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Readiness of RSUD X in the Implementation of Standard Inpatient Class (KRIS)

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Abstract . The Standard Inpatient Class (Kelas Rawat Inap Standar / KRIS) is a policy embedded within Indonesia's National Health Insurance (Jaminan Kesehatan Nasional / JKN) Programme, designed to achieve equity in inpatient services for all BPJS Kesehatan participants by replacing the three-tier ward system (Classes I–III) with a single minimum standard. This study aimed to analyse the readiness of X Regional General Hospital (RSUD X), Makassar City, in implementing KRIS. A qualitative case study design was employed. Seven informants were selected through purposive sampling, comprising the Vice Director of Medical Services (key informant), three main informants (Head of Nursing Division, Head of General Affairs, Planning Staff), and three supporting informants (Head of Surgical Ward, Head of Mawar Ward, and a bedside nurse). Data were collected through in-depth interviews, direct physical observation of four representative wards using a 12-criteria KRIS checklist with calibrated instruments (lux metre, thermohygrometer, measuring tape), and hospital document review. Data analysis followed the Miles-Huberman-Saldana model (reduction, presentation, conclusion-drawing), with source and method triangulation applied to verify validity. Results showed that the KRIS policy was well understood at all management levels and phased governance steps had been initiated since 2023. However, implementation remained incomplete due to constrained budget and ageing building conditions. Of 12 technical KRIS criteria, seven were consistently met. Persistent non-conformities were identified in inter-bed spacing, sleep lighting, room humidity, and curtain floor clearance.

Keywords: Standard Inpatient Class, Hospital Readiness, Policy, National Health Insurance

INTRODUCTION

The health system encompasses all components that play a role in maintaining and improving public health. The World Health Organization (WHO) explains that a health system consists of six building blocks:

quality service delivery, an adequate health workforce, health information systems, access to essential medicines and technologies, fair financing, and transparent governance. Quality and equitable health services are a key pillar in achieving Universal Health Coverage (UHC). According to WHO reports, approximately 4.5 billion people worldwide still face difficulties in accessing adequate health services (1).

In Indonesia, UHC has been implemented through the National Health Insurance (Jaminan Kesehatan Nasional/JKN) managed by BPJS Kesehatan since 2014. This system has improved access to healthcare services; however, challenges remain in inpatient care, particularly regarding disparities in standards and comfort across different classes. The classification of inpatient services (Class 1, 2, and 3) has created inequalities that are considered inconsistent with the principle of equity (2).

To address these issues, the Indonesian government introduced the Standard Inpatient Class (Kelas Rawat Inap Standar/KRIS) policy, regulated under Law No. 40 of 2004, Article 23 paragraph 4. This policy aims to ensure that all JKN participants receive adequate and equitable inpatient facilities. Presidential Regulation (Perpres) No. 59 of 2024 establishes 12 main KRIS criteria as the minimum standard for inpatient facilities. The government targets that by June 30, 2025, all hospitals must comply with these criteria. However, according to reports from the Ministry of Health of Indonesia, as of May 2024, approximately 13% of BPJS-affiliated hospitals have not yet met several key requirements, such as in-room bathrooms, accessibility, and oxygen outlets (3).

RSUD X is the only hospital owned by the Makassar City Government with a Type B classification and has achieved plenary accreditation from Komisi Akreditasi Rumah Sakit. The hospital plays a strategic role in delivering healthcare services to the people of Makassar. In line with the KRIS policy, RSUD X has undertaken renovations and facility development since 2023. This study aims to analyze the readiness of RSUD X in implementing KRIS, including aspects of policy, governance, resources, barriers, and compliance with the 12 standard criteria. This research is important given the limited studies on KRIS implementation readiness in hospitals in the Sulawesi region, particularly in Makassar City.

METHODS

This study employed a qualitative research design with a case study approach. The research was conducted at RSUD X, located at Jl. Perintis Kemerdekaan No. KM.14, X, Biringkanaya District, Makassar, South Sulawesi.

