OVERVIEW THE IMPLEMENTATION OF DISCHARGE PLANNING BY NURSE IN HOSPITAL: LITERATURE REVIEW

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Abstract

Background: Discharge planning is the process of interaction among of nurse, patient and family to manage the continuation treatment which is needed by the patient during the transition from hospital to home. Whatever the result is from discharge planning will have an impact on the quality of nursing treatment and the quality of patient health.

Objective: Describing the implementation of nurse discharge planning in a hospital based on previous research. Methods: The type of this research is literature review. The quality in each journal is assessed using the JBI critical appraisal tools assessment to review selected articles.

Results: Four of the seven journals which are selected, describe the discharge planning of nurse in the favorable category and three others describe in the unfavorable category.

Conclusion: The good categorized nurse discharge discharge consists of five stages beginning in the examination stage, nursing diagnosis, planning, implementation, and evaluation stage. It is hoped that the results of this literature review can provide education and information for scientology, institutions, hospitals associated with customs duties.

Recommendations: Nurses and medical teams are advised to facilitate the transition of patients from hospital to home especially with education related to increased knowledge of the patient and the family.

INTRODUCTION

Hospital is a health service institution that provides complete individual health services that provide inpatient, outpatient and emergency services. One of the functions of the hospital is the provision of education and training for human resources in order to increase the capacity in providing health services (RI, 2009). The health service efforts that are carried out either individually or collectively in an organization are aimed at maintaining and improving health, preventing and curing diseases and restoring the health of individuals, families, groups and/or communities. One form of this service is Discharge Planning.

Discharge planning is a dynamic and systematic process of assessment, preparation, and coordination carried out to facilitate supervision of health services and social services before and after returning home. Discharge planning is obtained from the interaction process when professional nurses, patients, and families collaborate to provide and manage the continuity of nursing needed by patients when planning must focus on patient problems, namely prevention, therapeutic, rehabilitative, and actual routine nursing (Nursalam and others, 2014). Discharge planning is a series of processes consisting of patient selection, assessment, intervention, implementation and evaluation. As the main implementation in discharge planning is the provision of health education (health education) to patients and families which aims to increase knowledge and understanding and support for the patient's health condition and follow-up that must be done after returning home.

Effective discharge planning should include continuous assessment to obtain comprehensive information about changing patient needs, nursing diagnosis statements, planning to ensure patient needs match what health care providers do. Discharge planning that is not optimal can have an impact on patients, namely the increase in the number of re-care and in the end the patient will bear the financing for hospitalization costs in the hospital. The condition of the patient's recurrence or patient re-care is of course very detrimental to the patient and their family and also the hospital can increase anxiety and fear for patients related to the disease. Hospitals that experience this condition will gradually be abandoned by customers.

There are several studies conducted to examine the impact of less than optimal discharge planning. Research showed that 49% of patients returned to the clinic or hospital after being declared home because they had problems with their health. There is a significant relationship between discharge planning and a decrease in the number of patient re-hospitalizations within one to 12 months of the index of patient discharge in health services. Re-care/readmission of patients has received more attention because patient re-care reflects the effectiveness of the performance of a health service and the quality of care for these patients at home. One of the effectiveness of discharge planning is indicated by the decreasing number of re-hospitalization patients (Moore *et al.*, 2003; Fox *et al.*, 2013; Hardivianty, 2017).

In the research of (Platini, 2018), from 30 respondents, it was found that 86.67% of discharge planning was carried out well. Whereas in the research of (Rezkiki and Fardilah, 2019)), it was stated that of the 65 respondents 33 people (50.8%) the implementation of discharge planning was not good. Based on the results of observations when PBL (Field Learning Practice) in Nursing Management in one of the RSUDs in Bandung Regency, at the time of carrying out discharge planning the nurse only provided information related to re-control and how to take medication. Information is given very limited when the patient goes home. The implementation of discharge planning has inconsistent results in the literature and there has not been much research related to the implementation of discharge planning. Therefore, researchers are interested in conducting research on "Overview of Discharge Planning Implementation of Nurses in Hospitals".

RESEARCH METHODS

2.1 Methods

This study is a systematic review of the existing literature to determine the results of previous studies regarding the implementation of discharge planning for nurses in hospitals. Literature review is identifying, assessing, and interpreting all findings on a research topic, to answer research questions that have been previously determined (Kitchenham and Charters, 2007).

2.2 Search Strategy

The search strategy aims to find articles that have already been published. Search through the Google Scholar and Pubmed databases because journals about the implementation of discharge planning for nurses are only found in the search application. The keywords used are discharge planning, nurse, implementation and quantitative. The search focuses on journals that explore the implementation of discharge planning for nurses using quantitative methods published from 2010 to 2020. The inclusion criteria for searches based on PICOT are research journals with a population of nurses or nurses, interventions related to discharge planning, the desired result is a description of implementation discharge planning, and the patient's length of stay at least one day.

