



OPTIMIZATION OF CASE MANAGER FUNCTION IN PATIENT CENTERED CARE IN STROKE PATIENTS IN REGIONAL CILACAP HOSPITAL

Nihayatul Munaa¹, Fitri Ardiningsih²

¹Department of Public Health, Faculty of Health, Universitas Muhammadiyah Gresik

²Nurse in Cilacap Regional Hospital

ARTICLE INFO

Keywords:

optimization,
patient centered care,
stroke

ABSTRACT

Background: Case management systems are applied to improve coordination of care for chronic patients and patients with complex problems. Cilacap Hospital has implemented this but the implementation needs to be optimized. One way to optimize the case manager function.

Purpose: To optimize the case manager function in patient centered care in stroke patients in Cilacap Hospital.

Method: The type of research used is action research. Retrieval of data by in-depth interviews with case managers, focus group discussions with professional caregivers, study of complete document case manager function forms and questionnaires for ischemic stroke patients. Output evaluation is limited to the readiness of patients to face return

Results : At the diagnosing action stage, the implementation of the case manager function in Cilacap Hospital was not optimal because there was no documentation of the case manager function form, the case manager had not received case management system training, patient centered care and discharge planning. In the planning action phase, it is planned to train the case manager and the head of the room about the case management system, patient centered care, discharge planning and preparation of the case manager function form. At the taking action stage, 2 case managers were sent to take part in the case management system, patient centered care, discharge planning training and socialize to the case manager and head of the room, compiling the case manager function form. The evaluation phase for ischemic stroke patients and the results show the readiness of patients to face increased return, the study document completeness of the case manager function form is completely filled by the case manager, and discussion to find out the supporting factors and inhibiting factors for the implementation of optimization of the case manager function

Conclusions : After training on case management systems, Patient Centered Care (PCC), discharge planning and implementing a case manager function form, the case manager function becomes easier and structured. Readiness of patients facing return in ischemic stroke patients increases after optimizing the case manager function.

E-mail:

nihayatul.munaa@umg.ac.id

1. INTRODUCTION

The current condition of health services, including in Indonesia, has shifted the focus and center of all health service activities that previously existed in the medical profession who were considered the main characters in healing and patient care (doctor centered), changed the paradigm to patient-focused health services (patient centered care) [1].

The consequence of shifting patient-focused services is a change in the service management system. One service management system is case management, the hospital accreditation committee itself provides the term "Patient Service Management" defined as a collaborative process in terms of assessment, planning, facilitation, care coordination, evaluation and advocacy regarding service options to meet the comprehensive needs of patients and family through communication and the availability of adequate resources to achieve effective outcomes [2]. Patient centered care is applied to patients of all age groups and can be practiced in every form of health service [3]

Standard case manager functions include utility assessment, planning, facilitation and advocacy, service coordination, post-discharge evaluation and follow-up [4]. This standard of function will guide the case manager to be able to carry out what is his responsibility ethically, effectively, and safely so that he can protect clients from services provided by the case manager [5].

Cilacap Hospital is one of the government-owned type B hospitals that has been fully accredited by the Hospital Accreditation Committee (KARS) in December 2016 and will prepare the SNARS version 1 of 2019 accreditation assessment. The Cilacap Hospital has a Vision to become a Community Choice Hospital. In an effort to achieve this vision, Cilacap General Hospital develops itself and organizes a coordination system for health services according to the standards set by the Hospital Accreditation Commission (KARS). Thus the hospital will improve the health care system focusing on patients by appointing a case manager as a Patient Service Manager (MPP).



The case manager function in Cilacap General Hospital is not optimal in chronic patients and patients with complex problems. One of the functions of a case manager that has not been running optimally is arranging a case management plan, collaborating with patients, families, and caregivers in the hospital, insurance, PPA in primary service facilities. In addition, discharge planning has also not been implemented optimally by the case manager, because it often performs discharge planning after the patient will be declared home by DPJP.

