Evaluation of the Quality of Pharmaceutical Services Based on Minimum Service Standards at Pandanarang Boyolali Regional General Hospital in 2023

Regita Auroraria Titianingtyas[1], Ambar Yunita Nugraheni[2]
Farmasi, Universitas Muhammadiyah Surakarta
Email : k100200113@student.ums.ac.id[1], ayn122@ums.ac.id[2]

Abstrak

Standar Pelayanan Minimal Kefarmasian sangat penting karena merupakan tolok ukur kinerja yang digunakan sebagai pedoman bagi tenaga kefarmasian dalam memberikan pelayanan kefarmasian. Penelitian ini bertujuan untuk mengetahui kesesuaian SPM rumah sakit di bidang farmasi pada indikator lama waktu pelayanan resep, kepuasan pasien, dan kesesuaian resep dengan formularium serta faktor-faktor yang mempengaruhinya di Rumah Sakit Umum Daerah Pandanarang Boyolali agar dapat membantu rumah sakit dalam meningkatkan mutu pelayanan kefarmasian yang lebih baik. Penelitian ini menggunakan jenis penelitian deskriptif analitik yang dilakukan dengan metode penelitian kuantitatif. Sampel penelitian ini adalah 300 pasien rawat jalan/resep untuk indikator kesesuaian resep dan waktu tunggu, 150 responden untuk indikator kepuasan pelanggan di RSUD Pandanarang Boyolali. Hasil penelitian menunjukkan bahwa pada indikator lama waktu pelayanan resep, rata-rata waktu untuk resep non racikan adalah 16,33 ± 15,114 menit dan untuk resep racikan adalah 29,85 ± 27,958 menit, untuk indikator kepuasan pasien didapatkan hasil 94,03%, begitu juga untuk indikator kesesuaian resep dengan formularium didapatkan hasil 94,72%. Berdasarkan hasil penelitian yang diperoleh dapat disimpulkan bahwa Rumah Sakit Umum Daerah Pandanarang Boyolali pada indikator Kesesuaian resep dengan formularium belum memenuhi standar, rata-rata waktu tunggu pelayanan resep memenuhi standar, dan tingkat kepuasan pasien terhadap pelayanan kefarmasian di instalasi farmasi memenuhi standar.

Kata kunci: Kepuasan Pelanggan; SPM; Kesesuaian Formularium Resep; Waktu Tunggu

Abstract

Minimum Pharmaceutical Service Standards are very important because they are performance benchmarks that are used as guidelines for pharmaceutical personnel in providing pharmaceutical services. This research aims to determine the suitability of SPM for hospitals in the pharmaceutical sector on the indicators of length of time for prescription service, customer satisfaction, and suitability of prescriptions with the formulary as well as influencing factors at the Pandanarang Boyolali Regional General Hospital in order to help the hospital in improving the quality of better pharmaceutical services. This research uses descriptive analytical research conducted using quantitative research methods. The sample for this research was 300 outpatient patients/prescriptions for indicators of prescription suitability and waiting time, 150 respondents for indicators of customer satisfaction at Pandanarang Boyolali Regional Hospital. The results of the study showed that in the indicator of the length of time for prescription service, the average time for non-concocted prescriptions was 16.33 ± 15,114 minutes and for concocted prescriptions it was 29.85 ± 27,958 minutes, for the patient satisfaction indicator the results were 94.03%, as well as for the indicator The conformity of the prescription with the formulary was 94.72%. Based on the research results obtained, it can be concluded that the Pandanarang Boyolali Regional General Hospital is in the indicator The conformity of prescriptions with the formulary does not meet standards, the average waiting time for prescription services meets standards, and the level of customer satisfaction with pharmacy services in pharmaceutical installations meets standards.

Keyword: Customer Satisfaction; MSS; Prescription Formulary Suitability; Waiting Time;

I. INTRODUCTION

Pharmaceutical Service Standards are benchmarks used as guidelines for pharmaceutical personnel in organizing pharmaceutical services (Menteri Kesehatan, 2016). In accordance with this regulation, the Minimum Service Standards (MSS) of hospitals include waiting time for drug services,

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the absence of drug administration errors, customer satisfaction, and writing prescriptions according to the formulary. (Menkes RI, 2008). These MSS can be a reference for hospital managers to ensure the quality of each type of service in the hospital (Fahrizal et al., 2016). Compliance with pharmaceutical service standards is expected to improve service quality and protect patients or the public from irrational use of drugs for patient safety. (Menteri Kesehatan RI, 2014).

