

PROFILE OF WAITING TIME FOR COMPOUNDED AND NON-COMPOUNDED PRESCRIPTION SERVICES AT SIKO COMMUNITY HEALTH CENTER, NORTH TERNATE DISTRICT

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A B S T R A C T

Pharmaceutical services have direct responsibility to patients related to the provision of pharmaceuticals, aiming to significantly improve the quality of life of patients. In order to meet the demands of society for quality of service, a change is needed from the old image, which focuses on finished drug products, to a patient-oriented image, known as the philosophy of pharmaceutical service. The purpose of this study is to find out how long it will take to be prescriptive and non-toxic in the north ternate district district to review from 2016's no.27 permenkes. In the study a quantitative descriptive method with a nonlinear perspective was used, descriptive observation was made. The study was conducted in the siko district district of north ternate district with 94 respondents. As a result of this study, the average wait time for prescription drug services was 6.2 minutes and a prescription drug was 12.56 minutes. The ministry of raw materials at ≤ 0 has been able to meet the appropriate standards of farification, the length of time expected by the Indonesian ministry of health no. 72 year 2016 to be defined as "drug-prescribed" time.

INTRODUCTION

Pharmaceutical services have direct responsibility to patients related to the provision of pharmaceuticals, aiming to significantly improve the quality of life of patients. In order to meet the demands of society for quality of service, a change is needed from the old image, which focuses on finished drug products, to a patient-oriented image, known as the philosophy of pharmaceutical services (Care Pharmaceutical) (Purwanto et al, 2015; Ministry of Health, 2016).

Waiting time in serving prescriptions includes the period from receiving the prescription to delivering the medicine to the patient. This aspect is very important to improve the quality of service and patient satisfaction, as well as an indicator of the standard waiting time. Waiting time for service can experience delays due to various factors, such as previous prescription processing, compounding process, or high number of patients compared to available health resources (Ministry of Health, 2016).

Siko Health Center is an alternative in the research of prescription service quality because it is one of the top health institutions in North Ternate District. Siko Health Center is one of the health centers in Ternate City that receives quite a lot of visits from patients so that the provision of prescriptions in the room is increasingly crowded.

Problems related to waiting time often cause discomfort for patients in the process of providing drugs at the Health Center. Based on the survey, researchers noted that there were several patients who protested the long waiting time in drug services, and there were also those who left prescriptions while queuing. Therefore, more extensive research is needed to evaluate the duration of waiting time in serving prescriptions. Waiting time in prescription services is a work standard that can affect the quality of service. Furthermore, an evaluation of the waiting time in serving prescriptions at the Siko Health Center is needed so that it can be a reference in building quality and drug services in North Ternate District.

Based on the explanation above, the researcher is interested in knowing whether the waiting time for serving mixed and non-mixed prescriptions at the Siko Community Health Center, North Ternate District, has followed government standards and community health center operational standards or not.

METHODOLOGY

This study applies a quantitative descriptive method with a non-experimental approach to describe the waiting time profile in prescription and non-prescription services at the Siko Health Center, conducted at the Siko Health Center, North Ternate District, Ternate City on June 11 - July 11, 2024. The population in the study was patient prescriptions served at the Siko Health Center. The sample of this study was 95 using the Slovin formula, taken from the population 3 months before the data was taken, namely April - May 2024, with an average data of 2010 prescriptions. Data collection techniques used questionnaires and documentation. Data analysis is univariate used in 1 variable. In this study, the analysis used was by assessing the average waiting time for prescribing finished drugs and prescriptions for mixed drugs, then looking at the comparison with the SPM (minimum service standards) of finished drugs (≤ 30 minutes) and also mixed drugs (≤ 60 minutes).

RESULTS AND DISCUSSION

Respondent Characteristics Based on Type of Drug and Number of Drugs

The behavior of respondents who come for treatment at the Siko Health Center, North Ternate District, according to the type of medicine is divided into two choices, namely ready-made medicine and compounded medicine. While for the number of medicines, it is divided into two categories, namely 1-5 and 4-6 many medicines.

