

**ANALYSIS OF DRUG PROCUREMENT AND PLANNING
AT THE PHARMACEUTICAL INSTALLATION
OF TOTO KABILA HOSPITAL**

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ABSTRAK

This study aims to determine whether the process of planning and procurement of drugs at IFRS Toto Kabila has been carried out in accordance with the applicable Standard Operating Procedures.

This research method uses descriptive research with a qualitative approach. The study was carried out on 4 informants who were directly related to the planning and procurement process of drugs at the Pharmacy Installation of RSUD Toto Kabila, namely the head of IFRS, head of drug warehouse, pharmacy staff and hospital director by conducting direct interviews with informants with the aim of digging up information related to the planning and procurement process of drugs.

The results showed that drug planning at IFRS Toto Kabila was not carried out by a planning team. In this case, the formation of a drug planning team at the Toto Kabila Hospital is not in accordance with the Indonesian Ministry of Health (2010). However, even though the planning was not carried out by a special team based on the results of the interview, the planning was carried out according to the SOP in the hospital and carried out by experts in their fields. Furthermore, in carrying out procurement, IFRS pays attention to the criteria for drug suppliers according to WHO, namely the distance from the PBF location and consideration of the prices offered by the PBF.

The conclusion of this study is that drug planning at IFRS Toto Kabila is not in accordance with the Ministry of Health of the Republic of Indonesia (2010) because it is not carried out by a planning team. However, the planning has been carried out according to the existing SOP and carried out by experts in their fields. And also in procuring, IFRS pays attention to the preferences of drug suppliers according to WHO, namely the distance from the PBF location and considers the price offered by the PBF. Then for the budget, you get from 10% -20% of the hospital's income profit every year.

Keywords: Drug Planning , Drug Procurement

PRELIMINARY

A hospital is a health service place that provides total health services that provide inpatient, outpatient, and emergency services. In its development, the hospital is one of the characteristics of

health services in hospitals. Health services prioritize services based on treatment and therapy [12].

According to PERMENKESRI No. 58 of 2014 regarding Pharmaceutical Service Standards in Hospitals, the

implementation of pharmacy in hospitals is the most important part in the health service system that is engaged in providing quality pharmaceuticals, medical equipment, and materials that can be reached by the community [12].

Drug management is a hospital management point of view that is primarily concerned with providing comprehensive health services, due to inefficient and inefficient drug management so that it has a negative impact on hospitals, either restoratively, kordially or financially (Murni, 2019). Efficient drug planning and procurement has The main task is in compiling a stock of drugs that are in line with the wishes of the Health Service with guaranteed quality and what is needed can be obtained. If the planning and procurement of drugs is regulated by a system that is not good as a result, it will cause drug accumulation or drug vacancies [10].

Based on research conducted by Mahdiyani, et al (2018), it can be seen that planning and procurement at IFRS Muntilan have not been running in accordance with the provisions. This can be seen from the 7 indicators that can be measured, one indicator that is in accordance with the standard, namely the level of existing capital or desired savings, while the 6 indicators that are not in accordance with the indicators, more precisely the level of drug procurement allocation, the comparison of the total planned drug goods with the total medicinal goods used, the level of total goods in one drug item in planning with total goods in actual use, frequency of drug procurement, frequency of orders/contracts that are fragmented, frequency of delayed installments by the hospital [8].

Based on a preliminary study through interviews with pharmacists at the Pharmacy Installation of RSUD Toto Kabila that there were several problems

encountered in terms of planning and procurement of drugs. The first problem relates to the logistics management of pharmaceutical agencies, this is the planning and procurement of drugs. The planning carried out by the pharmacy unit is currently still using the utilization strategy as it is. The current problem is around drug shortages or even drug overdoses.

The installation can be characterized as a container that provides services at rs. Meanwhile, pharmacy at RS is all aspects that are carried out related to pharmacy carried out at a hospital. IFRS is a dirs unit chaired by a pharmacist and assisted by several pharmacist assistants who meet the provisions of applicable laws and regulations and are professionally competent, a place or facility where all pharmaceutical work activities are in charge of all pharmaceutical work and services intended for the needs of RS itself [7].

