



Analysis of Factors Related to The Implementation of Case Management Care at The Badung Regency Hospital, Bali

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Track Record Article Revised: 11 June 2025 Accepted: 25 August 2025 Published: 4 September 2025 How to cite : Susanti, N. D., & Wahyuningsih, L. G. N. S. (2025). Analysis of Factors Related to The Implementation of Case Management Care at The Badung Regency Hospital, Bali. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i> , 7(2), 147–158.	Abstract <i>Case management is a collaborative process involving the planning, coordination, monitoring, and evaluation of services provided to patients to meet their optimal health needs. This study aims to examine the factors associated with the implementation of case management care. This analytical cross-sectional study was conducted at Badung Regency Hospital, Bali. A total of 248 healthcare professionals—including doctors, nurses, and midwives who met the inclusion criteria participated in the study. Data were collected using a structured questionnaire and analysed through univariate, bivariate (Chi-square), and multivariate (binary logistic regression) methods. Chi-square analysis revealed that case manager knowledge, hospital management support, institutional policies, and multidisciplinary team collaboration were significantly associated with the implementation of case management ($p < 0.05$). The most influential factors were case manager knowledge (AOR = 21.16; 95% CI: 1.66–56.07) and multidisciplinary team collaboration (AOR = 13.2; 95% CI: 1.72–100.93). The findings suggest that enhancing case managers' knowledge and fostering stronger interprofessional collaboration may significantly improve the implementation of case management care in hospital settings</i> Keywords: Case management, Case manager knowledge, Collaboration, Hospital care
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INTRODUCTION

Hospitals, as advanced healthcare facilities, play a critical role in delivering services that are high-quality, effective, efficient, and oriented toward patient safety. As patient needs become increasingly complex, the challenges of managing healthcare services also intensify. Rising public awareness of health issues has influenced hospitals to enhance the quality of care they provide (Widjaja, 2025). To support healing and recovery, hospitals continuously improve their services with a strong emphasis on patient comfort. The development of healthcare services in Indonesia has contributed to more equitable access to care across regions. Furthermore, advancements in science and technology have led to a growing number of educated and informed individuals in society, enabling them to make informed choices and demand high-quality healthcare services (Gunawan & Christianto, 2020).

The complexity of patient conditions and the involvement of multiple professional disciplines in service management can lead to service fragmentation, which poses risks to patient safety. In such contexts, interprofessional collaboration is essential to ensure cohesive and comprehensive care, enabling patients to receive continuous and coordinated services. This collaboration involves healthcare professionals from diverse backgrounds working together

with patients and their families to deliver high-quality care. While hospital administrators and Professional Care Providers (PPA) generally recognize the importance of such collaboration, access to effective models and clarity on their implementation remain limited (Korwa & Rumere, 2024). Contemporary healthcare has shifted toward a patient-centred paradigm, where the focus is no longer solely on physicians as the primary agents of healing, but rather on patients as the central figures in care delivery. To align with this paradigm, hospitals must adopt strategic approaches that enhance service quality and prioritize patient satisfaction (Iskandar & Februadi, 2021).

One approach that has demonstrated effectiveness in enhancing coordination, continuity, and efficiency in healthcare delivery is case management-based care. Case management is a collaborative process involving the planning, coordination, monitoring, and evaluation of services provided to patients in order to meet their optimal health needs. This approach seeks to ensure that patients receive appropriate care, in the right setting, at the right time, and at a manageable cost. Evidence suggests that implementing case management care yields numerous benefits, including increased patient satisfaction, reduced length of hospital stays, lower rates of rehospitalization, and improved overall quality of life (Brown et al., 2022).

In hospital and healthcare system settings, case management entails collaboration among patients, nurses, social workers, physicians, other healthcare practitioners, caregivers, and the broader community. The process involves ongoing communication that supports care continuity through the effective and efficient coordination of resources. Its ultimate goal is to promote optimal health outcomes, ensure access to appropriate services, and allocate resources equitably, all while upholding the patient's right to self-determination (Sukawan et al., 2021).