Based on research conducted by (Fahrizal et al., 2016) indicators that have met according to the Minister of Health Regulation Number 129 / MENKES / SK / II / 2008 concerning Minimum Hospital Service Standards in the study are the waiting time for non-reciprocated prescription services of 25.1 minutes and 35 minutes for compounded prescriptions, the absence of drug administration errors (100%), and the level of customer satisfaction (94.88%). However, in the aspect of the suitability of writing prescriptions with the hospital formulary does not meet the standard of 99%. In addition, in a study conducted by Djajang et al., (2019) on analyzing the implementation of Hospital SPM in the field of Pharmacy at the Anna Medika Hospital Pharmacy Installation in 2018, with a sample of 54 prescriptions taken. The results obtained showed that the average waiting time for cash prescription services was 12.41 minutes, guaranteed prescription was 20.44 minutes, and cash concoction recipes were 26.31 minutes, and guaranteed concoction recipes were 30.95 minutes. Cash prescriptions referred to are patients with the general patient category and guarantee prescriptions are patients with the BPJS category, there are no drug administration errors 100%, customer satisfaction is 87.77%, and prescription writing is in accordance with the formulary, which is 90.75%. Based on the results of this study, the indicator of prescription conformity with the formulary still does not meet the minimum service standards set by (Menkes RI, 2008).

The achievement of pharmaceutical service quality targets is influenced by several factors, namely human resources (availability of SOPs, characteristics, visiting period, and experience

(Puspita et al., 2018; Pratiwi et al., 2017; Ismail et al., 2020; Buxton et al., 2015). SPM indicators are influenced by several factors that make pharmaceutical services not in accordance with applicable service standards. Factors that affect customer satisfaction include infrastructure facilities such as the presence of a patient waiting room, good drug arrangement, easily accessible hospital location, availability of drug information points, signage, and drug service flow instructions (Okyaviani et al., 2019). The suitability of the formulary is influenced by patients who are in an emergency, the state of the patient's paramedics so that they cannot receive drugs that are in accordance with the formulary, and patient requests to prescribe certain drugs (Medisa & Danu, 2015). Meanwhile, the waiting time for service is influenced by the type of prescription, the number of prescriptions and the completeness of the prescription, the limited number of officers, the availability of human resources that are still lacking (Septini, 2019).

Based on this, it is necessary to evaluate the quality of pharmaceutical services based on the minimum pharmaceutical service standards at Pandanarang Boyolali Hospital. This research is expected to help hospitals in improving the quality of pharmaceutical services in order to provide better services

. II. RESEARCH METHODS

This study is a descriptive study with a quantitative approach that aims to determine the Minimum Service Standards (MSS) at Pandanarang Boyolali Hospital. This research has met the ethical feasibility with Number 180/FF/S/A.6-III/VIII/2023 issued by the University of Muhammadiyah Surakarta, Faculty of Pharmacy.. The tools used in this study include a satisfaction level questionnaire obtained from modified research (Puspitasari et al., 2021). Observation sheets used to record waiting times for prescription services and prescriptions to evaluate compliance with the Hospital formulary. The materials used in this study were primary data (satisfaction questionnaire) and secondary data (outpatient prescriptions). The evaluation was carried out based on the guidelines of the Minister of

Health of the Republic of Indonesia Number 129 / MENKES / SK / II / 2008 concerning Minimum Service Standards for Hospitals in the Pharmaceutical Sector, the hospital formulary used was the formulary of Pandanarang Boyolali Hospital in 2023. The population in this study were patients and outpatient prescriptions at Pandanarang Boyolali Hospital. The sample in this study were patients who received outpatient prescriptions. The sampling technique used random sampling method. Indicators of waiting time, faormulary suitability, and customer satisfaction were obtained from outpatients in September - November 2023. Customer satisfaction has inclusion criteria, namely being an adult, aged ≥ 17 years, not having mental disorders, and willing to become a respondent.

