

# Compliance of Pharmacy Service Standards at The Phcussia of Banjarmasin City

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## Abstract:

Pharmaceutical work carried out in the acquisition, production, distribution and maintenance of drugs must be carried out by health workers who have the appropriate knowledge and authority for that. Based on the description above, researchers are very interested in knowing whether or not there is a conformity of pharmaceutical service activities in all Banjarmasin city health centers based on Permenkes RI No. 26 of 2020 related to Pharmaceutical Service Standards. The purpose of this study was to determine the suitability of Pharmaceutical Services at public health center in Banjarmasin City against Permenkes No. 26 of 2020 concerning Pharmaceutical Service Standards at public health center. The research design method used is observation, namely making direct observations accompanied to obtain information on the Management of Pharmaceutical Supplies and Consumable Medical Materials, as well as Clinical Pharmacy Services. There are 26 health centers in Banjarmasin City. All health centers have met the suitability of pharmaceutical preparation management and Medical Consumables (BMHP) in accordance with the Minister of Health Regulation No. 26 of 2020. However, 10 public health center in Banjarmasin City have not met the requirements of clinical pharmacy services, such as Counseling, Monitoring Drug Side Effects, Monitoring Drug Therapy, and Evaluating Drug Use. This is influenced by limited human resources at these health centers. 26 health centers in Banjarmasin City are appropriate in managing pharmaceutical preparations and Consumable Medical Materials (BMHP) and 16 health centers are appropriate in implementing clinical pharmacy services.

**Keywords:** Banjarmasin; health centers; pharmaceutical services

## Introduction

Pharmaceutical services are a form of direct care provided to patients with responsibilities related to medication, with the aim of improving the patients' quality of life and achieving reliable outcomes. Pharmaceutical services consist of two main activities: administrative activities, which involve medication management, and clinical pharmacy. To achieve optimal treatment outcomes and minimize the risk of adverse drug reactions, support from human resources, facilities, and equipment that meet patient safety perspectives is required<sup>1</sup>.

Medication management activities constitute a continuous cycle of tasks. This cycle begins with planning, procurement, reception, storage, distribution, service, and goes on to the management of pharmaceutical activities. All these activities must be carried out responsibly and involve personnel with knowledge and skills in the pharmaceutical field<sup>2</sup>.

The main task of the Health Public Center is to organize health development in a working area. Health Public Center has a central role in the development, guidance, and provision of health services in the context of public health development. As the frontline in health development, Puskesmas has the main task of implementing promotive, preventive, curative, and rehabilitative efforts<sup>3</sup>.

Clinical pharmacy services are a form of direct service provided by pharmacies to patients, with the aim of improving treatment outcomes and reducing the risk of side effects. This service involves a number of activities, such as drug assessment and prescription, medication history tracing, medication mediation, drug information services (PIO), counseling, visits, medication tracking (PTO), monitoring of drug side effects (MESO), evaluation of drug use (EPO), dosing of sterile preparations, and monitoring of drug concentration in blood (PKOD). Although pharmaceutical services are not a new concept in health care, their introduction and

development in primary health care, especially at puskesmas, has faced several challenges. The policies that support its implementation have undergone several changes to support ideal service standards[4].

Based on research conducted referring to Permenkes Number 74 of 2016. This study aims to determine the suitability of pharmaceutical standard services in drug and clinical pharmacy services at puskesmas. The results of this study show that 54.5% of puskesmas do not yet have a pharmacist as the person in charge and only 18.2% of puskesmas have sufficient pharmacists and pharmaceutical technicians for drug management activities and clinical pharmacy services<sup>3</sup>.

Based on research in the Puskesmas of Batu City Region, with the aim of understanding the alignment of pharmaceutical services in the Puskesmas of Batu City Region based on Permenkes Number 74 of 2016. The sample obtained was five respondents, namely Puskesmas Bumiaji, Puskesmas Sisir, Puskesmas Beju, Puskesmas Batu, and Puskesmas Junrejo. The results of his research prove that the Batu City Region Health Center has been aligned with Permenkes Number 74 of 2016, the results of the checklist sheet for the Batu City Region Health Center obtained an average of 91% in the good category<sup>5</sup>.

