

Drug Supply Chain Reform and Corruption Prevention at Margono Soekarjo Hospital, Purwokerto- Indonesia

by Hardi Warsono

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Hardi Warsono
Department of Public Administration
Faculty of Social & Political Sciences
Universitas Diponegoro
Semarang, Indonesia
Hardie_wsn@live.undip.ac.id

15 Herbasuki
Department of Public Administration
Faculty of Social & Political Sciences
Universitas Diponegoro
Semarang, Indonesia

Abstract— Drug procurement is a hotbed of corruption and collusion from several related parties. The phenomenon of collaborating crime in the procurement of drugs in this hospital is seen in the practice of collusion in the planning, procurement and use of drugs. There is a conflict of interest between several health workers (doctors, nurses, pharmacists, pharmacist analysts, procurement officials and pharmaceutical and management warehouse officers). Each actor has a personal interest. This large number of interests results in an incompatibility between the proposed planning and the procurement of medicines with hospital standards (stock opname exceeds 3 times the expenditure of drugs per month and the availability of drugs is still lacking for certain drugs). Further implications are the inefficiency of operational costs of providing drugs. The drug and equipment / consumable budget has a proportion of 35% of the total hospital budget and expenditure. This condition caused low customer satisfaction (at that time the community satisfaction index was only 61). The seriousness of hospital management to improve the governance of procurement of these drugs has yielded results. Designed a new system for drug-based application on line. This system is principled, those who plan are not involved in procurement. The party holding does not accept payment / does not make a transaction.

Keywords: *governance; transparency; planning; procurement and stock*

I. INTRODUCTION

37 Regional General Hospital (RSUD) Prof. Dr. Margono Soekarjo is a Class B Educational Referral Hospital owned by the Central Java Provincial Government located in Purwokerto. Service coverage covers the south-west part of Central Java with the distance of other referral hospitals nearest 216 km. This condition makes the number of hospital visits high. The large number of patients causes an increase in hospital logistics needs, especially medicines and tools / consumables for patient services at Prof. Dr. Margono Soekarjo. Referring to hospital data from 2012 s.d 2013 (conditions before improvement) shows that the drug and equipment / consumables budget has a proportion of > 35% of the total revenue and expenditure budget of Prof. RSUD. Dr. Margono Soekarjo. This shows inefficiency in the operational costs of providing drugs.

Based on the hospital's annual report (in 2013) in particular the stock holding obtained data that the hospital drug stock at the end of the year exceeds the calculation of stock provisions (over stock on certain drugs). This shows the planning and procurement of drugs at the RSUD Prof. Dr. Margono Soekarjo is not in accordance with the needs of hospital services. Inappropriate drug planning causes inefficiency because it has the potential to expire on certain drugs and the potential for physical loss (losses). The condition of excess drugs that are not needed and the lack of needed drugs has resulted in high patient complaints (13%). (2013 IKM data).

Some problems before the introduction of innovations to prevent corruption in drug procurement include:

- a. The spread of collusion practices in the supply and use of drugs, because the interests of many parties are not aligned with hospital governance. Conflict of interests of several health personnel (doctors, nurses, pharmacists, pharmacist analysts, procurement officials and pharmaceutical warehouse officers) for personal gain. This condition results in an incompatibility between the proposed planning and the procurement of AHP / hospital standard medicines (stock opname exceeds 3 times the drug expenditure per month and the availability of drugs is still lacking for certain drugs).
- b. Inefficiency of operational costs of providing drugs. The drug and equipment / consumable budget has a proportion of 35% of the total revenue and expenditure budget of Prof. RSUD. Dr. Margono Soekarjo.
- c. Low patient satisfaction index. Patient complaints about drug availability increased, 53 hospital complaints, 7 complaints (13%) about pharmacy and 5 complaints (9%) including availability of drugs. Low patient satisfaction index only reached 61%. (IKM/ satisfaction index report, 2013).
- d. The high number of expired drug dates. Medication that has expired date is still high at Rp. 96,090,255.14

(0.15% of drug budget worth Rp. 65,811,143,000) which should not have an expired date number.

