

Implementation of Case Management in Improving Quality of Service in Islamic Hospital Purwokerto (Case Study Patient DM Type II)

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ABSTRACT

Quality service is a service based on Patient Center Care that requires integration and coordination of various care providers. Lack of communication, coordination and collaboration between caregivers and dissatisfaction of patients can affect the quality of service. To find out communication, collaboration, coordination and satisfaction of care givers and patient satisfaction by using Case Management implementation. This research is a qualitative research using Action Reaserch method. The tools used in the study used interviews. The results of the study before the implementation of Case Management 3 of 4 Case Managers said that (communication, coordination and collaboration) the care giver was still lacking, and was not satisfied in providing services, and 3 patient respondents said they were not satisfied with inpatient services. After the Case Management implementation, 5 of the 6 Case Managers said (communication, coordination and collaboration) had increased more than before, and were satisfied in providing services to patients in inpatient installations. While for respondents with patient satisfaction (case study of DM patients), 11 of 15 patients said they were satisfied, 4 patients said they were not satisfied with the service. The implementation of Case Management carried out in inpatient installations is able to improve the quality of service (communication, coordination, and collaboration) of the care givers and increase the satisfaction of officers in providing services to patients inpatients, and provide patient satisfaction while getting services in hospital inpatient installations islam purwokero.

Kata Kunci:

Case Management

Case Manager

Collaboration

Pelayanan yang bermutu merupakan pelayanan berdasarkan Patient Centre Care yang membutuhkan integrasi dan koordinasi dari berbagai profesi pemberi asuhan. Kurangnya komunikasi, koordinasi, dan kolaborasi pemberi asuhan serta ketidakpuasan pasien dapat mempengaruhi mutu pelayanan. Untuk mengetahui komunikasi, kolaborasi, koordinasi dan kepuasan pemberi asuhan serta kepuasan pasien dengan menggunakan implementasi Case Management. Penelitian ini merupakan penelitian Kualitatif menggunakan metode Action Reaserch. Alat yang digunakan dalam penelitian menggunakan wawancara. Hasil penelitian sebelum dilakukan implementasi Case Management 3 dari 4 Case Manager mengatakan bahwa (komunikasi, koordinasi dan kolaborasi) pemberi asuhan masih kurang, dan belum puas dalam memberikan pelayanan, dan 3 responden pasien mengatakan belum merasa puas dengan pelayanan di rawat inap. Setelah dilakukan implementasi Case Management, 5 dari 6 Case Manager mengatakan (komunikasi, koordinasi, dan kolaborasi) lebih meningkat dibandingkan sebelumnya, serta merasa puas dalam memberikan pelayanan kepada pasien di instalasi rawat inap. Sedangkan bagi responden dengan kepuasan pasien (studi kasus pasien DM), 11 dari 15 pasien mengatakan sudah puas, 4 pasien mengatakan kurang puas dengan pelayanan. Implementasi Case Management yang dilakukan di instalasi rawat inap mampu meningkatkan mutu pelayanan (komunikasi, koordinasi, dan kolaborasi) para pemberi asuhan serta meningkatkan kepuasan petugas dalam memberikan pelayanan kepada pasien di rawat inap, dan memberikan kepuasan pasien selama mendapatkan pelayanan di instalasi rawat inap rumah sakit islam purwokero.

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INTRODUCTION

Coordination in providing patient care in hospitalization is one factor in improving service quality.

Integrated services refer to the coordination of several services that suit the needs of patients and their families by collaborating with all care givers. The aim is to meet the

needs and sustainability of health services and improve service provider satisfaction and patient satisfaction. Integrated services will provide satisfaction for patients and families, and can have a positive impact on the organization and service efficiency and improve the quality of service providers.

Interprofessional collaboration as an important component in patient safety has high quality in providing patient-centered care services¹. Constraints that occur in the field is that communication between health teams is not fully run in terms of time and commitment that has not been one vision². Effective communication between health teams is an important requirement in providing services to patients, especially patient-focused nursing services³.

Patient-focused services require caregivers to work with patients and teams to determine an integrated care plan, through the coordination of all health workers not only the relationship of doctors and patients personally. This is to determine the purpose of the treatment to obtain a quality, effective and efficient results. Integrated services and coordination are efforts to fulfill patient needs related to services obtained so that the outcomes obtained are patient satisfaction.

