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Analysis Of Hospital Readiness For The Implementation Of Standard Inpatient Care Class (KRIS): Literature Review

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ABSTRACT
Health development aimed to improve access and quality of health services, yet 4.5 billion people globally and 2.9 million rural residents in Indonesia still lacked adequate access. The JKN Program strived to equalize health services, despite facing challenges such as complex registration and access inequalities. To enhance inpatient care quality, the Standard Inpatient Care Class (KRIS) system was implemented with 12 criteria. Although 81% of regional hospitals showed readiness for KRIS, many still required infrastructure adjustments. This study analyzed hospital readiness in implementing KRIS and provided recommendations to enhance its implementation effectiveness. The research utilized a literature review with a PRISMA approach. Google Scholar and PubMed search engines were used. After removing duplicates and filtering articles, eight relevant articles were selected and evaluated using Mendeley software. The research findings indicated variations in hospital readiness to meet Standard Inpatient Care Class (KRIS) requirements. Pertamina Bintang Amin Hospital only met 30% of the KRIS standards, while regional public hospital dr. Moch Anshari Saleh Banjarmasin achieved 85% readiness. Regional public hospital karanganyar and hospital Bhayangkara Medan faced challenges in policy socialization and infrastructure, while hospitals in Tangerang and Purwakarta districts struggled with meeting intensive care and isolation room standards. This study highlighted the need for infrastructure and facility improvements, as well as policy socialization for KRIS to achieve full standards. Hospital readiness for KRIS varied, with main challenges in infrastructure, facilities, socialization, as well as budgetary and funding constraints. The government and BPJS Kesehatan should monitor hospital readiness and subsidy mechanisms periodically.

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INTRODUCTION

Health development aimed to increase awareness, willingness, and ability of individuals to live healthy lives, thereby achieving an optimal level of public health (Suprapto et al., 2021). Every individual had the right to the highest standard of physical and mental health. Therefore, the state was obligated to develop laws and policies that ensured univepublic hospitalal access to quality health services and addressed health disparities caused by poverty, stigma, and discrimination (World Health Organization, 2023).

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Hospitals played a crucial role in meeting public health needs and performing specific tasks within the health service system (Pan American Health Organization & World Health Organization, 2021). National hospital associations contributed to the governance of the health system by influencing policy processes and advocating for the interests of their membepublic hospital (Meessen & Perazzi, 2022). Hospitals had four main roles: as independent institutions, dominant entities, collaboratopublic hospital, and partnepublic hospital. These roles impacted public health through preventive, curative, and rehabilitative services (Rouhifard et al., 2022).

The National Health Insurance Program (NHI), managed by BPJS Kesehatan, was a significant initiative aimed at equalizing health services in Indonesia. This program was designed to provide protection and health maintenance for all participants according to basic health needs and to ensure equitable access to health services regardless of socio-economic status. NHI aimed to improve health outcomes and reduce health disparities across Indonesian society (Asyrofi & Ariutama, 2019; Mahardhika, 2023). By 2024, the number of BPJS usepublic hospital reached 272,352,343, with 42.54% from PBI APBN, 19.77% from PBI APBD, 7.14% from PPU-PN, 16.62% from PPU-BU, 11.86% from PBPU-Independent Workepublic hospital, and 2.07% from Non-Workepublic hospital (BPJS kesehatan, 2024). The implementation of NHI faced challenges such as complex registration, contributions, unsatisfactory services, and declining public participation (Hafidz et al., 2023). Additionally, the NHI program risked access inequities due to uneven healthcare facility distribution, segmented tariffs, and socio-economic divepublic hospitality among participants (Kharisma, 2020).

