

Implementation Evaluation of Clinical Pathway in Aceh Mental Hospital with Poac Method

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Abstract

Rumah Sakit Jiwa Aceh (RSJ) is the only referral psychiatric hospital in Aceh Province. The most diagnosed disease in RSJ is Schizophrenia with an average length of stay in 2018 is 59.76 days. Schizophrenia is classified into severe mental illness due to its chronicity. The length of hospital stay is one indicator of the quality of mental health services. Other indicators are the effectiveness of services and the compliance of services with clinical pathways. Clinical pathway functions as a means of both cost and quality control of patient services. The purpose of this study is to evaluate the implementation of clinical pathway schizophrenia in Aceh Mental Hospital. This research uses qualitative methods. Primary data is collected by in-depth interviews. The study population was RSJ Management and Professional Care Providers (PPA) using a purposive sampling method. the implementation of clinical pathway schizophrenia was not optimal, this was due to the absence of a trial process, limited socialization, lack of PPA and management commitment, and the evaluation results not followed-up. The implementation of clinical pathway that is not optimal has an impact on the differences in services obtained between patients, increasing the length of stay (LOS) of schizophrenic patients and hospital losses. Therefore, Aceh's mental hospital needs to revise the clinical pathway of schizophrenia.

Keywords: Clinical Pathway; Length of Stay (LOS); Schizophrenia.

Introduction

Rumah Sakit Jiwa Aceh (RSJ) is the only referral psychiatric (tertiary) hospital in Aceh Province who treat the people with mental disorders (ODGJ). Based on the annual report of the Aceh Mental Hospital in 2019, which states that the most diagnoses for inpatients at Aceh Hospital are schizophrenia. The average length of patient care in 2018 was 59.76 days. The length of hospitalization is one of the indicators of the quality of mental health services. Other indicators are customer satisfaction, patient safety, average remission time, recurrence rate, service effectiveness and service suitability with the agreed *clinical pathway*. The quality of this service can be measured by comparing the perception between the expected service and the service received and felt by consumers. In addition, the quality of health services can be seen from the suitability of services with medical service standards and service guidelines agreed upon by the professional code of ethics

Clinical pathways determine the optimal sequence and timing of interventions carried out by doctors,

nurses, and other staff for the diagnosis of a particular disease or procedure, designed to better utilize resources and maximize the quality of care (Nurfarida, Yoga, & Agusno, 2014; Ministry of Health, 2008).

Basudewa (2013) in Nurfarida's research (2014) stated that clinical pathway is one of the main requirements for cost control and quality control of patient services in the payment system based on the case-mix of INA-CBGs, especially in the most cases and has the potential to consume large resources including schizophrenia. Various obstacles faced in the development of clinical pathways in mental health services are the failure to integrate documentation into *clinical pathways*, which can be identified through monitoring and evaluation efforts that have been carried out. In the application of *the clinical pathway*, monitoring and evaluation of the suitability of the stages of the development process, the activities applied, and the realization of expected goals are needed, but there are often limited observation times, medical record documentation systems, and reporting monitoring of medical service standards (Nurfarida et al., 2014).

PC (1998) and Gaebel (2013) in Nurfarida's research (2014) mentioned several indicators that can be used as a measure of the success of *clinical pathway* application, including the completeness of filling out *clinical pathway* forms, analysis of service variations and several indicators of service quality such as the accuracy of psychiatrist visiting hours and others (Nurfarida et al., 2014).

Methods

The research was conducted by using a qualitative method. The data used in this study was primary data obtained in interviews with informants. The analysis in this study used the thematic method. The population in this study was Management and Professional Care Providers (PPA). The sampling *method is purposive sampling*. The samples of the study were 5 informants consisting of the Deputy Director of Services, Doctors in Charge of Patients (DPJP) / Psychiatrists as many as 2 people and 2 nurses.