Patient satisfaction is the assessment of patients when they feel the services provided by caregivers or health workers and compared with patient expectations. Good service quality will affect the satisfaction felt by patients and families, thereby increasing the trust of patients and their families to the hospital³. The patient's dissatisfaction during hospitalization is influenced by various factors such as lack of medical personnel communication, non-fulfillment during treatment, lack of inter-professional coordination in the treatment plan, and much more. In principle, improving the quality of services is to meet the needs of patients, measure and assess the services provided, improve service processes, and improve the quality of service providers, communication and coordination so as to produce quality service outcomes, professional outcomes and outcomes economically⁴.

For that hospital needs to do a way or strategy for services provided to patients can meet the needs of patients and families in a comprehensive way through communication and coordination to achieve effective results. One of the models of care is to use Case Management implementation. Case Management is an intervention strategy used to deliver sustainable services, coordinate health services, and coordinate with other professions for the sustainability of patient care⁵. Case Management is a collaborative process of assessment,

planning, facilitation, coordination of care, evaluation and advocacy for options and services for the fulfillment of the needs of patients and their families, through communication and available resources to produce quality outcomes at cost-effective⁶.

Case management is applied to patients who experience chronic conditions in order to improve access, communication, coordination and involvement in better health care decision making⁷. Case Manager is generally responsible for inter-professional coordination and continuity of patient care during hospitalization, increasing service continuity, patient satisfaction, and quality control and costs⁸. Case Manager collaborates in providing effective and efficient health services to patients. In collaborating a Case Manager must be able to play an active role as a liaison between patients and doctors and other health workers in providing care to patients to produce quality services based on patient center care. Case Manager is a hospital professional who carries out patient service management. Case Manager conducts service processes ranging from assessment, planning, coordination facilitation care, advocacy, and evaluation on the service process and comprehensive and patient fulfillment of patient and family needs, through communication and human resources available to produce quality and cost effective outcomes⁹.

Purwokerto Islamic Hospital is one of the health service institutions that provide health services to the community, either Emergency Room, Outpatient or Inpatient. Purwokerto Islamic hospital has a vision that is to become a "patient-centered patient-centered hospital with priority to quality and patient safety". This vision is certainly an encouragement for owners and employees and management in terms of improving the quality and quality of service based on patient center care in accordance with the standards set by the Hospital Accreditation Commission. The service process in the inpatient room itself experienced several obstacles, especially collaboration between health workers in providing care to patients. The number of complaints that patients convey regarding inpatient services such as doctor's visa delay, service process ignorance, lack of coordination and collaboration of care givers and lack of integrated care planning processes make patients feel less cared for. This is supported by the lack of an integrated notes sheet, in CPPT there are still many professions such as doctors, nurses, nutritionists, pharmacists and others still not active in documenting integrated care plans. So that the patient care plan looks like a routine activity and therapy.

Therefore the purpose of this study is how communication, coordination and collaboration of care givers can run well, and increase satisfaction for officers and patients by using Case Management implementation conducted by a Case Manager in DM II patients at Purwokerto Islamic Hospital.

Table 1. The theoretical framework



RESEARCH METHOD

This study uses qualitative methods with the design of Action Research. Action research research is one form of research design, in which the researcher describes, interprets and explains a social situation at the same time by making changes or interventions for the purpose of improvement or participation. In this study the tool used was to use interviews. This research will be conducted at Purwokerto Islamic Hospital in December 2017. The sample used is Case Manager room that performs Case Management implementation and patient with Diabetes Mellitus diagnosis at inpatient installation on 8 March until 30 March 2018.

The variables in this study are the Implementation of Case Management, Collaboration and Satisfaction of the caregiving team and patient satisfaction.

The operational deviation on the variables is Implementation Case Management is a collaborative process of assessment, planning, facilitation, coordination of care, evaluation and advocacy for service options for fulfilling the needs of patients and their families comprehensive, through communication and available resources to produce outcomes, quality with cost-effectiveness⁶. Professionals who can do Case Management are called Case Managers. A Case Manager is the one who will perform the management of the service, responsible for the implementation of service programs, and evaluation of

patient care during the inpatient, by doing standard practice Case Management⁶ :

1. Identification of patients
2. Assessment / assessment
3. Planning / planning
4. Implementation
5. Evaluation
6. Transition

That standard is then translated into Case Manager's activities in implementing Case Management in hospitalized patients. Operational definition of caregiver collaboration is the process by which case management providers facilitate optimal achievement of patients and desired outcomes during treatment through communication and coordination with various care providers and other health care networks¹⁰. The next operational definition is patient satisfaction. Patient satisfaction is a level of patient feeling that arises as a result of the performance of health services obtained after the patient compares it to what is expected¹¹.