The main task of IFRS is the management of the preparation, procurement, capacity, planning, compounding, coordination of benefits for patients in order to control all health supplies circulating and used by directors for both concurrent and rajal. IFRS can be relied on for efforts to create a wider and facilitated pharmaceutical management appropriately and well in an effort to fulfill the wishes of the benefit unit, in this case other units that are restorative and demonstrative. The two fundamental capacities of IFRS are as a clinical and non-clinical function. The clinical function is direct service to patients. In the meantime, non-clinical functions or other dialects can function in supplying all the needs that are taken into account in the Pharmacy Installation [14].

Management of pharmaceutical preparations or pharmaceutical preparations management system is a cycle of activities that starts from planning

to assessment related to one another. Its activities include planning, procurement, receiving, storing, distributing, controlling, recording, and reporting, deleting, monitoring and evaluating [10].

Planning is a major thing for the organization. His presence makes everything in the organization clearly visible and efficiently systematic. In connection with the obligation to have good planning in the organization, so of course the planning has a big impact as well [4].

Planning is the main step in drug procurement in IFRS. Planning for drug purchases must pay attention to the variety of drugs, the desired amount, and the survival of the drugs in connection with most of the missions carried out by RS. In deciding several types of drugs that must be compiled, the rs rules must be actualized based on the population to be served, the variety of benefits provided, or based on information on past drug use [15].

Drug procurement is an action in realizing a desire that has been regulated and agreed upon. Procurement is a major step in drug management and has become a frequently used strategy in drug management systems in many countries [2].

Good procurement stages must be able to provide the right variety and quantity of drugs, get low rates, ensure that all drugs obtained meet quality standards, can estimate delivery times, therefore there will be no accumulation or shortage of drugs, choose a trusted provider profitably, can decide on a purchasing schedule to reduce procurement costs and streamline the procurement process [1].

According to Quick, et al., in Satibi (2014: 52), In order for procurement preparation to run easily and routinely, a component structure is needed including staff who are ready and mastered related

to procurement, clear strategies and steps, a good data framework and supported by shops and stores. adequate office. The variables that affect the procurement are the certainty of the provider, the certainty of the number of goods, the total goods of each drug item and the completeness of the agreement, transaction costs, order time and installment strategy. In addition, the variables that affect the procurement of drugs include the frequency of purchasing each drug per year, the frequency of receiving errors, the frequency of installments that are deferred by the hospital against the agreed time [16].

According to Permenkes No. 63 of 2014 regarding drug procurement based on Electronic Catalogs (E-Catalogue), drug procurement planning based on electronic catalogs aims to ensure transparency or openness, effectiveness and efficiency at the procurement stage in order to meet the needs of health facilities whose results can be accounted for. The drugs that are included in the e-catalog are drugs that are listed in the National Formulary (Formas) [13].

RESEARCH METHODS

This research uses a qualitative approach with the type of qualitative descriptive research, because this qualitative descriptive research, such as asking questions and procedures, collects specific data from the participants. This research was conducted in July-August 2021. This research took place at the Toto Kabila Hospital, Bone Bolango Regency.

The types of data used in this study are Primary Data and Secondary Data. Primary data is data obtained by researchers directly from data providers (informants), namely from interviews. While secondary data is data obtained indirectly such as documentation (SPO).

The interview guide used in this study is a structured interview, by conducting face-to-face interviews with research

informants and using interview rules that have been held previously. Observation in this method, researchers carry out direct visits while making observations in order to see firsthand all activities in IFRS Toto Kabila, especially related to officers' activities in planning and procuring drugs at IFRS Toto Kabila.

Documentation in this study is an expression through interviews and observations, the data obtained from the document, namely Standard Operating Procedures (SPO).

The methods of data processing and data analysis in this study are:

1. Data Reduction

Reducing data means summarizing, selecting and selecting the main things, focusing on the important things, looking for themes and patterns [17].

2. Data Presentation

After the data is reduced, the next step is to display the data. In qualitative research, data presentation can be carried out in the form of brief descriptions, charts, relationships between categories, flowcharts and the like. The most commonly used in presenting data in qualitative research is narrative text [17].

3. Conclusion

The initial conclusions expressed are still temporary, and can change if strong evidence is obtained that supports the next stage of data collection.

