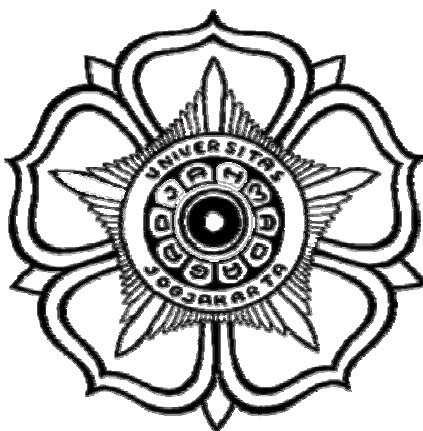


## SUMMARY

EVALUATION OF DRUG PROCUREMENT  
AND AVAILABILITY AT HADJI BOEJASIN  
GENERAL HOSPITAL OF PELAIHARI  
2006-2008



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## ABSTRACT

The drug procurement system financed by the Regional Budget (*APBD*) of the Tanah Laut Regency Government at the Hadji Boejasin Regional General Hospital (*RSUD*) in 2006-2008 was based on Presidential Decree No. 80 of 2003. The purchase of drugs in large quantities took a long time with a frequency of 1-2 times a year, resulting in the piling up of drugs, many of which were not prescribed, and high stock out. This condition was only to be expected because of poor availability of drugs at the hospital. The aim of this research was to make an evaluation of the drug procurement system at the hospital in connection with drug availability.

This was a descriptive research carried out qualitatively supported by secondary data analysis and observation of drug stockrooms and the pharmacy installation. Research subjects consisted of two groups, i.e. the procurement group and the user group. The research object was the process of drug procurement at the hospital and the status of drug availability. In-depth interviews were conducted with the research subjects to solicit information on the drug procurement process and availability of drugs covering damaged/expired goods, unutilized/wasted drugs, stock out and the TOR values of drugs.

The results of the research showed that the process of drug procurement financed by the Regional Budget during the period of 2006-2008 conformed with Presidential Decree No. 80 of 2003 adopting the methods of invitation to tender, direct selection, and direct appointment. Among the findings of the research were as follows: Procurement took a considerably long time (1-3 months); low frequency of procurement (1-2 times annually); and the procurement procedure consisted of several standard stages with the following results: high levels of drug availability of over 21 months (in 2006, 2007, 2008: 84%, 84%, 66% respectively); large quantities of damaged/expired drugs (in 2006, 2007, 2008: 0.48%, 0.80%, 1.90% respectively); large quantities of unutilized/wasted stocks (in 2006, 2007, 2008: 5.98%, 11.11%, 9.40%); a long period of stock out (1-10 months), and a low annual TOR value (in 2006, 2007, 2008: 1.28%, 0.40%, 0.36% respectively). Based on the research results, it can be concluded that drug availability and the drug procurement system in 2006-2008 at the hospital were not good enough for the hospital.

**Key words** : drug procurement system, Regional Budget, drug availability

## SUMMARY

### A. Background

The Hadji Boejasin Regional General Hospital (*RSUD*) of Pelaihari is a hospital owned by the Regency government of Tanah Laut. It was founded and inaugurated on 28 January 1984 by Establishment License Number 01/Kanwil-TU-3/1984, and was later named *RSUD* Hadji Boejasin on 28 January 1986. Hadji Boejasin is well-known as a hero from Bati-Bati Subdistrict, Pelaihari. This hospital is a 'D' type hospital whose organizational structure conforms with the Indonesian Health Minister's Decree Number 134/Men.Kes/SK/78.

The procurement of drugs at this hospital is carried out by the Procurement and Consignment Committee set up under the Director's Decision. Its funding resources are drawn from the Regional Budget (*APBD*) of the Regency government of Tanah Laut. The *APBD* is an annual financial plan drawn up in accordance with *Perda* (regional government regulation) concerning the financial position based on estimates of a region's income and expenditure (Act No. 25 of 1999). The process of drug procurement financed by the *APBD* of the Regency government of Tanah Laut in 2006-2008 was carried out through invitation to tender and direct appointment. The mechanism for the disbursement of funds from the *APBD* for the procurement of drugs was in line with standard procedures. Therefore, procurement can be planned ahead.