In the study the tool used was an interview. Interviews are a means of re-checking or verifying information or information obtained previously. The interview technique used was in-depth interviews. In-depth interviews are the process of obtaining information for the purpose of research by questioning and face-to-face manner between the interviewer and the informant or the interviewee, with or without using the interview guide.¹².

Researchers here conduct interviews with Case Manager to find out changes (communication, coordination and collaboration) of care givers before and after the implementation of Case Management, as well as assessing caregiver satisfaction and satisfaction of DM patients in inpatient installations.

RESULT AND DISCUSSION

Cycle 1

In the first cycle phase the researcher observed the existing service problems inpatient by observing, and interviewed 4 Case Managers on February 6, 2018 regarding communication, coordination, collaboration in service and satisfaction of service providers, then the researcher interviewed patient satisfaction in an inpatient installation with 3 different respondents diagnosed with a diagnosis of Diabetes Mellitus, Post Hernia and Hypertension OP. The Case Manager who was interviewed was in the room; 1 in As-Sakinah, 2 in Ar-Rahman, and 1 in As-Salam. Patients who were used as initial respondents

to see patient satisfaction was diagnosed with Diabetes Mellitus, Post Hernia and Hypertension OP because of length of stay more than 3 days.

Based on the results of the interviews before Case Management 3 of 4 Case Manager implementation said that communication between service providers in the inpatient installation was still lacking and did not feel satisfied in providing services to patients, especially in inpatient installations. They also said that at this time they had not implemented the Case Management model in the maintenance process because they still did not fully understand the process and flow that was in accordance with the standards. Next the researcher conducted an interview on the same date with 3 inpatient respondents to assess patient satisfaction. The results of the interview said that while undergoing treatment they were not satisfied, there were officers who were less friendly and lacking in giving explanations about the disease.

After conducting interviews the researchers plan to convey the problems in the service and plan the implementation of Case Management to the hospital management to overcome the problems that exist in the inpatient service. On February 21, 2018, the researcher faced the management to convey the problems that existed to (Director, Head of Human Resources, Head of Services, head of nursing). Based on the meeting with management and researchers agreed to implement Case Management in patients hospitalized with the hope that case management carried out by Case Manager can improve quality, communication, collaboration and coordination, and minimize patient complaints in inpatient services.

After meeting with hospital management, researchers conducted a meeting with Case Manager and other caregivers (6 Case Managers, 1 Doctor, 4 Nurses, 1 Pharmacist, 2 Nutritionists, and 1 Physiotherapist) to discuss Case Management implementation plans in inpatient installations to improve service quality. The discussion was held on March 1, 2018 in the Islamic Education purwokerto training room. Based on the discussion, the results of the Case Management implementation plan will be carried out on Diabetes Mellitus patients in inpatient installations in 3 rooms, namely (As-Salam, As-Sakinah, Ar-Rahman).

In the first cycle, the researcher completed the evaluation results, namely the problem had been conveyed to the hospital management and the implementation of Case Management in the inpatient installation, in three rooms. Case Manager and service providers are ready to implement Case Management in DM patients in inpatient installations.

Constraints in the first cycle of Case Manager still do not understand how the Case Management implementation process is to improve communication, and coordination of service providers.

Cycle II

The second cycle was held on March 5, 2018. At this stage mini workshops and discussions were attended by 6 room managers, 2 doctors, 6 nurses, 2 nutrition and 1 pharmacy. In the workshop session and discussion the researcher explained how the implementation of Case Management, the duties and functions of each of the care givers, and the technical matters in the field during the implementation of Case Management of DM patients in inpatient installations. In this activity the researchers display Form A and B which will be used by Case Manager room. This Case Management implementation form consists of 3 items, namely (Case Manager Assessment Form, Screening Case Manager Form, and Note Case Manager Progress Form). This form will be used by Case Manager to implement Case Management in DM patients.

When the Case Manager of the room implements Case Management using Form A and B must coordinate with other PPAs in determining the treatment plan according to the needs that will be given to DM patients. The other PPAs are tasked with providing care to patients according to joint plans, and documenting what is done on an integrated note sheet so that the expectations of the services provided to patients are as needed. The implementation of Case Management began to be applied to DM patients at the inpatient hospital of Islamic purwokerto. On March 5 to March 30 2018 on 15 patients in the inpatient installation (As-Salam, As-Sakinah, Ar-Rahman), with details of 4 patients in the As-Salam room, 6 Patients in the As-Sakinah room and 5 patients in the room The beneficent.

