

TECHNOLOGY KNOWLEDGEMENT FOR SOCIETY (IbM) CASE MANAGER OF HIV/AIDS PATIENT

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FACULTY OF HEALTH SCIENCE
UNIVERSITY OF MUHAMMADIYAH JEMBER



PROCEEDING BOOK

*The 1st International Nursing Conference
“ Evidence Based Practice Of Entrepreneur In Pediatric
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June 6 2015 at Ahmad Zainuri Hall,
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TECHNOLOGY KNOWLEDGEMENT FOR SOCIETY (IbM) CASE MANAGER OF HIV/AIDS PATIENT

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ABSTRACT

Introduction. Current condition showed that problem of **Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS) infection** increased rapidly related to unsafe sexual behavior and the use of psychotropic drugs and other addictive substances (NAPZA) injection. In Indonesia, cumulatively HIV/AIDS case until June 2012 as many as 118.865 cases containing of 86.762 HIV cases and 32.103 AIDS cases by the number of deaths by 5,623 people (Ditjen PP and PL Kemenkes RI, 2012). Based on the report of Voluntary Counselling and Testing (VCT) RSD dr Soebandi Jember clinic, the total of HIV/AIDS patients until 2013 was 1.095 people. Some problems faced by HIV/AIDS patients was psychological condition which reached almost 60% and the unpreparedness of patients receiving a diagnosis of HIV / AIDS, it became a heavy burden both for patients and their families. Those problems have seriously affected the lives of patients in continuation their life. A case manager is a responsible person in completing case management activities, including assessment of needs, planning services, implementation of the plan of care, coordination of services, monitoring and follow-up, case conferences, crisis intervention and termination of cases, and documentation. The case manager is a professional social worker in managing HIV / AIDS, this condition requires the mastery of skills in the field of communication and education so that the patients are able to deliver problem honestly. **Result.** IbM activity involved 2 HIV/AIDS case manger groups as a partner in Jember. Analysis found of 2 patners were 50 % of partners did not get the training of HIV/AIDS patients management yet, 20% of partners did not understand their roles yet in managing HIV / AIDS cases in the social environment or home. Besides, the data showed 45% of existing partners did not get the training to be counselor, educator and therapeutic communication management for HIV / AIDS patients. Research result done by IbM proposing team was case manager through the following activities: training to be more confident manager to face the patient, training to be a counselor, educator therapeutic, as well as the management of HIV / AIDS cases. Proposer provide assistance in the form of leaflet educational media, booklets / guide the management of HIV / AIDS patients and a guide to be case manager of HIV / AIDS patients. **Conclusion.** Knowledge improvement effort for HIV/AIDS manager case needed well understanding about HIV/AIDS by using an approach which was easy to be understood and support then good cooperation from other sectors to increase HIV/AIDS manager case empowerment so that the case managers be more confident in ODHA assistance.

INTRODUCTION

HIV/AIDS (Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome) is a serious problem and is growing in the world and in the developing countries such as Indonesia. Current condition showed that HIV infection increased rapidly related to unsafe sexual behavior and the use of psychotropic drugs and other addictive substances (NAPZA) injection. In Indonesia, cumulatively HIV/AIDS case until June 2012 as many as 118.865 cases containing of 86.762 HIV cases and 32.103 AIDS cases by the number of deaths by 5,623 people (Ditjen PP and PL Kemenkes RI, 2012).

East Java is one of the higher areas of HIV/AIDS cases in Indonesia. Every year the total patients of this disease increased rapidly. In the third quarter of 2006 there were 820 cases and two years later increased became 2,525 cases. In Surabaya, the patients of HIV/AIDS were increased, until in 2012 the total number of HIV/AIDS patients were still increased. Health Department (DinKes) data of Surabaya showed, from 2004 until June 2009 the total cases found successfully were 3.278 people. Jember also showed the higher improvement, until November 2013 there was found 1.095 cases of HIV/AIDS patients. Need a comprehensive solution and synergy to its patients.

The problem faced by the HIV/AIDS patients was not only physical problem, but also social effect related to the stigma. This condition needed solution through case management so the patients could improve their quality life in the future and could reduce the burden of other people or other countries. The case management is a service or service linking and coordinating help from various agencies and medical support provider, psychosocial and practical for people who need a help (Frankel, 2004).

