



An Overview of the Readiness of Regional General Hospital Infrastructure (RSUD) Karanganyar Regency in Implementing the National Health Insurance Standard Inpatient Classes

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ABSTRACT

Hospitals are increasingly faced with the challenge of providing quality services to patients, having to meet accreditation requirement, patient needs and expectations, social and ethical values, demands for continuous improvement in the quality of health services, as well as reducing costs, so that local people continue to use health services and facilities in that country. The aim of the research is to determine the readiness of the (RSUD) Rumah Sakit Umum Daerah Kabupaten Karanganyar infrastructure in implementing standard national health insurance inpatient classes. Qualitative research with a case study approach. The population in this study was Hospital Management. Sampling uses purposive sampling. The results of research on the application of KRIS are generally known, but do not know specifically because they have never received direct socialization and there are no regulations that specifically guide KRIS sufficient to face the current situation, and management and work realization have attempted to provide the best infrastructure for patients and in accordance with established standards.

INTRODUCTION

The National Health Insurance (JKN) inpatient class policy is mandated by Law No. 40 of 2004 concerning the National Social Security System which must be implemented based on the principle of equity. It states that in the event that a participant requires hospitalization in hospital, the service class at the hospital is given based on the standard class. The existence of treatment class classifications that are not yet standardized and unequal access to health service facilities, availability of health workers and medicines in all regions has prompted the need to create standard JKN inpatient class criteria aimed at improving the quality and equity of JKN services.

The National Health Insurance Program (JKN) is a program that unites several previously fragmented public health insurances. Indonesia is implementing the National Health Insurance Program-Healthy Indonesia Card (JKN-KIS) which aims to provide health insurance for all Indonesian people. In mid-2018, almost 186 million people (76% of the total population) were covered by JKN, one of the social health insurance programs 9. In the JKN roadmap, full Universal Health Coverage (UHC) is expected to be achieved before 2019, but UHC has not yet arrived. can be achieved in 2019 until now. Where one of the targets is the same medical and non-medical benefit package (care class).

In order to improve the quality of good services for all people and JKN participants, in May 2020, Presidential Regulation Number 64 of 2020 concerning Health Insurance was issued. Among other things, article 54 stipulates that no later than December 2020 the Standard Inpatient Class (KRIS) will be implemented gradually until December 2022. So that on January 1 2023, all hospitals will have implemented the Standard Inpatient Class (KRIS) according to the KDK organized by the National Social Security Council (DJSN) (Presidential Decree No. 64, 2020). KRIS or standard class is also known as single class.

One of the impacts of implementing KRIS is difficulty in accessing health services, due to the large queues and waiting times for patients during the implementation of KRIS. This can happen because if the KRIS provisions are set by limiting the maximum number of beds to 4 beds per room, then this will also have an impact on hospital income due to the reduced number of beds. Meanwhile, the Bed Occupation Rate (BOR) in each class at Regional General Hospitals (RSUD) in Indonesia currently tends to reach 100%.

Standard classes will be fully implemented in 2024, but the government will give time until 2023 to be implemented in stages in regional hospitals and private hospitals, where in July 2022 trials will begin in several selected hospitals (Decree of the Director General of Health Services, 2022). If KRIS is implemented, there will be standardization changes that must be met in the implementation of credentialing and recredentialing. These standard changes must be met by all hospitals that collaborate with BPJS Health, especially all RSUDs which are regional government hospitals.

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THEORETICAL REVIEW

The conceptual framework in this research is described based on the author's train of thought using a flow diagram. Referring to the three inpatient class preparation theories used in this research, the preparation of hospital infrastructure in implementing KRIS is influenced by the budget, work plan, governance, and work realization. Padula theories et al stated that efficiency in management and determining budget sources for the procurement of hospital infrastructure, so that there is a sufficient budget for optimal procurement of hospital infrastructure and can reduce other expenditure costs. Meanwhile, based on James D. Money's coordination theory by Inu Kencana Syafie, M.Si in Nurpeniet al which is guided by government science books in terms of content and context, for the planning and realization of IPSRS work to manage hospital infrastructure will influence performance effectiveness. This happens if the work plan has the right target to carry out work realization in accordance with current conditions in managing the planning of hospital infrastructure. In addition, governance in this research is the management of compatible hospital infrastructure in accordance with established standards, based on Madroñal Ortiz's theory.et al. In accordance with these four variables, preparations for determining the Standard Inpatient Class (KRIS) at the Regional General Hospital (RSUD) will be answered.