Based on the description above, researchers are very interested in knowing whether or not there is a conformity of pharmaceutical service activities in all Banjarmasin city health centers based on Permenkes RI No. 26 of 2020 concerning changes to Permenkes No. 74 of 2016 related to Pharmaceutical Service Standards in Puskesmas, especially in the management of pharmaceutical preparations and consumable medical materials, clinical pharmacy services, and infrastructure facilities.

## Research Method

The research method used is observation, which involves direct observation and filling in the observation sheet that will be given to pharmacists. The observation sheet contains questions that aim to obtain information regarding the Management of Pharmaceutical Supplies and Medical Consumables, as well as Clinical Pharmacy Services. This research was carried out in all health centers in Banjarmasin City. The population and sample in this study are all health centers in the city of Banjarmasin with saturated sampling method.

The instrument in this study was an observation sheet made in accordance with Minister of Health Regulation No. 74 of 2016 concerning Standards for Pharmaceutical Services at public health center in article 3 paragraph 1 it is explained that pharmaceutical services carried out at public health center consist of two activities, namely management of pharmaceutical preparations and consumable medical materials, as well as clinical pharmacy services.

To find out the suitability of Pharmaceutical Services at the City Health Center of Banjarmasin against Permenkes No. 26 of 2020 concerning Standards for Pharmaceutical Services at public health center.

## Results

List of Health Centers not in accordance with pharmaceutical service standards are shown in Table 1.

**Table 1** List of Health Centers Not in Accordance with Pharmaceutical Service Standards

No	Public Health Center Name
1	Kuin Raya
2	Alalak Tengah
3	Alalak Selatan
4	Pekauman
5	Basirih Baru
6	Teluk Dalam
7	S. Parman
8	9 November

No	Public Health Center Name
9	Karang Mekar
10	Kelayan Dalam

**Table 2** List of Health Centers in Accordance with Pharmaceutical Service Standards

No	Public Health Center Name
1	Pemurus Dalam
2	Pekapuran Raya
3	Kelayan Timur
4	Banjarmasin Indah
5	Sungai Mesa
6	Teluk Dalam
7	Gadang Hanyar
8	Cempaka
9	Kayutangi
10	Sungai Jingah
11	Beruntung Raya
12	Pelambuan
13	Terminal
14	Cempaka Putih
15	Pemurus Baru
16	Sungai Bilu

Other studies explain that the implementation of Minister of Health Regulation No. 74 of 2016 concerning Standards for Pharmaceutical Services at public health center to improve pharmacy services at public health center, it is necessary to place pharmacists and pharmacy technicians. In addition, it is important to have implementation guidelines or procedures that regulate pharmaceutical services and treatment standards at the public health center. Intensive support for health workers, adequate allocation of funds for medicines and facilities at the public health center, as well as ongoing training for pharmacy staff at the public health center are also very much needed.<sup>6</sup>

Based on the results of the study, not all public health center have complied with the standard of pharmacy service for public health center in the city of Banjarmasin with Permenkes No. 74 of 2016. 16 Community Health Centers in Banjarmasin City (62%)

complied with the health center pharmacy service standards, while the other 10 health centers (38%) did not meet the pharmacy service standards at the health center (Table 1). These results are in line with a study showing that the problem in placing pharmacists in public health center is that the District/City Health Office knows that according to laws and regulations pharmacists are needed in public health center, but in planning the need for pharmacists is still not considered a priority compared to the needs of other health workers; the proposal for the need for health workers made by the District/City Health Office has not been based on workload calculations as regulated in laws and regulations<sup>6</sup>.

The results of the study explained that all puskesmas pharmacists in Banjarmasin city totaled 29 people, which means that there are 3 puskesmas that have 2 pharmacists, such as Pekapuran Raya, Teluk Tiram, Pelambuan puskesmas. On average, puskesmas have 4 pharmaceutical workers, including TTK and pharmacists. This shows that there are still very few pharmaceutical workers at the puskesmas and has the potential to impact on the standard of pharmaceutical services. The ideal number of pharmacists in a puskesmas has a ratio of 1 pharmacist to serve 50 patients per day. These results are in line with research that mentions the inadequacy of pharmaceutical officers, including Pharmacist Assistants who accompany Pharmacists, are being sought to be provided at Puskesmas that currently do not have Pharmaceutical Technical Personnel and Pharmacist Assistants. In this situation, pharmaceutical services at the Puskesmas are carried out by other Health Workers who assist the pharmacist when making visits outside the Puskesmas. This situation has an impact on the quality of pharmaceutical services at the Puskesmas<sup>6</sup>.

