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**Studies about Management and Management of
Medicines at the Regional Public Hospital of Kwaingga
Keerom Regency Province of Papua**

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Abstract

Hospital has a strategic role in providing quality services in accordance with the standards established and can reach all layers of society. Medicines management in hospitals need to have a good management. Purpose of this research to describe the planning of medicines, medicines acceptance, storage, procurement and distribution of medicines and know and understand the factors supporting and restricting and countermeasure strategy stock out of the medicines conducted by the management of the Kwaingga Hospital Regency of Keerom in 2016. Research methodology was qualitative descriptive study with the kind of approach to the case studies. Population and sample examined was the officer on duty in hospital health Kwaingga as many as 9 people. Data collection is done by observation, in-depth interviews and documentation. Data analysis technique used is descriptive qualitative. Research results obtained that the medicines planning in Kwaingga Hospital is done based on the amount of the budget is provided by the regional Government of the Regency of Keerom and funds dropping from Papua Province, and the selection of the remedy is done based on national formularium (FORNAS). Procurement of medicines in Kwaingga Hospital done by a third party so that it takes a relatively long time. Acceptance of medication in Kwaingga Hospital running slow. this is because the process of procurement of medicines carried out by third parties.

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Storage of medicines stored in the warehouse of medicines with the State of the storage areas are qualified by BPOM. Medicines distribution is done by installation of pharmaceuticals for room each performed four times each month with the format LPLPO by request of each room.

Keywords: Medicine; Management; Hospital.

1. Introduction

The hospital is one of the health facilities that provide health services to people who have a strategic role to the degree of public health. Installation of Hospital Pharmacy (IFRS) is a department or unit / hospital section which led a pharmacist and assisted by several pharmacists that meet the requirements of the legislation in force and competent professional. Kwaingga Hospital is one of the hospitals in the District Keerom. In treatment planning performed and managed by the hospital were booked in one year. But often the hospitals Kwaingga experiencing drug vacancy caused by the amount of drug demand higher because of the large number of patients an unexpected visit. The drugs were empty, among others ambroxol syrup, ambroxol tablet, Clorfeniramin Maleic 4 mh, Cotrimoksazole, Deksamethasone, oral rehydration salts, paracetamol. Efforts are being made hospitals Kwaingga when experiencing the emptiness of drugs, especially drugs program make a reservation at the District Health Office Keerom, while other drugs are suggested patients buy medicines themselves outside and the constraints is the time to take medication the patient is to be blocked, so that the patient's recovery late, so recovery of patients become long or getting worse. To be able to organize these efforts and manage the hospital in order to remain able to meet the needs of patients and societies are dynamic, then any component that is in the hospital should be integrated in one system [1]. According Jacobalis [2], the hospital as a system consisting of: a. Input is physical facilities, supplies or equipment, organization and management, finance and human resources and other resources. b. The process is all the activity and overall good input that acts both medical and non-medical measures in its interaction with the provision of health services. c. Output is the final result of the activities of the process, namely the actions of doctors and other professionals to patients in terms of health degree. According to Seto and his colleagues [3]; the management of hospital drug covering the stages of planning, procurement, storage, distribution, use, registration, assessment. These stages are related to one another, so it should be well coordinated so that each can function optimally, which is supported by the structure, organization, financial and management information systems decent also motivated staff. According to Siregar [4] suggests that there is a stock which is fundamental to manage the public sector with the private sector. The private sector tends and always oriented to profit, while the public sector is more emphasis on service delivery that ensures fairness. A prominent feature in public service is one to all without regard to the dynamics of consumers' desire to be served. While the private sector tends to provide the best services to be capable of gainful.

The quality of public services is influenced by many factors, including :

- a. Public policies that will affect the public service agencies in terms of financial resources, technology and other organizational resources to a public service agencies.

- b. The characteristics and environment of the community itself. Characteristic is related to the educational level, income level, the amount of people, heterogeneity, and the configuration values and norms. In addition to environmental factors such as political system, a free press or the level of difficulty in accessing public services agencies, are also factors that can affect the quality of public services.
- c. Government control over public service providers. In general, the government considers that public accountability (public accountability) is an important prerequisite to be able to create efficiencies of production and public services.

2. Materials and Methods

2.1 Research design

This type of research is qualitative with phenomenological approach, in which the research is intended to describe or portray phenomena that exist, whether a natural phenomenon or man-made phenomenon. The phenomenon could be the shape, activity, characteristics, changes, relationships, similarities and differences between one phenomenon with other phenomena [5,6].

