Nurses do not perform aseptic techniques such as washing hands before and after the action. The reason is because nurses feel that if they use gloves they no longer need to wash their hands. In addition, before they had time to wash their hands, the call of duty awaited. So that the aseptic action on the HAIs (Healthcare Associated Infection) bundles has not been fully implemented

Bundle IDO

The implementation of the IDOI Bundle is in accordance with the provisions of the HAIs (Healthcare Associated Infection) bubble or SOP set by the hospital management. Implementation of the IDOI Bundle such as shaving as needed, prophylactic antibiotic therapy, normal body temperature, normal blood sugar and others. Every year there is a meeting to discuss infectious diseases, especially in disease prevention and control programs. Most surgical site infections originate from pathogenic endogenous flora of the patient's skin and mucous membranes. When the mucous membranes or skin are incised, the tissue is exposed to the risk of endogenous flora. In addition, there are exogenous sources of infection in the operating area such as the surgical team, the environment, equipment and microorganisms, the body's resistance and length of stay, however, aseptic measures in HAIs (Healthcare Associated Infection) bundles have not been fully implemented.

Bundle IV Chateter

The implementation of the chateter bundle has been running in accordance with the Standard Operating Procedures (SPO). The action of the bundle chateter is always

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monitored by the head of the room in each room, if there is an error, the nurse will be called and given a stern warning. Bundle catheter in the strategy of preventing urinary tract infections in catheter placement is divided into six stages, namely identification of the need for catheter placement, selection of catheters according to type and system, catheter insertion (catheter insertion) has been carried out well, although there are some that are not in accordance with the standards when doing this. the.

Bed Rest HAP Bundle

The implementation of bundle IV bed rest is not in accordance with the established SOP. Nurses perform actions ranging from hand hygiene, patient positioning, oral hygiene, management of secretions, peptic ulcer disease (PUD) prophylaxis, Deep venous thrombosis (DVT) prophylaxis (unless contra indicated). However, a small number of nurses sometimes do not clean their hands before and after nursing actions because they use gloves. According to the Indonesian Ministry of Health (2017), it is said that before doing bundle IV bed rest, the nurse first cleans her hands, then can use gloves.

Linen and Laundry Management

Linen is divided into dirty linen and contaminated linen. Contaminated linen is linen that has been stained with blood or other body fluids, including sharp objects. Handling used linen should be done with care. These precautions include using appropriate PPE kits and regular hand hygiene according to standard precautions guidelines.

Education and training

One of the efforts to be able to carry out infection prevention and control requires education and training activities for health workers, visitors and patient families. Forms of infection prevention and control education and training consist of communication, information, PPI education and training. Education and training activities are carried out inside and outside the hospital.

Infection prevention and control education and training has never been carried out in the inpatient room of RSUD Dr. Fauziah Bireuen. Nurses who receive training are only IPCN officers, namely basic training, at least 4 times. The nurses received training in other hospitals. Furthermore, IPCN officers who received training became mentors or educators about PPI to other nurses in inpatient rooms and other rooms. According to the Indonesian Ministry of Health (2017), emphasize through PPI managerial guidelines in hospitals to develop PPI HR capabilities through PPI training. The purpose of education about PPI is that it is held so that IPCN officers have a good understanding and knowledge of PPI and can organize education for other officers in the hospital (19).

Usually nurses who have just been admitted to the hospital, before being placed in their field of duty, first receive education about PPI. Then get directions from the head of the room about PPI. Meanwhile, training and workshops are rarely carried out in inpatient rooms. Supervision in the ward is also not carried out on patients, patient families and visitors in the form of warnings by officers regarding the rules that must be followed such as disposing of trash in the space provided and washing hands before entering the room and after entering the room.

Surveillance Implementation

Reporting of infection incidents (HAIs (Healthcare Associated Infection) is a form of supervision carried out within the PPI program, which has been declared a process

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that has been proven effective in reducing HAIs (Healthcare Associated Infections). Reporting is carried out in stages from the person in charge in the room, namely IPCLN who keeps records in each unit to be coordinated with IPCN and discussed at the PPI Committee meeting. The level or flow of daily reports starts from the nurse who fills out the PPI form every day to report to the head of the room. Furthermore, nurses are also encouraged to make daily reports and collect them every month to be submitted to the head of space. Then the report will be submitted to the PPI committee. If the director permits a meeting to be held, submit the PPI report by presenting material every 3 months.