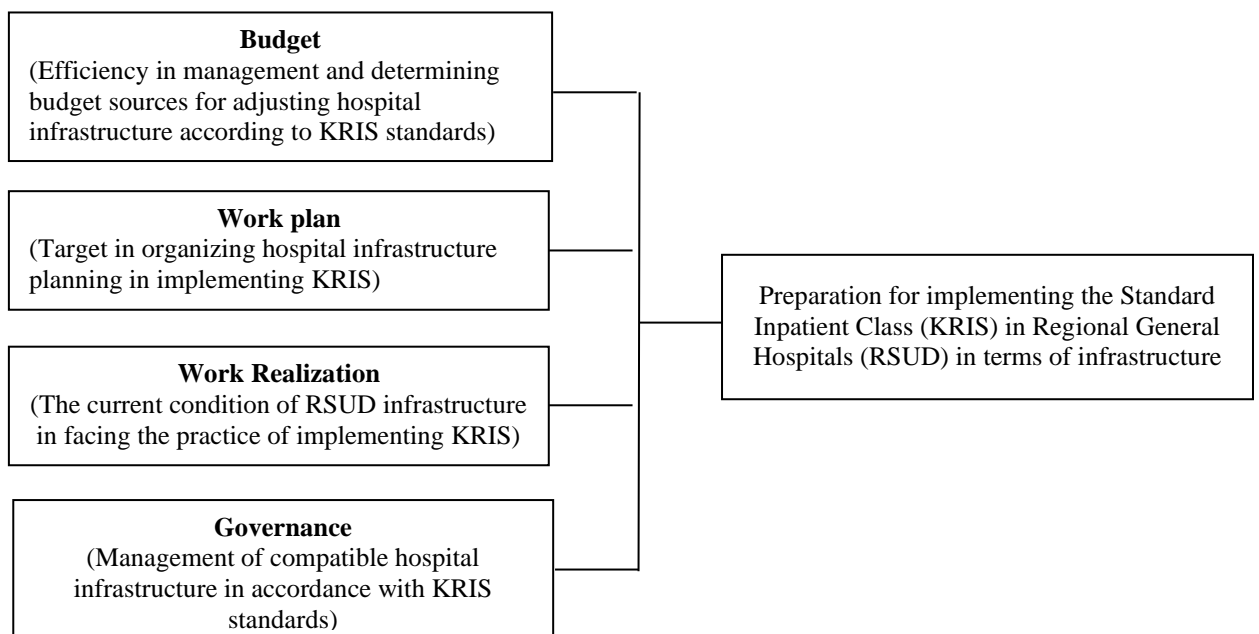


Figure 1 Research Conceptual Framework

METHODOLOGY

This research uses qualitative research with a case study approach. The population in this study was Hospital Management. Sampling in the research used purposive sampling. The sample for this research is the health service implementer which is hospital management which is directly related to BPJS Health, budget planning, service planning and hospital infrastructure planning. This research had a total of 3 informants from the management of the Karanganyar Regency Regional Hospital. Informants came from the Medical Services Sector, Facilities and Infrastructure Sector, and Medical Support Sector. Representatives from each section have represented all planning in preparation for implementing KRIS at the Karanganyar Regency Regional Hospital.

RESULTS

The informants in this research consist of health service implementers who are hospital management, 3 management staff at the Karanganyar Regency Regional Hospital.

Tabel 1. Karakteristik Informan Penelitian

Initial	Age	Gender	Education Final	Position
IF1	54	Man	Bachelor	Ka.Bag IPSRS
IF2	52	Man	Bachelor	Ka.Bag Pelayanan Medis
IF3	55	Woman	Bachelor	Ka.Bag Penunjang Medis

KRIS Preparation (Standard Inpatient Class)

The informant revealed that the Karanganyar Regency Regional Hospital was ready if KRIS had to be implemented because it was influenced by several factors, one of which was the large percentage of BPJS patient visits at the Karanganyar Regency Regional Hospital, compared to non-BPJS patient visits. Apart from that, the Karanganyar District Hospital is a hospital with regional government ownership so it must follow the rules or regulations set by the government.

