DESCRIPTION OF THE IMPLEMENTATION OF DRUG DISTRIBUTION IN REGIONAL GENERAL HOSPITAL PHARMACY INSTALLATIONS OTANAHA GORONTALO CITY

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ABSTRACT

This study aims to describe the drug distribution system in the Pharmacy Installation of the Otanaha Hospital, Gorontalo City, which has been carried out in accordance with applicable standard procedures.

This research method uses a descriptive research type with qualitative approach. The research was carried out on 4 informants who directly related to the drug distribution process at the Hospital Pharmacy Installation Gorontalo City Otanaha, namely the Head of IFRS, Pharmacist in charge of the warehouse, Pharmacists in charge of pharmacies, and nurses by conducting interviews directly to informants with the aim of digging up information related to the drug distribution process.

The results showed that the distribution of drugs in the Pharmacy Installation of the Otanaha Hospital, Gorontalo City, was mostly in accordance with the hospital pharmaceutical service standards based on the Minister of Health Regulation number 72 of 2016, but for the distribution service system there were still things that needed to be implemented, such as the Pharmacy Installation of the Otanaha Hospital, Gorontalo City had not implemented the distribution system is a decentralized method, the Floor Stock method and the UDD method because space is not yet available and staff is lacking.

Keywords : Drug distribution, IFRS, management of pharmaceutical supplies

INTRODUCTION

The pharmaceutical installation is an important division for the hospital because it is a revenue center for the hospital, so that the hospital's revenue can be increased through the number of prescriptions served, considering that more than 90% of health services use pharmaceutical supplies [9]. The most important aspect of the pharmaceutical installation is that pharmaceutical services are one of the activities in the hospital that support quality health services.

In several health facilities, several pharmaceutical jobs are carried out based on pharmaceutical work including manufacture including quality control of pharmaceutical preparations, security, procurement, storage and distribution or distribution of drugs, drug management, drug services on doctor's prescription, drug information services and development of drugs, materials medicine and traditional medicine [3].

Pharmacy services in hospitals are services that manage pharmaceutical

supplies in hospitals which consist of a series of cycles starting from planning, procurement, receipt, storage, distribution, control, recording and reporting, deletion, monitoring and evaluation. The hospital distribution system is a network arrangement of facilities, personnel, procedures and quality assurance that is compatible, integrated and patient-oriented in the activity of delivering pharmaceutical supplies and their information to patients [4].

Management of pharmaceutical supplies, in this case drugs, non-drug health materials and consumable medical materials (BMHP) in hospitals, from planning to evaluation, which are interrelated with one another. Pharmaceutical service standards in hospitals are the management of pharmaceutical supplies. Management of pharmaceutical supplies, which includes pharmaceutical preparations, medical devices and consumable medical materials [6]. Pharmaceutical supplies management is a cycle of activities starting from selection, needs planning, procurement, receipt, storage, distribution, destruction and withdrawal, control, and administration regulated by a Minister of Health Regulation.

The determining factor for the success of pharmaceutical services, in general, health services is the rational use of drugs. WHO provides the following definition: the patient receives medicine according to his clinical needs, at the right dosage individually, at a measured time of use, and at an affordable price for the patient concerned, or the community around him. The use of appropriate drugs and according to treatment guidelines will be able to support the optimization of the use of funds, as well as increase the coverage and quality of health services [1].

The correct use of drugs needs to be supported by the availability of the right amount of drugs in the right type and quantity and with good quality. Irrational use of drugs is a serious problem in health services because of the possibility of negative impacts. The occurrence of irrational use of drugs, among others, is due to the provision of treatment that has not been based on predetermined therapeutic guidelines, lack of infrastructure to assist in establishing the correct diagnosis, information that is often biased resulting in the prescription of drugs that are inappropriate and not in accordance with treatment needs , there is pressure from patients to prescribe drugs based on the patient's own choice, as well as a weak drug planning system [1].

The management of pharmaceutical supplies at the Otanaha Regional General Hospital (RSUD) is one of the important things to note so that pharmaceutical services at the Otanaha Regional General Hospital (RSUD) can run well. It is very important to pay attention to the management of pharmaceutical supplies because with good pharmaceutical supplies, drug supplies at the Otanaha Regional General Hospital (RSUD) can be properly organized in accordance with applicable procedures.

