# International Journal of Health, Economics, and Social Sciences (IJHESS)

Vol. 5, No. 4, October 2023, pp. 546~554

DOI: 10.56338/ijhess.v5i4.4503

Website: <a href="https://jurnal.unismuhpalu.ac.id/index.php/IJHESS">https://jurnal.unismuhpalu.ac.id/index.php/IJHESS</a>



# Evaluation of the Implementation of Pharmaceutical Service Standards at the Toto Kabila Regional General Hospital, Bone Bolango Regency

# Rahmawanto Taidi<sup>1\*</sup>, Yosep P. Koton<sup>2</sup>, Laksmyn Kadir<sup>3</sup>

- <sup>1</sup>S2 Ilmu Administrasi, Universitas Bina Taruna Gorontalo | Email: <u>pharmacyadera@gmail.com</u>
- <sup>2</sup> S2 Ilmu Administrasi, Universitas Bina Taruna Gorontalo | Email: <u>yosef.koton@gmail.com</u>
- <sup>3</sup> S2 Ilmu Administrasi, Universitas Bina Taruna Gorontalo | Email: asi 1403@ung.ac.id

## **Article Info**

## Article history:

Received September 29, 2023 Revised October 22, 2023 Accepted October 25, 2023

### Keywords:

Evaluation; Standards; Pharmacy Services

# **ABSTRACT**

Objective: To evaluate and analyze the inhibiting factors in the implementation of pharmaceutical service standards (including human resources, administration, facilities and infrastructure) related to the management of pharmaceutical supplies and clinical pharmacy services at RSUD Toto Kabila. Research method: using descriptive qualitative research using data collection techniques through observation, interviews and documentation and using data analysis techniques in data reduction, data presentation and conclusion drawing. Research results: 1) Evaluation of the implementation of pharmaceutical service standards at the Toto Kabila Hospital Pharmacy Installation in terms of effectiveness, efficiency and accuracy has followed the rules issued by the Permenkes but the results have not been maximized; 2) There are 3 supports in carrying out the implementation of pharmaceutical standards, namely, human resources, administration, facilities and infrastructure.

# Corresponding Author:

Rahmawanto Taidi

S2 Ilmu Administrasi, Universitas Bina Taruna Gorontalo

\*Email: pharmacyadera@gmail.com

# 1. INTRODUCTION

The ideals and national goals of the Indonesian nation are clearly stated in the preamble of the 1945 Constitution. Protecting the entire Indonesian nation and the entire Indonesian homeland and promoting general welfare, educating the nation's life and participating in implementing world order based on independence, eternal peace and social justice are national goals. Health is a fundamental need for every human being, with changes in lifestyle influenced by the progress of the era, there are more and more types of diseases suffered by humans, this also causes an increasing human need for health services.

The utilization of health services is a demand for the need for pain, discomfort and the desire to prevent a disease. Services for the community in Indonesia still experience many problems that make the services provided poor, as a fact that Indonesia is ranked 100th in the world as a country with a high gap between rich and poor family children in accessing health services.

Pharmaceutical services in hospitals are an activity that supports the implementation of quality health services for patients. Pharmaceutical services in hospitals are an integral part of a hospital service system that is oriented towards patient care, the provision of pharmaceutical preparations, medical devices and consumable medical materials that are of high quality and affordable for all levels of society including clinical pharmacy services.

To increase the quality of pharmaceutical services in hospitals that focus on patient safety, a standard is needed that is used as a guideline for pharmaceutical services in hospitals, which has been stipulated in a regulation of the Minister of Health No. 72 of 2016 concerning the Standardization of Pharmaceutical Services in Hospitals. The Pharmaceutical Service Standards are used as a reference for pharmaceutical personnel in carrying out pharmaceutical services. With the existence of these pharmaceutical service standards, pharmacists and pharmaceutical personnel are required to increase their abilities in the field of pharmacy and be able to act professionally. To improve and maintain the health, physical and mental strength of the community, namely the provision of adequate information about drugs to someone who needs information by someone who is in a position to provide that information and someone who is expected to know a lot about drugs, namely the Pharmacist, because it is his field and as his responsibility.

The demands of patients and the public for improving the quality of pharmaceutical services require hospitals to organize pharmaceutical services in accordance with standards that serve as benchmarks and guidelines for pharmaceutical personnel in serving patients. Service standards include the processing of pharmaceutical preparations and BMHP, as well as clinical pharmacy services. The regulation of these standards is intended to improve the quality of pharmaceutical services and protect patients from irrational use of drugs in ensuring patient safety.

