Indonesian Journal of Global Health Research
Volume 6 Number 4, Agustus 2024
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

CASE MANAGER EXPERIENCE IN HEALTH SERVICES IN REGIONAL HOSPITALS IN BALI

I Komang Alit Susilayasa, Ni Luh Putu Dina Susanti, Luh Gde Nita Sri Wahyuningsih*, Ida Ayu Putri Wulandari
Faculty of Health, Institut Teknologi dan Kesehatan Bali, Renon, Denpasar Selatan, Denpasar, Bali 80227, Indonesia
*nitawahyuni88@gmail.com

ABSTRACT
The complexity of patient problems and service management involving multiple professions has the potential to cause patient safety problems. Hospitals need a design or strategy to be able to carry out service processes with a focus on improving service quality and patient satisfaction, namely case management. This research is to explain the case manager's perception of their role and function, describe the role and function of the case manager in implementing case management as well as obstacles in implementing case management in hospitals. Data was collected by conducting interviews with participants who met the inclusion criteria. There are five themes resulting from this research: helping to implement patient centered care, implementing case management in hospitals, first manager of quality control and controlling hospital costs, implementing case management in government hospitals still encountering obstacles. The perception of the role and function of the case manager is well known, the role and function in implementing case management is also quite good and there are still obstacles in implementation, namely from patients, initial screening in the room, hospital organizations, clinical leaders and case managers.

Keywords: case manager; case management; patient centered care

First Received	Revised	Accepted
14 March 2024	22 April 2024	24 April 2024
Final Proof Received		**Published**
30 April 2024		01 August 2024

How to cite (in APA style)
Susilayasa, I. K. A., Susanti, N. L. P. D., Wahyuningsih, L. G. N. S., & Wulandari, I. A. P. (2024). Case Manager Experience in Health Services in Regional Hospitals in Bali. Indonesian Journal of Global Health Research, 6(4), 2265-2272. https://doi.org/10.37287/ijghr.v6i4.3219.

INTRODUCTION

The patient care process is dynamic and involves many health practitioners and involves various types of patient care which is expected to result in efficient care processes, effective use of human and other resources, and the possibility of better patient conditions. Therefore, leaders employ a variety of tools and techniques to better integrate and coordinate patient care, for example, care provided by a medical team, patient visits conducted by various departments, shared care planning forms, integrated medical records and case managers (Joint Commission International, 2011). Hospitals consider that hospital care is part of an integrated service system with professional care providers (PPA) and a level of service that will build continuity of service. The aim of an integrated service system is to align patient care needs with the services available at the hospital, coordinate services, plan discharge and subsequent actions. The expected results of the process(Avia et al., 2019)hospitals are improving the quality of patient care and the efficient use of resources available at the hospital based on the 2022 Hospital Accreditation Standards.

The complexity of patient problems and service management involving multi-professionals has the potential to lead to service fragmentation which can have implications for patient safety issues, if team collaboration is not effective, therefore inter-professional collaboration is needed as an effort to realize synergistic and mutual patient care so that patients receive complete and continuous service (Wardhana et al., 2019). Interprofessional collaboration is cooperation between health professionals from different professional backgrounds with patients and patient families to provide the best quality of service. Hospital administrators and Professional Care Providers (PPA) generally understand this need, but access to collaboration models and how these models are implemented remains unclear.(WHO, 2020). The current concept of health services is patient-focused health services. A paradigm shift where health services no longer focus on doctors as the center in healing and caring for patients but rather on patients as the focus of health services(Sutoto et al., 2017).

Therefore, hospitals need a design or strategy to be able to carry out service processes that focus on improving service quality and patient satisfaction(Alfajri & Nurmastuti, 2017). One of these care models is case management.Case managementis defined as the health care process in which a professional helps a patient or client develop a plan that coordinates and integrates the support services the patient/client needs to optimize health and psychosocial care goals and outcomes(Giardino, AP, & Jesus, 2021). Furthermore, hospital accreditation standards provide the term "Patient Service Management" for case management, while case managers can be equivalent to Patient Service Managers (MPP). Placing a sufficient number of case managers, in accordance with hospital conditions and increasing the competency of case managers periodically is necessary to achieve case management objectives. Case managers in carrying out their roles and functions face many challenges from patients/families, Doctors Responsible for Patients (DPJP), Nurses Responsible for Patients (PPJA), other Professional Care Providers (PPA), heads of rooms, medical support, guarantors and hospitals/ Other Yankes in the referral system. Patient health services involve many professions and support systems, and good coordination is needed so that the services provided are appropriate, effective and efficient(Mardean et al., 2021).