After Case Manager began to implement Case Management in 15 DM patients in the inpatient installation there were obstacles namely the technical implementation of Case Management using form A and B in DM patients in the room. Then the researcher conducted a discussion and 6 Case Managers to overcome the obstacles in the Case Management implementation process by making guidelines for filling out Forms A and B to facilitate the implementation of Case Management. After finalizing the guidelines used, the researcher submits to the home director to create a Case Management implementation policy using Form A and B.

Cycle III

After Case Manager implements Case Management on 15 DM patients assisted by other PPAs, at the 3rd cycle stage researchers conduct observations of the constraints during the course of the activity process, how communication, collaboration and coordination of service providers in providing care using Case Management models in inpatient installations and service provider satisfaction and satisfaction of DM patients who get a Case Management model.

Then the researchers conducted interviews with 6 Case Manager and interview with 15 patients after they got service using Case Management model. Based on the results of interviews with 6 Case Managers in the room after the implementation of Case Management in DM patients, 5 Case Managers in the As-Salam and As-Sakinah rooms and Ar-Rahman said that communication was better between nurses and doctors in providing services to patients, inter-professional coordination and collaboration are also increasing in performing care plans and are satisfied in providing services. 1 Another Case Manager said the communication was going well, but there were still problems when using the A and B forms because they were not used to it.

Then the researchers conducted interviews with 15 DM patients who received treatment with Case Management model, 11 of them said they were satisfied with the services provided by all officers, especially in inpatient installation, and 4 of them said less satisfied with the service, one of them because officers those who are less friendly, explanations of unclear diseases and delays in visiting a doctor.

Table 2. Characteristics of Case Manager Respondents

CHARACTERISTICS OF RESPONDENTS	Σ	%
Age (Year)	1	10%
1. 20-30 years	5	90%
2.> 35 years		
Gender	2	40%
- Man	4	60%
- women		
Education		
- Specialist	-	50%
- S1 Doctor	3	
- S1 Nursing	-	50%
- D3 Nursing	3	

Table 3. Characteristics of Respondents of DM Patients

CHARACTERISTICS OF RESPONDENTS	Σ	%
1. Age (Years)		
- 20-30 years	0	0%
- > 35 Years	15	100%
Gender		
- Man	1	10%
- women	14	90%
Education		
- elementary school		
- junior high school	8	50 %
- high school	4	30%
	3	20%
	-	

Discussion

Before Case Management Implementation

From the results of the study before the implementation of Case Management in inpatient installations obtained data that 3 out of 4 Case Managers said communication and coordination between service providers in the inpatient installation were lacking, not satisfied in providing services to patients, especially in inpatient installations and not yet applying Case Management model. The results of the interview data of patient satisfaction during treatment before the implementation of Case Management said that they were not satisfied, because the officers were less friendly and lacking in giving explanation about the disease.

Communication, collaboration and service coordination are things that must be done by all officers who provide care to patients. Even though the hospital already has 6 Case Managers but the hospital has not implemented Case Management implementation in the treatment process in the inpatient installation. The implementation of Case Management has not been carried out because there is no standard form and has not understood the process. This is evidenced by the lack of communication between service providers, in addition to the lack of communication, coordination and collaboration between officers in determining the treatment plan to make the service incorrectly provided to patients, this case was said by the Case Manager that inpatient services are still

limited to regular routines and less attention to patient satisfaction and family.

Based on the data of service provider satisfaction 3 of 4 Case Manager said not satisfied in providing services to patients. While the satisfaction data of inpatient respondents 3 respondents said that they were not satisfied with the services they received during their hospitalization. Patient satisfaction with service is an absolute thing that must be met by nurses because one indicator of quality assurance of a hospital is a satisfied statement from the recipient of the service (patient). This dissatisfaction is due to the lack of communication of officers who provide services to patients, so that the first impression of a meeting between a nurse or doctor and the patient is less open, especially in an inpatient room. This is evidenced by the patient's statement stating that there are nurses who are less friendly, lack of education, and doctors who do not visit so that a lot of information cannot be obtained by patients and families. The thing that must be done by Case Manager is to communicate with other care providers in determining the treatment plan for patients by using the Case Management implementation form.

Case Manager collaborates in providing effective and efficient health services to patients. In collaborating a Case Manager must be able to play an active role as a liaison between patients and doctors and other health workers in providing care to patients to produce quality services based on patient center care and prioritize the satisfaction of service providers and patients¹³. Patients will feel satisfied if the performance of health services obtained is the same or exceeds their expectations and vice versa, dissatisfaction or feelings of disappointment of patients will arise if the performance of the health services obtained is not in line with their expectations. Most feel dissatisfied because of the lack of communication between nurses or doctors, unclear education, slow service and unfriendly officers¹⁴. Accurate level of patient satisfaction is needed in efforts to improve the quality of health services. Therefore, measuring the level of patient satisfaction needs to be done periodically, regularly, accurately, and continuously¹⁵.