Analysis of the suitability of prescriptions with the Formulary based on the formulary of Pandan Arang Hospital in 2023 for 3 months in the period September - November. To determine the percentage of prescription conformity with the formulary can be calculated by the formula:

Formulary appropriateness

$$= \frac{Number\ of\ formulary - compliant\ prescriptions}{Jnumber\ of\ written\ recipe\ items} \ x\ 100$$

Then the analysis of customer satisfaction is carried out with a questionnaire measurement technique using scoring with a Likert scale. The scoring technique used in this study is by determining the answer score of the questions that have been answered with a score range of 1 to 5 based on a Likert scale. The calculation of the respondent's answer is calculated using the following formula:

$$\frac{\Sigma\ sassessment\ score}{\Sigma\ maximum\ score} \ x\ 100\%$$

satisfaction score =

$$\frac{(f1x1)+(f2x2)+(f3x3)+(f4x4)+(f5x5)}{nx6} x100\%$$

on the satisfaction value with the information f1, namely the frequency of respondents

who answered very dissatisfied was given a weight of 1 with a percentage of 0-20%, f2, the frequency of respondents who answered dissatisfied was given a weight of 2 with a percentage of 21- 40%, f3, the frequency of respondents who answered quite satisfied was given a weight of 3 with a percentage of 41-60%, f4, the frequency of respondents who answered satisfied was given a weight of 4 with a percentage of 61-80%, f5, the frequency of respondents who answered very satisfied was given a weight of 5 with a percentage of 81-100%, n is the number of respondents (Puspitasari et al., 2021). Very satisfied and satisfied answers are included in the satisfied category and dissatisfied and very dissatisfied answers are included in the dissatisfied category. Data analysis for indicators of waiting time for concoction and non-reconcoction prescription services using the average formula (Maftuhah & Susilo, 2016) as follows:

$$\overline{X} = \frac{\Sigma X}{n}$$

Description :
$\overline{X}$ = average waiting time
ΣX = total service time
n = number of sample.

III. RESULT AND DISCUSSION

3.1. Formulary Conformance

The suitability of prescriptions with the outpatient formulary was carried out at Pandanarang Boyolali Hospital. The number of samples of this study was 872 prescription sheets taken in 3 months, namely September - November 2023. The study was conducted by taking a sample of outpatient prescriptions. The number of prescriptions that are in accordance and not in accordance with the formulary on outpatients taken in September-November 2023 are (Menkes RI, 2008):

Table 1. Total Prescription Conformity with Formulary of Pandanarang Hospital Boyolali

No	Compatibility of recipe with formulary	Total R (recipe)	Percentage (n= 872)	SPM
1	Not suitable	46	5,28%	100%
2	Suitable	826	94,72%	

The level of conformity of outpatient prescriptions with the formulary at Pandanaran Boyolali Hospital from September to November 2023 was 94.72%. This value does not meet the minimum service standards for prescription conformity with the formulary as stipulated in the Decree of the Minister of Health Number 129 of 2008 concerning SPM Hospital in the Pharmaceutical Sector, which is 100% (Menkes RI, 2008).

Table 2. Total Number of Inappropriate Prescriptions

Prescription	Quantity
C. Lyters tm	1
Optalvit plus tab 4	4
Cefabiotic 500mg cap	1
Bisoprolol 2.5mg tab	2
Electrode dws	1
DISOLF EC 490mg	1
Gabapentin cap 100mg	5
Dolutegravir tab 50mg	1
Emtricitabine 200 tabs	2
Dutasteride MK tab	1
Lapicef drop 150 mg/ml	1
Trihexiphenidil 2mg tab	1
Levofloxacin tab 750mg	1
Cefilia 100 tab	1
Lapimox cap 500mg	1
Cervical Collar Universal	1
Ocutflam tm 0.1%	3
Otsu NS 500ml	1
Optalvit syr	1
Samsulin log-G dispopen	1
Disp 1cc kimsmed	1
Laluset plus	1
Nocid tab	1
Apidra Solostar	1
Cuticell classic 10cm x 10cm	1
Sterile gauze	1
Cepezet tab	1
Myonep 500mg tab	1
Transofix Double Spike Onemed	1
Armsling L	1
Atripi A tab	1
Codeine tab 15mg	1
Disp 3 cc Slera	1
Chloralhydrate 650mg	1
Lavetiracetam 500mg tab	1