Results

Planning

Based on the results of the interviews, it was found that all informants had general knowledge about *clinical pathways*, the process of preparing *clinical pathways* involved all elements of Professional Care Providers (PPA), topics were selected based on the most diagnoses (*high volume*) and required large costs (*high cost*), this can be seen in the following interview:

"the clinical pathway is actually a benchmark in providing services to schizophrenic patients, with the clinical pathway the services provided are arranged in stages from the first patient enters until the patient goes home" (RR, Head of Inpatient Installation) .

"In the preparation of clinical pathways, all PPAs are involved from psychiatrists, doctors, psychologists, nurses, pharmacy, nutrition" (YS, Deputy Director of Services). *"Based on the most cases in mental hospitals, namely cases that incur a lot of costs, then the five most diseases/diagnoses are in mental hospitals"* (RH, Psychiatrist).

The trial process of the *clinical pathway* implementation of two informants answered is not finished yet, two informants replied that they did not know for sure, 1 person answered that there was a trial process, as quoted from the following interview:

"As far as I know it seems that the trial does not exist" (LS, Case Manager).

Organizing

Based on the results of the interviews obtained, all of informants said that the *clinical pathway* socialization process was carried out with limited capacity, the overall socialization had not been carried out, as quoted from the following interview:

"At that time, the socialization as I recall was only to DPJP doctors, general practitioners, and nurses, head of the room, implementing nurses, other nurses were socialized by the heads of their respective rooms, thorough socialization was not carried out" (RH, Psychiatrist).

Actuating

Based on the interview results, all informants said that the implementation of *clinical pathways* was still lacking, as quoted from the following interview:

"The level of clinical pathway compliance is somewhat lacking" (RR, Head of Inpatient Installation). *"Compliance in general is 70% to 75%"* (YS, Deputy Director of Service).

"There are several PPAs that do not carry out clinical pathways as determined, especially filling them in" (RR, Head of Inpatient Installation).

"Documentation of clinical pathways is carried out with a tick or tick system" (LS, Case Manager)

Controlling

Based on the results of the interviews obtained, all informants said the process of supervision and evaluation of the *clinical pathway* was carried out but was not optimal, as quoted from the following interview:

"This clinical pathway has been evaluated by the hospital quality team and the results are that there are still PPAs that are not filled in" (RR, Head of Inpatient Installation).

"The evaluation time can be per month in the form of routine reports, namely data only, it can also be per 3 months" (YS, Deputy Director of Services).

"The role of the doctor is actually quite a role because it does from anamnesis for example a prominent complaint until the patient comes home with improvement or clinical recovery." (MW, Psychiatrist).

"The outcome is definitely a better service because patients do not burst so observation of patients is more optimal, the second is that the cost of claiming is even greater unlike now the hospital loses money by treating patients for up to 6 months" (RH, Psychiatrist).

"Of course, there is an influence between the clinical pathway and LOS, if we really carry it out" (LS, Case Manager).

Discussion

Hospitals are referral health care facilities at the first, second, and third levels. Seeing how complex it is in managing the hospital, it requires a good management system (Priandana, Paranoan, & Djumlani, 2016).

Management is the process of guiding and providing facilities for the work of people who are organized in formal groups to achieve a desired goal. George R. Terry formulated management functions into four processes that are often abbreviated as POAC (planning, organizing, actuating and controlling) (Priandana et al., 2016).

Planning

The *Clinical Pathway* was created to provide details of activities to be performed in a particular clinical condition. *Clinical Pathway* provides a day-by-day management plan with appropriate service standards. Services in the *Clinical Pathway* are multidisciplinary so that all parties involved in the services of doctors / dentists, nurses, physiotherapists, nutritionists / dieticians, pharmacists, and others. (Sulistyo et al., 2015)

The process of preparing *clinical pathways* in Rumah Sakit Jiwa Aceh (RSJ) involving all professional care providers (PPA), namely Doctors, Nurses, Psychologists, Pharmacy and Nutrition. This is in accordance with the guidelines for the preparation of clinical practice guidelines and *clinical pathways* in integrated care according to hospital accreditation standards which state that the professions involved contribute to providing care, namely medical care, nursing care, nutritional care and pharmaceutical care. The topics chosen in determining *clinical pathways* in hospitals are based on the number of cases being large (*High Volumee*), having a high risk (*High Risk*), tending to use high costs (*High Cost*) and having wide variability in implementation by experts even though the cases are the same. (Sulistyo et al., 2015).

