

ORIGINAL ARTICLE

Analysis of Readiness of Hospital Facilities in Implementing National Health Insurance Standard Inpatient Classes at Kartini Karanganyar Regency Regional Hospital

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ABSTRACT

Introduction: The implementation of KRIS-JKN is closely related to hospitals from the governance aspect because hospitals must make adjustments to the physical and non-physical conditions of the hospital, facilities, human resources and the amount of funds distributed. This research aims to determine the readiness for implementing KRIS-JKN at Kartini Karanganyar Regency Regional Hospital. **Methods:** A qualitative research with a case study method. Population in this study was hospital management. Sampling on research use purposive sampling. Sample for this research is the health service implementer which is the hospital management. This qualitative research was used contextually to examine more deeply and more completely the readiness to implement the KRIS-JKN policy on the condition of facilities and infrastructure, knowledge and attitudes of human resources, funding, methods and existing management processes for implementing KRIS-JKN. **Results:** Based on in-depth interviews with 3 informants, it was found that patient requests for inpatient classes in the implementation of KRIS-JKN could not be accommodated due to the large number of patients with BPJS visits and not all of the 12 KRIS-JKN criteria met the standards. **Conclusion:** Kartini Karanganyar Regency Regional Hospital is not yet ready to implement KRIS-JKN because there are several standards that have not been met, but the management is committed to fulfilling them before KRIS-JKN is implemented nationally.

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Keywords: National Health Insurance (JKN); Hospital; National Health Insurance Standard Inpatient Class (KRIS-JKN); In-depth Interviews; Health Policy Implementation.

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INTRODUCTION

The National Health Insurance Program (JKN) has guaranteed the Indonesian people basic health service protection for 8 years. The number of JKN participants increases significantly every year, reaching 226.3 million on 31 August 2021, which constitutes 83.1% of Indonesia's population. The targets set by the National Long Term Development Plan (RPJMN) are to achieve universal health insurance (Universal Health Coverage) for 98% of Indonesia's population. Achieving 83.1% is good enough for eight years, but the process to achieve the UHC coverage target of 98% still requires hard work starting from the government, the Social Security Administering Agency (BPJS), health, health facilities (faskes), health workers and the community itself (1). According to World Health Organization (WHO),

Universal Health Coverage (UHC) is a health system that ensures everyone in the population has fair access to quality health services at affordable costs for promotive, preventive, curative and rehabilitative purposes. The UHC dimension includes three things, including the proportion of the population that is guaranteed, how complete the services are guaranteed, the proportion of population cost sharing (2).

Figure 1 shows that there is an increase in the number of participants every year, which indicates that JKN utilization continues to increase. In 2020, the number of participants reached 222,461,906 and visits to first level health facility services (FKTP), hospital outpatient clinic visits and inpatient cases increased in 2019, namely 180 million, 84 million and 11 million. The development of the JKN program is marked by an increase in the number of JKN participants by 244 million people (88.35%) and the number of health facilities collaborating with BPJS Health as many as 2805 hospitals (RS) and 63% are private hospitals as of May 2022. As the number of participants increases, the use of JKN continues to increase, so the

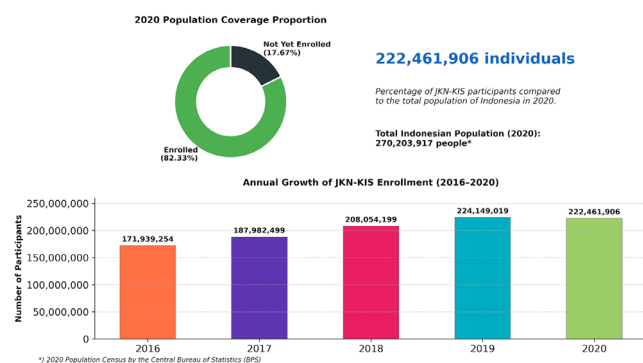


Figure 1: Development of JKN-KIS Membership Coverage

aim of the JKN program is to increase people's access to health services and is showing positive results (3).