In view of the importance of drug management to ensure high quality service, it is necessary to investigate all the stages involved in drug management in order to discover and identify the problems or weaknesses in the process. In this research, the writer has decided on the procurement stage as the topic of research. This choice is based on the fact that it is the initial stage in drug management after the planning stage which determines the

successful performance of the subsequent stages, i.e. storage, distribution, and use of drugs.

## **B. Problem Statement**

Research questions:

1. How did the process of drug procurement proceed at *RSUD* Hadji Boejasin ?
2. What was the condition of drug supplies at *RSUD* Hadji Boejasin ?

## **C. Objectives of Research**

1. To look into the process of the *APBD*-funded drug procurement at *RSUD* Hadji Boejasin in 2006-2008.
2. To find out the *APBD*-funded drug availability at *RSUD* Hadji Boejasin in 2006-2008.

## **D. Benefits of Research**

1. For the Hadji Boejasin Regional General Hospital, the research provides some points of consideration or input for the Regional Government of Tanah Laut to improve the drug procurement system.
2. For the researcher, it has been a valuable experience as it provides an opportunity to have a deeper understanding of the problems involved in the efforts to improve the provision of drugs at the hospital concerned.

## **E. Originality of Research**

There has been no previous research on this aspect at the Hadji Boejasin Regional General Hospital.

## **F. Theoretical Basis**

Evaluation is a series of procedure to evaluate a program and obtain information on the achievement of the objective, the activities, the results and effects as well as the costs. Therefore, evaluation can be elaborated as follows:

1) the process of determining the successful completion of a set objective, 2) the effort to assess the objective or a particular condition by comparing it with the previously determined standards, 3) the effort to discover the gap between a plan and the achievement (Anonymous, 2002). Drug management comprises a cycle of related activities of planning, procurement, storage and use of drugs. (Quick et al., 1997). The factor that affects drug availability is the process of drug procurement, which is carried out in accordance with Presidential Decree Number 80 of 2003, i.e. a tendering procedure, direct selection, direct appointment, and self-management (Anonymous, 2003). The drug management activities are closely related to a hospital's budget, and therefore the activities should be done effectively and efficiently. The drug procurement at the Hadji Boejasin General Hospital is funded by the Regional Budget (*APBD*).

#### **G. Theoretical Framework**

The key factor that affects drug availability is the drug procurement process. The activities of drug management are closely related to a hospital's financial resources and they should therefore be done effectively and efficiently.

#### **H. Research Design**

The design of this research is descriptive and investigative using retrospective data, consisting of qualitative and quantitative primary data collected through observation of documents of the previous years.

#### **I. Research Subjects**

The research subjects were 17 people divided into two groups, i.e. the Procurement Group and the User Group.

## **J. Research Materials**

The materials used in this research were primary and secondary data. The primary data were obtained from the results of in-depth interviews with the procurement group involved in the *APBD* process as well as the *APBD*-funded drug procurement and the user group at the Hadji Boejasin General Hospital. The secondary data were obtained from the retrospective data at the Hospital, i.e.: *PERDA APBD* (regional government regulation on the regional budget), *DIKDA* (regional filled activity list), documents of drug contracts, official records of goods delivery, prescriptions, drug supply cards, receipt books, invoices of the consignment of goods, and price lists from the years 2006-2008.

## **K. Stages of Research**

1. The first stage was the appointment of two research assistants in the Pharmacy Installation. Their role was to assist the researcher in gathering data on the documents of the drug procurement process, invoices of the consignment of goods, official records of delivery, monthly summary reports on drug use, drug supply cards, and receipt books. These documents were examined to figure out the procurement process and the status of drug availability.
2. The second stage was in-depth interviews with the budgeting team represented by the hospital Director, the sub-division of the hospital program formulation, the financial sub-division, the technical implementation staff, the procurement committee to provide information on the issuance of *PERDA APBD*, the procurement committee chairman, the *PFT* (Pharmacy and Therapy Committee) chairman to provide information on the list of drugs required and drug availability, the *IFRS* (Hospital Pharmacy Installation) chairman to provide information on budget estimates and drug availability, doctors and administrative staff to provide information on drug availability and proposals for improvement in

drug availability. All the interviews were conducted by the researcher herself, recorded and transcribed.

