

Analysis of The Implementation of Standart the Pharmacist Services in Padang City Clinic

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Abstract: Pharmaceutical services are growing, not only focusing on drug services but the need to consult with patients and other healthcare professionals by conducting comprehensive pharmaceutical services by pharmacists. Nowadays, the presence of pharmacists is challenging to find during clinical service hours, only a fraction of the practice of pharmacists during clinic opening hours. This type of research is qualitative research with a descriptive approach. The study was conducted at a clinic in Padang city. The informant determination techniques employ the sampling of random and data collection using FGD, in-depth interviews, and observations. The results of this study showed that pharmacists' duties had not been conducted by their functions as pharmaceutical service information providers so that patients are not informed about the patient's needs and the problems that need to be addressed. Pharmacists can service the patient's drug information and counseling perfectly using the website, even though they are not present at the pharmacy.

Keywords: Standart the pharmacist services, pharmacist, website

1 Introduction

The Industrial Revolution 4.0, which is the fourth phase of the industrial revolution, led to the development of travel and rapid technological knowledge with the birth of digital technology. Internet technologies are increasingly massive spread in all fields, including health, especially pharmaceutical services that facilitate human activity with the online system [1].

Pharmacist becomes very difficult are found during the hours of service in both the pharmacy and small part clinics. Pharmacists who practice during opening hours of pharmacies and clinics are required to provide pharmaceutical services according to standards, especially the provision of drug information and counseling. The low frequency of attendance because most pharmacists have another job. Pharmacists are the managers who have a license and responsible for managing the service, as stated in Minister of Health Regulation No. 73 of 2016. [2].

Unfortunately, pharmacists at pharmacies and clinics are not present during opening hours. The initial survey was conducted at a private pharmacy; only 3% of pharmacists were

present every day in service at the pharmacy. Other pharmacists attend 2 to 3 times a week, and there are even present once a month. □

In pharmacy services, pharmacists have predetermined standards so that people are expected to receive quality health services. Pharmacists are health workers who thoroughly manage pharmaceutical practices. Pharmacists in clinics that serve pharmacy must manage the pharmacy as a whole, starting from planning, organizing, implementing, and monitoring [2].

There are seven steps in pharmaceutical service. Pharmacists in pharmaceutical services must examine the prescriptions given by patients. Furthermore, preparing the drug is assisted by pharmaceutical technical personnel. The pharmacist rechecks the recipe preparation results. Moreover, the pharmacist will provide drug information to patients. The pharmacist gives pharmacological information counseling. If needed, the pharmacist carries out home visits to patients. Even pharmacists are also required to conduct counseling directly to the community in improving health services by their knowledge. In the pharmaceutical service, this procedure has not run perfectly [2].

Law of the Republic of Indonesia Number 36 of 2009 concerning Health Article 24 Paragraph 1 mandates that every health worker must meet the provisions of the code of ethics, professional service standards, have obligations as a health service provider, provide what is the patient's rights, and implement standard operating procedures. In fact, pharmacists in clinics have not fully implemented it perfectly [3].

2 Methodology

This type of study is qualitative research with a focus group discussion method and in-depth interviews, observation, and document review. From 111 population, each clinic is taken from each district and one clinic owned by a state-owned enterprise. Total samples used 12.

Informants for the FGD came from the Center for Drug and Food Control, Pharmacists managing at the clinic, information technology personnel, as well as the Professional Organization of Pharmacists and patients. In-depth interviews were conducted with informants from the Chair of the Indonesian Pharmacist Association, Padang City Health Service, Provincial Health Service, Pharmacy Facility Owner at the clinic. They talked about the process and problem in the drugstore with the clinic, policy, man, presence of pharmacists, money, method. Observations and interviews were also conducted in 12 samples and document review from the Padang City Office and policy and regulation.

3 Results

3.1 Overview Clinic in Padang

The number of clinics in the city of Padang, totaling 111 clinics (the City Health Office, 2008) spread all sub-district in Padang. In clinical pharmacy services are not all served by pharmacists. Clinic on research by taking one clinic in each district and one state-owned clinic. Clinic in this study was 12, 11 clinics in every district in the city of Padang and the

state-owned clinic. We make triangulation from input component about policy, man, the presence of pharmacists, money, and materials.

