Evaluation of the Quality of Pharmaceutical Services in Private Hospitals in Sukoharjo in 2023

Nindia Fitra Fauziah[1], Ambar Yunita Nugraheni[1*]

[1]*Faculty of Pharmacy, Muhammadiyah University of Surakarta*

[*]*E-mail:* ayn122@ums.ac.id

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ABSTRACT

Introductory: *Minimum Service Standards are very important because they are a benchmark for the performance of health services provided in hospitals.* ***Objective:****This study aims to evaluate the quality of pharmaceutical services at the Private Hospitals in Sukoharjo based on indicators of waiting time for ready-made and compounded medicine services, customer satisfaction, and writing prescriptions according to the formulary.* ***Method:****This research is non-experimental research with observational research and descriptive analysis.* ***Result:****the waiting time indicator for compounded medicines of 31 minutes and non-mixed medicines of 24 minutes meets the Minimum Hospital Service Standard. For the customer satisfaction indicator, the result was 88.8%, and the conformity of prescription writing with the formulary with a result of 83.1% had achieved the target of the National Indicator for Hospital Service Quality based on the Republic of Indonesia Minister of Health Regulation No . 30 of 2022.* ***Conclusion:****From the results of this research it can be concluded that the Private Hospitals in Sukoharjo Hospital Pharmacy Installation have met the Minimum Service Standards (SPM) and National Service Quality Indicators that have been determined*

INTRODUCTION

Minimum Service Standards are provisions regarding the type and quality of basic services which are mandatory regional affairs that every citizen has the right to obtain at a minimum and are also technical specifications regarding minimum service benchmarks provided by public service agencies to the community (Menkes RI, 2008). Based on (Menkes RI, 2019), one of the basic services that must be implemented based on Minimum Service Standards (SPM) is pharmaceutical services. SPM indicators in pharmaceutical services include waiting time for ready-made and compounded medicine services, customer satisfaction and writing prescriptions according to the formulary. According to (Menkes RI, 2016) SPM is

used as a guide in providing pharmaceutical services in hospitals.

National Health Service Quality Indicators, here in after referred to as Quality Indicators, are benchmarks used to assess the level of achievement of health service quality targets in independent practices of doctors and dentists, clinics, community health centers, hospitals, health laboratories, and blood transfusion units (Permenkes RI, 2022). The purpose of quality evaluation is to realizing safe and quality health services and used to assess and evaluate to maintain and improve the quality of health services. Even though the achievement of these indicator targets has shown a positive trend, it has not yet met the expected targets. Based on (Permenkes RI, 2022) Quality indicators in hospitals related to pharmaceutical services are outpatient waiting times, compliance with the use of the national formulary and patient satisfaction.

Study Sabarudin et al., (2015) shows that the aspect that meets the SPM based on the Menkes 2008 is the waiting time for prescription services finished medicine 3.07 minutes and concocting prescriptions 6.59 minutes, and the level of customer satisfaction with pharmaceutical services (81.08%) while the conformity of prescription writing with the formulary does not meet the standard (98.7%). Achievement of pharmaceutical service

quality targets is influenced by several factors, namely human resources, availability of SOPs, patient characteristics, and visit period (Ismail et al., 2020; WR Pratiwi et al., 2017; Puspita et al., 2018).

Research conducted by Tuloli et al (2022) about Evaluation of the Quality of Pharmaceutical Services based on Minimum Service Standards (SPM) in the Toto Kabila Regional Hospital Pharmacy Installation with samples taken of 154 outpatient prescription patients showed that the results met the SPM based on the Menkes 2008, namely the waiting time for prescription services finished medicine 9.7 minutes and concocting prescriptions 18.6 minutes, and the level of customer satisfaction with pharmacy services (86.9%). Meanwhile, the conformity of prescription writing with the formulary does not meet the standards (92.7%).

Apart from that, research conducted by Oktaviyani et al., (2019) about Analysis of the Implementation of Minimum Hospital Service Standards in the Pharmacy Sector at the Pharmacy Installation of the Dr. Regional General Hospital Abdul Aziz Singkawang with samples taken of 110 patients/prescriptions, the results showed that they met the SPM based on the Menkes 2008, namely the waiting time for prescription services finished medicine 18.42 minutes and concocting prescriptions 40.37 minutes, and the level of customer

satisfaction with pharmaceutical services (96.47%). Meanwhile, the conformity of prescription writing with the formulary does not meet the standard (95.95%).

