

Management of Pharmaceutical Preparations in the Form of Drugs at Surya Melati Muhammadiyah Hospital

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ABSTRACT

Drug management in hospitals covers four essential stages: selection, planning and procurement, distribution, and use. This study aimed to evaluate the drug management system at Surya Melati Muhammadiyah Hospital. A qualitative phenomenological approach was used, involving 17 informants selected purposively from pharmacy staff, medical professionals, warehouse officers, and finance personnel. Data were obtained through document review and in-depth interviews, then analyzed by comparing findings with existing standards. The results show that the drug selection process has generally aligned with hospital needs, although prescription adherence to the formulary remains low. Drug planning has followed pharmaceutical service standards using consumption and epidemiological methods. However, the procurement stage faces significant constraints, mainly due to unpaid bills that hinder timely ordering, leading to frequent stock shortages. Drug distribution is carried out through a centralized system with Unit Dose Dispensing (UDD) for inpatients and direct dispensing for outpatients. Improvements are needed in procurement and distribution to ensure continuous drug availability, including better budgeting mechanisms and routine monitoring of drug management procedures.

Keywords: drug management, hospital pharmacy installation, preparation

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BACKGROUND

Drug management is a series of complex activities that are interrelated cycles, basically consisting of 4 basic functions, namely selection and planning, procurement, distribution and use (Quick D. Jonathan, 1997). In carrying out inventory management and drug planning, the emphasis is on the cost control process and paying attention to efficiency (Kumar, 2015). One of the Muhammadiyah Hospitals that always provides progress and development in service is RSUD Surya Melati located in Wates, Kediri Regency Based on the results of interviews with the Head of the Pharmacy Installation, after an in-depth evaluation, this happened because there were obstacles in the procurement process, especially related to the budget for drug purchases which caused the system to be locked in several distributors so that the hospital could not buy and get the drugs needed as soon as possible. So that there is an incidental ordering of drugs, and borrowing of drug stock to the pharmacy installation of partner hospitals.

To continue to maintain the quality of service, especially in meeting patient treatment, it is necessary to evaluate drug management at the Muhammadiyah Surya Melati Hospital, so that it is expected to provide solutions to improve drug management, especially from the process of selecting and planning the right and needed drugs, procurement according to planning, and the right distribution process at the Muhammadiyah Surya Melati Hospital.

METHODS

This study was conducted with a qualitative design with a phenomenological study. The population in this study was 25 people. Data were collected from document observations and in-depth interviews with IFRS officers and related officers as many as 17 informants, namely the Head of the Pharmacy Installation, Pharmacist, Head of Warehouse, Head of KFT, Head of Jangmed, Assistant Pharmacist, Specialist Doctors, and the finance department. Data obtained from the results of the interview were then compared with standards or other research results and then processed and described.

RESULTS

Based on explanation from informant IK1 and IK4, According to the quality evaluation conducted every month in the hospital, it shows that the selection process is less effective because one of the points of the pharmaceutical quality indicator is the suitability of the doctor's prescription to the formulary. According to observations in the field, there are still prescriptions by doctors outside the formulary where the drugs are not provided by the hospital, so that patients have to buy them outside the hospital. Information was collected on what considerations the hospital had so that drugs were not provided and not included in the formulary for several drugs prescribed by doctors for general patients.

From the explanation of informant IK1, IK3, and IK5, the planning and procurement method at RSUD Surya Melati uses a combination method, namely the consumption method by looking at drug usage data from the previous month, then also looking at the trends or patterns of the disease at that time.

According to informant IK1, IK2, IK3, IK4, Drug procurement at RSUD Surya Melati is the most frequent process and has many obstacles, causing drug shortages. The main obstacle is not being able to procure because there are due bills that have not been paid by the hospital. Based on the answer all informant, Drug distribution is carried out with a centralized system, namely all processes are carried out through one door through the pharmacy installation.

DISCUSSION

1. Selection Process

Selection process is an activity to determine the type of Pharmaceutical Preparations, Medical Devices, and Medical Disposable Materials according to needs. The selection process

begins with the formation of a hospital formulary which will later be used as a guideline in selecting preparations to be used in the Hospital (PERMENKES 72, 2016). The Hospital Formulary is formed by the KFT team which also involves all Prescription writers, Drug providers, and Drug providers. However, in reality, what happened at the Muhammadiyah Surya Melati Hospital, doctors and specialist doctors were often unable to participate in the process of forming the Hospital Formulary, one of the contributing factors was the limited time they had. With this condition, the KFT team did not get feedback on the proposed drugs so that they could not be formulated immediately, or the formulation was only unilaterally by the KFT core team. This is contrary to the selection standards that have been set for the selection process. The involvement of all prescribers is something that needs to be considered, with the involvement of prescribers, it can increase the accuracy and efficiency of the hospital formulary, so that the prescription compliance rate to the formulary can reach 100% according to the established standards.