2. METHODS

The type of research used is Action Research because the problem being studied is an actual problem in the organization where the researcher works, so that to produce a solution to the problem or system improvement, besides research, it also requires the element of action and participation of respondents as part of research not only as research objects. In Action research research [6] there are 4 forms of the simplest stages, namely diagnosing action, planning action, taking action, evaluating action.

Research samples for qualitative data through in-depth interviews, focus group discussions, and study document. Sampling for in-depth interviews was 3 case managers who served in internal medicine and handled stroke cases. Sampling for focus group discussions was carried out by purposive sampling. The sample was 6 people chosen were DPJP, head of the room, executive nurses, pharmacists in charge of inpatient care, physiotherapists and nutritionists who often handle stroke cases. Sample size for quantitative data was obtained from the estimated population size based on stroke patients treated at RSUD Cilacap in one month, in 2018 the number of stroke patients was 207, the average number of stroke patients per month 17. Patient samples were taken by total sampling treated in May - June 2019 and divided into diagnosing action 2 weeks and taking action 2 weeks.

The variables in this study are system case management, optimization of the case manager function, readiness of patients facing return. The instruments used are: guidelines for in-depth interviews (in-depth interviews), guidelines for focus group discussions, format of observations and questionnaires

3. RESULTS

1. Stage "diagnosing Action"

The stage of diagnosing action is the earliest stage in the stages of action research. This stage aims to measure baseline, knowledge and assessment through in-depth interviews with the case manager, provide questionnaires to patients about the readiness of patients to face return to ischemic stroke patients before documentation of the function of the case manager and case manager have not received training.

At this stage the number of case managers in accordance with the 2016 SK Director is 5 because this year 1 case manager is the head of nursing and 1 case manager is a researcher, and SK Director for case manager in 2019 for the number of case managers there 3 people, then the number of respondents is 3 case managers who will be interviewed by researchers to find out the case management system is in accordance with the applicable guidelines in Cilacap Regional Hospital and how experience in handling the case management system. All case managers have worked as case managers since 2016. In individual interviews, researchers conducted interviews with case managers, and the characteristics of the informants were as follows:

Tabel 1. Characteristics *case manager*

Code of Informan	Seks	Education	Age	Work
<i>Case manager 1</i>	L	Master	43	22
<i>Case manager 2</i>	P	Ners	58	35
<i>Case manager 3</i>	L	Ners	43	22

Based on the results of in-depth interviews with three case managers regarding how the case manager's opinion on the case manager function in patient centered care at Cilacap Regional Hospital, the case manager stated that the case manager function was implemented but it was not optimal because the case manager had not received case management training, patient centered care and discharge planning and also the absence of case manager function form documentation

2. Stage planning action

The next stage is taking action / implementation of an action plan to get changes so that the case manager function can run optimally, namely focus group discussions with Case managers to compile a form of documenting the case manager function. The joint case manager discusses the form of documenting the functions of the Case manager.

Case managers jointly discuss the form form documenting the function of the case manager using a number of sample forms that have been used in several hospitals, one of which was developed by Rahman A (2018) and still refers to the KARS case manager practice guide consisting of Form A about Initial evaluation and Form B regarding Implementation Notes. The meeting was in the room of the Head of Nursing of Cilacap Regional Hospital and the participants consisted of the Head of Nursing, and 3 case managers.

3. Taking action stage

CASE MANAGER FUNCTION FORM

Patient Name : Room :
 Seks : Medis DX : Gender :
 Entry :
 No RM : Exit :

FORM A INITIAL EVALUATION	Day/ Hour	Function Case manager	Note Implementation
		screen patients for consideration : <ul style="list-style-type: none"> High costs / complex financing systems / cases that exceed the average length of stay The cases identified for repatriation plans are important or that require continuity of service High risk / chronic and complex / complicated diseases 	



