

ANALYSIS OF HEALTH PERCEPTION AND THE FUNCTION CASE MANAGER FOR COMPLETION OF COMMUNICATION FOR THE DEVELOPMENT OF INTEGRATED PATIENT CARE IN THE NON-SURGERY ROOM OF DR. M. DJAMIL PADANG 2016

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ABSTRACT

The changes in patterns of health care which focuses on the patient which requires all practitioners care providers including physicians, nurses and pharmacists nutritionists to establish a record form as an integrated implementation, which requires all of them to complete it. The results of the observation from the implementation of an integrated progress records in the room have not been implemented optimally yet. It can be found from some records of the progress notes of integrated patient which was incomplete. The incompleteness of the progress notes from integrated patient was found more in the progress records from pharmacist. It is the task of case managers in carrying out their functions and conditions in the room. At this time, the case manager function is not implemented optimally yet. The purpose of this study was to get know more about the perception of understanding of health personnel for case manager and the completeness of documentation of progress records from integrated patient in the room of Non Surgical IRNA in M. Djamil Padang. This study uses a mix method. The samples are all of health care staff includes 12 nurses, 3 doctors, 3 nutritionists, 1 pharmacist and 198 check documents with purposive sampling. This study uses observation sheets and interview guidelines. The results of quantitative research shows the progress notes of integrated patient was 83.3 % incomplete and Based on qualitative methods the result show that the function of case manager in the assessment of utility such as collecting and providing information, the planning function to create and do some intervention, the facilities function and an advocate in the form of complementary needs and work according to the standard, the coordination function of improving relations between disciplines, the evaluation function to carry out supervision and monitoring health and efficiency of case manager function of carrying out the functions of follow-up discharge planning Suggestions for this research is to socialize the role, duties and functions of case managers, and need to improve the career of case manager, so the health care implementation will be more optimal.

Keywords: *Case Manager, Integrated Care*

INTRODUCTION

The paradigm of health services has begun to change by focusing health care on patients. It no longer places one profession as a service center, but requires the integration of care from various service providers. Some forms of integrated care are documented by doctors, nurses, pharmacies and nutritionists.

Incomplete documentation in the treatment room according to Laitinen, Kaunonen & Astedt-Kurki (2010); Hariyati (2014), is because multidisciplinary health workers do not document their medical history and quality of life beforehand. According to a study conducted by Friberg, Bergh & Lepp (2006), inadequate documentation is due to a mismatch between the stages of the documentation process.

One of the tasks of *case managers* in carrying out integrated care documentation is to oversee record filling skills that are integrated by health professionals, doctors, nurses, pharmacists and nutritionists. According to KARS (2015). *Case Manager* is a hospital professional who runs outpatient service management, coordinates with health staff and patient families to comprehensively meet the needs of patients and their families through communication and available resources so as to provide quality results.

This study was conducted by Miculincher & Shaver, (2007) reported the seriousness of the head of the room in carrying out his duties as a case manager causing 46% of services in the room to be not conducive. Another study conducted by Mc Greehan (2005) reports that from many models that can be applied to embrace science (*multidisciplinary multidisciplinary*) is the model case manager.

Dr. M. Djamil Padang is the main referral hospital for the central Sumatra region. Currently Dr. RSUP M. Djamil Padang is a type B hospital plus those who have adequate facilities and human resources. In accordance with Law No.44 of 2009 article 40 paragraph 1, currently Dr. M. Djamil Padang is also preparing to pass the plenary session in a new accreditation so that Dr. RSUP. M. Djamil can become a type A hospital and national referral for various efforts to prepare for accreditation, including preparing the required documents in accordance with accreditation standards.

The initial survey conducted by researchers on August 26, 2015 at the Medical Record Hospital Dr. M. Djamil Padang, 23.4% of the 536 visits in July 2015 in the Non-Surgical IRNA room were returned from the spatial medical record because they filled in incomplete statuses. In some statuses, there are no names and signatures to fill in the progress notes found so that they cannot be accounted for. In 5 (five) statuses that researchers took randomly, no planning was found (P) to be done by a doctor. 3 (three) other statuses not found in the development notes made by nurses, and nutritionists with a note that the progress made by the doctor 3 (three) statuses of integrated patient development records is not filled by the pharmacist. By default, this integrated care must be filled at least once every 24 hours or when there is a change in the patient's condition, but on the status observed by the researcher, integrated care is only completed after 2 (two) days of patient care (Dr. M. Djamil Padang, 2015).