The JKN program has provided benefits to the Indonesian people, but its implementation still needs to be improved. Research results from the Faculty of Economics and Business (FEB) University of Indonesia (UI) based on the number of participants in 2016 and 2019, several contributions have been achieved by the JKN-Healthy Indonesia Card (KIS) for Indonesia, namely preventing poverty, reducing the share of Out of Pocket (OOP), driving the economy, creating jobs, increasing access to health services, output job creation, and increasing life expectancy (4).

Indonesian health financing based on Figure 2 advanced inpatient services (RITL) from 2014 to 2020 cost the highest compared to first level outpatient services (RJTP), advanced outpatient services (RJTL) and promotive and preventive programs. Nationally, access to inpatient care has increased by an average of 13.2% per year, in the poorest 40% of society, the average annual increase is 15.3%, an increase greater than that of the richest 20% by 9.5%. Nationally, outpatient access on average per year increased by 2.3%, in the poorest 40% of society the average annual increase was 3.1%, an increase greater than the group compared to the richest 20% by 1.7% (5).

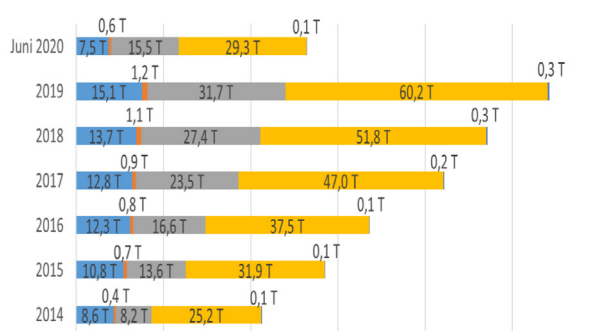


Figure 2: Proportion of Indonesian Health Financing for the Period 2014-June 2020

The National Social Security Council (DJSN) stated that there are still several challenges in implementing the JKN program, namely the number of inactive participants which is quite high, harmonization of regulations, institutional strengthening and inter-institutional coordination, not yet comprehensive and not yet integrated with a good monitoring and evaluation system, optimization of supervisory institutions, as well as the level of compliance of health facilities and BPJS. In order to realize a sustainable JKN Program, it is necessary to maintain a rational balance of benefits, optimal contribution rates and high collectability. In determining the optimal tariff amount, the government considers actuarial technical calculations, participants ability to pay and social justice. One of the follow-up actions in improving the JKN-KIS ecosystem is the plan to implement the JKN Standard Inpatient Class (KRIS).

Inprovide a practice guide for assessing design elements that should be included to expand health insurance coverage in a country. These elements recognize that each country has unique economic, political, social, and institutional opportunities for and barriers to expanding health insurance. It is therefore necessary to assess the context of each country before implementing design elements consisting of financial options, population coverage, benefits packages, organizational structure and operational processes (Figure 3) (6).

Hospitals as health facilities complement and strengthen the effectiveness of many parts of the health system, one of which is providing continuous services for acute and complex conditions. Hospitals are an important element of UHC and support UHC so their performance must also be improved, such as with a referral systemonline, information systems for handling complaints in hospitals, to standard class plans making it easier for JKN participants to access services and also get standard health benefits and accommodation for all JKN participants. Hospitals are very complex, labor and capital intensive service facilities. Hospitals need to have adequate staff, facilities, infrastructure, equipment and professional management to carry out their duties well. According to article 36 in Law (UU) Number 44

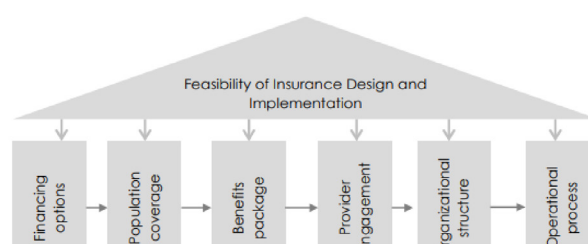


Figure 3: Design Elements for Health Insurance Expansion. Adapted from (6)

of 2009, all hospitals are required to carry out hospital governance, clinical management and have a good and appropriate hospital supervisory body to improve service quality, patient safety, cost effectiveness, productivity as well as achieving patient satisfaction (7).