The validity of data or belief in subjective investigation information is carried out, among others, by expanding perceptions, expanding determination in investigations. In this study, researchers used triangulation, namely in data collection techniques, triangulation was defined as a data collection technique that combines various data collection

techniques and sources that have been collected. there is. Researchers used participatory observation, in-depth interviews, and documentation for the same data source simultaneously. Source triangulation means, to get data from different sources with the same technique.

RESEARCH RESULT

1. Drug Planning Process at the Pharmacy Installation of RSUD Toto Kabila

Drug Planning Process at the Pharmacy Installation of RSUD Toto Kabila IFRS RSUD Toto Kabila implements a cycle of pharmaceutical supply management activities, one of which is the planning process. Based on the results of the research by conducting a deep interview with the Director of the Toto Kabila Hospital, the Head of the Pharmacy Installation of the Toto Kabila Hospital, the Head of the Pharmacy Warehouse, one of the staff of the Pharmacy Installation of the Toto Kabila Hospital regarding the drug planning process, information was obtained. The results of the interview with NT/Informant 1 regarding the timing of drug planning are "...we make this plan every month. At the end of every month all IFRS staff will hold a stock taking so that later it can be arranged

IFRS will hold a stock taking so that later we can arrange which drugs are planned to be ordered." (July 17, 2021).

The results of the interview with RD/Informant 2 regarding the timing of drug planning are "...if we do the planning every month at the end of the month.." (17 July 2021).

The results of the interview with AA/Informant 3 regarding the timing of drug planning are "...the planning process seems to be carried out every month, because usually one week before the end of the month the head of

IFRS asks for a list of drug stocks that are almost out or run out..." (17 July 2021).

The results of the interview with DS/Informant 4 regarding the timing of drug planning are "... if it is related to the planning time, I don't know because I am not directly involved in the drug planning process, right..." (23 July 2021).

From the description above, it is found that the time of drug planning is carried out every month at the end of the month.

2. HR Involved in the Drug Planning Process

The results of interviews with informants related to human resources involved in the drug planning process are as follows:

The results of the interview with NT/Informant 1 regarding the Human Resources (HR) of drug planning are: "...The HR most involved is the head of the warehouse, he will list and make requests for drugs..." (17 July 2021).

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The results of the interview with AA/Informant 3 regarding the Human Resources (HR) of drug planning are: "...I think all human resources in IFRS are involved in drug planning, starting from pharmacy employees at pharmacies doing amrah, then there are warehouse heads who place orders..." (17 July 2021).

The results of the interview with DS/Informant 4 regarding the Human Resources (HR) of drug planning are: "...To order drugs, the big responsibility is left to the pharmacy department, those who plan and

procure the needed drugs. I only know..." (23 July 2021).

From the description above, it is found that the human resources involved in the process of planning and procuring drugs include the pharmacy staff at the hospital pharmacy, the person in charge of the pharmacy warehouse, the head of the pharmacy installation and the director of the hospital.

3. SOP for Drug Planning

The results of interviews with informants about the SOP for drug planning are as follows:

The results of the interview regarding the SOP obtained information on the planning flow. The interview with NT/Informant 1 regarding the SOP for the planning flow is: "...The SOP planning flow in the hospital starts with the preparation of a request for a drug requirement plan. It was compiled by the person in charge of the warehouse based on the previous use of the drug. So he first collected data from existing reports and then compiled them in the form of a request letter and then submitted it to the head of IFRS. So in the request letter which proposed PJ warehouse, it was approved by the head of IFRS and knowing the director..." (17 July 2021).

Result of interview with RD/Informant 2 about SOP flow

drug planning is: "...I will ask for a report on the list of drugs that are running low or empty at the hospital pharmacy, after that I will make a SP plan for drug needs, then I will submit it to the head of IFRS to place an order..." (17 July 2021).

The results of the interview with AA/Informant 3 regarding the SOP for the planning and procurement of drugs are: "...In terms of the detailed SOP, I don't know the flow. It's just that

usually every month we always do a stock take to physically match the total medicine with the one on the stock card, then the stock taking will also show medicines that are almost empty or are empty and we will continue to convey them to the head of the warehouse...” (July 17th) 2021).