Based on the description above, it is still found that pharmaceutical service quality targets are not being achieved, so it is necessary to carry out a quality evaluation. This research was conducted at the Private Hospital in Sukoharjo because previously there had been no research regarding minimum service standards. The aim of this research is to evaluate the quality of pharmaceutical services at Private Hospital in Sukoharjo based on indicators of waiting time for ready-made and compounded medicine services, customer satisfaction, and writing prescriptions according to the formulary. It is hoped that this research will be useful in improving service quality.

METHODS AND MATERIALS

This research is non-experimental research with observational research and descriptive analysis. This research has also received approval from the Health Research Ethics Committee (KEPK) Aisyiyah University Surakarta No. 102/XII/AUEC/2023.

Research Instrument

Tool

Divided into 2 parts:

The instruments used were observation sheets to record waiting times for prescription services and observation sheets to record compliance of prescriptions with the formulary obtained from the head of the hospital's pharmacy installation at the Private Hospital in Sukoharjo

Patient satisfaction level instrument

The patient satisfaction level questionnaire contains 26 statements covering 5 dimensions, namely tangible, reliability, responsiveness, assurance, and empathy. The statements in the questionnaire were quoted and modified from the customer satisfaction questionnaire in (Puspitasari et al., 2021) and questionnaires from (S. Pratiwi, 2011). The questionnaire was tested for validity and reliability using 30 respondents.

Material

The research material used was the recapitulation of answers from questionnaires that had been filled out by respondents. The data that respondents need to fill in includes a respondent characteristics sheet including: age, gender, last education, period of visit and for whom the prescription medication purchased is used and a satisfaction analysis sheet. The guidelines analyzed used the Republic of Indonesia Minister of Health's guidelines No. 129 of 2008 concerning minimum hospital service standards, RI Minister of Health Regulation No. 30 of 2022 concerningnational indicator of the quality

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of health services for independent practice of doctors and dentists, clinics, community health centers, hospitals, health laboratories and blood transfusion unitsand the private hospital formulary in Sukoharjo.

Table1. Validity and Reliability Test Results of the Patient Satisfaction Questionnaire with Pharmaceutical Services in HospitalsPrivate in Sukoharjo

	Validity test			Reliability Test	
No	R count	R table	Information	Cronbach's alpha	Information
A.	*Tangibles*				
1	0.443	0.361	Valid	0.932	Reliable
2	0.496	0.361	Valid	0.931	Reliable
3	0.705	0.361	Valid	0.928	Reliable
4	0.449	0.361	Valid	0.932	Reliable
5	0.700	0.361	Valid	0.928	Reliable
B.	*Reliability*				
1	0.728	0.361	Valid	0.928	Reliable
2	0.728	0.361	Valid	0.928	Reliable
3	0.664	0.361	Valid	0.929	Reliable
4	0.449	0.361	Valid	0.935	Reliable
5	0.678	0.361	Valid	0.929	Reliable
C.	*Responsiveness*				
1	0.601	0.361	Valid	0.930	Reliable
2	0.450	0.361	Valid	0.939	Reliable
3	0.735	0.361	Valid	0.928	Reliable
4	0.604	0.361	Valid	0.932	Reliable
5	0.642	0.361	Valid	0.929	Reliable
D.	*Assurance*				
1	0.675	0.361	Valid	0.929	Reliable
2	0.802	0.361	Valid	0.927	Reliable
3	0.734	0.361	Valid	0.929	Reliable
4	0.729	0.361	Valid	0.928	Reliable
5	0.517	0.361	Valid	0.931	Reliable
6	0.607	0.361	Valid	0.930	Reliable
E.	*Empathy*				
1	0.588	0.361	Valid	0.930	Reliable
2	0.443	0.361	Valid	0.932	Reliable
3	0.599	0.361	Valid	0.930	Reliable

| 4 | 0.833 | 0.361 | Valid | 0.926 | Reliable |
| 5 | 0.814 | 0.361 | Valid | 0.927 | Reliable |

Population

The population in this study were patients (indicator of customer satisfaction) and outpatient prescriptions (indicator of waiting time for compounded and non-concocted drugs and writing prescriptions according to the formulary) at a private hospital in Sukoharjo as many as 7500 people (N) per month.

