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ADOPTION OF THE CASE METHOD OF PROFESSIONAL NURSING CARE MANAGEMENT IN THE DELIVERY ROOM: A QUALITATIVE STUDY

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ABSTRACT
The background of this study focuses on improving the quality of midwifery services at Dr. Abdul Aziz Regional General Hospital (RSUD Singkawang) through the adoption of the Professional Nursing Care Management (MAKP) case method. Research Methods: This study used a qualitative approach and a case study design to explore the application of this method in the delivery room. Research informants included the Head of the Delivery Room and midwives on duty at Dr. Abdul Aziz Regional General Hospital (RSUD Singkawang) as many as 16 midwives. Data collection used in this study included interviews, observation, and documentation. Thematic analysis was used for data analysis. This thematic analysis process resulted in a list of themes from the coding results. The results showed that the head of the room acts as a first-line manager, responsible for planning, organizing, directing, and supervising, which is delegated to BP4 or BP3 midwives when needed. The service ratio is set at 1 midwife to 1:3 patients, in accordance with the midwife's clinical authority. Shift scheduling is flexible, with a minimum of one BP3 midwife per shift. The process of admitting new patients and handovers is carried out with a 1:1 patient-to-midwife ratio. Discharge planning is carried out collaboratively with the patient and the healthcare team. There are two types of documentation, electronic and manual, completed by the midwives. The conclusion of this study indicates that the MAKP case-based method can be implemented in the delivery room by considering the midwife's clinical authority in accordance with the specified authority details.

Keywords: delivery room; implementation; MAKP case-based method; midwife; qualitative study

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INTRODUCTION

Teamwork Makes the Dream Work – John C. Maxwell. This phrase is like an old mantra, but it remains relevant today. No job is too difficult and no dream is too achievable for a team. (John Maxwell, 2015). For a group of people to work together, management is necessary. According to George Terry, management is defined as a distinct process consisting of planning, organizing, actuating, and controlling carried out to determine and achieve goals using people and resources (M. Yusuf, 2014).

Providing quality healthcare services is the responsibility of the state, as stated in Article 28, paragraph 1 of the 1945 Constitution. The goal of the state, as stipulated in Minister of Health Regulation No. 30 of 2022, is that everyone has the right to receive safe, quality healthcare services that meet standards. Quality healthcare services are a focus of public demand, therefore, the quality of healthcare services is the primary reason for patients and families to choose a hospital. One effort to improve health services is to enhance the quality of midwifery services, fostering a greater sense of responsibility among midwives, thus improving the quality of midwifery services.

Dr. Abdul Aziz Regional General Hospital, located in Singkawang City, West Kalimantan Province, is the only Type B hospital in the city and serves as a referral hospital. A preliminary study conducted by researchers found that in 2024, there were 517 obstetric cases, with the top ten cases being 41 cases of previous CS, 41 cases of PPI, 77 cases of miscarriage, 8 cases of placenta

previa, 101 cases of normal delivery, 63 cases of preeclampsia, 13 cases of abnormal delivery, 32 cases of complicated labor, 6 cases of CPD, and 17 cases of prolongation of the first stage of labor. The top ten gynecological cases were: 17 cases of endocervical polyps, 3 cases of Bartholin's cysts, 6 cases of cervicitis, 4 cases of condyloma acuminata, 1 case of uterine hyperplasia, 1 case of ovarian cyst, 4 cases of cervical cancer, 1 case of menometrorrhagia, 2 cases of cervicitis, and 1 case of labia majora hematoma (RSAA Medical Records, 2024).

The number of midwives in the delivery room at Dr. The 16 midwives at Dr. Abdul Aziz Hospital, with the following descriptions: 13 with a Diploma III in Midwifery, and three with a professional midwifery degree: one ward head and two staff members. The length of service of midwives in the delivery room at Dr. Abdul Aziz Hospital, Singkawang, varies from 3 to 33 years. Length of service and education level influence the midwives' clinical authority in providing midwifery care, which is regulated by Minister of Health Regulation No. 49 of 2013 and the Decree of the IBI Central Board No. 008/SKEP/PPIBI/III/2024.

To harmoniously mobilize these 16 midwives to provide safe and quality midwifery services according to standards, management is required. Unfortunately, there is no specific management within the midwifery profession related to midwifery management in inpatient wards at the hospital, particularly in the delivery room. In an effort to address this weakness, a rescue professional management approach was implemented as a form of care management in the Maternity Ward of Dr. Abdul Aziz Singkawang Regional Hospital, namely the Professional Nursing Care Management (MAKP) Case Method.