Informants were selected using a purposive sampling technique, consisting of seven participants: three main informants (Head of Nursing Division, Head of General Affairs, and Planning Staff), one key informant (Deputy Director of Medical Services), and three supporting informants (two Head Nurses of inpatient wards and one staff nurse).

Data were collected through in-depth interviews using a structured interview guide and direct observation using a checklist based on the 12 KRIS criteria outlined in the Decree of the Director General of Health Services No. HK.02.02/I/1811/2022. Measurements and calculations were conducted, including ventilation using a measuring tape, lighting using a lux meter, and temperature and humidity using a hygrometer. Observations were carried out in four inpatient wards.

Data analysis was performed using the Miles and Huberman model (1994), which involves three stages: data reduction, data display, and conclusion drawing. Data validity was ensured through source triangulation (comparing statements among informants) and method triangulation (comparing findings from interviews, observations, and documentation).

All procedures involving informants were conducted in accordance with research ethics standards. Informed consent was obtained from all participants prior to data collection. The confidentiality of informants was maintained by using coded initials.

RESULT

Standards, Objectives, and Targets of the KRIS Policy

The implementation standards of KRIS at RSUD X fully refer to Presidential Regulation No. 59 of 2024. The hospital does not have a specific internal guideline. The objectives of KRIS implementation at RSUD X include improving patient safety and comfort, standardizing inpatient classes, and maintaining the sustainability of cooperation with BPJS Kesehatan. The policy targets all inpatients, including BPJS participants, general patients, and regional health insurance (Jamkesda) patients, without differentiating based on the type of health coverage.

Governance

KRIS implementation does not involve the formation of a special team but is carried out through the existing organizational structure. The Nursing Division is designated as the leading sector due to its direct involvement in inpatient services, in collaboration with other related units such as the Occupational Health and Safety (K3) unit, the General Affairs Division, and the Hospital Facilities Maintenance Unit (IPSRS), in accordance with their respective roles and functions. The planning process begins with a self-assessment of the 12 KRIS indicators, followed by budget preparation through the Regional Budget (APBD) and Special Allocation Funds (DAK) from the Ministry of Health. Implementation has been conducted in phases from 2023 to 2025, including the procurement of nurse call systems, oxygen outlets, bedhead units, standard curtains, and the rehabilitation of inpatient wards. Evaluation is conducted routinely through monthly SIRS Online reporting, weekly field inspections, ward head reports, and annual evaluations with BPJS and the Health Office.

Resources

Human resource readiness is considered adequate. Approximately 700 healthcare personnel and more than 60 medical specialists are available without significant increases in workload. Dissemination of the 12 KRIS criteria is conducted through coordination meetings, internal meetings, WhatsApp groups, and joint socialization activities with the Ministry of Health and the Provincial Health Office. No formal KRIS-specific training has been conducted, as the competencies of healthcare personnel are considered to meet the required standards. Infrastructure readiness includes the availability of bedhead units, standard curtains, central oxygen systems, nurse call systems, and accessible bathroom facilities. Minor technical issues remain, such as some nurse call systems not functioning optimally and variations in lighting intensity. Budget support is sourced

from the Regional Budget (APBD) as the primary source, the Public Service Agency (BLUD) funds for urgent needs, and DAK from the Ministry of Health for building rehabilitation.

Barriers

The main barriers include two major factors: limited budget, which necessitates the gradual fulfillment of the 12 KRIS criteria over three years (2023–2025), and the constraints posed by the physical condition of older buildings, which complicate spatial adjustments to meet KRIS standards. Permanent building structures limit renovation flexibility, resulting in some rooms reducing bed capacity from 4–6 beds to 2–4 beds. Another challenge is the inconsistency in facility appearance due to phased procurement involving different vendors across fiscal years.

Pemenuhan 12 Kriteria KRIS

The results of observations in the inpatient wards are presented in Table 1. Overall, the level of compliance with the 12 KRIS criteria reached approximately 67%, with several criteria not yet optimally fulfilled.