Practical standard inpatient classes have been introduced in various countries including the Philippines, Singapore, Australia, Nigeria, Canada, Germany, Thailand, Turkey, South Korea and France, and are summarized in the standard class comparison table below:

The implementation of KRIS-JKN is a policy that needs to be implemented in order to comply with the Law (UU) and other laws and regulations. In Law Number 40 of 2004 concerning the National Social Security System (SJSN) in article 19 concerning the principles of social security and the principles of equity and basic health needs; article 23 concerning "Standard Class Inpatient Care". The other legal basis for KRIS-JKN is Presidential Regulation (Perpres) Number 64 of 2020 and Government Regulation (PP) Number 47 of 2021 concerning the Implementation of the Hospital Sector. Presidential Regulation Number 64 of 2020 concerning the 2nd amendment to Presidential Decree Number 82 of 2018 concerning Health Insurance, namely Article 54 A "for the sustainability of health insurance financing, the Minister together with related Ministries/institutions, professional associations and health facility associations will review the benefits of health insurance based on basic health needs and standard class hospitalization no later than December 2020" and Article 54 B "KRIS-JKN benefits are implemented in stages until no later than 2022 and implementation is carried out continuously to improve health insurance governance." Government Regulation Number 47 of 2020 in Article 18 explains that the number of inpatient beds for KRIS-JKN services is at least (a) 60% in central and regional government hospitals, (b) 40% in private hospitals; and in Article 84 letter b states that KRIS-JKN services will be implemented no later than January 1 2023.

The 2012-2019 JKN Travel Map on January 1 2014 stated that KRIS-JKN had not been implemented directly due to the consideration that treatment classes in hospitals before the SJSN era consisted of classes 1, 2 and 3 so that it required gradual adjustments, and the implementation of KRIS-JKN should be achieved in in 2019, but until 2020 it had not been implemented. The aim of the 2019 JKN Map is to provide the same health insurance service package to all participants, both medical and non-medical services, namely treatment classes. Therefore, after 2019 it is hoped that there will no longer be different medical and non-medical service packages for contributors receiving contribution assistance (PBI) and non-PBI (8).

Regulation of the Minister of Health Number 14 of 2021 concerning business activity and product standards in the implementation of risk-based business licensing

in the health sector, in point B health service business standards number 27 concerning "Government Hospital Standards" (KBLI 86101) and "Private Hospitals" (KBLI 86103). Hospitals are required to implement standard class inpatient services no later than January 1 2023. The number of standard class beds is as follows: 60% (sixty percent) of all beds for hospitals belonging to the Central Government and Regional Government; and 40% (forty percent) of all beds for private hospitals. (9) The KRIS-JKN policy concept is not a new criterion but refers to the existing Ministry of Health policy. The concept of implementing the standardized KRIS-JKN is to prioritize patient safety; the location of the accommodation is in a quiet, comfortable and safe location; easy access from the inpatient room to other supporting service rooms; separation of inpatient rooms based on type of disease, gender and age. DJSN has revealed the design of 13 KRIS-JKN criteria concepts and the design of KRIS-JKN indicator weights. (10) In May 2022, the Ministry of Health established 12 KRIS-JKN criteria which are regulated in the Decree of the Director General of Health Services Number HK.02.02/I/1811/2022 concerning technical instructions for the readiness of hospital facilities and infrastructure in implementing KRIS-JKN.