The results of the interview with DS/Informant 4 regarding the SOP for the planning and procurement of drugs are: “...Later every month the head of IFRS will come to me with SP for the drug plan for me to sign. Later, when I have signed it, it will be possible to order medicine...” (July 23, 2021).

From the description above, it is found that the SOP for the planning process starts from the stock taking process by the pharmacy staff at the hospital pharmacy. This stock taking is carried out to match the number of physical drugs with the stock card and find out which drugs are almost empty or are empty, then the list of drugs will be submitted to the person in charge (PJ) of the warehouse, PJ will compile an order letter (SP) which will then be submitted to the warehouse. head of IFRS. The head of IFRS will seek approval from the hospital director to procure medicine.

4. Medication Planning Method

The results of interviews with informants regarding drug planning methods are as follows:

Results of interviews with NT/Informant 1 regarding the method drug planning is: “...The method is based on previous use, what is the consumptive method, but sometimes we also combine it with the epidemiological method if there is an epidemic, but it's rare. Usually for this plan we arrange the data monthly, but the order is for 3 months, so the planning is every month, the procurement is every 3 months, but that

also depends, usually we see the price too, if for example the price is too expensive, we usually hold it for one month later the next month ordered...” (July 17, 2021).

The results of the interview with RD/Informant 2 regarding the method of drug planning: “...We usually base our planning on reports of drug use 3 months earlier and what drugs have run out...” (17 July 2021).

The results of the interview with the DS/Informant 4 about the drug planning method: “...Everything is calculated from the request for yes or the number of prescriptions that come in to become drug A, for example from room A, which often comes out of medicine B from room B, then the medicines that come out are all there in hospital FO. For the hospital's FO, it is revised every 6 months, so planning depends on the needs of the number of patients or patient cases, so it doesn't mean we just plan drug A continuously, but whether this year there are too many patients with patient A, it means we are planning drug A. the one with the most internal disease means internal disease, so the planning is based on cases or based on prescriptions that have been issued...” (23 July 2021).

From the description above, it is found that the drug planning method is based on consumption patterns. IFRS will place an order for drugs based on data on drug needs 3 months in advance, but in certain circumstances drug planning is also based on epidemiological methods, namely based on certain disease patterns that occur in one person. time. Meanwhile, the waiting time for reception is adjusted to the distance between the PBF and the availability of drugs at the PBF or not

5. The Effect of a Medication Employment Planning System

The results of interviews about the effect of the drug void drug planning system are as follows:

The results of the interview with NT/Informant 1 regarding the effect of the planning and procurement system on drug vacancies are: "...If you say there is a drug void due to a poor planning system, it is not true because we have carried out the planning according to the SOP from the hospital. It's just that we at IFRS are only limited to planning, furthermore procurement also depends on hospital payments to PBF, sometimes we want to order, we plan according to needs but it turns out that the PBF where the order can't be opened because the position of the hospital is logged because the hospital has not made payments to the PBF. Sometimes there is also a budget but the medicine you want to order is empty at PBF..." (17 July 2021).

The results of the interview with RD/Informant 2 about the effect of the planning system on drug vacancies are: "...I think vacancies occur not because we didn't plan well, it usually happens because I wrote the SP according to reports from pharmacy employees at the pharmacy, but sometimes it doesn't. all the ordered drugs are in stock at PBF, usually empty too, so we have to wait again until the goods are there or maybe they can't be ordered because PBF doesn't want to process our order because there was a previous drug payment that had not been paid ..." (17 July 2021).

The results of the interview with AA/Informant 3 regarding the influence of the planning system on drug vacancies are: "...We also don't know about the effect of drug vacancies. It is just usually when we

make a request to PJ warehouse to order drugs that are almost finished or have run out, if for example the medicine hasn't arrived after 1 week we submit a request for us to follow up again PJ warehouse remind and ask if the medicine has been ordered or not..." (17 July 2021).

The results of the interview with DS/Informant 4 regarding the influence of the planning system are: "... For this question, I think IFRS can answer..." (23 July 2021).

