

DISCHARGE PLANNING OF STROKE PATIENT IN REGIONAL GENERAL HOSPITAL UNGARAN

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Abstract

In 2011, the prevalence of stroke in Central Java was 0.03%, then increased significantly in 2012, which was 0.07%. In 2012, the prevalence in Semarang city was 11.9%. In 2015, Regional General Hospital Ungaran had 202 stroke cases, and 31 of the patients died. After the patients are hospitalized, they have discharge planning for preparing them to go home. The purpose of this study is to describe the implementation of discharge planning for stroke patients at the Hospital. This research uses a qualitative method. There are two groups of research participants in this research, which are four nurses and four post-stroke patients. The data collection techniques used semi-structured interviews and observations. The results showed 1) patient's activities change after the stroke experience, caused by the physical weakness and the dietary habit. 2) Nurse educators provide information about the condition and prevention of the disease, which is taking the medication, exercising regularly, and a healthy diet. 3) Criteria for discharged patients based on a doctor visit and normal vital sign ranges of the patient. 4) Discharge planning started when first-time patients were admitted to the hospital until they returned home. 5) Obstacles in the discharge planning process were the patients who did not return home and the unsettled administration dues. The conclusion of this study is the nurse already conducted discharge planning to the stroke patients at the hospital, but nurses need to optimize their role in the implementation of discharge planning.

Keywords: Discharge Planning; Nursing; Stroke

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1. Introduction

Stroke is a disease of permanent acute neurological disorders due to the sudden disruption of blood circulation to the brain. It is progressive (Lanny, 2013), which is the third leading cause of death in the United States. The National Heart, Lung and Blood Institute in 2008, reported that every year there are 795,000 stroke patients, of whom 610,000 had their first stroke, and 185,000 patients had recurrent strokes (Mozaffarian et al., 2013). Aside from death, stroke can cause weakness to paralysis of limbs and cause stroke patients to be more emotionally sensitive (Rayanti et al., 2015). As many as 250,000 people live with disabilities due to stroke in the UK (Sukmawati et al., 2011).

Based on the 2013 Regional Health Research (RISKESDAS), the prevalence of stroke in Indonesia was 12.1% per 1,000 population. The incidence of stroke in Central Java in 2011 was 0.03% and increased to 0.07% in 2012. The capital of Central Java, Semarang, had a prevalence of 11.9% in 2012. Karidi Hospital Semarang also reported an increase in stroke case from 2005 (614 patients) to 2010 (1009 patients). The number of stroke patients in Ungaran

District Hospital in 2015 was 202 cases, and 31 of them died from stroke (Handayani, 2013). As for 2016, there were 332 cases, and 20 of them died.

When the stroke attacks, the patient needs to be hospitalized. After the patient shows improvement with his or her body condition, the patient can continue with outpatient treatment. Widiarti et al. (2010) state that the proper discharge planning mechanism is to prepare the patient's discharge to reduce stress, increase patient coping so that both patient and family will be satisfied with the care provided at the hospital. Discharge planning is the patient's process of discontinuing the services from a hospital that can improve patients' health. This process takes place from the time a patient is admitted to the hospital until the patient is healthy (Ali & Bragg, 2009).

Management of discharge planning starts from the admission of the patient, reviewing of interventions, implementation and evaluation. Implementation of discharge planning provides health education to increase knowledge and family support when patients undergo treatment at home. Nurses, doctors, nutritionists, pharmacists and therapists are a health team for discharge planning (Timby, 2009).

They identify the patient's knowledge needs, patient and family skills and resources in the community that can play a role in improving the patient's health status. Research (Okatiranti, 2015) states that the provision of discharge planning can increase the level of knowledge in patients. Home care becomes more productive, which reduces the number of patient's visitations to the hospital that results in the reduction of additional cost for patient care. Also, Rahmi (2011) reported that the effect of providing routine, structured discharge planning at Al-Ihsan Hospital Bandung and Bandung Al-Islam Hospital improves the quality of life of the patients.

The purpose of this study is to describe the management of discharge planning in stroke patients at the Regional General Hospital Ungaran.

