

Implementation Of Pharmaceutical Service Standards Based On Regulation Of The Minister Of Health Number 73 Of 2016 At Pharmacies In Wara District Palopo City

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Abstract

Pharmaceutical services, also known as (Pharmaceutical Care), are procedures carried out by pharmacists to meet the patient's drug needs. There are 2 (two) activities that make up the pharmaceutical services provided by pharmacies, namely managerial activities in the form of management of pharmaceutical preparations, medical devices, and consumable health supplies, as well as clinical pharmacy service activities. This study aims to determine the description of the implementation of pharmaceutical service standards based on Regulation of the Minister of Health Number 73 of 2016 at Pharmacies in Wara District, Palopo City. This research was conducted on 14 pharmacies in Wara District, Palopo City, the research method used was a quantitative analysis approach. Based on the data obtained from the results of the questionnaires distributed, for the results of managerial pharmaceutical services, namely the management of pharmaceutical preparations, medical devices and consumable medical materials, the percentage obtained is 100% with a good category while for the results of the percentage of clinical pharmacy services obtained an amount of 75% with a sufficient category, where for clinical pharmacy in prescription review services get a percentage of 100%, dispensing gets a percentage of 99%, for drug information services get a percentage of 98% then for counseling get a result of 96%, home pharmacy care gets a percentage of 30%. As for monitoring.

Keywords: Pharmaceutical Services, Pharmacy, Regulation.

1. Introduction

Human beings have the right to health (Permenkes RI, 2014). Implementing health initiatives will enable the realization of health as a human right. Ease of access to health services is a way of action to implement health efforts. Everyone has the same right to services that promote optimal health. To obtain health services, a person must visit a health care facility, such as a hospital, health center, clinic, or pharmacy (LBHM, 2019).

A pharmacy is a place of health services where pharmacists practice pharmaceutical procedures correctly. A pharmacy is a place where the general public can obtain medicines and pharmaceutical supplies (Permenkes RI, 2017). Pharmacy managers and supervisors work directly with pharmacists to provide pharmaceutical services. Pharmacists are required to manage and provide pharmaceutical services properly so that the degree of public health increases in carrying out pharmaceutical practice in pharmacies (Ministry of Health RI, 2004).

Pharmaceutical service standards become benchmarks and guidelines for officers who provide pharmaceutical services. Regulation of the Minister of Health of the Republic of

Indonesia No. 73 of 2016 regulates the requirements for pharmaceutical services provided in pharmacies. The Permenkes must be followed by pharmacists who work in pharmacies. Activities carried out when serving patients are included in the pharmacy service standards (Permenkes RI, 2016).

The research findings that implement Permenkes Number 73 of 2016 according to pharmaceutical service standards, at pharmacies in Yogyakarta City get a typical percentage from them, namely 71.35%. Pharmaceutical resources tools and management of pharmaceutical preparations, products for health and medicines. pharmaceutical services amounted to 95.8%, clinical pharmacy 75.23%, the services provided by pharmacies in Yogyakarta are considered not to meet the objectives of excellent pharmaceutical services. This research was also conducted by Ave (2016), the results were The results of the implementation of pharmaceutical service standards at the South Pontianak District pharmacy are considered good with an average percentage in terms of the management of pharmaceutical preparations and equipment as a whole of 81.13%. Pharmaceutical resources amounted to 83.92%, clinical pharmacy services amounted to 66.49%, and health and medical consumables amounted to 93.0%.

Based on the data above, researchers are very interested in knowing whether the pharmaceutical service standards have been implemented properly or not by pharmacists in carrying out professional activities in the community, especially in pharmacy X in the Palopo City area. Pharmaceutical personnel must devote more time to providing services, communicating with patients, and providing counseling as a result of pharmaceutical services (Pharmaceutical Care), in order to provide the best possible service to the community, the utilization of pharmaceutical services in accordance with applicable standards will be more effective, and patients and the community will benefit, thereby improving the quality of health services (Permenkes, 2014).

This research is based on several problems that often occur in pharmacies where there are many cases related to the lack of pharmaceutical services that should be provided to the community. In this case, it can be seen how the role of pharmacists and pharmaceutical technical personnel should be, especially in the Wara District Pharmacy, Palopo City, in order to find out whether it is in accordance with existing standards so that activities in the pharmacy are maximized, the meaning of maximum is that patients are satisfied with the existing services. The reason for choosing a place for this research is because the pharmacy to be studied is crowded with visitors so that this makes researchers want to examine pharmaceutical services at the Wara District Pharmacy, Palopo City.