Sample

The number of samples taken in this research for each indicator is as follows:

Indicators of waiting times for compounded and non-concocted drugs and writing prescriptions according to the formulary

Number of samples in 1 month for indicators of waiting time for compounded and non-mixed drugs and writing prescriptions according to the formulary using the Slovin formula:

$$n = \frac{N}{1 + N \, e^2}$$

Information:

n = Number of patient samples in the hospitalPrivate in SukoharjoOutpatient prescription

N = Number of patient population in the hospitalPrivate in SukoharjoOutpatient prescription

e = Error Rate of 10%

Calculation:

Average number of prescriptions or patients in the hospitalPrivate in SukoharjoOutpatient prescriptions (N) 7500 prescription sheets, with an error rate (e) of 10%, the number of samples that can be taken is:

$$n = \frac{7500}{1 + 7500 \, (0,1)^2} = 98,6 \, sampel$$

$99 \, sampel$

So based on the calculation above, the samples taken were 99 sample prescription sheets. Frequency of data collection from indicatorswaiting time for compounded and non-concocted medicines and writing prescriptions according to the formularynamely 1 month with an analysis period of 3 months(Indonesian Minister of Health, 2008)namely October, November and December 2023 at the Hospital Pharmacy InstallationPrivate in Sukoharjo.

Customer satisfaction indicators

The number of samples in 1 month for patient satisfaction indicators is a minimum of 50 respondents(Indonesian Minister of Health, 2008)So for 3 months of research, the minimum sample size is 150 respondents. In this research, a sample of 150 respondents was obtained. Sampling was carried out using a purposive sampling technique and the sample used in this research was

the portion of the population that meets the inclusion criterianamely as follows:

a.　　Patients or patient families who redeem medicines > once (provided they have received pharmaceutical services)

b.　　Respondents must be at least 17 years old.

c.　　Does not have mental disorders

d.　　Willing to be a respondent

Operational definition

Table2. Operational definition

Variable		Definition	Category
Waiting time for medication services	Mixed medicine	The time period from when the patient submits the prescription until receiving the prescribed medication. Data were taken from outpatient prescriptions	Fulfil : The waiting time for compounded medicine services is≤60 minutes **Does not meet the :** Waiting time for dispensing medicine services Is > 60 Minutes (Indonesian Minister of Health No. 129, 2008)
	Non-concocted medicine	The time period from when the patient submits the prescription until receiving the non-concocted medication. Data were taken from outpatient prescriptions	**Fulfil :** The waiting time for non-concocted medicine services is 30 minutes **Does not meet the :** The waiting time for non-concocted medicine services is >30 minutes (Indonesian Minister of Health No. 129, 2008)
Customer satisfaction		Customer satisfaction with pharmaceutical services Questionnaire used Is a modification of the research of Puspitasari et. al (2021) with the title "Analysis of the Implementation of Hospital Minimum Service Standards (SPM) in the Bhayangkari Manado Hospital Pharmacy Installation" and research by Pratiwi et. Al (2011) with titleLevel of Consumer Satisfaction with the Quality of Pharmaceutical Services in Medan City Pharmacies in 2011" using a 5 point Likert scale. Very dissatisfied was given a weight of 1, dissatisfied was given a weight of 2, quite satisfied was given a weight of 3, satisfied was given a weight of 4 and very satisfied was given a weight of 5.	Achievement Target 76.61$\geq$ (RI Minister of Health Regulation No.30, 2022)

Writing prescriptions according to the formulary	Compliance of prescriptions with hospital formularies. Data was taken from outpatient prescriptions and the 2023 Private Hospital Formulary in Sukoharjo	Achievement Target 80% ≥ (RI Minister of Health Regulation No.30, 2022)

Data analysis

Analysis of indicators in research are:

1. Waiting time for prescription services

Calculation of waiting time using the average formula (mean)(Puspita et al., 2018)namely as follows:

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

Information :

X   =average time

ΣX = total service time

n   =number of samples

2. Prescription compliance with formulary

Calculation of the percentage of prescription suitability based on each drug prescription(Narulita & Aprianti, 2020)namely as follows:

Formulary suitability =

$$\frac{jumlah\ resep\ obat\ sesuai\ formularium}{jumlah\ semua\ resep} \times 100\%$$