Data on the suitability of prescriptions with the formulary of Pandanarang Boyolali Hospital was obtained from the formulary of the pharmaceutical installation of Pandanarang Boyolali Hospital 2023 which is updated every year. Prescription writing that is not in accordance with the hospital formulary can be caused by drug vacancies at the distributor, the name of the prescribed drug has no substitute that is the same in content as the drug in the hospital formulary, the patient asks the doctor for his own medicine outside the hospital formulary (Sari, 2017). In addition, it could also be due to empty drugs, lack of invoices when ordering drugs, differences in the type of manufacturer with the formulary, differences in drug strength (Kusumahati et al., 2017). Although the percentage of conformity of prescription writing with the formulary is close to 100%, **it does not meet** the regulations of the Indonesian Minister of Health, 2008 regarding SPM in the field of pharmacy, where the standard should be at 100% ,so the role of PFT (Pharmacy and Therapy Committee) in the preparation and monitoring of the application of the formulary must be carried out to ensure the quality of service as stated in Permenkes Number 72 of 2016 concerning Pharmaceutical Service Standards in Hospitals.

3.2. Waiting Time

Waiting time for prescription services is evaluated by calculating the time from when the patient submits the prescription to the pharmacy officer until the patient receives the medicine. This data was obtained from prospective observations of prescription services in the pharmaceutical installation at Pandanarang Boyolali Hospital. The number of prescription samples used was 100 samples of general and bpjs prescriptions in each month. Based on Table 2, it can be seen that the average waiting time required for non-recipient prescription services is 16.33 ± 15.114 minutes and the average waiting time for prescription services is 29.85 ± 27.958 minutes. The processing time for concoction prescriptions takes longer than for finished medicine prescriptions. This is because the prescription service for compounded drugs requires additional time for calculating the drugs needed and the need for a drug compounding process (Nurjanah et al., 2016).

The average waiting time for prescription services for both finished and compounded drugs in the pharmaceutical installation at Pandanarang Boyolali Hospital has met the minimum service standards set by the Indonesian Minister of Health Decree No. 129 of 2008, where the standard waiting time for prescription services for finished drugs is $\leq$ 30 minutes and for compounded drugs ≤ 60 minutes. RSUD Pandanarang Boyolali does not have service standard provisions from the hospital, so it follows the regulations set by the Indonesian Ministry of Health regarding hospital SPM. From the results of the study, it is hoped that Pandanarang Boyolali Hospital can improve service times because based on the results of (Nurjanah et al., 2016), it shows that the waiting time for services is related to the level of patient satisfaction, prescription services which will reduce the level of patient satisfaction and vice versa, for fast prescription services can increase patient satisfaction in terms of waiting time for service.

Table 3. Waiting Time for Prescription Services at the Pharmacy Installation of Pandanarang Hospital Boyolali

	eligible	Not eligible	Average waiting time	description
Non concoction	132	20	16,33±15,114 minutes	eligible
concoction	130	18	29,85±27,958 minutes	eligible

IFRS RSUD Pandanarang Boyolali has 3 pharmacists and 3 pharmaceutical technicians. has two rooms for outpatient services, namely the BPJS patient room and the general patient room where drug distribution is combined. This will further increase the workload and increase the number of pharmacists and pharmaceutical technicians who do not comply with the provisions of the Minister of Health Regulation No. 56 of 2014 concerning Hospital Classification and Licensing. Type B General Hospitals in charge of outpatient care have a minimum of 4 pharmacists supported by at least 8 pharmaceutical technical personnel. Meanwhile, the IFRS of RSUD Pandanarang Boyolali only has 3 pharmacists and 3 pharmaceutical technicians. The pharmaceutical installation of RSUD Pandanarang

Boyolali could consider additional pharmacy staff resources to serve better (Fadilla & Setyonugroho, 2021). In addition to increasing human resources, hospitals can also consider developing hospital information systems. According to (Nursanti et al., 2018), by procuring an information system, hospitals can increase the processing time of prescription services so as to shorten patient waiting time.