Professional Nursing Care Management (MAKP) is a system (structure, process, and values) that enables professional nurses to organize the provision of care, including the environment to maintain that care (Hoffard & Woods, 1996, cited in Hamid, 2001). The MAKP models include the functional method, team method, primary method, case method, and modified Team-Primary MAKP. The case method of MAKP involves each nurse being assigned to serve all patient needs while on duty. Patients are treated by a different nurse for each shift, and there is no guarantee that the patient will be cared for by the same nurse the next day. The case assignment method is usually applied to one patient per nurse, and this is generally applied to private nurses or for special care such as isolation and intensive care. Nurses are responsible for the care and observation of specific patients (Nursalam, 2014). The aims of this study was to explore the application of MAKP method in the delivery room. Research informants included the Head of the Delivery Room and midwives on duty at Dr. Abdul Aziz Regional General Hospital (RSUD Singkawang).

METHOD

This research design is qualitative with a case study approach. The informants in this study were the ward heads and midwives working in the delivery room of Dr. Abdul Aziz Regional General Hospital, Singkawang. The aims of this study was to explore the application of MAKP method in the delivery room. Research informants included the Head of the Delivery Room and midwives on duty at Dr. Abdul Aziz Regional General Hospital (RSUD Singkawang) The criteria for informants or participants used as data sources were midwives and ward heads who mastered or understood the case study method, midwives serving in the delivery room of Dr. Abdul Aziz Regional General Hospital, and midwives who had sufficient time to provide information as many as 16 midwives. The supporting instruments used in this study were: in-depth interview guidelines, audio recorders, and field notes. Data collection used in this study included interviews, observation, and documentation. Thematic analysis was used for data analysis. This thematic analysis process resulted in a list of themes from the coding results.

RESULT

Informant in study This is Head Room Giving birth And midwife who works in the Delivery Room of Dr. Abdul Aziz Singkawang Regional Hospital

Table 1.
Characteristics informant

No	Name	Age	Education	Length of work	Midwife Level
1	Bd.R	51 years	D4+Profession	32 years	BP 4
2	Bd.PN	54 years	D3 Midwifery	33 years	BP 3
3	Bd.KL	36 years	D3 Midwifery	14 years	BP 3
4	Bd.HS	34 years	D3 Midwifery	12 years	BP 2
5	Bd.DN	38 years	D3 Midwifery	11 years	BP 2
6	Bd.AR	27 years	D3 Midwifery	3 years	BP 1
7	Bd.KK	27 years	D3 Midwifery	3 years	BP 1
8	Bd.NF	40 years	D3 Midwifery	15 years	BP 3
9	Bd.LL	40 years	D3 Midwifery	15 years	BP 3
10	Bd.YS	37 years	D3 Midwifery	14 years	BP 3
11	Bd.AG	45 years	D4 + Profession	11 years	BP 3
12	Bd. HL	47 years	D3 Midwifery	19 years	BP 3
13	Bd.AM	47 years	D4 + Profession	22 years	BP 4
14	Bd. DV	47 years	D3 Midwifery	19 years	BP 3
15	Bd. FL	30 years	D3 Midwifery	8 years	BP 2
16	Bd. NK	39 years	D3 Midwifery	13 year	BP 2

Source data : Data Personnel RSAA 2025

Thematic Analysis Results

1. Roles and Duties of the Head of the Maternity Ward Outside the Room

a. Part of the Hospital Management System

The head of the maternity ward acts as the first-line manager, ensuring that the implementation of the Maternity Ward (MAKP) runs according to hospital standards. The head of the maternity ward regulates the planning, organization, direction, and supervision of services. An informant stated:

The duties of the Head of the Maternity Ward at Dr. Abdul Aziz Hospital in the MAKP Case Method. The duties of the Head of the Maternity Ward outside the Maternity Ward at Dr. Abdul Aziz Hospital include planning, organization, direction, and supervision.