Previous research conducted by Amalia et al (2021) related to the Implementation of Regulation of the Minister of Health Number 72 of 2016 on Clinical Pharmacy Services at Hospital A concluded that clinical pharmacy services at Hospital A have not all been implemented in accordance with Permenkes No. 72 of 2016 concerning Pharmaceutical Service Standards in Hospitals. The clinical pharmacy services that have not been implemented include: Tracing the history of drug use; Visite; Evaluation of Drug Use (EPO); Monitoring Drug Therapy; Monitoring Blood Drug Levels (PKOD). Of the ten aspects of Pharmaceutical Service Standards in accordance with Permenkes No. 72 of 2016, only six aspects are implemented (Amalia, 2021).

RSUD Toto Kabila was appointed as the location in this study for several reasons, including because RSUD Toto Kabila is one of the referral hospitals in Bone Bolango Regency so that there are very many patients visiting on a daily basis, besides that, currently the accreditation of RSUD Toto Kabila has the status of "plenary" so that this is the main reason for researchers in choosing RSUD Toto Kabila as a research location. This researcher conducted a direct evaluation of whether with the accreditation status "plenary" all services at RSUD Toto Kabila have been carried out properly and in accordance with applicable standards / regulations. One of the focuses of this research is pharmaceutical services at RSUD Toto Kabila.

The results of observations related to the implementation of pharmaceutical services, obtained information that in the management of pharmaceutical preparations, RSUD Toto Kabila is still often constrained in the availability of drugs in the pharmaceutical installation. The availability of drugs that do not meet the needs or drug vacancies often occurs due to several factors in the process of managing pharmaceutical supplies. The pharmacist at the pharmaceutical installation at Toto Kabila Hospital said that there are two stages that are most important and need to be considered in the management process, namely planning and procurement. There is often an assumption that one of the factors for drug vacancies occurs due to the lack of ability of the hospital to plan or procure the pharmaceutical supplies needed. So that this becomes a major obstacle in the process of managing pharmaceutical supplies, especially in terms of drug availability.

Evaluation is the process of assessing the performance of pharmaceutical services in hospitals, which includes the management of pharmaceutical supplies, clinical pharmacy services, and assessment of the availability of human resources. The purpose of this evaluation is to determine the extent to which a hospital pharmacy installation has carried out services in accordance with PERMENKES No. 72. The evaluation process is carried out directly by hospital management, which has the task of planning, directing and coordinating health media services in hospitals.

# 2. LITERATURE REVIEW

# 2.1 Public Administration

According to the Big Indonesian Dictionary, the meaning of administration is a series and activities with the establishment of goals and the establishment of ways of fostering the organization. According to Thoha in Banga (2018: 14) that the word administration comes from Latin: namely administrare. Ad itself means intensive, and ministrare which means to fulfill or serve. So administrare means to serve or obtain intensively. If the word is taken from English, administration when examined again into Indonesian becomes "administration". Long before the English translation, the Indonesian people had recognized the term "administratie" which was a legacy of the Dutch colonial era in Indonesia for approximately three and a half centuries or approximately 350 years.

According to Nigro and Nigro in Maksudi & Irawan, (2017: 223-224) public administration is: 1) Public administration is a group cooperative effort in an arrangement or government environment. 2) Public

ISSN: 2685-6689

administration includes the three branches of government in the form of executive, legislative, and judicial as well as the relationship between the three bodies. 3) Public administration has an important role in the formulation of public / state policy and is therefore part of the political process. 4) Public administration is in some ways different from private administration (private). 5) Public administration has a close relationship with various elements of society, both individuals and groups where services are provided to the people.

### 2.2 Characteristics of Public Administration

The characteristics of public administration according to Thoha in Banga Banga (2018: 85) are one of the important things that need to be understood in the study of state administration / public administration, because by understanding the characteristics of state administration / public administration, it means having the ability to explain the concept of state administration / public administration comprehensively. Many authors have expressed their views on the characteristics of state administration / public administration. The characteristics include: 1) State administration / public administration services are more urgent than services, for example: traffic, defense, monetary, foreign policy, religion and so on. 2) Monopolistic (for example: post and telegram, defense, judiciary), semi-monopolistic (education, health, transportation and so on). 3) Services are based on laws and regulations (less flexible than private services). 4) Not determined by market mechanisms (profit and loss). but determined by the interests of the community in the context of public service / service to the community. 5) Prioritizing the interests of many people, fair impartial proportional and clean.