FORM B PROGRESS NOTE		<ul style="list-style-type: none"> o High potential for complaints Asesmen Utilitas <ul style="list-style-type: none"> o Do some research o Biological o Payment system o Psicoosocial o Socialeconomy 	
		2. Do planning: <ul style="list-style-type: none"> o Make planning and discharge planning o Develop a plan for collaboration o Plan the patient's needs for decision making 	
		3. Do a follow up after discharge planning <ul style="list-style-type: none"> o Pemantauan, pelayanan dan pemberian asuhan setelah pulang o Reimburse 	
		4. Lakukan fasilitasi dan Advokasi : <ul style="list-style-type: none"> o Make sure that the patient's examination is appropriate: clinical pathway o Coordination with Doctors / DPJP o Coordination with Professional Care Providers (PPA): o Offer alternative forms of nursing o Help patients and families make decisions about medical actions o Provide patient development information to the cost bearers for the cost control system o Help patients and families develop discharge planning 	
		5. coordinate services <ul style="list-style-type: none"> o Coordinate with health service facilities (Clinics, Puskesmas) o Coordinate with patients regarding access to health services needed after treatment o Coordinate with social service facilities 	
		6. Do an evaluation <ul style="list-style-type: none"> o Study cost control with supervision from the cost bearer o Evaluation of patient satisfaction and service quality o Evaluation Length of Stay (LOS) 	

The results of the agreement are:

- a. Forms documenting the case manager function are formatted according to SNARS standard in the form of Form A and Form B
- b. The case manager function form is compiled according to SNARS standard and combined into an inseparable part in the form of the case manager function form and to facilitate the documentation by putting a checklist (✓).
- c. Each case manager has finished carrying out the case manager function on the patient, which is carried out by the case management system, and must sign and have a clear name

The case manager function form that has been mutually agreed upon is then proposed to the head of the medical record installation to be entered into the medical record form, for how to fill out the form in accordance with the instructions given in the workshop and the form consists of form A, namely initial evaluation and form B, namely notes implementation and may be modified by each hospital.

At this stage the researchers approached management to send 2 case managers to take part in training on case management, patient centered care and discharge planning to the Hospital Accreditation Commission (KARS), which was attended by participants from hospital representatives in Indonesia who were preparing for the SNARS Survey Edition 1 The training was conducted for 2 days in Jakarta and used funding sources from the Cilacap Regional Hospital. Materi of the patient service manager workshop in the national standard hospital Edition 1 held in Jakarta were patient care in patient centered care, integrated patient care, role and function of case manager / MPP, the case management system / MPP management. Instructions on filling in the case manager function documentation, patient discharge planning / discharge planning, patient rights in service in SNARS edition 1 and patient rights in service

4. Evaluating action stage

In this stage all case managers have received training on the case management system, patient centered care and discharge planning and the case manager document form is available then a case manager document study is done filling out the case manager function documentation form completely or not. Researchers gave questionnaires to patients treated in the Dahlia, Kenanga and Wijayakusuma rooms with a diagnosis of ischemic stroke to determine the respondent's initial condition. In the period from 8-20 May 2019 for the planning action



stage / before patients with diagnosed ischemic stroke who met the inclusion criteria, 10 patients were found. And the evaluating action stage / after starting June 3-16 also found 10 patients who met the inclusion criteria

Tabel 2. Distribution of respondent characteristics of ischemic stroke patients Before and After Taking Action Stage

Characteristic	Before		After	
	Total (n)	Percent (%)	Total (n)	Percent (%)
Age				
35 – 45	1	10.0	1	10.0
46 – 55	3	30.0	2	20.0
> 55	6	60.0	7	70.0
Gender				
Man	6	60.0	6	60.0
Woman	4	40.0	4	40.0
Education				
Primary School	3	30.0	4	40.0
Junior High School	5	50.0	4	40.0
High School	2	20.0	2	20.0
Diabetes Melitus				
Yes	3	30.0	2	20.0
No	7	70.0	8	80.0
Hipertensi				
Yes	6	60.0	7	70.0
No	4	40.0	3	30.0
GCS Interpretation				
Well	8	80.0	8	80.0
Medium - Bad	2	20.0	2	20.0