3. Patient satisfaction with pharmaceutical services

Questionnaires are used to measure the level of patient satisfaction using scoring techniques with a Likert scale.The scoring technique used in this research is a minimum of 1 and a maximum of 5(Sugiyono, 2018 in Arjil, 2019)that is Very dissatisfied was given a weight of 1, dissatisfied was given a weight of 2, quite satisfied was given a weight of 3, satisfied was given a weight of 4 and very satisfied was given a weight of 5. So the respondent's answers are calculated using the following formula(Puspitasari et al., 2021):

Customer satisfaction =

$$\frac{skor\ total\ jawaban\ responden}{skor\ maksimal} \times 100\%$$

RESULTS AND DISCUSSION
Waiting Time for Prescription Drug Services

The waiting time is calculated from the time the patient submits the prescription until the patient receives the medicine. ObThe items examined were prescriptions for compounded drugs and prescriptions for non-concocted drugs. The number and average time of recipes studied can be seen in Table 3 below

Table3. Research Results related to Waiting Times for Compound and Non-Concocted Medicine Prescription Services for the Period October - December 2023 in HospitalsPrivate in Sukoharjo

Recipe Type	Number of recipes	Average waiting time (minutes)	Standards (Indonesian Minister of Health No.129, 2008)	Information
Non-mixed	150	24.43 ± 12.2	≤ 30 minutes	Fulfil
Concoction	150	31.53± 19.9	≤60 minutes	Fulfil

In table 3shows the results that the service for non-concocted drug prescriptions is adequate, these results provide an illustration of the waiting time for non-

concocted drug prescription services in the Hospital Pharmacy InstallationPrivate in Sukoharjois in accordance with the standards set byMinister of Health of the Republic of Indonesia No. 129 of 2008.Based on research conducted by(Wijaya, 2012 in Rahman, 2019), the length of waiting time for drug prescription services is influenced by several factors, namely human resources, type of patient, type of prescription, drug availability, doctor's prescription, facilities and infrastructure, drug formulary, standard operating procedure (SOP) for prescription services. According to research results(Septini, 2012 in Arini et al., 2020)shows that there is a relationship between the type of prescription and the service time for the prescription, namely that the type of compound medicine prescription has a longer service time. From the results of this research, it was concluded that this type of compounded medicine prescription takes a long time because you have to calculate, weigh and take the required amount of medicine according to the required dose and you have to pay attention to mixing the nature and type of medicinal ingredients.

Writing prescriptions according to the hospital formulary

According toIndonesian Minister of Health, (2008)The drug formulary is a list of drugs used in hospitals with a service standard of 100% carried out with a frequency of 1 month of data collection. Writing prescriptions according to the formulary is observed by comparing the drugs prescribed with the drugs listed in the hospital formularyPrivate in Sukoharjofor the 3 month period October – December 2023 with a sample size of 297 patient prescriptions for 1,154 drug items (R/). Data on the percentage of compliance between prescriptions and drugs in the formulary.

Table4. Conformity Results according to the Formulary for the Period October - December 2023 at the HospitalPrivate in Sukoharjo

Prescription according to Formulary	Percentage (%) n= 1,154
In accordance	959 (83.1%)
It is not in accordance with	195 (16.9%)
Supplement	60 (5.2%)
Vitamin B	48 (4.16%)
Antihypertensive	19 (1.65%)
Non-narcotic analgesic	13 (1.13%)
Antispasmodic	11 (0.95%)
Gastrointestinal medication	11 (0.95%)
Cardiovascular	9 (0.78%)
Respiratory medication	6 (0.52%)
Antibacterial	4 (0.35%)
Multivitamins	3 (0.26%)

Antiseptic	2 (0.17%)
Antimicrobial	2 (0.17%)
Antimigraine	2 (0.17%)
Antiepileptic	2 (0.17%)
Anti-inflammatory	1 (0.09%)
Antifungal	1 (0.09%)
Anticoagulants	1 (0.09%)

