



Study on Management and Medicines Administration at the General Hospital of Jayawijaya Wamena in Papua Province

Joel Halitopo^a, A.L. Rantetampang^b, Arius Togodly^c

^aMaster Program, Faculty of Public Health, University of Cendrawasih Papua

^{b,c}Program of Postgraduate Program of the Faculty of Public Health, Cendrawasih University

Abstract

The initial planning process for the availability of medicines the hospitals Jayawijaya Wamena Papua Province into account only to the needs of citizens in Jayawijaya, but currently Wamena General Hospital not only accommodate patients of Jayawijaya but also from 8 districts in the Central Mountains. This is one of the factors that led to the availability of medicines in hospitals Wamena experiencing stock outs. The purpose of research is to understand and know the process of planning, receipt, storage, procurement and distribution needs of the drugs taken by the management of hospitals Wamena in 2014, and to know and understand the enabling and inhibiting factors and coping strategies stock outs of drugs in hospitals Wamena year 2014. This type of qualitative research with phenomenological approach. Informants in this study is the Head of Administration, Head of Warehouse, Planning Division, doctor, nurse, pharmacist and patient. The data collection is done by observation, documentation, and in-depth interviews. Data analysis technique used is descriptive qualitative. The results showed: the planning process drugs, the admissions process drugs, drug storage process, the process of procurement of drugs, drug distribution process has been implemented, although there are still obstacles and limitations. Factors supporting the availability of drugs is their drooping of the Papua provincial government funding even though it is not maximized.

*Corresponding author.

While the limiting factor is the lack of funding for the purchase of drugs, the number of patient referrals from the mountainous regions. Coping strategies Stock Out of drugs by way of management has been in communication with some district leaders in the mountainous region but it is also the provincial government to provide financial assistance, although its value is not great but it is helping the government Jayawijaya and the management of hospitals Wamena in meeting the needs of medicine.

Keywords: Strategy; Management of Medicines; Stock Out Drugs.

1. Introduction

In the preamble of the 1945 Constitution clearly stated ideals of the Indonesian nation as well as a national goal the Indonesian nation. The national goal is to protect the entire Indonesian nation and the entire homeland of Indonesia and promote the general welfare, educating the nation and participate in implementing world order based on the independence of lasting peace and social justice. Efforts by the Government to address the issue of health care such as by making regulations, one of which Act No. 36 of 2009 concerning health. In addition to ensure equal distribution of health services, the government began to promote programs directed to the poor so that all people can enjoy health services in a fair and equitable.

In Papua, especially in mountainous areas are still many poor people cannot touch the free health care, and even they cannot afford to pay the fees for treatment. Poverty and underdevelopment of the people of Papua is actually not the reason, this is because the Papua region is a region which has a wealth of natural resources are abundant, but the people of Papua have not been fully able to feel the equitable distribution of the wealth of this natural resource. This is why the central government issued a policy, that special autonomy for Papua Province as stipulated in Law No. 21 of 2011 on Special Autonomy for Papua Province. In Act No. 21 of 2001 on Special Autonomy for Papua Province, Article 59 (3), stated also that every resident of Papua have the right to obtain health services. One of the priorities in the special autonomy is a health development. In Article 34 paragraph (2) states that in the implementation of Special Autonomy in the amount equivalent to 2% of the ceiling of the National General Allocation Fund, which is primarily intended to finance education and health. In Article 36 paragraph (2) said that at least 30% of the revenues is allocated for education, and at least 15% for health and nutrition.

Health development policies under the Special Autonomy policy is directed to increase the range and quality of health services through; 1) Program Disease Eradication, 2) Prevention and Control of HIV / AIDS, 3) Improvement of human resources in the health of both medical and para-medical, 4) Health Center Services, 5) Hospital Service, 5) Provision of Medicines, 6) Improved nutrition and environmental sanitation. Hospital Hospital Wamena is a Type C and is the referral hospital for the 8th District in the Central Mountains, nevertheless owned facilities and infrastructure inadequate, such as medical specialists, ICU and operating rooms are great. Funds for the operations to Wamena Hospital is lacking, in addition to eating and drinking, drugs, and office operations. Examples of the drug in the last three years when calculated needs, ideally for needed drugs in one year at least 12 billion budget, which is allocated by the district is \$ 2.5 billion, meaning shortcomings so far (Papua Pos, 2014). In this case, with minimal funds is certainly not comparable to the

number of patients in hospitals Wamena. Hospital side along the local district government always submitted to the Province of Papua that hospitals Wamena, Jayawijaya people not only serve themselves, but serves also all the district division, then there needs to be attention also from the Government of Papua Province. Management of medical supplies in hospitals Wamena for already implemented properly, from planning to the evaluation phase. However prose initial planning for the availability of medicines the hospitals Wamena only take into account for the needs of citizens in Jayawijaya, but currently Wamena General Hospital not only accommodate patients of Jayawijaya but also from 8 districts in the Central Mountains. This is one of the factors that led to the availability of medicines in hospitals Wamena experiencing stock outs.