b. Delegation

In carrying out his role and outlining, the head of the maternity ward appoints midwives to delegate tasks if the head of the maternity ward is unable to perform the duties at a particular time. This is to ensure that the service process in the Maternity Ward at Dr. Abdul Aziz Hospital, Singkawang, remains controlled and orderly. If the absence is short-term, the delegation is made verbally. If the absence is long-term, the delegation is made through a letter of delegation. This delegation is given to a BP4 midwife who has a RKK (Clinical Authority Details). The informant stated, "*It depends. If I'm absent for a short period of time, the delegation is done verbally. But if it's for a long period of time, the delegation is done through a delegation letter." (R)*

c. Provision of Midwifery Care to Patients

Regarding the assignment of the MAKP Case Method, the head of the delivery room is tasked with assigning one midwife to provide care for 1-3 patients, depending on the number of patients on the shift, as determined by the midwife's RKK. The informant explained, "Because we use the case method, we adjust accordingly. One patient is handled by one midwife. That's the principle of the case method. If there are many patients, one midwife can handle more than one patient, maybe 1 to *d patients. Don't do it the other way around, with one patient being handled by more than one midwife. That's a different method. It's a time method." (R)*

The ward head is very strategic in maintaining smooth operations and the continuity of service quality. Structured delegation demonstrates the existence of an effective policy mechanism in the implementation of midwifery care management.

2. New Patient Admission

a. Direction

Using the MAKP Case Method, new patient admissions outside the maternity ward at Dr. Abdul Aziz Singkawang Regional Hospital are conducted based on directions from the ward head or the BP4 or BP3 midwife with the longest tenure as the midwife in charge who is delegated. The ward head provides directions for new patient admissions if the patient arrives during the morning shift on weekdays (Monday through Saturday). An informant stated:

"When I work the afternoon shift, as the BP3, I am delegated by the ward head to direct which midwife to accept new patients. However, I usually also accept new patients when there are a large number of patients. (PN)"

b. Determining the Midwife Who Accepts New Patients

The determination of the midwife who provides care is adjusted to the Clinical Authority Details, where one midwife will receive each new patient, namely the midwife who provides care. The informant stated:

"One patient, one midwife, according to the Work Plan (RKK). I have clinical authority to provide collaborative care for pathological and gynecological (PN) patients".

"Physiological care is provided to BP1, pathological care is given to BP2 or BP3, and gynecological care is given to BP3. (KL)"

c. Preparing to Admit New Patients

The midwife who receives new patients is the midwife who provides the care and prepares the room, new patient admission forms, vital signs examination equipment, and obstetric kits. My informant explained:

"Okay, when we receive a new patient, we usually get a call from the ER. So, first, we prepare the administrative requirements for the new patient admission form. After that, we prepare the room according to the order, prepare the informed consent form, and then we prepare the blood pressure monitor, thermometer, oximeter, obstetric kit, and sometimes delivery equipment if the patient is dilated."

"The head of the room or the delegated midwife participates in the admission of new patients along with the midwife."

3. Handover

a. Handover Implementer

Similar to new patient admissions, the handover, which is a series of steps in patient care, is carried out for one patient by one midwife and the other midwife providing care. The next shift is opened by the head of the ward or a delegated midwife. An informant said:

"There are two midwives and the head of the ward who open the handover. The midwife on duty at that time and the midwife on duty afterward. (HS). The head of the ward, with a prayer, will handover the patient, ma'am. The one on duty before and the one on duty afterward. (AR)"

b. Handover Time

The time allotted for the handover is 30 to 60 minutes at each shift change. An informant said:

"Our shift schedule is set to have a half-hour to one-hour interval between each shift change. For example, the morning shift ends at 3:30, and the sick shift starts at 2:30. So, the handover period (DN) is from 2:30 to 3:30.

c. Handover Location

The handover takes place at the Midwifery Post, led by the head of the ward or the midwife receiving the delegation.

Each midwife informs the midwife on the next shift about her midwifery care, from the assessment to the patient's latest condition or development, starting with the midwife providing care for the patient with the urgent case. After the midwife's appointment, the handover also takes place at the patient's bedside. In emergency cases, the handover takes place at the patient's bedside. The informant stated:

"The midwifery station and rounds to the bedside of the patient receiving the handover (PN) The midwife's room and the patient's room (KK)"

d. Handover Points

Delivery Room, Dr. Soetomo Regional Hospital. Abdul Aziz uses the SBAR system in the handover process, which includes (S) Situation (name, MR number, date of birth, cost, diagnosis, and the name of the doctor in charge of the patient); (B) Background (patient background, complaints prior to treatment, and actions taken related to the patient's case); (A) Assessment of the patient's current condition and unresolved issues; and (R) Recommendations in the form of instructions from both the midwife and the doctor for the next midwife on duty. The informant stated:

"The handover uniform. SBAR (AR), here we use the SBAR method, ma'am ((HS)"

e. Post-Handover

The handover results are then clarified and recorded by the midwife providing care for the next shift in the patient's electronic medical record and report book. Afterward, the ward head closes. One informant said:

"The midwife on the next shift clarifies first, ma'am, then makes corrections and signs the report. Finally, the ward head or delegated midwife (KL) closes the handover."

