

Analysis of Readiness for Implementing the Standard Inpatient Class Policy

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ABSTRACT

Background: The implementation of the National Health Insurance Standard Class (KRIS JKN) policy began in stages on January 1, 2023, to achieve a sustainable JKN program and fulfill the equity principles mandated by the National Social Security System (SJSN) Law. This policy has significant implications for hospital governance, requiring adjustments in hospital resources and management in line with Ministry of Health Regulation No. 14 of 2021 and Directorate General Decree No. HK.02.02/I/1811.2022. PKU Muhammadiyah Gamping Hospital, a type C private hospital in Sleman Regency with 98.18% UHC coverage and a 68.94% bed occupancy rate, predominantly serves JKN patients. This study aimed to assess the readiness of hospital resources, management processes, and follow-up plans for KRIS JKN implementation.

Subjects and Method: This qualitative study used a case study design. Variables included facilities and infrastructure, funding, knowledge and attitudes of informants, implementation procedures, planning, organizing, readiness, supervision, and normative needs analysis. Data were collected through observations, document reviews, and in-depth interviews.

Results: The readiness of facilities and infrastructure to meet the 12 KRIS JKN criteria was 77%, with seven criteria requiring adjustment. Funding readiness and staff attitudes indicated strong support for implementation. However, the preparation of implementation procedures was incomplete, as no official decree had been issued to form a dedicated KRIS JKN preparation team, and clinical pathway achievements did not yet meet standards.

Conclusion: The hospital should establish a special KRIS JKN preparation team, plan for fulfillment of the 12 criteria with clear timelines and targets, and strengthen clinical pathway implementation and compliance evaluation.

Keywords: health insurance, health policy, hospital administration, organizational innovation

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BACKGROUND

Health is one of the basic human rights that must be fulfilled by the state. The fulfillment of the right to public health in Indonesia is

carried out by procuring health insurance, which is currently referred to as the national health insurance (JKN) (Aileen et al., 2023).

The Government of Indonesia implements the National Health Insurance Program-Healthy Indonesia Card (JKN-KIS) which aims to provide health insurance for all Indonesia people (Aileen et al., 2024). The government is targeting Universal Health Coverage (UHC), where one of the targets is the same medical and non-medical benefit packages (classes of care), with no difference, to realize social justice for all people. This is expressly stated in Article 23 Paragraph 4 of Law No. 40 of 2004 concerning the National Social Security System (SJSN) which mandates treatment in the standard class for JKN-KIS participants who require hospitalization (Afni & Bachtiar, 2022; Minister of Health of the Republic of Indonesia, 2022a).

Based on the summary of the results of the hospital self-assessment, most hospitals (81%) are classified from the self-assessment that they are ready to implement the KRIS JKN policy, but infrastructure adjustment takes little time. Obstacles to infrastructure adjustment are generally encountered in old hospitals, for example in terms of bathroom arrangements, number of beds, ventilation and others (Minister of Health of the Republic of Indonesia, 2009). The self-assessment activity was attended by 114 TNI/Polri hospitals throughout Indonesia. Based on an assessment of the 13 standard class indicators, none of them have met all the criteria set (Minister of Health of the Republic of Indonesia, 2022b). A total of 84 hospitals (74%) are included in the KRIS JKN category with small-scale infrastructure improvements and improvements. A total of 30 hospitals (26%) are included in the KRIS JKN category with medium to large-scale infrastructure improvements and improvements (Defityanto et al., 2022).

PKU Muhammadiyah Gamping Hospital, which is located in the Sleman Regency area, which achieved a UHC predicate of 98.18% in March 2023, is a type C private

hospital and is dominated by JKN patients with a BOR of 68.94%. Almost all people in Sleman use BPJS Kesehatan as their health financing and are dominated by PBI participants whose contributions are paid by the Sleman Regency Regional Government (Sleman Regency Health Office, 2022).

At this time, PKU Muhammadiyah Gamping Hospital has not implemented the Standard Inpatient Class (KRIS) since it was announced by DJSN in 2020. Inpatient classes at PKU Muhammadiyah Gamping Hospital are still implementing inpatient classes in classes 1, 2 and 3. A readiness assessment is needed to determine the adjustments that must be made according to the 12 criteria and how the stages of adjustment for the implementation of the KRIS JKN are planned to be carried out in stages and as the government's target can be fully implemented in June 2025 (Rizky et al., 2024).