According to the Case Management Society of America (CMSA), the basic concept of case management includes adequate coordination for quality care that meets patient needs and is cost-effective so that care results are achieved. Whichpositive (Case Management Society of America). The function of the case manager is to carry out assessments, planning and evaluation, coordination, advocacy, education, as well as quality and cost control. Insufficient case manager competency will affect service outcomes in the form of transfer delays, discharge delays, cost and quality control, length of stay (LOS), readmission of patients with worsening conditions. With optimal service quality, it is hoped that a hospital will be able to meet the expectations of patients regarding the services provided by the hospital(Hariyati, 2014). Regional hospitals as an element of regional government administration in the field of health services are required to provide excellent and complete service to the community by continuing to improve the quality of service. The principles of improving service quality include meeting patient needs, measuring and assessing the services provided, improving service processes, and improving the quality of service providers. This research generally aims to explore the experience of case managers in health services in hospitals.

METHOD

This research uses a qualitative design with a descriptive phenomenology approach. Phenomenological research involves investigating how society responds to or perceives certain phenomena. The participants in this research were 22 case managers at Mangusada Hospital and Tabanan Regency Hospital who met the inclusion criteria. The sampling technique used is purposive sampling, where the researcher has a target individual with characteristics that are appropriate to the research. The instrument used was a list of questions for in-depth interviews and participant observation and documentation. The data that has been collected will be analyzed in three stages, namely data reduction, data presentation, and drawing conclusions and verification.

RESULTS

The results of the data analysis obtained by researchers identified 4 themes that emerged regarding the experience of case managers in health services at Mangusada Regional Hospital and Tabanan Regency Regional Hospital, these themes include 1) Assisting in implementing patient centered care, 2) Implementing case management in hospitals, 3) First manager of quality control and hospital cost control, 4) Implementation of case management in government hospitals still encounters obstacles.

Theme 1: Helping the Implementation of Patient Centered Care

The implementation of Patient Centered Care is a service provided that is focused on patients regarding the health problems they are experiencing. Sometimes patients and their families do not dare to reveal these problems to the PPA, be it the DPJP, nurses or health workers involved in caring for them. The case manager in carrying out the role and function helps as a liaison or bridge for the patient and family with the PPA who cares for them. This theme was raised by researchers regarding how a case manager responds to roles and functions in carrying out their daily tasks. From the results of the interviews, most participants said that their role and duties tended to be to accompany patients and families in receiving patient care from all PPA. Helping to implement patient centered care emerged from the two categories obtained, namely the role and function of the case manager and case management assessment.

Theme 2: Implementing Case Management in Hospitals

Case managementis a patient management process starting from carrying out initial screening and follow-up screening or patient identification of the need for case manager assistance, assessment, planning, implementation (carrying out facilitation, advocacy, coordination and education), evaluation and termination. The second theme raised in this research is the implementation of case management in hospitals. Several participants conveyed the implementation of case management that they carried out in the patient service room which was their responsibility. The theme of implementing case management emerged from 6 categories, including: 1) Qualification of case managers, 2) Screening and assessment of case manager service needs, 3) Carrying out utility assessments, 4) Case management planning, 5) Facilitation and advocacy for patient service needs , 6) coordination of services in patient care.

Theme 3. First Manager of Quality Control and Cost Control in Hospitals

The first manager of quality control and cost control in a hospital is the first person to monitor patient care control activities to see whether they comply with the standards of care provided and how to prevent duplication of interventions and treatment for patients. The third theme raised in this research is the first manager of quality control and cost control in hospitals. Several participants said that the implementation of case management that they carried out in

the room had to maintain quality control and cost control, which was their responsibility. This theme emerged from 2 existing categories, including: 1) Controlling the quality of hospital services and 2) Controlling financing.

Theme 4: Implementation of Case Management in Regional Hospitals Still Encounters Obstacles

The implementation of case management in hospitals still encounters obstacles, namely the obstacles faced by a case manager in managing patients, whether they come from the patient or family, the hospital organization, professional care providers or the inability of a case manager to carry out their roles and functions. The fourth theme raised in this research is that the implementation of case management in regional hospitals still encounters obstacles. Several participants said that the implementation of case management still faces many obstacles in its implementation. This theme emerged from 5 existing categories including: 1) Barriers to patient administration, 2) Barriers to initial screening in the treatment room, 3) Barriers from clinical leaders, 4) Barriers from hospital organizations, 5) Barriers from case managers.