The handover is not only done verbally, but also recorded in available official documentation. This record contains information about the patient's current condition, the interventions that have been provided, and the follow-up plan that must be implemented in the future.

4. Discharge Planning

a. Discharge Planning

Discharge planning in the Delivery Room of Dr. Abdul Aziz Regional Hospital, Singkawang, is carried out for patients discharged from the delivery room. The midwife, together with the patient and family, assesses the patient's needs at home related to their care, such as relapse prevention, therapy, rehabilitation, and routine care. An informant stated:

"The midwife, along with the patient and family, discusses this (HS)."

"The midwife, along with the patient and family, identifies needs (KL)."

b. Identification of Patient Needs

The patient's identified needs include knowledge, psychological needs, interpersonal relationships with the family, necessary assistance, daily living needs, and home care. An informant stated:

"It depends on the patient's case. Discuss with the patient and family. Does the patient require further care at home? Collaborate with other healthcare teams, especially the pharmacist. The patient's knowledge is usually limited, so we can educate them. (KK)."

c. Discharge Planning Components

The discharge planning components include the home care plan, medications, test results, and documentation. The informant stated:

Discharge medications, home care, test results such as lab results, x-rays (if applicable), medications, and medical records. (KL)"

This demonstrates that discharge planning has been implemented in a structured and continuous manner. The collaborative approach between the midwife, patient, and family demonstrates a

patient-centered care orientation.

5. Documentation

a. Types of Documentation

Documentation in the Delivery Room at Dr. Abdul Aziz Singkawang Regional Hospital uses both electronic and manual documentation. An informant stated:

"We use two types, ma'am: electronic and manual (DN)."

"For documentation in the delivery room, there is electronic and manual (KK)."

b. Electronic Documentation

Documentation is done electronically using a standardized application, namely SIMRS. Electronic documentation includes: new patient admission, assessment and examination, preparation for obstetric care, obstetric and gynecological observations, obstetric progress notes, fall risk, MEOWS (Modified Early Obstetric Warning System), and Discharge Planning. An informant stated:

"What is the order: obstetric and gynecological examination, assessment, SOAP, observation, new patient admission, observation, discharge planning (KL). Almost all patient documentation, ma'am. (HS)."

c. Manual Documentation

Manual documentation performed by the midwife includes: Patient education, medication administration records. Informants stated that education and medication administration records (KK) were included. Medication administration and education records (HS). Each patient has documentation in the form of a medical record completed by a single midwife.

6. Developing Shift Schedules

a. Not Sure What to Consider

Research results show that the shift schedule in the Maternity Ward of Dr. Abdul Aziz Singkawang Regional Hospital is developed by a midwife who is delegated to create the shift schedule by the Head of the Maternity Ward. This allows for more flexibility in scheduling shifts to accommodate the needs of the midwifery staff. An informant stated:

"If I delegate shift schedules, it's not just to simplify communication. Sometimes, there are sudden schedule changes that allow for flexibility, actually. But there are still regulations. I'll interview Hasifah directly later."

b. Composition of Midwives

The number of midwives on duty varies for each shift. The morning shift consists of 4 to 5 midwives, the afternoon shift consists of 3-4 midwives, and the night shift consists of 3 midwives. Each shift must have at least one BP3 midwife because BP3 has additional clinical authority to provide collaborative midwifery care for gynecological cases, which BP1 and BP2 do not have. An informant said:

"The number of midwives on duty varies for each shift. The morning shift consists of four to five midwives, the afternoon shift consists of three midwives, and the night shift consists of three midwives. Each shift can be considered a combination of members, but at least one BP3 midwife must be present because BP3 has additional clinical authority to provide collaborative midwifery care for gynecological cases, which BP1 and BP2 do not have. BP3 is also required because they replace Karu's duties by providing direction. (HS)"

c. Number of Shifts Per Day

There are three shifts per day in the delivery room at Dr. Soetomo Regional Hospital. Abdul Aziz Singkawang, namely:

Morning shift: 7:00 AM to 2:30 PM, Afternoon shift: 1:30 PM to 9:00 PM, Night shift: 8:30 PM to 7:00 AM the following day. Shifts can only be made between midwives of the same level.

