



Analysis Of Readiness For Implementation Of Standard Inpatient Classes (Kris) at Harapan Dan Doa General Hospital In Bengkulu City In 2025

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Abstract

The government has stipulated Presidential Decree No. 59 of 2024 concerning the replacement of the Standard Inpatient Class (KRIS) which will be implemented comprehensively for hospitals no later than July 2025 and in Bengkulu City there are 7 hospitals that have not implemented the KRIS policy. This study aims to determine the readiness of hospitals in implementing the standard inpatient class (KRIS) policy at Harapan and Doa Regional General Hospital, Bengkulu City. The study was conducted using a qualitative approach using a case study design, with seven main informants and three expert informants. The selection of informants was determined purposively. Data collection in the form of in-depth interviews, observation checklist sheets, voice recordings analyzed using thematic analysis and validation based on triangulation of methods, data sources and theories. The results show that the implementation of this KRIS policy is reviewed from Donabedian's theory on input, process, and output indicators that the hospital is not 100% in accordance with the 12 KRIS criteria that have not been met including bathrooms and their accessibility, building components, nurse calls, lighting and oxygen outlets. Hospitals have begun to gradually fulfill the 12 criteria. In addition, government support through budget provision, infrastructure, and medical personnel training also plays an important role in improving hospital readiness. It was concluded that the implementation of the KRIS policy at Harapan and Doa Regional Hospital is still hampered by the large budget/funds needed to achieve 100% readiness for the 12 criteria. It is recommended that the government intervene to help hospitals experiencing obstacles in the process, related to adequate budgets and the need for intensive socialization, collaboration between governments, hospitals, and other stakeholders in order to provide optimal results for the community.

Keywords

Hospital Readiness, Policy Implementation, KRIS JKN

Introduction

The As stated in the 1945 Constitution of the Republic of Indonesia, health services are one aspect of human rights as stated in Article 28 H paragraph (1): "Everyone has the right to live in physical and spiritual prosperity, to have a place to live and to have a good and healthy living environment, and to receive health services." Article 34 paragraph 2 states that the State develops a social security system as a basis for the government to realize social programs that are expected to improve the welfare of all Indonesian people. Health services in Indonesia aim to increase awareness, willingness and ability to live healthily for everyone in order to achieve the highest possible level of health. These health services are organized based on the National Health System (SKN), which is a system that brings together various efforts of the Indonesian Nation in an integrated and mutually supportive manner to ensure the highest level of health (Wulandari, 2016). To fulfill citizens' rights to maintain health, every country needs to expand the scope of Universal Health Coverage (UHC) which ensures that all members of society have access. to service health quality (Defityanto et al., 2022). Since 1 In January 2014, the Indonesian government implemented the National Health Insurance Program - Healthy Indonesia Card (JKN-KIS), which aims to provide health insurance for all Indonesians. The government is targeting Universal Health Coverage (UHC) to be achieved. achieved in 2019, one of the targets of which is the same medical and non-medical benefit package (care class), without any differences, to realize social justice for all people This is the implementation of Law Number 40 of 2004 concerning the National Social Security System, which must be implemented based on the principle of equality or equity. The principle of equity refers to equal access to services according to medical needs, regardless of the amount of contributions paid (Ministry of Health, 2022). The government plans to eliminate the BPJS Kesehatan (Indonesian Health Insurance) class classification, eliminating the current Class 1, Class 2, and Class 3. BPJS Kesehatan classes will be replaced with a standard or single class. The goal of this policy is to provide equitable standard services for all National Health Insurance (JKN) participants, prevent infections that can occur if participants are overcrowded in a single inpatient room, and ensure participants feel safe and comfortable (Putri et al., 2022). The National Health Insurance Standard Inpatient Class (KRIS JKN) is a class of hospital inpatient services in the National Health Insurance (JKN) program covered by the Social Security Administering Body (BPJS) Health, prioritizing patient safety and Infection Prevention and Control (PPI) standards, and it is possible to upgrade classes for participants other than Contribution Assistance Recipients (PBI) through self-financing, employer financing, or additional health insurance (Director General of Health Services of the Republic of Indonesia, 2022). In its implementation, until now it has not been running as it should. enforcement body organizer guarantee social (BPJS) 3 Classes and inpatient rooms vary between hospitals. Standard class criteria still lack established criteria, so Law No. 47 of 2021 concerning Hospital Management was enacted to standardize standards and ensure fair and equitable access to healthcare facilities (Rusli, 2013; Siyoto, 2015). As an effort to overcome this problem, the government Indonesia has issued various policies in the health sector, one of which is the issuance of Presidential Regulation of the Republic of Indonesia No. 47 of 2021 concerning the implementation of health services. House Sick. On chapter 18 written room care stay standard most A little 60% for House Sick government and 40% For hospital private. On chapter 84 letter b sounds like care service stay standard implemented most slow 1 January 2023. (Invite Invite No. 47 of 2021; Rusli, 2013; Siyoto, 2015). However, in In its implementation, hospitals in Indonesia have not been able to achieve the