Based on the description of the problems above, it is necessary to conduct a study on the analysis of the readiness for the implementation of the standard inpatient class policy. This study aims to find out an overview of resource readiness, management process and follow-up plan of PKU Muhammadiyah Gamping Hospital for the implementation of KRIS JKN.

SUBJECTS AND METHOD

1. Study Design

This study is a qualitative research using a case study approach. The implementation of the research was conducted from January to March 2024, at PKU Muhammadiyah Gamping Hospital.

2. Population and Sample

The selection of informants in this study was by purposive sampling method. The number of key informants selected in this study is 9 people. The key informants in this study are the Director, Representative of Hospital

Owners/Chairman of MPKU PKU Muhammadiyah Gamping, Deputy Director of Administration and Finance, Head of Nursing Services, Head of General Affairs, Vice Chairman of PMKP/Head of Procurement Team, Head of PMKP/Head of Procurement Team, Head of PSRS Sub-Division, Head of Pharmaceutical Installation and Head of Non-Medical Logistics Sub-Division.

3. Operational Definition

Facilities and Infrastructure are physical buildings and infrastructure prepared for the implementation of KRIS JKN, meeting the requirements of at least 40% of the Total TT and meeting the assessment of 12 criteria of KRIS JKN.

Funding is the accuracy of the type and appropriateness of the number of sources of funds allocated for the readiness of the implementation of KRIS JKN.

HR is the knowledge and attitude of the informants regarding the implementation of KRIS JKN.

Method is the requirements, procedures or procedures used for the readiness of the implementation of KRIS JKN. Among others: hospital bylaws, the director's decree on the formation of the KRIS JKN preparation team, inpatient service spo, procurement SPO, SPO PSRS, NIB, operational permits, national quality indicator achievement report data, accreditation certificates.

Planning is the process of setting goals and steps for the preparation of the implementation of KRIS JKN at PKU Muhammadiyah Gamping Hospital.

Organizing is the process of organizing and allocating work, authority and resources among the members of the organization so that preparations for the implementation of KRIS JKN at PKU Muhammadiyah Gamping Hospital are carried out.

The implementation of Readiness is an activity carried out as an effort to prepare for the implementation of KRIS JKN at PKU

Muhammadiyah Gamping Hospital, including the requirements for methods, facilities and infrastructure.

Supervision is the process of observing, assessing planning performance and if necessary taking corrective actions so that the implementation of readiness for the implementation of KRIS JKN is in accordance with the plan. Supervision in this study is in the form of monitoring and evaluation of the implementation of readiness.

Normative Needs Analysis is a way or method to find out the difference/gap in the expected conditions, namely the fulfillment of 12 criteria of KRIS JKN with the current conditions at PKU Muhammadiyah Gamping Hospital.

4. Study Instrument

The study instruments used in the data collection of this study are:

1. Primary data: Observation was used in the treatment room using a checklist form of 12 criteria for KRIS JKN by completing the information column. The next instrument is an in-depth interview. In-depth interviews were used to explore information related to the readiness of the overview of human resource readiness, the management process and the follow-up plan of PKU Muhammadiyah Gamping Hospital in implementing the KRIS JKN policy.
2. Secondary data: the instruments used are data from related agencies such as documents related to the KRIS JKN policy at PKU Muhammadiyah Gamping Hospital and legal documents related to the preparation of KRIS JKN: such as document 12 KRIS JKN Criteria, Regulation of the Minister of Health of the Republic of Indonesia Number 14 of 2021 and the Director General of Health Number HK.02.02/I/1811/2022.

5. Data Analysis

The data in this study is analyzed using qualitative data analysis using content

analysis techniques with the aim of analyzing and identifying the suitability of the content of the topics discussed from the results of each interview, document review and observation results (Ahmed, 2024). The data from the results of observation and document analysis during data processing has been summarized in the form of tables, re-decomposed in the form of narratives and images to interpret the data and interpret the data, and present the data for comprehensive viewing. It can be concluded that the data analysis in the qualitative study begins Table 1. Complete informed consent percentage Components starting from data collection, systematic data preparation, and data interpretation.

RESULTS

1. Readiness of Facilities and Infrastructure in Accordance with 12 KRIS JKN Criteria

Based on table 1 of the determination of assessment scores by consensus and mutual agreement summarized from the assessment results, it was found that there are criteria whose values are below 60%, namely room lighting, room temperature and humidity, density of treatment rooms and quality of TT, specifications of TT completeness, division of rooms by gender, age, type of disease (infection, non-infection, maternity), curtains/partitions between beds and bathrooms in accordance with accessibility standards for KRIS JKN.

