

## ABSTRAK

**Latar belakang:** Undang-undang nomor 44 tahun 2009 dan Permenkes nomor 58 tahun 2014 menyatakan pelayanan kefarmasian di rumah sakit harus dilakukan dengan sistem terpadu atau satu pintu. Permendagri nomor 61 tahun 2007 mengharuskan BLUD mengoptimalkan sumber-sumber pendapatan. Sejak Januari tahun 2014 RSUD dr. Doris Sylvanus menerapkan sistem pelayanan farmasi terpadu di rawat inap VIP. Penerapan ini diharapkan dapat meningkatkan profitabilitas dan kualitas pelayanan layanan obat di RSUD dr. Doris Sylvanus Palangka Raya.

**Tujuan:** Mengetahui dampak penerapan sistem pelayanan farmasi terpadu terhadap profitabilitas dan kualitas layanan obat di RSUD dr. Doris Sylvanus Palangka Raya.

**Metode:** Metode kuantitatif desain kohort untuk profitabilitas dan *cross-sectional* untuk survey kualitas layanan obat

**Hasil Penelitian:** Profitabilitas pada rawat inap VIP yang sudah menerapkan sistem farmasi terpadu lebih besar dari pada non VIP yang belum terpadu. Rata-rata laba bersih VIP (sebelum Rp 29,56; sesudah 47,21 juta) & non VIP (sebelum 35,13; sesudah 22,79 juta) ; GPM VIP (sebelum 44,33; sesudah 42,26%) & non VIP (sebelum 43,27; sesudah 36,17%); NPM VIP (sebelum 40,96; sesudah 39,29%) & non VIP (sebelum 40,44 ; sesudah 32,64%) ; OMR: VIP (sebelum 59,03; sesudah 60,71%) & non VIP (sebelum 59,56; sesudah 67,36%).

Hasil uji beda *mean* survey kualitas layanan obat di VIP tidak terdapat perbedaan bermakna antara harapan dengan kenyataan (kecuali *tangible 5* dan *assurance 2*) dan hasil *importance performance analysis* semua pernyataan masuk ke kuadran II (pertahankan prestasi) sedangkan di non VIP terdapat perbedaan bermakna antara harapan dengan kenyataan. Hasil *importance performance analysis* terdapat pernyataan yang masuk kuadran I (prioritas utama) yaitu *tangible 1* (terdapat fasilitas penyimpanan obat di ruang rawat inap), *reliability 1* (alur pelayanan obat mudah), dan *responsiveness 3* (petugas menyiapkan obat/ pasien tidak ambil sendiri obat ke apotek)

**Kata kunci:** Pelayanan farmasi terpadu, sistem satu pintu, pendapatan farmasi, profitabilitas

## ABSTRACT

**Background:** *Indonesia's Government Regulation no. 44, 2009 and Ministry of Health Regulation no. 58, 2014* explained that hospital pharmacy service must be implemented using integrated system or “one door” system. Other regulation such as regulation of internal affairs ministry no. 61, 2007 forced public service agency (BLUD) to optimize the source of revenue. Since January, 2014, public hospital of dr. Doris Sylvanus has applied integrated pharmacy system in VIP Ward. The implementation is expected to improve hospital profit and quality of drug services in public hospital of dr. Doris Sylvanus Palangka Raya.

**Objective:** Understanding the effect of implementation integrated pharmacy system towards hospital profit and quality of drug services in dr. Doris Sylvanus Public Hospital, Palangka Raya.

**Method:** This study used cohort design to observe the hospital's profit and cross sectional design for quality of drug services.

**Result:** Profitability results of VIP Ward used integrated pharmacy system compared with non VIP Ward used unintegrated pharmacy system as follows of VIP (before: 29,56 million; after: 47,21 million) and non VIP (before: 35,13 million; after: 22,79 million); GPM of VIP (before: 44,33%; after: 42,26%) and non VIP (before: 43,27%; after: 36,17%); NPM of VIP (before: 40,96%; after: 39,29%) and non VIP (before: 40,44; after: 32,64%); OMR of VIP (before: 59,03%; after: 60,71%) and non VIP (before: 59,56; after: 67,36%). Different mean test towards quality of drug services showed there was not significantly different between reality and expectation (except tangible 5 and assurance 2) and result of importance performance analysis showed all of statement signed in the second quadrant (maintain achievement), while non VIP showed significantly different between reality and expectation. Result of importance performance analysis in non VIP showed there were statement signed in the first quadrant (main priority) such as tangible 1 (there was drug storage in ward) reliability 1 (easiness of drug flow services), and responsiveness 3 (ward officer provided drugs for patient or patient did not take drugs by itself in pharmacy).

**Keywords:** Integrated Pharmacy Services, “One Door” System, Pharmacy Revenue, Profitability