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ANALYSIS OF DISCHARGE PLANNING IMPLEMENTATION: HOW TO IMPROVE PATIENT SATISFACTION AND READINESS FOR DISCHARGE OF BENIGN BREAST TUMOUR PATIENTS?

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Abstract

The purpose of this study was to identify the effect of discharge planning implementation on patient satisfaction and readiness for hospital discharge of benign breast tumour patients.This study is a quasi-experimental study with 90 respondents. The intervention group was given a discharge planning management intervention and the control group was not given discharge planning according to what was done in the hospital. Both groups were measured in relation to patient satisfaction and readiness for discharge at the Hermina hospital in Makassar city, Indonesia. Analysis using the Mann Whitney U test on SPSS software. The results showed that the implementation of discharge planning has an influence on the level of patient satisfaction in the hospital (p = 0.000) and readiness for discharge (p = 0.040) in patients with benign breast tumours. The Discharge Planning intervention effectively improves patient satisfaction and discharge readiness of patients with benign breast tumours in the hospital setting.

Keywords: Discharge Planning, Patient Satisfaction, Readiness For Discharge, Benign Breast Tumour.

INTRODUCTION

Discharge planning is critical for reducing the risks involved with properly removing patients from the hospital. Even with proper discharge planning, patients' healing progress and quality of life can be improved before they return home from the hospital [1]. Several research on hospital implementation demonstrate that, contrary to expectations, discharge planning implementation in Indonesia remains suboptimal. The fact that there are still very many hospitals that have not implemented discharge planning effectively, is a problem that still dominates health services in Indonesia [2].

Effective implementation of discharge planning can reduce Average Length of Stay (AvLOS), hospital costs, increase patient satisfaction, reduce readmission, affect patient readiness for hospital [3]; [4]; [5]. Coordination of a streamlined discharge process from the hospital to home or elsewhere becomes critical for patients [6] . These studies conclude that there is a need for innovation and development of discharge planning in hospitals.

As previously explained, the implementation of good discharge planning will affect the length of stay of patients in the hospital [7]. Based on data obtained from Hermina Makassar Hospital, it is known that benign breast tumour disease is a case diagnosis with an elongated LOS in the last 2 years (2022-2023) at Hermina Makassar Inpatient Installation and has an average length of stay (AvLOS) above the standard set by Hermina Makassar Hospital which is 3.4 days. According to the Global Cancer Observatory (GCO) in 2018, the incidence of breast tumour in Indonesia

(136.2/100,000 population) was ranked 8th in Southeast Asia, and 23rd in Asia. Therefore, patients diagnosed with comorbidities require more focussed discharge planning to get them home or to a long-term care facility [8].

Discharge planning is currently one of the focal points in health systems around the world to improve the coordination of services from the hospital to the community [9]. Based on the theoretical framework and problem study previously stated, the researcher uses discharge planning as the focus of the study and uses patient readiness to face discharge and patient satisfaction to measure the effectiveness of the implementation of discharge planning. This is because reducing the length of hospital stay has been the main focus in several previous studies on discharge planning and is the most frequently used measure of effectiveness [10]; [11].

Therefore, researchers are interested in analysis the implementation of discharge planning at Hermina Makassar Hospital and its relationship with patient satisfaction and patient readiness to go home. This is because there has not been much research investigating the influence of these variables. This study will contribute to the existing knowledge in the current literature describing discharge planning to investigate whether intensive discharge planning interventions early in the hospitalisation period can improve patient satisfaction and readiness to be discharged.

METHOD

Subjects

The sample collected was 92 respondents, with 46 respondents in the control group and 46 respondents in the intervention group. The sampling technique used in this study was consecutive sampling.

Research Design

The type of research used is quantitative research with the design of a quasi-experimental study. This research was conducted at Hermina Hospital Makassar from December 2023 to February 2024.

Data Collection

The research instrument used as a tool to collect data in this research is a questionnaire. For this study, researchers created criteria for the implementation of good Discharge Planning as a tool used to assess the implementation of discharge planning to patients in the intervention group. Patient satisfaction was measured using several indicators using the dimensions of patient satisfaction by WHO including effective, efficient, accessible, patient-centered, equitable, safety. Patient discharge readiness was measured using several indicators using the dimensions of personal status, knowledge, coping ability, and expected support. Analysis using the Mann Whitney U test on SPSS software.