In February 2021, DJSN collaborated with BPJS Health to carry out self assessment Hospital readiness to implement the KRIS-JKN Policy of a total of 1,916 hospitals in five regions. Based on the summary of the results of the hospital self-assessment, the majority of hospitals (81%) were classified from the self-assessment as ready to implement the KRIS-JKN policy, but infrastructure adjustments required minor adjustments. Infrastructure adjustments are generally encountered in old hospitals, for example in terms of bathroom arrangements, number of beds, ventilation and others. Activity Self assessment followed by 114 TNI/Polri hospitals located throughout Indonesia. Based on an assessment of 13 standard class indicators, none of them fulfills all the specified criteria. A total of 84 hospitals (74%) are included in the KRIS-JKN category with small-scale infrastructure repairs and improvements. A total of 30 hospitals (26%) are included in the KRIS-JKN category with medium to large scale infrastructure repairs and improvements (11).

The implementation of KRIS-JKN will have implications or impacts on various aspects and need to be paid attention to, namely regulatory aspects, governance aspects and financing aspects as well as management arrangements and supply side readiness. The impact that is closely related to hospitals is from the governance aspect because hospitals have to make adjustments to the physical and non-physical conditions of the hospital, facilities, human resources and of course this greatly influences the determination of the amount of funding that is adjusted to the time period from preparation to completion. implementation of KRIS-JKN (12).

Implementation of coordination between providers must still prioritize the quality of health services and patient safety. There is a trend towards an increase in service class and the payment of cost differences must be anticipated in order to maintain this out of pocket not increasing much. In addition, statutory and regulatory instruments need to establish enforcement of regulations at the appropriate level (13).

This research is to determine the readiness of resources and management processes, as well as the efforts that need to be made by the Kartini Karanganyar Regency Regional Hospital to implement KRIS-JKN

MATERIALS AND METHODS

This type of research is qualitative research with a case study method. This qualitative research was used contextually to examine more deeply and more completely the readiness to implement the KRIS-JKN policy on the condition of facilities and infrastructure, knowledge and attitudes of human resources, funding, methods and existing management processes for implementing KRIS-JKN at the Kartini Karanganyar Regency Regional Hospital. The population in this study was Hospital Management. Sampling on research use Purposive sampling. The sample for this research is the health service implementer which is the hospital management which is directly related to the inpatient service unit, financial and general units, especially the inventory, logistics and hospital facilities & infrastructure administration, as well as the quality committee related to the KRIS-JKN policy plan. This research data analysis was carried out using content analysis techniques with the aim of analyzing and identifying the suitability of the content of the topics discussed from the results of each interview, document review and observation results.

Ethical Clearance

This study was approved by Health Research Ethics Committee, Kusuma Husada University of Surakarta No. 2135/UKH.L.02/EC/IV/2024

RESULTS

General Description of Karanganyar Regency Regional Hospital

Kartini Karanganyar Regency Regional Hospital (RSUD) is a hospital belonging to the Karanganyar Regency Regional Government. This hospital essentially started from a Maternity Home (RB) named RB "Kartini" which was founded on April 21 1960 by community leaders in Karanganyar led by Mr. Narjo Adirejo as Regent Head of the Tk.II Karanganyar Regency area at that time. The hospital is a combination of RB Kartini (private) which is located next to the hospital. The number of TT (Beds) was 34 and at that time the name of the hospital became "Kartini Maternity Hospital". The increasing public need for the quantity and quality of services has made the

Karanganyar Regency Regional Government plan to move the RSUD to a larger location. Considering that it was impossible to carry out development at the old location (Jl. Lawu), so on March 11 1995 the Regional Hospital moved to Jalan Yos Sudarso, Jengglon, Bajen, Karanganyar Regency.

Kartini Karanganyar Regency Regional Hospital is located on Jalan Laksda Yos Sudarso, Jengglon Neighborhood, Bejen Village, Karanganyar District, Karanganyar Regency. Kartini Karanganyar Regency Regional Hospital has a land area of 75,831 m², a building area of 25,621 m² and an open land area of 50,210 m². Kartini Karanganyar Regency Regional Hospital based on Minister of Health Decree Number 009-1/Menkes/I/1993 as a Class C Hospital belonging to the Karanganyar Regency Regional Government and Kartini Karanganyar Regency Regional Hospital has implemented PPK BLUD since 2009, this is based on Karanganyar Regent Decree Number 445/149 of 2009. Currently, the Kartini Karanganyar Regency Regional Hospital provides services based on operational permit number: 503/01/RS/Year 2018 dated 10 January 2018. The health services provided by the Kartini Karanganyar Regency Regional Hospital to the community are in accordance with the service standards set by the Hospital Accreditation Commission (KARS) with Plenary Graduates on November 27 2017.