The nurse routinely reports on any infection prevention and control measures. The report includes infusion changes, infusions, surveillance of the use of invasive devices indwelling urinary catheters, surveillance of patients using ventilators, and collection of surgical site infection surveillance data. However, the report was late submitted to the head of the room. This is due to one of them being busy in the room where there are quite a lot of patients because RSUD dr. Fauziah Bireuen is a referral hospital in Bireuen Regency. The results of the PPI report will then be reported to the hospital leadership. The follow-up from the hospital leadership is said to be still in the form of oral. Document review shows evidence of reporting HAIs (Healthcare Associated Infection) events from the PPI Committee to the Hospital Director. However, there were delays in the documentation because they did not yet have a hospital information system connected to the PPI committee software. To overcome the delay in reporting, the PPI team assisted IPCN in processing infection data. Infection data must be processed and interpreted properly and honestly so that it can be used as a reference in implementing other PPI programs. As well as regularity in reporting must also be improved so that the surveys are conducted adequately and the reporting goes well.

Barriers and Obstacles

Routine monitoring is one of the suboptimal implementation of the infection prevention and control program at Dr. Fauziah Bireuen Hospital. Supervision is a process to continuously assess the implementation of activities in accordance with the work plan that has been prepared. The form of supervision given is in the form of directions only, but direct supervision is not carried out in the field and sees if nurses make mistakes, such as mistakes in not doing hand hygiene after carrying out nursing actions, not using PPE and others.

Besides that, another inhibiting factor is the availability of facilities in implementing infection prevention and control programs at Dr. Fauziah Bireuen Hospital. Especially the sink facilities with the availability of various disposable materials which are very important for managing hand hygiene such as handrub. Likewise, PPE facilities, which are sometimes not available in hospitals, make nurses unable to fully implement the PPI program. If this condition continues, there will be a risk of increasing cases of infection in hospitals due to exposure to microorganisms as disease carriers. Therefore, independent monitoring should be carried out by all health workers or employees of RSUD Dr. Fauziah Bireuen playing a role in carrying out supervision, each of them always supervises fellow co-workers and reminds if someone forgets to make efforts to prevent and control HAIs (Healthcare Associated Infection). In line with research by Satiti et al (2017) that the evaluation of the application of standard precautions was below 50% at RSUD RAA Soewondo Pati due to inadequate PPE infrastructure and the absence of a reward and punishment system.

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The results of the document review found that the results or output reports from the implementation of PPI at Dr. Fauziah Bireuen Hospital were in accordance with the 2017 version of the accreditation standard, although there were still a number of points that needed to be corrected in accordance with the recommendations given by KARS. Improvement efforts need to be carried out such as fulfilling PPI-related facilities and infrastructure, carrying out periodic/re-socialization and training as well as monitoring evaluation by the hospital infection prevention and control committee/team which involves all staff in the hospital. Then the implementation of the Hospital Information System especially

The application of infection prevention measures is closely related to the commitment of all health workers at RSUD dr. Fauziah Bireuen to want to carry out according to the SOP. Another factor is officers who are not used to it, so it is necessary to increase promotional efforts from the PPI committee on a regular basis to increase nurse awareness in implementing infection prevention measures, while facilities and infrastructure are lacking and must be equipped immediately.

CONCLUSION

Based on the results of research and discussion analysis it can be concluded; (1) Implementation of standard isolation precautions has not been fully implemented, where the nurse's hand hygiene technique has not been sequential, does not use PPE, has not adhered to waste management, aseptic techniques have not been fully implemented in injections, cough etiquette has not yet become a habit. However, the bed arrangement was in accordance with the hospital SOP. The purpose of standard isolation precautions is to prevent or minimize the incidence of infection rates related to health services for patients, officers and visitors as well as the community around hospitals and other health care facilities; (2) Implementation of prevention of HAIs Bundles (Healthcare Associated Infection) including UTI Bundle, IDO Bundle, Phlebitis Bundle and HAP Bundle in the inpatient room according to the SPO applied. However, the aseptic procedure on the HAIs (Healthcare Associated Infection) bundles has not been fully implemented; (3) There is no regular education or training as a form of updating the knowledge of infection prevention and control programs in hospitals that are carried out for inpatient nurses and socialization activities have not been carried out effectively because the delivery is only done at the time of acceptance of nurses who have just carried out their duties on Dr. Fauziah Bireuen Hospital. In addition, education about visitors is carried out in the polyclinic room every 2 weeks; (4) Reports on infection prevention and control in the inpatient room of Dr. Fauziah Bireuen Hospital were carried out through data collection, analysis, evaluation to reporting but it was still too late for documentation because it did not yet have a hospital information system connected to the PPI committee software. The reports are submitted daily and monthly, but it's just not on time and needs to be presented to the leadership through meetings to find solutions to reduce infection cases.

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