1.1 Management of drugs

Drug management in hospitals is an important aspect of management, therefore inefficient will give negative impact on the hospital both medically and economically. Planning is a very important function in the management, due to lack of planning will determine other management functions, especially decision-making. The planning function is the basic foundation of the overall management function. In the absence of planning, implementation will not run properly. Thus the plan is a guideline or guidance on process activities to achieve goals effectively and efficiently. According to [1]; the management of hospital drug includes the stages of planning, procurement, storage, distribution, usage, recording and assessment. These stages are related to one another, so it should be well coordinated so that each can function optimally, which is supported by the organizational structure, financial and management information systems are adequate and motivated staff. Based on the Minister of Health Regulation No. 1197 / Menkes / SK / X / 2004 concerning the standard of hospital pharmacy services that the management of pharmaceuticals is a cycle of activities, starting from the selection, planning, procurement, receipt, storage, distribution, control, removal, administration and reporting and evaluation necessary for service activities with the aim of Managing pharmaceuticals effective and efficient; Applying economic farmako in service; Improving competences / capabilities pharmacy staff; Management Information System embodies efficient and effective; Implement quality control services. Management of drugs is a complex series of events that constitute a cycle of inter-related, basically consists of four basic functions are the selection and planning, procurement, distribution and use.

1.2 Review of Basic Services Public

Based on the Indonesian Government Regulation No. 65 Year 2005 on Guidelines for the Preparation and Implementation of Minimum Service Standards, explained that the Basic Service is the kind of public service that is fundamental and essential to meet the needs of the community in social life, economy and government. Minimum Service Standards hereinafter abbreviated SPM is a provision of the type and quality of basic services that are obligatory area earned every citizen is entitled to a minimum. SPM is a benchmark indicator of achievement of quantitative and qualitative scale used to describe the objectives to be met in achieving a certain SPM, in the form of inputs, processes, products and / or services benefits. Reference [2] states that in order to improve services, the government has established a policy regarding mandatory authority and minimum service standards (SPM) that must be met by each Local Government districts / cities in certain services such as health, education and environmental sanitation. Those efforts still need to be expanded and its implementation requires

greater support, correction and monitoring of the various layers of society or stakeholders, so that these efforts can be run more effectively and quality of service to the community can be improved. Muhammad [2] suggests that there are fundamental differences in managing the public sector with the private sector. The private sector tends and always oriented profit while the public sector is more emphasis on service delivery that ensures fairness. A prominent feature in the public service is one to all without regard to the dynamics of consumers' desire to be served. While the private sector tends to provide the best services to be capable of gainful. Indicators of the quality of public services by consumers there are 5 dimensions as follows [3] : (1) Tangibles the quality of services in the form of physical facilities offices, computerized administration, Waiting Room, where information, (b) Reliability: the ability and all the mainstay in providing a reliable service, (c) Responsiveness, namely the ability to assist and provide services rapid and precise and responsive to the desires of consumers, (d) Assurance, namely the ability and the friendliness and courtesy in ensuring consumer confidence, and (e) Emphaty the firm but friendly attitude in providing services to consumers.

1.3 Overview of Health Care

Along with the rapid development in various fields to improve the welfare of society and awareness of healthy living, which raised the need for health care both in type and quality [4]. Health services are generally defined as any efforts held individually or jointly within an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups and communities [5]. Further [6], suggests that the health requirements of the most good not to include eight main points namely: provided (available), fair (Appropriate), sustainable (continue), acceptable (acceptable), achievable (accessible), can be reached (affordable), efficient (efficient), and quality (quality). Eighth these requirements are equally important, but the condition seems increasingly received attention in line with public demand better quality health care is increasing. Quality health services not only meet the needs and demands of society for health services (health needs and demands) are increasingly increased, but at the same time can also reduce the likelihood of side effects of advances in science and medical technology. In addition, the quality of service will reduce costs by preventing the mistake of doing it right from the beginning of the ministry so that there is no repetition or repair [6].