Informant:
"Three shifts per day. There's a morning shift from 7:30 AM to 2:30 PM, an afternoon shift from 8:30 AM to 7:00 AM the following day. (HS)"
Shift schedules are coordinated by the ward head and delegated to specific midwives for flexibility. The primary consideration is the availability of midwives with varying levels of authority, ensuring that each shift has at least one BP3 midwife to prevent disease cases.

DISCUSSION

Role and Duties of the Head of the Delivery Room

a. Part of

The role and duties of the head of the delivery room at Dr. Abdul Aziz Regional Hospital, Singkawang, are crucial as the first-line or operational manager who organizes the delivery room, provides quality obstetric health services, and ensures the policies and decisions of top and middle managers are properly implemented. Nursalam (2020) defines management levels as follows: top management, middle management, and first-line or operational management. Operational management is the lowest level of management responsible for leading and supervising non-managerial employees (Nursalam, 2020). The researcher believes that the head of the delivery room at Dr. Abdul Aziz Regional Hospital understands and implements this as part of the hospital's management, which is crucial in ensuring uninterrupted communication from top management to midwifery service providers in providing quality midwifery care. This aligns with the theory proposed by Nursalam.

b. Duties of the head of the delivery room at Dr. Abdul Aziz Regional Hospital in the MAKP Case Method

Duties of the Head of the Delivery Room at Dr. Abdul Aziz Regional Hospital Abdul Aziz Hospital's responsibilities include planning, organizing, directing, and supervising. In carrying out this role and outlining, the ward head appoints midwives to delegate tasks if the ward head is unable to perform his duties at a particular time. This is to ensure the service process in the Maternity Room at Dr. Abdul Aziz Hospital, Singkawang remains controlled and orderly. The ward head's duties and responsibilities include planning, organizing, directing, and supervising (Nursalam, 2020). The ward head creates an agenda related to midwifery service planning tailored to the current conditions or situation in the ward and coordinates the planning with the serving midwives. Research by Bai et al. (2021) also confirms that the ward head's leadership is a key factor in the successful implementation of the professional care model, particularly in building coordination among staff.

c. Delegation

In carrying out this role and outlining, the ward head appoints midwives to delegate tasks if the ward head is unable to perform his duties at a particular time. This is to ensure the service process in the Maternity Room at Dr. Abdul Aziz Hospital. Abdul Aziz Singkawang remains controlled and orderly. If unavailable for a short period, delegation is done verbally. If unavailable for a long period, delegation is done through a delegation letter. This delegation is given to a BP4 midwife who holds a Clinical Authority Details (RKK).

Almost all technical tasks can be delegated by the ward head to his staff by organizing tasks, selecting the right person, providing clear direction, and evaluating the results of the delegated work (Nursalam, 2020). The delegation carried out by the head of the maternity ward at Dr. Abdul Aziz Regional Hospital adheres to the principles of delegation. The midwife assigned the delegation task is a midwife with managerial clinical authority, namely BP4. According to researchers, the ward head's delegation is in accordance with the delegation principles put forward by Nursalam.

d. Provision of Midwifery Care to Patients

Regarding the Case Method Midwifery Care (MAKP) assignment, the head of the delivery room is responsible for assigning one midwife to provide care for 1-3 patients, depending on the number of patients on the shift, as determined by the midwife's RKK (Regional Work Plan). It is crucial to assign assignments in accordance with a midwife's clinical standards for the safety of both the patient and the midwife. Therefore, the head of the delivery room must be familiar with the clinical authority of each midwife working under their responsibility and their respective capabilities. Outside of workdays and on afternoon or evening shifts, this task is assigned to the most senior BP4 or BP3 midwife on duty at the time.

According to Agung and Massey (1997), the Case Method MAKP is a case assignment method commonly applied to one patient per nurse. This is generally implemented for private nurses or for special care such as isolation and intensive care. This method is based on a holistic approach based on the philosophy of empowerment. Nurses are responsible for the care and observation of individual patients (Nursalam, 2020).Regarding the Case Method Midwifery Care (MAKP) assignment, the head of the delivery room is responsible for assigning one midwife to provide care for 1-3 patients, depending on the number of patients on the shift, as determined by the midwife's RKK (Regional Work Plan).