To realize the principle of social insurance, which is the provision of basic needs through mutual aid and equitable health services, the Indonesian government established the Standard Inpatient Care Class (KRIS) system (Aileen et al., 2023; Direktur Jenderal Pelayanan Kesehatan, 2022). The KRIS system replaced the BPJS Kesehatan class 1, 2, and 3 with new standards aimed at improving health service quality (Dinas Kesehatan DI Yogyakarta, 2023). The main goal of implementing KRIS was to standardize inpatient care across all hospitals collaborating with BPJS Kesehatan, ensuring no disparities in services based on socioeconomic status or contribution levels. This aimed to guarantee that all BPJS participants received equal service levels without bias (Hanri & Sholihah, 2021). The standard class included 12 criteria intended to enhance the quality of inpatient services, including aspects such as building conditions, ventilation, lighting, and room density (Dinas Kesehatan DI Yogyakarta, 2023; Direktur Jenderal Pelayanan Kesehatan, 2022).

Self-assessment results showed that 81% of regional hospitals were ready to implement the NHI KRIS policy, although 78% of them still required infrastructure adjustments (Arisa et al., 2023; A. E. Putri, 2019). Major challenges in implementing KRIS included the need for significant investment to upgrade facilities, particularly in remote areas, and a BPJS Kesehatan budget deficit of IDR 7.9 trillion in 2023 (Hanri & Sholihah, 2021). The biggest challenge was the readiness of hospitals to make changes or renovations to meet KRIS standards (Syam & Himawan, 2024). Furthermore, current regulations were deemed

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insufficient to protect hospitals in implementing the standard inpatient classes (Sulistyorini & Huda, 2022).

This study aimed to analyze hospital readiness in implementing the Standard Inpatient Care Class through a literature review. This analysis included reviewing infrastructure readiness, facilities, human resources, and policy socialization efforts at hospitals. Thus, this study was expected to provide a comprehensive overview of hospital readiness in implementing KRIS and offer useful recommendations for hospitals and related stakeholdepublic hospital.

METHODS

The research method used in this study was a literature review. A literature review is useful for providing an overview of specific research issues or problems, evaluating the state of knowledge, setting research agendas, identifying gaps, discussing specific issues, or engaging in theory development (Snyder, 2019). The PRISMA (Preferred Reporting Items for Systematic Review and Meta-Analysis) approach (Page et al., 2021) was used in this systematic review to search for articles related to the Analysis of Hospital Readiness for the Implementation of Standard Inpatient Care Class (KRIS).

Several search engines were used to find articles, including Google Scholar (https://scholar.google.com/) and PubMed (https://pubmed.ncbi.nlm.NHI.gov/). Indonesian keywords "Kelas Rawat Inap Standar (KRIS)", "Implementasi", and "BPJS" were used on Google Scholar, resulting in 36 articles. The English keywords "Standard Inpatient Class", "Hospital", and "BPJS" were used on Google Scholar, resulting in 28 articles, but no articles were found on PubMed.

In the article selection process, the inclusion criteria applied were: (1) Quantitative or qualitative research articles, excluding literature reviews, (2) Studies conducted in hospitals in Indonesia, (3) Articles written in Indonesian or English, and (4) Articles published within the last five yeapublic hospital (2019-2024). Convepublic hospitalely, the exclusion criteria included: (1) Articles not accessible in full text and (2) Research articles not specifically addressing hospital readiness for the implementation of Standard Inpatient Care Class.

Keywords were applied to the titles and abstracts of articles in the database search. Duplicate articles were removed, and inclusion and exclusion criteria were used to screen articles. A list of all found article titles was compiled, and an evaluation was conducted to determine the most relevant studies. Mendeley software was used for evaluation, title compilation, duplicate detection, and removal of articles that did not meet the criteria. Mendeley identified duplicates through the "Check for Duplicates" feature. This feature scanned the article collection and displayed duplicated items. Users could compare the details of duplicated articles and then choose to merge or delete them. Eight (8) articles were selected after quality assessment. The article review process is illustrated in Figure 1 to provide a visual representation of the steps taken in this study.