# 2.3 Policy Evaluation

Evaluation is a process of deciding the amount or value of success from the implementation of a program to achieve the goals made. Evaluation is a process of providing data regarding the extent to which an activity has been realized, how the achievement compares with a standard in recognizing whether there is a difference between the two, and how the benefits that have been obtained are compared to the expectations to be obtained (Lesta. 2021).

Evaluation is carried out with the intention of being able to know with certainty whether the achievement of progress results and obstacles encountered in the implementation of development plans can be assessed and can be studied for future improvements. Therefore, in transparent and accountable planning (Permatasari et.al, 2021).

Process evaluation is meant to describe and understand how a program works. Most process evaluations require a description of how a program works, based on observations with program administrators, many process evaluations center on how the program is run. "Process" as a focus in evaluation implies looking at the outputs rather than just the outcomes, an analysis of the process by which a program comes to fruition. Process evaluation is evolving, descriptive, continuous, flexible and inductive.

The evaluation process looks not only at moral activities and expected outcomes, but also investigates informal patterns and unintended consequences. Finally, the evaluation process usually includes the perceptions of people close to the program about how things work. The evaluation process makes the decisions that make a program possible. The evaluation process is also useful in allowing people not to be closely involved in the program.

Evaluation is usually aimed at assessing the effectiveness of public policies to be accountable to their constituents. The extent to which goals are achieved and to see the extent of the gap between expectations and reality. According to Anderson in Winarno (2008: 166), in general, policy evaluation can be said to be an activity that involves estimating or assessing policies that include the substance, implementation and impact of implementing these policies.

According to Edi Suharto (2012: 61), the objectives of social public policy, in the context of social development, social policy is a device, mechanism, and system that can direct and translate development goals. Social policy is always oriented towards achieving social goals. This social goal contains two interrelated notions, namely solving social problems and meeting social needs.

# 2.4 Service Management

According to Moenir (2008: 186) service management is process management, namely the management side that organizes and controls the service process, so that the service activity mechanism can run orderly, smoothly, right on target and satisfying for those who must be served. Meanwhile, according to Ratminto and Atiksepti Winarsih (2005: 4) service management is a process of applying science and art to develop plans, implement plans, coordinate and complete service activities to achieve service goals.

In connection with efforts to increase the effectiveness and efficiency of public service activities, management activities are needed. Management activities are activities carried out by management that are able to transform plans into reality, whether the plan is a production plan or a plan in the form of attitudes and actions (A.S.Moenir, 2008: 164).

From the notions put forward above, the researcher concludes that service management is a tool to achieve the desired goal, with good management it will facilitate the realization of the goals of the company / organization, employees, and society. With management, the usability and usability of management elements will be improved.

### 2.5 Public Service

According to Law No.25 of 2009 concerning Public Services defines public as an activity or series of activities in order to fulfill service needs in accordance with laws and regulations for every citizen and resident of goods, services, and or administrative services provided by public service providers. Public services have views and definitions from several experts, among others:

In contrast to Roth, Lewis and Gilman (2005: 22) define public service as follows: Public service is public trust. Citizens expect public services to serve with honesty and proper management of income sources, and be accountable to the public. Fair and accountable public services generate public trust. It takes public service ethics as a pillar and public trust as a basis for realizing good government.

From some of the expert opinions above, it can be concluded that public services are the basis and reference for the implementation of providing good services to the public responsibly in order to create public trust and can build a positive image for government organizations.

According to A. S. Moenir (2008: 8) in the process of public service activities there are several factors or elements that support the activities of these elements, among others: 1. Systems, Procedures and Methods In public services, there needs to be an information system, procedures and methods that support smooth service delivery. 2. Personnel, especially emphasized on apparatus behavior In public services, government officials as service personnel must be professional, disciplined and open to criticism from customers or the public. 3. Facilities and infrastructure In public services, equipment and work space are needed as well as public service facilities. For example, a waiting room, adequate parking. 4. Society as a customer In public services, the community as a customer is very heterogeneous both in education level and behavior.

# 2.6 Definition of Hospital Pharmacy Installation

Hospital Pharmacy Installation is a part or unit in a hospital, where all pharmaceutical activities are organized for the hospital itself (Rikomah, 2017). Hospital Pharmacy Installation is a part or unit in a hospital under the leadership of a pharmacist who has met the requirements of the applicable law and is responsible for all pharmaceutical work consisting of plenary services including planning, dispensing drugs based on prescriptions for inpatients or outpatients, and controlling the quality of health in hospitals (Narsa, 2021).