Seeing this context, it is very important to understand how the pharmaceutical service standards have been implemented by the Wara District Pharmacy, Palopo City so that it can be used as a reference material to improve the performance of pharmacists who carry out pharmaceutical work.

2. Methodology

The type of research used is research with a quantitative analysis approach. Quantitative data was collected using a questionnaire sheet based on Permenkes RI No. 73 of 2016. Data

presentation will be shown in the form of Microsoft Excel 2013 graphs. This method is used in understanding whether or not there is conformity with the indicators available in Permenkes No. 73 of 2016.

The following are the steps:

The data contained in the checklist sheet is calculated using a guttman scale, for the correct answer "yes" will be given a score of one and the wrong answer "no" will be given a score of 0. The data will be calculated using a percentage (%) based on the answer to a question, to see the alignment of the respondents:

$$P = \frac{a}{b} 100\%$$

Description:

P : percentage

a : number of correct questions

b : number of all questions

Population and Sample

The population in this study were all pharmacies in Wara District, Palopo City. While the sample in this study were pharmacies that were willing to participate in the study. There are 31 pharmacies in Wara District, Palopo City, then the sampling of pharmacies was carried out by simple random sampling.

Slovin Formula:

$$n = \frac{N}{1+N(e)^2}$$

Description:

n : number of samples

N : total population

e : tolerance limit

Quoting the journal of Universitas Muhammadiyah Surakarta, in the Slovin formula there are the following provisions:

The value of $e = 0.1$ (10%) for large populations

The value of $e = 0.2$ (20%) for small populations

3. Result and Discussion

3.1. Research result

This research was conducted at pharmacies in Wara District, Palopo City. The sampling method is simple random sampling using Microsoft Excel. Based on the results of sampling of 31 pharmacies in Wara District, Palopo City, 14 pharmacies were obtained, for data collection using a checklist sheet questionnaire calculated using a guttman scale, for the correct answer "yes" will be given a score of one and the wrong answer "no" will be given a score of 0. The data will be calculated using a percentage (%) based on the answer to a question.

Pharmaceutical service standard is a benchmark that is used as a guideline for pharmaceutical personnel in organizing pharmaceutical services. Pharmaceutical service standards have been regulated in Regulation of the Minister of Health of the Republic of Indonesia Number 73 of 2016 with the aim of improving the quality of Pharmaceutical Services, ensuring legal certainty for pharmaceutical personnel and protecting patients and the public from irrational use of drugs in the context of patient safety Pharmaceutical Services at Pharmacies include 2 (two) activities, namely managerial activities in the form of management of Pharmaceutical Supplies, Medical Devices, and Consumable Medical Materials and clinical pharmaceutical services. These activities must be supported by human resources, facilities and infrastructure (Kemenkes RI, 2016).

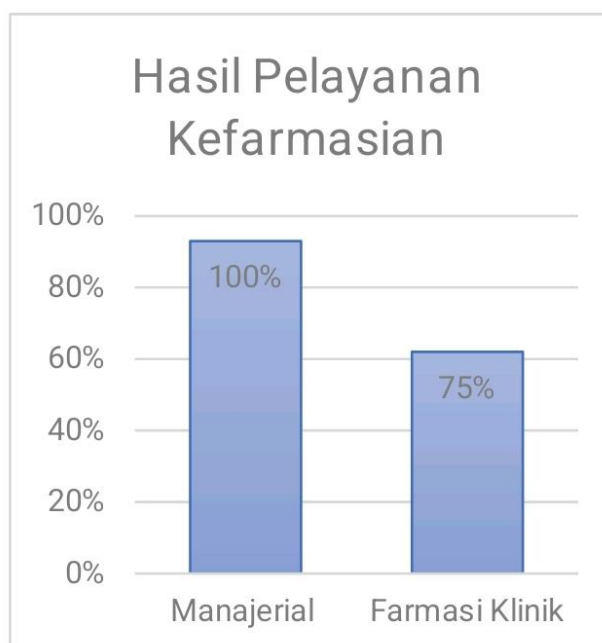


Figure 5 Diagram of the results of pharmaceutical services at the pharmacy in Wara District, Palopo City