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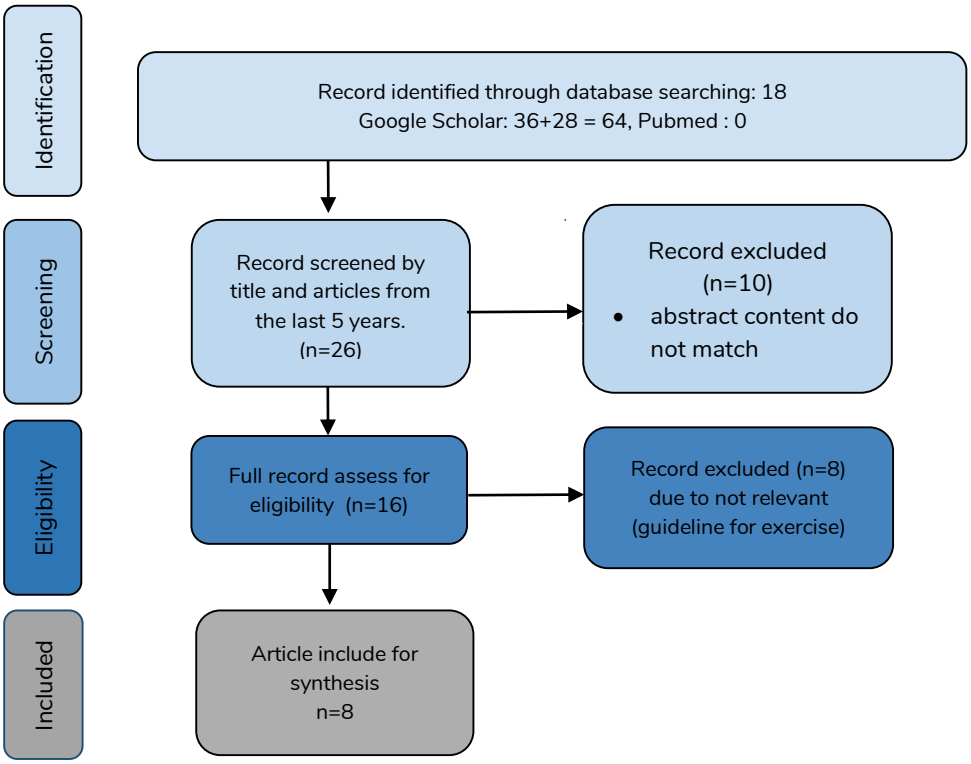

Figure 1. Screening Flow Diagram

RESULTS AND DISCUSSION

Result

Based on Table 1, studies on hospital readiness for the implementation of Standard Inpatient Care Class (KRIS) showed varying results regarding the fulfillment of these standards. According to the study by Defityanto et al. (2022), Pertamina Bintang Amin Hospital in Bandar Lampung only met 30% of KRIS standards, with deficiencies in building materials, ventilation, lighting, room temperature, bathroom facilities, and nupublic hospitale-call systems. According to Yurita, Nugraha, and Saraswati (2022), regional public hospital Sanjiwani had prepared strategies to comply with Government Regulation No. 47 of 2021, although there were still shortcomings in socialization and meeting some standard indicatopublic hospital. According to Arisa, Purwanti, and Diaty (2023), regional public hospital dr. Moch Anshari Saleh Banjarmasin reached 85% readiness for KRIS, but bathroom facilities and nupublic hospitale-call systems still required improvements, with an estimated additional 1-2 yeapublic hospital needed for full implementation.

Table 1. Analysis of Hospital Readiness for Implementing Standard Inpatient Classes

No	Authors (Year)	Title	Method	Results
1	Defityanto *et al.* (2022)	Analisis Kesiapan Rumah Sakit Pertamina Bintang Amin (RSPBA)	This study used a descriptive approach conducted at RSPBA, starting with a pre-	Observation and measurement results showed that building materials met 30% of the