However, the implementation of case management care in hospitals does not always proceed as intended. Multiple factors can influence its success, including individual characteristics of healthcare workers, organizational dynamics within hospitals, and broader aspects of the healthcare delivery system. Key determinants of effective case management include the knowledge and skills of case managers, support from hospital leadership, institutional policies, multidisciplinary team collaboration, workload, and the availability of resources (Situmeang et al., 2023).

In Indonesia, although the concept of case management has been increasingly adopted by hospitals, research on the factors influencing its implementation remains relatively limited. Each hospital operates within a unique set of characteristics and challenges, making it essential to gain a deeper understanding of the key determinants that affect the success of case management in the local context. Such insights can serve as a foundation for developing more

targeted intervention strategies to enhance the effectiveness of case management care. Patients often feel more supported when accompanied by a dedicated professional who oversees their entire care journey, leading to improved patient experiences and greater satisfaction with hospital services (Putra & Hendrawan, 2024).

However, preliminary studies conducted in government hospitals indicate that case managers are not yet fulfilling their roles and responsibilities optimally. Interviews with three case managers, two nurses and one physician, revealed that their implementation of case management was suboptimal, as their duties extended beyond case management to include administrative tasks, on-duty managerial roles, and other responsibilities.

METHODS

This study employed an analytical cross-sectional design to examine the relationship between several variables, case manager knowledge, hospital management support, institutional policies, and multidisciplinary team collaboration, and the implementation of case management care. The research was conducted from September to November 2024 at Badung Regency Hospital in Bali. Ethical approval was obtained from the Research Ethics Committee under approval number 000.10.8/2296/RSUD/2024. The study employed a total sampling method, involving all professional caregivers working at Badung Regency Hospital in Bali. A total of 248 respondents participated, comprising doctors, nurses, and midwives. Inclusion criteria required that participants had been employed at the hospital for a minimum of six months and were actively involved in patient care. Individuals who were on leave during the data collection period or who declined to provide consent were excluded from the study. The instrument used in this study was a structured questionnaire comprising three sections: Questionnaire A focused on respondent characteristics; Questionnaire B addressed key factors such as case manager knowledge, hospital management support, institutional policies, and multidisciplinary team collaboration; and Questionnaire C assessed the implementation of case management care. Each independent variable was measured using 5–6 items on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree), based on specific indicators.

The indicators for the knowledge variable included items related to roles, procedures, and principles of case coordination. Hospital management support was measured through indicators such as training and staff competency development, availability of rewards and incentives, and adequacy of workplace facilities. Institutional policy indicators encompassed regulations, planning, and implementation. Team collaboration was assessed through indicators of communication, coordination, and joint decision-making. The dependent variable,

implementation of case management, was measured using 15 items that evaluated assessment, case analysis, planning, coordination and collaboration, implementation, monitoring, and evaluation. Responses were recorded using the same 5-point Likert scale.

The questionnaire was tested for validity and reliability prior to distribution via Google Form. The reliability coefficient of the instrument was 0.80, indicating acceptable internal consistency. Content validity was evaluated through expert judgment involving three health management specialists, while construct validity was assessed using Pearson's item-total correlation, with items considered valid at $r > 0.30$.

To minimize non-response bias, the Google Form was distributed directly to all participants via email and/or WhatsApp, accompanied by regular reminders. The initial phase of the research involved obtaining ethical clearance and necessary permissions from the research site. The questionnaire was designed to be concise and included a clear explanation of the study's purpose and assurances of data confidentiality. Additionally, the respondent list was monitored to identify and follow up with individuals who had not yet completed the survey.