targets set by the government, therefore the government reaffirmed what was stated in Presidential Regulation of the Republic of Indonesia No. 59 of 2024 concerning the third amendment to Presidential Regulation No. 82 of 2018 concerning Health Insurance on May 8, 2024. Article 46 A mentions 12 criteria for treatment room facilities in standard inpatient class services (KRIS) which must be met by hospitals, including: 1) building components with a low level of porosity, 2) adequate air ventilation, 3) adequate room lighting, 4) completeness of beds, 5) health workers per bed, 6) controlled room temperature, 7) division of treatment rooms based on gender, 8) children or adults and infectious or non-infectious diseases, 9) adequate density of treatment rooms and bed quality, 10) curtains/partitions between beds, 11) bathrooms that meet the needs standard accessibility, 12) outlet oxygen. On chapter 103 A sounds that the implementation of treatment rooms for inpatient services based on KRIS will be implemented comprehensively for all hospitals collaborating with BPJS Kesehatan no later than June 30, 2025, and hospitals may provide some or all inpatient services based on KRIS according to the hospital's capabilities. The KRIS policy aims to equalize the quality of inpatient services in all hospitals, so that the public can get service Which The same without look at status socio-economic. This policy is expected to improve access and equity in health services. Although the KRIS policy has been established, its implementation still faces various challenges in implementing the 12 criteria of the JKN KRIS implementation. The challenges faced by hospitals are complex. Several hospitals in Indonesia are not yet fully ready to implement KRIS. There is a gap between existing regulations and real conditions on the ground. This is due to various factors, such as limited resources, inadequate infrastructure and facilities, and financial constraints, which are among the challenges related to meeting the equity principle. Research by Hardwiko Defityanto, Samino, Lolita Sary, Riyanti (2022) Readiness of Pertamina Bintang Amin Hospital (RSPBA) Bandar Lampung in Preparing Standard Inpatient Rooms, namely from observations and measurements, it was found that building materials were 30% fulfilled. Air ventilation is available throughout the room but is covered by plywood or plastic fiber. The average room lighting is 72.3 lux. The average air temperature is 34 °C. Each bed already has 1 power outlet, and does not yet have nurse call access. The room division has been divided based on the Indicator. The average room density is 7 beds in one room. All bathrooms are inside. It was found that 30% of bathroom facilities had a disabled symbol written on them, 10% were ready for wheelchair access, and 30% had handrails installed. Nurse call has not been installed. There are an average of two oxygen outlets in one room. On study Caroline (2024), Readiness Class Care Standard Stay (KRIS) at Dr Rasidin Padang Regional General Hospital (RSUD) in the implementation of KRIS only reached 25%. Constraints in terms of human resources (lack of medical personnel) and there is no special team yet), funding aspect (lack of BLUD funds), infrastructure aspect (suboptimal ventilation, lighting, temperature, completeness TT, oxygen outlets, emergency bathrooms, accessibility standards, building materials, and ward density). From a governance perspective, Dr. Rasidin Regional General Hospital, Padang City, is not yet ready to implement KRIS due to obstacles, particularly in funding and infrastructure. Likewise, research by Natsir et al. (2024), Implementation of National Health Insurance Standard Inpatient Classes At Dr. Tadjuddin Chalid General Hospital in Makassar in 2023, 10 of the 12 established criteria have been met, including building, ventilation, lighting, and bed facilities. However, challenges remain, including room temperature and humidity, as well as bathroom accessibility for people with disabilities, which have not been fully met. With the implementation of KRIS nationally, it is hoped that there will be improving the standard of better and more equitable