It is crucial to assign assignments in accordance with a midwife's clinical standards for the safety of both the patient and the midwife. Therefore, the head of the delivery room must be familiar with the clinical authority of each midwife working under their responsibility and their respective capabilities. Outside of workdays and on afternoon or evening shifts, this task is assigned to the most senior BP4 or BP3 midwife on duty at the time. According to Agung and Massey (1997), the Case Method MAKP is a case assignment method commonly applied to one patient per nurse. This is generally implemented for private nurses or for special care such as isolation and intensive care. This method is based on a holistic approach based on the philosophy of empowerment. Nurses are responsible for the care and observation of individual patients (Nursalam, 2020).

Shift Schedule Development

The research findings indicate that shift schedule development in the maternity ward at Dr. Abdul Aziz Regional Hospital, Singkawang, is carried out by a midwife delegated to the head of the ward to create a more flexible shift schedule, adapting to the needs of the midwifery staff. This shift schedule development aligns with the American Nurses Association (2023), which states that flexibility is essential in shift schedule development. The following factors should be considered when developing shift schedules: Patient needs: Nurses must be able to meet their needs at all times. Nurse well-being: Shift schedules must be designed with attention to the mental and physical well-being of nurses, including reasonable rest periods and workloads to prevent fatigue and exhaustion. The number of midwives in the maternity ward exceeds the number of midwives in the delivery room. This also aligns with research by Baek et al. (2020), which shows that competency-based scheduling improves staff satisfaction and service quality because each shift is staffed with adequate clinical competencies.

New Patient Admission

Research results show that using the MAKP Case Method, new patient admissions in the Maternity Ward of Dr. Abdul Aziz Singkawang Regional Hospital are conducted based on the direction of the ward head. During the morning shift outside of workdays and the afternoon or evening shift, new patient admissions are delegated to the BP4 midwife or the BP3 midwife with the longest tenure. This direction determines which midwife is responsible for providing care to each new patient, in accordance with the Clinical Authority Details of the assisting midwife. The providing midwife is responsible for preparing the room, new patient admission forms, vital signs examination equipment, and obstetric equipment.

The ward head or delegated midwife will participate in new patient admissions. New patient admissions in the Maternity Ward of Dr. Abdul Aziz Singkawang Regional Hospital, according to the MAKP Case Method, according to Nursalam (2020), are a method for welcoming new patients (patients and families) to the hemorrhage care ward, particularly for those with unusual admissions or intensive care. When admitting a new patient, several points should be addressed regarding room orientation, introduction to medical personnel, and procedures, as well as the patient's illness (Nursalam, 2020). Nursalam also stated that the following points should be considered when admitting new patients in the MAKP: Effective and efficient implementation by the head of the room or primary nurse and/or associate nurse who has been given authority or delegation; Maintaining patient privacy during the admission; Encouraging good communication and providing therapeutic touch (Nursalam, 2020). Consistent with the research findings of Zhang et al. (2019), the implementation of a competency-based patient admission model improves patient safety and expedites the service process.

Handover

In the Maternity Ward of Dr. Abdul Aziz Singkawang Regional Hospital, the handover using the MAKP Case Method is conducted between two groups: the midwife providing care from the previous shift and the midwife providing care from the next shift. The handover is led by the ward head or delegated midwife. The handover takes place on holidays and sick or night shifts. This is done in the midwife's room and at the patient's bedside at each shift change. Determining the midwife providing assistance for the next shift is the responsibility of the ward head or delegated midwife. The determination of the midwife providing care for the next shift is also adjusted according to the Clinical Authority Details.

The handover takes place in the midwifery clinic, led by the ward head or delegated midwife. Each midwife informs the midwife providing care, from assessment to the patient's latest condition or development, and provides midwifery instruments to the midwife providing care for the next shift, starting with the midwife providing care for the patient with an urgent case. After the midwifery station, the handover is also conducted at the patient's bedside. In emergency cases, the handover takes place at the patient's bedside. The handover is then recorded by the midwife on the next shift in the patient's electronic medical record, and then closed by the ward head. The handover process in the Maternity Ward of Dr. Abdul Aziz Singkawang Regional Hospital conforms to the MAKP handover process developed by Nursalam (2020), namely: Preparation (Pre) consists of a handover (weigh-in) carried out at each shift change. All new patients admitted and those receiving a handover, especially new patients and patients with unresolved issues, are reported and transferred. Implementation at the nurse station and at the patient's bedside includes: Both service groups are ready. The group providing care prepares a notebook. The ward head opens the handover. The nurse on duty delivers the handover to the next nurse (Nursalam, 2020). This aligns with research by Müller et al. (2018) which states that the application of SBAR in handovers improves information clarity and reduces the risk of adverse events.

