



Implementation of Discharge Planning using Leaflet Media for Coronary Heart Disease Patients in Indonesian Hospital

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Abstract

Coronary Heart Disease is one of the leading causes of illness and death worldwide. Patients with coronary heart disease often experience recurring events and require effective discharge planning to ensure continuity of care and prevent further complications. Proper discharge planning can enhance patients' understanding of their condition management and reduce the likelihood of rehospitalization. This study aims to evaluate the effectiveness of discharge planning in improving patient adherence to treatment and enhancing quality of life to reduce readmission rates among patients with Coronary Heart Disease (CHD). The research method employed is a descriptive case study. The study sample consists of CHD patients hospitalized in a hospital setting. During their hospital stay, patients received structured discharge planning, including health education, follow-up plans, and coordination with healthcare services. The results of implementing the discharge planning intervention over 3 days showed differences in knowledge levels before and after the intervention. Following education, improvements were observed in patients' knowledge regarding implementing care programs, taking actions to mitigate risks, and engaging in daily activities to achieve health goals.

Keywords:

Discharge Planning,
Health Education,
Coronary Heart Disease,
Readmission.

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INTRODUCTION

The hospital is a provider of complete health services in emergency, inpatient and outpatient services. One form of health service is home planning or also called discharge planning. Discharge planning is a learning process that begins from the moment the patient is admitted to the hospital, involves the client and family to improve understanding, develop the client's and family's ability about home care, health problems faced, to speed up healing avoiding possible complications with activity restrictions creating a safe environment for clients at home (Rosya et al., 2020).

Discharge planning has a principle that all discharge planning procedures must be carried out consistently and structured in all inpatients. Discharge planning is one of the actions Primary prevention to prevent readmission after the patient has completed Carry out treatment in the hospital. Inadequate discharge planning has resulted in

many recurrences in patients, one of which is a case of coronary heart disease (Rahpeima et al., 2022). The World Health Organization stated that in 2021 cardiovascular diseases (CVDs) such as heart attacks and strokes caused 42.5% of all deaths annually or about 10,000 deaths daily in the European Region (Organization, 2024). The British Heart Foundation (2023) stated that in 2019 as many as 34% (9.8 million men and 9.2 million women) or as many as 19 million people in the world died from heart disease. The case numbers in epidemiological data in Indonesia show that deaths due to coronary heart disease are 42.3% or as many as 7.4 million people. Basic health research data shows the prevalence of coronary heart disease as many as 40,210 people in 2018 for the DKI Jakarta area (Kemenkes, 2018).

Coronary heart disease is a disease caused by narrowing of blood vessels (atherosclerosis) that supply blood to the heart muscle. Atherosclerosis occurs due to the narrowing and hardening of the coronary arteries of the heart. Common problems in coronary heart disease patients include recurrent angina, recurrent heart attack, restenosis, Patient non-adherence to medication, exercise, smoking, poor diet, lack of physical activity, excessive alcohol consumption, lack of Knowledge of home care also results in delays in seeking medical care so that symptoms reappear or worsen (Panchal et al., 2018).

Treatment of CHD patients is not only when an attack occurs, but after the attack is resolved. Post-heart attack patients Prepared for return or discharge planning by providing counseling and health education as well as various disease experiences. The transition from hospital to home is an important opportunity to promote patient safety and good quality care. However, such transitions are often fraught with difficulties related to increased healthcare use and poor patient satisfaction (Della et al., 2022).

Implementation of discharge planning inappropriate treatment can also harm patients and suboptimal discharge planning can causing failures in the treatment planning process which will have an impact on the level of patient dependence and the severity of patients in the hospital due to patients and their families who are not able and do not know what to do with independent care (Fønss Rasmussen et al., 2021).