The research results showed that the most drugs that were not in accordance with the formulary based on the 2019 ISO volume 52 therapy class group were the supplement therapy class with 60 drug items for a period of 3 months, most of which were prescribed by doctors from internal medicine and neurology departments. For the supplement therapy class, the highest number of drug items were glucosamine with 15 drug items (1.3%), opus with 12 drug items (1.04%) and nocid with 8 drug items (0.69%). For the vitamin B therapy class, the highest number of drug items were mecobalamin 37 drug items (3.2%), inbion 4 drug items (0.35%) and neurohax 3 drug items (0.26%). For the antihypertensive therapy class, the highest number of drug items was citicolin, 15 drug items (1.3%). For the non-narcotic analgesic therapy class, the highest number of drug items were farsifen and analsik, each with 2 drug items (0.17%). For the antispasmodic therapy class, the largest number of drug items was scopma plus, which amounted to 6 drug items (0.52%). For the gastrointestinal drug therapy class, the largest number of drug items was repimid, totaling 7 drug items (0.60%). For the

cardiovascular therapy class, the highest number of drug items was piracetam, which amounted to 8 drug items (0.69%). For the respiratory drug therapy class, the largest number of drug items is tremenza and trifes, each with 2 drug items (0.17%). For the antibacterial therapy class, the number of drug items is nebacetin, otopain, otilon and betason N, each with 1 drug item (0.08%). For the multivitamin therapy class, the largest number of drug items was Apialys syrup, which amounted to 2 drug items (0.17%). For the antiseptic therapy class, the drug items are urine, totaling 2 drug items (0.17%). For the antimicrobial therapy class, the drug items are bralifex plus, which amounts to 2 drug items (0.17%). For the antimigraine therapy class, the drug item is flunarazine, which amounts to 2 drug items (0.17%). For the antiepileptic therapy class, the drug items are valproic acid syrup, which amounts to 2 drug items (0.17%). Finally, for the anti-inflammatory, anti-fungal and anticoagulant therapy classes, the drug items are kaditic, dazolin and notisil, each with 1 drug item (0.08%). Based on table 3, the research results show that the percentage of non-compliance between

prescription writing and the formulary is 16.9%.

Formulary guidelines serve as a reference for hospitals to select, determine and review various types of drugs from various products and active substances. The drug chosen must also meet the criteria of being safe, economical and effective in treatment. Formulary preparation is carried out by the Pharmaceutical Therapy Committee which consists of a team or medical staff and a pharmaceutical team to reach a mutual agreement in determining which drug is appropriate to use. In applying the formulary, if the required drug is not listed in the Hospital Formulary for a particular case, other drugs can be used on a limited basis according to hospital policy with the following conditions: first, the use of drugs outside the Hospital Formulary is only possible after receivingrecommendation from the chairman of the Pharmacy and Therapy Committee/Team with the approval of the director/head of the hospital. Second, submitting requests for drug use outside the Hospital Formulary is done by filling in a non-formulary special drug request form. Third, drugs administered outside the hospital formulary are given in limited quantities according to need(RI Ministry of Health, 2020).

According toNi'matunnisa and Nurwahyuni, (2021) Doctors' non-compliance in writing prescriptions can be influenced by several supporting factors, one of which is that the doctor's knowledge of the hospital formulary is obtained from books or from other people, not directly from hospital management, so this will influence the doctor's decision in writing prescriptions.

The factor that causes discrepancies in the availability and prescription of drugs that are not in accordance with the hospital formulary is because the old formulary has not been revised and updated so that the prescribing guidelines still use the old hospital formulary. Apart from that, the drug planning method used is based on the period or use of the previous year, however, because the doctor's prescribing pattern changes according to the trend of the patient's disease, the prescribing pattern also changes. Another factor is that sometimes some doctors forget what drugs are listed in the hospital formulary, so the prescribed drugs are not available at pharmaceutical service outlets.(Yunarti, 2022).

According toNarulita and Aprianti, (2020)Doctors' failure to write prescriptions according to the hospital formulary will result in vacancies, shortages and excess drugs, thereby affecting drug supplies. Then there is a need for greater investment to fulfill more types of drugs. The quality of service will also be affected due to empty drug stocks, long service times, drug replacement, and

this will affect drug prices so that the quality of treatment will be low.

The solution that can be done is for the pharmacy officer to confirm to the doctor that the drug is not available in the pharmacy, and suggest replacing it with a type of drug that has the same use that is available in the pharmacy.The doctor will replace it with a drug available at the pharmacy. If the drug cannot be replaced with a drug available in the pharmacy, the doctor will suggest that a copy of the prescription be made so that the patient can get the drug outside the hospital's pharmacy installation and will note it down and make efforts to procure the drug and prepare it.The next formulary will list the drug so that doctors can prescribe it to patients (Narulita and Aprianti, 2020).