Based on interviews conducted by researchers with 2 (two) doctors who said that they did not know the functions of managers in integrated patient development records, 1 (one) doctor said that the case manager always checked the integrated patient development status records at night and morning day. service change. 3 (three) nurses said that the head of the ward as a case manager did not always see the completeness of the progress notes filled by nurses, 2 (two) other nurses said the head of the room only saw progress notes filled or not. Nutritionists said they did not know that integrated development records were examined by case managers, they filled out integrated development records because they were part of the main task.

Based on the above phenomenon, the researcher conducted a study on Perception Analysis of Health Functions on Function of *the Case Managers* and Complete Documentation of Records of Integrated Patient Development in Non-Surgical IRNA Spaces Dr. M. Djamil Padang 2016.

METHODS

Design of this study used a design *mixed method*. The research design *sequential explanatory* was carried out by conducting quantitative research methods first and continued with qualitative research in sequence.

The population in this study is quantitatively the development of integrated and qualitatively qualified health workers consisting of 26 doctors, 87 nurses, 3 nutritionists, and 1 pharmacist. The sampling technique was purposive sampling. Sample in quantitative research consists of 198 integrated patient development records in the Non-Surgical IRNA room. The number of participants in qualitative research was 6 health workers.

RESULTS

The results of this study describe the perception of health workers on the function *case manager* and the completeness of documentation of integrated patient development records in the room of Non-Surgical IRNA Dr. M. Djamil Padang. The research starts from June 2015 - May 2016. The results of this study are processed in accordance with the plans that have been established and data analysis is carried out quantitatively and qualitatively. Quantitatively, to see the frequency of completing documentation of integrated patient development records and qualitatively to see the

perception of health workers on the *case manager*.

Quantitative Results

Univariate analysis carried out to determine the frequency distribution of complete documentation of integrated patient development records is as follows:

Table 1: Frequency Distribution Completeness of Documentation of Integrated Patient Development Record in Non-Surgical IRNA RSUP Dr. M. Djamil Padang in 2016 (n = 198)

No	Integrated Patient Development Note	f	%
1	Incomplete	165	89.3
2	Complete	33	16.7
		198	100

Based on Table 1 above it can be seen that there is 165 (83.3%) documentation of development records integrated patients were incomplete and 33 (16.7%) documented complete integrated patient development records.

Table 2: Frequency Distribution Completeness of Documentation of Integrated Patient Development Records in IRNA Non-Surgical RSUP Dr. M. Djamil Padang 2016 (n = 198)

Note Integrated Development Patient	Health Manpower							
	Nurse		Physician		Nutrition		Pharmacists	
	f	%	f	%	f	%	f	%
Complete	140	70.7	127	64.1	190	96	78	39.4
Incomplete	58	29.3	71	35.9	8	4	120	60.6

From Table 2 above shows that the distribution of health workers in completing documentation of the development of integrated patients is the most incomplete pharmacy, namely 120 pieces (60.6%) while for nurses 29.3%, doctors 35.9%, and Nutrition 4%.

Table 3: Frequency Distribution Completeness of Documentation of Integrated Patient Development Records in IRNA Non-Surgical RSUP Dr. M. Djamil Padang in 2016

Integrated Patient Development Notes	Room							
	IP		IW		HCU		PETRI	
	f	%	f	%	f	%	f	%
Complete	1	16.9	7	12.1	2	22.6	3	13.6
Not Complete	4	83.1	1	87.9	1	77.4	9	86.4
	5	100	8	100	3	100	2	100

From Table 3 above it can be seen that the distribution of complete documentation of integrated patient development records is at most incomplete in women's internal rooms, namely 54 (87.9%) whereas for Petri 86, 4%, Male Interne 83.1% and HCU 77.4%.

The Results Qualitative

The study analyzes the transcripts which are then made as an interview matrix and supplemented by fieldnotes. The themes found in this study are related to the perception of health workers on the function in case manager the room of Non-Surgical IRNA RSUP Dr. M. Djamil Padang which includes: providing and collecting information on patient needs during treatment, carrying out follow-up preparations, explaining and implementing in the fulfillment of facilities and advocacy, interdisciplinary relationships and improving services, carrying out monitoring and supervision and planning return.

DISCUSSION

1. Completeness of documentation of integrated patient development records

The results showed that there were 165 (83.3%) documentation of incomplete patient development records and 33 (16.7%) complete. This is evident from the results of observations made on health workers who filled the integrated patient development record including medicines, namely 120 pieces (60.6%) incomplete, 29.3% nurses, 35.9% doctors, and 4% nutrition. Whereas when viewed from the achievement of the room, it can be distributed incompleteness of integrated patient development records in 87.9% of women, PETRI 86.4%, Male Interns 83.1% and HCU 77.4%.

Documentation is a complete information covering patient health status, patient needs, nursing care activities and patient response to care received. Documentation as a vehicle for communication and coordination between professions (interdisciplinary) that can be used to express an actual fact to be accounted for (Setiadi, 2012).