1.4 Overview of the Quality of Health Care

Quality health care is health care that can satisfy every health care service users in accordance with an average satisfaction level of its implementation in accordance with the standards and code of professional conduct (Anwar, 1996). Meet and exceed the needs and expectations of customers through continuous improvement of the entire process. Customers include, patient, family, and others who came for the doctor's services, employee [7].

1.5 Overview of the Hospital

According to Law No. 44 of 2009, the hospital is a health care institution which organizes personal health

services in the plenary that provides inpatient, outpatient, and emergency department. Comprehensive health care is health care that includes promotive, preventive, curative, and rehabilitative services. The hospital is also a place to hold health efforts that any activities to maintain and improve health and aims to achieve optimal health status for the community [8]. Based on the decision of the Minister of Health No. 340 / Menkes / Per / III / 2010 concerning the classification of the hospital, the hospital must have the ability to serve at least medical services general, emergency, nursing services, outpatient, inpatient, operation / surgery, basic specialist medical services, medical support, pharmacy, nutrition, sterilization, medical records, administration and management services, health counseling, bodies treatment, laundry, ambulance, hospital maintenance of facilities, as well as waste treatment.

1.6 Drugs Stockout

Stockout is inventory management are the remaining final drug is less than the average usage per month for one month is called stockout [9]. According [10] stockout is remaining stock of drugs at the time did demand for drugs, drug stockout stock is empty while the value of inventory is less than consumption. Safety stock is additional supplies in order to protect and maintain the possibility of supply shortages (stockout). Safety stock is calculated by multiplying the average use of drugs or grace period until the cure comes bookings [11]. High drug that will indicate the amount of inventory decreases and vice versa if lower drug that will indicate the amount of excess inventory, means the purchase of goods in large quantities is not quickly used up, so will the supply of dead or stagnation. Excessive inventory will tie the money that should be used by a company for a variety of other things in the business and can create cash flow becomes negative, this should be avoided. That is why it is always endeavored to keep stocks as low as possible.

The higher dosage level, means more inventory is stored the more the taking up storage space that gives rise to the additional costs of storage. So therefore they should always endeavored that drug supplies are not stagnated because, overall, it refers to the size and financial targets such as the return on investment at the rate of turnover of stocks or in other words guarantee quantity and development effort shown to foster income to be able to guarantee a return on investment capital , So that the availability of drugs on time, the right type, and the right amount, then that should be of particular concern is to avoid stock out and stagnant, where the important factors that could affect the stock out and stagnant medicine is the process of planning and procurement and levels of drug use [11].

Things that can affect the occurrence of drug stock outs, among others:

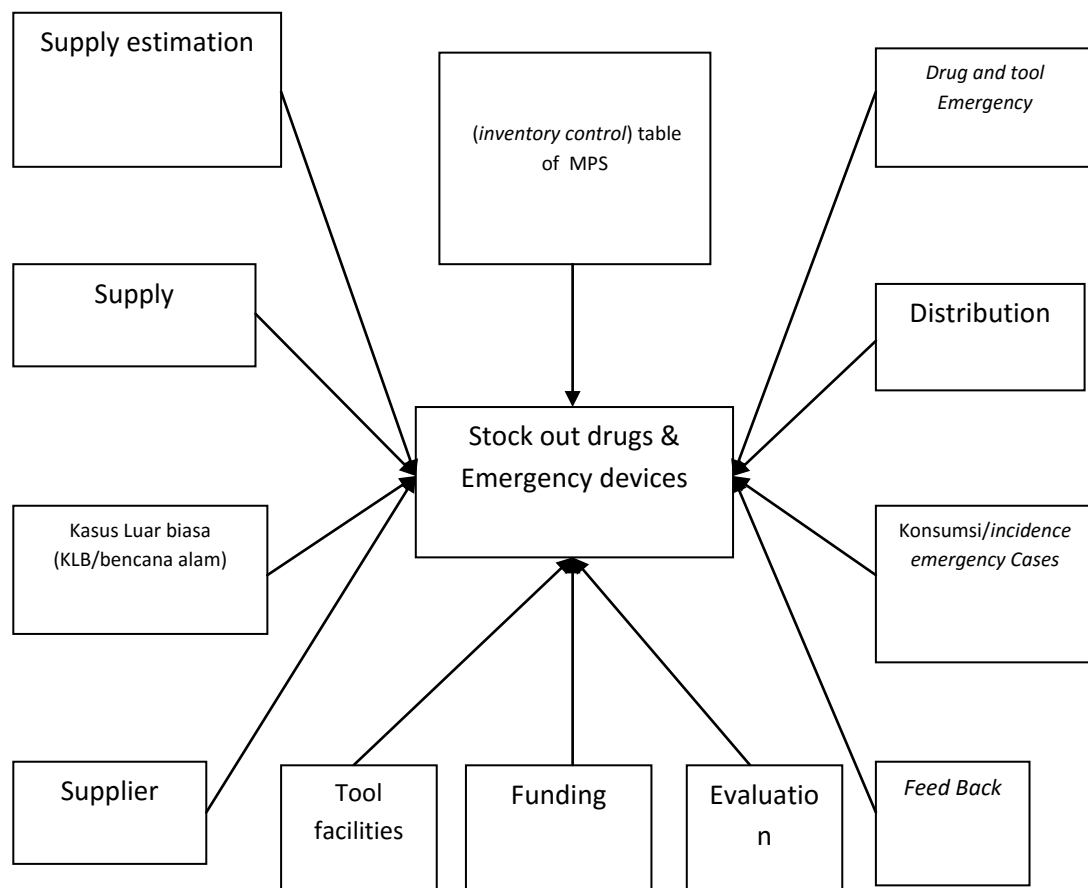
- a. planning medicine
- b. Procurement of drugs
- c. storage of medicines
- d. drug distribution