Study Quality Assessment

The assessment of the quality of each article is carried out using the standard format of the JBI Critical Appraisal Checklist for Analytical Cross Sectional Studies. Consists of eight checklist items that are used to conduct an assessment with a choice of yes or no or unclear or not valid answers. The answer is yes, when all the information in the checklist is explained in detail and correctly. Answer no, if not described in detail. It is unclear the meaning is explained but not detailed, while it is not valid, the meaning is not in accordance with the context of this research. The conclusion of the quality of the article is done by using a percentage of the answer yes. The article is concluded as good if the yes value is more than 80%.

RESULT

3.1 Search Result

The search results conducted through Google Scholar and Pubmed found 423 journals obtained with the keywords discharge planning, nurse, implementation and quantitative. The results of 423 journals were then screened by reading abstracts and inclusion criteria that were adjusted to the inclusion criteria of this study to produce 18 journals, then screening was carried out by searching for full text journals and producing 10 viable journals. The inclusion criteria in this search are research journals with a population of nurses or nurses, interventions related to discharge planning, the desired results, namely a description of discharge

planning implementation, and a minimum length of hospitalization for the patient. Then an assessment is carried out using the JBI Critical Appraisal For Cross Sectional Study format. Based on the assessment of the JBI Critical Appraisal For Cross Sectional Study format, the average results are good, namely with a value of 87.5% in research conducted by (Graham, Gallagher and Bothe, 2013; MEIHANDA, 2016) and research conducted by (Mataniari and Rahayuningsih, 2018) because it does not explain the strategy used to test the confounding variables. The research by ((Ulfah, 2016; Platini, 2018; Rezkiki and Fardilah, 2019; Sagita, Fitri and Kusumaningrum, 2019) each scored 75% because they did not explain confounding factors and did not explain the strategies used to test the variables. confounding. so that the results of 7 journals that meet the assessment will be reviewed.

3.2 Summary of Search Results
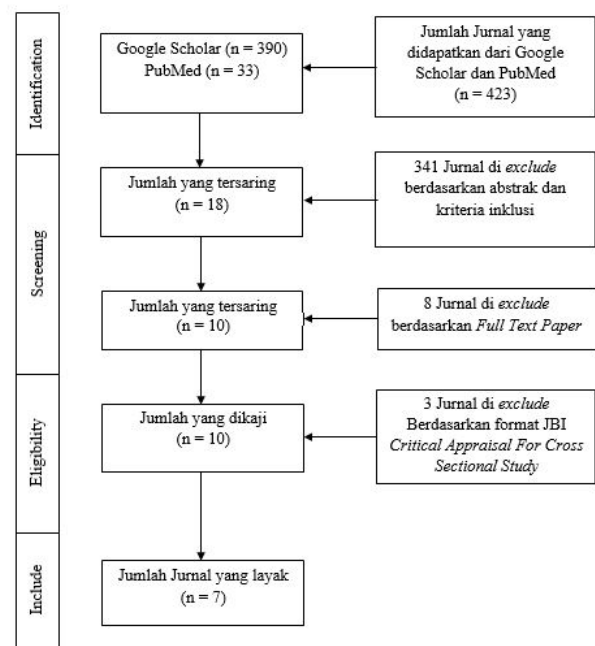
3.3 Search Characteristics

The research that was included in this literature review study is the journal published from 2010 to 2020. The journals were conducted in two countries, namely six studies in Indonesia and one research in Australia. All journals use quantitative descriptive research with various inclusion criteria. The inclusion criteria that emerged were nurses who were willing to take part in the research and were willing to become respondents, nurses who worked in inpatient installations, nurses who were licensed and worked permanently and the status of patients with the last day of hospitalization.

The sampling technique in journals is three journals using consecutive sampling, namely in the research of (MEIHANDA, 2016; Ulfah, 2016; Mataniari and Rahayuningsih, 2018; Platini, 2018) while the other three journals use different sampling techniques. namely in the research of (Graham, Gallagher and Bothe, 2013) using survey sampling, (Rezkiki and Fardilah, 2019) using accidental sampling, and research by (Sagita, Fitri and Kusumaningrum, 2019) using purposive sampling. The number of samples for each journal varies, ranging from 15 to 65 respondents. The fewest respondents were in the research of (Platini, 2018) and the most respondents were in the research of (Rezkiki and Fardilah, 2019; Sagita, Fitri and Kusumaningrum, 2019)

Summary of Research Results

The journals that were found previously consisted of seven journals. Based on six research journals in Indonesia and one research journal abroad, it is stated that most of the discharge planning for nurses in hospitals is carried out well.

