Study of Hospital Readiness in Implementing the Standard Inpatient Class (KRIS) Policy at RSUD Bendan Pekalongan City

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ABSTRACT

The Standard Inpatient Class (KRIS) is a policy within the National Health Insurance (JKN) transformation program aimed at achieving equal and standardized inpatient services. Implementation of this policy requires hospital readiness in terms of management and the fulfillment of 12 facility criteria. This study aims to analyze the readiness of KRIS implementation at Bendan Regional Hospital, Pekalongan City, based on management functions. The study used a qualitative descriptive approach through observation, in-depth interviews, and document review with management and related units. The results show that planning has been carried out in stages and based on priorities, organization is carried out through cross-unit coordination, and the implementation of most criteria has been met, especially in bed density, room allocation, room temperature, lighting, and basic facilities. However, several criteria such as ventilation, bed spacing, curtains/partitions, bathrooms, accessibility, and nurse call still require improvement. Control is carried out through internal monitoring and external evaluation, although record keeping still needs to be improved. In general, Bendan Regional Hospital is in the partially ready category for KRIS implementation, so strengthening the roadmap and gradually improving infrastructure is necessary.

Keywords: KRIS, Standard Inpatient Care, Implementation Readiness, Hospital.

INTRODUCTION

Healthcare services in Indonesia are facing increasingly complex structural pressures due to demographic changes and evolving disease patterns. According to the 2023 Statistics of Aging Population from the Central Statistics Agency (BPS), the proportion of elderly people continues to increase from 10.48% in 2020 to 11.75% in 2023, with a projection of reaching 19.6% by 2045 (BPS, 2023). Meanwhile, the 2023 Indonesian Health Survey (SKI) shows that non-communicable diseases such as hypertension, diabetes, and heart disease have become the leading causes of morbidity and mortality in Indonesia (Health Development Policy Agency, 2023). This situation requires hospitals to strengthen inpatient services that are high-quality and safe, supported by adequate facilities and human resources.

One of the main challenges in inpatient care is the National Health Insurance (JKN) class classification system, which divides patients into classes 1, 2, and 3. This system has created disparities in access and quality of care among participants, raising issues of inequity in healthcare. In response, the government established the Standard Inpatient Class (KRIS) policy, which regulates 12 minimum facility criteria to create uniform service without discrimination (Presidential Regulation No. 59 of 2024).

The KRIS policy is part of the national health system transformation, regulated by the Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2022 concerning the Implementation of KRIS at Advanced Referral Health Facilities. This policy aims to eliminate the class 1, 2, and 3 system and replace it with equal service standards for all JKN participants (Ministry of Health, 2022). Thus, KRIS is expected to improve the equity and quality of inpatient care across all health facilities.

However, various studies show that KRIS implementation in the field remains uneven. Many hospitals fail to meet all 12 criteria, particularly in terms of bed density, en-suite bathrooms, accessibility, ventilation, and oxygen outlets (Afni et al., 2022). This gap is influenced by limited infrastructure, budget, and hospital development priorities (Raafiana et al., 2025). This indicates a gap between policy and implementation at the service level.

Furthermore, KRIS implementation is also influenced by human resource readiness, organizational support, and effective policy communication. Previous research has shown that successful policy implementation is highly dependent on implementer understanding, resource availability, and cross-unit coordination (Azura Arisa et al., 2023). Without such support, KRIS standards implementation can be suboptimal, even if the policy has been formally established.

Based on these conditions, it is important to examine the implementation of KRIS at Bendan Regional Hospital in greater depth, particularly from the planning and policy implementation aspects. This study focuses on analyzing the planning, organizing, implementing, and controlling processes of KRIS implementation, as well as the factors that influence them.influencesuccesses and obstacles. The research results are expected to provide empirical data-based recommendations to support improving the quality of inpatient services and optimizing KRIS implementation in hospitals.

METHODS

This study uses a descriptive qualitative design to examine the readiness of the implementation of the National Health Insurance (JKN) Standard Inpatient Class (KRIS) policy at Bendan Regional Public Hospital, Pekalongan City based on management functions according to George R. Terry, which include planning, organizing, implementing, and controlling. Research informants were selected using a purposive sampling technique consisting of 1 representative from the hospital management and 2 heads of inpatient rooms as the main informants, as well as 3 JKN patients or families who were treated for at least three days as triangulation informants.

The research instruments consisted of semi-structured interview guidelines, observation sheets, recording devices, and field notes compiled based on the four KRIS management functions. Data collection was conducted through in-depth interviews, direct observation in inpatient wards to assess the implementation of the 12 KRIS criteria, and documentation from hospital reports and supporting data.