Table 1. Percentage Assessment of the Readiness of Facilities and Infrastructure of Maintenance Units on the 2nd and 3rd Floors according to 12 KRIS JKN Criteria Based on the Results of the Consensus Decision Making Group.

The total criteria are being prepared 75% until they are ready	Sub-criteria
< 60%	Standard room lighting is 250 lux for general lighting and 50 lux for sleep lighting (50%)
	Room temperature 20-26°C (50%)
	Room humidity ≤ 60% (50%)
	Number of rooms ≤ 4 TT (50%)
	TT 2 crank (50%)
	Room division by gender, age, type of illness (infectious, non-infectious, childbirth) (50%)
	Minimum of 2 contact boxes and no direct branching/connections without current protection (50%)
	Curtain distance 30 cm from the floor and minimum curtain length 200 cm (50%)
	There is a "disabled" sign/symbol on the outside (50%)

The room lighting criteria in question are the sub-criteria of standard room lighting of 250 lux for lighting and 50 lux for sleep lighting that is only 50% fulfilled, so that the PKU Muhammadiyah Gamping Hospital needs to add for the installation of 1 light point with a light intensity of 50 lux in each bed area. In addition, adjustments are needed related to the light points and the number of lights per

point so that the room lighting reaches an intensity of 250 Lux. Meanwhile, the room temperature and humidity criteria in question are the subcriteria of room temperature 20-26°C and room humidity ≤ 60% which has only been met by 50%. Based on the observation results, there are rooms with poorly functioning air conditioning conditions, resulting in room temperatures increasing to

30° C. The hospital's strategy to overcome this is to plan for air conditioning rejuvenation.

The criteria for the density of treatment rooms and the quality of TT in question are the subcriteria for the number of rooms ≤ 4 TT and TT 2 crank which have only been fulfilled by 50%. Where the PKU Muhammadiyah Gamping Hospital has planned to replace TT 3 cranks in the treatment unit gradually by the end of 2024. In the TT completeness specification criteria that still need addition, it is on the subcriteria of at least 2 contact boxes and must not be branched/connected directly without current security on the TT which has only been fulfilled by 50% by the hospital. Meanwhile, the subcriteria *for nurse calls* connected to nurse *stations* at each TT have been met.

In the criteria for dividing the room by gender, age, type of disease (infected, non-infectious, maternity) only 50% are met. This is due to the division of rooms based on the type of infectious and non-infectious diseases, as well as rooms for female patients and male patients have not been implemented optimally and there are still several treatment rooms that need to be adjusted. Based on the results of document review and observations related to the criteria for curtain length and curtain distance from the floor, some have a distance of 30 cm from the end of the curtain to the floor and a curtain length of 180 cm that do not meet the criteria of KRIS JKN. The strategy carried out by PKU Muhammadiyah Gamping Hospital to overcome this is that it has planned to replace curtains with a length of 200 cm that will begin to be partially realized in the middle of the end of 2024. Meanwhile, in the sub-criteria of rails embedded in the ceiling or suspended rails have met the standards.

In the sub-criterion, there is a "disable" inscription/symbol on the outside that is only 50% fulfilled. This was known during observation in the field. The strategy implemented by PKU Muhammadiyah Gamping Hospital is to

plan the installation of the "disable" symbol on the door of the outer bathroom which will be carried out gradually in the second semester of 2024.

The criteria that are 100% ready is that the building material does not have high porosity. Based on observations made by researchers at the maintenance unit of PKU Muhammadiyah Gamping Hospital, the building materials in this building are sturdy, strong and have hard and flat walls, and do not have high building porosity made of concrete walls. In addition, another criterion that is 100% ready is air ventilation. This is based on observations that natural air exchange is available with windows in every room that can be opened. Then mechanical air exchange for class 2 and 3 treatment rooms is available with fans and exhaust fans in each room. Based on KRIS JKN standard calculations, the air exchange in a hospital is at least 6 ACH, while the air ventilation at PKU Gamping Hospital is 7-21 ACH.

Another criterion whose total value is 100% is 1 (one) nightshade per TT, where PKU Muhammadiyah Gamping Hospital has provided 1 nightshade per TT in all treatment rooms. However, the types of nightclubs available are not uniform throughout the room. In addition, the criteria for indoor bathrooms have also been met 100%. This, it has been verified when observations in the field found that the condition of the bathrooms in the treatment room is all indoors, in addition, each bathroom also has ventilation in the form of exhaust fans, then the direction of the door openings is all outward. The value of the sub-criterion of the direction of the door opening is all outward and the sub-criterion of the exhaust fan is that it has been met (value two) is 100%.