Figure 5 shows the implementation of the standards for the Management of Pharmaceutical Supplies, Medical Devices, and Consumable Medical Materials and Clinical Pharmacy Services at the pharmacies in the study area. Based on the results of the study, pharmaceutical services at pharmacies in Wara District, Palopo City, which have been implemented include the management of pharmaceutical preparations, medical devices, and consumable medical materials as well as clinical pharmacy services. These activities have been supported by pharmaceutical staff who are competent and have abilities in the field of pharmacy. Facilities and infrastructure also assist in the implementation of pharmaceutical services at these pharmacies. The implementation that has been carried out is discussed in more detail in the following subchapters

3.2 Discussion

Management of Pharmaceutical Supplies, Medical Devices and Consumable Medical Materials

The management of pharmaceutical preparations, medical devices, and consumable medical materials must be carried out in accordance with applicable laws and regulations. Standards for the management of pharmaceutical preparations, medical devices, and consumable medical materials include planning, storage, destruction, withdrawal, control, recording, and reporting. Figure 5 shows the percentage of implementation of the standards for the Management of Pharmaceutical Supplies, Medical Devices, and Consumable Medical Materials at the pharmacy where the study was conducted with an excellent value of 100%.

According to the Minister of Health Regulation concerning pharmaceutical service standards in pharmacies (Peremenkes RI, 2016), in planning and procuring pharmaceutical preparations, medical devices, and consumable medical materials, it is necessary to pay attention to disease patterns, consumption patterns, culture and community capacity (Peremenkes RI, 2016). The results of the study obtained that all pharmacies carry out planning for the procurement of pharmaceutical preparations, medical devices and consumable medical materials based on disease patterns, consumption, culture and community abilities, as well as based on requests prescriptions from practicing doctors in pharmacies. Procurement of pharmaceutical preparations, medical devices, and consumable medical materials must go through official channels in accordance with statutory provisions, namely through pharmaceutical factories, Pharmaceutical Wholesalers (PBF). The purpose of procuring pharmaceutical preparations through official channels is to ensure the quality of pharmaceutical services in pharmacies (Peremenkes RI, 2016). All pharmacies studied have procured pharmaceutical preparations, medical devices, and medical consumables through PBFs, and other pharmacies. None of the pharmacies studied procured pharmaceutical preparations, medical devices, and consumable medical materials through unofficial channels such as drug stores and supermarkets.

The activities of receiving pharmaceutical preparations, medical devices, and consumable medical materials have been stipulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 73 of 2016, starting from checking the suitability of the type of specifications, quantity, quality, delivery time, and price stated in the order letter with the physical conditions received to the recording process (Permenkes RI, 2016). All pharmacies studied have included proof / invoice of purchase for each drug purchased, and are always recorded in the receipt book. All pharmaceutical preparations, medical devices, and consumables that arrive at the pharmacy are always checked first, so that all pharmaceutical preparations that arrive have guaranteed quality. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 73 of 2016 (Permenkes RI, 2016), drugs or medicinal materials must be stored in the original container from the manufacturer, and stored in appropriate conditions so that their safety and stability are guaranteed. The storage system is carried out by taking into account the dosage form and therapeutic class of the drug and is arranged alphabetically. Drug dispensing uses the FEFO (First Expire First Out) and FIFO (First In First Out) systems (Permenkes RI, 2016). The results of the research obtained show that there are no pharmacies that do not store drugs according to these standards, except for the storage of drugs that pay attention to the therapeutic class, only a few pharmacies apply this system. The drug dispensing system in the pharmacies studied mostly uses the FEFO system.

The regulations for drug destruction and withdrawal according to the Minister of Health of the Republic of Indonesia Number 73 of 2016 (Permenkes RI, 2016) are the destruction of expired or damaged drugs and prescriptions that have been stored for more than 5 (five) years. The results showed that several pharmacies had not implemented this standard, this was because the prescriptions stored were not many, and had not reached 5 years. In addition, because the drugs are known to be damaged or close to expiration, they can be returned to PBF. Withdrawal of pharmaceutical preparations has been carried out by pharmacies for several preparations whose distribution licenses have been revoked by BPOM.

Control, recording and reporting of pharmaceutical preparations, medical devices, and consumable medical materials have been stipulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 73 of 2016 can be carried out using stock cards, either manually or electronically (Permenkes RI, 2016). Based on observations, it shows that several pharmacies have used an electronic / computer-based control system and implemented a recording system in every management of pharmaceutical supplies, medical devices, and consumable medical materials through order letters, invoices, stock cards, receipts or sales receipts and other records tailored to the needs of the pharmacy.