The increase in the number of people with coronary heart disease is due to a lack of understanding of treatments that can be done at home. The importance of providing discharge planning to clients and clients' families regarding the management of coronary heart disease at home is proven by the results of research conducted by Sumarni & Misparsih (2020). The results of this study show that there is a significant relationship between health education through discharge planning and patient quality of life. The results of the analysis showed that after receiving health education, patients had a 38 times greater chance of having a good quality of life (OR = 38, $p < 0.05$). Therefore, the importance of implementing proper and comprehensive discharge planning is considered one of the guarantees of continuity of services for patients, and can increase satisfaction with hospital services (Bhute et al., 2020).

The discharge plan prepared by the medical team must be based on the patient's medical condition and the needs of care needed at home (Noprianty & Noviyanti, 2019). Patient involvement in the discharge planning process can be achieved by providing individualized outcome information and encouraging shared decision-making, which affects the quality of life of patients especially in those suffering from chronic illnesses (Afandi et al., 2021).

In research conducted by Aslam et al. (2024) found that the intervention group showed a significant increase in the post-intervention self-efficacy repatriation education program, with the average self-efficacy score increasing from 31.29 ± 5.571 to 51.69 ± 6.641 ($t = -15.197$, $p < 0.000$).

The results of this study conclude that a comprehensive repatriation education program significantly improved self-efficacy among heart disease patients compared to previous standard treatments.

Research conducted by Kong & Wilkinson (2020) shows that lack of patient knowledge and awareness is a major factor affecting the rate of readmission in patients with coronary heart disease. The results of this study highlight that patients' lack of adherence to treatment and treatment programs negatively impacts their clinical outcomes, such as increased readmission and the risk of death in some cases.

This study shows that repatriation planning involving a variety of disciplines can effectively reduce readmission rates statistically and clinically. Based on the background description above, the researcher is interested in taking the title "The Implementation of Discharge Planning with Media Leaflet for Coronary Heart Patients in One of the Hospitals in Indonesia".

METHOD

The method used was a descriptive study in the form of a case report regarding the application of discharge planning in patients with coronary heart disease. The sample used in the intervention was 1 person with coronary heart disease, had the ability and willingness to communicate and receive education. Discharge planning is provided 3 times in 3 days, each session lasts 30 minutes. The instrument used in the implementation of discharge planning is in the form of an SOP procedure for planning to leave the hospital which has been adjusted to the Standard Nursing Operational Procedures (PPNI, 2021). The assessment indicator used is the score from the Indonesian nursing output standard (PPNI, 2019). The tools needed to implement this discharge planning include leaflets and powerpoints in the form of health education about the introduction of coronary heart disease, treatment of coronary heart disease patients at home, early handling of heart attacks.

RESULT AND DISCUSSION

Nursing actions have been carried out for 3 days (05-07 June 2024) and then evaluated. The evaluation to be achieved is that health management is improved. The evaluation results criteria that are assessed are carried out subjectively and objectively in accordance with the Indonesian Nursing Output Standards (PPNI, 2019).

Clients receive discharge planning interventions 3 times for 3 days with a duration of 30 minutes. At the time of the assessment, the results were obtained, namely the client had been re-hospitalized 4 times, the client had a history of hereditary diseases of hypertension and heart disease from his father, the client said he had never received education about coronary heart disease after returning from the hospital, the client said he did not know how to handle it if he was at home, the client said before entering the hospital he did not take heart medication regularly, The client said that he did not know how to handle a heart attack at home, the client said that he liked to eat anything and did not maintain his diet, the client's family said that the client liked fried foods very much, the client's family said that the client did not like food that was too bland.

The summative nursing evaluation was carried out on the last day of administration on the 3rd day, which was June 7, 2024 at 11.00. The results of the client and family can explain the previous education related to the introduction of coronary heart disease (definition, symptomatic signs, types, causes of coronary heart disease), clients and families can explain return education Previously, regarding the treatment of patients with coronary heart disease at home, the client and the client's family said that they understood the explanation and examples given by the nurse, the client and the family could explain again regarding the handling of heart attacks in patients with coronary heart disease at home.