In the research of (Graham, Gallagher and Bothe, 2013)) stated that the implementation of discharge planning for nurses was 23% not good. Research by (Ulfah, 2016)) states that out of 30 respondents 23 people (76.7%) the implementation of discharge planning is in the good category. The implementation of discharge planning for nurses from 30 respondents, 19 people (63.3%) were in the good category (MEIHANDA, 2016). Then the research conducted by (Platini, 2018) states that 10 people (86.67%) of the 15 respondents implementing discharge planning are in good category. Another quantitative research conducted by (Mataniari and Rahayuningsih, 2018), found that 20 people (50%) out of 40 respondents were categorized as good. Another study also conducted by (Rezkiki and Fardilah, 2019), stated that out of 65 respondents 33 people (50.8%) the implementation of discharge planning was in the unfavorable category. In contrast to other studies, research by (Sagita, Fitri and Kusumaningrum, 2019)describes the implementation of discharge planning starting from the assessment stage to the evaluation, where the results state that the assessment stage was carried out well 41 people (63.1%), 43 people (66.2%)) in the good category, the planning stage for 40 people (61.5%) in the good category, the implementation stage for 38 people

(58.5%) in the good category, and the evaluation stage for 48 people (73.8%) in the good category.

DISCUSSION

Discharge planning is an important component of interprofessional care in hospitals because it serves as a foundation for transitional care across health delivery conditions and health care providers (Holland and Bowles, 2012). Nurses play an important role in preparing patients and families for the transition from hospital to home. An effective and efficient discharge planning process can facilitate the transition from hospital to home and begin to address the side effects experienced by some patients (Platini, 2018). Implementation of good discharge planning will have an effect on improving the quality of patient health (Purnamasari and Ropyanto, 2012).

The results of previous research have quite mixed results, from the seven previous research journals there were four journals which stated that the implementation of discharge planning for nurses was in a good category, namely research by (MEIHANDA, 2016; Ulfah, 2016; Platini, 2018; Sagita, Fitri and Kusumaningrum, 2019) while three other studies state that the implementation of discharge planning for nurses is in a poor category, namely research by (Graham, Gallagher and Bothe, 2013; Mataniari and Rahayuningsih, 2018; Rezkiki and Fardilah, 2019).

The implementation of discharge planning for nurses obtained from the three accounts was in the unfavorable category. This is due to: The busy schedule of nurses and the limited number of nurses, causing insufficient time for discharge planning, difficulties in communicating with patients, especially in English. There are still nurses who think that when the patient has left the hospital, the daily activities and safety of the patient's environment are no longer the responsibility of the nurse, so the nurse does not explain how the environment is good for the patient. The nurse does not involve the family in discharge planning issues, does not provide explanation or health education related to illness. Examples include the definition, classification and complications of the disease being experienced by the patient. Nurses do not provide information regarding the location of the closest and available health services and who can be

contacted when patients need health services, and do not explain to families how to care for patients, especially baby patients. Examples such as how to bathe a baby properly, and how to maintain a stable baby's temperature.

The family is the closest person to the patient and has up-to-date information about the patient's ability to carry out their own care, their current home situation, medical history and other factors that can influence treatment planning and discharge planning. Despite many constraints, the nurse has an important role in identifying the need for early discharge because early assessment is an appropriate time to identify the patient's home situation and initiate the discharge planning process (Rorden and Taft, 1990).

The principle of implementing discharge planning, the patient is the focus in discharge planning, the patient's needs are identified and the patient's discharge planning is carried out collaboratively. Discharge planning is adjusted to existing resources and facilities. Discharge planning is also carried out in each health service system (Nursalam and others, 2014). The factors that affect the implementation of discharge planning consist of six factors, the first factor is the knowledge factor; nurses who have high education or good knowledge, the implementation of discharge planning will be good. Second, personal factors; discharge planning requires interdisciplinary team collaboration, collaboration between interdisciplinary teams requires good communication. If discharge planning is not carried out together with other teams, then the implementation has not been said to be good. Third, the factor of involvement and participation; stated that family participation in the formulation of discharge planning can increase satisfaction, feelings of readiness, and continuity of patient care at home. Fourth, the communication factor; as a nurse, communication is an important part of exchanging information between nurses and patients. Nurses must have good, effective and targeted communication. Nurses must have good communication so that it is easy to collect data, identify, study, process, draw conclusions and provide education to patients and their families. If the nurse's communication is poor, it is likely that discharge planning will not go well according to the principle (PRAMESWARI, no date; Bull, Hansen and Gross, 2000; Pieter, 2017).