Discharge Planning

Discharge planning is developed in the Delivery Room of Dr. Abdul Aziz Regional Hospital, Singkawang, for patients returning home. The midwife, along with the patient and family, assesses the patient's home needs related to their care, such as relapse prevention, therapy, rehabilitation, and routine care. A discharge plan for each patient is developed by a single midwife in collaboration with other healthcare team members, including physicians, pharmacists, physiotherapists, and nutritionists, tailored to the patient's needs. Discharge planning is a dynamic and systematic process of assessment, preparation, and coordination designed to facilitate pre- and post-discharge health monitoring and social services.

Discharge planning is a dynamic process that provides the healthcare team with sufficient opportunity to prepare the patient for independent care at home (Nursalam, 2020). There is interaction between the midwife providing care with the patient and the patient's family in preparing the discharge plan in accordance with the MAKP Case Method proposed by Nursalam (2020) which states that discharge planning is obtained from the interaction process when professional nurses, patients and families collaborate to provide and organize continuity of care. In addition, Nursalam also stated that discharge planning is carried out collaboratively because it is a multidisciplinary service and each team must work together (Nursalam, 2020). Research by Labrague et al. (2019) shows that effective discharge planning can reduce readmission rates and increase patient and family satisfaction.

Documentation

Research results describe that documentation in the maternity ward at Dr. Abdul Aziz Singkawang Regional Hospital (RSUD) applies standardized electronic documentation, namely SIMRS (Sysm) and manual documentation. The electronic documentation includes: new patient admission, assessment and examination, midwifery care planning, obstetric and gynecological observations, midwifery progress notes, fall risk, MENGEON (Modified Early Obstetric Warning System), and discharge planning. Manual documentation performed by midwives includes patient education and medication administration records. Each patient has documentation in the form of a medical record completed by a midwife. Furthermore, the maternity ward also has documentation in the form of a report book as a support book using the SBAR writing system, written by one of the midwives on duty. This book is written each shift based on electronic documentation.

The ward head maintains a documentation book of supervision results. Documentation serves as an authentic record in Professional Nursing Care Management. Professional nurses are expected to be able to file claims for responsibility and accountability for all actions taken. Public awareness of the law is increasing, making complete and clear documentation essential (Nursalam, 2020). Research by Kruse et al. (2018) found that implementing electronic documentation improved recording accuracy, reduced duplication, and accelerated patient data access for the healthcare team. Overall, the results of this study demonstrate that the implementation of the MAKP case management method in the delivery room at Dr. Abdul Aziz Singkawang Regional Hospital was carried out systematically. The role of the ward head as first-line manager, the application of competency principles in assignments, the use of SBAR in handovers, collaborative discharge planning, and the integration of electronic documentation demonstrate a concrete effort to improve shared services.

CONCLUSION

Implementation of the MAKP Case Method: The head of the maternity ward at Dr. Abdul Aziz General Hospital acts as part of the hospital's management, namely the first-line manager who serves, planning, organizing, directing, and supervising, both directly and by delegating to one of her midwifery staff. The delegated midwives in the maternity ward develop shift schedules by applying the principles of varying the number of midwives per shift and the combination of practitioner levels, with a minimum of one BP 3. The admission of new patients is directed by the head of the maternity ward or the delegated staff midwife, with the stipulation that each patient is received by one midwife who is the midwife providing midwifery care.

The determination of the midwife providing care is adjusted to the details of clinical authority. Implementation of the MAKP Case Method: The handover is opened by the head of the ward, carried out by two groups of midwives: the midwife from the previous shift and the midwife from the next shift, carried out at the midwife's post and at the bedside, and closed again by the head of the ward or the delegated staff midwife. Discharge planning is based on an assessment of the patient's home needs related to their care, such as relapse prevention, therapy, rehabilitation, and routine care, conducted by the midwife, the patient/family, and other healthcare team members.

Documentation in the delivery room is both electronic and manual. Each patient has documentation completed by the midwife providing the care at the time.

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