Table 1. Results of discharge planning implementation (05/06/24)

Tgl	Tahap	Kegiatan	Waktu	Sasaran	Tempat	Evaluasi	Rencana Tindak Lanjut
Rabu, 05 Juni 2024	Pelaksanaan	<ol style="list-style-type: none"> Perawat melakukan pengkajian ulang terkait dengan pemahaman klien dan keluarga klien yang berhubungan dengan penyakit jantung koroner Materi edukasi yang diberikan berupa leaflet yang berisi definisi, tanda gejala, jenis, penyebab penyakit jantung koroner Perawat menjelaskan poin materi yang akan didiskusikan pada klien dan keluarga klien Perawat menekankan kembali poin-poin penting pada edukasi Perawat memberi jeda untuk klien dapat bertanya Perawat menanyakan kembali pada klien terkait poin edukasi Pendokumentasian di form <i>discharge planning</i> 	30 menit	Klien dan Keluarga klien	IRNA Teratai V Utara	<p>Setelah dilakukan pengkajian, diberikan edukasi pengenalan penyakit jantung koroner dan didapatkan hasil :</p> <ol style="list-style-type: none"> Klien mengatakan selama ini belum mengetahui mengenai definisi, tanda gejala, jenis, penyebab penyakit jantung koroner Klien mengatakan ini merupakan pertama kalinya mendapat edukasi penyakit jantung koroner Klien dapat menjelaskan definisi penyakit jantung koroner adalah adanya sumbatan di pembuluh darah jantung Klien dapat menjelaskan kembali jenis penyakit jantung koroner Klien dapat menjelaskan kembali berbagai macam penyebab penyakit jantung koroner <p>Klien dapat menjelaskan kembali tanda gejala penyakit jantung koroner dan sesuai dengan yang selama ini di rasakan.</p>	Kontrol waktu untuk memberikan pendidikan kesehatan tentang penanganan PJK di rumah kepada klien dan keluarga klien tanggal 05 Juni 2024 pukul 12.30 WIB

The results of table 1. show that on the first day after the implementation of discharge planning, the client said that so far he did not know about the definition, symptom signs, types, causes of coronary heart disease, the client said this was the first time he received coronary heart disease education, the client could explain the definition of coronary heart disease is the presence of blockages in the heart blood vessels, the client could explain the type of coronary heart disease, The client can explain the signs of the symptoms of coronary heart disease and according to what has been felt.

Table 2. Results of discharge planning implementation (06/06/24)

Tgl	Tahap	Kegiatan	Waktu	Sasaran	Tempat	Evaluasi	Rencana Tindak Lanjut
Kamis, 06 Juni 2024	Pelaksanaan	<ol style="list-style-type: none"> Perawat melakukan pengkajian ulang terkait dengan pemahaman klien dan keluarga klien yang berhubungan dengan pengenalan penyakit jantung koroner (definisi, tanda gejala, jenis, penyebab penyakit jantung koroner) Materi edukasi yang diberikan berupa leaflet yang berisi perawatan pasien dengan penyakit jantung koroner di rumah Perawat menjelaskan poin materi yang akan didiskusikan pada klien dan keluarga klien Setelah edukasi perawat menekankan kembali poin-poin penting pada edukasi Perawat memberi jeda untuk klien dapat bertanya Perawat menanyakan kembali pada klien terkait poin edukasi Pendokumentasian di form <i>discharge planning</i> 	30 menit	Klien dan Keluarga klien	IRNA Teratai V Utara	<p>Setelah dilakukan pengkajian, diberikan edukasi perawatan pasien dengan penyakit jantung koroner di rumah dan didapatkan hasil :</p> <ol style="list-style-type: none"> Klien dan keluarga dapat menjelaskan kembali edukasi sebelumnya terkait pengenalan penyakit jantung koroner (definisi, tanda gejala, jenis, penyebab penyakit jantung koroner) Klien dan keluarga klien mengatakan mengerti penjelasan dan contoh yang diberikan perawat Klien dan keluarga klien dapat menjelaskan kembali terkait perawatan pasien dengan penyakit jantung koroner di rumah 	Kontrol waktu untuk memberikan pendidikan kesehatan tentang penanganan serangan jantung di rumah kepada klien dan keluarga klien tanggal 07 Juni 2024 pukul 10.00 WIB

The results of table 2. show that on the first day after the implementation of discharge planning, the client and family can re-explain the previous education related to the introduction of coronary heart disease (definition,

symptom signs, types, causes of coronary heart disease), the client and the client's family say they understand the explanation and examples given by the nurse, the client and the client's family can re-explain the care of patients with coronary heart disease at home.