- e. Mechanical prescribing
- f. Hospital information system on drug management
- g. Hospital policy on drug management.

Seventh abovementioned factors determine the success of the overall drug management system (Quick, 1997).

1.7 Framework Theory

Some of the factors which theoretically may influence the stock out of medicines in hospitals (Modified Quick, 1997) is the prediction of procurement, procurement, exceptional cases (KLB / natural disaster), suppliers, facilities and equipment, financing, evaluation, feedback, (consumption) Incidence Emergency Case, distribution, personnel / HR and inventory control.



Source : Quick (1997)

Figure 1: Framework Theory Research Influential Factors Of Stock Out Stock

Conceptual framework

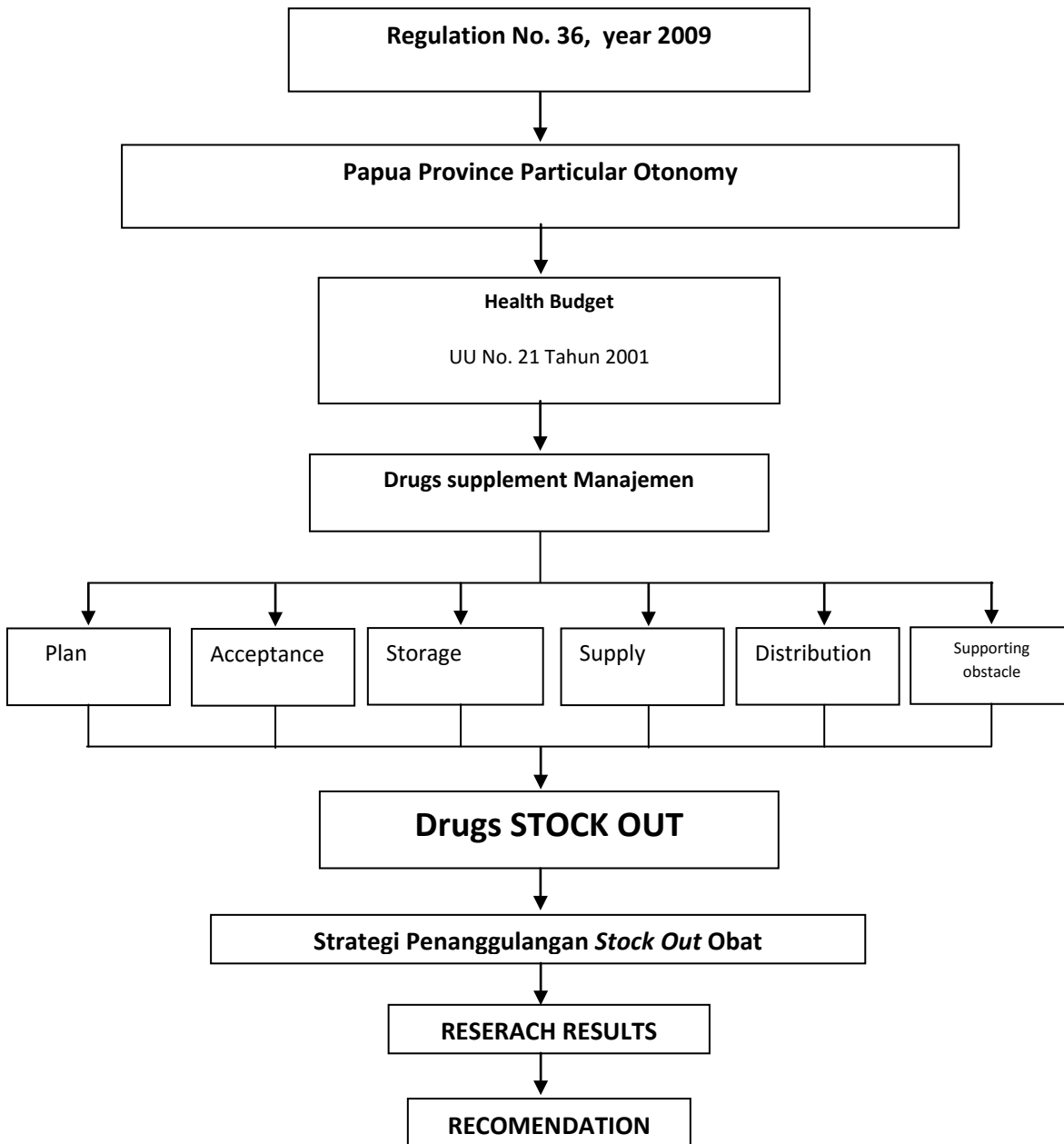


Figure 2: Conceptual framework

2. Materials and Methods

This type of research is qualitative with phenomenological approach, in which the research is intended to describe or depict phenomena exist. In qualitative research major research instrument (key) is a researcher of this study (Nasution, 1988). The location where this research is in the Regional General Hospital Jayawijaya Wamena. Pinpointing the source of this data, there are two pieces of data collected by the authors include: KTU (1), Head of Warehouse (1), Planning Section (2), general practitioners (1) Nurse (1) Pharmacist (1 people), patients (2). As well as secondary data, ie data that support the primary data. This secondary data will be

obtained from the Administration. Data collection methods used were observation (observations), documentation, in-depth interviews (in dept interview), focus group discussion (FGD), surf the internet. Data was analyzed using qualitative descriptive way.

3. Results

Based on this research, the planning process of drugs in hospitals Wamena Jayawijaya made based on the amount of the budget provided by the District Government of Jayapura and funds drooping of the province, the need for drugs very much but controlled fund, the hospitals Wamena planning by calculating the number of residents Jayawijaya and types most diseases, however, the number of patient visits not only from Jayawijaya but also from the other division seven districts in the mountainous region, so it makes the drug availability is insufficient. The admission process drugs in hospitals Jayawijaya Wamena is running slow, this is because the drug procurement process conducted by a third party through a tender of goods, however, the hospitals Wamena always make a report of drug into and out of each receiving the drug.