3.2 Input Component

Table 1. Input Component Triangulation Matrix

Indicator	In depth interview	FGD	Studying documents	Conclusion
Policy	Policy on the existing standard pharmaceutical services, namely, but not optimal in execution because pharmacists are not in place every day to provide patient information.	The policies already exist but have not run properly because not all pharmacists are in the clinic or pharmacy.	Already there are related policies that service pharmaceutical standards.	The policy already exists but is not yet in optimum effect
Board of Pharmacy Clinic	Technical staff entitled to perform services at the clinic. Starting from prescription to administration of drug information.	Pharmacists and pharmaceutical technical workers who care for patients according to the rules		Services performed by Pharmacists and Pharmaceutical Technical Staff.
The presence of Pharmacists	Pharmacists are not present every day in the clinic or drugstore in the clinic because there are pharmacists who work with other agencies. It is wright pharmacist present one a week, two a week and	Implementing pharmaceutical activity in the clinic is usually a technical pharmacist.	Some clinics do not have pharmacists. Only pharmacy technicians, midwives, nurses who provide medicine	Pharmacists are not present every day, and usually, Assistant Pharmacist implements pharmacy services.
Money (Fund) and Suitability Salary	Pharmacist salaries obtained do not comply with the minimum wage and IAI standards. The agreement between the pharmacist and the PSA was not fulfilled. Completeness of facilities at the pharmacy, as well as pharmacies in the clinic, must be	Salary obtained pharmacists sometimes do not comply with the agreement in early.		The salary does not meet the minimum wage.

	complete and according to the rules.		
Materials	Pharmacists should perform their duties by standard applicable policies of pharmacy.	Materials are supporting the implementation of activities in clinical pharmacy services.	Material for services pharmacists must complete, to support implementation pharmacist services such as in regulatory.
Method		Pharmacists should be present every day to provide services at the clinic.	Pharmacists should be present every day

1.3. Proces Components

Based on the results of the interview and Focus Group Discussion (FGD), observation, and documents that have been done on the planning process for designing web shows the following results:

Table 2. Triangulation Matrix Planning

Indicator	In-depth interview	FGD	Conclusion
1. Planning	Planning starts with an initial survey to see the whereabouts of a pharmacist at the pharmacy or clinic. Further research is planned with focus group discussions, in-depth interviews, document surveys, and observations.	An information technology designed this plan	Planning is done with the initial survey, in-depth interview, and analysis needs.
2. Organizing	Pharmacy services at pharmacies and clinics are carried out according to service standards and authority. The doctor does his work, and the pharmacist also does his job.	Organizing web design involves owners, pharmacists, and other health workers so they can analyze the need for web content.	Appropriate services and organizing duties performed by owners, Pharmacists, and Physicians

3. Implementation	The informant said that they agreed to create a special web for the delivery information from the pharmacist to the patient with a confidential identity.	This particular site can also be a promotion for the clinic Pharmacists do continue to study about knowledge.	Agreed to create a special web for pharmacist service
4. Controlling	Supervision will be submitted to the Department of Health has the authority and Profesional Organisation	Submitted to the Department of Health District	Conducted by the Department of Health District and Profesional Organisation

3.4 Output Component

Based on the results of in-depth interviews and FGD have been conducted regarding future expectations with innovations, giving information from the pharmacy to the patient through this web obtained the following results. The results of the FGD and In-depth Interview suggested deliberations between relevant parties and the existence of policies that protect pharmacists while serving patients.

Table 3. Triangulation Matrix Output

Indicator	Deep interview	FGD	Conclusion
Output	Pharmacists can service patients drug information and counseling perfectly and meet the standard of the services	This site is expected to provide solutions and innovations facing the Industrial	Stakeholders must help the duty of pharmacists
	Web design be considered to help the duty of pharmacists in providing the information to patients□	Revolution 4.0 The web is used according to the pharmacist's authority	Policy and regulation must be provided to protect pharmacists.
		Pharmacists can provide health education on rational methods of treatment	Pharmacists do Continues Improvements Study and can service patients

4 Discussion

4.1 Input Component

4.1.1 Policy

Based on the results of group discussions and in-depth interviews, pharmaceutical service standards have been regulated in Minister of Health Regulation No. 73 2016 [2], About Pharmacy Service Standards in pharmacies, and Minister of Health Regulation No. 9 of 2017 [4] has been well listed. Pharmacists are obliged to implement the provisions set out in the regulations implementing this law. Law Number 36 of 2009 [3] concerning Health and Law Number 44 of 2009 concerning Hospitals explain the obligation of the presence of health workers in health services for patient safety Standard of pharmaceutical services both in clinics and pharmacies is not optimally implemented by pharmacists. Most pharmacists do not attend the pharmacy every day because the pharmacist has a major job elsewhere.

This result is in line with the study of Wintariani, et al. [5] that pharmaceutical services at a pharmacy in Denpasar in 2017 mostly do not refer to the Ministry of Health Regulation No. 73 of 2016 concerning pharmaceutical service standards at a pharmacy. Services that are by the standard are 60.9% and not according to the appropriate standards 39.1%.