- e. The occurrence of overstocks and losses. The drug recording system is still manual causing the difference between recording and physical medication, overstock (excess inventory for certain drugs) and losses (physical loss).
- f. Disobedience of medical personnel using formularies established by the Ministry of Health in particular the use of generic drugs. The level of compliance of medical personnel using formularies set by the Ministry of Health, especially the use of generic drugs, is only 80% of what should be 100%.

Based on the identification of the above problems, this article will discuss:

- 1). How is social networking in drug procurement at Margono Soekarjo Hospital before the innovation of drug procurement.
- 2). How is the system innovation of drug procurement able to prevent and nullify the practice of collusion, corruption and nepotism in the procurement of drugs at Margono Soekarjo Hospital.
- 3). What are the stages of creating innovation and what are the obstacles faced in the development of drug procurement innovations at Margono Soekarjo Hospital.

II. LITERATURE REVIEW

1. Bureaucratic Orientation in Public Services.

Public Administration, especially in public services always involves two parties, namely: service beneficiaries and service providers. Related to the relationship between the two sides, there was a ups and downs in the history of service orientation carried out by the bureaucracy. Bureaucracy that is oriented more inwardly (inward looking) will be different in service if oriented to the public. In the context of innovation in the health sector (Health Innovation System / HIS), the OECD (Organization for Economic Co-operation and Development) emphasizes the importance of the role of public policy and civil society to focus on three aspects: 1) technology and science, 2) organizations and industries ; 3) financial barriers [1] Through HIS types of treatment, types of drugs, vaccines and diagnoses are opened for the benefit of users.

HIS is a step forward to improve the quality and workings of health systems that are increasingly expensive and complex, however failure and the level of rejection of HIS remains high. These obstacles are caused by one of them, the difficulty of pharmaceutical companies to deal with technological changes and new needs of the health system. Challenges in HIS are also caused by uncertainty in the future of the pharmaceutical industry and the uncertainty of the structure of the biotechnology industry globally. This uncertainty makes HIS difficult to manage innovation and knowledge related to health innovation.

With all the complexity of HIS (technology and science, organization and industry, and financial barriers), HIS in developed countries is always in a transitional situation. Developed countries are always required to seek HIS that is more efficient, productive and functional in order to evaluate uncertainty and long-term investment in HIS. For developing countries, the challenges in HIS are increasingly complex. In this article, Brazil is an example of a Southern State (Lobal South) that seeks to implement information technology-based HIS. In the Brazilian context, the challenges and problems in HIS are a result of the low capacity of the State in carrying out research and system development programs (research and development) and the difficulty of the state to create innovations that are in line with national aproathies in the health sector.

Innovation in HIS is strongly influenced by general conditions at the institution. Although in general sharing literature has discussed the possibility of innovation activities, empirical evidence shows that important conditions specific to public organizations influence the likelihood of innovative activities. The results of Demirciouglu et al (2017) 's research on innovation in the Australian public sector shows that innovations carried out by public institutions are often underperforming. In addition, innovations carried out often negate feedback so as to reduce motivation to improve improvements. What's interesting about this research, Demirciouglu needs to show that on the contrary, budget constraints do not have a statistically significant effect on innovation. Thus, the results of this study indicate that intrinsic factors such as experimentation and motivation to improve performance are very important for achieving innovation in the public sector context [2].

One of the ways in HIS that is mostly taken by health service providers in various countries is to innovate in procurement systems related to health needs. Information technology-based procurement processes are increasingly popular among public health service providers, but this does not mean that the policy does not have obstacles. In terms of procurement participants and providers of goods and services (suppliers), the obstacles experienced by providers of goods and services are: 1) lack of interaction with procurement organizations; 2) the use of tenders that are too specific compared to results-based specifications; 3) low competence of executors and poor risk management during the procurement process [3]. Such barriers are felt most strongly by organizations providing research and development services. Uyarra et al's research also shows that certain organizations, especially small companies and not non-profit organizations, face greater difficulties with innovations arising from the procurement process, for example in relation to contract size, lack of useful feedback and opportunity communication.