The process of storage of medicines in hospitals Jayawijaya Wamena have been implemented by the management in the warehouse storage of drugs, although drug warehouse owned by hospitals Wamena is very small and cramped. The process of distribution of drugs in hospitals needs Jayawijaya Wamena on demand and needs of the service units in Wamena General Hospital. Supporting factors availability of drugs in hospitals needs Jayawijaya Wamena is the support of the provincial government and also the support of several counties in the mountainous region, although not optimal. While the factors that inhibit the availability of drugs in hospitals needs Jayawijaya Wamena is the number of residents or patients treated by hospitals Wamena not only of Jayawijaya rather than expansion of existing districts in mountainous regions, lack of funding and limited drug supply planning. Drug stock outs coping strategies in hospitals Wamena done by communication and cooperation with local government districts in the mountain region for the procurement of drugs for patient referrals, although it is not maximized in doing.

4. Discussion

4.1 Requirements Planning Process Drugs

Drug demand planning is a process of selection of drugs and determine the number and types of drugs in order to procure. The purpose of planning is to get the drug needs: the type and amount of the right medicine as needed, to avoid a vacuum in medicine. improving the rational use of medicines, and increase the efficiency of drug use. The results showed that the planning process of drugs in hospitals Wamena Jayawijaya done based on the amount of the budget provided by the District Government of Jayapura and funds drooping of the province, the need for drugs very much but controlled fund, the hospitals Wamena planning by calculating the number of residents Jayawijaya and types most diseases, however, the number of patient visits not only from Jayawijaya but also from the other division seven districts in the mountainous region, so it makes the drug availability is insufficient.