Prior to data analysis, the completeness of respondents' answers was verified. All statistical analyses were conducted using SPSS version 25, with a p-value of <0.05 considered statistically significant. The data analysis process began with univariate analysis to describe respondent characteristics, followed by bivariate analysis using the Chi-square test or correlation/logistic regression, depending on the scale of the variables. To identify factors influencing readiness, a multivariate analysis was performed using binary logistic regression with the enter method to estimate model parameters.

RESULTS

Table 1 Characteristics of Respondents (n=248)

Characteristics	N	%
Gender		
Male	109	43,95
Female	139	56,05
Occupation		
Nurse	129	52,02
Doctor	71	28,63
Midwife	48	19,35
Age		
20 – 30 years	56	22,58
>30 – 40 years	96	38,71
>40 – 50 years	55	22,18
>50 – 60 years	39	15,73
>60 years	2	0,8

The table above shows that the majority of study respondents were female ($n = 139$; 56.05%), while male respondents accounted for 109 individuals (43.95%). The most represented profession was nursing, with 129 participants (52.02%). All respondents were distributed across various departments within Badung District Hospital. The largest age group was 31–40 years, comprising 96 individuals (38.71%), followed by those aged 20–30 years ($n = 56$; 22.58%), 41–50 years ($n = 55$; 22.18%), and over 50 years ($n = 41$; 16.53%).

Table 2 The relationship between case manager knowledge, hospital management support, institutional policies, and multidisciplinary team factors with the implementation of case management care ($n=248$)

Variable	Implementation of Case Management Care (n=248)						X ²	P Value	Effect Size
	Implementation of Case Management Care								
	Good		Enough						
	n	%	n	%	N	%			
Case manager knowledge									
Good	110	91,67	10	8,3	120	48,39	4,527	0,000	0,196
Enough	100	78,13	28	21,87	128	51,61			
Hospital management support	71	70,3	30	29,7	101	40,73	10,549	0,000	0,289
Good	75	51,02	72	48,98	147	59,27			
Enough									
Institutional policies	71	70,3	30	29,7	101	40,73	11,931	0,000	0,519
Good	75	51,02	72	48,98	147	59,27			
Enough									
Multidisciplinary team collaboration	110	91,67	10	8,3	120	48,39	3,492	0,000	0,192
Good	100	78,13	28	21,87	128	51,61			
Enough									

Based on the results in the table above, it can be seen that good case manager knowledge is 120 (48.39%), the tendency of case management care is implemented well. Hospital management that provides support 101 (40.73%) indirectly influences the implementation of good case management care by 71 (70.3%). Well-made institutional policies of 101 (40.73%) will have an impact on the implementation of good case management care also by 71 (70.3%). sufficient multidisciplinary team collaboration of 128 (51.61%) A small part has an impact on the implementation of fairly good case management care of 28 (21.87%).

Based on the results of the Chi-square test, case manager knowledge, hospital management support, institutional policies, and multidisciplinary team collaboration were found to have a statistically significant relationship with the implementation of case management care ($p < 0.05$). However, effect size analysis indicated that the strength of these

relationships varied. The association between case manager knowledge and the implementation of case management care was weak, as was the relationship for hospital management support and multidisciplinary team collaboration. In contrast, institutional policies demonstrated a strong relationship with the implementation of case management care.

Table 3 The factors most related to implementation of case management care (n=248)

Variabel	B	S.E.	Wald	df	p	AOR	95% C.I for Odss Ratio	
							Lower	Upper
Case manager knowledge	3,052	1,297	5,537	1	0,019*	21,168	1,665	56,074
Hospital management support	1,938	0,991	3,823	1	0,051	6,943	0,995	48,429
Institutional policies	0,290	1,219	0,057	1	0,812	1,336	0,123	14,558
Multidisciplinary team collaboration	2,580	1,038	6,180	1	0,013*	13,200	1,726	100,938

The table above highlights the variables most strongly associated with the implementation of case management care: case manager knowledge (AOR = 21.16; 95% CI: 1.66–56.07) and multidisciplinary team collaboration (AOR = 13.2; 95% CI: 1.72–100.93). The adjusted odds ratio of 21.16 for case manager knowledge indicates that individuals with strong knowledge of case management practices are 21 times more likely to implement case management care effectively compared to those with only moderate knowledge. Similarly, the adjusted odds ratio of 13.2 for multidisciplinary team collaboration suggests that effective teamwork increases the likelihood of successful case management implementation by a factor of 13 compared to settings with poor collaboration.