In the context of HIS, other steps that can be taken by health institutions are by implementing digital health practices [4]. The concept of digital health refers to the use of various health care technologies in the management of

health services to improve the health of patients. In addition, Sonnier and Baumann (cited from Iyawa et.al, 2016) believe that digital health helps monitor the health of patients. Sonnier further stressed that digital health not only improves the health of patients but also allows families to help in the process by monitoring the health of the patient. The digital health concept also includes stakeholders involved in the provision of health services. In this study, digital health was defined as: improvements in the way health services were provided by health providers through the use of information and communication technologies to monitor and improve the well-being and health of patients and to empower patients in the management of their health and their families .

Bureaucratic Reform will have the same fate as efforts to improve the previous bureaucracy if it is not truly pursued. This is similar to the predictions of Professor Gerald Caiden, one of the pioneers of the Administrative Reform study in the 1991 book "Administrative Reform of Age", which revealed the irony that occurs in many countries, developed countries and developing countries, that: administrative system reform is not never reached the core of the problem but only formalities. The reform is not broad and deep enough. Even quite a lot of countries do not give sufficient attention to administrative reform ... "It was only after it was too late and the condition of the country was so bad that the government realized the need for administrative reform.

2. Innovation in the Public Service Bureaucracy

The public sector is a sector that is characterized by non-commercial, oriented to the public interest, based on the legitimacy of power, and the interaction between accountability and transparency between citizens (the people) as the mandator of the state or the government as the executor of public policy. Because the public sector is driven by public policies, innovation in the public sector will inevitably always be associated with public policy formulations [5].

The increase of citizens' awareness of their rights, as well as the level of education, literacy, welfare and other socio-economic aspects has forced the public sector to balance it with policies and quality of service that is equal to the capacity of its citizens. In modern literature, innovation itself has a very diverse understanding and many perspectives that try to interpret it. One notion states that innovation is an activity that encompasses the whole process of creating and offering good services or goods that are new, better or cheaper than those previously available.

This understanding emphasizes understanding innovation as an activity (process) of invention. An innovation can be in the form of a new product or service, a new production process technology, a new structure and administrative system or a new plan for members of the organization. (Organizational Innovation: A Meta Analysis of Effects of Determinants and Moderators, Fariborz

Damanpour) [6]. In line with that according to Rogers (2007) one of the leading innovation book writers, explained that an innovation is an idea, practice, or object that is perceived as new by individuals or other units of adopter [7]. So innovation is an idea, practice, or object that is considered new by an individual one other adoption unit. This understanding of Damanpour and Rogers shows that innovation can be tangible or intangible. So the dimensions of innovation are very broad. Understanding innovation as appropriate that is only synonymous with technology will narrow the real context of innovation. Another writer [8], more simply defines innovation as new ideas that work. This means that innovation is closely related to useful new ideas. Innovation with the nature of novelty must have a value of benefits.

The innovation cycle is a logical consequence of an imperfect product innovation. Every new thing will not immediately solve problems or answer needs. Often new impacts or new problems emerge that require further better innovation. There are no innovation products that last a very long time. Innovation will always change as the problem or need changes with a new one. According to the UNDESA report (2005) [9], the necessity of the public sector innovates for the following reasons:

- 1) Democratization. The phenomenon of democratization has spread throughout the world, crossing the boundaries of sovereignty, ideology and politics of nations.
- 2) International agreement / glocalization. International agreements are part of the consequences of globalization and interaction between nations in the framework of cooperation.
- 3) Brain drain. The phenomenon of human capital flight that occurs from developing countries to developed countries, so there is an imbalance in the distribution of superior human resources. As a result the socio-economic political gap between developed countries and developing countries widened.
- 4) Post-conflict countries, democracy and transition economies
Some countries have just passed periods of conflict and political instability due to war or friction of domestic political interests. Currently it is starting to adopt a democratic system and is experiencing a transition.
- 5) Moral civil servants. Morality is one of the issues of employee integrity in a better bureaucratic arrangement.
- 6) New sources of competition: privatization and outsourcing
Privatization and outsourcing are organizational phenomena that have penetrated the public sector for a long time. This has an impact on changes in the structure, work culture and dynamic environment of the organization [9].

