

## PENERAPAN RESEP ELEKTRONIK PADA PROSES PELAYANAN OBAT PASIEN RAWAT JALAN DI RS BETHESDA LEMPUYANGWANGI

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### INTISARI

**Latar Belakang** *Medication Error* (ME) dan keselamatan pasien menjadi fokus utama akhir-akhir ini. Di Amerika diduga 44.000 – 98.000 kematian disebabkan karena kesalahan pengobatan. Di Indonesia data ME belum terekam dengan baik, padahal data ini sangat berguna membantu pencegahan kejadian selanjutnya. RSBL memiliki 110 kasus ME sepanjang tahun 2020, 38 kasus ME merupakan kesalahan dalam *prescribing* dan *transcribing* dalam membaca resep. Direksi RSBL menerapkan sistem *e-prescribing* pada bulan Oktober 2021 sehingga tujuan penelitian ini untuk mengurangi kejadian ME dan meningkatkan kepatuhan peresepan terhadap Formularium Nasional serta memberikan gambaran persepsi penerimaan pengguna sistem *e-prescribing*.

**Metode** Penelitian ini menggunakan jenis penelitian kuantitatif dengan kuasi eksperimental dan penelitian kualitatif dengan desain deskriptif. Untuk analisa kuantitatif membandingkan data ME dan angka kepatuhan peresepan terhadap Formularium Nasional sebelum dan sudah penerepan sistem *e-prescribing* menggunakan *Independent Sample t-test*. Untuk analisa kualitatif melakukan beberapa tahapan yaitu (1) membuat transkrip, (2) memilah data, (3) melakukan *coding* dan *open coding*, (4) mencari pola hubungan wawancara dan hasil observasi, dan (5) melakukan interpretasi dan menarik kesimpulan.

**Hasil** Sistem *e-prescribing* dapat menurunkan kejadian ME sebesar 48,39% di RSBL. Namun, perbandingan kejadian ME antar kelompok sebelum dan sesudah penerapan *e-prescribing* tidak berbeda bermakna. Sedangkan sistem peresepan *e-prescribing* tidak meningkatkan angka kepatuhan peresepan terhadap formularium nasional. Sistem peresepan manual (nilai rerata 93,38%) dan *e-prescribing* (nilai rerata 93,04%) sama baiknya dalam kepatuhan peresepan terhadap formularium. Persepsi kemudahan, persepsi manfaat serta kepuasan pengguna mendorong pengguna menggunakan sistem *e-prescribing* di masa yang akan datang.

**Kesimpulan** (1) Penerapan sistem resep elektronik di RSBL dapat menurunkan angka kejadian *medication error* sebesar 48,39% khususnya mengatasi *transcribing* dan *dispensing error*, (2) Penerapan sistem resep elektronik di RSBL tidak dapat meningkatkan kepatuhan peresepan terhadap formularium nasional dan (3) Penerimaan pengguna terhadap sistem resep elektronik di RSBL mendorong pengguna untuk tetap menggunakannya di masa yang akan datang.

**Kata Kunci** *Medication Error*, *e-Prescribing*, *Kepatuhan Peresepan terhadap Fornas*, *Persepsi Penerimaan Pengguna*

## APPLICATION OF ELECTRONIC PRESCRIPTION IN OUTPATIENT DRUGS SERVICES AT BETHESDA LEMPUYANGWANGI HOSPITAL

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### ABSTRACT

**Background** Medication Error and patient safety are the focus in health sector. In America, it was suspected that 44.000 – 98.000 deaths are caused by medication errors. In Indonesia, ME data has not been recorded properly, even though this data is very useful to prevent further incidents. RSBL has 110 ME throughout in 2020, 38 ME cases were errors in prescribing and transcribing in reading prescriptions. The Board of Director implemented the e-prescribing system in October 2021 so that the aim of this study is to reduce the incidence of ME and increase prescribing compliance with the National Formulary as well as provide an overview of perceptions of acceptance by users of the e-prescribing system.

**Method** This research uses quantitative research with quasi-experimental and qualitative research with descriptive design. For quantitative analysis, comparing ME data and prescribing adherence rates to the National Formulary before and after implementing the e-prescribing system used the Independent Sample t-test. For qualitative analysis, several steps were carried out, namely (1) making transcripts, (2) sorting data, (3) coding and open coding, (4) looking for patterns of relationships between interviews and observation results, and (5) interpreting and drawing conclusions.

**Results** The e-prescribing system can reduce the incidence of ME by 48,39% in RSBL. However, the comparison of the incidence of ME between groups before and after the application of e-prescribing was not significantly different. Meanwhile, the e-prescribing was not increasing the number of prescription compliance with the national formulary. The manual prescribing (mean value 93,38%) and e-prescribing (mean value 93,04%) are equally good in prescribing adherence to the national formulary. Perceived ease of use, perceived usefulness and user satisfaction encourage users to use the e-prescribing system in the future.

**Conclusion** (1) The application of the e-prescription system at RSBL can reduce the incidence of ME by 48,39%, especially overcoming transcribing and dispensing errors, (2) The application of the e-prescription system at RSBL cannot increase prescribing compliance with the national formulary and (3) User acceptance of the e-prescription system at RSBL encourage users to continue using it in the future.

**Key Words** Medication Error, e-Prescribing, Prescribing Compliance with Fornas, Perception of User Acceptance