After the *clinical pathway* is arranged, it is necessary to conduct trials before it is finally implemented. During the trial, periodic assessments of the completeness of data filling and variation analysis were carried out by tracing the causes of *differences in clinical pathway implementation*. The results of the analysis were used to identify various variations in the service process, signal medical staff the presence of patients who did not achieve the expected development

and plan for *clinical pathway improvements*.

The implementation of the *Clinical pathway* at the Aceh Mental Hospital did not go through an overall trial process. This is related to the schedule for the hospital accreditation assessment in 2017. This has an impact including variations in services that are not identified and many obstacles at the time of its implementation.

Organizing

All of staff in associated with the implementation of clinical pathways should understand their respective roles and the importance of successful clinical pathways for hospitals. Multidisciplinary teams, case managers, doctors, and other health workers play an important role in the successful implementation of the clinical pathway if all understand their respective duties and obligations (Riza & Nurwahyuni, 2019).

Based on the interviewed with informants, it was found that the clinical pathway socialization process at the Aceh Mental Hospital was carried out before the implementation with limited participants and was not carried out thoroughly.

This is in accordance with research conducted by Desy (2016), the cause of the lack of application of clinical pathways is due to the implementation of socialization is not optimal and causes ignorance of the existence of the clinical pathway system and the documentation of the clinical pathway (D. R. Sari, 2017).

Actuating

Based on the information from informants that the implementation of the clinical pathway has not been satisfactory, the compliance rate is below 75% and not all PPAs carry it out. The best implementation of the clinical pathway is in the acute room of men and women.

How to document implementation with a special form filled out with the tick method (checklist). Based on the results of an audit from the Quality and Patient Safety Committee in 2018, the compliance rated for filling out *clinical pathway forms* is generally less than 50%. This of course requires to commitment from all the parties.

The commitment from DPJP can be realized by the appropriateness of providing therapy according to the clinical pathway. If you need variations in the therapy, it becomes input during monitoring and evaluation. There is PPA and Management.

The research conducted by Ika Nurfarida (2014) in the psychiatric inpatient room at RSUP Dr. Sardjito,

Yogyakarta that the service process of inpatient schizophrenic patients at DR. Sardjito Hospital during the implementation of clinical pathways has not been effective. The completeness rate of filling out the inpatient schizophrenia *clinical pathway* form is only 33.11%. The cause of the lack of completeness of filling out *the clinical pathway* form is partly due to information about the application of *clinical pathways* that have not fully reached research informants and the design of forms that are too small to cause difficulties in filling (Nurfarida et al., 2014).

Controlling

Monitoring and evaluation implementation of clinical pathways can be carried out regularly both monthly, trimester and semester. This is in accordance with research conducted by Wijayanti (2016) that the evaluation of supervision in the implementation of clinical pathways is carried out periodically and continuously. Quoted from the study that the findings of Roymeke and Stummer (2012) stated that for business management of hospitals, clinical pathways present strategic management instruments that also function as instruments for continuous cost control, and can contribute to transparency in the provision of services (Wijayanti, 2016).

Based on the results of interviewed with informants about evaluation, the results were obtained, including that the doctor in charge of the patient (DPJP) did not comply with the clinical pathway, especially related to therapy and treatment of patients. The cause is DPJP's ignorance of clinical pathways, lack of commitment or variations in the patient's situation during treatment. This can also be because each doctor tends to treat according to clinical experience.

Conclusion

The implementation of the clinical pathway schizophrenia has not been optimal because some of the processes passed are not in accordance with the clinical pathway. Management revised the *clinical pathway*, especially regarding the number of days patients were treated in accordance with the

regulations of the ministry of health and the variety of services obtained during the evaluation.

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