The last criterion that has been met 100% is oxygen outlet. Where based on observations in the treatment room, there is a centralized oxygen outlet in each bed which is

positioned next to the *nurse call* and contact box and there is a flowmeter in each oxygen outlet. This is certainly in line with the KRIS JKN standard which requires oxygen outlets to be centralized.

Based on the results of document review and observation in the treatment building on the 2nd and 3rd floors, it was found that the percentage of readiness achievement to meet the 12 criteria of KRIS JKN was 77%, and still requires fulfillment of criterion 3 (sleep lighting), criterion 4 (completeness of the TT contact box), criterion 6 (room temperature and humidity), criterion 7 (room division), criterion 8 (TT quality), criterion 9 (length of curtains between TT) and criterion 11 (standard bathroom accessibility with the symbol "disable" and bell emergencies connected to the nurse's post).

2. Human Resource Readiness (HR)

The human resource variables in this study are the attitudes and knowledge of the informants for the readiness to implement KRIS JKN at PKU Muhammadiyah Gamping Hospital. This study is expected to provide an overview of the readiness of knowledge, concepts and responses of hospital directors and heads of fields/units related to KRIS JKN services at PKU Muhammadiyah Gamping Hospital.

a. Knowledge

In general, the informants already know about the plan to implement KRIS JKN, but only a few informants, especially the directors of PKU Muhammadiyah Gamping Hospital, know in detail about the plan to implement the KRIS JKN criteria. The informants already know that the implementation of standard classes will eliminate the current grades 1, 2 and 3 of JKN and are still in the socialization stage through zoom from BPJS, PERSI and the Ministry of Health. Knowledge of the KRIS JKN criteria and the time of their implementation is only known by a few informants. This

can be seen from the following in-depth interview excerpt:

"KRIS is a mandate from the regulations in PP 47 and PMK 14/2021, which require that there is a standard class that will start to be carried out as of January 1, 2023," "We have not received the derivative rules from the technical instructions above, but in several webinars, the main criteria have begun to appear and it has begun to have to be responded to (P1)"

"As far as I understand, currently BPJS participants will no longer have class distinctions, so later they will get the same facilities, hospitals are also required to provide the same facilities, and finally what we used to have classes 3, 2, class 1 is no longer (P5)"

"If it's in detail, it's not yet, so yesterday there was a kind of webinar about standard class material, but for the details not yet (P8)".

b. Attitude

The attitude of most informants regarding the plan to implement KRIS JKN is to accept because this is a government policy that must be carried out and in accordance with applicable laws and regulations, although there are indeed consequences and an effort or adjustment process is needed in the current hospital conditions to meet the criteria for KRIS JKN that have been socialized by DJSN, the Ministry of Health, the Health Office or BPJS. PKU Muhammadiyah Gamping Hospital as a BPJS health provider has committed to carrying out services according to the cooperation agreement that has been signed, so that later if indeed the KRIS JKN policy must be implemented, then PKU Muhammadiyah Gamping Hospital strives to implement it according to regulations.

"With the plan submitted by BPJS, like it or not, keep following because BPJS is authorized and we have done an MoU with BPJS. So yes, follow the directions

from BPJS, if you still want to cooperate with BPJS (P4)"

"We in Muhammadiyah have the principle of obedience, ... One of them is obedience to the powerful, namely the government that has regulations..... has become our norm and habit. That whatever is the government's policy,..... We must apply it in order to carry out legal services according to standards, of course we will support, although later the impact of this regulation we must improve both in terms of resources and infrastructure materials, Insha Allah we are always ready..... (P2)"

The informants who are representatives of the board of directors and heads of fields/units all have the same attitude, namely supporting the implementation of the KRIS JKN policy even though the hospital requires efforts for good preparation and resource planning.

3. Funding Readiness

The funding preparations that have been carried out by PKU Muhammadiyah Gamping Hospital can be seen from the recap of the proposed work program in the RBA in 2023. The researcher conducted a document review on the RBA RSU PKU Muhammadiyah Gamping in 2023, especially related to the work program and allocation of funds related to the procurement and maintenance of hospital facilities for the KRIS JKN implementation plan, namely the procurement and maintenance of air conditioners and curtains in the inpatient room, the procurement of three-crank TT and the maintenance of other facilities and infrastructure.