Clinical Pharmacy Services

According to the regulation of the Minister of Health of the Republic of Indonesia Number 73 of 2016 concerning pharmaceutical service standards in pharmacies, clinical Pharmacy service activities include prescription assessment, dispensing, drug Pharmacy services (PIO), and monitoring of drug side effects (MESO) (Permenkes RI, 2016). Clinical

information service activities at Wara glasses pharmacies in Palopo City that have been received can be shown in Figure 6 The results of this study indicate that the role of clinical information has not been fully implemented in accordance with the standards of the regulation of the Minister of Health of the Republic of Indonesia year 73 of 2016.

The results of the research of pharmacies that have been examined for clinical pharmacy service standards in Figure 5 show that the average result of 75% is included in the sufficient category. There are several pharmacies that have implemented clinical pharmacy services quite well. This is because some pharmacies have implemented routine doctor and pharmacist practice hours and there is good communication between doctors and pharmacists. Factors that influence the results of clinical pharmacy services are not good, including the lack of pharmacist presence in the pharmacy and employees who work not from pharmaceutical education.

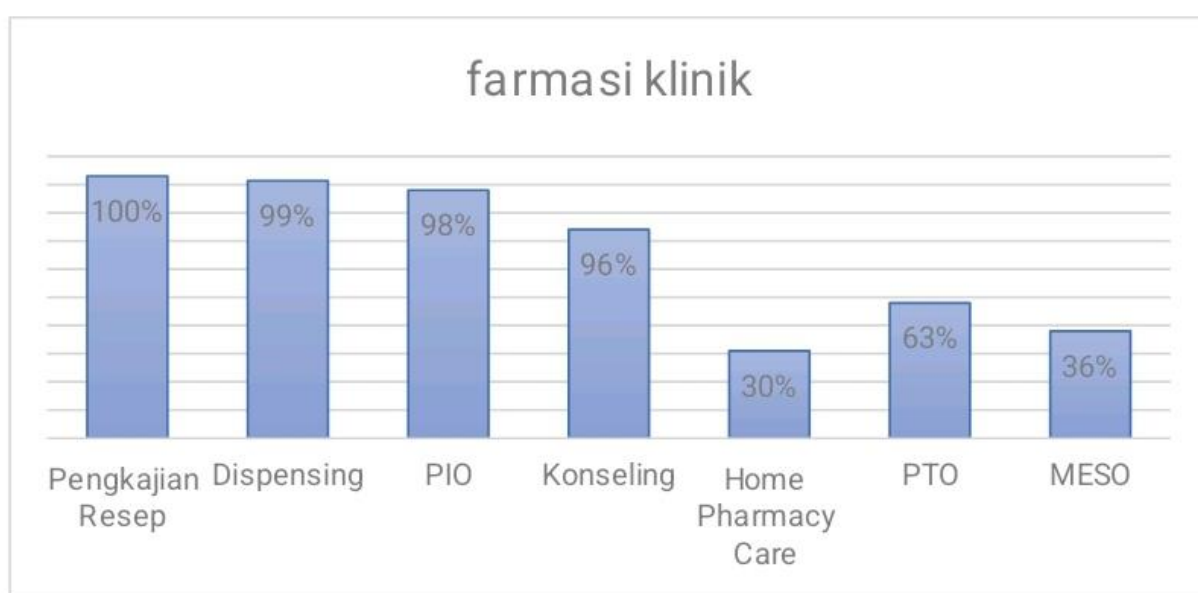


Figure 6 Diagram of clinical pharmacy results in pharmacies in Wara Sub-district, Palopo City

Prescription service and review activities that have been established include administrative checks, pharmaceutical suitability, and clinical considerations (Peremenkes RI, 2016). This prescription review is carried out to analyze any drug-related problems, so that the problem of negligence of drug-related information writers, writing prescriptions that are difficult to understand can be prevented so that they can show optimal results. The results showed that the pharmacy had carried out prescription services and reviews with a percentage of 100%. Prescription review is carried out in collaboration between pharmacists and pharmaceutical personnel. There are several pharmacies that show that pharmacists do not participate in prescription review because they are not present every day at the pharmacy, so that prescription review is only carried out by pharmaceutical technical personnel and employees at the pharmacy, however, this is still under the supervision of the pharmacist

where the pharmacist will provide direction using communication media in the form of cellphones or other communication media. This is in accordance with the statement that pharmacists must review prescriptions according to administrative requirements, pharmaceutical requirements, and clinical requirements (Peremenkes RI, 2016).