3. Transparency in Governance and Public Services.

There are a number of studies related to transparency and public sector management. Wisdom, Okere and Ogundana Oyebisi M (2017) "The impact of the public sector auditing in Promoting accountability and transparency in Nigeria" concludes that Accountability and Transparency are recognized as instruments for reducing corruption at all levels of the public sector [10]. Lack of transparency and accountability in the public sector is a major risk for capital market efficiency, financial stability, economy, economic growth and development . High levels of corruption in all economic sectors in Nigeria. Mauro Romanelli (2017) "Rethinking Public Organizations as Knowledge-Oriented and Technology-Driven Organizations", concluded that technology opens opportunities for public bodies to design and implement democratic processes in administration [11]. Community involvement, building public trust, encouraging participation and maintaining good public services. Sarah Moore (2017) "Towards a Sociology of Institutional Transparency: Openness, Deception and the Problem of Public Trust" suggests that 21st Century Transparency is more likely to do classification than reduce the gap between the public and the state [12]. So that transparency is still a slogan. Finally Proscovia Svård (2016) "Has the Freedom of Information Act enhanced transparency and free flow of information in Liberia?" Concluded that creating a society that is aware of information requires a clear method. Many citizens still do not understand the right to access information from the government [13]. The government must provide and maintain information that can be trusted by the community. Research results also show that the low literacy rate in Liberia is a major obstacle in disseminating information to the public.

The Indonesian government issued Law Number 14 of 2008 concerning Public Information Openness[14], "Freedom of information and accountability are two principles of interrelated governance" [15]. When the KIP Act was passed in 2008, Indonesia was listed as the 76th country in the world and 5th in Asia which officially adopted the principles of information disclosure. According to Kemenkominfo, "Putting Indonesia in line with India, Japan, Thailand and Nepal in terms of institutionalizing the fulfillment of public rights to access the process of governance". With the birth of the KIP Law, it is hoped that it can realize transparent, participatory and accountable governance. "Good governance is a conception of governance that is clean, democratic and effective [16]. "Transparency of governance is carried out to ensure a more efficient, more democratic, more trusted government and avoid corruption" [17]. With the KIP Law affecting corruption in Indonesia. Opinion Sakapurnama et al (2012) "in the international world, information disclosure has indeed been recognized as one of the pillars of efforts to eradicate corruption" [18]. Indonesia's corruption index has improved every year, although not significantly and seen in the following table.

NO	TAHUN	PERINGKAT GLOBAL	SKOR	KET
1	2012	118	32	176 COUNTRIES
2	2013	114	32	
3	2014	107	34	
4	2015	88	36	
5	2016	90	37	

TABLE 1. RANKING AND SCORE OF THE 2012-2016 INDONESIA CORRUPTION PERCEPTION INDEX

Source: Transparency International, 2017

There are several main actors in public information disclosure, namely the Public Agency, information applicants, and information users. Therefore, to realize public information disclosure, the Public Agency appoints Information and Documentation Management Officer (PPID). According to the KIP Law, PPID is an official responsible for the storage, documentation, provision and service of information in a Public Agency. PPID is an official in charge of public information and who has competence in the field of information and documentation management. In addition, PPID has the duties and responsibilities set out in Government Regulation (PP) Number 61 of 2010 concerning the implementation of the KIP Law, namely (a) providing, storing, documenting, and safeguarding information (b) information services in accordance with applicable rules (c) fast, precise and simple public information services (d) establishment of operational procedures for the dissemination of public information (e) testing the consequences (f) classification of information and / or amendments thereof (g) determination of excluded information that has expired exemptions as information public that can be accessed (h) determination of written consideration for every policy taken to fulfill everyone's right to public information.