2. Research Method

The research uses a qualitative method with a descriptive approach. Data collection technique is purposive sampling. There are four nurses and four post-stroke patients as research participants in this research. The nurse has work experience of at least one year and takes care of post-stroke patients in the Regional General Hospital Ungaran. Post-stroke patient in this research refers to an in-patient who has a post-stroke diagnosis by a physician in the Regional General Hospital Ungaran. All the patients are conscious. Research instruments are semi-structured interviews and observations. Guidelines of interviews focus on the management of discharge planning from the nurse to post-stroke patient. Data-gathered from June to November 2018. Data analysis technique is Miles and Huberman Model (Sugiyono, 2012).

3. Result and Discussion

The implementation of discharge planning includes five topics which are the role of nurses as educators, determination of patient discharge criteria, systematic discharge planning, obstacles in the discharge planning process, and changes in activity post-stroke.

Changes in Activity Post Stroke

Stroke is the leading cause of physical disability (Feigin et al., 2010). Patients with stroke experience changes in their physical activities. These changes in the form of changes in lifestyle to be healthy by maintaining healthy eating patterns, changes in daily activities that become limited due to weakness in limbs and tend to depend on others. Below is the participant's statement:

"To be honest, the first time I was diagnosed with a stroke, it was sad and stressed, because it meant all the activities that we used to do were all limited. All things are automatically hindered and limiting all of our movements." **P1Q1A1**

"Before I had a stroke, everything could be done. I can eat anything because I was fond of eating, then my activities were hindered and reduced. Speaking

first was normal, but now it is difficult because when I had a stroke, my mouth was dropped." **P3Q1A1**

For these reasons, the hospital needed discharge planning that emphasizes on providing information about nutrition to help the patient's healing process (Marliany, Permana & Permatasari, 2017). An understanding of the dietary plan can help improve patient nutrition and help prevent complications (Maslakha & Santy, 2015). Besides, patients also need to be informed that due to his or her weakness and physical paralysis, the recovery of limbs cannot recover fully. Therefore, the family's readiness is needed to treat patients while at home (Muhsinin, 2018).

Nurses Role as Educator

Nurse duty as educators by providing related information about the disease to both patients and families, and ways of preventing recurrent stroke by taking regular medication, regular exercise and healthy eating plan, below are the statements by the participants:

"So far, the nurse did the best as educators for patients and their family. We provide health education to prevent the disease from recurring. We educate the patient about personal hygiene."

Pw1Q1A1

"First, the nurse told me not to forget to take regular medication, exercise lightly and keep a diet and healthy life. Do not be exhausted and do not do many activities. I knew that this stroke that I experienced was a blockage in the left part of the brain. Doctor and nurse said that one day it disappears with regular therapy provided that I am diligent enough in taking medicine or going to therapy. Hopefully, it can heal even though it isn't perfect, but that is much better." **P1Q3A3**

A nurse educator provides information or knowledge about health problems, nursing care procedures, and corrective measures such as symptoms of illness, treatment (Asmadi, 2010; Aziz, 2013; Kozier, 2010). Manopo (2018) states that the availability of correct information can increase patients' knowledge to live a healthier lifestyle. Application of the nurse educator can improve the quality of discharge planning (Pertiwiwati & Rizany, 2016). Research by Sulistyoningasih in 2017 shows that the nurse educator can reduce the anxiety level of the family of stroke patients in Panti Waluya Hospital Malang stroke unit.

Patients Discharge Criteria

Stroke patients discharge criteria based on visitation from the doctor to show that the patient's condition is getting better, and normal vital sign ranges of the patient. It includes blood pressure, temperature, respiratory rate and also the results of laboratory tests

(glucose level and cholesterol level). Here is the participant statement about the discharge criteria:

"Criteria for discharge planning is the status of recent patient conditions. A nurse must assess the patient's condition, compared to first admitted until now, whether the recent health has changed to get better or get worse. Usually, we checked on laboratory results. If the results are good, we will give information to the doctor that the patient is ready to be sent home for outpatient care."
PW1Q3A3

Research conducted by Isra (2015) shows that most stroke patients go home with normal vital sign range of blood pressure. Stroke characterized by increased blood pressure or hypertension. Reslina (2015) states that hypertension is a trigger factor for stroke. Patients with strokes will generally experience physical weakness and need to be treated at home. Anisa (2016) says that patients are allowed to go home given that the patient already knows that the treatment has been given according to the patient's needs in preparation for the patients and families to continue therapy at home. In addition to that, Ulfa (2016) states that one of the criteria for implementing discharge planning is the family support for patients.