The allocation of funding for the preparation of KRIS JKN is sourced from the allocation of hospital funds as stipulated in the RBA OF PKU HOSPITAL Muhammadiyah Gamping. Based on the results of the document review, the researcher asked the informants regarding budget needs in the middle of the year or those that are not in the

current year's RBA, and almost all informants stated that PKU Muhammadiyah Gamping Hospital already has a mechanism for procurement and allocation of funds outside the RBA plan if the hospital work unit requires procurement or maintenance that requires urgent funding allocation and has not been stipulated in the current year's RBA.

"When there is a change in the budget, it is very possible if in the middle of the budget journey, we can submit it through an internal memo, we submit it to the director if there is indeed an urgent need, for example, it turns out that the KRIS policy is advanced now, then at that moment we will propose a change in the budget (P5)"

The mechanism for submitting procurement and allocation of funds outside the RBA for the current year is carried out through an internal memo to the director and is regulated in the SPO for procurement outside the RBA. The mechanism for submitting procurement and allocation of funds outside the RBA for the current year is carried out through an internal memo to the director and is regulated in the SPO for procurement outside the RBA. The internal memo must contain the reason, urgency and purpose as well as the purpose of procurement and allocation of funding. If the director approves the submission, the director will dispose of and instruct the realization of the submission to the relevant parties. An overview of the readiness of funding for the KRIS JKN implementation plan conveyed by the informant in the interview excerpt is as follows:

"In some ways, we have to start rejuvenating the air conditioner and making adjustments related to the 3-crank bed, it must indeed have started to take effect and we will slowly meet it in 2024 (P1)"

"The procurement of this bed will be carried out in stages, which in 2023 has

been carried out, which for 2024 is still in process (P3)".

Table 2. Summary of RBA Related to the Readiness of the KRIS JKN Implementation Plan at PKU Muhammadiyah Gamping Hospital in 2024.

No.	Types of Activities	Purpose	Target	PJ	Goal	Budget Estimate	Proposing Unit	Field
MEDICAL INVENTORY								
1	Procurement of 3 crank beds and Bedside Cabinet	Meet the Needs	13 Bed	Can You Logically Medis	Ar-Royan, Firdaus, At-Tin, Az-Zahra	91,000,000	Adlog	Nursing
NON-MEDICAL INVENTORY								
No.	Types of Activities	Purpose	Target	PIC	Goal	Budget Estimate	Proposing Unit	Field
2	Air Conditioning Procurement	Patient and staff comfort	10 set	General Logistics	Ar-Royan	30,000,000	PSRS	Common
3	Curtain Procurement	Replace if something is dirty/washed	3 set	PIC Linen	Firdaus	2,550,000	Adult 1	Instalation
4	Curtain Procurement	Suggestions	19 set	PIC Linen	Ar-Royan, Firdaus	36,000,000	Adult 1	Instalation
5	Curtain Procurement	Suggestions	20 set	PIC Linen	Az-Zahra, Al-Kautsar	12,500,000	Adult 1	Instalation
NON-MEDICAL INVENTORY MAINTENANCE								
6	Non-Medical Inventory Maintenance (AC)	Smooth Facility Smoothness	1	IPSRS	IPSRS	52,225,000	IPSRS	Admin &P
7	Non-Medical Inventory Maintenance	Smooth Facility Smoothness		IPSRS	IPSRS	184,933,101	IPSRS	Admin &P

The readiness of funding for PKU Muhammadiyah Gamping Hospital for the implementation of KRIS JKN is not fully ready because the amount of funding in the RBA is currently not enough to fulfill the 12 criteria of KRIS JKN, even though the type of funding has begun to accommodate the preparation of KRIS JKN.

4. Method Readiness

The readiness of the method in this study is the requirements, regulations, procedures or procedures used for the readiness of the implementation of KRIS JKN at PKU Muhammadiyah Gamping Hospital in the form of internal regulations of the hospital/hospital bylaws, Decree of the Director of the

formation of the preparation team of KRIS JKN, SPO inpatient services, SPO Procurement, SPO PSRS, Business Identification Number (NIB) documents, operational permit documents, data on the achievement of national quality indicators (inpatient) and accreditation certificates. The standard inpatient class has the concept that each JKN participant receives the same and quality service from the hospital, so that the completeness of documents in this method variable is required.