From the description above, it was found that drug vacancies occurred not due to the influence of a poor planning system, because the IFRS had planned according to the SOP. Although planning and procurement have been carried out in accordance with SOPs, the drug vacancy factor can occur because hospital payments to PBF are sometimes past due so that when IFRS wants to plan an order for drugs it cannot be done because the PBF where the order cannot be opened due to the position of the hospital being logged because the hospital has not done payment to PBF. Sometimes there is also a budget but the medicine you want to order is empty at PBF.

6. Drug Procurement Process at the Pharmacy Installation of RSUD Toto Kabila

After carrying out drug planning activities, IFRS RSUD Toto Kabila also carried out the drug procurement process. Based on the results of the research by conducting deep interviews with the Director of the Toto Kabila Hospital, the Head of the Pharmacy Installation of the Toto Kabila Hospital, the Head of the Pharmacy Warehouse, one of the staff of the Pharmacy Installation of the Toto Kabila Hospital. Obtained information related to the drug procurement process

The results of interviews regarding the timing of drug procurement are as follows:

The results of the interview with NT/Informant 1 regarding the timing of the procurement of drugs are "...usually we provide the drugs every 3 months, but it also depends if there are drugs that were empty the previous month and there are many requests, usually we order the drugs in the following month and don't need to wait 3 months..." (17 July 2021).

The results of the interview with RD/Informant 2 regarding the timing of the procurement of drugs are "...we procure drugs every 3 months, because we are waiting for the disbursement of funds from the hospital for the payment of drugs that were previously ordered every 3 months so we will also order drugs again after the previous payment. paid off..." (17 July 2021).

The results of the interview with AA/Informant 3 regarding the timing of drug procurement are "... if it is related to time, we don't know when the drug is ordered, it's just that usually if there is an empty drug we immediately report it to the head of the warehouse to be held immediately but usually after reporting the medicine it doesn't come right away, each there is a gap of several months..." (17 July 2021).

The results of the interview with DS/Informant 4 regarding the timing of the procurement of drugs are "... if it is related to the procurement time, it seems like every 3 months, because usually every 3 months there is a drug request report that I have to sign..." (23 July 2021).

From the description above, it is found that the time of drug planning is carried out every 3 months.

7. Methods of Procurement of Drugs at Toto Kabila Hospital

The results of the interview with NT/Informant 1 regarding the drug procurement method are: "...we do the procurement by directing the PBF who will supply the goods to us. The PBF that we have appointed must meet the criteria that we have set..." (17 July 2021).

The results of the interview with RD/Informant 2 about the method of drug procurement: "...the drug is directly supplied by us from a pharmaceutical wholesaler who provides stock of the drugs we need..." (17 July 2021).

From the description above, it is found that the drug planning method is by direct appointment to one of the Pharmaceutical Wholesalers (PBF).

8. From the description above, it is found that the drug planning method is by direct appointment to one of the Pharmaceutical Wholesalers (PBF).

The results of interviews regarding supplier criteria at the pharmaceutical installation of RSUD Toto Kabila are as follows:

The results of the interview with NT/Informant 1 regarding the criteria for drug suppliers are: "...We cooperate with many PBFs both inside Gorontalo and outside Gorontalo. Until now, the consideration for the selection of PBF is the price and discount given by the PBF. But if for example the medicine needed is only available in one PBF, inevitably we place an order there even though the price is expensive and there is no discount than there is a drug vacancy..." (17 July 2021).

The results of the interview with RD/Informant 2 regarding the criteria for drug suppliers are: "...PBF with the lowest price. Because there are a lot of PBFs in Gorontalo and sometimes the medicines sold are the same, so we

usually compare which one is cheaper..." (17 July 2021).

The results of the interview with AA/Informant 3 regarding the criteria for drug suppliers are: "...If we don't know the criteria for suppliers, we don't know because the one who made the order, if not mistaken, is the head of the warehouse..." (17 July 2021).

Result of interview with DS/Informant 4 about supplier criteria drugs are: "...If the drug supplier depends on the FO, yes, the drug formulary is at the hospital, so we can't determine which drugs are outside the FO, so. it's not me who decides but there is a drug formulary at the hospital. If for certain criteria, there must be an E-catalog for procurement processing, everything proposed by the Ministry of Health must be an E-catalog, except for drugs that are not in the new E-catalog, we can determine it ourselves..." (23 July 2021).

Based on this statement, information on the criteria for drug suppliers was obtained, namely the distance from the PBF location and the consideration of the price offered by the PBF.