Table 1. Frequency of Respondents Based on Type of Drug and Number of Drugs

No	Types of Drugs	Number of Recipes	Many Drugs	Amount	Total	Presentation (%)
1	Finished Drugs	50	1 - 3	31	50	53
			4 - 6	19		
2	Drug Concoction	45	1 - 3	5	45	47
			4 - 6	40		
	Total	95	Total	95	95	100

Source: Primary Data obtained by Microsoft Excel 2010 Analysis

Based on Table 4, it was found that the frequency of patients seeking treatment at the Siko Health Center, North Ternate District was based on the type of medicine, namely 50 (52.6%) ready-made medicines and 45 (47.4%) mixed medicines.

Finished drugs are drugs in good condition or also a mixture in the form of powder, liquid, tablet, ointment, suppository, pill, also in different forms that have the appropriate name in the Indonesian pharmacopoeia or certain references (Arum, 2016). Compound drugs are drugs made by mixing active ingredients and changing their form into a certain form (Mullarkey, 2009). For the number of finished drugs in Table 4.1 above for patients whose drug quantity is one to three, namely 31 and patients whose drug quantity is four to six, namely 19. While for the number of compound drugs in Table 4.1, there are patients whose drug quantity is one to three, namely 5 and patients whose drug quantity is also four to six, namely 40.

Prescription Service Wait Time Overview

The prescriptions for the examinations carried out were obtained from general polyclinics, eye polyclinics and dental polyclinics which included compounded and finished drugs. These results were seen from their forms, namely compounded and finished drugs, then the average overall length of patient waiting time was calculated using a taimer (stopwatch) and the initial hour (the hour the prescription was submitted) and the final hour (the hour the medicine was obtained) were also recorded. Here are several types of prescriptions and their average overall waiting time:

Table 2. Results of Waiting Time for Finished and Mixed Drugs Per Minute

Types of Drugs		Waiting Time (minutes)	Amount	Presentation (%)
1	Finished Drugs	1 - 5	21	45
		6 - 10	27	54
		11 - 15	2	4
		16 - 20	0	0
		Total	50	100
2	Drug Concoction	1 - 5	2	4
		6 - 10	14	31
		11 - 15	19	42
		16 - 20	10	22
		Total	45	100

Based on Table 4.2 shows that the waiting time of 1-2 minutes is 21 recipes with presentation (42%). 6-10 minutes is 27 recipes with presentation (54%). 11-15 minutes is 2 recipes with presentation (4%) and the most is non-compound drugs (finished drugs) is 6-10 minutes is 27 recipes with presentation (54%). While for compound drugs Based on Table 4.2 shows that the waiting time of 1-2 minutes is 2 recipes with presentation (4%). 6-10 minutes is 14 recipes with presentation (31%). 16-20 minutes is 10 recipes with presentation (42%) and the most waiting time for compound drugs is 11-15 minutes is 19 recipes with presentation (42%).

Average Waiting Time for Finished Drugs and Compounded Drugs

Table 3. Average Results of Waiting Time for Finished Drugs and Compounded Drugs

No	Recipe Types	Number of Recipes	Average Wait Time	Ministry of Manpower Standards (2016)	SOP of Siko Health Center	Appropriate/Not Appropriate
1	Ready-made medicine	50	6.2 minutes	≤ 30 minutes	≤ 20 minutes	Appropriate
2	Compound medicine	45	12.56 minutes	≤ 60 minutes	≤ 30 minutes	Appropriate

Based on Table 3, the waiting time for providing a prescription for finished drugs was 6.2 minutes and for prescriptions for compounded drugs was 12.56 minutes.

As stated in the objectives of this study, among others, are to find out how long the waiting time is in the service and the appropriateness of the waiting time for serving non-compound and compound drug prescriptions at the Siko Health Center, North Ternate District, reviewed from the Minister of Health Regulation No. 27 of 2016. Based on the research results, the research results are intended to provide an explanation of the results of the research.