This study is in line with research by [13], the results showed this during the planning of drugs in the

pharmaceutical Installation logistics unit RSU Haji Surabaya have been done but was not effective because there are still stagnant and the stock out. Planning the drug in Wamena General Hospital conducted quarterly to facilitate health workers in analyzing the drug is still a lot and a little. These planning activities are carried out to make the selection or the estimated needs and determine the amount of medication needed. Minister of Health has set Decree of the Minister of Health No. 1121 / Menkes / SK / XII / 2008 concerning Technical Guidelines for Drug Procurement Public And Medical Supplies, and to arrange the appointment or assignment of the government has issued Presidential Decree No. 80 Year 2003 on Guidelines for Procurement of Goods / Services, as last amended by Presidential Decree No. 95 of 2007. From both these regulations, it can be explained the stages of procurement of medical equipment and drugs in the planning and procurement stage.

To seek the truth of the results of this study, researchers conducted triangulasi data by comparing data from interviews, the availability of drugs and written documents on planning for the procurement of medicines in hospitals Wamena, based on the results triangulasi researchers found data consistency between the results of interviews with the document. From these results it can be concluded that the planning process of medicines in hospitals Wamena has already started, but there are still shortcomings, namely in terms of funds, where management has made plans but collided with the availability of sufficient funds for the procurement of drugs.

4.2 Admission Process Drugs

After the drug came then carried receipt and inspection. The clerk then match the goods by mail order, where consistent with the letter of the order, then a letter of acceptance of the goods signed by the pharmacist, for that payment depends on the agreement between the PBF and the purchase in pharmacies, can be in cash, credit or consignment and others , The results showed that the process of acceptance of drugs in hospitals Jayawijaya Wamena is running slow, this is because the drug procurement process conducted by a third party through a tender of goods, however, the hospitals Wamena always make a report of drug into and out of each receiving the drug.

This study is in line with Siti Nur Jayani (2013) [14], the results indicated the reception and recording of therapy has not been implemented effectively. The process for receiving drugs by the hospitals Wamena made to the process which in turn will do the storage process. The admission process is done by the management and the warehouse storing the drugs, the management of the process of identification of drugs that received the drug were booked so no error occurs. To seek the truth of the results of this study, researchers conducted triangulasi data by comparing data from interviews, the availability of drugs and written documents on receipt of medicines in hospitals Wamena, based on the results triangulasi researchers found data consistency between the results of interviews with the document. From these results it can be concluded that the acceptance process of medicines in hospitals Wamena was run by officers in a way to get into the recording and subsequent stages of drug storage in the warehouse of drugs.

4.3 Storage Process Drugs

Storage of medicines carried by officers pharmacist and a warehouse clerk. Any importation and use of drugs is

inputted into the computer system and recorded on the stock card that includes the date of addition or subtraction, the document number, the number of items charged or taken, the remaining goods and initial officer who made the addition or subtraction of goods. Card stock is placed in each drug or goods. Each Assistant Pharmacist responsible for the stocks held in the closet. Storage of goods by type of preparation, dosage forms and alphabetically for ethical drugs, as well as based on the pharmacology of drugs OTC (Over The Counter). The results showed that the process of storage of medicines in hospitals Jayawijaya Wamena have been implemented by the management in the warehouse storage of drugs, although drug warehouse owned by hospitals Wamena is very small and cramped.

To seek the truth of the results of this study, researchers conducted triangulasi data by comparing data from interviews, the availability of drugs and written documents about the storage of medicines in hospitals Wamena, based on the results triangulasi researchers found data consistency between the results of interviews with the document. From these results it can be concluded that the process of storing drugs in Wamena General Hospital was run by workers with a way to store drugs in a warehouse owned pharmaceutical warehouse although very small and cramped.

4.4 Procurement Process Drugs

Procurement of drugs is a process for the procurement of drugs needed in the health care unit. The goal is the availability of drugs to the type and the right amount of high quality and can be obtained at the appropriate period. Based on the results of the study showed that the drug procurement process in hospitals Jayawijaya Wamena made by third parties with the Local Government Jayawijaya district, so it takes a long time in the procurement process of this drug.

The appointment or assignment is done under Presidential Decree No. 80 Year 2003 on Guidelines for Procurement of Government Goods / Services as last amended by Presidential Decree No. 95 of 2007. In this provision, known as the method of selecting providers of goods / services contracting / other services, namely: method public tender; auction method is limited; method of direct elections; and a method of direct appointment. And the work of procurement and distribution of drugs, medicines and medical equipment in order to guarantee the availability of drugs is one type of procurement of goods / services specifically to meet the criteria to be implemented by the method of direct appointment. In addition to arrangements under Presidential Decree No. 80 Year 2003 on Guidelines for Procurement of Government Goods / Services as last amended by Presidential Decree No. 95 of 2007, there are things that need to be considered in the procurement of medicines and medical supplies as mentioned in the Decree of the Minister of Health No. : 1121 / Menkes / SK / XII / 2008 on Technical Guidelines for Public Procurement of Drugs and Medical Supplies for Primary Health Care. To seek the truth of the results of this study, researchers conducted triangulasi data by comparing data from interviews, the availability of drugs and written documents on the procurement of medicines in hospitals Wamena, based on the results triangulasi researchers found data consistency between the results of interviews with the document.