The objectives of the Hospital Pharmacy Installation are (Lucy, 2021): 1) Performing maximum pharmaceutical services both in emergencies and in normal conditions according to the patient's condition and the facilities available at the hospital pharmacy installation. 2. Providing quality services in accordance with the results of evaluation, analysis, and review of services. 3. Conducting Information Communication and Education (IEC) regarding the drugs given to patients 4. Supervision of medicines based on applicable regulations 5. Providing quality services in accordance with the results of evaluation, analysis, and review of services. Supervision of medicines based on applicable regulations e. Carrying out services in accordance with pharmaceutical ethics and pharmaceutical procedures (Lucy, 2021).

The functions of the Hospital Pharmacy Installation, namely (Musdar et. al, 2022): Management of pharmaceutical supplies which includes: a. Production of pharmaceutical supplies to meet the needs of hospital health services b. Planning for the maximum need for pharmaceutical supplies c. Storing pharmaceutical supplies in accordance with pharmaceutical requirements d. Distributing pharmaceutical supplies to the hospital. Distributing pharmaceutical supplies to service units in the hospital (PermenkesRI, 2017).

Pharmacy services in the use of drugs and medical devices, namely: a. Overcoming problems related to the use of drugs and medical devices b. Providing information (IEC) to health workers, patients or patients' families c. Reviewing patient prescriptions d. Reporting on every pharmacy activity e. Reporting on every pharmaceutical activity Reporting every pharmaceutical activity e. Recording every pharmaceutical activity

# 3. METHODOLOGY

The approach of this research is to use qualitative research. Qualitative research is a research method used to research on natural object conditions, where the researcher is the key instrument, data collection techniques are triangulated (combined), data analysis and is inductive, and qualitative research results emphasize more generalization (Sugiyono 2020).

The research design used in this research is descriptive qualitative. A qualitative approach is research that features assessment procedures that produce descriptive data in the form of written or spoken words from people and observed behavior. In this case, researchers interpret and explain the data obtained by researchers from interviews, observations, documentation, so as to get answers to problems in detail and clearly

ISSN: 2685-6689

(Sugiyono 2020). This research was conducted at the Regional General Hospital (RSUD) Toto Kabila Kab. Bone Bolango, this research was conducted during September - October 2023.

#### 4. RESULTS AND DISCUSSION

## 4.1 Evaluation of the Implementation of Pharmaceutical Service Standards

According to Winarno, effectiveness is the relationship between output and goals, the greater the contribution (contribution) of output to achieving goals, the more effective the organization, program or activity. Effectiveness is also a measure of the success or failure of an organization in achieving its goals. In an effort to evaluate the running of an organization, it can be done through the concept of effectiveness. This concept is one of the factors to determine whether significant changes need to be made to the form and management of the organization or not.

Based on the results of observations at the Pharmacy Installation of Toto Kabila Hospital, this suitability has not been maximized because there are several problems that sometimes occur in pharmaceutical supplies such as the availability of drugs at distributors which are sometimes empty or the BPJS budget is late, thus making the hospital look for other ways, namely buying drugs at other hospitals or replacing drugs with similar drugs based on the advice of the doctor concerned. According to the Guidelines for Pharmaceutical Services at Toto Kabila Hospital, things that must be considered in supplies are budget, priority setting, remaining inventory, waiting time, development plans.

Based on the document study on Permenkes No 72 of 2016 related to clinical pharmacy services in hospitals, it is in accordance with Permenkes 2016. The hospital has a clinical pharmacy team to report problems to BPOM. Problems related to drug interactions in patients, all of these things go to the clinical pharmacy team to be improved and evaluated regarding this matter.

According to Winarno, efficiency is usually determined through the calculation of costs per unit of product or service. Policies that achieve the highest effectiveness at the smallest cost are called efficient.

Efficiency is one of the ways that companies use in terms of managing financial resources, processes, materials, labor, company equipment, and costs effectively. Therefore, in terms of managing pharmaceutical supplies, the clinical pharmacy service fund in the hospital must be efficient.

From the results of observations in accordance with what was conveyed by informants that in the process of planning drugs and BMHP at this RSUD, the procurement department continues to fulfill drugs from anywhere, especially from e-catalogs.

Based on the results of the document study, this has been a regulation of the Ministry of Health since 2022 to facilitate drug planning and procurement. Although using e-catalog usually takes a long time, the hospital will continue to try to provide the best service such as preparing to purchase drugs directly to the nearest distributor, the nearest hospital or to the vendor.