3.3. Customer satisfaction

Customer satisfaction is obtained from direct measurement using a questionnaire regarding 5 dimensions of service quality, namely tangibles, reliability, responsiveness, assurance and empathy where questionnaires are distributed to 150 respondents who have met the inclusion and exclusion criteria. The distribution of questionnaires was carried out in September-November 2023. The questionnaire consists of 26 statement items that have been tested for validity and reliability on 30 patients. For the validity test is greater than r table (which is 0.361). So, in this case, the range of validity test results is from 0.443 to 0.833.

The tabulation results of the number and percentage of answers to the Pharmacy Installation services of Pandanarang Boyolali Hospital can be seen in table 4.

Tabel 4. Percentage of respondents' answers to the Pharmacy Installation service of Pandanarang Hospital Boyolali

Satisfaction level	Percentage (%)
Satisfied	94,03
Not Satisfied	5,97
Total	100

From the results of the study, 94.03% of 150 customers expressed satisfaction with the services of the Pharmacy Installation of Pandanarang Boyolali Hospital. Based on this data, the Pharmacy Installation of Pandanarang Boyolali Hospital has met the Hospital SPM in the field of pharmacy based on Kepmenkes No. 128 of 2008 regarding customer satisfaction, which is ≥ 80%. The tangible dimension affects patient satisfaction because the comfort of the facilities provided by the hospital will have an impact on patient comfort as (Zygiaris et al., 2022) wrote that the tangible dimension has a positive impact on customer satisfaction, and the better consumer perceptions of physical evidence, the higher customer satisfaction, and vice versa. The results of tabulation of 5 dimensions of patient satisfaction with pharmaceutical services at Pandanarang Boyolali Hospital can be seen in table 4.

Tabel 5. Patient satisfaction level based on 5 dimensions

No	Statement	Earning score	Maksimum score	%	Classification
	A. Tangible Dimension				
1.	The waiting room is clean and tidy	693	750	92,4	Very Satisfied
2.	The number of chairs in the waiting room is adequate	662	750	88,3	Very Satisfied
3.	Staff are neat and attractive.	691	750	92,1	Very Satisfied
4.	Air conditioning is available.	693	750	92,4	Very Satisfied
5.	Easy access to the hospital location.	697	750	92,9	Very Satisfied
	Mean			91,6	
	B. Reliability Dimension				

No.					
1.	Staff provided information on how to use the medicine.	700	750	93,3	Very Satisfied
2.	Staff provided information on the rules of use of the medicine.	706	750	94,1	Very Satisfied
3.	Staff provided information on the use of the medicine.	699	750	93,2	Very Satisfied
4.	The clerk explained about the side effects of the medicine.	698	750	93,1	Very Satisfied
5.	Drug information services use language that patients can understand.	701	750	93,5	Very Satisfied
	Mean			93,4	
	C. Responsiveness Dimension				
1.	Speed of drug service.	697	750	92,9	Very Satisfied
2.	Staff have good knowledge and skills in their work.	695	750	92,7	Very Satisfied
3.	Medication was given on time by pharmacy staff.	709	750	94,5	Very Satisfied
4.	Officers provide written drug information if the patient does not understand.	710	750	94,7	Very Satisfied
5.	Officers are able to provide solutions to patient complaints.	704	750	93,9	Very Satisfied
	Mean			93,7	
	D. Assurance Dimension				
1.	Staff administered the right medication according to the patient's needs.	716	750	95,5	Very Satisfied
2.	Staff ensure the patient correctly understands the information about the medicine.	713	750	95,1	Very Satisfied
3.	Wrapping the medicine neatly.	726	750	96,8	Very Satisfied
4.	The medicine is available in full.	721	750	96,1	Very Satisfied
5.	Staff confirmed the correctness of the recipient of the medicine.	710	750	94,7	Very Satisfied
6.	Pharmacy staff are honest and trustworthy.	720	750	96	Very Satisfied
	Mean			95,7	
	E. Emphaty Dimension				
1.	Services are provided to every patient regardless of social status.	723	750	96,4	Very Satisfied
2.	Officers provide opportunities for patients to ask questions or make complaints.	719	750	95,9	Very Satisfied