Table 3. Results of discharge planning implementation (07/06/24)

Tgl	Tahap	Kegiatan	Waktu	Sasaran	Tempat	Evaluasi	Rencana Tindak Lanjut
Jumat, 07 Juni 2024	Pelaksanaan	<ol style="list-style-type: none"> Perawat melakukan review terkait dengan pemahaman klien dan keluarga klien yang berhubungan dengan pengenal penyakit jantung koroner (definisi, tanda gejala, jenis, penyebab penyakit jantung koroner) dan perawatan pasien dengan penyakit jantung koroner di rumah Materi edukasi yang diberikan berupa leaflet yang berisi penanganan serangan jantung pada pasien dengan penyakit jantung koroner di rumah Perawat menjelaskan poin materi yang akan didiskusikan pada klien dan keluarga klien Setelah edukasi perawat menantikan kembali poin-poin penting pada edukasi Perawat memberi jeda untuk klien dapat bertanya Perawat menanyakan kembali pada klien terkait poin edukasi Pendokumentasian di form discharge planning 	30 menit	Klien dan Keluarga Klien	IRNA Teratai V Utara	<p>Setelah dilakukan pengkajian, diberikan edukasi penanganan serangan jantung pada pasien dengan penyakit jantung koroner di rumah, didapatkan hasil:</p> <ol style="list-style-type: none"> Klien dan keluarga dapat menjelaskan kembali edukasi sebelumnya terkait pengenal penyakit jantung koroner (definisi, tanda gejala, jenis, penyebab penyakit jantung koroner) Klien dan keluarga dapat menjelaskan kembali edukasi sebelumnya terkait perawatan pasien dengan penyakit jantung koroner di rumah Klien dan keluarga klien mengatakan mengerti penjelasan dan contoh yang diberikan perawat Klien dan keluarga dapat menjelaskan kembali terkait penanganan serangan jantung pada pasien dengan penyakit jantung koroner di rumah 	Monevita kontak klien atau keluarga klien untuk mengetahui keadaan klien.

The results of table 3. show that in The first day after the implementation of discharge planning, the client and family can re-explain the previous education related to the introduction of coronary heart disease (definition, symptom signs, type, causes of coronary heart disease), the client and family can re-explain the previous education related to the care of patients with coronary heart disease at home, the client and the client's family say they understand the explanation and examples that Given that nurses, clients and families can explain the handling of heart attacks in patients with coronary heart disease at home.

Discussion

Based on the results of the study, it was found that Mrs. H had a history of re-treatment 3 times due to restenosis, the client had a history of disease descendants of hypertension and heart disease from his father. Clients and client families say they have never. Getting education about coronary heart disease, the client said he did not know how to handle it if he was at home, the client said before entering house sick do not take heart medication regularly, the client says does not know how to handle a heart attack at home, the client says that he likes to eat anything and does not maintain a diet, the client's family says that the client really likes fried foods, the client's family says that the client does not like food that is too bland.

In this situation, the role of structured discharge planning is needed to provide patients with an understanding of the condition they are experiencing and make it easier for clients to carry out treatment independently at home. In patients who are less exposed to information about their condition, the role of discharge

planning is very important to be carried out because it can allow patients to return to the hospital and improve the quality of patient care and their quality of life (Hall et al., 2020).