Furthermore, for the purposes of writing this article the following concept definitions are needed:

- a. Social Networking in drug procurement in hospitals is a network or mutual relationship between actors in drug procurement in hospitals, the operationalization of this concept is the depiction of patterns of relationships between actors, among others: doctors,

nurses, pharmacists, pharmacist analysts, procurement officials and pharmacy warehouse officers

- b. Public service innovations are: public service breakthroughs which are ideas of original creative ideas and / or adaptations / modifications that provide benefits to the community both directly and indirectly. The operationalization of this concept is the discovery and application of a new drug procurement system that is used to replace the pattern of procurement of old drugs, among others in the form of: description of the new system, phasing in the implementation of innovation and the main obstacles faced in its implementation.

III. RESULT AND DISCUSSION

1. Networking Social in Drug Procurement at Margono Hospital Before the existence of Drug Procurement System Innovations.

There are many actors in the procurement of drugs, among others: Doctors, Nurses, Pharmacists, Pharmacy, management. Before the innovation in procurement of these drugs there were various disputes, especially between doctors and pharmacists, who had their respective perceptions regarding drug procurement, resulting in inefficiencies in drug procurement, over stock, many unused drugs, which resulted in budget waste . This condition is exacerbated by Hospital management who do not have valid data regarding the budget used for drug procurement. Before innovations and regulations were formed, all procurement activities were carried out by the Pharmacy unit, and there was a lack of transparency regarding the budget for procurement of drugs which resulted in prolonged conflict.

Doctors sometimes do a little provocation in the form of suggestions to enter certain drugs into the patient. Because the procurement department is not necessarily procuring the proposal, over time doctors also feel bored because the recommended drug has never been held. The doctor also complains if the drug is empty, but there are circumstances where the drug does indeed experience an empty condition from the factory and the Procurement Department cannot do anything. If the doctor wants to enter the medicine in the hospital formulary, then it will show the correct evidence of the drug, the evidence must be strong so that the drug can enter the log. The complexity of the procedure with the inclusion of this evidence resulted in doctors becoming lazy to submit drugs for cataloging. The Pharmacy Department that procures drugs becomes hated by other colleagues. This condition requires improvement. In order for the program to continue at that time, employees whose complaints were minimized and transferred to functional staff were subsequently replaced by employees who were younger and well-minded.

As with several other hospitals, before improvements are made, drug procurement is a hotbed of corruption and collusion from several interested parties. The phenomenon of collaboration in crime (kong kalikong) in the procurement of medicines in this hospital is among others: the spread of collusion practices in the supply and use of drugs caused by the interests of many parties that are not in harmony with hospital governance. There is a conflict of interest between several health personnel (doctors, nurses, pharmacists, pharmacist analysts, procurement officials and pharmaceutical warehouse officers) for personal gain. This condition results in incompatibility with the proposed planning and procurement of medicines with hospital standards (stock opname exceeds 3 times the drug expenditure per month and the availability of drugs is still lacking for certain drugs). Another problem is the inefficiency of the operational costs of providing drugs. The drug and equipment / consumable budget has a proportion of 35% of the total revenue and expenditure budget of Prof. RSUD. Dr. Margono Soekarjo. This chaotic condition indirectly results in customer satisfaction. Patient complaints about drug availability increased, 53 hospital complaints, 7 complaints (13%) about pharmacy and 5 complaints (9%) including availability of drugs. Low patient satisfaction index only reached score 61 [19].

The direct result of corruption, collusion and nepotism in the procurement of these drugs is: the high number of expired dates. Until 2013, drugs that had expired dates were still high, reaching Rp. 96,090,255.14 (0.15% of the drug budget valued at Rp. 65,811,143,000) which should not have an expired date. This happens because of the occurrence of overstocks and losses. The drug recording system is still manual causing the difference between recording and physical medication, overstock (excess inventory for certain drugs) and losses (physical loss). Another implication of collusion in the procurement of these drugs is the disobedience of medical personnel using formularies established by the Ministry of Health, especially the use of generic drugs. The level of compliance of medical personnel using formularies set by the Ministry of Health, especially the use of generic drugs, is only 80% of what should be 100%.

