

SUMMARY

The Effort To Increase Utilization Hospital Inpatient Ward of Emergency Patient Based On Perceived Illness and Evaluated Illness Analysis (Study in Sidoarjo District General Hospital)

Data from Sidoarjo District General Hospital (SDGH) in 2014 showed that there was decreasing utilization hospital inpatient ward from 24.963 patients in 2013 to 22.071 in 2014. Patient from emergency department who rejected medical advice for hospital inward admission are 1.407 patients (6,0%). It was indicated a high number of patients against medical advice. Emergency patients is special costumer in a health utilization. Perceived illness as one of essential elements for hospital inpatient ward of emergency patients. The usual problems are discrepancy between patients perceived illness and emergency physicians evaluated illness. A study regarding perceived illness and evaluated illness as a elements for hospital inpatient ward is needed.

Health utilization are affected by patient factors, hospital factors, and environmental factors. Andersen have described that patients factors consist of predisposing, enabling, dan need based characteristic (Andersen, 1995). Study was indicated that belief and knowledge have significant effects for health utilization (Sugiono, 2013). There is no study about need based characteristic for utilization hospital inpatient ward of emergency patient. Need based characteristic divided become perceived illness dan evaluated illness. Perceived illness is patients perception about their illness. Some of perceived illness indicators are disability days, symptom, perception of illness gravity, disturbing level caused their illness, and anxiety. Evaluated illness is measure of illness by health care provider. In emergency department evaluated illness can be triage level of patients by emergency physician. SDGH Emergency Department have Emergency Severity Index Level (ESI level) to measure patient in triage. Scale of ESI level divided from I until V. ESI level I for dying patient, level II for patient shouldnot wait, in severe emergency, level III is moderate emergency patient, level IV mild emergency patient, and level V for non emergency patient. Perceived illness dan evaluated illness are important for making decision utilization hospital inpatient ward.

The objective of this study was provide recommendation to increase utilization hospital inpatient ward of emergency patients of SDGH based on perceived illness and evaluated illness analysis. The components of perceived illness are patients perception about symptoms, gravity of illness, disturbing level caused their illness, and anxiety level. This study compare perceived illness from patients to evaluated illness (ESI Level) from emergency physician. This study also measure patient perception about SDGH. SDGH components are resourcess of emergency department, product, price, place, process, and physical facility.

This study was analytic observational study conducted 6-16 April 2015. Data were collected through questionnaires and medical record. The population of this study are SDGH emergency patients from 6-16 April 2015. The sample are 67 patients who fullfilled inclusion criteria, which was determined by purposive

sampling. Inclusion criteria are: patient with I, II, and III ESI level, in a good consciousness stated by physician, >18 years old, and agreed to fulfill questionnaire. The study method included a validated questionnaire, and analysis by using analytic statistics.

Most of the respondents were older people, women, low economic statuses, and have insurance from Badan Pelaksana Jaminan Sosial (BPJS) non Peserta Bantuan Iuran (PBI), and from ESI level III. Almost patients perception of SDGH were good for resources of emergency department, product, price, place, process, and physical facility. There was significant correlation between gravity of illness, disturbing level from patients and Emergency Severity Index Level. The results of this study indicated that gravity of illness and anxiety level have significant effects for utilization hospital inpatient ward. Patient's perception for hospital place and process have significant effects for utilization hospital inpatient ward. ESI level has no significant effects for utilization hospital inpatient ward.

Recommendations for this study are to: (1) improve patient's perceived illness by implementing persuasive Communication, Information, and Education, (2) held training for giving standar information to patient and their family, (3) use media to give information, (3) improve process hospital admission by reducing waiting time, supported integrated hospital information system, and provide sufficient of patients helper transporter, (5) provide closed room where give information to patients, to respect their confidential, (6) measure workload of emergency physicians based on patients level to provide sufficient physician resources.