

# THE IMPLEMENTATION OF QUALITY PRESCRIPTION SERVICE AT HOSPITAL, PANGKALPINANG, BANGKA BELITUNG

Rachmawati Felani Djuria

School of Health Polytechnics, Ministry of Health Pangkalpinang

## ABSTRACT

**Background:** Prescription communicates medication plans from prescribers to pharmacists and patients. An error prescribed will often not be checked until a pharmacist reviews the patient's prescription, which may not happen for up to 72 hours after admission. There is a need for hospitals to give the best of the prescription assessment and services. This study aimed to analyze the implementation of quality prescription assessment and services at a hospital in Pangkalpinang, Bangka Belitung.

**Subjects and Method:** This was a qualitative study conducted at a Pangkalpinang hospital, Bangka Belitung, from February to December 2017. The quality control was conducted by audit. The key informants were selected by triangulation. The dependent variables were prescription review and service. The independent variables were administrative requirement, pharmaceutical requirement, clinical requirement, acceptance, availability check, pharmaceutical preparation, medical device, and disposable material. The data were analyzed descriptively.

**Results:** Prescription service had been implemented sub-optimally. This service did not adhere the pharmaceutical service standard for hospital set by the Ministry of Health. The prescription service was delivered by nurses. Some inpatients did not receive prescription services. Pharmacists were unrecognized by patients.

**Conclusion:** Prescription service has been implemented sub-optimally. This service do not adhere the pharmaceutical service standard for hospital set by the Ministry of Health.

**Keywords:** pharmaceutical service standard, prescription, pharmacists

## Correspondence:

Rachmawati Felani Djuria. School of Health Polytechnic, Ministry of Health Pangkalpinang, Bangka Belitung. Email: felanDJ87@gmail.com. Mobile: 081995596959.

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## BACKGROUND

Pharmaceutical services in hospitals include 2 activities namely managerial activities in the form of managing pharmaceutical preparations, medical devices and consumable medical materials and clinical pharmacy service activities. These activities must be supported by human resources, facilities and equipment. This is done to ensure the quality of pharmaceutical services. In addition, the government also issued pharmaceutical service standards in hospitals as stipulated in Permenkes No. 72 of 2016 concerning Pharmaceutical Services Standards in Hospitals. In the Permenkes there is quality control of pharmaceutical services. With the quality

control of pharmaceutical services, it can improve the quality of pharmaceutical services, ensure legal certainty for pharmaceutical workers and protect patients and the public from irrational drug use in the context of patient safety (Ministry of Health Republic of Indonesia, 2016).

Based on the Field Work Practices Report (PKL) Hospital conducted by students of the Department of Pharmacy School of Health Polytechnics Ministry of Health, Pangkalpinang, since 2013-2016, there are no hospitals that carry out comprehensive clinical pharmacy services in all hospitals that become PKL practice areas in the Bangka Island region. Some research also shows that the implementation of pharma-

ceutical services in the Bangka Belitung Islands Province has not been maximized, especially clinical pharmacy services in the form of Drug Information Services (PIO).

Anggriawan's (2013) stated that the completeness of Pangkal Pinang's RSBT prescription was not good. However, Widodo's research (2013) states that the waiting time for ready-to-use prescription and prescription drug prescription services in the Pangkalpinang Pharmacy Installation Drug Room is in accordance with the hospital's Minimum Service Standards (SPM) set in the Republic of Indonesia's Minister of Health Decree No. 129 2008.

According to Mahfudz (2009), in pharmacies and hospitals in the Bangka Belitung Islands Province, complete drug information is rarely provided. Djuria's research (2010) shows that the quality of PIOs in the City Health Centers of Pangkal Pinang is not good. Permadi (2013) also states that the quality of PIO implementation at the Membalong Health Center in Belitung Regency is not good.

Defika's research (2015) also showed that the quality of PIOs at Gerunggang Health Center in Pangkalpinang City was not good. PIO at the Central Koba Bangka Public Health Center has also not been fully implemented (Julimansyah, 2015). The implementation of PIO at Petaling Community Health Center was also not in accordance with Pharmaceutical Service Standards at the Health Center in 2016 (Trisnawati, 2016). Likewise with Putri's research (2014), it shows that the implementation of PIOs in the Outpatient Depot of Depati Hamzah Regional Hospital in Pangkalpinang City is not in accordance with the Pharmaceutical Services Standards at the 2006 Hospital.

However, this result is different from the Septashary (2014) study, which showed that the quality of PIO implementation at the Sungailiat Health Center was good. Safitri

(2013) also showed that outpatients were satisfied with the quality of the PIO at the Pharmacy Installation Pharmacy at Central Bangka Hospital. Likewise research Saputri et al. (2013), which shows that outpatients are satisfied with the quality of pharmaceutical services in the Pharmacy Installation of Central Bangka Hospital based on SERVQUAL variables.

The results of these studies indicate that research on the quality of pharmaceutical services in clinical pharmacy service activities in full has never been carried out. Therefore, researchers are interested in conducting an analysis of the quality of the implementation of assessment and prescription services in X Pangkalpinang Hospital Bangka Belitung based on Permenkes No. 72 of 2016 concerning Pharmaceutical Services Standards in Hospitals.

