



PHARMACEUTICAL SERVICE STANDARDS AT INPATIENT HEALTH CENTER

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ABSTRACT

Pharmaceutical services are direct and accountable assessments of patients' pharmaceutical needs, with the objective of enhancing their quality of life by achieving positive results. The objective of this investigation is to investigate pharmaceutical services in the Kerem district in accordance with the Regulation of the Minister of Health No 2012 and Regulation No 74 of 2016 regarding the requirements for pharmaceutical services in medical centers. A cross-sectional methodology is employed in this descriptive study. The data obtained via surveys and checklists was derived from direct observation at Puskesmas pharmacies during the presence of pharmacists or pharmacy technicians. The collected data were analysed in conjunction with the established standards in the literature and evaluated using the Chi-Square test. The study's findings indicate that the Kerom Regency Health Centre attained a score of 64 in the execution of pharmaceutical service criteria. The category exhibiting the greatest level of satisfaction was the satisfied category, with a percentage of 74.7%. The chi-square test is employed in statistical analysis to examine the correlation between patient demographic variables, including age, gender, occupation, and patient satisfaction. This study yielded statistically significant results with a P-value less than 0.05.

Keywords: keerom regency inpatient health center; primary health centers; standars pharmaceutical

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INTRODUCTION

The Community Health Center functions as a technical implementation unit of the Health Office/City, responsible for regulating health development under its jurisdiction. The health center serves as a technical implementing unit for the Health/City authority, tasked with managing the growth of the health workforce sector. The Community Health Center is an entity that provides primary health services and meets the essential health needs of the community. (Minister of Health, 2006). Currently, pharmaceutical services have evolved from peripheral policies to central policies, commonly referred to as pharmaceutical nursing. For patients, pharmacological interventions are the most important aspect of treatment. All doctors and healthcare facilities must supply pharmacies, limited to one company. The shortage of pharmacists in community health centers limits the effectiveness of pharmaceutical services, with pharmacy operations overseen by a pharmacist appointed by the district or the director of the health department according to the pharmacy cadre of the department administration (Minister of Health of the Republic of Indonesia, 2020). Carolien et al. (2017) conducted a study entitled "Assessment of Drug Availability Before and After the Implementation of JKN in the Kerum Regency Health Center, Papua Province" which produced comparable findings. The study shows that the availability of medicines is still relatively adequate, but not enough to meet demand. Compliance. The latest requirements of the sanatorium. The availability of medicines during this period was influenced by the prevalence of spoiled and expired drugs in health centers, the availability of DOEN/Fornas drugs, and the increase in open drug quotas after JKN. Atypical disease patterns are also a

factor. Demand is not optimal, IFK distribution is insufficient, human resources in the pharmaceutical industry are insufficient, and subsidized drug distribution prices are insufficient. The proposed drug is to improve Pussycat's drug management expertise and strategize pharmaceutical human resource requirements

METHOD

This research is a non-experimental research with a qualitative approach, there are interviews with various stakeholders, direct observation and secondary data through document production. Data were collected in parallel and descriptive analysis was performed. The research data was obtained directly from the respondents in the selected range, while the numbers according to the sample were determined using the questionnaire method (questionnaire/list of questions). In this study, there are two tools (instruments) used in this study: the initial instrument used to unite the documents (data) of the implementation of pharmaceutical service standards, and the results of the implementation evaluation are designed for categories, namely the implementation of good, medium or lower categories. The initial inventory is developed in accordance with the standards of pharmaceutical services at the Health Center, as stated in PMK No. 74 of 2016. Equipment, infrastructure, pharmaceutical quality control, clinical pharmaceutical services, drug and consumables management, and human resources are all covered in this checklist. The second instrument is used to collect data on patient satisfaction with pharmaceutical services in medical centers. Buyers experience complications. The second instrument is the Patient Satisfaction Survey, which is based on PMK No. 74 of 2016 concerning pharmaceutical care standards in medical centers. Data collection was carried out using primary and secondary methodologies. Fundamental data: (1) Research interviews; Conduct extensive interviews on the topic to obtain relevant data for research. The equipment used consists of a keyboard and a recorder. Observational research is conducted directly, recorded, and complemented by a checklist of pharmaceutical services in residential health facilities. This survey asks for responses from pharmaceutical facilities, patients, or patients' families at the Health Center through closed questions to obtain statistics on satisfaction with pharmaceutical services at the Keerom Regency Inpatient Health Center.

When submitting a questionnaire in the checklist of pharmaceutical service standards related to human resources, drug management, medical supplies, equipment, infrastructure and quality control of pharmaceutical services, the respondents here are employees (pharmacists/pharmaceutical technical staff). As for patient satisfaction questionnaires; the tangible aspect (Appearance), the reliability aspect (Reliability), the responsiveness aspect (Responsiveness), the assurance aspect (Guarantee), and the empathy aspect (Attention) of the respondents are patients who are in the Keerom Regency Inpatient Health Center. While for secondary data, it was obtained by considering documents at the Pharmacy Health Center related to the management of pharmaceutical products (equipment, infrastructure, consumables, pharmaceutical service quality control) at the Keerom Regency Inpatient Health Center. However, for the validity value, to test the validity is said to be valid when if the correlation value R is calculated $> R$ table and reliability, to test reliability, one of the methods used is Cronbach Alpha. The Cronbach Alpha values that indicate a reliable instrument are: More than 0.6, Between 0.70-0.90.

RESULT

This research was conducted at the Keerom Regency Health Center, namely the Arso Kota Health Center as the object of research. This research was conducted for 2 months, a sample of 100 patients who visited the health center was obtained, then from the 100

patients, only 93 patients met the criteria and the data was analyzed using Microsoft Excel and grouped based on predetermined variables.