- Internal Regulations of Hospital/ Hospital bylaws
- Standard Operating Procedures and Technical Instructions Related to the Preparation of KRIS JKN

- Director's Decree Regarding the Preparation of KRIS JKN
- Business Identification Number (NIB) Document
- Operational Permit Documents
- Data on the National Quality Indicator Achievement Report
- Accreditation Certification
- Summary of Method Readiness Assessment for the Implementation of KRIS JKN

The preparation of methods for the implementation of KRIS JKN has not been fully fulfilled at this time, evaluation is still needed regarding the achievement of compliance with the clinical pathway summarized in Table 3 below.

Table 3. Recapitulation of Method Readiness for the Implementation of KRIS JKN.

No	Type	Fulfilled	Unfulfilled	Information
1	Hospital Bylaws	V	-	
2	SPO Treatment, Procurement, Maintenance, and Inventory, Guidelines for the Preparation of Clinical Pathways of the Medical Committee	V	-	
3	Director 's Decree related to the Preparation of KRIS JKN	-	V	Coordination related to KRIS in conjunction with RBA meeting
4	Business Identification Number (NIB) Document	V	-	
5	Hospital Operational Permit Document	V	-	
6	Data on the Achievement of Hospital Quality Indicators related to the preparation of KRIS JKN	-	V	There are still 7 quality indicators that have not reached the target
7	Certificate of Accreditation	V	-	

PKU Muhammadiyah Gamping Hospital is expected to complete the readiness of the method gradually in line with the implementation of KRIS JKN readiness for private hospitals which is targeted to start in the second semester of 2024 in 30% of private hospitals.

1. Management Process Readiness

a. Planning Readiness

Planning in this study is a process of setting goals and steps for the preparation of the implementation of KRIS JKN at PKU Muhammadiyah Gamping Hospital, in this case, especially the work program in the RBA related to the preparation of KRIS.

In general, all informants stated that there was no special planning in the RBA for the preparation of KRIS JKN, but there were already several work programs that supported the preparation of KRIS, namely the procurement of 3 crank beds and bedside cabinets, the procurement of air conditioners, the procurement of curtains, and the maintenance of non-medical inventory. This is in accordance with the results of the interview below.

"Regarding the planning, it may have also been answered that it has been included in the RBA 2024 (P3)"

"For the planning side, Insha Allah has entered the RBA as well, so for the standard class preparation plan (P3)"

The planning readiness of PKU Muhammadiyah Gamping Hospital for the preparation of KRIS JKN has begun to be carried out from several work programs at the RBA related to procurement to meet the requirements of the KRIS JKN criteria, but because there is no certainty regarding the KRIS JKN regulations in 2023, the planning carried out is still not optimal for the fulfillment of the overall criteria. PKU Muhammadiyah Gamping Hospital can anticipate, if the regulations are certain regarding the 12 criteria of KRIS JKN and the determination of its implementation, the existence of a procurement mechanism outside the RBA with an internal memo with a prior assessment of the analysis of the needs of facilities and infrastructure for the fulfillment of the KRIS JKN criteria made by the team/unit related to the preparation for the implementation of KRIS JKN.

b. Organizational Readiness

Organizing in this study is a process of organizing and allocating work, authority and resources among the members of the organization so that the preparation for the implementation of KRIS JKN at PKU Muhammadiyah Gamping Hospital is carried out. All informants said that there has been no

decision by the director regarding the formation of a special team for the preparation of KRIS JKN, but there have been assignments related to KRIS JKN in each field, especially in the nursing and general fields.

"There is no special team from the board of directors regulations/Decree of the Board of Directors, but there is an assignment related to KRIS JKN in each field (P1)"

"For organization, a team has not been formed that is assigned from the RBA change for the procurement process and changes in facilities & infrastructure, still in accordance with the jobdesk in each unit (P3)"

"There is nothing special in the organization, currently the PSRS Head is coordinating with related units, especially related to the maintenance unit, to fulfill the requirements of KRIS JKN (P7)"

The readiness of organizing at PKU Muhammadiyah Gamping Hospital for the preparation of KRIS JKN does not yet have a special team but there has been an assignment to the nursing unit and PSRS, because it is still waiting for the certainty of KRIS JKN regulations.