2. Drug procurement system innovation and the ability to nullify the practice of collusion, corruption and nepotism.

Due to the lack of clarity in the procurement of drugs, there is a thought about how to make an inventory system with IT, so all drugs in this hospital must be in the system, it is correct. So that the use of the budget in the procurement of drugs can be carried out transparently and the creation of efficiency. With this system, supervision can be done in depth, because all procurement data are required to enter into the system and can be accounted for. In the new system, planning and procurement are carried out separately so that it is easier to

control the procurement of drugs. Drug stock at Margono Hospital is related to stock hospitalization, procurement of drugs at Margono Hospital is held twice a year, namely in July and December, to position whether the plan is correct. The LPTK will conduct monitoring and evaluation directly in the sense of checking plans made by parties pharmacy, but for prescribing is done by the pharmacy to find and find out compliance with the national formulary or hospital formulary.

In connection with the motive for program development, the purchase of drugs previously used pricelist prices, for example the purchase of drugs at a price of Rp 1,000 to Rp 1,800, the difference between the original price and the list of purchase prices. This price difference provides benefits that enter the individual's personal pocket. With this new system, drug purchases are carried out using a payment system using basic prices including discounts, bonuses, and deductions on the purchase invoice (net price). Thus, parties who previously benefited did not get a profit, because their profits were taken over by the hospital with a new system. With the new system, doctors and all interested parties can open e-catalogs so that they are more transparent. If there is a bonus that has not been recorded in the list, the parties will be notified later. This bonus is a common practice, which previously was not transparent now can be monitored by all parties. These bonuses and price discounts arise due to the emergence of market competition between distributors to reduce prices. With regard to efficiency, a comparison is made between income and number of patients to determine percentage trends. In addition, there is a drug overstock which initially reached 35% to date to 28-27%, also reducing the nominal amount of angagran numbers and the realization to be down.

After using the nett price, Rs Margono banned the purchase of recipes outside, because the price of drugs in the hospital was cheaper compared to the prices at the outside pharmacies of the hospital. At first the pharmacy outside the hospital had a cheaper price, after being investigated, the pharmacies outside were owned by employees from Margono Hospital. Pharmacies outside use nett prices so that prices are lower and patients prefer to buy drugs at an outside pharmacy than at Margono Hospital.

3. Stages of Innovation Creation and Barriers in the Development of Drug Procurement Innovations

Stages of creating corruption prevention innovations in the procurement of drugs in this hospital through the following phases:

- 1) Crisis phase or awareness of problems
- 2) Problem Analysis Phase
- 3) Phase build system for cutting networks
- 4) Application and Evaluation Phase
- 5) System Improvement Phase

Stage 1: Phase of crisis or awareness of problems.

Starting from the awareness of the crisis condition, the budget submitted for the procurement of drugs is always lacking and not fulfilled. At that time the person fully responsible for procuring drugs is the Pharmacy unit. Both

planning, procurement and drug allocation are perceived as lacking transparency, so budget use and drug procurement are the main complaints. In monitoring there are also various kinds of problems, including: drugs that are over stock, drugs that cannot be used because they expire, and there is no drug stock needed. It is realized by management that this condition is a problematic condition that must be solved.

Stage 2: Problem Analysis Phase.

Problem analysis is carried out by the management, especially through meetings. Through a full meeting forum raised issues lacking the budget for procurement of drugs from year to year. Meanwhile, over stock conditions were found, namely the number of drugs that were not needed and the lack of stock of certain drugs. A condition is found between the party who plans, the part that carries out and the users who do not communicate with each other and tend to carry out activities according to their respective perceptions and needs. The next consequence between planning, procurement and usage is out of sync. Each party is trapped in its own selfishness.

Stage 3: Phase builds a system to trim the network.

The innovation that you want to create is aimed at reducing the selfishness of each party, including: the planners, the procurement department, doctors and the Pharmacy Section. They have different perceptions regarding drug procurement. This condition triggers the creation of a system that can overcome differences in perceptions about the needs of the drug. The point is not to bring the planner together, the procurement / purchasing department, users and other parties directly. Control is done together through the on line application. An application that can be used by all parties to check the condition of the drug, starting from the need for planning, procurement and availability of drugs. With this application the drug purchase network that is not clear becomes transparent.