health services. Some of the expected benefits from policy This is, Increase quality service health for patient National Health Insurance (JKN) And non-JKN, Reduce service gap between hospitals in big cities and remote areas, Improving patient safety with more adequate facilities and higher service standards more Good. Policy Class Care Stay Standard (KRIS) is step progress in improving the quality of health services in Indonesia and It is hoped that this will become a new standard that ensures better healthcare for the entire community. Although its implementation still faces challenges, many hospitals are still not 100% ready. This is evident from previous research and the latest validation results from the Ministry of Health as of January 2025, namely, 600 hospitals (21.6%). have met all KRIS criteria, 1,217 hospitals (43.9%) have met some of the criteria and are in the process of gradual fulfillment, and 949 hospitals (34.3%) have not implemented KRIS because they have not met some or all of the established criteria. Of the 3,113 hospitals that must implement KRIS, validation has been carried out on 2,766 hospitals (88.8%). However, it still exists 4 provinces with a validation rate of less than 50%, namely Central Kalimantan, North Maluku, Papua, and Papua Mountains. RSUD HD Kota Bengkulu is a hospital owned by the Bengkulu City Government located in Bengkulu City, which is organized on the basis of Bengkulu City Regional Regulation Number 11 of 2013. Over time, with the issuance of Government Regulation Number: 23 of 2005 concerning Financial Management of Public Service Agencies (PPK-BLU) and Regulation of the Minister of Home Affairs Number 61 of 2007 concerning Technical Guidelines for Financial Management of Regional Public Service Agencies, on the basis of the above laws and regulations, RSHD Kota Bengkulu proposes For can become House Sick Government with Pattern Financial Management of the Regional Public Service Agency (PPKBLUD), which was then issued by the Decree of the Mayor of Bengkulu Number 192 of 2016. With the Decree of the Mayor of Bengkulu, the HD Regional Hospital of Bengkulu City as a Regional Technical Institution now has the status of a Regional Hospital with a Financial Management Pattern Public Service Agency Region (PPK-BLUD). Service improvements at HD Regional Hospital are also being continuously carried out as an effort to realize the plan to upgrade the hospital class, from type C to type B. targeted to be realized at least in 2025. This is realized by the construction of an advanced inpatient building in 2023 to add 40 beds and as an implementation of changes to the Standard Inpatient Class (KRIS) system which is also a health issue in 2023 (HD Regional Hospital Profile, 2023) by having to fulfill 12 criteria in accordance with PP NO. 59 of 2024 which must be implemented no later than June 30, 2025. If not yet fulfilled 100% then the party from JKN will decide cooperation with hospitals, in addition the government also makes 12 KRIS criteria a condition for permits Hospital Operations and Accreditation Pass in 2026. Based on The initial survey conducted showed that Harapan and Doa Regional Hospital, Bengkulu City, had the highest number of JKN inpatient visits in all hospitals in Bengkulu City, both government and private, with data for one year, namely 2024, as follows: M. Yunus Regional Hospital 8,119; Soeprapto Regional Hospital 1,575; Bhayangkara Hospital 8,158; Hope And Prayer 10,811; Regional General Hospital Mother And Tino galo 0;RS Kindergarten. IV 3,650; Raflesia Hospital 4,384; Tiara Sella Hospital 8,977; Ummi Hospital 9,890; Gading Medika Hospital 6,717 (Health Office.2024).

Literature Review

Understanding Class Care Stay Standard (KRIS)

The standard inpatient class (KRIS) is mandated by Law No. 40/2004 concerning the Social Security System, as stated in Presidential Decree No. 64/2020 concerning the second amendment to Presidential Decree No. 82/2018 concerning Health Insurance. Articles 54A and 54B also mandate a review of Health Insurance benefits according to basic health needs and standard class inpatient care. Article 54A states, "For the sustainability of Health Insurance funding, the Minister, together with relevant ministries/institutions, professional organizations, And association facility health do review Benefit Health insurance according to basic health needs and standard class inpatient care no later than December 2020. "And Article 54B which reads "The benefits as referred to in Article 54A are implemented in stages until no later than 2022 but have not been implemented, then it is reaffirmed in Presidential Decree No. 59 of 2024 no later than June 30, 2025 and its implementation is carried out continuously to improve the governance of Health Insurance."