After the implementation of Case Management

After Workshop on Case Management implementation to Case Manager room and PPA in Islam purwokerto hospital, communication, collaboration and coordination of officers in providing services to DM patients increased, 5 Case Managers in the As-Salam and Asakinah rooms and Ar-Rahman said that communication

is better intertwined between nurses and doctors in providing services to patients, coordination and collaboration between professions also increases in treatment plans and feels satisfied in providing services, one Case Manager said communication had gone well, but there was still constraint when using form A and B because not yet accustomed.

For the satisfaction of 15 DM patients after obtaining Case Management implementation, 11 of them said they were satisfied with the services provided by all existing staff, especially in the inpatient installation, and 4 of them said they were not satisfied with the service, one of them was because the officers were not friendly, explanation of unclear diseases and delay in visiting doctors.

This shows that the quality of hospital services, especially in hospitalization is increased because it can provide satisfaction in patients. The existence of good cooperation between service providers in setting service plans also determines the results of the services provided to patients, so that they can have a good impact on both the officers and patients.

Communication is an individual's effort to maintain and maintain individuals to continue to interact with others and important components in nursing practice. Communication is an effective tool to influence human behavior, so that communication is developed and maintained continuously. Case Manager works very closely with the patient so that together with the patient plans a treatment to suit the needs of the patient and achieve goals that are patient preference¹⁶. Case Manager collaborates in providing effective and efficient health services to patients. Case Manager is generally responsible for inter-professional coordination and continuity of patient care during hospitalization, increasing service continuity, patient satisfaction, and quality control and costs.

In implementing Case Management, a Case Manager must be able to become a liaison, and always communicate and coordinate to meet patient needs so that the services provided to patients produce good quality, patient satisfaction and service providers. Strategies or ways to implement Case Management by using Case Management standard practices that will be carried out by Case Manager. Case management models led by Case Manager are able to realize health services based on patient centered care. The case management process consists of Assessment, Planning, Implementation, Coordinating, Monitoring and evaluating. Case Management is an assessment process, planning, implementing and evaluating patient services through coordination and communication carried out by

a Case Manager in the care process to obtain effective and efficient output.

Case Manager is the liaison between the patient and the other caregivers by using Forms A and B in an effort to fulfill the needs, communicate and coordinate so that the services provided to patients are as needed and provide satisfaction to patients and officers.

CONCLUSION

Cycle 1 found problems in inpatient services based on the results of observations and interviews with 4 Case Manager rooms before the implementation of Case Management showed that communication, coordination and collaboration of care givers were still lacking, so there were still many patient complaints related to inpatient service. 3 of the 4 Case Manager people said they were not satisfied with the service at the inpatient installation, from the results of interviews with 4 Case Managers the room had not done a Case Management model in the maintenance process because they still did not fully understand the process and flow that was in accordance with the standard and there was no specific format. From the interview results of patient satisfaction before the implementation of Case Management 2 out of 3 patients said they were not satisfied with the services obtained. Presenting a summary of findings, implications, limitations and research suggestions sequentially.

Cycle 2 researchers held workshops and discussions on the implementation of Case Management and its implementation techniques in improving communication, coordination and collaboration of service providers. In this cycle researchers and respondents 6 person Case Manager room to make guidelines used for the implementation of Case Management and submitted to the director of the hospital Draft policy implementation Case Management using Form A and B.

Cycle 3 after Case Management implmentation, the researcher conducted interview with 6 Case Manager, 5 Case Manager in As-Salam room and As-sakinah and Ar-Rahman said that more intense communication was established either between nurse and doctor providing services to patients, coordination and collaboration among professions are also increasing in carrying out care plans and being satisfied in providing services. The results of interviews with 15 patients 11 of them said they were satisfied with the services provided by all officers, especially in inpatient installation, and 4 of them said less satisfied with the service, one of them because the officers

are less friendly, the explanation of ill-defined illness and delay visit doctor. Limitations in this study are; The instrument used is pure interview so the result is less satisfactory.

Research suggestion are: For Purwokerto Islamic Hospital; From the results of this study, the hospital has a program to improve service quality by implementing Case Management in patients in inpatient installations. For the care giver profession This research can be used as a consideration for the development of communication, collaboration and coordination between professions in improving the quality of care for patients. For Further Research: The results of this study can be used as future reference material in research related to the implementation of Case Management in improving service quality through different methods so that it will explore more accurate data.

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