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## SUBJECTS AND METHOD

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### 1. Study Design

This study is descriptive with a qualitative approach using concurrent observational research designs.

### 2. Population and Sample

The subjects in this study were key informants and additional informants. The key informants are the Head of Pharmacy Installation, Outpatient Pharmacy, Inpatient Pharmacy, and Pharmacy Warehouse Manager. The total key informants were 4 people.

Additional informants in this study were 30 patients, Head of Nurse/ Midwife for 5 people, 30 doctors and Head of Pharmacy and Therapy Team (one doctor), 1 Head of Nutritionist and 1 Head of Medical Record and community as many as 30 people (patient's family). Total additional informants were 97 people. The selection of informants is done by using purposive sampling technique. The data collection technique is the source triangulation technique.

### 3. Data Analysis

The data analysis method in this research is univariate namely explaining and describing what will be studied and processing data into narrative/ script.

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## RESULTS

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Based on the results of the study, all key informants mentioned that all stages of the assessment activities and prescription services were carried out. This result is better than Hidayanti's research (2017), which shows that the process of reviewing and prescribing services in Hospital X is still found incomplete prescriptions either administratively, pharmaceutically or clinically.

This is because X Pangkalpinang Bangka Belitung Hospital has a standard prescription form. RS X Pangkalpinang Bangka Belitung has better conditions compared to 2013. Based on the results of the 2013 study, RS X Pangkalpinang Bangka Belitung had a flow or standard operational procedure (SPO) for prescription review, prescription service, prescription acceptance, prescription, drug testing, collection or preparation, medicine, drug packaging, drug correction, drug delivery and drug delivery services. The most important thing is that the SPO is run by HR personnel in the X Pangkalpinang hospital. All pharmacy service activities in RS X have guidelines issued in 2015.

However, Outpatient Pharmacists mentioned that there are some indicators in the administrative requirements not included in the prescription form, namely the permit number and the doctor's address. The activity is carried out for prescription that come from outside.

This result is supported by information from additional doctor's informants who stated that all administrative requirements, there were 25 respondents (83.3%) saying yes was done and 5 respondents (16.7%) stated

not implemented. Respondents who said yes were seen from the prepared prescription form. However, the TB indicator is not in the prescription form. These results are the same as Susanti's (2015) study, which showed that there was no information about the patient's body weight and height of around 88%. Hidayanti (2017) states that height and weight are only for pediatric patients.

Respondents who mentioned were not carried out because they did not know. The contributing factor was that the respondent had just joined X Pangkalpinang Hospital, Bangka Belitung (as many as 1 respondent) and did not see directly (as much as 1 respondent). In addition, there were 3 respondents who did not issue a prescription because they were radiology specialists (only contrast agents not drugs), clinical pathology specialists and anatomical pathology specialists.

However, this differs from information from additional informants namely patient respondents and patient families who state that pharmacists do not check all administrative requirements. Respondents who mentioned carried out because they saw the data contained in the prescription. It's just that weight and height data are not in the prescription form. Respondents who mentioned were not carried out because they were only asked for their name, age or even asked nothing (just put the prescription in the box provided by the officer).

Pharmaceutical requirements for stability are more implemented for combined drugs. In addition, inpatient pharmacists mentioned in the clinical requirements indicators of contraindications and drug interactions are rarely performed. The activity was carried out only for a few patients who received R/> 6 items.

Prescription service activities are all done well because there is an SPO that regulates. It's just that the provision of information contained in the SPO still follows

the Pharmaceutical Services Standard at the Hospital of the Ministry of Health in 2006 which includes names, rules of use, dosage, indications, storage, ESO in general, Drug Interactions and Food and Beverage that must be avoided. However, information that is routinely given is names, indications and rules of use only.

This result is supported by information from patient respondents and the patient's family which shows that almost all respondents totaling 28 people (93.3%) mentioned the prescription stage was carried out by pharmacists, almost all respondents 29 people (96.7%) mentioned the stages of preparation of preparations pharmaceuticals, medical devices and consumable medical materials are carried out by pharmacists and almost all respondents 26 people (86.7%) mention the stages of information provision carried out by pharmacists.

Prescription services for outpatients have not been implemented for all patients because the patient is the patient's family. Patients will get information from nurses on duty in the room. Patients who get information directly from the pharmacist are only VIP patients who have internal disease. This is because the pharmacist's HR is limited. The number of pharmacists in Pangkalpinang Hospital Bangka Belitung is 3 people and each has a task in his place namely the Head of IFRS, Outpatient Pharmacists and Inpatient Pharmacists. In addition, managerial workloads so that not all patients can be served well related to prescription services.

This result is supported by information from respondent Head of Nurse/ Midwife who states that for indicators of receiving prescriptions, checking availability of pharmaceutical preparations, medical devices and consumable medical materials and providing information carried out entirely by pharmacists. However, for indicators of preparation, examination and delivery of pharmaceutical

preparations, medical devices and medical consumables, not all Head of the Nurse/ Midwife Room mentions that pharmacists do so because some are done by nurses in the room for inpatients.

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