Another study explained that the implementation of Minister of Health Regulation No. 74 of 2016 concerning Pharmaceutical Service Standards at

Puskesmas to improve pharmaceutical services at Puskesmas requires the placement of pharmacists and pharmaceutical technicians. In addition, it is important to have implementation guidelines or protaps that regulate pharmaceutical services and medication standards at Puskesmas. Support in the form of intensive training for health workers, adequate allocation of funds for drugs and facilities at Puskesmas, and continuous training for pharmaceutical workers at Puskesmas are also needed<sup>3</sup>.

The results obtained show that all health centers in Banjarmasin city (100%) have carried out planning activities. Planning is carried out once every year. Each health center will develop a drug requirement plan that is based on the use of drugs in the previous period (consumption method) and refers to the National Formulary. The health center will produce a Drug Usage Report and Request Sheet (LPLPO) which will be taken into consideration by the Health Office. Drug planning will also be adjusted to the budget available in the Health Office's Budget Requirement Plan (RKA).

The results of this study are in line with other research which states that at the Puskesmas in Tomohon City, a Drug Usage Report and Request Sheet (LPLPO) is made as a request for Pharmaceutical Supplies and Consumable Medical Materials. The health center then brings the LPLPO directly to the Tomohon City Health Office Pharmacy Installation. This process is carried out with the approval of the head of the puskesmas who is responsible for the pharmaceutical installation, and the implementation of drug requests is carried out in accordance with applicable service standards<sup>6</sup>. The results of another study also stated that at the South Bolang District health center, based on the Usage Report and Drug Request Sheet, the drug request was submitted to the Pharmacy Warehouse located at the South Bolaang Mongondow District Health Office. After the LPLPO is approved by the Health Office, the Pharmacy Warehouse will prepare the

medicine according to the request and deliver it to all puskesmas in South Bolaang Mongondow Regency[4].

The results obtained show that all health centers in Banjarmasin city (100%) have designed and submitted plans for pharmaceutical preparations and BMHP to the City Pharmacy Installation (IFK) by attaching LPLPO which has been verified by the Head of the Puskesmas. Routine drug requests are made every two months in accordance with IFK instructions. Drug requests are based on the consumption method or the amount of drug use in the previous period. Puskesmas can request pharmaceutical preparations and BMHP back to IFK if the preparations have run out before the requisition period. The Puskesmas uses a drug bon letter signed by the Puskesmas and the official responsible for the procurement of pharmaceutical supplies at each Puskesmas. If there is no availability of goods at the IFK, the Puskesmas can conduct independent procurement<sup>7</sup>.

Receiving is an activity of receiving and ensuring pharmaceutical preparations and BMHP received by health centers. The results obtained show that all health centers in Banjarmasin city (100%) have checked the Order Letter (SP) in accordance with the LPLPO Order Letter. The procurement officer will check the suitability of the pharmaceutical preparations and BMHP received between the SP and the actual evidence. The officer records information about the pharmaceutical preparations and BMHP received, such as the name of the drug, batch number, expiration date, and the amount of the drug order. The study explained that drug receiving activities are important activities aimed at checking the suitability of the arrival of pharmaceutical preparations and BMHP with the order letter, such as the number of drugs, types of drugs, drug dosage forms, delivery time, expiration date, physical condition of the drug. Acceptance is carried out by the pharmacist directly<sup>8</sup>.

The results of this study are in line with research that explains the receipt of drugs at the Klari health center is carried out based on a schedule of recapitulation of drug requests. After that, the drugs are handed over to the pharmacy department to be taken directly from the district Pharmacy warehouse. Examination of drugs at the puskesmas is carried out by paying attention to the amount of drugs, the physical condition of the drugs, and the drug expiration date (ED).