3. The third stage was verification of the data. The results of the interviews were transcribed and classified into quantitative and qualitative data. The quantitative data were presented in tables, and the qualitative data were presented in the form of narrative paragraphs.
4. The fourth stage was evaluation of the research results, which were presented in the form of a thesis.

## **L. Results and Discussion**

From the results of evaluation of drug procurement at the Hadji Boejasin General Hospital, it was found that:

1. The methods used for drug procurement were invitation to tender, direct selection, and direct appointment.
2. The frequency of procurement was one to two times per year.
3. The allocations of funds for procurement in 2006-2008 were respectively 97.16%; 71.56%; 98.68% of the requirements of the Pharmacy Installation.
4. The proportions of funds allocation for drug procurement from the hospital budget in 2006-2008 were 11%, 6%, and 22.38% respectively.
5. The levels of drug availability in 2006-2008 for over 21 months were 84%, 84%, 66% respectively.
6. The percentages of expired drugs in 2006-2008 were 0.48%; 0.80%; 1.90% respectively.
7. The percentages of unutilized/wasted drugs in 2006-2008 were 30.77%; 38.98% and 35.16% when measured against the stocks of drugs at the pharmacy installation. However, when figured out in terms of the value of rupiah, the percentages of unutilized/wasted drugs were 5.98%; 11.11% and 9.40% of the drug stocks at the Pharmacy Installation. Likewise, with the *BAKHP* (disposable health equipment/materials) the percentages of unutilized stocks were 10.74%; 19.57% and 38.05% but when figured out

in terms of the value of rupiah the percentages were 18.47%; 13.66%; 18.97% of the total *BAKHP* stocks at the Pharmacy Installation.

8. The percentages of drug unavailability were 6.99%; 7.91% and 15.38% respectively indicating the tendency to increase every year. The percentages of the *BAKHP* unavailability were 7.02%; 4.63% and 3.70% respectively indicating the tendency to decrease every year.
9. The TOR values in 2006-2008 were very low indeed, i.e. 1.28; 0.40 and 0.36 respectively.

#### **M. Conclusion**

1. The drug procurement process at the Hadji Boejasin General Hospital in 2006-2008 was in line with Presidential Decree Number 80 of 2003 carried out by direct appointment, direct selection, and tender. However, there are several things that need to be considered such as the possibility of amendments and extension of the time limit for procurement.
2. Drug availability at the Hadji Boejasin General Hospital in 2006-2008 was still deficient as shown by the levels of unavailability of over 21 months (in 2006, 2007, 2008: 84%, 84%, 66%), the quantities of damaged/expired drugs were large (in 2006, 2007, 2008: 0.48%, 0.80%, 1.90%), the quantities of unutilized/wasted drugs were also large (in 2006, 2007, 2008: 5.98%, 11.11%, 9.40%), the periods of stock-out were long (1-10 months), and the annual TOR values were low (in 2006, 2007, 2008: 1.28, 0.40, 0.36).

#### **N. Recommendations**

1. For the Hadji Boejasin General Hospital, the actual implementation of Presidential Decree No. 80 of 2003 should be better maintained and the quality of human resources involved in the procurement of goods and services should be improved.



2. For the Pharmacy Installation, there is a need to improve its relationship with the procurement committee and the system of storing and recording drug stocks, and to be more accurate in figuring out drug requirements in order to reduce the quantities of expired/damaged or unutilized/wasted drugs, and to avoid stock-out.
3. It is recommended that the Hadji Boejasin General Hospital make a proposal to establish itself as a *BLUD* (regional general service body adopting a self-management system).

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