Table 1.

Assessment of Pharmaceutical Service Standards at Arso Kota Health Center:

No	Phc	Total Score	% conformity	Category
1.	Arso Kota	64	74%	Currently

Based on the table above at the Arso city health center, the total score obtained was 64 with a % suitability of 74 obtained in the medium category. At the Arso City Health Center, why can you get such a score, because there is a health center, the human resources are still lacking, health technicians such as pharmacy, and also the allocation of funds issued by the district is less so that sometimes drugs that are often needed in the local community sometimes do not exist in the health center, so that services about pharmaceutical services are also not in accordance with Permenkes 74 of 2016.

Table 2.

Percentage of inpatient satisfaction related to pharmaceutical services

Patient satisfaction	Arso Kota	
	f	%
Dissatisfied	3	3,2
Satisfied	59	63,4
Highly satisfied	31	33,3

Based on the table above, it shows that in the Arso City Health Center with the number of patients 93, the level of satisfaction is dissatisfied, 3 patients with a percentage of 3.2, while for satisfied patients, 59 patients with a percentage of 63.4, while those who are very satisfied are 31 patients with a percentage of 33.4.

Table 3.

Demographic Correlation with Patient Satisfaction at Arso Kota Health Center:

Demographic Classification	Parameters	P value
Age	17-20 years	0,006
	21-50 years	
	> 51 years	
Gender	Man	0,15
	Woman	
Education	# Tamat SD	0,805
	SD	
	SMP	
	SMA	
	College	
Work	Student	0,000
	Housewives	
	Private employees	
	PNS	
	Merchant	
	DII	
Visit	It's the first time	0,666
	2-5 kali	
	> 5 kali	

DISCUSSION

Based on the table 3, it shows that in the Arso City Health Center with the number of patients 93, the level of satisfaction is dissatisfied, 3 patients with a percentage of 3.2, while for satisfied patients, 59 patients with a percentage of 63.4, while those who are very satisfied are 31 patients with a percentage of 33.4. Where the table above shows that the most patient

satisfaction obtained at the health center is patient satisfaction with the Satisfied category with 59 patients and the percentage obtained is 63.4. Satisfaction starts from the reception of the patient from the first time he comes, until the patient leaves the Health Center. Patient satisfaction is not enough by improving physical environmental facilities, but in an effort to provide satisfaction to customers/patients, especially in the process of interaction between officers and patients in health services. This interaction process is influenced by the behavior of officers in carrying out services, namely friendliness, skills, responsiveness, attention, communication, speed of service and others (LAN, 2009). In addition, the aspect of physical appearance is a direct evidence which includes physical facilities, equipment and hygiene are also variables in assessing patient satisfaction.

In the correlation analysis of age differences with patient satisfaction, it was found that there was a correlation of human differences with patient satisfaction which was shown by the value of $p=0.006$ ($p<0.05$). This means that there is an influence of age differences on patient satisfaction, where the ages of 17-20 years and the age of 21-50 years are more likely to feel very satisfied compared to the age of 51 years and above, this is because respondents who are 51 years old and older have a higher perception of meeting the needs of health services than respondents who are 17-50 years old. In the correlation analysis of gender differences with patient satisfaction, the results were obtained that there was a correlation between gender differences and patient satisfaction which was shown with a value of $p=0.015$ ($p<0.05$). Based on the opinion of Lumenta (1989) in Budiman et al. (2010) which states that gender affects satisfaction, where men have greater demands so they tend to be dissatisfied compared to women. According to Barata (2006) gender can affect satisfaction because many people think that women are considered weak, irrational, and inexperienced. While men are considered stronger, rational and experienced, so men tend to need more service to achieve satisfaction.

In the correlation analysis of educational differences with patient satisfaction, it was found that there was no correlation between educational differences and patient satisfaction which was shown with a value of $p=0.805$ ($p>0.05$). Based on the results of filling out the questionnaire, responses about satisfaction, complaints, and suggestions emerged from patients with higher education or lower education, so it did not have a significant effect, because in all categories of education respondents tended to state that they were satisfied with the pharmaceutical services received. The factor that causes education is not correlated with patient satisfaction in pharmaceutical services, namely even though patients have high or low education, if faced with a long queue in getting pharmaceutical services, the level of satisfaction will also have an effect. Based on the results of filling out the questionnaire, responses about satisfaction, complaints, and suggestions emerged from patients with higher education or lower education, so this did not have a significant effect, because in all categories of education, respondents tended to state that they were satisfied with the pharmaceutical services received.

In the correlation analysis of job differences with patient satisfaction, it was found that there was a correlation between job differences and patient satisfaction which was shown by the value of $p=0.000$ ($p<0.05$). This means that there is no influence of differences. In the correlation analysis of the difference in visits with patient satisfaction, it was found that there was no correlation between the difference in visits and patient satisfaction which was shown with a value of $p=0.666$ ($p>0.05$). This means that there is no difference in the effect of visits on patient satisfaction, respondents with both first-time visits, 2-5 visits and visits of more than 5 times generally have a level of satisfaction that tends to state that they are

satisfied with the pharmaceutical services received, and respondents provide responses, complaints, and suggestions when filling out the questionnaire even though it is a first-time visit or more than 5 times.

CONCLUSION

The results of this study led to the establishment of Regulation No. 74 of 2016 concerning the norms of pharmaceutical services in Puskesmas by the Minister of Health. (1). Puskesmas in Arsu city are designated as category II (moderate). Satisfaction was conveyed at the level of patient satisfaction from pharmaceutical services at the inpatient pharmacy at the Arso City Health Center. (3). Patient demographic variables, including age, gender, and occupation, showed a substantial correlation with patient satisfaction levels

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