Table 1. Observation Results of the 12 KRIS Indicators

No	Kriteria KRIS	Status	Temuan Observasi
1	Non-porous building components (floors, walls, and ceilings)	Compliant	The walls, floors, and ceilings use materials that are easy to clean
2	Air Ventilation	Not Compliant	The ventilation area in several rooms has not yet reached 5% of the floor area
3	Room lighting	Not Compliant	The lighting intensity in several rooms has not yet met the 250 lux standard
4	Bed equipment completeness	Compliant	Beds are equipped with a nurse call system and electrical outlets
5	Bedside cabinet per bed	Compliant	A bedside cabinet is available for each bed
6	Room temperature and humidity	Not Compliant	The temperature has not yet met the standard of 20–26°C, and the humidity exceeds 60%
7	Separation of rooms based on gender, age, and type of disease	Compliant	Inpatient rooms are separated based on patient categories
8	Inpatient room density	Not Compliant	The distance between beds in several rooms is less than 1.5 m
9	Curtains/partitions between beds	Not Compliant	The distance between the curtain and the floor in several rooms is less than 30 cm
10	In-room bathroom in the inpatient ward (exit door and double-sided lock)	Compliant	An in-room bathroom is available in the inpatient ward
11	Accessible bathroom: disability signage, handrails, and a nurse call bell	Compliant	The bathroom meets accessibility standards
12	An oxygen outlet with a flowmeter at each bedhead	Compliant	An oxygen outlet is available at each bed

Sumber: Data Primer, 2026

As shown in Table 1, the fulfillment of the 12 Standard Inpatient Class (KRIS) criteria has not yet been fully optimal. Several indicators have met the standards, including building materials, bed equipment completeness, availability of bedside cabinets, separation of inpatient rooms, in-room bathrooms, bathroom

accessibility, and oxygen outlets at each bed. However, non-compliance remains in aspects such as air ventilation, lighting, room temperature and humidity, inpatient room density, and the distance of curtains between beds. This condition indicates that adjustments to inpatient facilities have been implemented, although further optimization is still required for several KRIS indicators.

DISCUSSION

Standards, Objectives, and Policy Targets

The results show that the implementation of KRIS at RSUD X refers to Presidential Regulation No. 59 of 2024 without specific internal guidelines. This is consistent with the transformation of health regulations in Indonesia, which emphasizes simplification and integration of regulations to strengthen healthcare governance (4). However, the absence of specific internal guidelines may lead to varied interpretations during implementation, highlighting the need to strengthen internal standard operating procedures.

The objectives of KRIS, which focus on equity and improving patient comfort, are in line with findings from a study at RSUD Lamaddukelleng, Wajo Regency, which showed that facilities and service quality have a positive and significant effect on patient satisfaction, contributing 63.9% (5). Thus, compliance with KRIS facility standards is not only a form of regulatory adherence but also directly contributes to improving service quality and patient satisfaction. This is further supported by research at RSUP Tadjuddin Chalid Makassar, which found that service quality positively influences KRIS patient satisfaction, with a p-value of 0.000 and a contribution of 47.8% (6).

Governance

The governance approach of RSUD X, which utilizes the existing organizational structure without forming a special team, differs from the findings of Nirwan et al. (2025) at RS Ibnu Sina YW-UMI Makassar, where a cross-unit team was established and formalized through an internal decree (7). From the perspective of George C. Edwards III's implementation theory, particularly the bureaucratic structure dimension, both approaches have their respective strengths. The approach adopted by RSUD X is more efficient as it does not add bureaucratic layers; however, it relies heavily on effective coordination and leadership.

The planning process based on self-assessment indicates that the hospital conducts a realistic needs analysis prior to budget submission. This aligns with findings by Gaffar et al. (2025), which state that KRIS implementation readiness begins with internal evaluation and budget-based planning (8). The evaluation mechanism, which includes monthly SIRS Online reporting and external evaluation with BPJS Kesehatan, demonstrates good accountability, although it needs to be strengthened with a more structured preventive maintenance system (9).