Systematic Discharge Planning

Patients provided with information related to health conditions, routine control schedules, and therapies needed to determine the progress of the disease that they have and what needs to do when returning home. The following statement from a participant about the topic above:

"Twice a month, I must control during my early days of stroke. But now, it has decreased to once a month. Therapy must be done every day during the early days of stroke, but soon it becomes less too. Previously the treatments that I did were radiation therapy and acupuncture. Then the medicine must also be taken regularly, especially the blood-thinning drugs. I cannot consume food with excessive coconut milk, oily food, and nuts because I have hypertension. Offal and fat are also prohibited." P3Q4A4

Discharge Planning is a significant part of the nursing process. Nurses carry out discharge planning in a structured manner starting from the assessment when the patient is hospitalized and evaluation when the patient returns home (Perry & Potter, 2010). The process of giving discharge planning is done based on the six areas in the implementation of discharge planning, also known as METHOD: Medication, that is the patient and family understand regarding the type, dosage and the intended use of the drugs given. Environment, the patient and family are aware of an excellent environment to better support the patient's recovery. Treatment, both patient and family are

familiar with the procedure after returning home, such as acupuncture therapy and simple exercises at home to help the healing process. Health, the patient and family know the development of the patient's condition to maintain health. Outpatient Referral, patients and families are well-informed of the control schedule, which is done twice a month by contacting health workers who can help with the care and treatment. Diet, patient and family understand the purpose of providing and maintaining a healthy diet to improve patient's health. The success of discharge planning is when the patient and family can take further care of actions by following procedures that have been informed by the nurses after the patient and family leave the hospital. Research conducted by Nelly and Ardia in 2016 on the perception of nurses implementing discharge planning states that the nurse role is significant. Nurses provide explanations related to treatment that must be done by patients or families after the patient is discharged from the hospital (Safrina & Putra, 2016). In the research of Azimatunnisa (2011) on the relationship between discharge planning and the patient's readiness for hospital discharge process, it also explained that there are still some elderly patients who do not understand the importance of a re-control schedule.

Discharge Planning Obstacles

The challenges of discharge planning are the administration process and the patient's unwillingness to go home because they feel that they have not fully recovered, so they need further treatment.

The following are the participants' statements related to the challenges of discharge planning:

"For the most common obstacle when discharging a patient is administration process, and the patient himself does not want to go home because he/she feels not too healthy even when he/she is allowed to go home." PW1Q4A4

"Information from the nurses was already good, but it was still not clear, so I was also confused about the disease and treatment that will be done by the hospital." P2Q3A3

Hardivianty (2017) states that the obstacles or challenges of discharge planning often come from patients themselves. This obstacle is influenced by the patients' and families' lack of understanding of information about patients' sickness (Hardiyanti, 2017). This obstacle is influenced by patients' limited knowledge, lack of coordination and communication, and inappropriate decision making (Ramdhani, 2017). As the anticipation for this, Pemila (2009) states that nurses must review and evaluate nursing care provided to maintain or restore the patient's condition optimally. The nurse is also responsible for ensuring that all information needed by the patient has been given. Even Anisa (2016) concluded that the provider and recipient of discharge planning information must be

more knowledgeable so that the process of providing information can appropriately convey. Patients with low education levels tend to have difficulty understanding information related to the disease and the things that must do during treatment at home (Anisah, 2016).

4. Conclusion

The nurse has conducted discharge planning in stroke patients. There are five themes in this research. 1) Changes in daily activity after stroke due to physical weakness and a healthy lifestyle by maintaining a healthy diet. 2) Nurse role as an educator by providing information about the patient's condition and disease prevention by taking regular medication, regular exercise, and healthy diet. 3) Criteria for discharged patients based on a doctor's visit and normal vital sign ranges of the patient. 4) Systematic discharge planning starts when the patient is admitted to the hospital until he/she returns home. 5) Challenges in the discharge planning process are patients who do not want to go back home, and the administration due that has not settled.