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No	Authors (Year)	Title	Method	Results
		Bandar Lampung dalam Mempersiapkan Kamar Rawat Inap Standar (Peraturan Pemerintah No. 47 tahun 2021)	survey in March 2022, followed by data collection until July 2022. Primary data were collected through observation, room area measurement, light intensity using a luxmeter, and room temperature using a thermometer. Measurements were taken in 10 RSPBA wards.	standards. Ventilation is present in all rooms but obstructed by materials such as plywood or plastic fiber. Average room lighting is 72.3 lux, and the average air temperature is 34°C. Each bed is equipped with one contact box, but the nurse call system is not available. Room distribution meets the established indicators, with an average room density of 7 beds per room. All bathrooms are within the rooms with the following facilities: 30% have disable symbols, 10% are wheelchair accessible, and 30% have handrails. Oxygen outlets average 2 per room, but nurse call systems have not been installed.
2	Yurita, Nugraha and Saraswati (2022)	Analisis Strategi dan Kesiapan Rumah Sakit Umum Daerah Sanjiwani Terkait dengan PP 47 Tahun 2021 Tentang Penerapan Kelas Standar JKN	This study used a qualitative approach with Rapid Assessment Procedures (RAP), including in-depth interviews, observations, and documentation. Data analysis involved data preparation, data examination, data interpretation, data verification, and data representation.	The study showed that regional public hospital Sanjiwani has developed strategies for implementing Government Regulation No. 47 of 2021, including preparation of facilities and human resources. The hospital focuses efforts on class 2 and 3 inpatient rooms to meet the new standards. Although most criteria are prepared, there are some deficiencies, such as insufficient socialization and

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No	Authors (Year)	Title	Method	Results
				meetings about the new policy. Some indicators of standard JKN inpatient care have not been fully met. Major barriers include staff's lack of knowledge and understanding of the new regulations and the 12 standard indicators.
3	Arisa, Purwanti and Diaty (2023)	Kesiapan regional public hospital Dr. H. Moch Anshari Shaleh Banjarmasin Menghadapi Regulasi PP No 47 2021 Tentang Implementasi Kelas Rawat Inap Standar (KRIS) JKN di Tahun 2022	This study used a mixed-methods approach with an explanatory sequential strategy. Quantitative data were collected through a self-assessment by regional public hospital Dr. Moch Anshari Saleh Banjarmasin to evaluate their readiness to meet the 12 KRIS NHI criteria, analyzed using univariate analysis. Qualitative data were collected through in-depth interviews and observations, with main informants including the head of facilities and infrastructure, and triangulation from the head of BPJS and head of the inpatient ward who understood the 12 KRIS NHI criteria.	The study found that regional public hospital Dr. Moch Anshari Saleh Banjarmasin achieved 85% readiness for KRIS NHI criteria. However, some criteria are still below 30%, such as bathrooms without "disable" symbols (0%), only 10% of bathrooms with handrails, and only 8% of nurse call systems connected in inpatient rooms. This indicates that bathroom facilities do not yet meet KRIS technical standards. Although there are no major obstacles, regional public hospital needs an additional 1-2 years to fully implement KRIS NHI. The study suggests that the hospital is in the process of adjusting to KRIS NHI, with most criteria prepared but still needing improvements in bathroom facilities.
4	Afni and Bachtiar (2023)	Analisis Kesiapan Implementasi Kelas Rawat Inap Standar: Studi Kasus di RS Wilayah Kabupaten	This study used a mixed-methods approach with both quantitative and qualitative strategies. The quantitative method	The study found that hospital readiness in Tangerang Regency for KRIS NHI implementation is still

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No	Authors (Year)	Title	Method	Results
		Tangerang (PP No 47 Tahun 2021)	involved questionnaires designed based on the 12 KRIS NHI criteria to assess the readiness of 22 hospitals in Tangerang Regency as of November 2021. Qualitative data were obtained through in-depth interviews using Donald Van Metter and Carl Van Horn's theory to understand KRIS NHI implementation, intensive care rooms, isolation rooms, and full-time HR provisions.	suboptimal. About 75% of hospitals are in the process of preparing the 12 KRIS NHI criteria. Specifically, less than 60% of hospitals meet room density criteria, 23% meet intensive care room standards, and 36% meet isolation room standards. Specialist doctor availability shows 15-20% in private hospitals and 100% in government hospitals, although this is based on quantity rather than quality. Additionally, many hospitals have not fully met bathroom and other facility standards. Hospital readiness for KRIS NHI shows progress but requires significant improvements to meet all criteria. Major barriers include building renovations requiring funds and time, availability of medical equipment and competent HR, and limitations in isolation rooms.
5	Trisaksono, Harun and Rizka (2023)	Implementation Classification of Hospital Class and Humanist Standard Inpatient Class in Purwakarta	This study used a descriptive quantitative method to analyze inpatient facilities in four hospitals in Purwakarta related to hospital class classification and the application of standard inpatient care.	The study found that the implementation of hospital class classification in Purwakarta has reached 75% of expectations. However, the application of standard inpatient care is still not fully realized due to lack of