The assumption of the researchers that incomplete patient development records are caused by an unbalanced number of health workers, relatively fast patient turnover cycles and *case managers* in a lack of

functions that can be seen from qualitative research conducted by researchers from six functions *case manager* there is still one another function, namely the debit planning function is not carried out by the case manager. In this condition it can be concluded that the function of *case manager* a non-functioning will also have an impact on incomplete integrated patient development records.

An incomplete record of integrated patient development is not filled by many pharmacists (60.6%), this is because one pharmacist must manage five rooms in Non-Surgical IRNA with an average number of patients a day of 65 people. The pharmacist also said that in addition to filling out integrated development records, education was also conducted regarding the care provided.

Documentation of integrated patient development records is important, it warns that the documentation carried out will be an evaluation material for performance and materials for accountability and accountability. Thus documentation has a large portion of the patient's clinical records that inform certain factors or situations that occur during health services.

2. Perception of Health Personnel to Case Manager Functions

The first theme is to provide and collect information

The results of research that researchers obtained from several sources or participants who researchers met them stated that *case managers* carry out utility assessment functions by gathering some information regarding the patient's condition, both from time to time, actions and others. Implementation of this function provides great benefits for patients so that the patient's needs during treatment in the inpatient room will be fulfilled properly. The case manager is the main key to implementing health care for patients because as a case manager he must manage all disciplines involved in the integrated patient development record and there is no incomplete integrated patient development record found on patient status.

The researchers' assumptions on the function of *case managers* in utility valuation can be seen from the role of *case managers* in finding information related to patient needs. Usually information related to patient

needs or space is obtained during pre-post and over-conference. *Case managers* as leaders in room management, especially those related to services to patients where case managers must be able to embrace all disciplines, both nurses, doctors, nutrition, and pharmacy to be able to meet all the needs of inpatient patients and be able to improve health services. In accordance with its function as a case manager, he has implemented the utility assessment function, but when viewed from quantitative data still in the pharmacy department, 60.6% found incomplete patient development records so that this was slightly inversely proportional to qualitative analysis.

The second theme is carry out follow-up preparations

Based on the results of the research conducted, the implementation of the functions of *case managers* in planning was stated by participants in this study to find that the implementation of the function of *case managers* in planning patients was involved. These results were obtained from the results of interviews conducted by researchers with participants in all rooms. Non-Surgical IRNA reports that *case managers* are involved in planning space according to nurses, case managers plan to improve patient health services with the opinion of doctors, and nutritionists state that case managers are involved in regulating patients' diets. This research is also supported by research conducted by Haryanti (2011) reporting that more than half of 76.1% of room heads carry out the planning function.

The researcher assumes that the function of the *case manager* in planning is carried out well supported by the *case manager* who already has an action plan formulated together with the team leader and implementing nurse. However, the *case manager* must be able to plan health services for patients involving all disciplines, both nurses, doctors, nutrition and pharmacy with the aim of improving the patient's health status. Planning must be done starting from the patient's entry until the patient returns. In this study found case managers carry out the planning function. This is in contrast to quantitative research which reports that 83.3% of integrated patient development records are incomplete and this is of particular concern to case managers if he has carried out the planning function as expected, so there is no incomplete integrated patient development record.

The third theme is explaining and implementing facilities and advocacy fulfillment.

Based on the results of the research conducted, the implementation of the functions of case managers in facilities and advocacy is an activity carried out by case managers. This was supported by statements given by the participants, including *case managers* who coordinated in facilities and advocacy that took place in the room to improve health services.

According to Nurlina (2013), there is a relationship between facilities and the implementation of nursing care standards in the inpatient room. The results of the study are also in line with Leshabri *et al.*, (2008) motivation of health workers in Tanzania influenced by several factors, namely low salary levels, unavailability of necessary equipment and consumables to ensure proper care. This explains the facilities in each care service provided is very important to provide optimal service to patients.

According to Notoadmojo (2010) which explains that a person's behavior is influenced by resources that include facilities, money, time, energy and so on. All of this affects the behavior of a person or community group. The influence of resources on behavior is positive and negative.

The assumption of researchers related to the function of case managers in facilities and advocacy is very good because of the demands of accreditation standards that aim to improve patient safety. Where a case manager is a milestone in indoor service activities because all activities carried out in the room and patient-focused are responsibilities that must be carried out by the case manager.

A *case manager* must be able to work with all disciplines in planning facility functions and patient advocacy to improve the patient's health status better. This has also been proven by several studies that reinforce the importance of *case managers* carrying out all functions under their responsibility.

The fourth theme is the interdisciplinary relationship and improving service.

Based on the results of the research conducted, participants thought that the function of the *case manager* in service coordination was well implemented.