5. References

- Alvira Ramdhani. (2017). *Pengaruh Penerapan Discharge Planning Pada Pasien Stroke Iskemik di Rumah Sakit Wahidin Sudirohusodo Makassar*. Thesis. Makassar: Universitas Hasanuddin Makassar
- Anisah Ulfa. (2016). *Pelaksanaan Discharge Planning Pada Pasien Stroke Di Rumah Sakit Umum Daerah Dr. Zainoel Abidin*. Jurnal Ilmiah Mahasiswa Fakultas Keperawatan Volume 1 Nomor 1
- Asmadi. (2010). *Teknik Prosedural Keperawatan Konsep dan Aplikasi Kebutuhan Dasar Klien*. Jakarta: Salemba Medika
- Azimatussani. (2011). *Hubungan Discharge Planning Dengan Tingkat Kesiapan Klien Dalam Menghadapi Pemulangan di RS PKU Muhammadiyah Yogyakarta*. Skripsi. Yogyakarta: Sekolah Tinggi Kesehatan Aisyiyah Yogyakarta
- Aziz, Alimul. (2013). *Konsep Dasar Keperawatan*. Edisi 2. Jakarta: Salemba Medika
- Birjandi, Ali & Lisa M. Bragg. (2009). *Discharge planning Handbook for Healthcare: Top 10 Secrets to Unlocking a New Revenue Pipeline*. London: CRC Press
- Devi Darlina. (2012). *Discharge Planning dalam Keperawatan*. Idea Nursing Journal. Vol. 3 No. 2, 2012
- D. Widiarti, E. A. Mardella, N. B. Subekti, L. Helena, Eds., P. E. Karyuni, D. Yulianti, Y. Yuningsih, A. Lusiana, & W. Eka, Trans. (2010). *Buku ajar fundamental keperawatan: konsep, proses dan praktik (7 ed., Vol. 1)*. Jakarta: EGC
- Fitria Handayani. (2013). *Angka Kejadian Serangan Stroke Pada Wanita Lebih Rendah Daripada Laki-Laki*. Jurnal Keperawatan Medikal Bedah. Volume 1, No. 1, Mei 2013; 75-79
- Feigin VL, Forouzanfar MH, Krishnamurthi R, Mensah GA, Connor M, Bennett DA, et al. (2010). *Global and regional burden of stroke during 1990–2010: findings from the Global Burden of Disease Study 2010*. The Lancet. 2014; 383(9913):245–55.
- Go, AS. Mozaffarian, D., Roger, V. L., Benjamin, E. J., Berry, J. D., Blaha, M. J., ... Turner, M. B. (2013). *Heart Disease and Stroke Statistics*
- Hardiyanti, Faiqoh. (2017). *Hubungan Antara Dukungan Keluarga Dalam Penatalaksanaan Hipertensi Dengan Tekanan Darah Pada Lansia Hipertensi Di Wilayah Kerja Puskesmas Purwokerto Selatan*. Thesis, Universitas Muhammadiyah Purwokerto.
- Pambudi, H. A. (2009). *Studi fenomenologis : kecemasan keluarga pada pasien stroke yang dirawat di ruang HND Santo Lukas Rumah Sakit Santa Elisabeth Semarang*. Universitas Diponegoro.
- Isra Reslina. (2015). *Hubungan Pengobatan Stroke Dengan Jenis Stroke dan Jumlah Jenis Obat*. Fakultas Farmasi; Universitas Andalas Padang. Jurnal Ipteks Terapan. Volume 9 No 1
- Kementerian Kesehatan Republik Indonesia. Hasil Riset Kesehatan Dasar. Jakarta: Kementrian Kesehatan Republik Indonesia. (2013)
- Kozier, B., Erb, G., Berman, A., & Snyder, S. J. (2010). *Buku ajar fundamental keperawatan: konsep, proses dan praktik (7 ed., Vol. 1)*. (D. Widiarti, E. A. Mardella, N. B. Subekti, L. Helena, Eds., P. E. Karyuni, D. Yulianti, Y. Yuningsih, A. Lusiana, & W. Eka, Trans.) Jakarta: EGC.
- Leny Sukmawati, M. Naharuddin Jenie, Henna Dewi Anggraheny. (2012). *Analisis Faktor Risiko Kejadian Stroke di Rumah Sakit Umum Pusat Dr. Kariadi Semarang*. Jurnal Kedokteran Muhammadiyah Volume 1 No 2
- Lanny. (2013). *All About Stroke Hidup Sebelum dan Pasca Stroke*. Jakarta: Pt Elex Media Komputindo
- Manopo E., Gresti. M., Wiko. S. (2018). *Hubungan peran perawat sebagai edukator dengan kepatuhan penatalaksanaan hipertensi tahun ini timur*. Ejournal Keperawatan Vol. 6 No I
- Marliany, H., Permana, Y., & Permatasari, I. (2017). *Pelaksanaan Discharge Planning di Rumah Sakit*, 13(1), 17–26.
- Maslakha L, Santi W H. (2015). *Analisis Pemahaman Discharge Planning dengan Tingkat Kepatuhan Pasien Gagal Ginjal Kronis (GGK) dalam Menjalani Terapi*