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3.	Pharmacy staff are friendly and polite when serving patients.	728	750	97,1	Very Satisfied
4.	Pharmacy officers serve patients according to the queue.	725	750	96,7	Very Satisfied
5.	Communication between patients and staff is good.	681	750	90,8	Very Satisfied
	Mean			95,4	

A total of 95.86% of patients were satisfied with the reliability aspect, meaning that 4.14% of patients were dissatisfied with the prescription service at Pandanarang Boyolali Hospital. Prescription processing is still less than optimal, and lack of human resources is also one of the contributing factors(Anhari & Setyono, 2019). states that the shorter the waiting time, the higher the customer satisfaction, where in this study the consumers of the hospital are patients who receive health services. Based on the results of research (Lidya Puspa Sari Manurung, 2010), the main priority that needs to be improved by pharmaceutical facilities is waiting time. Waiting time has a significant influence on patient satisfaction and patient loyalty to a pharmaceutical facility. As many as 95.9% of patients were satisfied with the empathy aspect, meaning that 4.1% of patients were dissatisfied with this aspect. Patient dissatisfaction with the empathy aspect of pharmaceutical officers patiently listening to patient complaints and statements. Patient dissatisfaction is due to limited human resources, which forces pharmacists to focus on completing prescriptions quickly during peak hours, so they do not have time to interact intensively with patients. They can simply provide a simple PIO (*Pusat Informasi Obat*) while handing over the prescription. According to (Mirnawati,

2013), patient communication and interpersonal service skills are among the most important factors that determine patient satisfaction. Therefore, special attention should be paid to improving the quality of service.

3.4. Facilities and infrastructure

RSUD Pandanarang Boyolali is a Type B hospital. The data was obtained from a questionnaire completed by the Head of the Pharmacy Installation at Pandanarang Boyolali Hospital. Based on the provisions of the Minister of Health Regulation No. 56 of 2014 concerning Hospital Classification and Licensing. General Hospitals with Type B have a minimum of 4 pharmacists supported by at least 8 pharmaceutical technical personnel. Meanwhile, human resources at Pandanarang Boyolali Hospital have 13 pharmacists divided into several sections, namely 3 outpatient, 7 inpatient, 1 emergency room, and 1 central depot, which does not meet the applicable regulations. Pharmaceutical Technical Staff (TTK) as many as 22 are divided into several sections, namely 3 outpatient, 6 inpatient, 8 emergency room, 1 ICU, and 3 central depots. Facilities and Infrastructure at Pandanarang Boyolali Hospital can be fairly complete, the results of the tabulation of infrastructure facilities can be seen in table 6.

Tabel 6. Condition of Facilities and Infrastructure of Pharmacy Installation of Pandanarang Hospital Boyolali

No.	Facilities	Central depot	Outpatient	Inpatient	IGD	IBS	Description
1.	There is an office / administration room	✓					
2	There is a general condition room for the storage of pharmaceutical preparations	✓	✓	✓	✓	✓	
3.	There is a special condition room for the storage of pharmaceutical preparations	✓	✓	✓	✓	✓	
4.	There is a distribution room	-	-	-	-	-	
5.	There is a patient consultation room		✓		✓		
6.	There is a PIO room	-	-	-	-	-	Available in the

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						Pavilion Room
7.	There is a production room	✓	✓	✓	✓	✓
8.	There is a compounded medicine processing and packaging room	–	✓	✓	✓	-
9.	There is an aseptic dispensing room	✓	✓	✓	✓	✓
10.	There is a pharmacy laboratory	✓	-	-	-	-
11.	There is a non-sterile production room	-	-	-	-	-
12.	There is a cytostatic handling room	-	-	-	-	-
13.	There is an unstable preparation handling room	-	-	-	-	-
14.	There are supporting facilities in service activities at the Pharmacy Installation	✓	✓	✓	✓	-
Infrastructure/Equipment						
15.	Equipment for storage, compounding, manufacture of sterile and non-sterile drugs	✓	✓	✓	✓	✓
16.	Office equipment for administration and archives (stationery, filing cabinets, file cards)	✓	✓	✓	✓	✓
17.	Adequate literature to implement PIO	✓	✓	✓	✓	✓
18.	Hospital formulary	✓	✓	✓	✓	✓
19.	Special storage cabinets for narcotics and psychotropic drugs	✓	✓	✓	✓	✓

