

## INTISARI

Rendahnya partisipasi pelaporan SIMONA serta belum optimalnya pelaksanaan MESO, PTO, dan *Home Pharmacy Care* menunjukkan adanya kesenjangan antara regulasi dan praktik pelayanan farmasi klinik yang berpotensi menurunkan mutu pelayanan dan keselamatan pasien. Penelitian ini bertujuan untuk menganalisis pelaksanaan pelayanan farmasi klinik serta faktor-faktor yang mempengaruhinya. Jenis penelitian ini observasional analitik dengan pendekatan *explanatory design*, melalui pengumpulan data kuantitatif yang dilanjutkan dengan pendalaman data kualitatif. Subjek penelitian terdiri atas empat apoteker yang dipilih berdasarkan kriteria inklusi dan eksklusi. Kriteria inklusi meliputi: dokumen pelayanan farmasi klinik tahun 2024, apoteker dengan pengalaman kerja  $\geq 1$  tahun yang bersedia diwawancarai, apotek beroperasi  $\geq 1$  tahun dengan SIA berlaku. Kriteria eksklusi meliputi: apotek di bawah naungan rumah sakit, BUMN, atau *franchise*, dan apotek yang berdiri  $\leq 1$  tahun. Data kuantitatif dikumpulkan melalui observasi dokumen dan pelaksanaan pelayanan farmasi klinik menggunakan lembar *checklist* berdasarkan indikator dalam PMK 73/2016. Data kualitatif didapatkan melalui wawancara mendalam dengan apoteker. Data dianalisis secara deskriptif dan divalidasi dengan metode triangulasi.

Hasil observasi dokumen menunjukkan bahwa kelengkapan SPO pelayanan farmasi klinik apotek A cukup ( $\geq 61\%$ ), apotek B baik ( $\geq 80\%$ ), sedangkan Apotek C dan D termasuk kurang ( $\leq 60\%$ ). Hasil observasi pelaksanaan pelayanan farmasi klinik menunjukkan bahwa pengkajian dan pelayanan resep terlaksana sebesar 88,5% serta dispensing terlaksana sebesar 87,75%, yang keduanya termasuk dalam kategori baik. Sementara itu, konseling terlaksana sebesar 68,75% yang termasuk dalam kategori cukup. Sebaliknya, PIO hanya terlaksana sebesar 28,5% sehingga termasuk dalam kategori kurang. Adapun HPC, PTO, dan MESO tidak ditemukan pelaksanaannya selama observasi (0%), sehingga seluruhnya termasuk dalam kategori kurang. Hasil wawancara mendalam menunjukkan bahwa kondisi tersebut dipengaruhi oleh keterbatasan pengetahuan tenaga kefarmasian, ketiadaan sistem pendukung dan dokumentasi, keterbatasan sumber daya manusia, dan rendahnya dukungan manajemen. Secara keseluruhan, pelaksanaan pelayanan farmasi klinik di apotek Kapanewon Minggir belum sepenuhnya memenuhi ketentuan PMK 73/2016.

**Kata kunci:** Pelaksanaan Pelayanan Farmasi Klinik, Apotek, PMK 73/2016

## ABSTRACT

The low participation rate in SIMONA reporting and the suboptimal implementation of Adverse Drug Reaction Monitoring (MESO), Drug Therapy Monitoring (PTO), and Home Pharmacy Care indicate a gap between regulatory standards and the actual practice of clinical pharmacy services, which may potentially compromise service quality and patient safety. This study aimed to analyze the implementation of clinical pharmacy services and identify the factors influencing their execution. This research employed an analytical observational design using an explanatory sequential approach, in which quantitative data collection and analysis were conducted first, followed by qualitative data collection to further elaborate on the quantitative findings. The study subjects consisted of four pharmacists selected based on predetermined inclusion and exclusion criteria. The inclusion criteria included: availability of 2024 clinical pharmacy service documents, pharmacists with at least one year of work experience who were willing to be interviewed, and pharmacies operating for at least one year with a valid pharmacy license (SIA). The exclusion criteria included pharmacies affiliated with hospitals, state-owned enterprises, or franchise networks, and those operating for one year or less.

Quantitative data were collected through document review and observation of service implementation using a checklist developed based on the indicators outlined in PMK RI No. 73/2016. Qualitative data were obtained through in-depth interviews with pharmacists. Data were analyzed descriptively and validated through triangulation. Document observation results showed that the completeness of standard operating procedures (SOPs) was categorized as good ( $\geq 80\%$ ) in Pharmacy B, moderate ( $\geq 61\%$ ) in Pharmacy A, and poor ( $\leq 60\%$ ) in Pharmacies C and D. Implementation observation revealed that prescription review and dispensing were categorized as good, counseling as moderate, while drug information services, Home Pharmacy Care, Drug Therapy Monitoring, and Adverse Drug Reaction Monitoring were categorized as poor. Interview findings indicated limitations in knowledge, supporting systems, human resources, and managerial support. Overall, the implementation of clinical pharmacy services in Minggir Subdistrict pharmacies has not fully complied with PMK No. 73/2016.

**Keywords:** Clinical Pharmacy Service Implementation, Pharmacy, PMK No. 73/2016