Based on research that has been done, the highest incidence of ischemic stroke occurred at age > 55 years in the previous stage was 6 patients (60%) and in the stage after 7 patients (70%). Men have more ischemic strokes with a percentage of 60% in both the before and after stages. Based on the history of the disease, ischemic stroke patients who experience Diabetes mellitus in the stage before as many as 3 patients (30%) in the after stage ie 2 patients (20%). While the history of experiencing hypertension in the stage before as many as 6 patients (60%) in the stage after 7 patients (70%). Research respondents who had GCS scores with good interpretation in the before and after stages were 8 patients (80%).

4. DISCUSSION

1. Stage "diagnosing Action"

The stage of diagnosing action is the earliest stage in the stages of action research. This stage aims to measure baseline, knowledge and assessment through in-depth interviews with the case manager, provide questionnaires to patients about the readiness of patients to face return to ischemic stroke patients before documentation of the function of the case manager and case manager have not received training.

At this stage the number of case managers in accordance with the 2016 SK Director is 5 because this year 1 case manager is the head of nursing and 1 case manager is a researcher, and SK Director for case manager in 2019 for the number of case managers there 3 people, then the number of respondents is 3 case managers who will be interviewed by researchers to find out the case management system is in accordance with the applicable guidelines in Cilacap Regional Hospital and how experience in handling the case management system. All case managers have worked as case managers since 2016. In individual interviews, researchers conducted interviews with case managers, and the characteristics of the informants were as follows:

Based on the results of in-depth interviews with three case managers regarding how the case manager's opinion on the case manager function in patient centered care at Cilacap Regional Hospital, the case manager stated that the case manager function was implemented but it was not optimal because the case manager had not received case management training, patient centered care and discharge planning and also the absence of case manager function form documentation

2. Stage planning action

The next stage is taking action / implementation of an action plan to get changes so that the case manager function can run optimally, namely focus group discussions with Case managers to compile a form of documenting the case manager function. The joint case manager discusses the form of documenting the functions of the Case manager.

Case managers jointly discuss the form form documenting the function of the case manager using a number of sample forms that have been used in several hospitals, one of which was developed by Rahman A (2018) and still refers to the KARS case manager practice guide



consisting of Form A about Initial evaluation and Form B regarding Implementation Notes. The meeting was in the room of the Head of Nursing of Cilacap Regional Hospital and the participants consisted of the Head of Nursing, and 3 case managers.

3. Taking action stage

The results of the agreement are:

- d. Forms documenting the case manager function are formatted according to SNARS standard in the form of Form A and Form B
- e. The case manager function form is compiled according to SNARS standard and combined into an inseparable part in the form of the case manager function form and to facilitate the documentation by putting a checklist (✓).
- f. Each case manager has finished carrying out the case manager function on the patient, which is carried out by the case management system, and must sign and have a clear name

The case manager function form that has been mutually agreed upon is then proposed to the head of the medical record installation to be entered into the medical record form, for how to fill out the form in accordance with the instructions given in the workshop and the form consists of form A, namely initial evaluation and form B, namely notes implementation and may be modified by each hospital.

At this stage the researchers approached management to send 2 case managers to take part in training on case management, patient centered care and discharge planning to the Hospital Accreditation Commission (KARS), which was attended by participants from hospital representatives in Indonesia who were preparing for the SNARS Survey Edition 1 The training was conducted for 2 days in Jakarta and used funding sources from the Cilacap Regional Hospital. Materi of the patient service manager workshop in the national standard hospital Edition 1 held in Jakarta were patient care in patient centered care, integrated patient care, role and function of case manager / MPP, the case management system / MPP management. Instructions on filling in the case manager function documentation, patient discharge planning / discharge planning, patient rights in service in SNARS edition 1 and patient rights in service