9. Waiting time to receive medicine until medicine is delivered to hospital

The results of the interview waiting time to receive drugs are as follows:

The results of the interview regarding the waiting time to receive the drug. The interview regarding the waiting time for receiving the medicine, with NT/Informant 1 was: "...The waiting time for the order itself depends on the PBF, where if the PBF is digorontalo, we usually write the SP the next day for delivery..." (17 July 2021).

The results of the interview with RD/Informant 2 regarding the method of planning and procuring drugs as

well as waiting time for receiving drugs: "...Usually the waiting time for the arrival of the drug is fast, some is long depending on whether the drug is available or not in the PBF, the same as the distance from the PBF..." (17 July 2021).

Based on this statement, information was obtained that the waiting time for reception was adjusted to the distance between the PBF and the availability of drugs at the PBF or not.

10. Drug Procurement Budget at the Pharmacy Installation of the Toto Kabila Hospital

The results of interviews with informants regarding the budget for drug procurement are as follows:

The results of the interview with DS/Informant 4 regarding the budget for drug procurement are: "...Oh, if we are a BLUD, we will become a BLUD from hospital revenues, so we budget for an increase of 10% to 20% from the previous year, so indeed we see an increase in the number of cases, the number of patients, the number of prescriptions issued..." (23 July 2021).

From the description above, it is found that the budget spent on drug procurement is obtained from hospital income by considering the number of cases and prescriptions that come out.

11. Solutions to Overcome Medication Emptiness

The results of interviews with informants regarding the solutions he took for drug vacancies are as follows:

The results of the interview regarding the solution actions taken by the hospital in tackling drug vacancies at the hospital pharmacy. The interview with NT/Informant 1 was: "...Usually if there is a prescription that comes in and the medicine is empty, we usually replace it with another similar drug to substitute for another drug, but if it can't be replaced we have an MOU

with another hospital so it can be redeemed there. We take this solution because if we tell patients to buy more outside, many complain that they have used BPJS but buy the medicine again, so our solution is usually to give medicine with the same efficacy but usually a different brand..." (17 July 2021).

The results of the interview with RD/Informant 2 regarding the solution actions taken by the hospital in dealing with drug shortages in the hospital pharmacy are: "...We will

informing the doctors in the outpatient polyclinic or inpatient medication at the pharmacy, so that later they will prescribe drugs according to the drug list in the pharmacy..." (17 July 2021).

The results of the interview with AA/Informant 3 regarding the solution taken by the hospital in dealing with drug shortages at the hospital pharmacy are: "...If the medicine written in the prescription is empty, we usually confirm to the doctor whether the medicine can be replaced with one with the same content and effect..." (17 July 2021).

The results of the interview with DS/Informant 4 regarding the solution actions taken by the hospital in overcoming the shortage of drugs at the hospital pharmacy are: "...Usually if the E-catalog is late, usually the E-catalog is always late for delivery because we order a lot, so while we use the factory companion pharmacy or so we order specifically as needed or only monthly or weekly and the other one we cooperate with other hospitals. The collaboration is in the form of lending drugs so we can borrow them and they can borrow from us and that is stated in the MOU..." (23 July 2021).

From the description above, it was found that the solution for the IFRS in

overcoming drug shortages was by substituting prescribed drugs with similar drugs, if the prescribed drugs cannot be substituted, the hospital has made an MOU with another nearest hospital. In addition, the IFRS has listed a list of drugs available at the hospital pharmacy and then submitted it to the doctor at the Rajal Polyclinic and then the prescription can be written based on the available drugs.

DISCUSSION

1. Medication Planning

Management of pharmaceutical supplies is one of a series of drug procurement in hospitals that starts from the planning process to evaluation. The target of this research is to examine the planning and procurement of drugs at IFRS Toto Kabila. This research was conducted because based on the results of initial observations at the Toto Kabila Hospital, it was found that there were frequent drug shortages at the Toto Kabila Hospital Pharmacy, so it was necessary to analyze the planning and drug procurement process to conclude the factors causing the drug void. The number of informants in this research are 4 people including the head of IFRS, head of pharmacy warehouse, pharmacy staff and director of the hospital.

