Evaluation of Discharge Planning Implementation in Pamekasan Hospital

Wahyu Darnanik, Nursalam, Soenarnatalina Melaniani
1Master Student in Faculty of Nursing Universitas Airlangga Surabaya
2Dean in Faculty of Nursing Universitas Airlangga Surabaya
3Lecturer in Faculty of Public Health Universitas Airlangga Surabaya
weeeyou@gmail.com

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Abstract: Background: Discharge planning is a systematic planning process begun from patient admission until discharge from hospital. Nowadays, discharge planning done by nurses has been very limited in check up information and was given in predischarge only. The objective of this study was to identify the implementation of discharge planning. Method: An explanatory descriptive with cross sectional was employed in this study. Population was all nurses in Mohammad Noer hospital and As Syifa hospital Pamekasan, sample comprised of 102 respondents, determined using purposive sampling. Result: The result showed that 62 respondents (60,78%) was less in discharge planning when the patients is hospitalized, 65 respondents (63,73%) was less in discharge planning during the patients in caring and 54 respondents (52,94%) was enough in implementing discharge planning. Conclusion: The findings indicate a recomendation for nursing staff to arrange the manual procedure for implementation of discharge planning and held a training about professional nursing care model.

1 BACKGROUND

Discharge planning considered as one of the most important thing in medical service recently. Discharge planning is a planning process that systematically started from admission until patient discharged from hospital. It must be concentrated in patient’s problem which are preventive, rehabilitative, and nursing care that aim to prepare client and family understanding the disease and it’s post discharge treatment at home, furthermore it can describe the patient’s need and reassure future reference if it’s needed. Nowadays, discharge planning done by nurses has been very limited in check up information and was given in predischarge only. The most happening phenomena is discharge planning was only done when patients admitted to hospital and when patient’s hospitalized. Health education given to patient was not fully well implemented due to patient want to go home as soon as possible, it can make a miscommunication between patient and family. An easier standard in discharge planning implementation is needed in order to make a better discharge planning implementation in Pamekasan hospitals. Public Hospital Mohammad Noer and As Syifa Pamekasan hospital as health service stakeholder should run MAKP which one of its component is discharge planning. Effective discharge planning can be done with education and training efforts for nurses and system changes. Nurse education and training aims to improve the nurse's attitude towards discharge planning and will impact on all units (Suzuki et al., 2012).

Research on discharge planning by (Hariyati, Afifah, & Handiyani, 2008) in Indonesia has been done and the result is 36% of nurses have not implementing discharge planning; 56% of those implementing discharge planning not based on structured planning and client needs assessment; 84% of nurses have no SAP in carrying out the
Discharge planning and 24% of nurses said the learning media is inadequate for the implementation of discharge planning, thus causing obstacles in carrying out a good discharge planning. The most common barriers to discharge planning identified are lack of time from nurses and client factors. Clients are most dissatisfied with the information provided by the nurses about what is allowed to be done or should be avoided after being discharged (Ubbink et al., 2014). Discharge planning systematically conducted according to standard can make it easier for clients to follow directions and self-care guidance after discharge (Holland & Bowles, 2012). From the data it can be concluded that nurses have an important role in improving the behavior of clients with discharge planning implementation.

Data collection on discharge planning at Mohammad Noer Pamakasan Hospital was conducted by researcher in September 2017 at Mohammad Noer Pamakasan Hospital by observation and interview. The results of interviews with the coordinator of the nursing service department was the ineffectiveness of discharge planning is a long-standing problem. Discharge planning manual procedures were not yet available starting from client’s admission, as long as the client is admitted and on the day of discharge. Nurses who have attended MAKP training (model of professional nursing care) are only 5 nurses (6.7%). The result of the interview with the head of inpatient unit 2 was that the nurse actually knew that the discharge planning is not only during the day of discharge. The results of interviews with 6 of the 20 nurses (30%) of 6 nurses stated that sometimes they do not have time to provide health education because of many activities must be done on the client and the factors of the clients themselves who rushed to go home. Implementation of discharged planning was not optimal which only 3 nurses (15%) gave discharge planning when client enters and 4 nurses (20%) gave discharge planning during care. The result of the observation of the discharge planning format in the Inpatient Unit of Mohammad Noer Hospital was that there was only the client control sheet and none of the rooms have manual procedure of discharge planning, and the leaflet for the client control.

Discharge planning can reduce the client’s length of stay, prevent recurrence, improve client health conditions, lower client family burden, and reduce mortality and morbidity. Nurses have a major role in providing discharge planning, so nurses need to have knowledge of the purpose and benefits of discharge planning.

The purpose of this study was to identify the implementation of discharge planning. Implementation of this discharge planning will be identified both in general and sub-variables of discharge planning.

2 METHODS

This research is a descriptive explanatory research with the design of this research is cross sectional. The sample of controlled study using inclusion and exclusion criteria was 102 respondents. The inclusion criteria in this study were nurses who worked at Mohammad Noer and As Syifa Pamakasan hospital and were willing to be respondents. The exclusion criteria in this study were the head of room and the deputy head of the room, the nurse who was on leave, the study and the sick. Mohammad Noer and As Syifa hospital were chosen because the public hospital is both class D.