Considering that drugs and medical devices are an important part of implementing the health process, drug distribution in hospital pharmaceutical installations needs to be done properly and evenly. This is to meet the needs of medicines and medical devices needed by hospital patients and improve the quality of hospital services in distributing medicines and medical devices.

The Otanaha Regional General Hospital (RSUD) in Gorontalo City was established by Decree of the Mayor of Gorontalo Number: 35/9/II/2010 concerning Operational Permits for Regional Hospitals and Decree of the

Mayor of Gorontalo Number 36/9/II/2010 concerning Determination of Names for General Hospitals Areas that meet the requirements of 4 (four) basic specialists. The Otanaha Regional General Hospital (RSUD) is a hospital owned by the Gorontalo City Government, managed by the Gorontalo City Government and classified as a class C Hospital.

Based on the results of observations at the Pharmacy Installation at the Otanaha Hospital, planning for pharmaceutical supplies at the Otanaha Regional General Hospital (RSUD) in Gorontalo City, namely using the system once a year using the consumption method and usually also using the last year's usage planning. The planning is based on the Hospital Formulary or also known as the National Forumularium (FORNAS). Drug planning every quarter, namely in January, February and March, for drug planning for January, February and March is planned at the end of the year, namely November and December. If the drug for a period of one year has been planned after that it is entered into the drug E-Monev, and the purchase of the drug must be adjusted to the place where it is stored.

Procurement of drugs at the Otanaha Regional General Hospital (RSUD) uses an E-catalog or you can order directly from Pharmaceutical Wholesalers (PBF) using an Order Letter (SP). Then, receiving drugs at the Otanaha Regional General Hospital (RSUD) Gorontalo City goes directly to the pharmacy warehouse, after that, adjusting the drug stock according to goods and prices, Blud and Drug Expayers. The drug is sent via Drug Delivery (DO) from Pharmaceutical Wholesalers (PBF) and is checked first by the pharmacy staff after it is signed. Furthermore, after this stage was completed, the examining team at the Otanaha Hospital re-examined drug receipts.

Based on the results of these observations, there were several problems found in the Pharmacy Installation of the Otanaha Hospital, namely occasionally experiencing drug shortages, especially if the drug needed was not available or was empty, the patient had to buy it at an outside pharmacy. Apart from that, the Pharmacy Installation at the Otanaha Hospital has also experienced an Expired Date (ED) of drugs caused by a disease that is no longer available so that the drugs in the Pharmacy warehouse at the Otanaha Hospital are no longer used. Meanwhile, in the pharmacy installation at the Otanaha Hospital, the pharmacy depot is still integrated between the Inpatient and Outpatient Pharmacy Depots. Therefore distribution in hospitals must be increased again in order to support health services to patients in hospitals.

RESEARCH METHODS

This type of research uses a qualitative descriptive method. Qualitative research is research where the researcher is placed as a key instrument, data collection techniques are carried out by combining and data analysis is inductive [10].

This research will be conducted at the Otanaha Regional General Hospital, Gorontalo City, June to July 2022

Types and data sources, namely : Primary data, namely: results of interviews with informants, results of observations related to the implementation of drug distribution in the pharmaceutical installation at Otanaha Hospital.

Secondary data, namely: obtained from hospital profiles, guidebooks and SOPs in the Pharmacy Installation at the Otanaha Regional General Hospital (RSUD) Gorontalo City in 2022

Data collection methods that researchers use are as follows:

1. Observation

   Observations were made by directly observing the process of implementing the drug distribution system at the Otanaha Regional General Hospital, Gorontalo City.
2. Interview

   Interviews were conducted with several informants who represented information including: Head of the Pharmacy Installation at Otanaha Hospital, Pharmacist in charge of the pharmacy warehouse, Pharmacist in charge of the pharmacy and nurses in the Inpatient Room at Otanaha Hospital. Interviews were conducted based on interview guidelines that had been validated beforehand.
3. Documentation

   The documentation used in this research is in the form of notes and recording devices as well as documentation in the form of photos or pictures.

Data processing method

Data analysis is the process of systematically searching for and compiling data obtained from interviews, field notes, and other materials.[2] that the activity in qualitative data analysis is carried out interactively and continues continuously until complete, so that the data is saturated.[8] Activities in data analysis are data collection, data reduction, data display and conclusion drawing/verification.