Understanding House Sick

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2018, a hospital is a health service institution that provides comprehensive individual health services, including inpatient, outpatient, and emergency services. (Supartiningasih, (2017) Also define House Sick is something organization run by professional medical personnel organized both from medical infrastructure, continuous nursing care, diagnosis and treatment of diseases suffered by patients. (Bramantoro, 2017) also explains that a hospital is a health service facility that carries out health efforts in an efficient and effective manner in integrated healing and recovery efforts with improvement and prevention efforts and carries out referral efforts.

Classification of Hospitals

According to the Government Regulation of the Republic of Indonesia Number 47 of 2009 2021 concerning the implementation of the hospital sector. Hospital classification is based on the type of services provided, categorizing hospitals into general hospitals and specialized hospitals. (Government Regulation, 2021) The classification of general hospitals is divided into 4 classes, namely:

- 1) House Sick general class A
- 2) House Sick general class B
- 3) House Sick general class C
- 4) House Sick general class D

The government classifies general and specialized hospitals based on service capacity, healthcare facilities, supporting infrastructure, and human resources.

Methods

Data analysis

The data collected in this study was then analyzed using thematic analysis technique (thematic analysis). Analysis thematic is Wrong One method For do data analysis Which aims to identify patterns and find themes through data collection carried out by researchers (Heriyanto, 2018). The following are several stages in conducting thematic analysis:

- a) Understanding data, namely the process carried out by researchers to be able to understand and integrate with the data obtained by rereading the interview transcripts, re-listening to the interview recordings, and re-examining the documentation. The purpose of stages This is so that researchers can better understand the contents of the data obtained so that researchers can find information related to research questions.
- b) Coding, which is the coding stage, is the process of categorizing the codes that appear in the data into themes based on the research questions.
- c) Searching for themes involves first determining tentative themes. Groups with similar or different words are then grouped together. After several tentative themes have been collected, they are compared with other tentative themes to identify similarities, differences, and interrelationships. Once the tentative themes have been compiled, each theme is then calculated based on its significance, its relevance to the research question, and its unique characteristics. in the process of being combined into one theme. The results of the data analysis will then be described narratively in the research findings and discussion.

Results and Discussions

Source Power Man HR

Based on the results of my research, the issue of human resources is not specifically regulated in fulfilling the number of health workers in KRIS, but Harapan and Doa Regional Hospital, Bengkulu City this year we have planned strategic activities in developing skills for healthcare in hospitals. It is proposed that in the near future, basic cardiovascular nursing training (invasive diagnostic scrub nurses, non-surgical intervention scrub nurses), and neuro-interventional nursing will be conducted.

In this study, the policy regarding HR management at Harapan and Doa Regional Hospital, Bengkulu City refers to the existing rules and in the Indonesian Ministry of Health Regulation number 75 of 2014 regarding community health centers, it is written that the types of health workers which must consist of at least doctors or specialist doctors, dentists, nurses, midwives, public health workers, environmental health workers, laboratory technology experts, nutritionists, and pharmaceutical workers. Human resources (HR) have a crucial role in achieving the vision of an activity, besides that HR also has an influence. towards a program so that to achieve an organizational vision, quality human resources are required (Amaratunga RDG and Baldry D, 2002).

According to study conducted by Miftahul Qurnaini Mz et al, 2023 conducted at the Level

II Bhayangkara Hospital in Medan, the existence of human resource factors in the context of KRIS readiness plays an important role. In success KRIS. Without adequate source Power In human terms, what is planned will not be the same as what is ultimately implemented. Based on secondary data analysis, it was found that the health workers at Bhayangkara Hospital Medan have provided effective health services. One of the things It is important to remember that numbers do not always have a positive effect on policy implementation. This means that a large number of health workers does not automatically lead to successful implementation; they must also possess the appropriate skills for the tasks to be performed. Availability of personnel in hospitals Bhayangkara Level II Medan is sufficient or adequate for the implementation of KRIS.