DISCUSSION

Relationship Between Case Manager Knowledge and Implementation of Case Management Care

The results of this study indicate a significant relationship between case manager knowledge and the implementation of case management care. This finding aligns with existing literature, which emphasizes that a high level of knowledge is a key factor in the successful implementation of case management across various healthcare settings (Hudon et al., 2022). Adequate knowledge enables case managers to comprehend the fundamental principles, processes, and their role in delivering holistic case management. This includes a thorough

understanding of assessment, planning, service coordination, monitoring, and evaluation of care outcomes(Wahyuningsih et al., 2023).

Consequently, the higher a case manager's level of knowledge, the more effectively they can implement comprehensive, patient-centred case management care. Moreover, strong knowledge enhances a case manager's ability to make evidence-based decisions and foster effective collaboration with various members of the healthcare team. This competency is particularly crucial given that case management is a complex process requiring coordinated efforts across multiple disciplines (Ulfa et al., 2024).

This study also supports previous findings by Najamuddin (2022), which demonstrated that case managers with a high level of knowledge tend to be more consistent in applying case management principles in accordance with professional practice standards. They exhibit greater proficiency in identifying patient needs, developing appropriate intervention plans, and continuously monitoring and evaluating care outcomes.

However, it is important to recognize that knowledge alone is insufficient. Other factors, such as attitude, communication skills, workload, organizational support, and professional experience, also play a critical role in the successful implementation of case management care(Putra & Sandhi, 2021). Therefore, the development of case manager competencies must be approached holistically, incorporating ongoing training, effective supervision, and the cultivation of a supportive work environment.

Thus, enhancing case manager knowledge through structured education and training programs is a key strategy for improving the quality of case management care implementation. This effort is expected to contribute to better health service delivery, increased patient satisfaction, and greater overall efficiency within the healthcare system. Ongoing training should focus on developing skills in complex problem identification, intervention planning, team coordination, and outcome evaluation within the case management framework.

Relationship Between Hospital Management Support and Implementation of Case Management Care

The results of this study indicate a significant relationship between hospital management support and the implementation of case management care. This finding reinforces the understanding that hospital management plays a critical role in creating an environment conducive to the effective delivery of case management services.

As strategic decision-makers, hospital administrators directly influence resource allocation, policy development, support system design, and the cultivation of an organizational culture that fosters interprofessional collaboration(Ita et al., 2021). Support mechanisms, such

as training programs, empowerment of case managers, adequate time allocation, and the implementation of information systems that facilitate case management, are key drivers of successful implementation (Hudon et al., 2022).

These findings align with those of Mwandala (2021), who emphasized that the success of case management is highly dependent on the commitment and support of organizational leadership. Proactive management tends to encourage case managers to innovate, enhance their competencies, and fulfil their roles more effectively.

Moreover, management support is closely linked to case managers' motivation and job satisfaction. Putra and Sandhi (2021) found that strong managerial support fosters a sense of ownership over the case management program and strengthens team cohesion. This is particularly important given that case management requires cross-professional collaboration, and administrative barriers or insufficient support can impede effective implementation.