Drug dispensing activities to patients in pharmacies are carried out by accompanying pharmacists and employees or cashiers, according to the regulation of the Minister of Health of the Republic of Indonesia Number 73 of 2016, the delivery of drugs to patients must be accompanied by the provision of drug information. Information provided includes the benefits of drugs, food and drinks that should be avoided, possible side effects, how to store drugs, and others (Permenkes RI, 2016). Based on these regulations, most pharmacies have carried out the delivery of drugs properly and in accordance with the doctor's prescription and followed by providing information to patients at the pharmacy with a percentage result of 99%. Pharmaceutical services in pharmacies are not only limited to drug services based on a doctor's prescription, but can also serve drugs without a prescription or called self-medication accompanied by providing education by pharmacists to patients. The reason why the percentage results have not been maximized is because some pharmacies do not have a drug compounding place so that the pharmacy does not serve prescription concoctions.

Drug information services in pharmacies have been stipulated in the regulation of the Minister of Health of the Republic of Indonesia Number 73 of 2016 and services carried out by all pharmacies, namely providing information and education about drugs to patients (Permenkes RI, 2016). According to this regulation, drug information service activities are carried out by pharmacists. Based on the results of the study, it was found that all pharmacies that had been studied had carried out drug information services, but their implementation had not been carried out optimally, especially in the documentation of drug information services (records, forms, brochures, leaflets), this can be seen from the percentage of 98%.

Counseling activities according to the regulation of the Minister of Health of the Republic of Indonesia Number 73 of 2016, are also carried out by pharmacists (Permenkes RI, 2016). In accordance with what is stated in the central decree of the Indonesian Pharmacists Association number 058 / SK / PP / IAI / IV / 2011 concerning the competency standards of Indonesian Pharmacists. Pharmacists must be able to consult or counsel pharmaceutical supplies, medical devices and medical consumables. Based on the research, it shows that all pharmacies have carried out counseling activities, counseling activities in pharmacies that have been studied are better carried out by pharmacies that have practicing doctors, counseling activities in these pharmacies are carried out with limited verbal to patients This is because pharmacies have not provided documentation sheets for counseling activities in pharmacies. As for the lack of routine implementation of counseling activities in pharmacies due to limited time and the large number of patients queuing at the pharmacy, making the owner of the pharmacy facility limit the counseling time between patients and pharmacists, this can be seen from the percentage generated, namely 96%. As for other causes due to the frequent absence of pharmacists in pharmacies so that counseling services are not carried out for several patients who have come to the pharmacy and other service activities

such as home pharmacy care service activities, monitoring drug therapy, and monitoring drug side effects.

Home pharmacy care activities that are home visits, especially for the elderly and patients with other chronic disease treatments (Permenkes RI, 2016). Home Pharmacy Care activities have not been carried out in several pharmacies, because most of the patients who come are people around the pharmacy, so for consultation or when there is a problem, patients can usually come directly to the pharmacy, but this still does not solve other problems where there are still patients who really need to be visited at home, this is what causes the percentage of home pharmacy care to be only 30%. Another reason why it has not been fully implemented, where pharmacies have not provided these services, is due to the lack of pharmaceutical personnel, time and the presence of pharmacists so that these services have not been maximized.

In Monitoring Drug Therapy, ensuring that the therapy obtained by the patient is proven effective by looking at the efficacy and side effects that occur is the reason for the need to carry out drug therapy monitoring (Permenkes RI, 2016). The implementation of this service is only verbal between pharmacists and patients or employees and patients but is monitored by the owner of the pharmacy facility. Activities Only in the form of an explanation of information on the use of drugs that receive high-risk drugs, but this is still not maximally carried out by several pharmacies, especially pharmacies that do not have a doctor's practice, this is because these pharmacies rarely get patients who need drug therapy monitoring services, which causes the results of monitoring drug therapy with a percentage of 63%.

Monitoring adverse drug reactions is an adverse response or unwanted response that occurs when administering drugs in normal doses for the purposes of prophylaxis, diagnosis, and therapy. Therefore, monitoring of drug side effects needs to be carried out by pharmaceutical personnel as one of the efforts of clinical pharmacy services (Permenkes RI, 2016). Service activities are carried out only by several pharmacies that have practicing doctors, while pharmacies without practicing doctors do not carry out documentation of activities so that the history of drug use by patients is not known. This reason is what makes the percentage of clinical services for monitoring drug side effects 36% only. This is because the pharmacy rarely gets prescriptions for drugs that require drug side effect monitoring services, besides that another reason is the absence of pharmacists every day at the pharmacy

4. Conclusion

Based on the results of the research that has been carried out, it can be concluded that pharmacists in 14 pharmacies in Wara District, Palopo City have carried out 100% management of pharmaceutical preparations, medical devices and consumable medical materials based on Permenkes no.73 of 2016 with a good category. Whereas in clinical pharmacy services carried out by pharmacists in 14 pharmacies in Wara District, Palopo City has carried out services with a percentage of 75% based on Permenkes no.73 of 2016 with a fairly good category.