The results of research by Achmad Sodik and Rifa Hanifah Rahayu, (2025) at Bandung City Hospital found that resources are a key element. in successful implementation policy, covers support from human and non-human resources, such as facilities and financial budget. At the Bandung City Regional General Hospital, the number of workers is adequate both in terms of quantity and quality, with a total of 765 people. The hospital's staff consists of 72 medical personnel, 486 non-medical personnel, and 207 non-healthcare personnel. However, to support the implementation of KRIS-JKN at Bandung City Hospital, the availability of competent human resources must be balanced with an adequate budget.

According to a study conducted by Dediando, the 2024 Infrastructure and Human Resources challenges of KRIS implementation require major adjustments in terms of infrastructure and human resources, especially in private hospitals which may not have sufficient financial capacity to meet the new standards. This can result in inequality in quality of service between government and private hospitals. The government has attempted to increase the capacity of government hospitals by building four new vertical hospitals and increasing existing capacity. This move is expected to accommodate more JKN patients and improve the quality of healthcare services. However, the challenge of ensuring private hospitals also fulfill their commitments remains significant.

Method

The method used to implement a policy can serve as a guideline for implementing activities. The results of this study indicate that Not yet There is regulation area Which issued by The Bengkulu City Government supports KRIS preparations. Hospitals rely solely on Government Regulation No. 59 of 2024, and interviews indicate that SOPs exist for implementing KRIS preparations. This contrasts with the observations researchers encountered. that there is no SOP/PerDir in preparation for implementing the KRIS standard.

This is in line with research by Rosmawati et al (2018)) Policy which is so complex that it requires the cooperation of many people. The bureaucracy, as the implementer of a policy, must be able to support the policy decisions made through effective coordination. In this study, the standard bureaucratic structure referred to is Standard Operating Procedures (SOPs) and Fragmentation.

Budget

Results study reveal that HOSPITAL Hope And Prayer Bengkulu City has begun allocating a budget for infrastructure preparation since early 2024. However, the priority for gradual development is starting from the costs that are low according to ability. Researchers Also found that the hospital has committed to implementing standards By including it in the preparation of the Strategic Plan budget, KRIS hopes that the city government will participate in funding the development. Relying solely on BLUD funds will not be enough for the hospital. capable in fulfilling 12 KRIS criteria. Implementation of KRIS itself is projected to start in 2025, with the preparation of a long-term budget through this strategic plan which will be a strategic guide for budget policy for the next five years, while waiting for certainty from BPJS or the government regarding the full implementation of CRIS.

This aligns with research by Lubis et al. (2024), which states that the role of local governments is crucial in supporting KRIS implementation. Local governments can assist hospitals. in allocating additional budget and overseeing the implementation of the KRIS. Collaboration between the central and regional governments and hospitals will create the synergy needed to address existing challenges and achieve policy objectives more effectively. Continuous evaluation of KRIS implementation is necessary to ensure that the policy is running according to plan and delivering the expected benefits.

Research conducted by Respati (2023) states that the type of house hospitalization also impacts the cost of infrastructure improvements. The Chairman of the DJSN General Policy Commission stated that if the hospital's type is high, the funding required for improvements or repairs will also be substantial. However, on the other hand, these spatial changes are also important for standardization. This is in line with research conducted by Yurita, Nugraha and Saraswati (2022), which stated that currently there is no budget provided House Sick General Area Sanjiwani in Implementing Government Regulation No. 47 of 2021 concerning the fulfillment of standard class requirements for JKN patients. The budget for this will be allocated upon implementation. This is supported by the construction of a new inpatient ward at Sanjiwani Regional Hospital, which has been adjusted to meet the JKN standard class inpatient service criteria.

A European study, consistent with the research findings, revealed that the implementation of KRIS provisions or new regulations are expected to result in changes to the budget plan. This is related to adapting services to changing needs and securing a sustainable budget base for future financing (Candaika, P. 2022).

The results of this study show that budget limitations at Harapan and Doa Regional Hospital in Bengkulu City cause obstacles that... very significant in meeting KRIS standards even though the hospital has implemented efficiency in budget use from the beginning of the year but has not shown significant results. because indeed For fulfilling 12 standard criteria KRIS need cost Which is very large.