Based on observations, it can be seen that from each depot at RSUD Toto Kabila, in the service of drug prescriptions to the delivery of drugs to patients / families of patients, there is indeed a specified time, which is no more than 30 minutes and this is in line with what was conveyed by the informant.

In line with the document study of Permenkes No. 72 of 2016, the prescription service for concoction drugs is 60 minutes while the prescription of non concoction drugs is 30 minutes. This has followed the rules of the Permenkes.

According to Winarno, accuracy refers to the value or price of program objectives and to the strength of the assumptions underlying these objectives. In pharmaceutical services, criteria are required that are carried out in the implementation of pharmaceutical supplies and clinical pharmacy services.

Based on the results of observations in terms of planning carried out by the warehouse manager and the procurement method has followed the Permenkes and also the Hospital Management SC (Supley Chain). Planning is carried out by the warehouse manager, planning is based on consumption methods, epidemiology. And in clinical pharmacy services, namely monitoring drug levels in the blood cannot be carried out because there is no laboratory and adequate tools.

In line with the document study of Permenkes No. 72 of 2016, it has been explained that pharmaceutical services are divided into two, namely the management of pharmaceutical supplies and BMHP which has 9 points and clinical pharmacy services which have 11 points that must be carried out by every Pharmaceutical Installation organization.

Based on the results of field observations, in the process of managing pharmaceutical supplies, it has indeed followed what has been directed from the Permenkes, starting from selection, planning needs, procurement, receipt, storage, distribution, destruction and withdrawal, control and administration. And in the process of clinical pharmacy services, it is still carried out as much as possible because in clinical pharmacy services there are points that are not carried out, including monitoring drug levels in the blood because they do not have a drug level monitoring laboratory and dispensing sterile preparations still maximizes using a makeshift room.

Based on the document study of Permenkes No. 72 of 2016, it has been explained that pharmaceutical services are divided into two, namely the management of pharmaceutical supplies and BMHP which has 9 points and clinical pharmacy services which have 11 points.

## 4.2 Factors Supporting Evaluation of the Implementation of Pharmaceutical Service Standards

Based on the results of observations, that human resources at the Pharmacy Installation of Toto Kabila Hospital have been able to provide services to patients and at the time of the research the researchers saw the Pharmacist or TTK explaining to patients how to consume good and correct drugs to patients who were taking medicine. Pharmacists and TTKs have been trained and still follow the rules of the Permenkes.

Based on the document study of Permenkes No. 72 of 2016, it explains that the qualifications of human resources in pharmaceutical institutions must be those who have competence or graduate from pharmacy and have a STRA (Pharmacist Registration Certificate).

Based on the observations of researchers, that the number of human resources in the pharmaceutical installation of rsud toto kabila is in accordance with what is stipulated by the Permenkes. However, the number of clinical pharmacists is still lacking and the hospital continues to strive to increase the number of clinical pharmacy human resources.

Based on document studies, in accordance with the service guidelines of RSUD Toto Kabila, which are in line with Permenkes No. 72 of 2016, it explains that the number of human resources in type c Hospital Institutions must have 8 pharmacists, and at RSUD Toto Kabila has 9 pharmacists, but the person in charge of clinical pharmacy services is still lacking and must be maximized.

Administration is needed in everything, in the Pharmaceutical Installation itself this is necessary because it is related to how the administration is fulfilled in realizing the pharmaceutical service itself.

Based on the results of observations, it illustrates that the implementation of SIMRS at Toto Kabila Hospital to be able to improve again in this service because the implementation of SIMRS is only running on outpatient care. However, in 2024 the hospital will develop SIMRS for inpatients.

Based on a document study of Permenkes RI Number 82 of 2013, the Hospital Management Information System, hereinafter abbreviated as SIMRS, is a communication information technology system that processes and integrates the entire flow of hospital service processes in the form of coordination networks, reporting and administrative procedures to obtain precise and accurate information, and is part of the Health Information System.

From the results of observations, researchers found that the methods in this procurement planning were carried out in accordance with Permenkes such as direct purchase, purchase through e-catalog and grants from district or provincial health offices.

Based on the document study of Permenkes No. 63 of 2014, it explains that the electronic catalog (Ecatalog) is an electronic information system that contains a list of types, technical specifications, and prices of certain goods from various government goods / services providers, and this is in line with the method of planning the procurement of pharmaceutical supplies.

