INTISARI

FIRMAN, I., 2013, ANALISIS EFISIENSI PENGELOLAAN OBAT DAN PERBAIKAN DENGAN METODE HANLON DI INSTALASI FARMASI RSUD. Dr. MOEWARDI SURAKARTA 2012, TESIS, FAKULTAS FARMASI, UNIVERSITAS SETIA BUDI.

Pengelolaan obat di rumah sakit meliputi tahap seleksi, pengadaan, distribusi, penggunaan obat. Hasil observasi pendahuluan telah ditemukan beberapa permasalahan pengelolaan obat di Instalasi Farmasi RSUD. Dr. Moewardi Surakarta. Untuk itu perlu dilakukan analisis untuk mengukur tingkat efisiensi pengelolaan obat dan upaya perbaikan dengan metode Hanlon di Instalasi Farmasi RSUD. Dr. Moewardi Surakarta.

Rancangan penelitian dilakukan secara *retrospektif* dan *concurrent*. Data berupa kualitatif dan kuantitatif serta wawancara dengan pihak terkait. Seluruh tahap pengelolaan obat diukur efisiensinya dengan menggunakan indikator WHO, Depkes RI, Pudjaningsih lalu dibandingkan dengan hasil penelitian lain, kemudian hasil efisiensi pengelolaan obat dilakukan upaya perbaikan dengan metode Hanlon yang disusun berdasarkan prioritas masalah.

Hasil analisis efisiensi pada pengelolaan obat di Instalasi Farmasi RSUD. Dr. Moewardi Surakarta adalah : 1). Seleksi, kesesuaian *item* obat yang tersedia dengan DOEN belum efisien; 2). Pengadaan, sudah efisien pada persentase kesalahan faktur dan frekuensi pengadaan tiap *item* obat; 3). Distribusi, sudah efisien pada *Inventory Turn on Ratio*; 4). Penggunaan, sudah efisien pada waktu tunggu resep obat racikan; namun belum efisien pada waktu tunggu resep obat non racikan, persentase penulisan resep obat generik, persentase resep yang tidak dilayani, persentase jumlah *item* obat perlembar resep, persentase penulisan resep sesuai dengan formularium.

Hasil analisis upaya perbaikan dengan metode Hanlon : 1). Seleksi, mengaktifkan peran PFT dan SMF dalam merevisi formularium untuk memenuhi standar efektif, aman serta ekonomis sebagai kriteria dalam penyusunan formularium; 2). Pengadaan, menggunakan standar pengobatan 10 penyakit teratas dalam proses seleksi dan perencanaan obat untuk pengadaan obat; 3). Distribution, meningkatkan pendistribusian persediaan obat dengan hanya membeli obat *fast moving* dan mengurang jenis dan jumlah *item* obat *slow moving* serta tidak menggunakan obat *dead moving*; 4). Penggunaan, menambah SDM untuk masing-masing pelayanan jenis pembayaran pasien dan memberikan pelayanan *tangible* dan *intangible* pada pasien.

Kata Kunci : Pengelolaan Obat, Efisiensi, Indikator, Instalasi Farmasi   RSUD. Dr. Moewardi Surakarta, Metode Hanlon.

ABSTRACT

FIRMAN, I., 2013, AN ANALYSIS ON THE DRUG MANAGEMENT EFFICIENCY AND IMPROVEMENT USING HANLON METHOD IN PHARMACY INSTALLATION OF Dr. MOEWARDI LOCAL GENERAL HOSPITAL SURAKARTA 2012, THESIS, FACULTY OF PHARMACY, SETIA BUDI UNIVERSITY, SURAKARTA.

The drug management in hospitals includes: *selection* stage, *procurement*, *distribution*, drug *use*. The result of preliminary observation had found several drug management problems in Pharmacy Installation of Surakarta Dr. Moewardi Local General Hospital. For that reason, there should be an analysis to measure the efficiency level of drug management and the improvement effort using Hanlon Method in Pharmacy installation of Dr. Moewardi General Hospital Surakarta.

The research design conducty was; data was obtained retrospectively and concurrently. The data obtained of qualitative and quantitative by methods and interview with the related division. All drug management stages were measured for its efficiency by using WHO indicator, Depkes RI, Pudjaningsih, and then compared with the result of other studies, and then the result of drug management efficiency was improved using Hanlon method based on the problem priority.

The result of efficiency analysis on the drug management in Pharmacy installation of Dr. Moewardi Local General Hospital Surakarta showed that: 1). *Selection*, the compatibility of drug item available with the DOEN has not been efficient yet; 2). *Procurement*, had been efficient at the percentage invoice error and frequency of each drug item procurement; 3). *Distribution*, had been efficient in *Inventory Turn of Ratio*; 4) *Usage*, has been efficient at waiting time for special preparation drug prescription, but had not been efficient at waiting time for non-special preparation drug prescription, the percentage generic drug prescription writing, percentage prescription to be catered, percentage drug item number per prescription sheet, percentage prescription writing according to formulary.

The result of improvement effort analysis using Hanlon method showed that: 1). *Selection*, activating the role of PFT and SMF in revising the formulary to meet standard, effective, secure as well as economic as the criteria in developing formulary ; 2). *Procurement*, using 10 top diseases in drug selection and planning process for drug procurement ; 3). *Distribution*, improving the distribution of drug procurement by only purchasing *fast moving* and reducing the type and the *item* number of *slow moving* drug and not using *dead moving*; 4) *Usage*, adding human resource for each service patient payment type as well as to provide *tangible* and *intangible* service to the patient.

Keywords: Drug Management, Efficiency, Indicator, Pharmacy installation of Dr. Moewardi Local General Hospital Surakarta, Hanlon Method.