RESULT

Table 1: Overview of Patient Satisfaction in the Control and Intervention groups (n = 90)

Variables Patient Satisfaction	Mean Rank	P-value
Control Group	40,34	0,040
Intervention Group	50,66	

Based on table 1, it can be seen that the Mean Rank value of the patient discharge readiness variable in the control group has a value of 40.34 and the intervention group is 50.66 with a significance level of sig (2-tiled) p = 0.040 with a confidence level of 0.05 or 95%. Therefore, the value of p < α < 0.05 means that there is a relationship between the implementation of discharge planning and patient satisfaction at Hermina Hospital Makassar.

Table 2: Overview of Patient Discharge Readiness in the Control and İntervention Groups (n= 90)

Variables Patient discharge readiness	Mean Rank	P-value
Control Group	33,54	**0,000**
Intervention Group	67,46	

Based on table 2, it can be seen that the Mean Rank value of the patient discharge readiness variable in the control group has a value of 33.54 and the intervention group is 67.46 with a significance level of sig (2-tiled) p = 0.000 with a confidence level of 0.05 or 95%. Therefore, the value of p < α < 0.05 means that there is a relationship between the implementation of discharge planning and the readiness of patient discharge at Hermina Hospital Makassar.

DISCUSSION

Patient satisfaction is one of the indicators in health services. Discharge planning is an important part of the nursing process that begins when the patient is admitted to the hospital so that after the patient returns home from the hospital. Based on the results of the study, it can be seen that the Mean Rank value of the patient discharge readiness variable in the control group has a value of 40.34 and the intervention group is 50.66 with a significance level of sig (2-tiled) or probability (p) = 0.040 with a confidence level of 0.05 or 95%. Therefore, the value of p < α < 0.05 means that there is a relationship between the implementation of discharge planning and patient satisfaction at Hermina Hospital Makassar. This is in line with a study conducted by [12] using a sample of 100 patients showed the majority (93%) of patients understood their care, felt confident about being discharged home (88%), and were satisfied (90%) with the care provided in the emergency department. Discharge planning has an effect on increasing patient satisfaction. Increased patient satisfaction also occurs in the implementation of discharge planning using the nursing round method and telephone follow-up after the patient goes home [5].

Providing information in discharge planning that is less than optimal can cause patients to not understand what to do after discharge so that ongoing care will be hampered [13]. The high satisfaction rate of patients who receive health education and discharge planning programmes means that nurses have conducted health education to prepare patients for discharge in accordance with the dimensions of patient satisfaction. Vice versa, if the patient satisfaction rate is low, the nurse has not carried out discharge planning optimally [14]. Baker's research 2019 states that one of the reasons for high patient dissatisfaction is due to a lack of information about home care. When patients are discharged home, nurses do not convey information about food consumed, activities or exercises that patients do, and lack of information about medicines. In addition, higher patient satisfaction with the discharge process correlated with fewer patients being readmitted 90 days after discharge [15]. From the results of the study, it is known that the readiness of patients to go home in the control

group has a lower rank mean value than in the intervention group. In addition, it is also known that there is a relationship between the implementation of discharge planning and the readiness of patients to go home at Hermina Hospital Makassar. This shows that the condition of personal status, knowladge, coping ability, and expected support in intervention group patients is better than patients in the control group who do not carry out the discharge planning process. One study suggested that nearly 20% of patients experience an adverse event within the first 30 days after hospital discharge. Nearly 6% of the reported adverse events were considered preventable and related to the quality of discharge planning and readiness of the patient for discharge [16]. Patients' readiness to be discharged from hospital was associated with their perceptions of discharge preparation interventions, with nurses' professional experience and with the structure of their unit [17]. Discharge planning can be well integrated by establishing a dedicated team that manages all patient care plans for both inpatients and discharged patients with planning made from the time the patient is prepared for further treatment, so that the patient and the patient's family can feel satisfied with the discharge planning services provided during the patient's treatment. A team of healthcare workers should be assigned to complete it before the patient is discharged [18]. Despite some conflicting statements, poor discharge planning has been associated with shorter lengths of stay and rushed and inappropriate discharges, leading to patients being readmitted [19]; [20], or on the other hand, longer-than-needed hospitalisation due to lack of discharge plan [8].

CONCLUSIONS

Discharge planning has an effect on increasing patient satisfaction and readiness for discharge of patients with benign breast tumours. Increased patient satisfaction and readiness for discharge occurred in the implementation of discharge planning with the delivery of information about home care provided by nurses to patients, when going home nurses convey information about food to be consumed by patients, information about activities or exercises that patients should do at home to improve their health, as well as information about drugs that should be consumed and treatment activities such as health check-ups. Exercises that patients should do at home to improve their health, as well as information about medicines that should be consumed.

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