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Description the completeness of prescriptions for inpatients at the Pharmacy Installation HKBP Balige General Hospital period of July 2020

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Abstrak

Prescription is a written request from a doctor to a pharmacist to provide drugs for patients written in the prescription. For in accordance with applicable laws and regulations to minimize irrational use of drugs and preventmedication errors for patient safety purposes. The purpose of this study was to describe Description the completeness of prescriptions for inpatients at the Pharmacy Installation HKBP Balige General Hospital period of July 2020. The design of this study was descriptive, with a sample of 186 prescriptions, using a cluster random sampling technique. The results showed that 46.2% of prescriptions at the Balige HKBP RSU for the July 2020 period were complete and 53.8% incomplete. Of the total 186 prescription sheets, the information on the doctor's name (27.4%), the doctor's initial (5.9%), the patient's name (0.5%), the patient's address (36.6%), the instructions for use (10,2%). This shows that the completeness of the recipe at RSU HKBP Balige is not complete. Incomplete prescriptions occur because many visiting patients increase the busyness of the prescriber, so doctors do not have time to write a complete prescription. It is recommended to the management of RSU HKBP Balige to put more emphasis on doctors to complete prescriptions, so that TTK does not find incomplete prescriptions anymore.

Keywords: Recipe, Completeness

INTRODUCTION

A prescription is a written request from a doctor or dentist to a pharmacist, either in paper or electronic form, to provide and deliver drugs to patients according to applicable regulations. Completeness of prescription review in administrative and pharmaceutical aspects must be in accordance with applicable laws and regulations to minimize irrational drug use and prevent medication errors for the purpose of patient safety. Errors in administering drugs to patients are still very high. Based on data from the National Patient Safety Map Report (Persi Congress, 2007) drug administration errors ranked first in 24.8% of 10 cases of medication errors, therefore it is necessary to know how the completeness of prescription writing by doctors can enable medication errors.

According to the Regulation of the Minister of Health Number 58 of 2015, a prescription is a doctor's written request to a pharmacist to provide the medicine for the patient that is written in the prescription. In health services medicine is an important component because it is needed in some health efforts both preventive, promotive, curative and rehabilitative. In many cases, drug therapy often involves writing a prescription. Prescription is the most important thing before the patient receives the drug. A good prescription should contain enough information to enable the pharmacist concerned to understand what drug to give the patient. But in reality, there are still many problems encountered in prescribing. Medication errors are events that are detrimental to patients due to drug use while being handled by health workers which can actually be prevented (Permenkes Nomor 30 Tahun 2014).

Errors in medication (medication errors) can be caused by miscommunication between pharmacists and doctors. In the prescription service flow, pharmacists are required to screen prescriptions which include administrative screening, pharmaceutical suitability, and clinical suitability to ensure the legality of a prescription and minimize medication errors (Megawati, and

Santoso, 2014). Medication errors can occur in every treatment process, both in the process of prescribing (prescribing), reading the prescription (transcribing), preparation to drug delivery (dispensing), as well as in the process of drug use (administering). Errors in prescribing and dispensing are two things that often occur in medication errors (Depkes RI, 2014). Research conducted by Aronson (2009) shows that the completeness of prescriptions that meet the Minister of Health standards number 58 of 2014 administratively is 12%, while pharmaceutically it is 44%. Likewise the results of research conducted by Khairunissa et al (2013), in Yusuf et al (2017), in several pharmacies in the city of Medan involving 300 prescription sheets found that around 11 (3.7%) prescriptions met administrative requirements and 121 (40.3%)) prescription meets pharmaceutical requirements.

To avoid medication errors, it is necessary to increase pharmaceutical resources, because pharmaceutical personnel need to be involved in the process of quality control of preparations, pharmaceuticals, security, procurement, storage and distribution of drugs, drug services on doctor's prescription, drug information services and development of drugs, medicinal ingredients and traditional medicines. must be carried out by health workers who have the expertise and authority in accordance with the provisions of laws and regulations (Depkes, RI 2009).