The purpose of this inspection is to ensure that the type of drugs and quality of drugs available are in accordance with the receipt report. This aims to prevent damaged or expired drugs from entering the puskesmas<sup>11</sup>. In addition, health centers in Ogan Komering Ulu Regency check the expiration date to prevent errors in drug service to patients and make it easier for officers to dispense drugs. After checking, officers will record information about the drug on the drug stock card. The information recorded includes the name of the drug, batch number, expiration date, and the amount of drug received<sup>7</sup>.

Storage aims to regulate the conditions or storage environment for pharmaceutical preparations and BMHP so that their quality is maintained. The results obtained show that all health centers in Banjarmasin city (100%) store drugs alphabetically. Storage is also carried out using a combination of First Expired First Out (FEFO) and First In First Out (FIFO) methods. Research states that FEFO storage is able to distribute drugs more effectively, while preventing drugs from expiring before they are used. Medicines are stored in accordance with predetermined temperature requirements. For example, vaccines, some types of injections such as oxytocin, and suppositories must be stored at 2-8°C to maintain stability and quality. However, these injections and suppositories are still stored in the cold chain because there is no special refrigerator with a temperature of 2-8°C. For narcotic and psychotropic preparations, they are stored in a special cabinet equipped with a doublelock, not easily



moved, made of sturdy material, and separated from the storage of other drugs<sup>7</sup>.

Distribution is given using the Individual Prescribing method. Individual Prescribing is the distribution of drugs based on requests for drugs according to prescriptions and all drugs are given. The results obtained show that all health centers in Banjarmasin city (100%) provide medicine to patients according to the doctor's prescription (Individual Prescribing). This is because all health centers in Banjarmasin city do not serve inpatients so that the distribution system uses individual prescribing and drug stocks are stored in the pharmaceutical warehouse of each health center. These results are in line with research which states that health centers that only serve outpatients, then individual prescribing becomes a method of distributing drugs<sup>7</sup>.

Control to ensure the achievement of targets in accordance with the strategy so that there is no excess and shortage of drugs in basic health service units. The results obtained show that all puskesmas in Banjarmasin city (100%) will procure using the National Health Insurance (JKN) or BPJS funds if the puskesmas experiences a shortage of pharmaceutical preparations and BMHP. This statement is in accordance with research that states the JKN and BPJS budgets can be used to control stocks<sup>7</sup>.

Recording and reporting are also carried out from the Service Unit to the Health Center. For narcotic and psychotropic preparations, reporting is carried out through SIPNAP, while the COVID-19 vaccine is reported through an application called Smile which is used specifically for the COVID-19 vaccine. With this recording and reporting, Puskesmas can better monitor and control the management of pharmaceutical preparations and ensure the availability of drugs and vaccines as needed<sup>7</sup>.

Monitoring and Evaluation of Management includes controlling errors in the management of pharmaceutical preparations and BMHP and assessing performance. The results obtained show that all health centers

in Banjarmasin city (100%) evaluate the management of pharmaceutical preparations carried out by health centers, including evaluating the availability of drugs in accordance with the formulary and evaluating the suitability of prescriptions with the formulary. The results of drug monitoring and evaluation are recorded in a reporting document processed in the form of LPLPO. The aim is to ensure the continued availability and affordability of Pharmaceutical Supplies and Consumable Medical Materials that are efficient, effective and rational, improve the competence/capability of pharmaceutical personnel, realize a management information system, and carry out quality control of services<sup>4</sup>.

A qualitative study analyzing the qualifications of clinical pharmacy services at community health centers shows that pharmacists at community health centers have performed good drug management in terms of planning, requesting, receiving, storing, distributing, controlling, administering, and monitoring and evaluating. However, clinical pharmacy practices and patient safety are still limited due to limited human resources and lack of adequate documentation. Providing drug information and counseling is sometimes done without sufficient facilities<sup>4</sup>.

## Conclusions

The 26 health centers have complied with the management of medications, pharmaceutical preparations, and Disposable Medical Materials, covering aspects such as planning, requisition, reception, storage, distribution, control, administration, monitoring, and evaluation of drug treatment. However, 10 health centers in Banjarmasin city have not yet met the requirements for clinical pharmaceutical services at health centers, such as patient assessment and prescription delivery, medication dispensing, providing drug information, offering medication counseling, monitoring drug side effects, drug therapy monitoring, and drug

utilization evaluation, as stated in the Minister of Health Regulation No. 26 of 2020.

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