The case manager is someone who is responsible for completing case management activities, including assessment of needs, planning services, implementation of the plan of care, coordination of services, monitoring and follow-up, case conferences, crisis intervention and termination of cases, and documentation. A case manager not only went to a place that can solve the problem, but also to the place that can fulfill the clients' needs. Client referrals to resources that cannot fulfill their needs can increase despair feeling and reduce confidence to society's support system. It is important for the case manager to involve in that process and support the responsibility level partly. The right time determination for the client to be ready and be able to do client improvement level in the process of giving help level. Case management service is an integral part of a comprehensive and sustainable service in the care, support and treatment of HIV/AIDS patients (ODHA). Many problems that arose in the case management were difficulty of cooperation between the client and the officer, delay in diagnostics test, ODHA who does not have identity and the emergence of the lack of mutual trust relationship. This was supported by Baidowi's research in 2011 in Semarang which revealed findings that 65% of 105 HIV / AIDS patients did not received maximum services from case managers yet. These conditions require solutions to help enhance the role of case managers to be more optimal in helping HIV / AIDS patients to improve their life quality.

TARGET AND OUTPUT

Output target that will be produced in the case manager group IBM program of HIV/AIDS patients were:

1. The case managers were able to master the management of cases and referral system for HIV/AIDS patients.

2. The case managers were able to have the skills to be a counselor in dealing with new cases of HIV / AIDS.
3. The case manager were able to have the therapeutic communication skills to improve self-esteem of HIV / AIDS patients so that they can improve their life quality.
4. Satisfaction improvement of the manager cases service in assistance the HIV / AIDS patients.
5. Increasing the life quality of HIV / AIDS patients.

RESEARCH METHOD

The research method of IbM activity was:

1. Conducting coordination about the structure and case management system.
2. Preparing and coordinating between team and partner related to the activity that would be done through activity schedule arrangement, place determination, the media that would be used and the materials needed.
3. Strengthening the case manager presence through program refresher, organization structure arrangement and the role of case manager in the referral system.
4. Conducting management training, management of HIV / AIDS patients, counselors training, educator and the guidebook arrangement workshop of HIV/AIDS treatment in the society.
5. Conducting coaching and mentoring to the case manager.
6. Evaluating and reporting on the program success that was set.

HIGHER EDUCATION VALIDITY

University of Muhammadiyah Jember is a private university in East Java under the guidance of Kopertis Region VII Surabaya. Until now University of Muhammadiyah Jember is able to maintain its position as foremost campus in East Java through Excellence Campus Award (AKU) by three main

categories, namely management, research and social activities as well as the students. That condition can give big motivation for the lecturer in University of Muhammadiyah Jember to work in doing university tri dharma, that case was supported by LPPM role (Institute for Research and Community Service).

Institute for Research and Community Service (LPPM) of University of Muhammadiyah Jember had experienced to conduct social activities.

Not only can be seen from the quantity side, but also from the proposal of social activity increased, it was proven from the external social activity can give contribution to society in the form of right technology, models development of society service etc. According to those experiences, of University of Muhammadiyah Jember then would be able to do IbM program from DIKTI.

Proposer team at HIV/AIDS patients case manager group of IbM were the lecturer of University of Muhammadiyah Jember, they were Health Faculty lecturer of 2 people. The team leader has a skill in HIV/AIDS management then responsible to all programs that would be done. Member 1 has mass communication skill and dynamic. In conducting this research the team were helped by the students in collecting data, case manager identification, and need that is important to be increased from the case manager in HIV/AIDS patients management. This team have conducted activity related to HIV/AIDS patients assistance since 2006 up to 2013, besides this team also conducted training a cadre of adolescent care of HIV / AIDS in 2013. Counselling for the general public about HIV / AIDS organized educational activities on World AIDS Day December 1, 2013.

The team leader is active in the tri dharma college, in addition to support quality of self-development and chairman of the institute is also active as a resource

person and tutor of Basic Triage at a seminar in RS Kalisat Jember (2014), Counseling HIV / AIDS on risk of commercial sex workers women, (PSK) in Puger (2013), Healt Counseling Guidance on the Elderly people in Summersari and Tegal Besar (2013) as well as training and the establishment of Youth about HIV / AIDS in Summersari (2013). In addition the team leader is also active in conducting research related to the empowerment of people living with HIV / AIDS are funded by DP2M including the burden of women with HIV / AIDS (2009), IbM Youth about HIV / AIDS (2013). Member 1 communication skill and massa psychology, that competence very support in IbM program proposed. Member 1 is active in management and soul and psychology health problem management, some activities joined by member 1 is to in *hibah* research and team in social activity for the people. Some activities joined were as tutor at clinic guidance (2008), hospital management training (2008), counseling of women's reproduction health and HIV/AIDS (2010), counseling of reproduction health and HIV/AIDS (2011), HIV counseling for prisoners in Jember (2013). Seminar and training which were joined as tutor in Clinic Fasilitator Training based 2008 competence, as tutor in preceptorship training 2013, and active joining seminar activity such as clinical educator, HIV/AIDS treatment for social group. In addition youth group of Ibm team caring HIV/AIDS 2013.