Pharmacy personnel are personnel who carry out pharmaceutical work, consisting of pharmacists and pharmaceutical technical personnel. Pharmaceutical engineering personnel as one of the health workers who provide health services to the community have an important role because they are directly related to service delivery, especially pharmaceutical services. In hospitals, Pharmacy Technical Personnel (TTK) who have a Certificate of Registration for Pharmaceutical Technical Personnel (SRTTTK) are authorized to carry out pharmaceutical work under the guidance of pharmacists who already have STRA. In line with the development of science and technology in the pharmaceutical field, there has been a shift in the orientation of pharmaceutical services from drug management as a commodity (product oriented) to a comprehensive service (patient oriented). In a sense not only as drug administrators, but in a broader sense including the implementation of information provision and monitoring of drug use. Provision of information to support the correct and rational use of drugs. Monitoring drug use to determine the ultimate goal and the possibility of drug use errors (Depkes, RI. 2016). This research was conducted at the HKBP Balige Hospital Pharmacy Installation because HKBP Balige Hospital is one of the BPJS referral hospitals in the district, so many patients are visited for treatment. Then the HKBP Balige RSU Pharmacy Installation served BPJS prescriptions, so that the number of prescriptions that came in was more. One of the pharmaceutical services at RSU HKBP Balige is serving doctor's prescriptions served at the hospital. In prescription services, the completeness of the prescription, the completeness of the prescription includes the patient's name, age, gender, and weight; doctor's name, license number to practice (SIP), address, telephone number and initials; rules for use, drug name and amount of drug, dosage and date of prescription (Depkes, RI 2016). The most common medication errors that occur at HKBP Balige Hospital are the rules for using drugs, for example the prescription is written 3x1 day of use, patients generally will not use according to the rules, because they already feel no pain. The more incomplete prescriptions are written, the more likely it is for medication errors to occur. So, based on the data above, I am interested in doing research at the HKBP Balige General Hospital which was carried out at the Pharmacy Installation at the HKBP Balige General Hospital. This study aims to find out how to describe Description the completeness of prescriptions for inpatients at the Pharmacy Installation HKBP Balige General Hospital period of July 2020.

RESEARCH METHODS

This research is descriptive in nature, which aims to describe Description the completeness of prescriptions for inpatients at the Pharmacy Installation HKBP Balige General Hospital period of July 2020. This research was conducted at HKBP Balige General Hospital, Toba Regency. The time of the research was carried out in July 2020. The sample size used was 186 recipes, according to inpatient prescriptions per week ± 360 recipes, using the Cluster Random Sampling technique. The instrument uses an observation sheet that checks the completeness of the recipe, namely inscriptio (name of doctor, SIP, address of doctor/hospital and date of prescription), Invocatio (sign R/), Prescreptio (name of drug, amount of drug requested), Signatura (rules of use, dosage), Subcriptio (initial of doctor who wrote prescription), Pro (patient name, patient age, patient address).

RESULTS AND DISCUSSION

The completeness of the recipe period July 2020

Tabel 4.1 The completeness of the recipe period July 2020 (186 recipe)

No	Recipe writing form	The completeness	Frequency (n)		Percentage (%)	
			complete	*incomplete*	*complete*	*incomplete*
1	Inscriptio	Doctor's name	135	51	72,6%	27,4%
		Doctor's SIP	186	-	100%	0%
		Address of doctor/hospital	186	-	100%	0%
		Recipe writing date	186	-	100%	100%
2	Invocatio	Sign R/	186	-	100%	0%
3	Prescriptio	Drug name	186	-	100%	0%
		Drug amount	186	-	100%	0%
		How to make	186	-	100%	0%
4	Signatura	Usage rules	167	19	89,8%	10,2%
5	Subcriptio	Doctor's initial	175	11	94,1%	5,9%
6	Pro	Patient's name	185	1	99,5%	0,5%
		Patient's age	186	-	100%	0%
		Address of Patient	118	68	63,4%	36,6%

On table 1, the highest number of prescriptions is 100% (186 prescriptions), the completeness of the prescription includes 100% doctor's SIP, 100% doctor's address, 100% date of prescription written, 100% R/ sign, this is supported by the prescription format in RSU HKBP Balige which has included the R/ sign on each prescription sheet, so there is no need to write the R/ sign, patient age 100%, drug name 100%, drug amount 100%, method of preparation 100%, patient name 99.5% incomplete 0.5%, doctor's initials 94.1% incomplete 5.9%, instructions for use 89.8% incomplete 10.2%, doctor's name 72.6% incomplete 27.4%, address of patient 63.4% incomplete as much as 36.6%,

Tabe 2 Total completeness of the recipe

No	The completeness of the recipe	Frequency (n)	Percentage (%)
1	Complete	100	53,8
2	Incomplete	86	46.2
	Total	186	100

On table 2, the most completeness of the recipes, which shows that of the 186 prescription sheets examined, 86 complete recipe sheets and 100 incomplete recipe sheets were found. From these results, an overview of the percentage of prescription completeness at RSU HKBP Balige for the July 2020 period was complete recipe sheets of 46.2% and incomplete prescription sheets of 53.8%.