Researchers modify and develop research instruments in the form of questionnaires by testing content and construct validity to experts in the field of nursing management. The next stage, researchers tested the instrument to 20 respondents in the hospital who have similar characteristics of respondents and criteria outside the respondents who will be examined. The validity test results obtained that the questionnaire has a correlation coefficient of 0.536-1 and reliability coefficient of 0.761 with 35 items statement.

Data collection began with researchers submitting research licensing letters to the Director of Mohammad Noer Hospital and As Syifa Hospital. The data collection stage can be carried out, after the research permit letter from Mohammad Noer and As Syifa Pamakasan hospital has been released. The next step is the researcher to meet the head of the nursing department to explain the informed consent and the research procedure to be performed, then the researcher meets the chief of the room to explain the informed consent. Researchers distributed questionnaires to each head of space in accordance with the number of samples taken and the researchers took the questionnaire that has been filled by respondents 1 week after the questionnaire to the respondent.

The researchers conducted a univariate analysis after the data were collected. This analysis aims to see the frequency distribution and proportion of data. Univariate analysis used by researcher to see distribution frequency of discharge planning in general and sub variable.
3 RESULT

The univariate analyzed data is the distribution of frequency of discharge planning implementation when the client is admitted to hospital, during treatment and on the day of client return. The results of this study are as follows:

Figure 1 shows that as many as 39 people (38.24%) of respondents sufficient in implementing discharge planning in RSU Pamekasan but it was not optimally implemented.

Table 1 shows that as many as 40 people (39.22%) of respondents are sufficient in implementing discharge planning stage when the client is in hospital, as many as 37 people (36.27%) sufficient respondents in carrying out the stages during client in care and as many as 54 people (52.95%) sufficient respondents in implementing the discharge planning stage that is on the day of patient discharge in RSU Pamekasan.

Tabel 1: Frequency Distribution of Discharge Planning Implementation in Pamekasan Hospitals on February 2018 (n=102)

<table>
<thead>
<tr>
<th>Discharge Planning Implementation</th>
<th>Amount</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In Patient Admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Well</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b. Sufficient</td>
<td>40</td>
<td>39.22</td>
</tr>
<tr>
<td>c. Less</td>
<td>62</td>
<td>60.78</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100</td>
</tr>
<tr>
<td>2. During treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Well</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b. Sufficient</td>
<td>37</td>
<td>36.27</td>
</tr>
<tr>
<td>c. Less</td>
<td>65</td>
<td>63.73</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100</td>
</tr>
<tr>
<td>3. On the day of discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Well</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b. Sufficient</td>
<td>54</td>
<td>52.94</td>
</tr>
<tr>
<td>c. Less</td>
<td>48</td>
<td>47.06</td>
</tr>
<tr>
<td>Total</td>
<td>102</td>
<td>100</td>
</tr>
</tbody>
</table>

4 DISCUSSION

Most of the nurses at Mohammad Noer and As Syifa Pamekasan hospital less in implementing discharge planning. The results of research on the implementation of discharge planning shows that most nurses in conducting discharge planning only perform stages on the day of discharge only.

The results of research conducted (Graham, Gallagher, & Bothe, 2013) states that the nurse’s adherence to the policy of discharge planning is still low for about 23%. Other studies have also pointed out the major obstacles in discharging planning centered on poor planning and communication between medical officers and clients, as well as inadequate human resources (Morris, 2012). The nursing staff considered the discharge planning session to be stressful, time consuming and marked lack of respect between nursing staff (Hofflander, Nilsson, Eriksén, & Borg, 2013). Implementation of discharge planning needs improvement in the communication aspect between the client / family and the care team, as well as through the nurse’s knowledge of the doctor handling the client and
anticipating the client’s return date (New, Mcdougall, & Scroggie, 2016).

This study shows the results where most of the nurses are less than optimal in discharge planning. The discharge planning stage at the time the client enters the hospital includes nursing care and assessment of each client’s needs. As many as 62 nurses less performing stages when the client entered the hospital and as many as 65 nurses less in performing the stages as long as the client was treated as well as 54 nurses quite well in implementing discharge planning.

Implementation of discharge planning includes information on follow-up care at home, physical activities at home, and health care facilities around the house, help prepare for returning clients, and note the return of clients. Minor discharge planning details such as informing of control schedules, medications to be taken, permissible activities, and nutrition that is not good to consume for clients at home should be kept in place. It will also affect the increasing number of risk of recurrence and return of clients to the hospital (Pellett, 2016).

Implementation of discharge planning in Mohammad Noer and As Syifa Pamekasan hospital 2018 in general is still less than optimal in its implementation. This is because part of the discharge planning phase is sometimes ignored by the nurse. Based on this, then the risk of the number of clients returning to the hospital with the same complaint or recurrence will increase.

5 CONCLUSIONS

This research concluded that in general as many as 63 respondents (61.76%) less in conducting discharge planning. The results of this study indicate that the discharge planning is not optimally implemented.

Suggestions for the hospital to conduct training and facilitate to attend workshop on discharge planning for nursing profession and also need to monitor discharge planning implementation in order to be implemented properly. For the next researcher to do research on the analysis of factors that affect the implementation of discharge planning.

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REFERENCES


