

ABSTRAK

Latar Belakang: *Medication error* merupakan kesalahan tindakan medis atau pelayanan kefarmasian kepada pasien yang sebetulnya bisa dicegah. kejadian *medication error* pada fase *prescribing* di Indonesia masih tinggi. Saat ini telah banyak rumah sakit yang mengganti penulisan resep manual menjadi sistem peresepan elektronik termasuk di RSCM. Namun kesalahan peresepan masih merupakan kesalahan pengobatan yang sering ditemukan terutama pada resep pasien anak.

Tujuan: Mengevaluasi pelaksanaan peresepan elektronik pasien anak dan mengukur hasil intervensi personel pada peresepan elektronik pasien anak.

Metode Penelitian: Jenis penelitian yang digunakan adalah eksperimental dengan desain kuasi eksperimental *the one group pretest-posttest design*. Penelitian dilakukan pada bulan Desember 2019 hingga Januari 2020. Intervensi yang dilakukan berupa pelatihan penulisan resep elektronik dan pemberian umpan balik berupa surat personal. Setelah 4 minggu dinilai kembali angka kejadian kesalahan peresepan.

Hasil: Kejadian kesalahan peresepan menurun setelah dilakukan intervensi. ($p=0,05$). Tipe kesalahan peresepan terbanyak adalah salah dosis, kekuatan, frekuensi. Kesalahan peresepan di ruang rawat perinatologi, Gedung A dan poliklinik menurun setelah dilakukan intervensi, sedangkan kesalahan peresepan di IGD tetap. Terdapat hubungan yang bermakna antara pemberian intervensi dengan tingkat pendidikan ($p=0,001$). Dokter PPDS tingkat madya melakukan lebih banyak kesalahan peresepan pada hampir semua tipe kesalahan dan tempat kerja dibandingkan dokter PPDS tingkat junior dan senior. Hasil perhitungan *prescribing error* pre dan post intervensi menunjukkan pemberian intervensi dapat menurunkan kejadian *prescribing error* hingga 37%.

Kesimpulan: Intervensi personel berupa edukasi dan pemberian umpan balik berperan menurunkan kejadian kesalahan peresepan. Kegiatan pemberian edukasi dan umpan balik semestinya dilakukan berkala. Penambahan sistem pendukung resep elektronik dapat mendukung penurunan kesalahan peresepan.

Kata kunci: *Medication error*, kesalahan peresepan, intervensi, anak

ABSTRACT

Background: Medication errors are errors of medical action or pharmaceutical services to patients that actually can be prevented. The incidence of medication errors in the prescribing phase in Indonesia is still high. At present many hospitals have changed the manual prescription writing into an electronic prescribing system, including in the RSCM. However, prescribing errors are still often found mainly in prescriptions of pediatric patients.

Objective: To evaluate the implementation of electronic prescribing and measure the results of personnel interventions on electronic prescribing in pediatric patients

Methods: The type of research is experimental with quasi-experimental design of the one group pretest-posttest design. The study was conducted in December 2019 to January 2020. The intervention was electronic prescription writing training and giving feedback in the form of personal letters. After 4 weeks the incidence of medication error was reassessed

Results: The incidence of prescribing errors decreased after the intervention. ($p = 0.05$). The most types of prescription errors are the wrong dosage, strength, frequency. Prescribing errors in perinatology ward, pediatric inpatient ward and polyclinics decreased after intervention, while prescribing errors in the emergency room remained. There is a significant relationship between the provision of intervention with the level of education ($p = 0.001$). Mid-level doctors make more prescribing errors in almost all types of errors and workplaces than junior and senior doctors. The results of the calculation show that giving an intervention can reduce the prescribing errors by up to 37%.

Conclusion: Personnel intervention in the form of education and providing feedback plays a role in reducing the incidence of prescribing errors. Education and feedback activities should be carried out periodically. The addition of a Clinical Decision Support (CDS) system can support a reduction in prescribing errors.

Keywords: Medication errors, prescribing errors, interventions, children