Data were analyzed qualitatively using the Miles and Huberman model, which includes data reduction, data presentation, and conclusion drawing, grouped based on the themes of planning, organizing, implementing, and controlling. This study also considered ethical aspects by seeking informant consent and maintaining the confidentiality of informants' personal data.

RESULTS

Based on the research results, the following results were obtained:

Situation Analysis

Planning for the implementation of the Standard Inpatient Class (KRIS) at Bendan Regional Hospital in Pekalongan City began with a situational analysis of the existing inpatient ward conditions. This analysis was conducted to determine whether the existing conditions matched the 12 KRIS criteria established by the government. Based on interviews, the hospital conducted a phased evaluation from 2022 to 2024, particularly following the rehabilitation of the inpatient wards.

"By 2024, we'll start to carefully calculate which rooms are KRIS compliant and which aren't. Not all inpatient rooms meet KRIS standards, especially in older buildings like postpartum wards, which have physical limitations." (Informant 1)

Identifying Problems and Needs

Identification of issues in KRIS implementation revealed a gap between KRIS standards and the condition of hospital buildings. The main issues were physical limitations in space, such as en-suite bathrooms, distance between beds, and patient accessibility.

"The problem is the condition of the building, so not everything can be adjusted immediately." (Informant 1)

Planning Preparation

The KRIS implementation plan was developed in stages and prioritized, taking into account the level of readiness of each inpatient ward. Rooms with high levels of non-conformity, such as postpartum wards, were prioritized for improvement.

"The planning couldn't be done all at once, so we looked at the areas that were least appropriate. The plan also included adjustments to bathrooms, bed spacing, lighting, and ventilation, but still adjusted to building and budget constraints." (Informant 1)

Cross-Unit Coordination

The organization of KRIS implementation at Bendan Regional Hospital in Pekalongan City is carried out through cross-unit coordination involving management, nursing, service units, and the Facility Maintenance Unit (IPS). This coordination is necessary because most KRIS indicators relate to infrastructure.

"KRIS implementation cannot be carried out by one unit alone; all must be involved. Coordination is carried out through the head of the ward as a liaison between the service unit and management/IPS in resolving facility issues." (Informant 1)

Division of Roles and Responsibilities

The division of roles in KRIS implementation has been carried out functionally. Management is responsible for policy and facility planning, while nurses focus on patient care.

"If there is damage to the facility, we simply report it, and management remains the one who follows up. This division of tasks helps clarify the workflow, although challenges remain in terms of nurse workload and facility maintenance." (Informant 2)

Inpatient Room Arrangement

The implementation of KRIS at Bendan Regional Hospital in Pekalongan City is carried out through the arrangement of inpatient rooms, including reducing the number of beds in one room. Previously, one room could accommodate up to six patients, but this has now been reduced to four or even two patients.

"Previously, we could accommodate six patients, now it's down to four, and some even two. This arrangement aims to improve patient comfort and meet KRIS standards, although it requires adjustments to nurses' workflows." (Informant 2)

Monitoring and Evaluation

KRIS implementation is controlled through internal monitoring by nurses and external evaluation by BPJS Kesehatan, the Health Office, and hospital accreditation.

"Monitoring is not only internal, but also by BPJS and the Health Office." (Informant 1).

"Nurses conduct daily monitoring, particularly regarding the condition of the inpatient rooms, facilities, and cleanliness." (Informant 2)

KRIS Achievements

No.	KRIS Criteria	Assessment Indicators	Amount of KRIS Allocation Bed	The Bed Is Full	KRIS Achievement Percentage	Fulfillment Status
1.	Porosity of Building Components	Non-porous building materials	136	136	100%	Fulfil
2.	Air Ventilation	≥ 6 air changes/hour	136	114	83,82%	Partially Fulfilled
3.	General Lighting	≥ 250 lux	136	124	91,18%	Partially Fulfilled
4.	Lighting While Sleeping	≤ 50 lux	136	136	100%	Fulfil
5.	Bed Accessories	Nurse call every bad	136	124	91,18%	Partially Fulfilled
6.	Bed Accessories	2 sockets without branching	136	136	100%	Fulfil

7.	Nightstand per Bed	1 bedside table/Bed available	136	136	100%	Fulfil
8.	Room Temperature	Temperature 20–26°C	136	136	100%	Fulfil
9.	Division of Treatment Rooms	Based on gender, age, infection	136	136	100%	Fulfil
10.	Bed Density	Maximum 4 Bed/room	136	136	100%	Fulfil
11.	Distance Between Beds	Minimal 1,5 meter	136	126	92,65%	Partially Fulfilled
12.	Curtains/Partitions	Non-porous, 30 cm from the floor	136	126	92,65%	Partially Fulfilled
13.	Indoor Bathroom	Minimum 1 bathroom/room	136	127	93,38%	Partially Fulfilled
14.	Standard Accessible Bathroom	Wheelchair access, handrail, safe flooring	136	114	83,82%	Partially Fulfilled
15.	Outlet Oxygen Every Bed	Outlet + flowmeter every bed	136	133	97,79%	Almost Fulfilled

