Profil Sistem Informasi Farmasi

Rumah Sakit Umum Daerah Bandung Kiwari

SILANDONG

(SISTEM INFORMASI FARMASI KLINIK DAN PERBEKALAN OBAT BHP BANDUNG KIWARI)

BERBASIS SINGLE ID

KECEPATAN AKURASI TERKINI

KECEPATAN

Sistem ini didesain untuk memberikan layanan yang cepat dan responsif. Melalui integrasi teknologi dan efisiensi proses, sistem ini memungkinkan akses dan pengolahan informasi farmasi dengan cepat, termasuk dalam hal pengeluaran obat, pemantauan stok, dan pelayanan farmasi lainnya. Kecepatan dalam pelayanan membantu mempercepat proses pengobatan dan pelayanan terapi pasien.

AKURASI

Sistem ini didesain untuk memberikan informasi dan data yang akurat dan terpercaya terkait obat-obatan, dosis, interaksi obat, dan profil pasien. Dilengkapi dengan fitur validasi data, sehingga kesalahan penginputan dan kesalahan data dapat dihindari. Menyediakan fitur pemeriksaan otomatis untuk mengurangi kesalahan dalam pengeluaran obat dan pelayanan farmasi lainnya.

AKURASI

Sistem ini memiliki kemampuan untuk mengintegrasikan dan mengakses informasi yang terkini terkait obat-obatan, termasuk daftar obat yang tersedia, informasi tentang efek samping, serta perubahan dalam aturan dan regulasi farmasi. Dapat terhubung dengan database obat nasional atau sumber informasi farmasi terpercaya lainnya untuk memastikan data yang diperoleh selalu terkini dan relevan

NEW ERA

SINGLE ID

USER FRIENDLY

RELIABLE

EASY TO DEVELOP

PRACTICAL

INTEGRATED

The possibilities for hospital pharmacists in reducing of expired drugs expenditures

M. Tomic, V. Perovic, S. Matijasevic

Abstract

Background In December 2010 withdrawal of drugs with expired date was done in Clinical Center of Serbia. It was noticed that value of these medicines presented significant part of money invested in medicines.

Purpose The aim of this research was to determine main reasons for large amount of drugs which had to be withdrawn due to expiration.

Materials and methods An inventory of all withdrawn medicines was done. It was noticed that change of protocols (including appearance of modern drugs for one indication on the market), cessation of financing by Republic Institute for Health Insurance (RIHI) and carelessness of healthcare professionals were main reasons that led to expiration date of drug usage. Therefore, all withdrawn medicines were classified in these three groups.

Results Total value of medicines that were withdrawn due to expiration date of usage in 2010 presented 0,045% of money which was spent for acquisition of all drugs in Clinical Center of Serbia. 53.14% of these expenditures were spent on anticancer group of drugs, 32.71% on antibiotics and 14.15% on other therapeutical groups. Medicines that were withdrawn as a result of protocol change or appearance of modern drugs took 51.88% of money invested in dated drugs. On the group of drugs withdrawn due to cessation of financing by RIHI was spent 24.18% of all the money spent on withdrawn drugs. Medicines withdrawn because of carelessness of healthcare professionals occupied 23.94% of money.
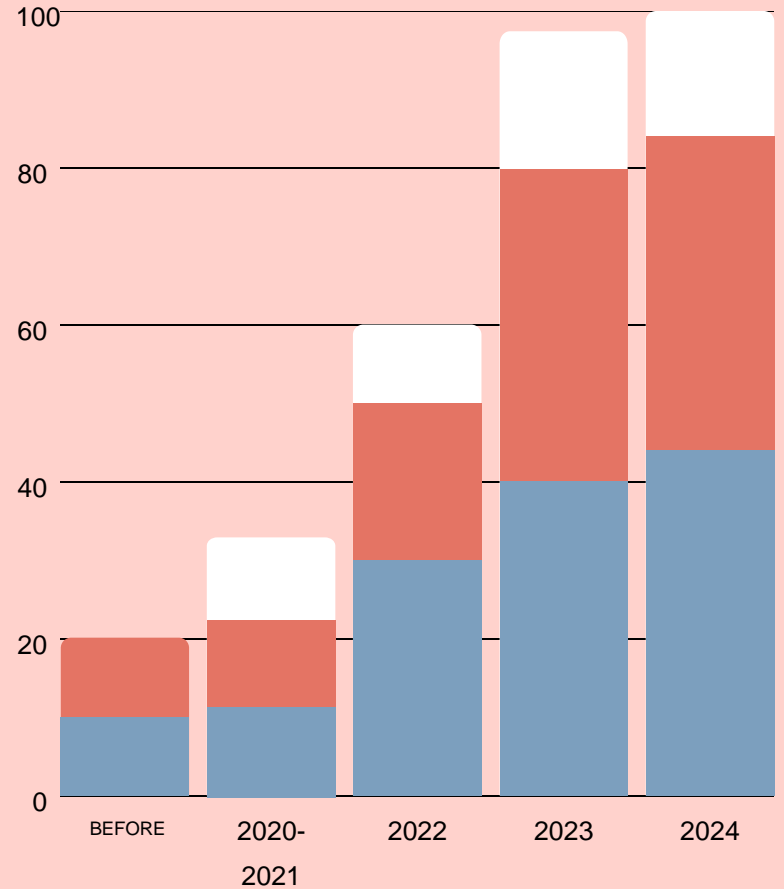
Conclusions Even though carelessness of healthcare professionals doesn't occupy the biggest part of expenditures spent on dated drugs, interventions of hospital pharmacists in this area could significantly contribute to money savings. Therefore, special precautions are taken in acquisition of anticancer drug, hospital pharmacists are more involved in drug prescription, communication between medical doctors and hospital pharmacists is improving from day to day, and FEFO principles are to be established through appropriate SOPs.

http://dx.doi.org/10.1136/ejhpharm-2012-000074.339

BMJ Case Reports

7

PROYEKSI PROGRESS

SILANDONG

OBJECTIVES, POLICIES AND PROCESSES

The main objective: to ensure that the correct medication with the correct dosage, quantity and frequency is supplied to the right patient.

The main role is played by pharmacy staff, sometimes clinicians (doctors or nurses) perform some of the functions.

The processes involved:
1. Plan treatment by medication (doctor)
2. Prescribe drugs (doctor)
3. Vet, verify and supply dugs (Pharmacist)
4. Administer drugs (nurses, doctors, patient and home-carer)

DIFFERENCES FOR VARIOUS SERVICE DELIVERY SYSTEMS

There are three different service delivery systems as far as the supply and dispensing of medication is concerned i.e.:

1. Outpatient medication
2. Daily in-patient medication
3. Medication for in-patients on discharge

Each system follows quite different work processes

CLINICAL PHARMACY FUNCTIONS

There are three different service delivery systems as far as the supply and dispensing of medication is concerned i.e.:

1. Outpatient medication
2. Daily in-patient medication
3. Medication for in-patients on discharge

Each system follows quite different work processes

CLINICAL PHARMACY FUNCTIONS

There are three different service delivery systems as far as the supply and dispensing of medication is concerned i.e.:

1. Outpatient medication
2. Daily in-patient medication
3. Medication for in-patients on discharge

Each system follows quite different work processes