With the new policy from the government regarding changing classes to standard classes, the Karanganyar Regency Hospital has begun mapping inpatient rooms in accordance with KRIS provisions which include the number of beds per room, the distance between patient beds in order to realize justice and equality in the aspects of services provided. . Karanganyar District Hospital also made adjustments to KRIS, intensive rooms, isolation rooms, and tariff adjustments based on planning from the Ministry of Health and the implementation of a trial period for hospital payments using the INACBGs package with adjusted prices.

The ideal time for Karanganyar Regency Regional Hospital to fulfill all existing KRIS provisions is another 1 to 2 years and of course in a gradual manner and depending on the number of rooms.

Work plan

There are no work plan problems regarding the infrastructure of the Karanganyar Regency Regional Hospital. However, the human resources in the Karanganyar District Hospital's inpatient room currently have proportions that do not match ideal standards. The availability of human resources is considered to be more than sufficient to face the current situation. Apart from that, the problems that are predicted when implementing KRIS are related to patient demand in inpatient rooms. It is feared that this cannot be accommodated.

Karanganyar District Hospital currently has good bed management in inpatient installations. This happens because it has a total of 357 beds and has sufficient floors. Good bed management is also supported by the current classification of inpatient rooms, which are divided by floor which are then classified based on their respective criteria. Efforts to handle if there is a gap between general patients and BPJS, as well as handling if there are long patient queues and waiting times. Karanganyar District Hospital will also consider preparing KRIS according to patient requests.

Governance and Work Realization

Table 2. Consensus on 12 KRIS Standard Criteria

No.	Draft JKN KRIS Criteria	Condition of Infrastructure Karanganyar District Hospital
1.	Building materials should not have high porosity	The walls are hard, non-porous, watertight according to standards
2.	Minimum area M2 per bed (PBI = 7.2 m2; Non-PBI = 10m2)	For example, 4 patients have 4 beds, 1.5 meters apart from each bed
3.	Distance (As) between beds 2.4 m	1.5 meters apart for each bed
	Between the edges of the bed at least	1.5 meters apart for each bed
	Standard semi-electric bed P:206 W:90 T:50-80 (adjustable)	Semi-electric adjustable bed
4.	Maximum number of beds per room (PBI= 6 beds; Non-PBI = 4 beds)	Class 3 (4-5 patients), class 2 (3-4 patients), and class 1 (2-3 patients)
5.	1 nightstand per bed	There are already per bed per nightstand
6.	Room temperature 20-260C	The temperature and cooling system uses VRV AC which can be adjusted using a remote control which can be locked so the patient or nurse cannot change it and the rooms are divided into gender, age and type of disease.

7.	Curtain/partition between TT The rail is embedded or attached to the ceiling and is a non-porous material	The curtains or curtains are attached to the ceiling which is made of gypsum so there are no pores, these curtains are attached to the bottom of the frame. The curtain material is up to standard
8.	Air ventilation Guarantee air exchange for mechanics at least 6 times per hour and for natural ventilation it must be more than that value	Every inpatient has an exhaust fan blower that can be used for negative or normal air pressure. Air exchange using fresh air too.
9.	Room lighting Note: optimize natural lighting. If the lighting is artificial then the intensity the lighting is 250 lux for lighting and 50 lux for sleepingr	The standard room lighting percentage of 250 lux for lighting and 50 lux for bed lighting is 60-80%
10.	Each bed is equipped with: <ul style="list-style-type: none"> • Minimum of 2 contact boxes and no direct branching/connection without safety • Nurse call which is connected to the nurse 	Bed equipment includes a minimum of 2 contacts and no branching or direct connection without 100% current protection, and a nurse call connected to the nurse station at 20%
11.	Indoor bathroom Compliant with accessibility standards <ol style="list-style-type: none"> a) There is a "disable" writing/symbol on the outside b) Have sufficient space for wheelchair users c) Equipped with a handrail d) The floor surface is not slippery and must not cause puddles It is advisable to have an emergency help button in an easily	Each room is equipped with a bathroom, in several public areas there are special toilets for the disabled, standard bathrooms are equipped with hot water, shower, toilet seat, patient handle or handrail, and nurse call
12.	Each bed is equipped with an oxygen outlet	Availability of oxygen outlet is 100%, there is kir, there is suction

The intensive space at the Karanganyar Regency Regional Hospital has been fulfilled, but in the process of fulfilling this, the Karanganyar Regency Regional Hospital is constructing a new building which will be used as an ICU room and currently it is still under construction while the isolation room at the Karanganyar Regency Regional Hospital already exists and has fulfilled the requirements up to now. There is a room that is used specifically as an isolation room. This room has been around since the Covid-19 pandemic.

