

INTISARI

Proses pelayanan yang efisien erat kaitannya dengan proses pengelolaan obat yang efisien. Tujuan dari penelitian ini untuk mengidentifikasi aktivitas serta menganalisis akar penyebab masalah dari *waste* kritis dengan pendekatan *lean hospital* pada proses pengelolaan obat di RSUD Sidoarjo.

Penelitian ini bersifat deskriptif kualitatif yaitu melalui observasi, wawancara dan penelusuran dokumen pada bulan November 2016 hingga Januari 2017, untuk mendapatkan identifikasi aktivitas seleksi, pengadaan dan distribusi. *Waste* kritis diperoleh melalui kuesioner pembobotan *waste* dari penilaian seluruh petugas yang terlibat dalam proses, untuk kemudian dilakukan analisis akar penyebab masalah.

Hasil penelitian: *Current state value stream mapping* menunjukkan *waste* di setiap tahapan proses pengelolaan obat yaitu *waste of defect*, *waste of waiting*, *waste of inventory*, *waste of transportation*, *waste of motion*, *waste of overprocessing*, *waste of overproduction*, dan *waste of human potential*. *Future state value stream mapping* dibuat dengan menghilangkan unsur *waste* dari proses pengelolaan obat. Kesimpulan: perbandingan aktivitas *value added*, *necessary but non value added* dan *non value added* pada tahapan proses pengelolaan obat adalah: seleksi 0,54%,47,36%,52,10%, perencanaan 51,58%,2,68%,45,74%, verifikasi perencanaan 0%,100%,0%, *e-purchasing* 0,86%,2,40%,96,74%, pembelian *offline* 1,45%,1,88%,96,67%, penerimaan 84,60%,15,4%,0%, pembayaran berkas >50juta 0,45%,45,89%,53,66%, pembayaran berkas ≤50juta 0,57%,39,26%,60,17%, distribusi gudang 19,22%,39,29%,41,49%, distribusi obat umum rawat jalan 42,75%,8,82%,48,43%, distribusi obat BPJS rawat jalan 13,59%,2,08%,84,40%, distribusi obat umum IGD 62,88%,37,12%,0%, distribusi obat BPJS IGD 44,37%,0,34%,55,29%, distribusi obat *unit dose dispensing* 9,38%,1,32%,89,30%. Analisis akar penyebab dari *waste* kritis yaitu kesibukan dokter dalam pelayanan menyebabkan penundaan dalam pengisian usulan formularium dan tidak semua SMF memiliki sekretaris, perencanaan belum terfasilitasi oleh SIM, sistem yang memaksa input Surat Permintaan Penawaran Harga saat penyusunan surat pesanan *e-purchasing*, perubahan harga obat yang mendadak, tidak ada tenaga kasir di farmasi, tidak ada pemisah resep di awal pelayanan, bentuk ruangan unit farmasi rawat jalan memanfaatkan fasilitas lama, Catatan Pemberian Obat belum difasilitasi oleh SIM, mesin etiket hanya 1 unit dan belum optimal.

Kata kunci : *Lean Hospital*, *Waste* kritis, Pengelolaan Obat, *Fishbone diagram*

Abstract

Efficient service processes are closely related to efficient drug management processes. The purpose of this research is to identify every activity and analyze the root cause of critical waste using lean hospital approach at Sidoarjo public hospital.

This research is descriptive qualitative, through observation, interview, and document tracing on november 2016 until januari 2017, to identify every activity of selection, procurement and distribution. Critical waste obtained through 'waste weighting questionnaire' from the assessment of all officers involved in the process, then performed root cause analysis.

Results: Current state value stream mapping shows that many wastes in every stage of drug management process, including waste of defect, waste of waiting, waste of inventory, waste of transportation, waste of motion, waste of overprocessing, waste of overproduction, waste of human potential. Future state value stream mapping is made by eliminating waste element from drug management process. Conclusions: Comparison of value added activity, necessary but non-value added activity, non-value added activity on every stage of drug management process: selection 0,54%, 47,36%, 52,10%, planning 51,58%, 2,68%, 45,74%, verification 0%, 100%, 0%, e-purchasing 0,86%, 2,40%, 96,74%, offline purchasing 1,45%, 1,88%, 96,67%, acceptance 84,60%, 15,4%, 0%, drug-payment of more than 50-million 0,45%, 45,89%, 53,66%, drug-payment of less than 50-million 0,57%, 39,26%, 60,17%, warehouse distribution 19,22%, 39,29%, 41,49%, general outpatient drug distribution 42,75%, 8,82%, 48,43%, BPJS outpatient drug distribution 13,59%, 2,08%, 84,40%, drug distribution of general patients at emergency pharmacy 62,88%, 37,12%, 0%, drug distribution of BPJS patients at emergency pharmacy 44,37%, 0,34%, 55,29%, unit dose dispensing 9,38%, 1,32%, 89,30%. The root cause analysis of critical wastes are doctor's busyness in their service making delay in completing the proposal of formulary and not all SMF have secretaries, planning process has not been facilitated by pharmacy information system, SPPH must be input at preparation of e-purchasing order, sudden changes of drug prices, no cashier at pharmacy, no prescription separator at the beginning of service, outpatient pharmacy using old facility, CPO not facilitated by pharmacy information system, there is only 1 unit of etiquette machine and not proper yet.

Keywords: Lean Hospital, Critical Waste, Drug Management, Fishbone diagram.