Discussion

This research was conducted to find out how the completeness of the recipe was carried out on 186 prescription sheets at HKBP Balige General Hospital in July 2020. In this recipe review, Syamsuni's recipe book guidelines were used (2006). Through the analysis of 186 prescription sheets, it was found that 100 recipes (53.8%) contained incomplete prescriptions and 86 recipes (46.2%) were incomplete. The results of this study are in line with the results of research conducted by Simar Nainggolan (2018), regarding the description of the completeness of prescriptions served at the Rejeki Mandiri Medan Pharmacy for the period October to December 2017 showing the highest percentage that did not meet the prescription completeness requirements was the address of the patient 89.06%. It is often found that the doctor's initials are not listed 55.47%, the date of writing the prescription 67.97%, the patient's address 89.06%, the patient's age 52.34%. In a prescription containing narcotics or psychotropic substances, the address of the patient is an absolute requirement.

The results of this study are also in line with the results of a study by Abdul Khodir Jaelani and Findy Hindratni (2017) administrative screening of outpatient prescriptions at the Yogyakarta city health center, most of the components have reached 100%, namely patient name, patient age, gender, and date of prescription, while for body weight, doctor's name and initials, and doctor's SIP it has not reached 100%, meaning that there are still several prescriptions found that do not include these components. In line with research by Mamarimbing et al (2012) regarding the evaluation of the administrative completeness of prescriptions from pediatricians at three pharmacies in the city of Manado, the results obtained were 88.63% did not include the complete doctor's Practice Permit (SIP), 46.3% of prescriptions did not include address of the patient, 1.6% of prescriptions did not include the date of writing the prescription, 72.5% of prescriptions did not include weight, and 21.7% did not include the patient's age. Prescription writing often occurs deviations in terms of administrative completeness which includes the date of writing, SIP, doctor's address, doctor's initials, and clarity of dosage form. The absence of the date of writing and the doctor's initials makes the validity or authenticity of the prescription doubtful (Oetari and Rahmawati, 2002).

Based on table 2, the number of incomplete prescriptions was 100 prescriptions (53.8%) and complete as many as 86 prescriptions (46.2%) where the most incomplete first order was the patient's address (36.4%), address the patient is very important because it is patient data, the patient's address is also very important as a differentiator if the prescription contains the same name and age in 1 ward, this can also prevent errors in giving the patient, incomplete patient addresses can be caused because the patient is a patient hospitalization so that the prescribing doctor does not write the patient's address.

The second largest incomplete order is the doctor's name, 51 prescription sheets (27.4%). (2019) there is an incompleteness of the doctor's identity, namely the incompleteness of the doctor's

initials, namely 53%, and the incompleteness of the doctor's name is only 6%, the doctor's name and doctor's initials as the doctor's identity are very important in the prescription because the doctor's name and doctor's initials play an important role in the prescription. in order to guarantee the authenticity of the recipe, and function as the legality and validity of the recipe and can be accounted for so that it is not misused in the general public. The incompleteness of the doctor's identity can be caused because the doctor did not have time to write it down due to the large number of patients.

There were 19 incomplete prescriptions (10.2%) in the rules of use, based on research conducted by Octavia (2010) who found the results of unclear writing of the frequency of drug administration as much as 75.5%. The prescription should be written clearly and completely when giving the drug. Writing the time of drug administration is very important in the prescription so that when in the service process there is no error in information on drug use, because the patient's condition and condition determines the right time to use the drug, for example the drug is taken 3 times a day and taken 1 hour before eating, or 2 hours after eating. etc. With this information it is hoped that the patient will be able to use the drug correctly. Writing the rules for use (signature) is very important because it ensures the safety of the dose and the right dose according to the patient's needs (Ministry of Health, 2016). If you find an incompleteness in the rules of use, the pharmacy installation officer must confirm this to the prescribing doctor. For patient identity, namely the patient's name was found incomplete, only 1 prescription sheet (0.5%).