Infrastructure facilities are things that support the success, effectiveness of a job and are also the main support.

Based on the results of observations, the hospital has prepared 1 room to carry out the dispensing process that has been sterilized and the hospital will continue to strive to hold the table for the sterilization of sterile preparations as in the rules of the Permenkes.

Based on the document study, Permenkes No. 72 of 2016 explains that the dispensing of sterile preparations consisting of mixing drugs, mixing parenteral nutrition, and handling cytotoxic preparations is part of clinical pharmacy activities that aim to improve patient safety and can achieve optimal treatment therapy.

From the results of observations, it can be seen that the availability of supporting instruments for making sterile preparations is still lacking, the room is still makeshift, and there is no laf and this is in line with what was conveyed by the informant. However, the hospital will continue to try to procure a table and room that meets the applicable standards so that there is no contamination with other air, contamination from bacteria or viruses. This is an important thing in the dispensing of sterile preparations.

Based on the document study of Permenkes No. 72 of 2016, that the dispensing of sterile drugs must be carried out in pharmaceutical installations with aspetic techniques, from the room to the equipment that will be used. This is to ensure the sterility and stability of the product and protect the patient from exposure to harmful substances and avoid errors in drug administration.

The effectiveness of drug management supplies according to Satibi (2016) needs to be done because it is a health service system that provides services based on aspects of safety, effectiveness and economy to achieve the effectiveness and efficiency of drug management. Clinical pharmacy services according to Permenkes 72 (2016) must be carried out including assessment and prescription services, tracing drug history, drug reconciliation, drug information services, counseling, visits, monitoring drug therapy,

monitoring drug side effects, evaluating drug use and dispensing sterile preparations. Toto Kabila Hospital is a comprehensive hospital that must provide promotive, preventive, curative and rehabilitative health services (Law of the Republic of Indonesia, 2009).

Based on interviews for the effectiveness of supply management, that the effectiveness of this management has gone well. The IFRS section has maximized services according to Permenkes so that services to patients run optimally and are always evaluated. In clinical pharmacy services, pharmacists and pharmaceutical technicians are able to provide services to patients, such as providing information on the use and storage of drugs. Although the number of pharmaceutical human resources is still limited, the responsibility of each pharmacist in handling the number of patients is more than that stipulated by the Permenkes, so this is not in accordance with the actual rules.

According to Permenkes (2016), the efficiency of pharmaceutical supply management must be carried out in order to make continuous improvements to survive. According to Permenkes (2021), budget efficiency needs to be done by analyzing during planning such as re-correcting whether it is used a lot or whether there are other alternative preparations that are more cost efficient (for example, other trade names, other dosage forms and so on).

Based on interviews for the efficiency of supply management, that efficiency in the hospital has been running but not maximized because there is still a shortage of drug stock. However, the installation continues to carry out several strategies so that there are no drug vacancies in the IFRS, and BMHP is complete according to plan.

The accuracy of clinical pharmacy management and services according to Permenkes (2016) starts from selection, planning needs, to administration. As well as reviewing drug prescriptions to monitoring drug levels in the blood. This aims to improve the quality of the management of pharmaceutical supplies in terms of the suitability of receiving drugs received, and clinical pharmacy services as reference materials / references related to work to improve service quality.

Based on interviews, the accuracy of pharmaceutical supply management in the hospital. It has followed in accordance with the Permenkes regulations which are divided into 9 stages. Drug management in each depot is carried out by planning by the depot and then given to the procurement department. However, clinical pharmacy services, namely monitoring drug levels in the blood, cannot be carried out because they do not yet have a laboratory for PKOD examination and, in dispensing, they are still maximizing their services.

According to Permenkes (2014), the successful implementation of pharmaceutical service standards in hospitals must be supported by the availability of pharmaceutical resources, one of which is human resources (HR). According to Sucia (2016), almost 90% of services in hospitals use pharmaceutical supplies and according to Permenkes (2014), even 50% of hospital income is mostly from the management of pharmaceutical preparations.

Based on interviews, human resources (HR) are very well met according to the Permenkes standards. The human resources get a credential first before doing their job as pharmacists in the hospital. Although there are only 2 clinical pharmacists, the hospital continues to strive for the best for patients. Because the primacy of HR is the servant in the IFRS.