Infrastructure

Means Infrastructure at the regional hospital Hope And Prayer City Bengkulu Most of these facilities are adequate. The provision of these infrastructure facilities is being carried out in

stages. to support readiness House Sick in implementation The Standard Inpatient Class (KRIS) which is likely to be implemented in July 2025 and concrete steps that have been taken include reducing the number of beds in class 3. Although this results in a total decrease in total bed capacity, the hospital has completed the construction of a new ward called the Medina Room on the 2nd floor to increase the number of beds. This construction demonstrates the hospital's strong commitment to completing infrastructure projects according to KRIS standards. 2025.

Building components with low porosity are crucial for the implementation of KRIS in hospitals. This includes the use of strong, easy-to-clean materials that meet the appropriate ventilation and lighting criteria to support an optimal care environment, in accordance with the Regulation of the Ministry of Public Works and Housing PUPR No. 28/PRT/M/2026 concerning price analysis. work unit general field, EN (European Standard) 206-1 on concrete parts, specifications, performance, production and conformity, Indonesian National Standard (SNI), SNI 032847213 on planning procedures concrete structures for building construction. This research is in line with (Afni et al., 2021), which states that hospitals need to make adjustments by changing their functions. Several rooms, such as the hospital management room, were converted into emergency rooms or new buildings were constructed. This was done to maintain the total number of TT patients and prevent a downgrade at the Tangerang Regency Regional Hospital. Similar research was also conducted (Mz et al. 2023), which stated that facilities and infrastructure can be met if infrastructure improvements are made. The fulfillment of these facilities and infrastructure is carried out to support the readiness of KRIS which will be launched at Bhayangkara Hospital Class II Medan in 2023. The implementation of the Standard Inpatient Class (KRIS) in the National Health Insurance (JKN) is regulated in Article 23 paragraph (4) of the SJSN Law which requires inpatient services in hospitals to follow service class standards.

According to (Issa, M. 2023) Several hospitals have begun preparations to meet the Standard Inpatient Class (KRIS) standards. The level of hospital readiness varies, with some hospitals showing significant progress such as increasing the number of beds and improving bathroom facilities.

Technology

Technology availability is very important especially regarding data synchronization. readiness House Sick in implementation KRIS. Results study This This shows that the central government provides access to an application, namely RS Online, to update data on the readiness of all hospitals in Indonesia. Data reporting/updates are carried out monthly so that the central government can monitor the percentage of hospital readiness. in implementing this policy. Although in reality there is often a lack of synchronization between reporting and facts on the ground. Based on the Minister of Health Circular Letter Number: HK.02.01/MENKES/158/2022 concerning the Obligation to Report and Update Hospital Data, reporting and updating data in the Online Hospital application, including data on patients treated in hospitals, is part of the obligation. hospitals in accordance with the provisions of laws and regulations and must be implemented using updated data that is carried out at all times (updated).

Process

Harapan and Doa Regional General Hospital, Bengkulu City, is one of the government hospitals that has begun implementing KRIS in Bengkulu Province. Although the 12 criteria that have been set have already been met, there are several criteria that have not yet met the standards. including bathrooms with accessibility standards, the temperature of inpatient rooms which is not all stable between 20-26 C, as well as the lighting and building components that cannot be changed according to standards KRIS as well as nurse call Which Not yet fulfilled The same very in all even inpatient rooms The oxygen outlets also haven't reached all the inpatient rooms

Conclusion

Based on results analyzing the readiness of KRIS implementation at Harapan and Doa Regional Hospital, Bengkulu City using Donabedian's theory (1980) with Input, Process and Output indicators Output state Overall, Harapan and Doa Regional Hospital, Bengkulu City is not yet fully ready to implement KRIS, even though most of the criteria have been met still some aspects which require improvement, especially regarding facilities and infrastructure, budget and coordination between parties in this matter we can see it from the perspective of:

1. Inputs

- a. Resource Man : concerning energy health It has been met in terms of quantity but needs to improve quality through special training such as in the ICU, Perinatology and Hemodialysis rooms.
- b. Budget : in budget aspect HOSPITAL Hope And Prayer Bengkulu will provide a special budget to implement the readiness of KRIS implementation with 12 criteria namely through BLUD funds Because the funds that must be allocated to meet the KRIS standards are quite large, the strategy that will be taken is a priority scale, optimizing BLUD income, through DAK funds for infrastructure improvements.
- c. Means And Infrastructure : House Sick moment This Still faces some obstacles in fulfilling 12 Cretria KRIS. challenge This show that there are still adjustments to what needs to be done in the management of facilities and infrastructure to achieve readiness for the implementation of KRIS and 12 criteria have been established, there are 8 criteria that require special attention such as air ventilation, lighting room, air temperature and humidity, bed equipment, bathroom, oxygen outlet, communication equipment / Nurscall, handles in the bathroom that do not meet KRIS standards. Although some of these criteria have not been fully met, but we will take corrective steps soon. and identify the problem so as to achieve the KRIS standards as desired by the Central Government.
- d. The information system is already centralized but needs further development to support KRIS, because it is still necessary to strengthen the network to support KRIS, in providing services we have used System Record medical Electronics (RME) Which is a digital system for storing, managing and accessing all patient health information electronically which greatly supports the necessary preparation and reporting.
- e. Human resources regarding health workers are sufficient in quantity but need to improve quality through special training such as in the ICU, Perinatology and Homadialis rooms.

- f. Method: The policy on KRIS already exists, both in the form of national and internal hospital regulations, there are national policies, namely: Presidential Regulation no. 59 of 2024 regarding the third amendment to Presidential Decree No. 82 of 2018 concerning Health Insurance, 2). Minister of Health Regulation 14/2021 and Minister of Health Regulation 24/2016 concerning technical requirements hospital buildings and infrastructure, 3) Decree of the Director General of Health Services No. HK.02.02/1/1811/2022 and at Harapan and Doa Regional Hospital, Bengkulu City, they have begun to formulate and adjust internal policies as a form of support for the implementation of KRIS. Harapan and Doa Regional Hospital, Bengkulu City, has received information about KRIS and has started implementing the policy and has carried out development and renovation of care stay facilities including procurement which is required in the 12 KRIS standard criteria.
2. Process, In terms of the process, obstacles were found in the implementation of PP No. 59 of 2024, regulations Minister of Public Works and Housing PUPR NO.28/PRT/M/2006 Concerning the analysis of unit prices for public works and the Indonesian National Standard (SNI) 2001 concerning concrete parts, specification parts, production performance and conformity, standards of 12 KRIS criteria There are some criteria have not been met 100% including the components building 80 %, Ventilation air 85%, Lighting room 75%, room temperature and humidity 70%, Indoor bathroom meets 80% accessibility standards, Outlet Oxygen 80% Nurse Call 20% ,because there are some who haven't Can streamed to oxygen Because the pressure Still not enough And party The hospital is in the process of being repaired. All existing obstacles and barriers will be quickly completed. To fulfill 12 criteria the obstacle. The main problem is that the budget used is quite large.
3. Outputs, The achievement of KRIS readiness has not reached 100%. From the results of interviews and observations, the achievement of KRIS implementation with 12 standards has only reached 80%. There are also some criteria that have not met 100% of the 12 KRIS standards. such as Nurse call, oxygen outlet, still need special attention for further completion stages.

References

- Bachri, B. S. (2010). Triangulasi dalam Penelitian Kualitatif. *Jurnal Ilmu Sosial dan Humaniora*, 5(2), 123–130.
- Bramantoro, T. (2017). *Manajemen Pelayanan Kesehatan di Rumah Sakit*. Jakarta: Penerbit Erlangga.
- Defityanto, H., Samino, Sary, L., & Riyanti. (2022). Kesiapan Rumah Sakit Pertamina Bintang Amin (RSPBA) Bandar Lampung dalam Mempersiapkan Kamar Rawat Inap Standar. *Jurnal Kesehatan Masyarakat*, 10(2), 45–56.
- Direktur Jenderal Pelayanan Kesehatan RI. (2024). *Petunjuk Teknis Persiapan Sarana dan Prasarana Rumah Sakit dalam Penerapan KRIS JKN*. Jakarta: Kementerian Kesehatan RI.
- Donabedian, A. (1980). *Pengertian Mutu dan Pendekatan Penilaiannya*. Ann Arbor, MI: Pers

Administrasi Kesehatan.