Characteristics of Informants

The informants in this research consisted of health service implementers who were hospital management. Researchers use purposive sampling, namely the researcher determines the criteria regarding which respondents can be selected as samples. This research succeeded in obtaining informants from 3 management staff at Kartini Karanganyar Regency Regional Hospital. Table I presents the characteristics of informants who were successfully conducted in-depth interviews in this study.

Based on table I, it can be seen that the informants used in this research were 3 (three) employees in the Hospital Facilities Maintenance Installation (IPSRS), Medical

Table I. Characteristics of Research Informants

Initials	Age	Type Gender	Education Final	Position	Length of Working (Year)
IF1	54	Male	Bachelor	Head of IPS-RS Section	19
IF2	52	Male	Bachelor	Head of Medical Services Department	18
IF3	55	Female	Bachelor	Head of Medical Support Department	19

Services and Medical Support sections, of which the section heads were used as informant samples.

Readiness of Facilities and Infrastructure according to the 12 KRIS-JKN Criteria

Several health facilities have made efforts to provide the best infrastructure for patients and in accordance with established standards. Currently, the room temperature standard adjustment at Kartini Karanganyar Regency Regional Hospital uses Air Conditioner (AC) type Variable Refrigerant Volume (VRV), where the temperature can be adjusted based on patient needs or requests. Meanwhile, the lighting at Kartini Karanganyar Regency Regional Hospital is known to be obtained through 2 sources, namely sunlight and incandescent lamps. Room lighting is tested every 6 months to determine the suitability of lighting with lighting standards in the Minister of Health Regulation. This is in line with research conducted by (14) where the results of her research showed that the percentage of readiness regarding air room lighting was 91%, where room lighting for patients has been implemented, it's just that there are still several ward rooms that need to be adjusted. In addition, air exchange is also very concerned at Kartini Karanganyar Regency Regional Hospital, where air exchange is only carried out using mechanical air ventilation. Informants also revealed that air ventilation uses exhaust fan blowers to regulate air pressure, and uses fresh air for air exchange. Most of the informants stated that the infrastructure at the Kartini Karanganyar Regency Regional Hospital was in accordance with standards and was ready if adjustments were made to the KRIS criteria. The results of this research indicate that currently the infrastructure problems at the Kartini Karanganyar Regency Regional Hospital can now be handled well. One of the problems that often occurs is frequent errors in the AC. However, this can be resolved well and quickly using field follow-up.

As a result of the informant's explanation, it was found that there were several plans related to the management of infrastructure at the Kartini Karanganyar Regency Regional Hospital in adjusting the KRIS criteria. Most informants stated that a new building specifically for infectious diseases would be built. This is done if it is not possible to expand the building to adjust the room area standards according to the KRIS criteria. One of the most important criteria for KRIS is the ease of patients accessing doctors and taking medication. From this, the informant also revealed that at the Kartini Karanganyar Regency Regional Hospital, patient access to see a doctor can be done using the patient bell system. Meanwhile, medication collection is carried out using an aerocom which is delivered via the depot to the inpatient room. A detailed comparison of the 12 KRIS-JKN criteria alongside the actual conditions of the facilities and infrastructure at Karanganyar District Hospital is provided in Table II.