1. Data reduction

   The data that the researcher obtained while in the field was quite a lot, for this reason it needs to be recorded carefully and in detail. Reducing data means summarizing, choosing the main things, focusing on the important things, looking for themes and patterns. Thus the reduced data will provide a clearer picture and make it easier for researchers to carry out further data collection, and look for it if needed. In data reduction, each researcher is guided by the goals to be achieved. The main goal of qualitative research is on the findings.

   In this study, data reduction was carried out when researchers obtained data from the Pharmacy Installation of Otanaha Hospital, Gorontalo City. The researcher then simplified the data by taking data that supports the discussion of this study. So that these data lead to conclusions that can be accounted for.
2. Data displays

   After the data is reduced, the next step is to display the data. in presenting the data in this study the researcher described the data regarding the Management of Pharmaceutical Supplies in the Pharmacy Installation of the Otanaha Hospital, Gorontalo City. So that the meaning of the events encountered is easier to understand.
3. Conclusion

   The last step in qualitative data analysis is drawing conclusions and verification. The initial conclusions found are still temporary, and will change if strong evidence is not found to support the next data collection stage. But if the conclusions put forward at the initial stage are supported by valid and consistent evidence when the researcher returns to the field to collect data, then the conclusions put forward are credible conclusions. Conclusions in qualitative research are findings that have never existed before. Findings can be in the form of a description or description of an object that was previously dim or dark so that when examined it becomes clear, it can be in the form of causal or interactive relationships, hypotheses or theories.

Data validity

In qualitative analysis techniques, to analyze the problem is done descriptively. To guarantee the degree of trust in the

data collected, the triangulation method is used, namely:

Triangulation method Information is a method used to obtain or collect information. Which resulted from interview observations and document review. Observation and document review were carried out to support the results of the interviews which were compared with the organizational structure, job descriptions and SOP.

RESEARCH RESULT

The management of pharmaceutical supplies at the Otanaha Hospital Pharmacy Installation begins with planning. Medication planning at the Otanaha Hospital Pharmacy Installation is carried out by the head of the installation and other management parties. Medication planning at the pharmacy installation at Otanaha Hospital is seen from patient consumption and drugs often come out based on the hosı formulary or FORNAS (National Formulary). responsible for the warehouse by looking at the amount of stock, suitability of goods, prices, blod and expired. Then for drug storage it is appropriate alphabetically and in dosage form. After that the drugs are distributed to the service department where the outpatient and inpatient pharmacies are still combined in 1 (one) place. For distribution to the maintenance department directly to the warehouse by bringing the spoils book after that the warehouse submits.

The Otanaha Hospital Pharmacy Installation carries out a cycle of activities for managing pharmaceutical supplies, one of which is the distribution process. based on the results of the study by conducting in-depth interviews with the Head of the Pharmacy Installation at Otanaha Hospital, the Pharmacist in charge of the Warehouse, the Pharmacist in charge of the Pharmacy/Depo, and one of the Nurses in the Otanaha Hospital care unit regarding the drug distribution process, the following information was obtained:

1. Centralized Method

   The results of the interview with informant MZ/Informant 1 (Head of IFRS/21 July 2022) regarding the distribution of the centralized method were "...You can use it, you just have to use the method directly here once, one door. It's just that in terms of distribution it still can't be maximized because the first one is a room, not separate for inpatient outpatient care ".

   The results of the interview with the TFB informant/Informant 2 (Pharmacist in charge of the Warehouse/21 July 2022) regarding the distribution of the centralized method were "...For the method here we still use centralization".

   The results of interviews with informant WH/Informant 3 (Pharmacist in charge of pharmacy/21 July 2022) regarding the distribution of the centralized method were "...the people here are still central pharmacies, still 1 depot, 1 door, still joining outpatient care with inpatient care".

   Based on this statement, information was obtained that the distribution of drugs at IFRS at Otanaha Hospital used a centralized method where all drug dispensing was only carried out by the Hospital Pharmacy Installation to all patient care places at the Hospital without any branches from other places of care. However, this cannot be said to be optimal because the rooms for outpatient and inpatient pharmacy services are not yet separated. As can be seen from the results of observations and SOPs being implemented.

2. Decentralization Method

The results of interviews regarding the decentralization method with informant MZ/Informant 1 (Pharmacist in charge of Pharmacy/ 21 July 2022) were "...Because you don't use decentralization because there are only 2 service depots with igd depots so it's still centralized".

The results of the interview with the TFB informant/ Informant 2 (Pharmacist in charge of the warehouse/ 21 July 2022) about the decentralization method were "... If you use the decentralization method, you have room. Only here, you don't have enough staff".