2.2 Location and Time Research

The location where this study is in the Regional General Hospital Kwaingga Keerom. Planned in November-December 2016.

2.3 Population and Sample

Selection of the information in this study were taken from the following sources Hospital Director (1), KTU (1), Head of Warehouse (1), Planning Section (2), general practitioners (1orang), nurses (1), pharmacists (1 person), and the patient (2).

2.4 Types and Sources of Data

Determining the type and source of this data to the two pieces of data collected by the authors include:

1. Primary data, the main data in this study, which includes the role of management in managing the availability of medicines in hospitals Kwaingga.
2. Secondary data, ie data that support the primary data. This secondary data obtained from the Administration.

2.5 Research instrument

In qualitative research the researcher is as a main instrument, while also supporting the researchers used the instrument interview guide. The instrument used in this study is in the form of observation, documentation and

interview given to the hospitals Kwaingga.

2.6 Data collection technique

Data collection methods used in this research is a guide to the informant interview questions to get information about the management and drug management of informants.

2.7 Data analysis technique

Analysts data is an extremely important part in the study because of the analysis will be obtained findings, both substantive and formal findings. In addition, qualitative data analysis is very difficult because there are no standard guidelines, not linear, and there are no systematic rules [7]. Qualitative data analysis actually already started when researchers began collecting data, a way to sort out which actual data is important or not. An important measure of whether or not reference to the contribution of these data in an attempt to answer the research focus. Miled & Huberman [8] presents three stages that must be done in analyzing qualitative research data, namely (1) the reduction of data (data reduction); (2) exposure of data (data display); and (3) conclusion and verification (conclusion drawing / verifying). Qualitative data analysis carried out simultaneously with the process of data collection underway, meaning that these activities do well during and after data collection. Checking the validity of findings (Validity of Data)The validity of the data is an important concept that is updated from the concept of the validity of the data (validity) and reliability according to the "flow positiveme" in view of the flow of naturalistic does not use this term, but Lincon and Guba [9] states that the basic different beliefs lead to demands for knowledge (knowledge) and different criteria.

1. Credibility

Credibility in this study using three techniques of checking of the seven techniques recommended Lincoln and Guba [9], namely: (1) trigulasi, (2) checking member, and (3) peer discussion.

2. Transferability

To build skill in the study done by "detailed description" [10]. With this technique, researchers will report the results of the research as thoroughly as possible that describe the context in which the research conducted with reference to the research focus. This was revealed by a detailed description of everything that is needed by the reader to understand the findings obtained by researchers.

3. Dependability

Dependability are the criteria for judging whether or not the research process quality. How to establish that the research process can be maintained is to audit independent dependability by auditors to assess the activities conducted by researchers.

4. Confirm ability

Confirm ability are the criteria for assessing the quality of research results by recording the tracking data and information and interpretation is supported by the existing material on searches or tracking audit (audit trail). To meet this audit tracking search or researcher preparing the necessary materials such as raw material data (field notes and interview transcripts), recording results (documents and images), data analysis (summary of working hypotheses, concepts). And record of the implementation process (methodology, strategy, and business validity).

3. Results and Discussion

3.1 Research result

Characteristics of informants, informants characteristics based on age, health professions education and occupation.

Table 1

No	Informan	Initial of Informan	Age (year)	Health education profession	Position
1.	Informan 1	RR	56	S1 Kedokteran S2 Kesehatan Masyarakat	Direktur RSUD Kwaingga
2.	Informan 2	YK	26	Apoteker	Kepala Instalasi Farmasi RSUD Kwaingga
3.	Informan 3	NW	39	S1 Farmasi	Penanggung Jawab Apotek
4.	Informan 4	WA	27	D III Farmasi	Staf Penanggung Jawab Instalasi Farmasi
5.	Informan 5	FN	37	S1 Kedokteran	Dokter
6.	Informan 6	AG	34	D III Perawat	Perawat
7.	Informan 7	HT	32	D3 Farmasi	Apoteker
8.	Informan 8	SP	30	SD	Pasien
9.	Informan 9	SS	29	SMA	Pasien

Interview result

This research was conducted by direct interviews in depth about the factors that affect and coping strategies du drug stock out Kwaingga 2016. Hospital depth interviews conducted directly with Director of Hospital Kwaingga, head of pharmacy installation, as well as the management and staff of pharmacy in hospitals Kwaingga.

a. Requirements Planning Process Drugs

Based on the interview above can be said that the planning process of drugs in hospitals Kwaingga Keerom is

based on the amount of the budget provided by local government and funds Keerom dropping from Papua province. Drug needs very much but constrained funding, the hospitals Kwaingga planning by calculating the number of residents of Keerom and types of diseases, and based on the national formulary (FORNAS).