Therefore, the author raises ineffective health management as the main diagnosis because there are actual data on lack of knowledge in clients and client families that must be addressed immediately so that further complications can be avoided. If the problem is not treated immediately, it will lead to readmission (readmission to the hospital). The factors that can affect the discharge planning that will be given to patients are such as factors originating from nurses that affect success in providing health education, emotional control, good knowledge and also nurse experience (Rosya et al., 2020). In addition, factors derived from patients will affect success in providing health education, such as motivation, positive attitude of patients, stable emotions, education level (Rosya et al., 2020).

The implementation of discharge planning needs to be structured because if discharge planning is not appropriate, it can harm patients and suboptimal discharge planning can lead to failures in the treatment planning process which will have an impact on the level of patient dependence and the severity of patients in the hospital due to patients and families who are not able and do not know what independent care must be carried out (Fønss Rasmussen et al., 2021).

Nursing planning for Mrs. H focuses on the ability of nurses to motivate clients in reducing risk actions against coronary heart disease. The application of discharge planning on Mrs. H was carried out for 3 times for 30 minutes, the media used were leaflets and powerpoints. At the time before being educated, the client said that he had never received education and the client's family said that the client did not do physical activity at home, did not take medication regularly, and liked to consume fried foods and fatty foods, the client had a history of re-treatment.

Based on the case, attention is needed in providing effective health education so that home care is well planned and re-treatment does not occur. The implementation of structured discharge planning is effectively carried out repeatedly and programmatically starting from the time the patient enters the hospital, during the patient's treatment, and when the patient is discharged from the hospital (Camm et al., 2009).

According to the theory of Nies & McEwen (2014), another method that can prevent readmission is HBM (Health Belief Model). In application, the author does not apply the theory, the method can support the successful implementation of structured discharge planning. However, HBM can be used to explain why individuals might take preventive measures or follow health care recommendations. The health belief model is a model that specifies how individuals cognitively demonstrate healthy behaviors or efforts to get healthy or cure a disease. This health belief model is based on an individual's belief or belief about healthy behaviors or certain medications that can make the individual healthy or healed.

The evaluation of the implementation of discharge planning provided by the author to patients and their families before the termination of treatment was declared effective with few obstacles in the implementation time that was too short. It is recorded that the effectiveness of discharge planning such as, the client and the client's family can explain what has been done in the PJK everyday. Overall, effective discharge planning contributes to education, clients and client families say they understand the explanations and examples given by the nurse, clients and the client's family can explain the examples given by the nurses, clients and families of clients say they find it very helpful with the explanations given by the nurses. This success marked the closure of nursing measures with very positive results. As a follow-up and to maintain the results that have been achieved, the client and the client's family are encouraged to carry out treatment and manage their health independently at home, such as doing physical activity with tolerance, consuming healthy foods that are not high in salt and sugar, adherence to taking medication regularly and regular control to evaluate the client's health progress.

This is in line with the theory of Panchal et al., (2018) who explain that the achievement of evaluation is also determined by the success of treatment without any re-treatment incident. The role of discharge planning can be enhanced to support success in patient care. With structured discharge planning, patients can better understand how to manage their condition, including diet, medication use, and recommended physical activity. It also helps reduce their risk of returning to the hospital for preventable complications, and improves their ability to cope with symptoms in improving the long-term quality of life of coronary heart patients.

CONCLUSION

The application of nursing planning in Mrs. H focuses on the ability of nurses to motivate clients to reduce risk actions for coronary heart disease in order to achieve outcome criteria. Nursing evaluation of Mrs. H with coronary heart disease for nursing diagnosis regarding improved health management was assessed from subjective and objective data in accordance with the established outcome criteria. Thus, the analysis of this diagnosis can be continued through follow-up interventions, namely family support in regulating and carrying out treatment for patients with coronary heart disease after discharge from the hospital.

It is hoped that the next researcher can apply the application of structured discharge planning to patients with coronary heart disease through providing health education to patients and families and studying the health belief model method that can assess health behavior in patients so that the patient's quality of life improves and the patient does not experience re-treatment.

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