The results of interviews with informant WH/ Informant 3 (Pharmacist in charge of Pharmacy/ 21 July 2022) regarding the decentralization method were "...not yet, due to limited depots".

Based on this statement, information was obtained that the Pharmacy Installation of the Otanaha Hospital had not used the decentralization method because there were not yet available rooms for pharmacy depots in the treatment unit, as well as a shortage of pharmaceutical staff. This can be seen from the results of observations and SOPs implemented.

3. Individual/individual Rese Method

The results of interviews regarding individual prescription drug distribution methods with informant ZM/Informant 1 (Head of IFRS/ 21 July 2022) were:

The results of interviews with informant WH/ Informant 3 (Pharmacist in charge of Pharmacy/ 21 July 2022) regarding the method of distributing individual prescription drugs were "...Individual people have"

The results of interviews with informant ID/Informant 4 (Nurse/21 July 2022) regarding the individual prescription method were "...the prescription from the new doctor was coordinated by the nurse."

Based on this statement, information was obtained that the Otanaha Hospital Pharmacy Installation for drug distribution used individual or individual prescriptions. Each patient has the medicine prescribed by the doctor after which the coordinating nurse gives it to the pharmacist to review the medicine. As this can be seen from the results of observations and SOPs implemented.

a. Drug Presentation

The results of the interview with the TFB informant/ Informant 2 (Pharmacist in charge of the warehouse/ July 21 2022) regarding the presentation of the drug were: "...Alhamdulillah, so far the process of distributing pharmaceutical supplies, both medicine and BMHP, if we are in service, it's getting better day by day".

The results of the interview with the WH informant/ Informant 3 (The pharmacist in charge of the Pharmacy/ July 21 2022) regarding the presentation of the drug were: "...The patient goes to the prescription reception counter, they receive the screening first starting with the administration, name, then the medicine is there if hospitalized he has a drug control card with a prescription, the patient's family brings the prescription so they can trace the history of the drug after that they prepare the medicine and hand it over immediately. there is also the right dosage prescribed, the right medicine is in accordance with this".

The results of the interview with informant ID/ Informant 4 (Nurse/ 21 July 2022) regarding the presentation of the drug were: immediately they checked with the nurse so they were

here so I thought the medicine box was specifically for medicine, so there was a name card for them so they wouldn't exchange it all at once".

Based on this statement, information was obtained that the presentation of drugs carried out at the pharmacy installation at the Otanaha Hospital had been going well so far.

b. Drug Safety

The results of the interview with the WH informant/ Informant 3 (the pharmacist in charge of the pharmacy/ July 21 2022) about drug safety were: "...the medicine is not plasticized, the medicine is labeled. because in this service we are in accordance with the SOP".

The results of the interview with informant ID/ Informant 4 (Nurse/ 21 July 2022) regarding drug safety were: "... For drug safety, there is a tataru pa depe plastic then people have plastic tasadia, indeed specifically for medicine. If it reaches the patient it is safe".

Based on this statement, information was obtained that the safety of drugs in the hospital pharmacy installation was guaranteed before being given to patients for consumption. This was obtained from the results of observations and had been carried out in accordance with the applicable SOPs.

The following is a picture of the drug packaging in the Pharmacy Installation of the Otanaha Hospital, Gorontalo City:

Figure 4.4: Drug Packaging at the Otanaha Hospital Pharmacy Installation

c. Drug Accuracy

The results of the interview with the WH informant/ Informant 3 (the pharmacist in charge of the pharmacy/ July 21, 2022) regarding the accuracy of the drug were: "...Yes, according to the patient's name etiquette, confirm if it's not clear, read the medicine listed."

The results of interviews with informant ID/Informant 4 (Nurse/21 July 2022) regarding the accuracy of the drug were: "...It is appropriate for administration. After that, we sort the medicine, give Depe the plastic, change the name, tell the clock, some of the patients are Molia. First, we were determined to tell Depe's name, so we make sure that the patient takes the special medicine that the patient has, so don't change it all over again".

Based on this statement, information was obtained that the Otanaha Regional General Hospital had administered the right medication to the patient. This can be seen from the results of observations and there are SOPs that are carried out.

4. Floor stock system method

The results of an interview with informant ZM/ Informant 1 (Head of IFRS/ 21 July 2022) regarding the Floor Stock system method are: "...If the distribution of pharmaceutical supplies is for BMHP, he uses floor stock, but not BMHP for action".