Table II. Governance of the Draft KRIS Criteria and Condition of Infrastructure at the Karanganyar Regency Regional Hospital

Draft Criteria for KRIS JKN	Condition of Facilities and Infrastructure Karanganyar District Hospital
Building materials must not have high porosity	Walls are hard, non-porous, water-proof according to standards
Minimum area of M2 per bed (PBI = 7.2 m2; Non-PBI = 10 m2)	For example, 5 patients have 5 beds with a distance of 1 meter for each bed
Distance (As) between beds 2.4 m	Distance of 1 meter for each bed
Between bed edges at least 1.5 m	Distance of 1 meter for each bed
Semi-electric bed standard P:206 L:90 H:50-80 (adjustable)	Semi-electric bed that can be adjusted
Maximum number of beds per room (PBI = 6 beds; Non-PBI = 4 beds)	Class 3 (4-5 patients), class 2 (3-4 patients), and class 1 (2-3 patients)
1 bedside table per bed	There are already per bed per bedside table
Room temperature 20-260C	The temperature and cooling system use VRV AC which can be adjusted using a remote control that can be locked so that patients or nurses will not be able to change it
Curtains/partitions between TT, The rails are embedded or attached to the ceiling and non-porous material	The curtains or curtains are attached to the ceiling made of gypsum so there are no pores, these curtains are attached to the bottom of the frame. The curtain material is according to standards
Air ventilation Guarantees air exchange for mechanics at least 6 times per hour and for natural ventilation must be more than that value	Each inpatient has a blower exhaust fan that can be used for negative or normal air pressure. Air exchange also uses fresh air, if I'm not mistaken 12 ACH
Room lighting Note: optimize natural lighting. If artificial lighting, the lighting intensity is 250 lux for lighting and 50 lux for sleeping	On the glass, use vertical glow which can open and close the device like a curtain. Mechanical lighting uses 6 incandescent lamps downlight, one lamp is approximately 12 Watts
Each bed is equipped with: a. Minimum 2 sockets and no branching/direct connection without safety b. Nurse call connected to the nurse	At each bed head there is an oxygen outlet, water outlet, then there is a three-hole socket for medical equipment, and nurse call
Bathroom in the room According to accessibility standards a. There is a "disable" sign/symbol on the outside b. Has enough space for wheelchair users c. Equipped with a handrail d. The floor surface is not slippery and should not cause puddles	It is recommended to have an emergency help button in an easily accessible place Each room is equipped with a bathroom, in some public places there are special toilets for the disabled, the standard bathroom is equipped with hot water, shower, sitting toilet, patient handle or handrail, and nurse call
Each bed is equipped with an oxygen outlet	Inpatient class 3 to VVIP already have outlets oxygen, there is kir, there is suction

DISCUSSION

Results of in-depth interviews with 3 informants at the Kartini Karanganyar Regency Regional Hospital in preparation for implementing KRIS at the Kartini Karanganyar Regency Regional Hospital, regarding the infrastructure and services in inpatient care, as well as the condition and management of the RSUD's

infrastructure in preparation for the KRIS. The results of this research reveal that Kartini Karanganyar Regency Hospital is ready if KRIS is to be implemented because of the large percentage of BPJS patient visits at the RSUD compared to non-BPJS patient visits. This is in line with the results of other research which states that hospitals will continue to follow more transformational organizational changes because BPJS represents market forces. Through changes that further tighten health care either through costs or quality, the introduction of the BPJS scheme is metaphorically understood as both a benefit and a problem that can change management in hospitals (15).

In line with the research results, a study conducted by (16) also revealed that hospitals with regional government ownership must follow and comply more with the rules or regulations set by the government. This is one of the factors in RSUD's readiness to face the KRIS policy. However, this is not in line with the results of a study in Vietnam which stated that government hospitals viewed regulations as an urgent need that had to be achieved. This has given rise to various practices of income maximization and acceptance of informal payments. The same result was also stated (17) that the state controls many HR functions so that Vietnam's large metropolitan public hospitals limit local autonomy and management innovation.