RESULT ACHIEVED

Activities done include:

- a. Coordination between team and partner relating to the activities would be done through activity schedule arrangement, place determination, media used and the materials needed.

- b. The leader and IbM discuss together to divide the job that was held on March 9th 2015 in discussion room of Health Faculty. Discussion result agreed to conduct the activity suitable with the output target from IbM proposal.
- c. Coordination about needs related to the effort to improve the understanding of case manager role. This activity involved partner 1 in Summersari, that was done on March 9th and partner that was done in VCT room of RSD Dr. Soebandi Jember on March 23rd 2014.
- d. The meeting of partner 1 was done at Health Faculty of University of Muhammadiyah Jember on April 1st 2015 that was attended by the leader and the member of the research. The meeting focus was work program coordination and training material determination.
- e. The meeting of partner 2 was done on April 20th 2015 in VCT room of RSD Dr. Soebandi Jember. The meeting focus was work program coordination and training material determination.
- f. Doing survey with partner and discussion about training target from April 27th up to May 4th 2015.
- g. Forming committee and involve partners and students to arrange the agenda of the training on May 11th, 2015.
- h. Coordination of Dinkes and VCT RSD Dr. Soebandi Jember related to training participants on May 12th 2015.
- i. Coordination of Dinkes and VCT RSD Dr. Soebandi Jember and partner 1 and partner 2 related to training tutor on May 12th 2015.
- j. Coordination of *Diklat* RSD Dr. Soebandi Jember and VCT RSD Dr. Soebandi Jember related to the time of training on May 15th 2015.

- k. Conducting discussion and training Leadership and Management Training Management Case Manager HIV / AIDS in RSD Dr. Soebandi Jember on May 20th, 2015. This event was attended by partner 1 and partner 2 *LSM* HIV AIDS Care in Jember as well as case manager in Health Center Jember.
 - l. Evaluating to training participants on success work.
 - m. Counseling to the HIV/AIDS case manager.
 - n. Evaluating and reporting to the program success.
2. Arranging regular schedule at HIV/AIDS case manager group to assistance on *LSM* and case manager broadly.
 3. Conducting counseling for ODHA.
 4. Cooperation of related department (District Dinkes, VCT clinic, and HIV/AIDS *LSM*).
 5. Monitoring and coaching for HIV/AIDS case manager.
 6. Continuing this activity in the for of social activity broadly.

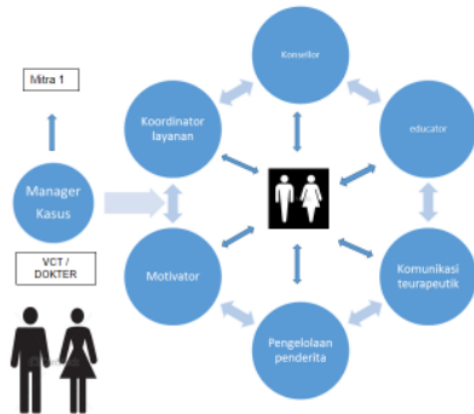
CONCLUSION AND SUGGESTION

CONCLUSION

1. *IbM* activity is very useful to increase the potency of HIV/AIDS case manager in reducing stigma problem and discrimination in the society related to HIV/AIDS.
2. There are many HIV/AIDS case managers that need to be improved understanding of HIV / AIDS by using an approach that is easy to be understood.

SUGGESTION

1. Financial support from the government or other department is needed so it can solve the problem in doing this activity.
2. Support and cooperation from other sectors are needed to improve case management empowerment in assisting the HIV/AIDS patients (ODHA).



Picture. Group Case Management Empowerment Model

NEXT STEP PLAN

In order to make the success of case manager group, it was needed monitoring of HIV/AIDS patients (ODHA). Besides, it was needed the others support. The next step plans would be done by the team were:

1. Arranging regular schedule at HIV/AIDS case manager group to upgrade the knowledge about HIV/AIDS.

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