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No	Authors (Year)	Title	Method	Results
				clarity in implementation and the absence of strict sanctions for existing regulations.
6	Rizky, Afriyanto and Shoffiyatunisaak (2024)	An Overview of the Readiness of Regional General Hospital Infrastructure (RSUD) Karanganyar Regency in Implementing the National Health Insurance Standard Inpatient Classes	The study used a qualitative method with a case study approach to evaluate the readiness of the Rumah Sakit Umum Daerah Kabupaten Karanganyar infrastructure in implementing Standard Inpatient Classes (KRIS). The population in this study was the hospital management, and the sampling technique employed was purposive sampling, which deliberately selected samples from groups deemed relevant.	The study found that hospitals in Karanganyar Regency face significant challenges in meeting accreditation, patient expectations, social and ethical values, and demands for sustainable quality improvement while reducing costs. Although regional public hospital Karanganyar management understands KRIS implementation in general, they have not received adequate socialization and there are no specific regulations governing KRIS. Nonetheless, the hospital has begun preparing infrastructure according to KRIS standards. Infrastructure, including beds and inpatient rooms, has been adjusted to KRIS criteria, with a total of 357 well-managed beds. The hospital has also classified inpatient rooms and planned measures to address patient queues and differences between BPJS and non-BPJS patients. regional public hospital Karanganyar has SOPs for each room

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No	Authors (Year)	Title	Method	Results
				and continues to adjust to ensure rapid KRIS implementation.
7	Qurnaini *et al.* (2024)	Analisis Kesiapan Rumah Sakit Bhayangkara TK II Medan Terhadap Pelaksanaan Kelas Rawat Inap Standar (KRIS)	This study used a qualitative method with researchers as the primary instrument. To verify subjective data, triangulation methods were used, including time extension, source triangulation, and method triangulation. Informants included the Head of the Hospital, Health Services Division, Jangmedum Division, and Hospital Finance, as well as hospital patients. Data were analyzed using SWOT, Fishbone, and VUCA analysis tools.	The study found that Bhayangkara Medan Hospital has prepared for KRIS implementation according to DJSN's proposal. The hospital has undertaken various efforts such as KRIS socialization, infrastructure improvements, and expansion of inpatient buildings. However, there are still challenges to be addressed. Socialization about KRIS has not been evenly distributed among hospital stakeholders because hospital leaders have not conducted internal meetings with all relevant parties, including management, nurses, and doctors. Additionally, the hospital infrastructure is not yet fully adequate, with needs for building and room improvements to meet KRIS standards, and constraints such as lack of space and funds. Although the hospital's facilities are adequate, not all 12 KRIS criteria are met due to space limitations and unexpanded building areas. Finally, while the availability of medical staff is sufficient, the

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No	Authors (Year)	Title	Method	Results
				nurse-to-bed ratio is inadequate, with only 78 nurses for 205 beds, indicating a need for further adjustments to meet KRIS standards optimally.