c. Implementation Readiness

The implementation in this study is an activity carried out as an effort to prepare for the implementation of KRIS JKN at PKU Muhammadiyah Gamping Hospital, including the requirements for methods, facilities and infrastructure. In general, the implementation of preparations for the implementation of KRIS JKN is still being carried out in stages in accordance with the existing work program in the RBA in 2024 while waiting for the latest regulatory certainty regarding KRIS JKN. In the review of procurement documents, it can be seen that several work programs have been realized for the readiness of the implementation of KRIS.

d. Readiness of PKU Muhammadiyah Gamping Hospital for the Implementation of KRIS JKN

The results of this study show that in order to meet the 12 criteria of KRIS JKN, the Treatment Unit of PKU Muhammadiyah Gamping Hospital has a percentage of 77% in terms of achieving the readiness of facilities and infrastructure with details of 5 criteria that have been met and 7 criteria that still do not meet the criteria. This condition certainly encourages the need for changes, both adjustments and additions to facilities and infrastructure.

Based on the 2024 RBA, the funding of PKU Muhammadiyah Gamping Hospital in planning the adjustment of facilities and infrastructure according to the 12 criteria of KRIS JKN is still not in accordance with both the amount and type of funding. The informants are ready in terms of knowledge and attitude to implement KRIS JKN because they know that the KRIS JKN policy is a regulation that must be complied with by every hospital throughout Indonesia, especially those who collaborate with BPJS Kesehatan. When viewed from the readiness of the method, PKU Muhammadiyah Gamping Hospital is currently considered unprepared due to the following factors, such as: there is no decree for the special team for the preparation of KRIS JKN and the achievement of compliance with the clinical pathway. PKU Muhammadiyah Gamping Hospital in the management process already has planning, organizing, implementing readiness, and supervision in stages for the preparation of the implementation of KRIS JKN but has not been specifically allocated for the fulfillment of all 12 KRIS JKN Criteria. The planning of the work program of PKU Muhammadiyah Gamping Hospital for the fulfillment of the criteria of KRIS JKN in stages, especially related to the procurement of air conditioners and curtains, for this

temporary organization is still limited to the units involved, namely nursing and PSRS, the implementation of readiness is still in accordance with the work program in the RBA in 2024, and the supervision is still in accordance with the planning and implementation of readiness according to the realization of the RBA in mid-2024.

Based on the results of observation, document review and in-depth interviews related to the implementation of KRIS JKN, it was found that PKU Muhammadiyah Gamping Hospital was ready in terms of attitude and knowledge, the management process that had begun to be carried out gradually, was not ready in terms of funding and methods, and had a readiness percentage of 77% of the condition of facilities and infrastructure. PKU Muhammadiyah Gamping Hospital as a hospital in collaboration with BPJS Kesehatan always strives to carry out every regulation or policy set by the Government, one of the efforts made is the mid-year evaluation of the RBA in order to review the certainty of the implementation of the KRIS JKN policy, so that it can assess the need to meet the 12 criteria of KRIS JKN and propose additional procurement through procurement mechanisms outside the RBA through memos internal according to the nominal amount of the procurement.

DISCUSSION

1. Readiness of Suggestions and Infrastructure

In this study, the researcher assessed the condition of facilities and infrastructure in the focused treatment room through direct data collection in each class per floor and through document review, it was found that there were 7 criteria that did not meet the criteria of KRIS JKN with the achievement of the current percentage of readiness of facilities and infrastructure at PKU Muhammadiyah Gamping Hospital is 77%. Therefore, it is necessary to

analyze the normative needs in facilities and infrastructure to be able to meet all the criteria of KRIS JKN so that PKU Muhammadiyah Gamping Hospital is ready to implement the KRIS JKN policy. According to the resource-based view of the firm (RBV), the resources that the hospital has can be a possible source to estimate and implement strategies that can improve the efficiency and effectiveness of the hospital.

According to (Nur Djannah & Ruliyandari, 2020), the results of the needs analysis serve as a consideration to determine the priority scale in the planning and implementation of group and institution/organization activities, as data and information for those in need and as documentation material. Therefore, the gap in needs obtained from this normative needs analysis will later become the basis for hospitals to plan for the readiness of the implementation of KRIS JKN by fulfilling 12 criteria on facilities and facilities in nursing buildings gradually according to the priority scale.