Stage 4: Application and Evaluation Phase

A formulary is a book containing a list of medicines that must be used in a hospital regardless of who is the guarantor of the BPJS, general, or other insurance, unless there are resistance, emergency and allergy conditions. If the patient experiences these three things, it can be replaced with other drugs, such as drug addicts who are dependent. The formulary has the basis of an authorized official decree that is used throughout Indonesian hospitals based on hospital class. In the formulary there are approximately 900 items but not necessarily suitable to be applied in all places. Margono Hospital uses 100% of drugs from the national formulary plus 24 types at the doctor's proposal. Of the 900 items, not all of them have entered the new system, around 600 drugs that have aired and 300 have not yet aired. To get rid of doctors' suspicions, the hospital does not only buy one drug brand for each type, but the purchase of various similar brands is not influenced by planning or doctors. This new procurement system has been initiated since 2008 and the formulary began in 2014. Staffing has been carried out since 2008, making this system take a long time and has been visited by many hospitals. From the evaluation carried out continuously, the

main obstacle to the creation of innovation is the emergence of a psychological barrier on those who object and are harmed, which then affects the emergence of employees who feel upset and work less sincerely. To make the employees aware, it takes a long time and it takes debate between employees and also between employees and management. To run this new program a little coercion is done. If the medicine is not held or bought, the doctor cannot do anything because the drug must be purchased by the hospital and provided to the patient. This condition makes doctors who refuse finally believe and follow the system mechanism. This doctor's trust is the most important thing, namely: convincing that the program is not playing games, even though at first the doctors had little prejudice. The strengthening of this condition was strengthened by the threat from the director who confirmed that the purchase of drugs outside the catalog would be subject to criminal sanctions and the consequences would be borne by the individuals who entered into.

From the evaluation also found the fact that the efficiency generated through the implementation of this new drug procurement system hospitals can finance doctors' activities such as seminars, study assignments and workshops and from the rest of the drug budget can also finance aircraft accommodation, hotels, and training. These additional benefits further strengthen physician support for the implementation of a new and transparent drug procurement system that is implemented.

Stage 5: System Improvement Phase

In conducting system socialization and improvement, hospitals do not have special forums only using regular forums or regular meetings. In the socialization, the number of drug requests and the most purchases were made transparently, as well as those who did not use the proposed drugs. In the implementation of the system, parties planning and procuring drugs are also often threatened such as the risk of death of a patient if not using certain drugs will be the responsibility of the procurement party. All these problems can be resolved together with the system execution time. Therefore, the cohesiveness of all parties is needed to overcome unfounded threats and maintain openness to mutual respect between procurement, pharmacists, and doctors.

There are changes that initially the purchase of drugs using the price list price to the net price and this condition initially caused debate in the pharmacy. The director recommends that the purchase be fixed with a net price even if individual individual profits are reduced, but can reduce the amount of money to purchase the drug as a whole. To conduct surveillance or audits carried out by the Internal Supervisory Unit (SPI). SPI members come from hospital employees who have part-time jobs. SPI has elements of service, finance, and nursing. Guarding by Dewas is done once a year.

CONCLUSION

There are many actors in the procurement of drugs, among others: Doctors, Nurses, Pharmacists, Pharmacy,

management. Before the innovation in procurement of these drugs there were various disputes, especially between doctors and pharmacists, who had their respective perceptions regarding drug procurement, resulting in inefficiencies in drug procurement, over stock, many unused drugs, which resulted in budget waste.

Innovation in drug procurement systems is carried out by making procurement of drugs transparent through an on line system that can be accessed by all parties in need. This openness has the ability to nullify the practice of collusion, corruption and nepotism. This openness is also followed by the policy of using the drug price nett price from the previous one using the price list.

There are 5 stages in creating drug procurement corruption prevention innovations, namely: (i) Crisis phase or awareness of problems, (ii) Problem Analysis Phase, (iii) Phase building system to cut networks, (iv) Application and Evaluation Phase and (v) System Improvement Phase

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