The results of the interview with the TFB informant/ Informant 2 (The pharmacist in charge of the pharmacy/ July 21, 2022) regarding the Floor Stock System Method were: "...No, it's difficult for people to control, they have medicine, if that's the case, they use the prescription directly".

The results of interviews with informant WH/ Informant 3

(Pharmacist in charge of the pharmacy/ July 21 2022) regarding the Floor stock system method were: "...Floor stock has not been due to limited depots, it is difficult for people to monitor".

Based on this statement, information was obtained that the pharmacy installation at Otanaha Hospital had not used the floor stock method. This was due to the limited depot and pharmaceutical staff who were difficult to control in the treatment rooms. This is obtained from the results of observations and there are SOPs that are carried out.

5. UDD and ODD system methods

The results of interviews with informant ZM/ Informant 1 (Head of IFRS/ 21 July 2022) about the UDD and ODD system methods are: "... If inpatient, outpatient use a prescription with ODD".

The results of the interview with the TFB informant/Informant 2 (the pharmacist in charge of the warehouse/July 21 2022) about drug safety were: "...if hospitalized, the prescription is for one day of drinking (ODD)".

The results of the interview with informant WH/ Informant 3 (Pharmacist in charge of the pharmacy/ 21 July 2022) regarding the UDD and ODD system methods were: "...In people at the pharmacy, the service here is only ODD. due to limited depot constraints and limited employees, the management who applies it is ODD, so the recipe is daily".

Based on this statement, information was obtained that the Otanaha Hospital pharmacy installation for distributing drugs in inpatients used the ODD system, namely the use of prescriptions per day. For the UDD system, the pharmaceutical installation has not implemented this system due to limited depot constraints and a lack of staff. This can be seen from the results of observations and there are SOPs that have been implemented.

6. Combined system method

The results of interviews with informant ZM/ Informant 1 (Head of IFRS/ 21 July 2022) regarding the combined method were: "...in the treatment room only BMHP, BMHP was only masks, handscoons, gauze alcohol, only so many things".

The results of the interview with the TFB informant/ Informant 2 (the pharmacist in charge of the warehouse/ July 21, 2022) regarding the combination method were: "... there was an aftereffect from the treatment room that we distributed only BMHP such as masks, handskun, alcohol, gauze like that but for distribute drugs both orally, injection of infusion solutions only through prescription drug distribution only through pharmacies"**.**

The results of the interview with the WH informant/ Informant 3 (the pharmacist in charge of the pharmacy/ July 21, 2022) regarding the combination method were: "...If someone is at the pharmacy, the service is here for individual outpatient care, if inpatient use ODD"**.**

Based on this statement, information was obtained that the pharmacy installation at the Otanaha Hospital had implemented a combination system but not a type of medicine, but only BMHP (consumable medical materials) in the treatment room, only available such as masks, handscoons and gauze. for service pharmacies using a combination system of individual prescriptions and One Daily Dose (ODD). This can be seen from the

results of observations and there are SOPs that have been implemented.

DISCUSSION

In hospitals, distribution activities are a part of the pharmaceutical management cycle. The distribution of drugs and medical consumables is the responsibility of the pharmaceutical installation. Hospitals must determine a distribution system that can guarantee the implementation of supervision and control of pharmaceutical preparations, medical devices and medical consumables in service units such as inpatient installations [5]. This study aims to see an overview of the implementation of drug distribution at IFRS Otanaha. This research was conducted because based on the results of initial observations at the Otanaha Hospital it was found that outpatient and inpatient pharmacy services were still combined. So it is necessary to see an overview of the implementation of drug distribution to conclude that the causal factors for outpatient and inpatient pharmaceutical services are still being combined.

This research was conducted by conducting in-depth interviews with informants to see an overview of the implementation of drug distribution. Each informant was asked the same questions to dig deeper information. From the several questions asked, the researcher grouped 6 informant statements which were considered to represent the results of an overview of the implementation of drug distribution so that conclusions could be drawn as to why inpatient and outpatient pharmacy services were still combined. From the results of interviews conducted with 4 informants, some information related to the distribution process was obtained, including:

a. Centralized method

The Otanaha Regional General Hospital (RSUD) to be precise, the pharmaceutical installation in drug distribution uses a centralized method where all drug dispensing is only carried out by the Hospital Pharmacy Installation to all patient care places at the Hospital without any branches from other treatment facilities or the One-Stop Pharmacy system.[9]] Pharmacy services for outpatient pharmacies and inpatient rooms are still combined. This is in line with Julianti's research showing that the Siloam Manado Hospital Pharmacy Installation uses a centralized method, so that all medicines and medical devices are served directly from the Pharmacy Installation [5].