DISCUSSION

Standard Inpatient Class Preparation (KRIS)

Karanganyar District Hospital is ready if KRIS has to be implemented. This is supported by the readiness of infrastructure at the Karanganyar Regency Regional Hospital which has begun to be prepared in accordance with the KRIS Criteria standards, the large percentage of BPJS patient visits compared to non-BPJS patients, the readiness of human resources at the Regional Hospital in facing the KRIS implementation policy which has been well received. Apart from that, Karanganyar District Hospital is a regional government hospital so it must follow the rules or regulations set by the government.

In line with the research results, a study conducted by Handayani et al also revealed that hospitals with regional government ownership must follow and comply more with the rules or regulations set by the government. This is one of the factors in RSUD's readiness to face the KRIS policy. However, this is not in line with the results of a study in Vietnam which stated that government hospitals viewed regulations as an urgent need that had to be achieved. This has given rise to various practices of income maximization and acceptance of informal payments. The same result was also stated in Vo et al's study, that the state controls many HR functions so that Vietnam's large metropolitan public hospitals limit local autonomy and management innovation.

Work plan

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In line with the research results, good bed management is due to having a sufficient number of beds and a sufficient number of floors or rooms, hospitals in America also ensure adequate hospital bed resources in bed management. Apart from America, good bed management is also found in German hospitals. A study in 2013 revealed that bed management in Germany is supported and adapted to resources and bed capacity. This is because professional bed management aims for optimal bed allocation, which involves short waiting times for patients and low inpatient cancellation rates, but with high occupancy rates.

Governance and Work Realization

Karanganyar District Hospital already has an SOP for each room. The process of making the SOP itself is carried out in each unit or room that provides services and with the policy regarding changing inpatient classes to standard classes, it is hoped that Karanganyar District Hospital will immediately make adjustments so that it can be implemented quickly. realizing

justice and equality in the aspects of services provided, in fulfilling KRIS provisions, apart from income, the hospital also receives financial assistance from the government. The hope of the hospital is for the government to immediately determine when this standard inpatient class will start.

Based on policy implementation theory according to Van Meter and Horn, the policy implementing agents involved include formal and informal organizations. The policy implementation performance of the implementing organization is influenced by the right characteristics and suitability for the implementing agents, this is related to the strict and disciplined context of the policy being implemented. In other contexts, a democratic and persuasive implementing agent is needed. This is in line with research conducted by Devi Afni (2022), the policy implementing organization is the Hospital, to implement the KRIS provisions, intensive rooms and isolation rooms, the Hospital already has SOPs in each room. Making SOPs involves all areas of service up to hospital management. In its implementation, it is necessary to monitor the implementation of SOPs because there are still some employees who have not implemented SOPs perfectly, so several hospitals have innovated to monitor so that everyone complies with the SOPs that have been set.

The hospital's hope for the government regarding this policy is to immediately determine when this standard inpatient class will begin to be implemented because the latest information obtained by KRIS implementers, which was to be implemented in early 2023, has been postponed to early 2024. Apart from that, the hospital also needs time to make preparations according to the care class criteria set by the government. Based on Van Metter and Horn's implementation theory, assessing the performance of policy implementation is to look at the extent to which the external environment has contributed to the success of the policy. The external environment in question includes the social, economic and political environment. External environmental conditions that are not conducive can be the cause of failure in policy implementation performance. This is in line with research conducted by Devi Afni (2022). Regarding the funds needed by private hospitals to make KRIS adjustments, there is no financial assistance from the government, this year the Regional Hospital did not receive DAK (Fund Allocation Funds), which is quite unfortunate for the Hospital. Another hope from the hospital organization is that the government will immediately determine the criteria for what class of care will be adopted in 2023, whether KRIS only or whether there are still differences in classes 1, 2 and 3

CONCLUSIONS AND RECOMMENDATIONS

Preparation of Class Inapt Standard (KRIS)

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FURTHER STUDY

The suggestion for further research is to analyze the readiness of human resources in Karanganyar Regional Hospital to implement the National Health Insurance Standard Inpatient Class: This study can evaluate the availability and readiness of human resources at Karanganyar Regional Hospital, including medical and non-medical personnel, to implement the national health insurance standard inpatient class.

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