b. Procurement Process Drugs

Based on the interview above can be said that the process of drug procurement at hospitals Kwaingga Keerom made by third parties with Keerom District Government, so it takes a long time in the procurement process of this drug.

c. Admission Process Drugs

Based on the interview above can be said that the process of receiving the drug in hospitals Kwaingga Keerom running slow, this is because the process of procurement of drugs made by a third party through a tender of goods, however, the hospitals Kwaingga always make a report drugs in and out of each receiving medication.

d. Storage Process Drugs

Based on the interview above can be said that the process of storage of medicines in hospitals Kwaingga Keerom regency has been implemented by the management in the warehouse storage of medicines.

e. Distribution Process Needs Drugs

That the process of distribution of drugs in hospitals needs Kwaingga Keerom is based on the requests and needs of the service units in hospitals Kwaingga.

f. Supporting and Inhibiting Factors in Need Drugs

Supporting factors availability of drugs in hospitals needs Kwaingga Keerom is the support of the Provincial Government of Papua and also the support of the District Health Office Keerom although not maximized. While the factors that inhibit the availability of drugs in hospitals Kwaingga needs Keerom patient loads, lack of funds and limited drug supply planning.

3.2 Discussion

3.2.1 Requirements Planning Process Drugs

Drug demand planning is a process of selection of drugs and determine the number and types of drugs in order to procure. The purpose of planning is to get the drug needs: the type and amount of the right medicine as needed, to avoid a vacuum in medicine. Improve rational use of medicines, and improve the efficiency of drug use. The results showed that the planning process of drugs in hospitals Kwaingga Keerom is based on the amount of the budget provided by the Regional Government Keerom and funds dropping of the province, the need for drugs very much but constrained funding, the hospitals Kwaingga planning by calculating the number

of residents of Keerom and types diseases. This study is in line with research Renie Cuyuno Mellen [11], the results showed this during the planning of drugs in pharmacy logistics unit RSU Haji Surabaya have been done but was not effective because there are still stagnant and the stock out.

Planning of drugs in hospitals Kwaingga done every quarter in order to facilitate health workers in analyzing the drug is still a lot and a little. These planning activities are carried out to make the selection or the estimated needs and determine the amount of medication needed. Minister of Health has set Decree of the Minister of Health No. 1121 / Menkes / SK / XII / 2008 on Technical Guidelines for Drug Procurement and Public Procurement and Health, and to arrange the appointment or assignment of the government has issued Presidential Decree number 80 of 2003 on Guidelines for Procurement goods / Services as amended by Presidential Decree No. 95 of 2007. From both these regulations it can be explained the stages of procurement of medical equipment and drugs in the planning and procurement stage.

To seek the truth of the results of this study, the researchers conducted triangulasi data by comparing data from interviews, the availability of drugs and written documents on planning for the procurement of medicines in hospitals Kwaingga. Based on the results triangulasi researchers found data consistency between the results of interviews with the document. From these results it can be concluded that the planning process of medicines in hospitals Kwaingga been executed, but there are still shortcomings, namely in terms of funds, where management has made plans but collide with insufficient availability of funds for the procurement of drugs.

3.2.2 Procurement Process Drugs

Procurement of drugs is a process for the procurement of drugs needed in the health care unit. The goal is the availability of drugs to the type and the right amount of high quality and can be obtained at the appropriate period. Based on the results of the research indicate that the process of drug procurement at hospitals Kwaingga Keerom made by third parties with Keerom District Government, so it takes a long time in the procurement process of this drug.

Under the provisions of Article 4 paragraph (1) of Presidential Regulation No. 94 of 2007 on Control and Supervision of procurement and distribution of drug substances, Specific Drugs and Medical Devices of Functioning as Medicine, Ministry of Health to control and supervision by:

- a. Pointing state, enterprises and / or the Private Owned Enterprises; or
- b. Assigning companies involved in the field of pharmacy

The appointment or assignment is done under Presidential Decree No. 80 Year 2003 on Guidelines for Procurement of Government Goods / Services as amended by Presidential Decree No. 95 of 2007. In this provision, known as the method of selecting providers of goods / services contracting / other services, namely: the auction method general; auction method is limited; method of direct elections; and a method of direct appointment.. Employment, procurement and distribution of drugs, medicines and medical equipment in order to guarantee the availability of drugs is one type of procurement of goods / services specifically to meet the criteria to be implemented by the method of direct appointment.