From these results it can be concluded that the process of procurement of medicines in hospitals Wamena

already run through a third party, however, procurement conducted this takes a long time.

4.5 Distribution Process Needs Drugs

Distribution of medicine is a series of activities in the framework of expenditure and receipt of quality drugs from a drug warehouse evenly and regularly and made available when required. The goal is ensuring the quality and validity of the drug and the precise, rational and efficient use of the drug. Distribution of medicine includes spending activities and delivery of medicines quality, secure its legitimacy as well as the exact type and amount of drug warehouses evenly and regularly to meet the needs of health care units. The results showed that the distribution of drugs in hospitals needs Jayawijaya Wamena on demand and needs of the service units in Wamena General Hospital. This study is in line with research conducted by Amiati Pratama (2009) [15], the results of this study concluded that stock out can be caused by several things, among others: inaccuracy warehouse clerk in the distribution of drugs. Factors to be considered in the distribution is the precision, speed, security, means the facility. Wamena hospital distribute medication needs to units other health services (Dep Kes RI, 2009) [16].

The delivery of the drug can be done by: (1) Warehouse medicinal drugs handed and accepted in service units, (2) Drugs submitted together with the form LPLPO (Dep Kes RI, 2004) [17, 18]. From these results it can be concluded that the process of distributing the drug have been conducted, but the distribution is not based on the needs of the drug for the patient but by considering the availability of drugs in the warehouse.

4.6 Supporting and Inhibiting Factors In Need Drugs

Basically, the drug plays an important role in health care. Treatment and prevention of various diseases cannot be separated from the act of drug therapy or pharmacotherapy. However, there are several factors which the supporters and obstacles in the availability of drugs in hospitals. The results showed that the supporting factors availability of drugs in hospitals needs Jayawijaya Wamena is the support of the provincial government and also the support of several counties in the mountainous region, although not optimal. While the factors that inhibit the availability of drugs in hospitals needs Jayawijaya Wamena is the number of residents or patients treated by hospitals Wamena not only of Jayawijaya rather than expansion of existing districts in mountainous regions, lack of funding and limited drug supply planning. This study is in line with Nur Jayani, the results showed the cause of stockout of drugs is rising patient visit. Jayawijaya Wamena General Hospital is the only hospital in the region's largest mountains so be patient referrals from other mountainous district, this causes problems to the availability of medicines in hospitals Wamena. Party Local Government Jayawijaya and management of hospitals Wamena only take into account the number of people who exist in Jayawijaya and adapted to the local budget in planning the purchase of medicines, so that when many patient referrals from the district more to cause the supply of drugs in hospitals Wamena be reduced, while the government area if you want to plan the purchase of drugs with a lot quota did not have sufficient funds. However, from some of the constraints faced by hospitals Wamena still contributing factor has been the existence of which is cooperation with several local governments in other mountainous regions, although it is not maximized.

4.7 Stock Out Drug Control Strategy

High drug that will indicate the amount of inventory decreases and vice versa if lower drug that will indicate the amount of excess inventory, means the purchase of goods in large quantities is not quickly used up, so will the supply of dead or stagnation. Excessive inventory will tie the money that should be used by a company for a variety of other things in the business and can create cash flow becomes negative, this should be avoided. That is why it is always endeavored to keep stocks as low as possible. The results showed that Stock Out Drug Control Strategy in hospitals Wamena done by communication and cooperation with local government districts in the mountain region for the procurement of drugs for patient referrals, although it is not maximized in doing. In addressing the availability of drugs in hospitals Wamena management has been in communication with some district leaders in the mountainous region but it is also the provincial government to provide financial assistance, although its value is not great but it is helping the government Jayawijaya and the management of hospitals Wamena in meeting the needs of medicine.

