

INTISARI

Standar pelayanan kefarmasian yang digunakan di Puskesmas yaitu Permenkes Nomor 74 Tahun 2016. Penelitian ini bertujuan untuk mengetahui implementasi pelayanan kefarmasian Puskesmas di Kota Semarang, mengetahui perbedaan peran SDM farmasi, ketersediaan anggaran dan tipe puskesmas, mengidentifikasi faktor pendukung dan penghambat pelayanan kefarmasian Puskesmas di Kota Semarang serta merumuskan solusi mengatasi permasalahan dalam pelayanan kefarmasian.

Metode penelitian yang digunakan merupakan observasional deskriptif kuantitatif melalui pendekatan *cross sectional* pada 36 Puskesmas di Kota Semarang. Periode pengambilan data dilakukan pada bulan Oktober s/d Desember 2018 dengan cara observasi langsung dan wawancara terhadap penanggungjawab unit pelayanan farmasi. Analisa statistik menggunakan *Uji Independent Sample T-Test*. Selanjutnya dilakukan identifikasi faktor pendukung, penghambat dan perumusan solusi menggunakan *Basic Priority Rating Scale*.

Hasil penelitian menunjukkan bahwa Secara umum pelayanan kefarmasian Puskesmas di Kota Semarang dapat dikategorikan sangat baik dengan nilai rata-rata $83,56 \pm 6,24$. Seluruh Puskesmas Kota Semarang sudah melakukan kegiatan pengelolaan sediaan farmasi dan BMHP (Aspek manajerial) dengan nilai rata-rata $64,64 \pm 4,409$. Pelayanan farmasi klinik sudah dilakukan oleh apoteker dan tenaga teknis kefarmasian walaupun belum sepenuhnya dengan nilai rata-rata $18,92 \pm 2,419$. Terdapat perbedaan yang signifikan untuk peran SDM farmasi dan tipe Puskesmas dalam pelayanan kefarmasian Puskesmas di Kota Semarang dengan ($p: 0,000$) Dukungan Kepala Puskesmas dan koordinasi yang baik merupakan faktor pendukung. Faktor-faktor yang menghambat adalah apoteker belum tersedia di semua Puskesmas, kurangnya pelatihan untuk tenaga farmasi dalam pelayanan farmasi klinik, sarana dan prasarana serta kelengkapan Standar Operasional Prosedur (SOP). Solusi dengan perbaikan sarana dan prasarana, membuat SOP pelayanan farmasi klinik, usulan anggaran untuk penambahan apoteker, pembinaan, monitoring dan evaluasi pelayanan farmasi klinik.

Kata kunci : Pelayanan Kefarmasian, SDM, Anggaran, Tipe Puskesmas

ABSTRACT

Pharmaceutical service standards used in health center are Permenkes No. 74 of 2016. This study aims to determine the implementation of health center pharmacy services in Semarang City, to know the different roles of pharmaceutical human resources, budget availability and types of health center, identify supporting factors and inhibit the services of pharmacy in Semarang and formulate solutions to overcome problems in pharmaceutical services.

The research method used was descriptive quantitative observational through a cross sectional approach at 36 health centers in the city of Semarang. The data collection period is conducted from October to December 2018 by direct observation and interviews with the person in charge of the pharmaceutical service unit. Statistical analysis using the Independent Sample T-Test. Furthermore, identification of supporting factors, inhibitors and formulation of solutions was carried out using the Basic Priority Rating Scale.

The results showed that in general the pharmacy services of health center in Semarang city can be categorized very well with an average value of 83.56 ± 6.24 . The most health centers in Semarang city have carried out management activities for pharmaceutical preparation and BMHP (managerial aspects) with an average value of 64.64 ± 4.409 . Clinical pharmacy services have been carried out by pharmacists and pharmaceutical technical personnel although not yet fully with an average value of 18.92 ± 2.419 . There are significant differences for the role of pharmaceutical human resources and the type of Health center in pharmacy services in health center in Semarang city with ($p: 0,000$) Head Health Center support and good coordination are supporting factors. The inhibiting factors are that pharmacists are not yet available in all Puskesmas, lack of training for pharmaceutical personnel in clinical pharmacy services, facilities and infrastructure as well as complete Standard Operating Procedure (SOP). Solutions with improvements to facilities and infrastructure, making SOP clinical pharmacy services, proposed budgets for the addition of pharmacists, guidance, monitoring and evaluation of clinical pharmacy services.

Keywords: Pharmaceutical Service, Human Resources, Budget, Type of Health Center