Resources

Human resource readiness, considered adequate without formal KRIS-specific training, indicates that the basic competencies of healthcare workers are sufficient to support implementation. This differs from findings by Harahap et al. (2025) at RSU Wira Husada Kisaran, which identified challenges in nurse distribution and the absence of specific KRIS SOPs (10). This difference suggests that successful KRIS

implementation from a human resource perspective depends largely on the readiness of the hospital's internal management system.

Although most infrastructure requirements have been met, the presence of technical issues, such as suboptimal nurse call systems, indicates that physical readiness must be accompanied by a strong maintenance system. Rahma et al. (2025) emphasize that the availability of standard-compliant facilities alone is insufficient without sustainable preventive maintenance support (11). The status of RSUD X as the only hospital owned by the Makassar City Government serves as a supporting factor in accessing APBD and DAK funding, which aligns with findings by Kinayungan et al. (2024) that multi-source funding support is a key determinant of health program success (12).

Barriers

The identified barriers, including budget limitations and the need to adapt older building structures, are consistent with findings by Sudrajat and Rahayu (2025), which explain that KRIS implementation in hospitals cannot be carried out instantly and requires phased planning based on financial capacity and building conditions (13). Similarly, Putri and Chalidyanto (2025) found that hospitals with older infrastructure face difficulties in adjusting inpatient wards to KRIS standards, particularly in relation to bed spacing and structural renovation limitations (14).

The condition in one inpatient ward, where the distance between beds is only 44 cm (far below the 150 cm standard), illustrates the challenges faced by older hospitals in meeting room density standards. This is consistent with findings by Ilmansyah and Basabih (2025), which indicate that bed spacing is one of the most difficult criteria for public hospitals in Indonesia to fulfill (15). Physical space limitations directly affect the hospital's ability to meet KRIS standards without compromising bed capacity required to maintain its Type B classification.

Fulfillment of the 12 KRIS Criteria

The achievement of approximately 67% compliance with the KRIS criteria at RSUD X is lower than that reported at RSUD Gunungtua (10 out of 12 criteria, ~83%) (16) and below the achievement of RSUD Bantaeng at 82.3% (17). However, this result is higher than the findings of Ilmansyah and Basabih (2025), which reported that only 38% of public hospitals in Jakarta fully met all KRIS criteria (15). These differences can be explained by variations in infrastructure conditions, budget capacity, and the duration of renovation processes across hospitals.

Non-compliance in humidity levels (ranging from 68–84%, exceeding the 60% standard) across all observed rooms indicates limitations in the air regulation system. Lighting issues identified in newly renovated rooms (handled by contractors) suggest the need for stricter coordination between technical building specifications and KRIS standards from the early stages of renovation planning. Additionally, the inconsistency in curtain-to-floor distance (25 cm compared to the 30 cm standard) across all rooms highlights the need for more detailed standardization in procurement processes.

CONCLUSION

The readiness of RSUD X in Makassar for implementing KRIS can be categorized as adequate but not yet optimal, with approximately 67% compliance with the 12 criteria. The implementation refers to Presidential Regulation No. 59 of 2024 and is carried out through the existing organizational structure, with the Nursing Division serving as the leading sector. Human resources and infrastructure are generally sufficient, supported by phased renovations from 2023 to 2025 and funding from the Regional Budget (APBD), Public Service Agency (BLUD), and Special Allocation Funds (DAK) from the Ministry of Health. The main barriers include budget limitations and constraints related to older building structures, which affect the pace of achieving full compliance. The criteria that have not been optimally fulfilled include room lighting, temperature and humidity, ventilation, bed spacing, and curtain-to-floor distance.

Referring to these conclusions, the successful and sustainable implementation of KRIS requires a consistent medium-term budget commitment, a well-planned preventive maintenance system, and stronger technical coordination from the early stages of building renovation planning.

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