DISCUSSION

Theme 1: Helping the Implementation of Patient Centered Care

Helping the implementation of patient centered care means that the case manager helps coordinate the services that the patient and family want to receive using a collaborative process. Apart from that, the case manager is also fully responsible for maintaining the continuity or continuity of services while the patient is being treated in hospital with the concept of the patient as service center through coordination with PPA which provides care to patients (Najamuddin, 2022). Most participants stated that the role and function of the case manager is as a companion, liaison or bridge between the patient and the patient's family with PPA, where the services provided are patient-focused with the assistance of the case manager to obtain services that match their wishes or expectations. These expressions are based on the case manager's perception category regarding their role and function in carrying out their daily tasks and the category of independent assessment of the implementation of case management that they have carried out (Kristinawati & Khasanah, 2019).

Patient Centered Care(PCC) is managing patients by referring to and respecting individual patients including preferences/choices, needs, values, and ensuring that all clinical decision making has taken into account all the values desired by the patient(Silow-Carroll et al., 2012). Case manager principles include using a collaborative approach focused on the patient "client-centric" or patient centered care and where possible facilitating patient autonomy and independent care through advocacy, shared decision making. The case manager's relationship with the patient has an important role in building and maintaining good relationships with patients and families. The case manager functions as a liaison between the patient, family, PPA team, hospital management, and payers. The purpose of this relationship is so that the service process can meet the needs of the patient and his family. In general, the function of the case manager is the function of patient service management, which functions to bridge patient service problems with interdiscipline between professions and several functions according to(Sutoto et al., 2017).

The results of Devi's research (2021) state that the role of case managers in Gianyar Regency, Buleleng Regency and Tabanan Regency (districts in Bali) is much more positive compared to Palembang City where less than half of the nurses have a positive perception of the role of case managers. This is different from the research results(Yuliati et al., 2019)which revealed

that the role of case managers in realizing patient centered care at Bangli Regional Hospital is still not optimal because there are problems in the interpersonal, clinical and structural dimensions. Positive perceptions mainly occur in nurses who have good knowledge about case managers and have job satisfaction in the satisfied category. The knowledge factor is the factor that has the most influence on nurses' perceptions of case managers.

This is different from the research results of (Yuliati et al., 2019) which revealed that the role of case managers in realizing patient centered care at Bangli Hospital is still not optimal because there are problems in the interpersonal, clinical and structural dimensions. Problems in the interpersonal dimension consist of a lack of communication between service provider components and between service providers and patients and families, in the clinical dimension there is a lack of continuity and accessibility of medical services and problems in the structural dimension due to lack of case manager training, inadequate facilities.

Theme 2: Implementing Case Management in Hospitals

The experience of a health worker in managing a service is very much needed to help manage patient cases or case management. In patient care, the case manager's effectiveness depends on his interpersonal skills and knowledge of the hospital's intra-organizational systems and processes, his approach to solving problems must be realistic, taking into account the characteristics of the hospital environment, the various attitudes of PPA team members when interacting, the attitude of the head installation, or other management that allows them to have no knowledge or clue about the role played by the MPP/case manager(Sutoto et al., 2017).

Statements from the majority of participants revealed that the initial screening for the need for case manager services was carried out by nurses in the room regarding the possibility of long days of care, financial costs, high costs, the patient's return home requiring further control and so on. From the results of observations carried out by researchers at Mangusada Hospital, the initial screening for MPP service needs contained certain criteria such as age ≥ 65 years, low cognitive function, chronic/catastrophic or terminal disease, low functional status, high ADL needs, history of use of medical equipment, history of mental disorders, readmissions, high cost care estimates, the possibility of complex financing, financial problems, exceeding the average hospitalization rate, requiring continuity of service and requiring home care referrals are already filled in well, but sometimes screening or identification of patients who Requires case manager service late in filling, namely more than 1 x 24 hours.