Based on observations at IFRSUD Pandanarang Boyolali, the infrastructure at the institution is quite complete, which means it is good. The pharmaceutical warehouse of Pandanarang Boyolali Hospital cannot be separated from the pharmaceutical service room, because of the distribution system of pharmaceutical formulations. The storage and distribution of medicines and medical supplies are not centralized in one place. Medicines and medical devices are placed on separate shelves, but are in one room, and each is neatly organized. The storage room of IFRSUD Pandanarang Boyolali has a roof in good condition and does not leak. The floor is made of cement and ceramic, and the walls are smooth to prevent germs and dust. The storage room does not have air ventilation because this room is designed for air conditioning (Air Conditioner) so that the temperature in the storage room is always maintained between 24-15 ℃. The temperature regulation in this storage room aims to maintain the quality of the drug during the storage process, because the drug will be damaged or lose its characteristics if there are fluctuating temperature changes. In addition to being equipped with a temperature regulator in the form of air conditioning, the storage room at IFRSUD Pandanarang Boyolali is also equipped with a humidity regulator so that the quality of the drug is always maintained. The storage room for medicinal products must be controlled by temperature and humidity to avoid cross-contamination of one drug with another. The Pharmaceutical Installation of RSUD Pandanarang Boyolali does not have its own PIO room, the room is located in the pavilion, office or administration space is only available at the central depot. The Storage Room of IFRSUD Pandanarang Boyolali is equipped with a refrigerator to store types of drugs such as vaccines, suppositories, insulin and other thermolabile drugs, which are drugs that are easily damaged by changes in temperature. For drugs that have been damaged and expired, they are stored in a separate cupboard, to avoid errors in drug retrieval.

In the storage room for drugs and consumable medical materials at IFRSUD Pandanarang Boyolali, there is a special cabinet with a lock for storing narcotics and psychotropic drugs. In addition, the Drug and Medical Supplies Storage Room is equipped with a special cabinet for storing drugs with the category "High Alert Drugs", namely drugs with high vigilance. High alert drugs are of particular concern to healthcare professionals as they are associated with an increased risk of harm to patients (Rahman et al., 2023). High Alert drugs are drugs that have a high risk of causing serious harm if used inappropriately (Engels & Ciarkowski, 2015). Based on the Minister of Health Regulation on Pharmaceutical

Service Standards in Hospitals 2016, the list of high alert drugs includes: Cytostatics, Sentinel Events, Drugs that Induce Adverse Drug Reactions, LASA (Look Alike Sound Alike) and Electrolytes with High Concentrations.

IV. CONCLUSION

From the results of the research that has been done, it can be concluded that:

1. Pandanarang Boyolali Hospital successfully met several aspects of the Minimum Service Standards (MSS) in the pharmaceutical sector in 2023. Following the implementation of Minimum Service Standards for Hospitals in the field of pharmacy based on Indonesian Minister of Health Decree No. 129 of 2008. Patients were efficiently served with an average waiting time for prescription services of 16.33 minutes for finished prescriptions and 29.85 minutes for compounded prescriptions, both of which were in line with the stated norms. Not only that, but 94.03% of customers were very satisfied with the pharmaceutical services they received. It should be mentioned that the percentage of prescriptions that are suitable for use with the hospital formulary still falls short of the criteria at 94.72%.

2. There are two primary obstacles that make it difficult to implement Minimum Service Standards (MSS) in the Pandanarang Boyolali Hospital Pharmacy Installation. To begin, one of the challenges to offering first-rate services is the shortage of Human Resources (HR) professionals working in the pharmacy industry. There needs to be an increase in the number of workers in the sector due to this condition. Second, there is a need to invest in and develop infrastructure in order to fulfill the demands of the expected service standards, since there are now insufficient facilities and infrastructure that support pharmaceutical services. The effectiveness of SPM implementation in pharmacies, patient service, and adherence to service standards can all be enhanced if these two problems are identified and addressed by RSUD Pandanarang Boyolali.

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