Customer Satisfaction with Pharmaceutical Services

According toIndonesian Minister of Health, (2008)Customer satisfaction is a statement of satisfaction by customers with pharmaceutical services.

Table5. Characteristics of Research Respondents in HospitalsPrivate in SukoharjoPeriod October - December 2023

Characteristics	Total	
	N	(%) n = 150
Age		
<60 years	119	79.3 %
≥60 years old	31	20.7 %
Gender		
Man	64	42.7%
Woman	86	57.3%
Education		
elementary school	15	10%
JUNIOR HIGH SCHOOL	37	24.7%
SENIOR HIGH SCHOOL	55	36.7%
College	43	28.7%
Visiting Period		
Just the first time(provided that you have received pharmaceutical services)	7	4.7%
2-5 times	44	29.3%
>5 times	99	66%
Drug use		
Self	80	53.3%
Family	70	46.7%

Data in Table 5 for characteristics, the largest age group in this study is <60 years old (79.3%), these results show that the majority of respondents or patients in IFRS are in the productive age range, namely 15-64 years. This is supported by the statementRizal and Jalpi (2018)that the older a person gets, the more experience and knowledge they have, which will influence their attitudes and behavior in choosing treatment. Furthermore, the largest number of respondents was female with a total of 86 respondents or patients (57.3%). According to Budiman, 2010 in Hakim (2021) gender can also influence satisfaction with service, where men have greater demands and therefore tend to feel dissatisfied compared to women who are more easily satisfied with the service they receive. Characteristics based on last education with the highest number were high school with 55 patients (36.7%). According toGewang, (2016)The higher a patient's education, the higher the patient's

or patient's family's desires, hopes and trust in all medical treatment carried out by the medical team for the patient's safety and recovery. Patients with higher education are also able to correctly understand the information provided by doctors. For characteristics based on visit period, the highest number was found in the >5 visit period group with 99 patients (66%). If the patient visits more than once, this shows that the patient feels comfortable and satisfied with the services provided by the staff. So the more frequently patients visit health service facilities, the more patients will be aware of the advantages and disadvantages of services available at those health service facilities. This makes patients better understand the situation and conditions of the services usually provided at the health facility(Arimbawa, 2014 in Mahendro et al., 2023)and finally, the characteristic of drug use that is most common is in the Self group with 80 patients (53.3%).

Table6. Results of Customer Satisfaction Questionnaire Research based on 5 Dimensions in HospitalsPrivate in SukoharjoPeriod October - December 2023

No	Statement	Earned Score	Maximum Score	% (n = 150)	Classification(RI Minister of Health Standards No.30, 2022, Achievement Target 76.61)$\geq$
F.	***Tangibles***				
1	The waiting room is clean and tidy.	667	750	88.9	Achieved
2	The number of chairs in the waiting room is adequate.	593	750	79.1	Achieved
3	The officers look neat and attractive.	687	750	91.6	Achieved

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4	Air conditioning is available.	653	750	87.1	Achieved
5	Ease of access to hospital locations	631	750	84.1	Achieved
Average *Tangibles*		**86.2 %**			Achieved
G.	***Reliability***				
1	Speed of drug service.	597	750	79.6	Achieved
2	The officer provides information on how to use the drug.	678	750	90.4	Achieved
3	The officer provides information on the rules for using the drug.	682	750	90.0	Achieved
4	The officer provides information about the use of the medication given.	688	750	91.7	Achieved
5	Drug information services use language that patients can understand.	690	750	92.0	Achieved
Average Reliability		**88.9 %**			Achieved
H.	***Responsiveness***				
1	Medicines are given on time by pharmacy staff	681	750	90.8	Achieved
2	The officer provides written medication information if the patient does not really understand.	658	750	87.7	Achieved
3	Prescription service is carried out quickly.	612	750	81.6	Achieved
4	Officers are able to provide solutions to patient complaints.	654	750	87.2	Achieved
5	Pharmacy staff are skilled and competent in serving patients.	650	750	86.7	Achieved
Average Responsiveness		**86.8 %**			Achieved
I.	***Assurance***				
1	Medicines are available in full.	672	750	89.6	Achieved
2	The staff provides appropriate medication according to the patient's needs (based on the doctor's prescription).	676	750	90.1	Achieved
3	Staff ensure patients correctly understand information about medications.	684	750	91.2	Achieved
4	Wrap medicine neatly.	686	750	91.5	Achieved
5	The officer ensures that the recipient of the medicine is correct.	690	750	92	Achieved
6	Pharmacy staff are honest and	683	750	91.1	Achieved

trustworthy.