Focusing on identifying patients who will benefit from MPP services, the criteria used include, but are not limited to: age, patients with low cognitive function, patients at high risk of financial problems, readmissions, cases that exceed the average length of stay. , estimates of high cost care, potential complaints and so on. Identification of patient groups carried out in the treatment room includes patients with high risk, high costs, high potential for complaints, chronic diseases, complex or complicated cases, the possibility of a complex or problematic payment system(Sutoto et al., 2017).

Study (Santi et al., 2019) At the Deli Serdang Regional Hospital, the case manager stated that he carried out a psychosocial and socio-economic assessment but this was carried out after 7 days after hospitalization due to the limited number of case manager staff. Different things were found in the research results(Silalahi et al., 2021) that case managers at Haji Adam Malik Hospital Medan screen patients using patient case criteria such as patients with chronic diseases, patients with difficult cases, inpatient LOS, patients with high costs, patients with potential complaints, and patients with high risk. This is in accordance with the criteria set by

RSUP Haji Adam Malik Medan which are stated in the main tasks and functions.

The implementation of case management in patient case management planning was also revealed by several participants that the plans made were well documented for each patient who was managed by a case manager (Avia et al., 2019). All plans made are directly related to the problems found, whether it is problems of guaranteed funding, long treatment days, high costs and patient discharge, but the plans made have not been documented as being based on time, based on evidence, measurable, achievable and feasible. financially responsible and involves interdisciplinary collaboration (Widiastuti et al., 2022).

Theme 3. First Manager of Quality Control and Cost Control in Hospitals

Quality control and cost control expressed by participants in this study are related to the role and function of case managers in monitoring and evaluating patient care provided by PPA so that the services provided are effective and efficient with two categories that appear in this theme, namely as cost control and as a cost controller. Another statement conveyed by participants was that the services provided to patients also prioritize patient satisfaction rather than financing efficiency because hospitals are government owned and must prioritize service to the community. Several participants also said that there was also an absence of a Clinical Practice Guide (PPK) or clinical pathway. hampers the implementation of these roles and functions, besides that the availability of a clinical pathway does not guarantee that doctors as clinical leaders will want to use it (Mardean et al., 2021).

In line with this research, case management is a form of collaborative process between interdisciplinary professions which includes implementation starting from writing assessments, determining service planning, providing facilitation and coordinating service care through evaluation and guidance on choices and meeting comprehensive health service needs for patients and their families through effective communication and effective use of available resources, so that it will provide quality results and outcomes with efficient financing. According to(Sutoto et al., 2017)that the principles of a case manager are communicating, controlling the progress of services/care provided and paying attention to the effectiveness of financing. According to(Auladi, 2022) in research at RSUP Dr. Hasan Sadikin revealed that cost control had been implemented but was not optimal because reimbursement optimization was carried out by the P3JKN team or what is often known as the casemix team.

Theme 4: Implementation of Case Management in Regional Hospitals Still Encounters Obstacles

In case management, patient screening is carried out upon admission or if necessary during inpatient treatment. Patients who fall into criteria such as high risk, high cost, high potential for complaints, chronic disease, complex financing, above average length of stay, critical discharge planning or requiring continuity of service, as well as complex or complex cases(Sutoto et al., 2017). Participants also conveyed expressions of obstacles from clinical leaders, namely the difficulty of communicating and coordinating with DPJP in solving patient problems. Apart from that, it was also revealed that the DPJP was reluctant to communicate with the case manager because it was considered an extension of the hospital directors/management in spying on the services provided to patients. The DPJP also did not want to use the clinical pathway that was already available because it would hamper its freedom in providing therapy/treatment to patient (Muliarini et al., 2021).

Case managersIn carrying out its roles and functions it faces many challenges from patients/families, DPJP, Nurses Responsible for Patients, other PPA, head of room, medical support, guarantors and other hospitals/health services in the referral system. Patient health services involve many professions and support systems, and good coordination is needed so that the services provided are appropriate, effective and efficient(Mardean et al., 2021). The same thing was said(An et al., 2020)namely several barriers in implementing case managers which include: family context, available policies and resources, doctor support and understanding of the role of case managers, building relationships, team communication practices, case manager autonomy, technology training, relationships with patients, and time pressure and workload (Prameswari et al., 2020).

CONCLUSION

Case managersalready understand their role and duties very well even though there are some case managers who have not received training about case management. The role and function of case managers in terms of implementing case management in hospitals is quite good even though there are obstacles and challenges, especially in terms of human resource capabilities.