According to Rusli (2016), pharmaceutical administration is responsible for the efficient distribution of drugs to treatment units in the hospital or to patients who take drugs at the pharmacy. The scope of IFRS is to provide pharmaceutical services in the form of non-clinical and clinical services. Non-clinical services are usually not directly performed as an integrated part, these services are administrative or managerial in nature such as the management of pharmaceutical preparations and the management of medical supplies and professional interactions with other health workers.

Based on the interview, the hospital has fulfilled the administration section, one of which is by using SIMRS. Because the purpose and function of SIMRS is an integrated information system that is prepared to handle the entire hospital management process starting from diagnostic services and actions for patients, medical records, pharmacies, pharmaceutical warehouses, SIM RS also handles computerized systems.

According to Permenkes (2016), the implementation of pharmaceutical service standards in hospitals must be supported by the availability of pharmaceutical resources, standard operating procedures, and patient safety-oriented organization. Pharmaceutical resources include facilities and infrastructure. Adequate facilities and infrastructure can accelerate performance in serving compounded prescriptions.

Pharmaceutical service facilities and infrastructure must be able to guarantee the implementation of good pharmaceutical services, in accordance with the provisions of the applicable laws and regulations. There must be rooms, equipment and facilities available that can support the administration, professionalism and technical functions of pharmaceutical services, thus ensuring the implementation of functional, professional and ethical pharmaceutical services (Elizabet, 2017).

Based on interviews, the facilities and infrastructure in the hospital are not fully adequate. As for the use of dispensing in sterile preparations, namely laf (Laminar Air Flow). However, there are many facilities and

infrastructure that have been fulfilled in the hospital according to the Permenkes standards.

#### 5. CONCLUSION

Based on the results of research and discussion regarding the evaluation of the implementation of pharmaceutical service standards at the Toto Kabila Regional General Hospital, the following conclusions are drawn:

Evaluation of the application of pharmaceutical service standards is seen from 3 aspects, namely effectiveness, efficiency and accuracy, as follows:

The effectiveness of the Management of Pharmaceutical Supplies and Clinical Pharmacy Services at Toto Kabila Hospital is already running well, as seen from the IFRS section that has provided maximum service to patients and regular evaluations are carried out to see pharmaceutical supplies and clinical pharmacy services are carried out as much as possible.

The efficiency of supply management at Toto Kabila Hospital has been running but it has not been maximized because there is still a shortage of drug stock. Therefore, the installation continues to carry out several strategies so that there are no drug vacancies in the IFRS and BMHP is complete according to plan.

The accuracy of the management of pharmaceutical supplies at Toto Kabila Hospital has been followed in accordance with the Permenkes regulations which are divided into 9 stages. Drug management in each depot is carried out by planning by the depot and then given to the procurement department.

Supporting factors in evaluating the implementation of pharmaceutical service standards, as follows:

Human resources (HR) at IFRS Toto Kabila are very well met according to the Permenkes standards. The human resources get credentials first before performing their duties as pharmacists in the hospital. Although there are only 2 clinical pharmacists, the hospital continues to strive for the best for patients. Because the primacy of HR is the servant in the IFRS.

In the administration section, the Toto Kabila hospital has used SIMRS to obtain precise and accurate information.

Facilities and infrastructure at the hospital are not fully adequate. As for the use of dispensing in sterile preparations, namely laf (Laminar Air Flow). However, there are many facilities and infrastructure that have been fulfilled at the hospital according to the Permenkes standard.

# 6. RECOMMENDATION

Suggestions that can be made based on the above conclusions are as follows:

The effectiveness of the management of supplies at Toto Kabila Hospital is expected after the evaluation can take actions that can support the management of supplies.

The efficiency of supply management at Toto Kabila Hospital is further maximized and can use the ABC method for all types of drugs in the toto kabila pharmaceutical warehouse so that it can avoid drug vacancies.

Determination of the management of pharmaceutical supplies and clinical pharmacy services for PKOD requires a laboratory and maximizes the dispensing of sterile preparations.

Resources are competent but there needs to be an addition to the Clinical Pharmacy PJ so that it is maximized in Clinical Pharmacy services

In the administration section, the use of SIMRS is good but its use needs to be further increased to the outpatient section so that the information received is more precise and accurate for all parts of the Hospital service.

Facilities and infrastructure at the Toto Kabila hospital need to be added to the laboratory sterile preparation dispensing room and supporting equipment in monitoring drug levels in the blood can run optimally and are in accordance with applicable standards.