Based on Table 3. The total waiting time for serving prescriptions for finished drugs is 6.2 minutes and for prescriptions for compounded drugs it is 12.56 minutes. From that, it can be said that the waiting time for providing prescriptions at the Siko Health Center, South Ternate District has followed the standard operating procedure (SOP) of health centers, which is stated to have been fulfilled if the average waiting time for finished drugs is (≤20 minutes) and compounded drugs (≤30 minutes). The waiting time for providing prescriptions has also followed the pharmaceutical service standards for waiting time for providing prescriptions based on the Approval of the Minister of Health of the Republic of Indonesia (No. 72. 2016) which is the time for providing prescriptions for finished drugs (≤30 minutes), while the time for providing compounded drugs is (≤60 minutes).

According to research by Ryan, G. and Valverde M referred to by Jaya et al. (2018), the waiting time for prescription drug services is an important indicator for assessing the quality of pharmaceutical services in health facilities, including Community Health Centers as one of the first-ranked health accommodations.

Research by Kartika et al. (2016) showed that the value of the length of waiting time for medicine at the Salatiga City Health Center was (5.70 minutes), while for compounded medicine it was (9.18 minutes). Research by Putri (2021) found that the average waiting time for finished medicine was (4.44 minutes) and for compounded medicine was (11.36 minutes).

Based on the examination of the length of waiting time in providing prescriptions at the Siko Health Center, the value of the length of waiting time in completing finished drugs is (6.2 minutes), although waiting time is also needed in preparing compounded drugs is (12.56 minutes). The waiting time in providing compounded drugs is quite long compared to providing prescriptions for finished and non-compounded drugs because compounded drugs require a long time, not only preparing the drug but also needing appropriate anticipation for the dose of the drug, measuring the drug ingredients, also needing good compounding from the form of powder, capsules and other preparations. The waiting time for finished drugs at the Siko Health Center is the longest compared to the results of the study by Kartika et al. and Putri.

The results of Indrajati's (2023) study showed that the difference in waiting time for drug services at the Cibuntu Health Center was influenced by the type of drug preparation and the complexity of the preparation process. Differences in waiting time can be influenced by various factors such as the number of workers, queuing system, facilities and infrastructure, and operational

procedures applied at each location. Research conducted by Nurjanah, et al. (2016) showed that compounded drug prescriptions had a longer waiting time when compared to non-compounded drug prescriptions, so it can be said that the average waiting time is also influenced by the number of drug items. According to Robby Chandra's (2021) research, the supporting factors for the implementation of optimal prescription services are human resources, facilities and infrastructure, and formularies¹³.

There is a relationship between the type of prescription and the time of prescription service, where compounded drug prescriptions take longer than finished drug prescriptions. This is due to additional processes involving dosage calculations, weighing, and mixing drugs according to the dosage and nature of the drugs used. Therefore, experts with adequate pharmaceutical education and work experience are needed so that the process of making compounded drugs can be carried out quickly and accurately (Pipintri et al., 2017).

The standard time for administering drugs that has been decided by the Ministry of Health of the Republic of Indonesia (No. 72. 2016) on Service Standards, is a parameter that is applied in assessing the quality of service for the length of time for prescriptions. Therefore, it is necessary to assess the waiting time for prescriptions at the Siko Health Center to assess the suitability of the quality of prescriptions with the predetermined criteria. Prescriptions are taken by pharmacists and TTK (pharmacy technical personnel) starting at (08.00-12.00 WIB). At certain busy times, many prescriptions come at the same time. After being examined by the polyclinic, the patient's prescription then comes via computer and then the patient goes directly to the Siko Health Center pharmacy to wait for the medicine. Although there are many collections of prescriptions from (09.00-10.30), the waiting time for non-compound and compound prescriptions at the Siko Health Center is still in accordance with good service standards.

CONCLUSION

The waiting time profile in prescription services at the Siko Health Center, South Ternate District, found that the value of the length of waiting time in providing non-compound drug prescriptions was (6.2 minutes) and also compound drug prescriptions were (12.56 minutes). Stating that the average length of waiting time for providing prescriptions for finished or compound drugs at the Siko Health Center, South Ternate District, has followed the criteria for Pharmaceutical Services for waiting time in providing prescriptions, based on the approval of the Minister of Health of the Republic of Indonesia (No. 72, 2016) namely the time in providing prescriptions for finished drugs (≤ 30 minutes), although the time for providing compound drugs is (≤ 60 minutes).

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