Conversely, a lack of support from hospital management may result in limited program development, low staff engagement, and diminished effectiveness of patient interventions (Fachrurrozi et al., 2023). These findings underscore the need for hospital leadership to be actively involved in the planning, execution, and evaluation of case management programs

Relationship Between Institutional Policy and Implementation of Case Management Care

The results of this study indicate a significant relationship between institutional policies and the implementation of case management care. This finding reinforces the view that institutional policies play a strategic role in determining the extent to which case management programs can be effectively implemented within the healthcare system. Clear and supportive policies provide a formal framework that guides case managers in executing their responsibilities. This includes the establishment of standard operating procedures (SOPs), the definition of roles and responsibilities, and the organization of interdisciplinary workflows (Huston, 2024). In the absence of strong policies, case managers often face ambiguity regarding their role mandates and may encounter resistance from other members of the organization (Leonard et al., 2025).

These findings are consistent with a study by Jenkinson et al., (2025), which reported that hospitals with formal policies supporting case management demonstrated higher levels of program implementation, more integrated case manager roles within care teams, and improved patient outcomes. In contrast, institutions lacking formal policies tend to experience sporadic and less coordinated implementation.

Institutional policies also influence resource allocation. Perera & Dabney (2020), emphasized that well-defined policies facilitate budget planning, appropriate staffing, and ongoing training support for case managers. Such resource support directly affects the quality and continuity of care. Moreover, institutional policies play a critical role in fostering a collaborative culture within hospitals. According to De Luca et al., (2022), successful case management depends on cross-departmental and interprofessional collaboration. Policies that promote teamwork, open communication, and patient-centred decision-making enhance the effectiveness of case management implementation.

However, this study also identified that overly rigid or outdated policies can act as barriers. As noted by Perla et al. Perla et al., (2023), policies that fail to adapt to evolving case management practices or changes in external regulations may hinder innovation and limit flexibility in care delivery.

Based on the findings and the observed implementation of case management systems in hospitals, it is recommended that management strengthen the role of case managers through specialized training and structured policy support. Additionally, the development of an integrated information system and the promotion of interprofessional collaboration are essential to ensure the sustained effectiveness of case management implementation.

Relationship Between Multidisciplinary Teamwork and Implementation of Case Management Care

Modern healthcare faces increasingly complex challenges, particularly in managing patients with diverse and evolving needs. A case management-based care approach serves as a vital strategy for integrating healthcare services in a holistic, patient-centred manner. One of the key determinants of successful case management implementation is the effectiveness of multidisciplinary team collaboration (Prawiroharjo et al., 2020).

Multidisciplinary collaboration involves coordinated interactions among various professionals, including doctors, nurses, nutritionists, physiotherapists, social workers, pharmacists, and others, who contribute to the planning, implementation, evaluation, and follow-up of patient care. The integration of diverse professional perspectives enables more comprehensive decision-making, aligning closely with the core principles of case management: coordinated and continuous care delivery (Rahmadani & Pramesti, 2024).

To support this approach, policies should be developed that offer incentives or rewards to healthcare units and professionals who demonstrate successful case management practices, reflected in positive clinical outcomes and high patient satisfaction. Hospital policies must also

promote cross-sectoral collaboration, including partnerships with BPJS, local health offices, and educational institutions, to ensure continuity of care within a case-based framework.

CONCLUSIONS

The implementation of case management is a complex process shaped by various interrelated factors. Findings from this study indicate that case manager knowledge, hospital management support, institutional policies, and multidisciplinary team collaboration are significantly associated with the successful implementation of case management care. Among these, the most influential variables are the knowledge possessed by the case manager (AOR = 21.16) and the effectiveness of multidisciplinary team collaboration (AOR = 13.2).

To enhance case management implementation, hospital management is encouraged to establish clear policies and standard operating procedures (SOPs), improve human resource competencies through targeted training, and provide adequate facilities, infrastructure, and information technology support. Strengthening interprofessional coordination via dedicated case management teams, conducting routine monitoring and evaluation, and offering incentives can further boost the motivation of healthcare providers. Additionally, sufficient budgetary support is essential to ensure optimal implementation and to achieve improvements in service quality and patient satisfaction.

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