REFERENCES

Alfajri, N. Z., & Nurmastuti, H. (2017). *Implementasi Case Management System di Rumah Sakit*. Ugm Press.

An, S.-Q., Potnis, N., Dow, M., Vorhölter, F.-J., He, Y.-Q., Becker, A., Teper, D., Li, Y., Wang, N., & Bleris, L. (2020). Mechanistic insights into host adaptation, virulence and epidemiology of the phytopathogen Xanthomonas. *FEMS Microbiology Reviews*, *44*(1), 1–32.

Auladi, S. (2022). Efektivitas Case Manager dalam Upaya Kendali Mutu dan Kendali Biaya Pelayanan Kesehatan Di RSUP Dr. Hasan Sadikin. *Jurnal Jaminan Kesehatan Nasional*, *2*(1).

Avia, I., Handiyani, H., & Nurdiana, N. (2019). Analisis kompetensi case manager pada rumah sakit di Jakarta: Studi Kasus. *Jurnal Perawat Indonesia*, *3*(1), 16–27.

Giardino, A. P., & Jesus, O. D. (2021). *Manajemen Kasus*. StatPearls.

Hariyati, R. T. S. (2014). *Perencanaan, pengembangan dan utilisasi tenaga keperawatan*.

Kristinawati, B., & Khasanah, R. N. (2019). Hubungan Pelaksanaan Edukasi dengan Kemampuan Self Care Management Pasien Gagal Jantung. *Prosiding University Research Colloquium*, 496–503.

Mardean, Y., La Ode, A. R., Handiyani, H., & Rayatin, L. (2021). Optimalisasi pendokumentasian case manager rumah sakit tipe A di Jakarta. *Jurnal Kepemimpinan Dan Manajemen Keperawatan*, *4*(1), 84–94.

Muliarini, P., Saputra, Y., & Sumarsono, E. (2021). Case Management Untuk Pelayanan Rumah Sakit Yang Adil Dan Bermutu. *The Journal of Hospital Accreditation*, *3*(02), 101–107.

Najamuddin, A. S. (2022). Hambatan Dalam Menerapkan Peran Case Manager Di Indonesia: Literature Review. *Jurnal Medika Hutama*, *3*(02 Januari), 2012–2018.

Prameswari, R. D., Gustomi, M. P., & Suhariati, A. (2020). Pengaruh Case Manager

Terhadap Tingkat Kepuasan Pasien Rawat Inap (Stusi Kasus Dan Implementasi). *Journals of Ners Community*, *11*(2), 265–271.

Santi, D., De Vincentis, S., Scaltriti, S., & Rochira, V. (2019). Relative hyperestrogenism in Klinefelter Syndrome: results from a meta-analysis. *Endocrine*, *64*, 209–219.

Silalahi, D., Syam, B., & Simamora, R. H. (2021). Evaluation Of Theimplementation Of Case Management Programs At Rsup Haji Adam Malik Medan. *European Journal of Molecular & Clinical Medicine*, *8*(03), 2021.

Silow-Carroll, S., Edwards, J. N., & Rodin, D. (2012). Using electronic health records to improve quality and efficiency: the experiences of leading hospitals. *Issue Brief (Commonw Fund)*, *17*(1), 40.

Sutoto, S., Atmodjo, D., Lumenta, L. A., & Luwiharsih, L. (2017). Standar Nasional Akreditasi Rumah Sakit SNARS edisi 1. *Komisi Akreditasi Rumah Sakit*, *1*.

Wardhana, A., Rahayu, S., & Triguno, A. (2019). Implementasi Clinical Pathway Tahun 2018 dalam Upaya Meningkatkan Mutu Pelayanan di Rumah Sakit Umum Daerah Koja. *Majalah Sainstekes*, *6*(1).

WHO. (2020). *Health Statistic And Information Systems*.

Widiastuti, F., Amin, S., & Hasbullah, H. (2022). Efektivitas metode pembelajaran case method dalam upaya peningkatan partisipasi dan hasil belajar mahasiswa pada mata kuliah manajemen perubahan. *Edumaspul: Jurnal Pendidikan*, *6*(1), 728–731.

Yuliati, N. K., Nopiyani, N. M. S., & Duarsa, D. P. (2019). The roles of case managers and problems encountered in implementing patient centered care in hospitals. *Public Health and Preventive Medicine Archive*, *7*(2), 140–147.