Based on the results of the Standard Inpatient Class (KRIS) self-assessment, Bendan Regional Public Hospital, Pekalongan City, has allocated 136 beds as KRIS beds as a form of commitment to supporting the gradual implementation of the KRIS policy. The assessment results show that most indicators have been met, especially in aspects of easy-to-clean building materials, comfortable room temperature settings, room grouping based on patient characteristics, bed density control, and basic completeness of bed facilities. However, there are still several indicators that do not fully meet standards, such as air ventilation, distance between beds, the presence of partitions or dividing curtains, and bathrooms that meet accessibility standards, especially in rooms with older buildings such as postpartum rooms. This condition indicates that the main obstacle to KRIS implementation is more influenced by the physical limitations of the existing building, so that gradual rehabilitation planning, room design adjustments, and long-term funding support are needed so that all KRIS indicators can be met optimally and sustainably.

Feedback

Feedback from the KRIS implementation indicates that patients feel more comfortable with the more organized and standardized inpatient wards.

"Patients are more comfortable and satisfied with the current ward conditions. This increased comfort also impacts the hospital's image." (Informant 2)

DISCUSSION

The results of the study indicate that the implementation of the Standard Inpatient Class (KRIS) at Bendan Regional General Hospital in Pekalongan City has allocated 136 of the total 189 beds as KRIS beds as a form of the hospital's commitment to supporting the KRIS policy in stages. The self-assessment results show that most KRIS indicators have met the standards, especially in aspects of building component porosity, lighting during sleep, completeness of electrical outlets, availability of bedside tables, room temperature, division of treatment rooms, and bed density, all of which reached 100% fulfillment. However, there are still several indicators that are not optimal, such as air ventilation (83.82%), general lighting (91.18%), nurse call (91.18%), distance between beds (92.65%), curtains or partitions (92.65%), bathrooms (93.38%), accessible bathrooms (83.82%), and oxygen outlets (97.79%). This condition indicates that in general the implementation of KRIS is quite good but not yet fully evenly distributed across all indicators.

However, the research also shows that several indicators are still not optimally met, such as air ventilation, distance between beds, the availability of curtains or partitions, and bathrooms that meet accessibility standards, especially in rooms with older buildings such as postpartum wards. This condition indicates that the main challenge of KRIS implementation lies not only in the management aspect, but more dominantly in the physical limitations of the existing building that are difficult to directly adjust. This has an impact on the uneven fulfillment of KRIS standards across all inpatient wards.

These limitations also have the potential to impact patient comfort and safety, particularly for patients with special needs who require better accessibility to bathroom facilities and mobility. Furthermore, the differences in fulfillment levels between rooms indicate the need for more targeted and priority-based rehabilitation planning, so that rooms with high levels of nonconformity can be promptly upgraded.

To address these issues, a phased rehabilitation plan, adjustments to inpatient room designs, and medium- and long-term funding support are required to ensure optimal fulfillment of all KRIS indicators. This aligns with the findings of Aini et al. (2024) who stated that KRIS implementation in hospitals with older buildings generally faces major obstacles related to limited physical infrastructure, necessitating a phased adjustment strategy to achieve standards without disrupting services. Furthermore, Putri & Sari (2023) also emphasized that the successful implementation of inpatient room standards depends heavily on the hospital's ability to balance building limitations with the need to improve service quality. Thus, KRIS implementation at Bendan Regional Hospital, Pekalongan City, has demonstrated positive results, but still requires continuous improvement to ensure comprehensive and sustainable fulfillment of all indicators.

CONCLUSION

Overall, the results of the study indicate that the implementation of the Standard Inpatient Class (KRIS) at Bendan Regional Hospital, Pekalongan City has been running quite well and shows a strong commitment through the allocation of 136 beds as KRIS and the fulfillment of most indicators, especially in structural and functional aspects such as building porosity, room temperature, room division, bed density, and completeness of basic facilities. However, the results of the self-assessment also show that there are still several indicators that are not optimal, such as air ventilation, general lighting, nurse call, distance between beds, curtains or partitions, bathrooms and accessibility, and oxygen outlets, which are mostly influenced by the limitations of the old building. Therefore, the implementation of KRIS at Bendan Regional Hospital, Pekalongan City can be concluded to be in the category of being quite ready but not yet optimal as a whole, so that strengthening is needed through gradual rehabilitation, adjustments to space design, improvement of human resources, as well as a long-term monitoring and funding system so that all KRIS standards can be met sustainably.

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