According to research conducted by Phalke et al., (2011) in India, it was stated that errors in writing prescriptions made by doctors could be caused by a lack of qualifications from doctors regarding the inclusion of the doctor's practice address, doctor's license to practice, how to write a complete and clear prescription, the patient's weight was not recorded, and the dose accuracy was 5.7. Based on the data obtained, it is possible that the lack of qualifications of medical doctors in Indonesia means that there are still many prescriptions that do not meet the completeness aspect of the prescription based on the Decree of the Minister of Health of the Republic of Indonesia No.280/MenKes/V/1981. The researcher assumed that incomplete prescriptions occurred because many patients visiting increased the prescribing doctor's busyness, so that the prescribing doctor did not have time to write a complete prescription. And for the patient's incomplete address, the researcher assumes that it happens because he is an inpatient, so the address of the patient is incomplete, similar to the incomplete name and initials of a doctor, based on what researchers observed during street vendors in the field, doctors sometimes use a stamp containing the name the doctor so that sometimes he doesn't include his initials anymore. Also, for SIPs that have not been included in this prescription sheet, maybe the doctor did not write them because the doctors who have worked at HKBP Balige General Hospital are required to have SIP.

CONCLUSION

The results of an overview of the completeness of prescriptions for inpatients at the pharmacy installation at RSU HKBP Balige for the period of July 2020, out of a total of 186 prescriptions, it still did not contain all information on the doctor's name (27.4%), doctor's initials (5.9%), patient's name (0 .5%), patient address (36.6%), directions for use (10.2%). This shows that the completeness of the prescription at RSU HKBP Balige is incomplete.

REFERENCES

Aronson. (2009). Dalam: Identifikasi Medication Error Pada Fas Prescribing, Transcribing, dan Dispensing di Depo Farmasi Rawat Inap Penyakit dalam Gedung Teratai, Instalasi Farmasi RSUP Fatmawati Perioede 2013.UIN Syarif Hidayatullah. Jakarta

Depkes RI. (2009). *Peraturan Menteri Kesehatan Republik Indonesia No. 51Tahun 2009 tentang Pekerjaan Kefarmasian*. Jakarta.

Depkes RI. (2014). *Peraturan Menteri Kesehatan Republik Indonesia No. 30 Tahun 2014 tentang Standar Pelayanan Kefarmasian di puskesmas*. Jakarta.

Depkes RI. (2016). *Peraturan Menteri Kesehatan Republik Indonesia No. 72 Tahun 2016 tentang Standar Pelayanan Kefarmasian di Rumah Sakit*. Jakarta.

Jaelani, A. K., & Hindratni, F. (2017). Gambaran Skrining Resep Pasien Rawat Jalan Di Puskesmas Kota Yogyakarta Tahun 2015. *Jurnal Endurance: Kajian Ilmiah Problema Kesehatan*, *2*(1), 1-6.

Kongres PERSI (2007). Laporan peta nasional Insiden Keselamatan pasien. Departemen Kesehatan RI.

Mamarimbing, M., Fatimawali, F., & Bodhi, W. (2012). Evaluasi Kelengkapan Administratif Resep dari Dokter Spesialis Anak Pada Tiga Apotek di Kota Manado. *PHARMACON*, *1*(2).

Megawati, F., & Santoso, P. (2017). Pengkajian Resep Secara Administratif Berdasarkan Peraturan Menteri Kesehatan RI No 35 Tahun 2014 Pada Resep Dokter Spesialis Kandungan di Apotek Sthira Dhipa. *Jurnal Ilmiah Medicamento*, *3*(1).

Phalke, V.D., Phalke, D.B., Aarif, S.M.M., Mishra, A., Sikchi, S., (2011). *Prescription Writing Practices In A Rural Tertiary Care Hospital In Western Maharashtra,* India. Australas. Med. J. 4, 4–8.

Windarti. (2008). Dalam: Identifikasi Medication Error Pada Fas Prescribing, Transcribing, dan Dispensing di Depo Farmasi Rawat Inap Penyakit dalam Gedung Teratai, Instalasi Farmasi RSUP Fatmawati Perioede 2013. UIN Syarif Hidayatullah. Jakarta

Yusuf, A., Nugraha, D., & Mentari, N. (2020). Kajian Resep Secara Administrasi Dan Farmasetik Pada Pasien Rawat Jalan Di RSUD Dr. Soekardjo Kota Tasikmalaya Periode 10 Maret-10 April 2017. *Jurnal Farmasi & Sains Indonesia*, *3*(2), 49-54