- Heriyanto, H. (2018). Analisis Tematik dalam Penelitian Kualitatif. *Jurnal Penelitian Sosial*, 12(1), 45–56.
- Karolina. (2024). Kesiapan Kelas Rawat Inap Standar (KRIS) di Rumah Sakit Umum Daerah (RSUD) Dr. Rasidin Padang. *Jurnal Manajemen Rumah Sakit*, 12(3), 78–89.
- Kementerian Kesehatan Republik Indonesia. (2022). *Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan*. Jakarta: Kementerian Kesehatan RI.
- Keputusan Wali Kota Bengkulu Nomor 192 Tahun 2016 tentang Penetapan RSUD Harapan dan Doa Kota Bengkulu sebagai Badan Layanan Umum Daerah (BLUD). (2016). Bengkulu: Pemerintah Kota Bengkulu.
- Moleong, L. J. (2010). *Metodologi Penelitian Kualitatif*. Bandung: Penerbit Remaja Rosdakarya.
- Natsir, M., dkk. (2024). Implementasi Kelas Rawat Inap Standar Jaminan Kesehatan Nasional di RSUP dr. Tadjuddin Chalid Makassar Tahun 2023. *Jurnal Kebijakan Kesehatan Indonesia*, 8(1), 112–123.
- Peraturan Menteri Dalam Negeri Nomor 61 Tahun 2007 tentang Pedoman Teknis Pengelolaan Keuangan Badan Layanan Umum Daerah. (2007). Jakarta: Kementerian Dalam Negeri.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 4 Tahun 2018 tentang Rumah Sakit.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 24 tentang Persyaratan Teknis Bangunan dan Prasarana Rumah Sakit.
- Peraturan Pemerintah Republik Indonesia Nomor 23 Tahun 2005 tentang Pengelolaan Keuangan Badan Layanan Umum (PPK-BLU). (2005). Jakarta: Sekretariat Negara.
- Peraturan Presiden Republik Indonesia Nomor 47 Tahun 2021 tentang Penyelenggaraan Rumah Sakit. (2021). Jakarta: Sekretariat Negara.
- Peraturan Presiden Republik Indonesia Nomor 59 Tahun 2024 tentang Perubahan Ketiga atas Peraturan Presiden Nomor 82 Tahun 2018 tentang Jaminan Kesehatan. (2024). Jakarta: Sekretariat Negara.
- Peraturan Presiden Republik Indonesia Nomor 82 Tahun 2018 tentang Jaminan Kesehatan.
- Profil RSUD Harapan dan Doa Kota Bengkulu. (2023). *Laporan Tahunan RSUD Harapan dan Doa Kota Bengkulu*. Bengkulu: RSUD Harapan dan Doa.
- Robot, A., dkk. (2018). *Manajemen Pelayanan Rawat Inap di Rumah Sakit*. Jakarta: Penerbit Salemba Medika.

- Rosaliza, M. (2015). *Metode Wawancara dalam Penelitian Kualitatif*. Jakarta: Penerbit Bumi Aksara.
- Rusli, A. (2013). *Manajemen Rumah Sakit: Teori dan Aplikasi*. Jakarta: Penerbit Salemba Medika.
- Santoso, B. (1998). *Manajemen Rumah Sakit: Teori dan Praktik*. Jakarta: Penerbit Buku Kedokteran.
- Setiawan, D., & Kurniasih, E. (2020). *Kerangka Pemikiran dalam Penelitian Kualitatif*. Jakarta: Penerbit Bumi Aksara.
- Siyoto, S. (2015). *Dasar-Dasar Manajemen Rumah Sakit*. Yogyakarta: Penerbit Andi.
- Sugiyono. (2013). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung: Penerbit Alfabeta.
- Supartiningasih, S. (2017). *Manajemen Rumah Sakit: Konsep dan Aplikasi*. Yogyakarta: Penerbit Deepublish.
- Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan.
- Undang-Undang Republik Indonesia Nomor 40 Tahun 2009 tentang Sistem Jaminan Sosial Nasional.
- Undang-Undang Republik Indonesia Nomor 47 Tahun 2021 tentang Penyelenggaraan Rumah Sakit.
- Utarini, A. (2020). *Penelitian Kualitatif dalam Kesehatan*. Yogyakarta: Gadjah Mada University Press.
- WHO (World Health Organization). (2022). *Definisi Kesehatan*. Diakses dari <https://www.who.int>
- Wulandari, R. (2016). *Sistem Kesehatan Nasional (SKN) dan Implementasinya di Indonesia*. Jakarta: Penerbit Buku Kedokteran.