2. Planning Process

Based on the drug planning process in the pharmacy installation, the initial stage carried out is to look at the use of drugs in the previous month as a material for drug planning in the following months and years so that the submission of drug planning is adjusted to the needs and the method used for drug needs is the consumption and epidemiology method according to the disease trends at RSUD Surya Melati. In planning drug purchases by looking at the history of the disease and the method of consumption is very appropriate, so that no drugs are missed and cause the drug not to be distributed to patients with a history of the disease suffered. This method also minimizes most of the drug stock stored in the pharmacy warehouse.

3. Procurement Process

When the procurement process experiences obstacles and has not found a solution, the availability of drugs in the Hospital will also be affected, so that there is often a shortage of drugs. Meanwhile, according to Permenkes number 72 of 2016, Hospitals must have a mechanism that prevents the stock shortage of drugs that are normally available in the Hospital and get drugs when the Pharmacy Installation is closed. The obstacles in the procurement process itself that occurred at RSUD Surya Melati include, the shortage of drugs from distributors, restrictions on the number of drugs that can be ordered from distributors and what often happens is the large number of bills that are due that cannot be paid by the Hospital's finances. Bills that are due and have not been paid cause the hospital to be unable to request goods from the distributor.

4. Distribution Process

The drug distribution process at RSUD Surya Melati is carried out by implementing a centralized system, namely the entire distribution process through one door from the pharmacy installation. If there is an empty stock of drugs in the hospital, the pharmacy installation will make a request to the warehouse to input drug ordering data.

CONCLUSION

Drug management at Surya Melati Muhammadiyah Hospital has met the standard in the selection and planning stages; however, prescription conformity with the formulary remains low and requires optimization through greater involvement of prescribers in formulary development. Procurement is identified as the most problematic stage, primarily due to delayed payments that restrict ordering and lead to recurring drug shortages. Distribution has been carried out using a centralized system, yet its effectiveness is still dependent on procurement stability and stock availability.

To improve drug management performance, the hospital needs to strengthen financial planning for pharmaceutical procurement, establish a contingency budget to prevent stockouts, and enhance monitoring of supply chain processes. Active coordination between clinical staff,

pharmacy installations, and the finance department is essential to ensure drug availability and avoid overstock or accumulation in the pharmacy warehouse.

REFERENCES

- Hidayah, N. A. (2018). *Analisis Dan Manajemen Risiko Logistik Obat Pada Instalasi Farmasi Rumah Sakit Menggunakan pendekatan system dinamik*. Jakarta.
- Kumar MS, Chakravarty BA. (2015). *ABC-VEN Analysis of Expendable Medical Stores at a Tertiary Care Hospital*. Medical Journal Armed Forces India. 2015; 71.
- Martha. (2021). *Evaluasi Pengelolaan Obat Di Gudang Farmasi Rumah Sakit Islam Ar Rasyid*. Palembang.
- Muhlis, dkk. (2019). *Pengetahuan Apoteker tentang obat – obat Look-alike Sound- alike dan Pengelolaannya di Apotek Kota Yogyakarta*, Jurnal Farmasi Klinik Indonesia. Vol.8, no.2.
- Oktaviani, N, Gunawan, P, & Kristanto, Y. (2018). *Evaluasi Pengelolaan Obat di Instalasi Farmasi Rumah Sakit Umum Daerah Provinsi NTB tahun 2017*, Jurnal Farmasi Indonesia, vol.15, no.2, hh. 135-147.
- Peraturan Menteri Kesehatan RI No.72. (2016). *Standar Pelayanan Kefarmasian di Rumah Sakit*, Jakarta.
- Quick D. Jonathan. *Managing Drug Supply (2nded)*. Management Sciences for Health. USA: Kumarian Press; 1997Rumah Sakit, Jakarta.
- Rikomah, S.E. (2017). *'Farmasi Rumah Sakit'.CV: Budi Utama*. Rikomah, S.E. 2018. *'Farmasi Klinik'.CV: Budi Utama*.
- Satibi. (2017). *'Manajemen Obat di Rumah Sakit'. Ed.1*. Universitas Gadjah Mada: Yogyakarta.
- Undang-undang RI No. 36, (2014). *Tenaga Kesehatan*. Jakarta Undang-undang RI No.44, 2009, Rumah Sakit, Jakarta.