The INA-CBG tariff, which has not increased for the past eight years, is also a challenge for hospitals to maintain the quality of service at rates below the actual cost incurred by hospitals for JKN services (Swandayana & Sastrawan, 2021). The difference between the bill claim submitted by the hospital and the bill claim paid by BPJS Kesehatan will be an uncollectible receivable on the hospital's financial statements (Haifa Post Nadira Suar, 2023). Uncollectible receivables for unapproved BPJS Kesehatan claims will be a burden on hospital costs, even though if it can be proposed as a deduction to calculate income tax can be a source of hospital income as happens in several states in America in several states, funds from uncollectible receivables must be handed over to the state government because of unclaimed property laws (Malmose, 2019).

The policy of implementing KRIS JKN seems to have been rushed by the government in the last two years so that its implementation in the field will burden hospitals for the preparation of related resources to meet the 12 criteria of KRIS JKN (Yazid et al., 2024). The dynamic implementation phasing process changes according to conditions in the field also makes hospitals must be able to carefully assess the steps that must be determined to respond to the implementation of KRIS JKN (Azura Arisa et al., 2023). The Roadmap for the Implementation of KRIS JKN (2022-2024) submitted by DJSN in July 2022 states that the phases for private hospitals are gradually ready to be implemented by 30% in the second semester of 2023 and 50% in the first semester of 2024, and 100% of all hospitals are ready to implement KRIS JKN in June 2025 as stated in Presidential Regulation No. 59 of 2024 concerning Health Insurance.

2. Readiness of Knowledge and Attitude of HR

The readiness of knowledge and attitude of the informants as human resources implementing the policy who accept and support the implementation of the KRIS JKN policy to improve the quality and health services as well as as compliance with existing regulations, is a supporting factor in the preparation for the implementation of KRIS JKN at PKU Muhammadiyah Gamping Hospital. According to a study (Syam Sidiq Himawan, 2024) communication plays an important role in influencing the attitude of implementers, with clear communication regarding KRIS JKN policies, the implementers accept and support policies and make adjustments in accordance with policy standards. This has begun to happen at PKU Muhammadiyah Gamping Hospital with several work programs in the 2024 RBA that are prepared for JKN preparation.

3. Funding Readiness

The readiness of this funding is an important aspect in supporting and supporting the implementation of policies. The existence of a gap in the need for facilities and infrastructure to meet the 12 JKN criteria requires funding so that the process of improving facilities and infrastructure runs well and smoothly. In the 2024 RBA document, there is already gradual funding for the replacement of air conditioners and curtains for maintenance units.

The existence of a discussion to crowd-fund KRIS JKN if JKN participants want to upgrade their treatment class is an opportunity for hospitals to get additional income from KRIS JKN, based on data from PKU Muhammadiyah Gamping Hospital in January 2024, 132 patients (14%) from 928 JKN inpatients upgraded to treatment classes. If this proportion can be increased, later the hospital will have the opportunity to increase the hospital's income so that it can increase funding sources.

Furthermore, it is hoped that the hospital can reallocate some funding such as PSRS maintenance and the procurement of 3 crank beds to partially meet needs. The researcher estimates the cost needs for the adjustment of facilities and infrastructure according to the 12 criteria of KRIS JKN, starting from the adjustment of facilities and infrastructure that are free of cost to the largest cost.

4. Method Readiness

The assessment of the readiness of the PKU Muhammadiyah Gamping Hospital method is currently not ready because there is no Director's Decree regarding the formation of a special team or flow for the preparation of KRIS JKN and the achievement of compliance with the clinical pathway has not met the standards. Therefore, the fulfillment of the documents in this method variable is inter-related for the requirements of cooperation with BPJS Kesehatan, and of course for the

preparation of the implementation of KRIS JKN in improving the quality of service and patient safety, the researcher recommends that PKU Muhammadiyah Gamping Hospital can gradually meet all the readiness of the method.

5. Management Process Readiness

Management is defined as a process of achieving organizational goals in an efficient and effective way through a system that involves all resources (human, financial, physical, and information) owned by the organization. The process that is passed includes planning, organizing, implementing and supervising. The management process in the form of planning, organizing, implementing readiness and supervision for the preparation of KRIS JKN has been running in accordance with RBA 2024 which aims to fulfill the KRIS JKN criteria in stages but is not yet in accordance with the fulfillment of the 12 KRIS JKN criteria.

AUTHOR CONTRIBUTION

Hanisah as the main researcher who chose the study topic, conducted a search for data collection in this study. Prof. Bhisma Murti and Prof. Didik Gunawan Tamtomo conducted data analysis and study document review.

CONFLICT OF INTEREST

There is no conflict of interest.

FUNDING AND SPONSORSHIP

There is no conflict of interest in this study.

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