This research was carried out by means of deep interviews with informants to track and analyze the planning and procurement process. Each informant was given the same question to dig deeper information. From several questions posed, the researcher grouped 6 statements from informants which were considered to represent the results of the analysis of the planning and procurement process of drugs so that conclusions could be drawn about the causes of drug vacancies. From the results of

interviews conducted on 4 informants obtained some information related to the planning process including:

2. Planning

Drug planning is a major effort in drug logistics management. Planning for drug needs is the beginning of drug management with the target of obtaining a variety and total of drugs that are in line with desires. There are 3 things that are categorized as input materials, namely human resources, strategies, and data that are influential in the drug planning stage [12].

From the research results, RSUD Toto Kabila has pharmacy officers whose competence is pharmaceutical science. Pharmacists have responsibilities related to the management of drugs and health preparations. Officers related to the drug planning process at IFRS Toto Kabila are the Head of the Pharmacy Installation, the Head of the Warehouse and the Staff of the Hospital Pharmacy.

Based on interviews, it was found that drug planning at IFRS Toto Kabila was not carried out by the planning group. There is no drug planning group because the hospital director does not make a drug planning group and there is only a broad planning group in the hospital. In the planning process, the director of the hospital is only the party who ratifies the request that has been planned and submitted by the head of IFRS.

This research is in line with the research of Modeong et al (2013), which explains that in hospitals it is mandatory to form an integrated drug planning group including the head of the pharmacy installation, doctors, head of planning, head of procurement and head of finance, so that the preparation of drug demand plans can lead to on the available funds annually and the desire for therapy. The

integrated drug planning group is required to review the drug requirement planning via a meeting, in order to reduce errors in drug demand planning.

The absence of a drug planning team at Toto Kabila Hospital is not in line with the Indonesian Ministry of Health (2010), which explains that an integrated drug planning group is one of the requirements so that drug planning can be carried out ideally by including all related elements in drug planning. The results of this research are in line with research conducted by Margareth (2018) regarding drug planning at IFRS

Kabanjahe Karo Regency in 2017 also obtained the result that no the existence of a drug planning group made by the Kabanjahe Hospital, the planning is only carried out by the head of the pharmacy installation and the head of the warehouse.

The drug planning process at IFRS Toto Kabila based on the results of interviews has been carried out based on the existing SOPs at the hospital starting from the stock taking process by the pharmacy staff at the hospital pharmacy. This stock taking is carried out to match the number of physical drugs with the stock card and find out which drugs are almost out or empty, then the list of drugs will be submitted to the person in charge (PJ) of the warehouse, the PJ will prepare a request letter (SP) which is then submitted to the head IFRS. The head of IFRS will seek approval from the hospital director to procure the drug.

In drug planning, IFRS Toto Kabila uses consumption patterns, but at certain times it combines consumption patterns with epidemiology. Based on the information obtained, the drug planning method at IFRS Toto Kabila

is based on consumption patterns. IFRS will place an order for drugs based on data on drug needs 3 months in advance, but in certain circumstances drug planning is also based on epidemiological methods, namely based on certain disease patterns that occur at one time. Meanwhile, the waiting time for reception is adjusted to the distance between the PBF and the availability of drugs at the PBF.

The research carried out is in line with research conducted by Humang (2014) on the study of drug procurement planning at ST. Madyang Palopo, SULSEL Province, explained that at the ST. Madyang Palopo there is no proper drug planning because drug planning is only based on daily wishes, therefore there is no allocation of funds as well as a total repeated drug orders are not in line with the total that must be ordered.

From this description, it is concluded that the planning strategy and waiting time at RSUD Toto Kabila are not efficient, because drug orders are often not in accordance with the total and the type that should be ordered, and adjusted to the available budget and the distance of the PBF location

The existence of completeness and availability of drugs is the main thing that must be observed for every health service facility, one of which is the hospital. This is carried out in order to improve the quality of pharmaceutical services and increase patient satisfaction in carrying out treatment.

In ensuring the quality of pharmaceutical services, prevention of authorized pharmaceutical preparations must be carried out. According to Permenkes No. 58 of 2014 is the prevention of pharmaceutical quality which includes monitoring and evaluation of the services provided.