- a. Pharmacists are expected to routinely conduct evaluations related to the practice of

- pharmaceutical services.
- b. The Health Office is expected to improve the supervision system for the presence of pharmacists, because with strict supervision, pharmacists like it or not will definitely carry out what has been regulated.
 - c. IAI (Indonesian Pharmacists Association) is expected to guide pharmacists in performing pharmaceutical services. In addition, it is also involved in conducting supervision and is authorized to impose sanctions, where these sanctions are the main recommendations at the health office. As well as giving awards to pharmacies and pharmacists who have good quality.
 - d. Further research is expected to be carried out with a larger number of samples to be more representative.

5. Reference

- Ave, M.S. (2016). Evaluasi Implementasi Standar Pelayanan Kefarmasian Di Apotek-Apotek Kecamatan Pontianak Selatan Skripsi. Pontianak. Fakultas Kedokteran Universitas Tanjungpura Pontianak.
- Depkes RI. (2009). Undang-Undang Republik Indonesia Nomor 44 Tahun 2009, Tentang Rumah Sakit. Jakarta: Departemen Kesehatan Republik Indonesia.
- Dewi, A.K. (2018). Analisis Waktu Tunggu (Dispensing Time) Pelayanan Resep Obat Jadi dan Obat Racikan Pada Pasien di Puskesmas Talang Kabupaten Tegal. Tegal: Politeknik Harapan Bersama Tegal
- Fajarini, H. (2022). Ilmu Perilaku dan Etika Profesi Farmasi. Lakeisha
- Inayah, A. (2017). Evaluasi Standar Pelayanan Kefarmasian di Apotek Kecamatan Adiwerna Kabupaten Tegal. Tegal: Politeknik Harapan Bersama Tegal.
- Kemendes. (2004). Peraturan Menteri Kesehatan Republik Indonesia Nomor 1197/Menkes/SK/X/2004 Tentang Standar Pelayanan Farmasi di Rumah Sakit. Jakarta: Menteri Kesehatan Republik Indonesia.
- Kemendes. (2016). Peraturan Menteri Kesehatan Republik Indonesia Nomor 72 Tahun 2016 Tentang Standar Pelayanan Kefarmasian Di Rumah Sakit. Jakarta: Menteri Kesehatan Republik Indonesia.
- Komalawati, V. (2020). Tanggung Jawab Apoteker dalam Pelayanan Obat Dengan Resep Dokter. Jurnal Poros Hukum Padjadjaran, 1(2).
- Lembaga Bantuan Hukum Masyarakat. (2019). Yang Terabaikan: Potret Situasi Perempuan yang Dipenjara Akibat Tindak Pidana Narkotika. Jakarta: Lembaga Bantuan Hukum Masyarakat.
- Mongi, D., Pareta, D., Maarisit, W., & Kanter, J. (2020). Evaluasi Pelaksanaan Pelayanan Kefarmasian Di Apotek Telemedika Farma 14 Manado. 3(2), 65–71.
- Mulyagustina., Wiedyaningsih, C., dan Kris, S. A. (2017). Implementasi Standar Pelayanan Kefarmasian Diapotek Kota Jambi . Jurnal Manajemen dan Pelayanan Farmasi , Vol 7 No 2.

- Permenkes. (2014). Peraturan Menteri Kesehatan Republik Indonesia Nomor 58 Tahun 2014 Tentang Standar Pelayanan Kefarmasian Di Rumah Sakit. Jakarta: Peraturan Menteri Kesehatan Republik Indonesia.
- Permenkes. (2016). Peraturan Menteri Kesehatan Republik Indonesia Nomor 72 Tahun 2016 Tentang Standar Pelayanan Kefarmasian Di Rumah Sakit. Jakarta: Peraturan Menteri Kesehatan Republik Indonesia.
- Rikomah, S.E. (2017) Frmasi Rumah Sakit. In Deepublish (1 st ed).
- Sunyoto, D. (2013). Perilaku Konsumen. Yogyakarta: Center of Academic Publishing Service (APS).
- Tjiptono, F. (2012). Service Management Mewujudkan Layanan Prima. Yogyakarta: CV Andi Offset