3.2.3 Employment, procurement and distribution of drugs, medicines and medical equipment

In order to guarantee the availability of drugs is one type of procurement of goods / services specifically to meet the criteria to be implemented by the method of direct appointment.

In addition to the regulations under Presidential Decree No. 80 Year 2003 on Guidelines for Procurement of Government Goods / Services as amended by Presidential Decree No. 95 of 2007, there are things that need to be considered in the procurement of medicines and medical supplies as mentioned in Health ministry of Indonesia Number: 1121 / Menkes / SK / XII / 2008 on Public Drug Procurement Technical guidelines and Medical Supplies for Primary Health Care.

To seek the truth of the results of this study, researchers conducted triangulasi data by comparing data from interviews, the availability of drugs and written documents about the storage of medicines in hospitals Kwaingga, based on the results triangulasi researchers found data consistency between the results of interviews with the document.

From these results it can be concluded that the process of procurement of medicines in hospitals Kwaingga already run through a third party, however, procurement conducted this takes a long time.

3.2.4 Admission Process Drugs

After the drug came then carried receipt and inspection. The clerk then match the goods by mail order, where consistent with the letter of the order, then a letter of acceptance of goods signed by the pharmacist, for that payment depends on the agreement between the PBF and the purchase in pharmacies, can be in cash, credit or consignment and others.

The results showed that the process of receiving the drug in hospitals Kwaingga running slow, this is because the drug procurement process conducted by a third party through a tender of goods, however, the hospitals Kwaingga always make a report of drug into and out of each receiving the drug. This study is in line with Siti Nur Jayani [12], the results indicated the reception and registration have been implemented but not yet effective. The process for receiving drugs by the hospitals Kwaingga done to the process which in turn will do the storage process. Receiving process is done by the management and the storehouse of medicines, the management of the process of identification of drugs that received the drug were booked so no error occurs. To seek the truth of the results of this study, researchers conducted triangulasi data by comparing data from interviews, the availability of drugs and Tertullus documents regarding acceptance of drugs in hospitals Kwaingga, based on the results triangulasi researchers found data consistency between the results of interviews with the document. From these results it can be concluded that the acceptance process of medicines in hospitals Kwaingga was run by officers in a way to recording and subsequently entered into the stage of drug storage in the warehouse of drugs.

3.2.5 Drugs Storage Process

Storage of medicines carried by officers pharmacist and a warehouse clerk. Any importation and use of drugs

inputted into a computer system and recorded on the stock card that includes the date of addition or subtraction, the document number, the number of items charged or taken, the remaining goods and initial officers perform addition or subtraction of goods. Card stock is placed in each drug or goods. Each Assistant Pharmacist responsible for the stocks held in the closet. Storage of goods by type of preparation, dosage forms and alphabetically for ethical drugs, as well as based on the pharmacology of drugs OTC (Over The Counter). The results showed that the process of storage of medicines in hospitals Kwaingga Keerom regency has been implemented by the management in the warehouse storage of medicines. However, from the observations the authors found that the storage warehouse medicines in hospitals Kwaingga small so many drugs that are not arranged in the medicine cabinet, but at the entrances to the medicine cabinet. To seek the truth of the results of this study, researchers conducted triangulasi data by comparing data from interviews, the availability of drugs and written documents about the storage of medicines in hospitals Kwaingga, based on the results triangulasi researchers found data consistency between the results of interviews with the document. From these results it can be concluded that the process of storage of medicines in hospitals Kwaingga was run by officers by conducting drug storage in the warehouse even though the barn owned small medicine.

3.2.6 Distribution Process Drugs needs

Distribution of medicine is a series of activities in the framework of expenditure and receipt of medicines from pharmaceutical warehouse evenly and regularly and made available when required. The goal is ensuring the quality and validity of the drug and the precise, rational and efficient use of the drug. Distribution of medicine includes spending activities and delivery of medicines quality, secure its legitimacy as well as the exact type and amount of drug warehouses evenly and regularly to meet the needs of health care units. The results showed that the distribution of drugs in hospitals needs Kwaingga Keerom is based on the requests and needs of the service units in hospitals Kwaingga.

This study is in line with research conducted by amianti Pratiwi [13], the results of this study concluded that stock out can be caused by several things, among others: inaccuracy warehouse clerk in the distribution of drugs. Factors to be considered in the distribution is the precision, speed, security, means the facility. Hospital Kwaingga distribute medication needs to units other health services [14]. The delivery of drugs can be done by: (1) Warehouse handing medicine and medicine received in the service unit, (2) Drugs submitted together with the form LPLPO (Dep Kes RI, 2004). From these results it can be concluded that the process of distributing the drug have been conducted, but the distribution is not based on the needs of the drug for the patient but by considering the availability of drugs in the warehouse.