According to the study by Afni and Bachtiar (2023), hospital readiness in Tangerang Regency was still suboptimal, with 75% of hospitals in the preparation process and facing challenges in meeting intensive and isolation room standards. Meanwhile, based on the study by Trisaksono, Harun, and Rizka (2023), the implementation of hospital class classification in Purwakarta had reached 75%, but the application of standard inpatient care had not been fully realized due to a lack of clarity and strict sanctions. According to Rizky, Afriyanto, and Shoffiyatunisa (2024), regional public hospital Karanganyar had started preparing KRIS infrastructure but faced challenges such as a lack of socialization and specific regulations. The study by Qurnaini et al. (2024) found that hospital Bhayangkara Medan had made various efforts to meet KRIS, but still faced challenges related to socialization, space limitations, and funding. Based on the study by Lubis et al. (2024), regional public hospital Batu Bara planned to rehabilitate infrastructure according to KRIS with some budget constraints, while the community supported the equalization of inpatient class despite concerns about the possible increase in BPJS class 3 fees.

Discussion

The study results showed that although some hospitals had begun preparations to meet the Standard Inpatient Class standards, there were still many deficiencies in terms of infrastructure and facilities. The level of readiness varied, with some hospitals making significant progress, such as increasing the number of beds and improving bathroom facilities. However, in some locations, the facilities had not yet fully met the KRIS criteria, especially in terms of accessibility for people with disabilities and nupublic hospitale call systems. The main challenges included the availability of medical equipment, competent medical pepublic hospitalonnel, and building renovations that required additional funds and time (Issa, 2023; Langlois et al., 2019; Mal & Mukherjee, 2020). Additionally, there was a need for further socialization regarding the new policies and additional improvements to facilities and infrastructure (Davoudi-Kiakalayeh et al., 2023; Issa, 2023; Langlois et al., 2019; Mal & Mukherjee, 2020).

The implementation of the Standard Inpatient Class in the National Health Insurance was regulated in Article 23 paragraph (4) of the National Social Security System Law, which mandated that inpatient services in hospitals must follow standard class services. KRIS NHI aimed to provide equal benefits for all participants, without distinguishing between medical and non-medical benefits, thus creating social justice for all citizens (Kurniawati et al., 2021). The standard inpatient class policy could not be separated from other policies related to the National Health Insurance. One related policy was the determination of tariffs that would be

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developed based on the study of basic health needs (Dharmayanti & Kadaryanto, 2023; D. A. Putri et al., 2022).

The implementation of KRIS NHI required a uniform tariff applicable to all hospitals to simplify the service system and reduce disparities in inpatient costs between classes. However, the implementation of KRIS faced significant challenges, such as the uneven readiness of hospitals to meet the standards, which could affect the smoothness of the implementation process (Kurniawan, 2019; Purba et al., 2023). One of the main obstacles in implementing KRIS NHI was the lack of clear regulations regarding the definitions and criteria of KRIS, which made it difficult for hospitals to align with the policy. Hospitals' readiness to meet WHO standards related to the number of beds and facilities also impacted their ability to provide inpatient services for NHI participants (Sulistyorini & Huda, 2022). Presidential Regulation No. 47 of 2021, which only addressed general obligations regarding bed availability, did not specifically regulate KRIS NHI. This caused concerns among hospitals, especially those not collaborating with BPJS Kesehatan, about the obligation to meet these standards (Sulistyorini & Huda, 2022).

The ambiguity regarding the definition and parametepublic hospital of KRIS NHI led to confusion, especially with the existence of 12 KRIS NHI concepts that hospitals were required to meet. There were concerns that if hospitals were not prepared to implement KRIS by the specified deadlines, they might face penalties, such as termination of their relationship with BPJS Kesehatan (Lubis et al., 2024). This issue was exacerbated by the need for extensive renovations that required significant funds and time, as well as the lack of regulations providing clear guidelines for KRIS implementation (Rumintjap, 2024).

Government efforts to support the implementation of KRIS NHI included self-assessment stages for hospitals, socialization, education, and advocacy through various media, as well as monitoring and evaluation (Sulistyorini & Huda, 2022). However, regulations specifically governing KRIS NHI still needed clarification to provide a more comprehensive guideline for hospitals in their preparations (Rumintjap, 2024; Sulistyorini & Huda, 2022). According to the analysis by the National Consumer Protection Agency of Indonesia, although most hospitals were ready to implement KRIS, there were concerns about the impact of the program on the public, such as potential increases in NHI contributions and reductions in facilities for Class I participants (Yazid et al., 2024).