The target of this action is to validate activities in line with the plan, in order to stem the occurrence of drug shortages when desired.

Based on the results of the interviews, information was obtained that the drug vacancies did not occur because of the influence of a poor planning system, because the IFRS had planned according to the SOP. Although planning and procurement have been carried out in accordance with the SOP, the drug vacancy factor can occur because hospital payments to PBF are sometimes past due so that when IFRS wants to plan an order for drugs it cannot be done because the PBF where the order cannot be opened due to the position of the hospital being locked because the hospital has not done payment to PBF. Sometimes the budget is there but the medicine you want to order is empty at PBF In tackling drug vacancies, every health service facility must have alternative solutions in order to maintain the quality of hospital services. Based on the interview, it was found that the IFRS department took the solution to overcome drug shortages, including by substituting prescribed drugs for similar drugs, if the prescribed drugs cannot be substituted then the hospital has made an MOU with another nearest hospital. In addition, the IFRS has listed a list of drugs available at the hospital pharmacy and then submitted it to the doctor at the Rajal Polyclinic so that prescriptions can be written based on the available drugs.

3. Drug Procurement

The procurement process is carried out by Toto Kabila Hospital through several stages, starting from planning the need for drugs which will be held at the end of each month, then the planned drugs are approved by the head of IFRS and the director will be

selected for suppliers. IFRS Toto Kabila in procuring drugs also pays attention to and applies the supplier criteria. In this case, the suppliers are Pharmaceutical Wholesalers (PBF). Every pharmaceutical service facility in order to place an order for drugs must be carried out through an official PBF to ensure good and correct drug distribution.

Based on the results of the interview, information on the criteria for drug suppliers was obtained, namely the distance from the PBF location and the consideration of the price offered by the PBF. These criteria were made by IFRS to speed up the process of receiving drugs and minimize the funding costs incurred for the procurement of drugs. The drugs available at the Gorontalo PBF will be ordered directly at the nearest PBF in Gorontalo to speed up drug delivery period after placing an order.

After the drug supplier is determined, then an order is made to the supplier by writing a letter of order (SP), the supplier will provide the drug according to the request written in the SOP. Furthermore, the drugs that have been provided by the supplier will be handed over to the IFRS. The receipt is carried out by the person in charge of the warehouse by checking the goods first.

Based on information, the procurement process is carried out by IFRS RSUD Toto Kabila every three months. If at the time of procurement in the previous 3 months the drug experienced stock depletion or was out of stock, the request for the prescription drug would be transferred to another hospital that has an MOU with IFRS at RSUD Toto Kabila. If at the time of procurement the price of drugs increases or the price of drugs does not meet the existing budget, then

the procurement will only be carried out once a month, especially for drugs that have a higher cost.

The length of the procurement process is also influenced by the hospital's ability to make payments or settlements on drug orders in the previous three months. According to the information obtained, although the hospital has planned drugs on time at the end of each month and tries to order and procure every month, if the hospital has not made payments for ordering and procuring drugs beforehand, IFRS cannot procure because the system at the supplier is still locked, so it needs to be paid in advance to be able to place an order. This aspect is a factor that occurs to drug vacancies at IFRS RSUD Toto Kabila.

In the procurement of drugs, RSUD Toto Kabila becomes a Regional Public Service Agency (BLUD), so the budget allocated for procurement is taken from 10% - 20% of the hospital's revenue profit each year. The results of this research are in line with the research carried out by Suyanti (2016) regarding the study of drug management in the procurement process at the Pharmacy Installation of the Gambiran Hospital, Kediri City in 2016, the results of the study explain that the procurement of drugs at the Gambiran Hospital in Kediri City is carried out based on the origin of the funds used, namely BLUD, DAU, DBHCT where users from the budget are implemented in line with drug procurement guidelines.

CONCLUSION

1. Drug planning at IFRS Toto Kabila is not in accordance with the Indonesian Ministry of Health (2010) because it is not carried out

by a planning team. However, planning has been carried out according to the SOP in the hospital and carried out for competent officers.

2. In conducting procurement, IFRS pays attention to the criteria for drug suppliers according to WHO, namely the distance from the PBF location and the consideration of the price offered by the PBF. The procurement budget is derived from 10% -20% of the hospital's annual income.

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