3.2.7 Supporting and Inhibiting Factors in Need Drugs

Basically, the drug plays an important role in health care. Treatment and prevention of various diseases cannot be separated from the act of drug therapy or pharmacotherapy. However, there are several factors which the supporters and obstacles in the availability of medicines in hospitals. that is a factor supporting the availability of drugs in hospitals needs Kwaingga Keerom is the support of the Provincial Government of Papua and also the support of the District Health Office Keerom although not maximized. While the factors that inhibit the

availability of drugs in hospitals Kwaingga needs Keerom patient loads, lack of funds and limited drug supply planning. Hospital Kwaingga Keerom is the only hospital in the region's largest Keerom so be patient referrals from all corners of Keerom district, this causes a problem of the availability of medicines in hospitals Kwaingga. Regardless of the constraints faced by hospitals Kwaingga are contributing factors namely the support of co-operation with the Health Department Keerom in the procurement of drugs although it is not maximized.

5. Conclusions

1. Planning of drugs in hospitals Kwaingga Keerom is based on the amount of the budget provided by local government and funds Keerom dropping from Papua province, and the selection of medicine is based on the national formulary (FORNAS).
- 2 Procurement of drugs in hospitals Kwaingga conducted by third parties and thus require a relatively long time in the procurement.
3. Acceptance of drugs in hospitals Kwaingga slow. This is because the drug procurement process conducted by a third party.
4. Storage of drugs stored in the warehouse of drugs with the state of the storage has been qualified BPOM.
5. Distribution of drugs made by pharmaceutical installations for each room is done four times a month with the format LPLPO by request of each room.

References

- [1] Soejitno, Alkatiri, dan Ibrahim, (2002). Reformasi Perumhaskitan Indonesia. Grasindo, Jakarta.
- [2] Jacobalis, S, (1989). Menjaga Mutu Pelayanan Rumah Sakit (Quality Assurance), PT. Citra Windu Satria, Jakarta.
- [3] Seto, et, al., . (2004). Manajemen Farmasi. Surabaya: Airlangga University Press.
- [4] Siregar, Ch. J.P., dan Amalia, L. (2004). Farmasi Rumah Sakit, Teori dan Penerapan. Jakarta: Penerbit Buku Kedokteran EGC.
- [5] Sukmadinata. (2006). Penelitian Kesehatan. Jakarta: Salemba Medika.
- [6] Sugiyono. (2010). Metode Penelitian Pendidikan, Pendekatan Kuantitatif, Kualitatif dan R & D. Bandung: Alfabeta.
- [7] Gunawan, I. (2013), Metode Penelitian Kualitatif: Teori dan Praktik. Jakarta: Bumi Askara.

- [8] Miles, M.B & Huberman, A.M., (1994). *Qualitative Data Analysis (2nd ed)*. Thousand Oaks: Sage Publications.
- [9] Lincoln, Y.S. & Guba, E.G (1994). *Naturalistic Inquiry*. California: Sage Publications.
- [10] Moleong, Lexy.(2007), *Metode Penelitian Kualitatif*. Bandung:Remaja Rosdakarya.
- [11] Mellen, Renie Cuyno. (2013). Faktor Penyebab Dan Kerugian Akibat Stock Out Dan Stagnant Obat di Unit Logistic RSUD Haji Surabaya. *Jurnal Administrasi Kesehatan Indonesia Volume 1 Nomor 1 Januari – Maret 2013*.
- [12] Jayani, SitiNur. (2013). Faktor Penyebab Stagnant Dan Stockout Bahan Makanan Kering di Instalasi Gizi RSUD Bhakti Dharma Husada Surabaya. *Jurnal Administrasi Kesehatan Indonesia Volume 1 Nomor 3 Juli-Agustus 2013*.
- [13] Pratiwi, Amianti. (2009). Stock Out Obat di Gudang Perbekalan Kesehatan Rumah Sakit Islam Jakarta Cempaka Putih Pada Triwulan 1 Tahun 2009. *Jurnal Kesehatan Masyarakat Universitas Indonesia 2009*.
- [14] Keputusan Menteri Kesehatan Republik Indonesia Nomor 1197/MENKES/SK/X/2004 Tentang Standar Pelayanan Farmasi Rumah Sakit.