The implementation of KRIS required significant infrastructure renovations, which could affect the capacity and revenue of hospitals (Rumintjap, 2024). Although KRIS aimed to simplify the class system and reduce service disparities, it was essential to ensure that these changes did not increase the financial burden on NHI participants or decrease service quality during the transition (Rumintjap, 2024; Sulistyorini & Huda, 2022; Yazid et al., 2024).

The KRIS NHI policy also impacted tariff aspects and the availability of health services. The government needed to consider mechanisms for subsidies or incentives to mitigate negative effects on participants and ensure that these changes genuinely improved accessibility and equity in health services (Lubis et al., 2024). Additionally, the readiness of hospital infrastructure and resources to implement KRIS needed serious attention. If many

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hospitals were not prepared for these new standards, KRIS implementation could result in a decline in the quality of health services during the transition period (Rumintjap, 2024).

A SWOT analysis of this policy revealed several strengths, weaknesses, opportunities, and threats. The strengths of this policy lay in its ability to control service costs and maximize the role of community health centepublic hospital in cost control (Arntanti, 2023). However, the weaknesses included potential reductions or elimination of excessive-cost services, increased contribution rates, and decreased facilities for Class I participants (Arntanti, 2023). Opportunities included improvements in the quality of inpatient facilities and public satisfaction, particularly for Class III participants, while threats included potential public dissatisfaction and increased contribution rates that could divert the government from its intended goals (Arntanti, 2023).

Overall, KRIS NHI represents an initiative aimed at improving inpatient facility standards and reducing service disparities. However, challenges related to infrastructure readiness and the lack of clear regulations need to be addressed to ensure effective and equitable implementation. The government and BPJS Kesehatan must continue to consider subsidy or incentive mechanisms and monitor hospital readiness regularly to ensure that this policy is successfully implemented and provides maximum benefits for all NHI participants (Rumintjap, 2024; Samodra et al., 2024; Sulistyorini & Huda, 2022; Yazid et al., 2024).

CONCLUSION

Studies on hospital readiness for the implementation of Standard Inpatient Care Class (KRIS) showed varying results regarding the fulfillment of these standards. Pertamina Bintang Amin Hospital in Bandar Lampung only met 30% of KRIS standards, with deficiencies in building materials, ventilation, lighting, room temperature, bathroom facilities, and nurse call systems. The regional public hospital Sanjiwani had prepared strategies to comply with Government Regulation No. 47 of 2021, but still faced challenges in socialization and meeting some standard indicators. The regional public hospital dr. Moch Anshari Saleh Banjarmasin reached 85% readiness for KRIS, but bathroom facilities and nurse call systems still required improvements, with an estimated additional 1-2 years needed for full implementation. In Tangerang Regency, hospital readiness was still suboptimal, with 75% of hospitals in the preparation process and facing challenges in meeting intensive and isolation room standards. The implementation of hospital class classification in Purwakarta had reached 75%, but the application of standard inpatient care had not been fully realized due to a lack of clarity and strict sanctions. The regional public hospital Karanganyar had started preparing KRIS infrastructure but faced challenges such as a lack of socialization and specific regulations. Bhayangkara Medan Hospital had made various efforts to meet KRIS requirements but still faced challenges related to socialization, space limitations, and funding. The regional public hospital Batu Bara planned to rehabilitate infrastructure according to KRIS with some budget constraints, while the community supported the equalization of inpatient class despite concerns about the possible increase in BPJS class 3 fees. The implementation of KRIS faces major challenges due to a lack of clear regulations, costly renovation needs, and potential negative impacts on costs and the quality of health services. Therefore, it is crucial for the

government and relevant parties to clarify regulations, provide financial support, and conduct rigorous monitoring to ensure that the KRIS policy is effectively implemented and delivers equitable benefits to all participants of the National Health Insurance (NHI).

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