The factor that affects the implementation of discharge planning is the fifth factor of time, time is one of the challenges for nurses in implementing discharge planning. Some nurses said that they lacked time to carry out discharge planning. Therefore, reducing the length of stay for patients in the hospital by changing patients to hospitalization is less effective and makes discharge planning less effective and makes comprehensive discharge planning not optimal. The sixth factor is the agreement and consensus factor, the main focus of the discharge planning for the nurse is to reach the patient's return with agreement and to have permission from the family to achieve patient satisfaction and safety while at home. The importance of patient and family involvement in making decisions in nursing care can facilitate the formulation of discharge planning given by a multidisciplinary team. The involvement and participation can be seen from the activities of the nurse to confirm the discharge planning against the patient's and family's decision to carry it out at home. Discharge planning that is not carried out properly and effectively will result in no continuity of care when the patient is at home. This condition can cause the patient's condition to worsen so that the patient returns to the hospital or is re-treated with the same disease or the appearance of a more severe disease. An increasing number of readmissions or readmissions will also have a negative impact on the hospital, because patient re-care reflects the effectiveness of the performance of a health service and the quality of care for these patients at home. Hospitals that experience this condition will gradually be abandoned by customers (Fox *et al.*, 2013).

The implementation of discharge planning for nurses obtained from four journals was in a good category. This can be seen in its implementation which includes: The assessment stage, discharge planning begins when the patient enters the treatment room. Assess the needs of the patient and family. Diagnosis stage, diagnose based on discharge planning assessment. Planning and implementation stages, providing information related to the disease that the patient is experiencing. Explain to patients and families how to administer drugs with the principles of correct administration. Providing health education about a good home environment for patients, especially to prevent falls. Explain to patients and families about health service facilities that can be used if the patient's disease recurs. The evaluation

stage, reminds the family to understand the limitations of the patient to be more patient in doing home care. Re-ensuring that the treatment and physical measures that have been given by the nurse can continue after the patient goes home.

Implementation of good discharge planning is carried out starting when the patient enters the hospital then the nurse conducts an assessment related to the needs of the patient and family. Then the nurse makes a nursing diagnosis based on the discharge planning assessment. After that the nurse makes a plan for the continuity of health services at home, educates on what management or treatment is needed, and when to seek treatment due to problems that arise. Then the nurse implements the time before and on the day of the patient's discharge, but what is more effective is the time before the patient's discharge. Furthermore, the nurse evaluates whether the patient and family can demonstrate each treatment that the patient will take at home (Potter and Perry, 2005).

Implementation of discharge planning is useful to provide opportunities for patients to get lessons while in the hospital so that they can be used at home, as a systematic follow-up used to ensure continuity of patient nursing, to evaluate the effect of planned interventions on patient recovery and identify recurrence or new treatment needs, as well as helping to independent patients in readiness for home care (Nursalam and others, 2014). The implementation of discharge planning is also useful for reducing the number of recurrences, reducing the number of re-hospitalization of patients, unnecessary return visits to the emergency room except for some diagnoses, helping clients to understand their needs after hospitalization, and useful as nursing documentation material (Moore *et al.*, 2003).

CONCLUSION

Based on the results of a literature review conducted on seven journals, it can be concluded that the results of previous research have quite various results, from the previous seven research journals there were four journals that stated that the implementation of discharge planning for nurses was in a good category, namely in the research of (MEIHANDA, 2016; Ulfah, 2016; Platini, 2018; Sagita, Fitri and Kusumaningrum, 2019) while three other studies

stated that the implementation of discharge planning for nurses was in a poor category, namely in the research of (Graham, Gallagher and Bothe, 2013; Mataniari and Rahayuningsih, 2018; Rezkiki and Fardilah, 2019)

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the patient goes home.

SUGESSTION

Based on the results of the literature review and conclusions, the researchers suggest:

Educational Institutions

The results of this literature review are expected to be the basic material or used as a reference in the learning process for nursing management subjects, especially regarding discharge planning.

Health Workers

The results of this literature review are expected to be input for medical personnel, especially nurses, to facilitate the transition of patients from hospital to home, especially in relation to education to increase patient and family knowledge to deal with side effects experienced by patients at home and to find out things that are happening. patient should do after going home. Nurses optimize the provision of education to patients and their families in order to prevent re-treatment or recurrence of the disease being experienced by the patient, provide education before the day of discharge for patients so that education is carried out effectively and well and clearly delivered. It is hoped that the hospital can increase the human resources of nurses so that they can meet and handle quite a lot of patients and the head of the room can discipline room nurses by providing support and motivation to nurses to improve their performance in discharge planning.

Other Researcher

The results of this literature review are expected to be a reference for conducting further research that is adjusted to the development of existing knowledge, can be the basis for further research related to the relationship between discharge planning and the readiness process for patients with Acute Coronary Syndrome and can be the basis for further research related to the factors that influence it. implementation of discharge planning in the NICU room.

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