The use of a centralized distribution system is based on the About Hospitals which states that the management of medical devices, pharmaceutical preparations and medical consumables in hospitals must be carried out by the Pharmacy Installation using a one-stop system [14].

b. Individual / individual recipe method

The Otanaha Hospital Pharmacy Installation for drug distribution uses individual or individual prescriptions. Each patient has the medicine prescribed by the doctor after which the coordinating nurse gives it to the pharmacist to review the medicine. As it can be seen from the results of observations and there are SOPs that are carried out. This is in line with Burhanudin's research (2016) showing that pharmaceutical services at the pharmacy installation at Prof. Hospital. Dr. RD Kandow Manado applies an individual recipe distribution system [7]. All prescriptions are distributed directly from the Central IFRS to patients through nurses according to what the doctor wrote [11].

Drug presentation at the Hospital Pharmacy Installation has been going

well. This starts with the pharmacist receiving the prescription then conducting a screening first starting from administration to the patient's name, so that there are no errors before the drug is handed over to the patient.

The safety process for drugs in the Pharmacy Installation of the Otanaha Hospital has guaranteed safety before being given to patients. Starting from packaging the medicine in plastic, then giving the label and having the doctor's instructions written on the rules for using the medicine how many times a day and giving the medicine to the patient is correct. This is the same as his opinion, dispensing is a process that involves various activities, carried out by a pharmacist, starting from receiving prescriptions/orders or requests for over-the-counter drugs for inpatients and outpatients to ensuring the delivery of the right drugs to these patients and their ability to consume themselves. Well [13].

c. UDD and ODD system methods

The Otanaha Hospital Pharmacy Installation has implemented the distribution of the One Daily Dose (ODD) method for inpatient and outpatient care using individual/individual prescriptions. As for the UDD system, the pharmaceutical installation has not implemented this method due to limited depots and limited employees, so management only applies the ODD system. Whereas based on the Unit Dose Dispensing (UDD) distribution system it is highly recommended for inpatients considering that with this system the error rate of drug administration can be minimized to less than 5% compared to floor stock systems or individual prescriptions which reach 18% [6].

d. Combined system method

The pharmacy installation at the Otanaha Hospital applies a combination system in the treatment room but not any type of medicine, which is available in the treatment room, only BMHP (Consumable Medical Materials) such as masks, alcohol gloves and gauze. Prescription medicines can only be obtained through a central pharmacy. The pharmacy service itself uses a combination system of individual prescriptions and One Daily Dose (ODD). This can be seen from the results of observations and SOPs that have been implemented

CONCLUSION

Based on the research that the researchers have carried out at the Pharmacy Installation of Otanaha Hospital, Gorontalo City, researchers can draw conclusions which will be described as follows:

The pharmaceutical supply management system at the Otanaha Hospital still uses the centralized method. For the decentralized method, the Pharmacy Installation has not implemented this method because there is no room for the depot and there is still a shortage of staff. Then the distribution of drugs in outpatient pharmacies using individual prescriptions. The drug distribution system at the Otanaha Hospital pharmacy installation for inpatient pharmacies uses One Daily Dose (ODD) distribution but has not used the Unit Dose Dispensing (UDD) system and the Floor Stock Method. Meanwhile, the pharmaceutical installation combination system has used this method but only Consumable Medical Materials (BMHP) are available in the room.

SUGGESTION

After the conclusion above, the researcher provides suggestions related to

the research title, namely an overview of the implementation of drug distribution at the Pharmacy Installation of the Otanaha Hospital, Gorontalo City, to related parties as follows:

1. For Hospitals
   a. It is better if the service depots for pharmacies are separated between outpatient depots and inpatient depots so that service quality can increase patient satisfaction with pharmaceutical services.
   b. The rearrangement for office and warehouse space should be given a partition so as to provide comfort for every staff who works without anyone else knowing so that the staff can focus on what they are doing.
2. For educational institutions

   The results of this study are expected to be used as additional material for the learning process and reference for those who will conduct further research on topics related to the title of this study.
3. For further researchers

   For future researchers, it is expected to conduct research related to drug distribution so that research results can be better.

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