4.1.2 Man

The rules governing the clinic explain the clinic that runs pharmacy services must have a pharmacist. The results of group discussions and in-depth interviews with respondents, pharmacists have not all run services in clinics or pharmacies. Pharmaceutical services are carried out by pharmaceutical technical personnel or other health workers. Pharmacists should be present at pharmacies and clinics that run pharmaceutical services.

This is in line with the research of Anditasari, et al. [6] that the percentage of pharmacist assistant attendance 1 to 2 hours at the clinic is 33.33%. This attendance is 1-2 times per week with an average of 1-2 hours of work hours, and pharmaceutical technical personnel or pharmacist assistants are present if the Pharmacy Management Pharmacist is unable to attend. Research Dominica [7] states that the presence of pharmacists in pharmacies in the city of Padang by 58.67% and Pharmacy Services in pharmacies in the city of Padang is still considered lacking. (3) Research conducted by Septyawati, et al. (2019) suggests that the frequency of attendance of pharmacists in clinics or pharmacists owned by state-owned companies is 80%, with an average of more than 5 hours per day.

4.1.3 Money

Based on interviews and focus group discussions that have been conducted on the informant. It was found that the take-home pay is not appropriate, early Owner and Pharmacists already made a deal how many take-home pays will be provided, but in the end, can be changed and not by the minimum wage. □

It is in line with research conducted by Aditama, et al. [8] that half the respondents get a take-home pay under Rp.2.500.000, with nine votes (5.49%) of them gets a take-home pay of not more than 1,500,000 per month ⁽¹¹⁾.

4.1.4 Material

Based on the results of research and Focus Group Discussions, it is found that pharmaceutical infrastructure has not been equipped in clinics from drugs to services provided. According to Minister Regulation No. 73 of 2016 [2] concerning Pharmaceutical Service Standards consisting of facilities and infrastructure for running pharmaceutical management, medical equipment, medical consumables, and clinical pharmaceutical services:

Table facilities should be provided for pharmacists to provide drug information and counseling to patients. Pasieraguan may ask the pharmacist about the rational use of drugs. If in doubt, the administration of the drug may be confirmed by the pharmacist by the doctor who prescribed it or the pharmaceutical technical staff who prepared the medicine. In principle, service is oriented towards patient safety.

4.1.5 Methods

Based on the results of in-depth interviews and focus group discussions have been conducted, showed that pharmacists should serve patients by the applicable rules or Procedure Operational Standart (SOP). Mismatches in services include pharmacists who are not in place. Pharmacists have other jobs as well as the absence of everyday pharmacist counseling to patients. Pharmacists sometimes come 1-2 times a week, and it has been just to monitor it. The pharmacist is not present, which serves patients is an assistant pharmacist, pharmacy graduates are sometimes not, so service performed only limited to, providing medicine, not to the provision of counseling to patients.

It is in line with research conducted by Sahadi, et al. [9] who states that pharmacy service activity monitoring drug therapy, and monitoring of drug side effects have not been fully carried out to the maximum. It shows the percentage of each of these three activities, namely 41%, 47%, and 15%. This is because most pharmacies in clinics have not been made and providing such services in the pharmacy as well as the lack of pharmacy personnel, time, and pharmacists are not always present in the pharmacy. However, some pharmacies carry out these activities at certain times [10].

According to Permenkes No. 73 the year 2016 [2] following clinical pharmacy services includes assessment prescription, dispensing, drug information services (PIO); Counseling, pharmacy services at home (home care pharmacy), Therapeutic Drug Monitoring and Monitoring of Drug Side Effects.

4.2 Process Component

4.2.1 Planning

Based on interviews and focus group discussions that have been conducted showing that the planning for the drug made by PSA alone for restocking, no special planning. If the drug

has run out a later salesperson who is calling for people in the clinic. Planning in the clinic as needed. According to Health Minister Regulation No. 73 of 2016 [2]. About the Pharmaceutical Services Standard management of pharmaceutical, medical device, and consumable materials include planning media. □

From the results of the Focus Group Discussion, in-depth interviews, observation and document review, there are a small number of dispensaries and clinics carrying out the planning process by looking at the need for drugs that are widely used, 10 most diseases, buffered stocks of available drugs, estimates of stock availability of safe drugs, coordination with medical personnel and other health workers. Drug planning also takes into account the needs of BPJS patients who are the authority of the clinic. For pharmacy