# 7. REFERENCES

Amalia, T., Putri U.T. 2021. Implementasi Peraturan Menteri Kesehatan Nomor 72 Tahun 2016 Terhadap Pelayanan Farmasi Klinis Di Rumah Sakit A. Jurnal Inkofar, 5 (1), 29 – 33

Banga, Wempy. (2018). Kajian Administrasi Publik Kontemporer : Konsep, Teori, dan Aplikasi. Yogykarta : Gava Media

Darmawan. 2021. Manajemen Rumah Sakit "Informasi Cakupan Capaian Target Pelayanan, Manajemen Mutu, Manajemen Efisiensi Pelayanan, Biaya Ekonomi Penyakit, Pendidikan Dan Pelatihan" Di Rumah Sakit - Google Books. Adanu Abimata

Edi Suharto. 2012. Analisis Kebijakan Publik : Panduan Praktis Mengkaji masalah dan Kebijakan Sosial. Alfabeta : Bandung

Elizabeth, Y. 2017. Gambaran Sistem Pelayanan Resep Pasien di Instlasi Farmasi Rawat Jalan Rumah Sakit Karya Bhakti Pratiwi. Skripsi. Jakarta: Universitas Islam Negeri Syarif Hidayatullah

Kementerian RI. 2009. Undang-Undang RI Nomor 44 Tahun 2009 tentang Rumah Sakit: Jakarta

Kelmanutu, L. S. 2019. Dimensi Mutu Pelayanan Pada Unit Rawat Inap Rumah Sakit Umum Daerah Karel Sadsuitubun Langgur Kab. Maluku Tenggara. 221–229.

Lesta, F. F. 2021. Evaluasi Penerapan Standar Pelayanan Kefarmasian Di Puskesmas Semanggang Dan Puskesmas Kumai Kabupaten Kotawaringin Barat Berdasarkan PERMENKES RI NO. 26 Tahun 2020. Borneo Cendekia Medika Pangkalan Bun: Kalimantan Tengah.

Lewis, Carol W. & Stuart C. Gilman. 2005. The Ethics Challenge in Public Service: A Problem-Solving Guide. Market Street, San Fransisco: JosseyBass.

Mishbahuddin. 2020. Meningkatkan Manajemen Pelayanan Kesehatan Rumah Sakit - Google Books. Tangga Ilmu

Maksudi, & Irawan, B. (2017). Dasar-dasar Administrasi Publik. Depok: PT

RajaGrafindo Persada

Moenir. 2008. Manajemen Pelayanan Umum di Indonesia. PT. Bumi Aksara: Bandung

Permatasari, P; Widodo, S. 2021 Perencanaan dan Evaluasi Kesehatan. Deepublish: Yogyakarta.

Ratminto & Atik Septi Winarsih. 2005.Manajemen Pelayanan. Pustaka belajar: Yogyakarta

Sugiyono. 2019. Metode Penelitian Kuantitatif, Kualitatif, Dan R&D. Bandung: Afabeta.

Sugiyono. 2020. Metode Penelitian Kualitatif. Bandung: Alfabeta.

Susanti, Eli; Prayogi, Imam; Erithrica, D. (2014). Mutu Pelayanan Rumah Sakit. HSP Academy. https://pusatpelatihanrumahsakit.com/2014/11/06/mutu-pelayanan-rumah-sakit/.

Winarno B. 2012. Kebijakan Publik (Teori, proses, dan studi kasus komparatif). CAPS: Yogyakarta.

Satibi. 2016. Manajemen Obat di Rumah Sakit. Gajah Mada University Press. Yogyakarta

Suciati S, Adisasmito WB, Wiku B. Analisis perencanaan obat berdasarkan ABC indeks kritis di instalasi farmasi. Jurnal Manajemen Pelayanan Kesehatan. 2016;9(1):19-26.

Kemenkes RI. Peraturan Menteri Kesehatan RI Nomor 82 Tahun 2013. Tentang Sistem Informasi Manajemen Rumah Sakit. Depkes RI, Jakarta : 2013

Kemenkes RI. Peraturan Menteri Kesehatan RI Nomor 63 Tahun 2014 tentang Pengadaan Obat Berdasarkan Katalog Elektronik (E-catalouge). Jakarta : Kemeterian Kesehatan RI; 2014

Kemenkes RI. Peraturan Menteri Kesehatan RI nomor 72, Pelayanan Kefarmasian di Rumah Sakit, Direktorat Bina Farmasi Komunikasi dan Klinik. Depkes RI, Jakarta: 2016

Undang-Undang RI Nmor 44 Tahun 2009 tentang Rumah Sakit. Jakarta, 2009.