5. Conclusion

1. The planning process drugs in Wamena General Hospital has already started, but there are still shortcomings, namely in terms of funds, where management has made plans but collided with the availability of sufficient funds for the procurement of drugs.
2. The admission process drugs in Wamena General Hospital was run by officers in a way to get into the recording and subsequent stages of drug storage in the warehouse of drugs.
3. The process of storing drugs in Wamena General Hospital was run by workers with a way to store drugs in a warehouse owned pharmaceutical warehouse although very small and cramped.
4. The process of procurement of drugs at Wamena General Hospital was run by a third party, however, procurement conducted this takes a long time.
5. The process of distribution of the drug have been conducted, but the distribution is not based on the needs of the drug for the patient but by considering the availability of drugs in the warehouse.
6. Factors supporting the availability of drugs in hospitals Wamena is already cooperation with several local governments in other mountainous regions, and also their drooping of the Papua provincial government funding even though it is not maximized. While the limiting factor is the lack of funding for the purchase of drugs, the number of patient referrals from the mountainous regions.
7. Strategy stock out drug prevention in Wamena General Hospital is the management has been in communication with some district leaders in the mountainous region but it is also the provincial government to provide financial assistance, although its value is not great but it was very helpful and the government Jayawijaya Wamena hospital management to meet the needs drugs.

References

- [1] Seto (2004). *Manajemen Farmasi*. Surabaya: Airlangga University Press.
- [2] Shihab, A. (2005). Meningkatkan Kualitas Pelayanan Publik yang Lebih Baik Bagi Masyarakat Miskin. www.google.co.id (Diakses pada 29 Mei 2015)
- [3] Rahayu, Amy, S. (1997). Fenomena Sektor Publik dan Era Service Quality. dalam *Bisnis dan Birokrasi* No. 1/Vol. III/April/1997. Jakarta.
- [4] Wijayono, Doko. (1999). *Manajemen Mutu Pelayanan Kesehatan*. Vol. I, Surabaya: Airlangga University Press.
- [5] Arikunto, S. (1998). *Prosedur Penelitian*. Jakarta: Rineka Cipta.
- [6] Azwar, Azrul. (1996). *Manajemen Mutu Pelayanan Kesehatan*. Jakarta: Pustaka Sinar Harapan.
- [7] Suparyanto. (2011). Mutu Pelayanan Kesehatan. Diakses melalui <http://dr-suparyanto.blogspot.com/2011/04/mutu-pelayanan-kesehatan.html> (Diakses pada 29 Mei 2015)
- [8] Siregar, Ch. J.P., dan Amalia, L. (2004). *Farmasi Rumah Sakit, Teori dan Penerapan*. Jakarta: Penerbit Buku Kedokteran EGC.
- [9] Wisnu, AP. (2008). *Logistik Praktis, Cara Mudah Menguasai Logistik*. Jakarta: PT. Elex Media Komputindo.
- [10] Permana, Irfani Surya. (2013). Analisis Sistem dan Prosedur Pengadaan Obat-Obatan Pada Rumah Sakit Islam Yarsi Pontianak. Artikel Penelitian Universitas Tanjungpura Pontianak 2013.
- [11] Undang-Undang Republik Indonesia Nomor 44 tahun 2009 Tentang Rumah Sakit.
- Quick, James Campbell, Jonathan D. Quick, Debra Nelson et al. (eds.) (1997). *Organizational Stress and Preventive Management*. New York: McGraw-Hill.
- [12] Pratiwi, Amiati. (2009). Stock Out Obat di Gudang Perbekalan Kesehatan Rumah Sakit Islam Jakarta Cempaka Putih Pada Triwulan I Tahun 2009. *Jurnal Kesehatan masyarakat Universitas Indonesia* 2009.
- [13] Mellen, Renie Cuyno. (2013). Faktor Penyebab dan Kerugian Akibat Stock out dan Stagnant Obat di Unit Logistik RSUD Haji Surabaya. *Jurnal Administrasi Kesehatan Indonesia* Volume 1 Nomor 1 Januari – Maret 2013.

- [14] Jayani, Siti Nur. (2013). Faktor Penyebab Stagnant dan Stockout Bahan Makanan Kering di Instalasi Gizi RSUD Bhakti Dharma Husada Surabaya. *Jurnal Administrasi Kesehatan Indonesia* Volume 1 Nomor 3 Juli-Agustus 2013.
- [15] Salim, Agus. (2006). *Teori dan paradigma Penelitian Sosial*. Yogyakarta: iara Wacana.
- [16] Departemen Kesehatan. (2002). *Pedoman Manajemen Kesehatan*. Jakarta
- [17] Keputusan Menteri Kesehatan Republik Indonesia Nomor 1197/MENKES/SK/X/2004 Tentang Standar Pelayanan Farmasi Rumah Sakit.
- [18] Keputusan Menteri Kesehatan Republik Indonesia Nomor 340/MENKES/PER/III/2010 Tentang Klasifikasi Rumah Sakit.