This is supported by the perception of all health workers who state that the coordination of services carried out by case managers to all multi-disciplines is well done. The research conducted by Rahmawati in 2013 reported that there was a significant relationship between the organizing function and the satisfaction of implementing nurses in the inpatient room ($p < 0.005$). It is seen that nurses in carrying out nursing care in meeting patients' needs are going well, this is the same as research conducted by researchers.

The researchers' assumption related to function the *case manager* in service coordination to patients is the *case manager* to coordinate with all the health teams involved. This can be seen from the filling of integrated patient development records that have been carried out by all disciplines. This is not the same as done with strong research where there are still incomplete integrated patient development records carried out by nurses, doctors, *nutritionists* and pharmacists.

Case managers are direct leaders in coordinating services with all health workers in the care unit to produce quality services. *The case manager* is also responsible for planning, organizing, motivating and controlling all health workers involved in meeting patient health services.

The fifth theme is carrying out monitoring and supervision.

Based on the results of the research conducted, participants thought that the function of the *case manager* in the evaluation was carried out. This is supported by participants' perceptions stating that *case managers* have evaluations in the form of supervision by nurses, while doctors, nutritionists and pharmacists argue that *case managers* evaluate, for example, by telling us if there are incomplete reports on integrated patient development.

According to KARS, the *case manager* must conduct a clinical pathway review / evaluation both in terms of costs, provisions, needs and quality of health services. This theory is also supported by research conducted Nainggolan (2010). Significant influence between the implementation of supervision and the performance of implementing nurses was found in this study.

The researcher assumes the form of evaluation

activities carried out by the *case manager*, one of which is supervision. Supervision carried out in a regularly scheduled Non-Surgical IRNA room, they carry out cross supervision. Where the results of supervision will be discussed in a routine meeting attended by Ka. Room installation and management. Should the supervision carried out by the case manager there will be no incomplete records of integrated development as found in quantitative data. Because supervision will be seen in all work and activities carried out by health workers involved in patient health services.

As a *case manager*, supervision must be carried out for all disciplines to monitor the extent to which service activities are carried out to patients. In this study it was stated that *case managers* had implemented evaluation functions in all rooms in IRNA Internal Medicine. So that the expectations and goals of space management in providing patient services are carried out well. All who are involved in providing services to patients will also feel happy if the services provided to patients are satisfying.

The sixth theme is the efficiency of the return plan.

Based on the results of the research conducted, participants thought that the function of the *case manager* in following up on the return plan was not always involved. This is supported by the results of a study stating the perception of health workers in the *case manager's* function not to return home plans, including the following: nurses perceive that the head of the room is sometimes involved in the return plan usually carried out by responsible nurses, doctors feel that we usually coordinate with nurses The executor or service officer at that time, nutrition felt that the team leader or nurse coordinated related to the fulfillment of patient nutrition, while the pharmacist felt that related to the return plan usually coordinated with the nurse or service officer.

Assuming researchers are related to the function of *case managers* in the follow-up plan to go home, *case managers* are only involved in certain conditions. Plans for follow-up to go home given to patients are more often done by nurses than other health workers. This is also supported by quantitative research conducted by researchers who stated that more than half of the 83.3% integrated patient development records were not fully filled. This proves that there are still *cases of managers* who are not implemented so that there are still

undisciplined health workers in filling out integrated patient development records. In addition, other causes can also be assumed because there are still health workers who receive training and guidance as *educators*.

CONCLUSION

- a. Documentation of integrated patient development records was 83.3% incomplete.
- b. Exploration of the perception of health personnel on the function *case manager* in utility assessment in the form of collecting and providing information that is beneficial for patients.
- c. Exploration of perceptions of health personnel on the function *case manager's* in planning by making and carrying out several intervention needs of patients.
- d. Exploration of the perception of health personnel on the function *case manager* in facilities by completing patient needs and carrying out advocacy functions by reminding health workers to carry out activities according to standards.
- e. Exploration of perceptions of health workers on the function *case manager* in service coordination by increasing the relationship between health workers.
- f. Exploration of health personnel perceptions of the function *case manager's* in evaluation by carrying out supervision and monitoring of health personnel.
- g. Exploration of perceptions of health personnel on the function *case manager* in follow-up plans to go home with efficiency *case manager* to follow up on plans to go home.

RECOMMENDATION

- a. Suggestions for Nursing

Field Nursing collaborates with medical services to improve the function, *case manager's* especially in completing integrated patient development records. With complete integrated development notes it will show the quality of services provided by all disciplines.

- b. Suggestions for further researchers

Need to do further research with a qualitative approach with the FGD method to see the deep perception of each discipline in the application of integrated patient development records.

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