Average Assurance		**90.9 %**			Achieved
J.	***Empathy***				
1	Services provided to every patient regardless of social status.	693	750	92.4	Achieved
2	Officers give patients the opportunity to ask questions or submit complaints.	689	750	91.9	Achieved
3	Pharmacy staff are friendly and polite when serving patients.	701	750	93.5	Achieved
4	Pharmacy staff serve patients according to the queue.	673	750	89.7	Achieved
5	Communication between patients and staff is good.	664	750	88.5	Achieved
Average Empathy		**91.2%**			Achieved

In the tangible dimension, there are 5 statement items, where the lowest value is in item number 2, which has a percentage value of 79.1% because based on direct observation during the research, it is known that the area of the waiting room in the Hospital Pharmacy InstallationPrivate in Sukoharjoinadequate and the availability of chairs is insufficient so that many patients stand while waiting for medicine because there is onesystem changes in the data section so that queues pile up. This is the same as research conducted byPuspitasari et al., (2021)where the hospital should redesign the medicine waiting room with adequate facilities including chairs so that patients feel comfortable and at home in the medicine waiting room. If the patient is satisfied, the patient will be loyal to the services provided by the hospital.Based on data from the table for the reliability dimension

of 5 items pertaMrsAan item number 1 has the lowest percentage value (79.6%) because the pharmacy staff when providing service is not fast enoughkarena average per hourri about 200 patientsso thatresulting in less rapid drug administration services. The length of waiting time for services at the Outpatient Pharmacy Installation is one of the important aspects that influences patient satisfaction(Faramita et al., 2016). Therefore, the waiting time for services in pharmaceutical installations is very important for a hospital to pay attention to.

The results of research on the responsiveness dimension show that item number 3 has the lowest percentage value of 81.6%, namely that the service was carried out quickly, but has reached the target, namely 76.61%. In the assurance dimension, item number 1 has the lowest

percentage value, namely 89.6%, because IFRS still does not provide complete medicines so it is not uncommon for patients to have to redeem prescriptions at pharmacies outside the hospital, this is one of the factors which indirectly slows down the patient's ability to obtain the required prescription. The results of the empathy dimension questionnaire show that item number 5 has the lowest percentage value, namely 88.5%. Even though item number 5 is the item with the lowest score, in its classification respondents or patients feel very satisfied with the way staff communicate with patients. According to≥Yanti et al., (2023)The role of health workers in providing services to patients greatly determines the quality of health services, so cooperation between health professions is really needed in providing services to patients.

The results of the recapitulation of patient satisfaction for each dimension showed that the lowest value was in the tangible dimension, namely 86.2% and the highest dimension value was in the empathy dimension with a value of 91.2%. For

CONCLUSIONS AND SUGGESTIONS

The results of the research show that in the implementation of the evaluation of the quality of pharmaceutical services in the Hospital Pharmacy InstallationPrivate in Sukoharjowich include: The average waiting time for service providers for

comparison between patient satisfaction in Hospital Pharmacy InstallationsPrivate in SukoharjowithRI Minister of Health Regulation No, 30 of 2022 concerningnational indicators of the quality of hospital health services related to patient satisfactiongot a result of 88.8%, meaning the level of patient satisfaction in the Hospital Pharmacy InstallationPrivate in Sukoharjohas achieved the target that has been set, namely≥76.61.

The weakness of this research is that patient data collection for customer satisfaction indicators was only carried out within 1 month. Then for the benefits of this researchFrom the results obtained, it is known that all aspects have met the target achievement, however, the research results for the formulary target are still close to the minimum target, so improvements must be made to the formulary by updating the formulary regularly.. The lowest indicator of customer satisfaction is in the tangible dimension, namely related to infrastructure facilities so that facility development must be increased

finished medicine is ≤ 30 minutes and for compounded medicine an average of ≤ 60, the level of patient satisfaction has reached the target of 88.8%, the conformity of prescription writing with the formulary has reached the target of 83.1%.

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