The results of in-depth interviews stated that it was feared that patient requests for inpatient rooms in the implementation of KRIS could not be accommodated. The frequently asked requests from patients for inpatient rooms are related to patient volume, inpatient time, health care financing and length of stay. Patient requests regarding patient volume or bed availability that cannot be met by hospitals are known to influence significant changes in the percentage of bed use. As evidenced by one study in Brazil, hospitals experienced a 27% decrease in bed utilization due to not being able to meet the availability of beds desired by customers (18).

In line with the research results, good bed management is due to having a sufficient number of beds and a sufficient number of floors or rooms, hospitals in America also ensure adequate hospital bed resources in bed management. Apart from America, good bed management is also found in German hospitals. A study in 2013 revealed that bed management in Germany is supported and adapted to resources and bed capacity. This is because professional bed management aims for optimal bed allocation, which involves short waiting times for patients and low inpatient cancellation rates, but with high occupancy rates (19).

Preparations for dividing the KRIS space at the Kartini Karanganyar Regency Regional Hospital are divided based on criteria according to the SMF division. Dividing rooms based on SMF will make it easier for

officers to divide rooms and make it easier for doctors to carry out examinations. This is different from what was done by one hospital in Korea which divided rooms based on diagnosis results because it was considered to be able to divide patients effectively (20). The research results also stated that the Kartini Karanganyar Regency Regional Hospital made efforts to overcome queues by providing transit to the emergency room. The length of time patients wait to get an inpatient bed is known to influence hospital quality.

Apart from that, efforts to overcome the patient gap include preparing VIP and VVIP classes, conducting outreach, and making changes by looking at it from the customer's perspective. These and activities were found to make care more responsive to patients and improve efficiency (including reduced costs), quality, and equity of health care. However, one European country uses a customer perspective-based healthcare system simply to emphasize the importance of healthcare providers to patients (21,22). Apart from that, a study conducted at one of the regional hospitals in Jakarta reported that patients still received large negative gap scores even though there had been socialization regarding inpatient rooms. One of the reasons is because of the cleanliness and comfort of the different inpatient rooms and bathrooms (23).

The results of in-depth interviews revealed that the infrastructure of the Kartini Karanganyar Regency Regional Hospital was not all in accordance with the standard KRIS design criteria. It is known that criteria 2, 3, and 11, which are minimum area, distance between beds and minimum distance between edges, as well as standard bathroom accessibility standards, are not in accordance with the conditions in Hospital (24). This is in contrast to the results of the dialogue and survey conducted by DJSN that the KRIS criteria will be applied in stages, namely criteria 1-10 being mandatory criteria and criteria 11-12 being mandatory criteria in stages. These criteria prioritize patient safety and Infection Prevention and Control (PPI) standards (25). One of the factors that supports the implementation of the KRIS criteria is the implementation of the principle of equity for JKN participants so that they receive the same and better services, which will also promote safety for JKN participant patients (26).

The most important criterion for KRIS is the ease of patients accessing doctors and taking medication. From the research results, it is known that the Kartini Karanganyar Regency Regional Hospital uses a patient bell or nurse call system and uses an aerocom when taking medicine. Nurse call provides benefits not only for the patient, but also for the patient's family members and allows access to a nurse or doctor when the patient is cognitively unwell (27,28). Through Minister of Health Regulation No. 34 of 2016 concerning Amendments to Minister of Health Regulation Number 58 of 2014

concerning Standards of Pharmaceutical Services in Hospitals, aerocom is a means of transportation for prescriptions and makes it easier to send medicines to rooms, but only in small quantities. This is because the size of the aerocom tube is very small and has a light tube material.

CONCLUSION

The results of this study indicate that Kartini Karanganyar Regency Regional Hospital demonstrates a moderate level of readiness in implementing the National Health Insurance Standard Inpatient Class (KRIS). While certain aspects, such as service management and human resources, show adequate preparedness, improvements are still required in infrastructure and policy alignment to fully meet the KRIS standards. Overall, the hospital is on the right track toward compliance with national regulations, but strategic planning, investment in facility upgrades, and continuous staff capacity building are essential to ensure successful and sustainable implementation of the KRIS system.

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