4. Evaluating action stage

In this stage all case managers have received training on the case management system, patient centered care and discharge planning and the case manager document form is available then a case manager document study is done filling out the case manager function documentation form completely or not. Researchers gave questionnaires to patients treated in the Dahlia, Kenanga and Wijayakusuma rooms with a diagnosis of ischemic stroke to determine the respondent's initial condition. In the period from 8-20 May 2019 for the planning action stage / before patients with diagnosed ischemic stroke who met the inclusion criteria, 10 patients were found. And the evaluating action stage / after starting June 3-16 also found 10 patients who met the inclusion criteria

Based on research that has been done, the highest incidence of ischemic stroke occurred at age > 55 years in the previous stage was 6 patients (60%) and in the stage after 7 patients (70%). Men have more ischemic strokes with a percentage of 60% in both the before and after stages. Based on the history of the disease, ischemic stroke patients who experience Diabetes mellitus in the stage before as many as 3 patients (30%) in the after stage ie 2 patients (20%). While the history of experiencing hypertension in the stage before as many as 6 patients (60%) in the stage after 7 patients (70%). Research respondents who had GCS scores with good interpretation in the before and after stages were 8 patients (80%).

5. CONCLUSIONS

After training on case management systems, Patient Centered Care (PCC), discharge planning and implementing a case manager function form, the case manager function becomes easier and structured. Readiness of patients facing return in ischemic stroke patients increases after optimizing the case manager function.

It should be considered to increase the number of case managers by involving the medical profession as a case manager. Monitoring and evaluating the case manager function through the case manager function form and the readiness of patients to face return is carried out on a scheduled basis. It should be considered to implement evaluation and monitoring of patient readiness to face return in cases of chronic diseases and other complex diseases. It is necessary to coordinate with the District Health Office and PPK 1 to follow up stroke patients Further research is needed to measure the optimization of the case manager function with length of stay, hospital cost and readmission rate.

6. REFERENCE



- [1] KARS (2017) '*Panduan Praktik Manajer Pelayanan Pasien-MPP di Rumah Sakit (Case manager)*', 2nd.
- [2] CMSA, 2010 (2010) 'Standards of Practice for Case Management The Evolution of the Standards The Definition of Case Management Philosophy and Guiding Principles Case Management Practice Settings Standards of Practice for Case Management, Revised 2010 © CMSA Standards of Prac', pp. 1–27. Available at: www.cmsa.org.
- [3] Alfajri, N.Z, Sugiarsih and Nurmastuti, H. (2017) '*Implementasi Case Management System di Rumah Sakit*', UGM Press, Yogyakarta
- [4] Coghlan D and Brannick T. 2005 *Doing Action Research in Your Own Organization*, London : Sage Publication
- [5] Lumenta (2017) 'Personalized medicine patient'
- [6] Eeden et al., 2012 (2012) 'The economic impact of stroke in The Netherlands : the € -restore4stroke study', *BMC Public Health*. BioMed Central Ltd, 12(1), p. 122. doi: 10.1186/1471-2458-12-122.
- [7] Badan Penelitian Dan Pengembangan, 2013 (2013) '*Riset Kesehatan Dasar*'.
- [8] PFC, 2010 Improving quality and safety by focusing care on patients and consumers Discussion paper Draft for public consultation.
- [9] Norris, SL et al. (2002) 'The Effectiveness of Disease & Case Management',
- [10] Pudiastuti, Ratna Dewi (2011) '*Penyakit Pemicu Stroke*', Nuha Medika Yogyakarta
- [11] SNARS, 2017, Standar Nasional Akreditasi Rumah Sakit Edisi 1
- [12] Weiss. M.E et al., 2007 Perceived Readiness for Hospital Discharge in Adult Medical-Surgical Patients
- [13] Wolf, D.M. (2007) '*Effect of Patient Centered Care on Patient Satisfaction at Hospital Discharge*'. UMI Dissertation Publishing