4.2.2 Organizing

Based on interviews and focus group discussions that have been conducted showing these drugs doing the organizing for the PSA, pharmacists, and doctors. Doctors functioning by its authority and provide patient to patient. Patients taking the drug at the pharmacy and the pharmacist may ask you for information. In principle, the provision of information from the pharmacist to the patient in the appropriate standard in pharmaceutical services Regulation of Minister of Health 73 / 2016. If there is a problem with prescribing pharmacists can call the doctor to inquire, resulting in organizing between pharmacists and physicians. □

4.2.3 Implementation

Based on interviews and focus group discussions that have been conducted showing that the informant stated the provision of information to patients should be carried out directly by the pharmacist. But in reality, it does not happen. Some clinics do that because of the absence of pharmacists every day. He informant also agrees with the special web provision of information to the patient's pharmacist. This web aims to facilitate the work of pharmacists and reduce the impression that the pharmacist is often not present. Of course, there must be a difference between this web that has been promoted by the Ministry of Health.

The web differences with the Ministry of Health is the web using a separate account and password to log in, so each patient has a different account and password. Of course, the confidentiality of patient disease information should be fully awake. While the Ministry of Health developed the application is merely a group chat or private chat. This site will also be documenting the history of the conversation between the patient and the pharmacist that can only be seen by both of them.

From the Discussion Group to deal with the era of the Industrial Revolution 4.0, the results were obtained, the informants agreed that the pharmacists used the application or the web or some sort of "Hello Docter" for providing drug information or counseling to patients. The pharmacist's practice board must be displayed at the pharmacy, at what time to serve the patient. The pharmacist is not at the pharmacy at that hour, serving patients through a kind of web. The confidentiality of the patient's illness must be maintained by the clinic and pharmacy.

The owner of the pharmacy facility agreed to use the web because it could be the information media for the pharmacy or the clinic. Web financing is borne by the clinic or

pharmacy. Information technology personnel can create the web as a "need assessment" by entering what information they want to be delivered to patients. This web program design requires funding, which will be charged to clinics and pharmacies. □

Pharmacists use the web as a concrete manifestation of their responsibilities to run according to pharmaceutical service standards. As long as it is the pharmacist's authority, it can be counted. Patients who need to provide drug information, counseling, can be given a special account with the patient's identity and patient's password. "A kind of ATM,".

The use of the web is more specific with special menus designed in such a way as to meet patient needs and patient safety. Failure to use is limited, and not all people are accustomed to information technology. Nevertheless, this alternative "web" design makes the pharmacist comfortable carrying out their duties and authorities according to the standard.

4.2.4 Supervision

Based on the results of in-depth interviews and focus group discussions showed that supervision to pharmacies in counseling clinics in the application had not been done. The new monitoring carried out at the clinic and pharmacy licenses only. Supervision is done by the City Health Office, Provincial Health Officer, and Professional Organizations. Besides the pharmaceutical preparation is also done by BPOM by the duties and functions of each.

Pharmacist skills or competency programs are needed. Professional organizations can play a role in increasing the competency abilities of their members, so pharmacists can provide counseling to patients perfectly and prioritize patient safety.

5 Conclusions

The pharmacy service standard policy at pharmacies has been outlined in the Minister of Health Regulation Number 73 of 2016 and Number 9 of 2017. Pharmacists must implement this regulation. The existence of pharmacists in clinics and pharmacies is not perfect, and some are not carried out by pharmacists. Pharmaceutical services are carried out by pharmaceutical technical staff or other health workers, so it is not according to standard.

Most of the existence of pharmacists both in clinics and pharmacies are not every day, because it is not the main job. Providing drug information and counseling is largely not carried out by pharmacists. A small number of pharmacists worked full in the clinic or pharmacy with the acceptance of income by the agreement and provided by professional organizations. □

Implementation of pharmacy services, especially counseling in the clinic have not been implemented. The provision of information from the pharmacist to the patient is given directly. But to make it easier to communicate and handle the Industrial Revolution, 4.0 informants agreed that if there is a special web counseling provided that the confidentiality of the disease the patient is awake. Outcomes that can be achieved will be expected standard implementation of pharmaceutical services

Expected for the future in the face of the industrial revolution 4.0 need to be adjusted competencies of health workers with counseling and provision of web creation between

pharmacist and patient information. Expected with the development of digital pharmacy, pharmacists must also change the mindset in realizing the service according to the standards.

There is a need for shared perception and mutual consultation among stakeholders for the use of the web in providing drug information and counseling to patients. Need a policy brief to create a policy about using the web in providing drug information and counseling to patients. Need to improve the ability of pharmacists in problem-solving, communicating and lobbying well, soft skills in pharmaceutical management, coordination with Pharmacy Facility Owners

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