- Hemodialisis di Rumah Sakit Islam Jemursari Surabaya*. Jurnal Ilmiah Keperawatan, 8.
- Okatiranti. (2015). *Gambaran pengetahuan dan sikap perawat dalam pelaksanaan discharge planning pada pasien diabetes mellitus tipe II*. Jurnal Ilmu Keperawatan. Volume III, No. 1, April 2015 ISSN: 233-7246
- Pertiwiwati, E., & Rizany, I. (2016). *The Role of Nurse Educator with The Implementation of Discharge Planning on Patients in Ulin Hospital*. Jurnal Dunia Keperawatan. 4. 82-87.
- Perry, A. G. & Potter, P. A. (2010). *Buku Ajar Fundamental Keperawatan: Konsep, Proses dan Praktik*. Volume 1, Edisi 7. Jakarta: EGC
- Rayanti, Rosiana E. Karwur, Ferry F. Karwur, Dolvin J. 2015. The Daily Life Of PostStroke Patients in Tomohon City, North Celebes, Indonesia. Silliman Journal January to March 2015, Volume 56 No. 1
- Rekam Medik RSUD Ungaran Tahun 2015 dan 2016
- Smeltzer, S. C. (2010). *Keperawatan medikal bedah brunner & suddarth (Ed. 12)*. Jakarta: EGC
- Smeltzer, S. C., & Bare, B. G. (2009). *Buku ajar keperawatan medikal bedah brunner & suddarth (8 ed., Vol. 3)*. (M. Ester, Ed., A. Hartono, H. Y. Kuncara, E. S. Siahaan, & A. Waluyo, Trans.) Jakarta: EGC
- Safrina, N., & Putra, A. (2016). *Persepsi Perawat Pelaksana Terhadap Pentingnya Discharge Planning Di Rsudza Banda Aceh* *Nurses Perception of the Importance of Discharge Planning in Rsudza Banda Aceh*. Jurnal Ilmiah Mahasiswa Fakultas Keperawatan, 1(1), 1–9.
- Siti Zuraidda Muhsinin. (2018). *Discharge Planning Untuk Meningkatkan Kesiapan Keluarga Dalam Merawat Pasien Stroke Di RSUD Kota Mataram* Thesis. Yogyakarta: Universitas Muhammadiyah Yogyakarta.
- Sugiyono. (2012). *Metode penelitian kuantitatif, kualitatif, dan kombinasi (mixed methods) cetakan ke-2*. Bandung: Alfabeta.
- Sulistyoningsih, Triyas. (2017). *Pengaruh Peran Perawat Sebagai Edukator Terhadap Kecemasan Keluarga Pasien Stroke di Unit Stroke Rumah Sakit Panti Waluya Malang*. Nursing News Volume 3, Nomor 1, 2018
- Timby, B. K. (2009). *Fundamental nursing skills and concepts (9th ed)*. Malaysia: Imago
- Rahmi, U. (2011). *Pengaruh discharge planning terstruktur terhadap kualitas hidup pasien stroke iskemik di RSUD Al-Ihsan dan RS Al-Islam Bandung*.