
Implementation of the Standard Inpatient Class Policy at RSUP Dr. Tadjuddin Makassar

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ABSTRACT

Background: Based on Presidential Regulation No. 59 of 2024, which replaces Presidential Regulation No. 82 of 2018 on Health Insurance, the implementation of the Standard Inpatient Class (KRIS) is mandated for four types of hospitals in Indonesia, including RSUP Dr. Tadjuddin Chalid Makassar. The KRIS policy must be implemented in all hospitals in Indonesia cooperating with BPJS Health by June 30, 2025. However, the current implementation of KRIS primarily focuses on adjusting medical facilities and infrastructure toward a single class. To analyze the implementation of the KRIS policy at RSUP Dr. Tadjuddin Chalid Makassar in 2024 based on Input and Process aspects.

Method: This study employed descriptive research with a qualitative approach, using interviews, observations, and document reviews conducted from February to March 2024 at RSUP Dr. Tadjuddin Chalid Makassar. Eleven informants were selected using purposive sampling.

Result: The "Man" input is adequate but faces obstacles. There is no specific budget allocation ("Money") and no difference in financial management before and after policy implementation. "Material" needs are not fully met, and there are established "Methods" or rules for implementing the KRIS policy.

Conclusion: Overall, the implementation of KRIS at RSUP Dr. Tadjuddin Chalid Makassar, as a pilot hospital for KRIS, has been successful. However, several variables still need improvement. It is recommended that the hospital enhance its strategies in various aspects of KRIS policy implementation.

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INTRODUCTION

According to Law No. 40 of 2004, Articles 19 and 23, healthcare guarantees are regulated nationally based on the principles of social insurance and equity, aiming to ensure that participants enjoy the benefits of healthcare services and protection of basic healthcare services. If participants require hospitalization, they will be served in hospitals according to standard class (1). The Social Security Administering Body (BPJS) for health is a legal entity responsible for administering these social security programs to ensure that everyone can meet their basic living needs (Government of the Republic of Indonesia, 2013 in (2). However, entering the fourth year of the JKN-KIS implementation, this mission has not yet been achieved (3). The JKN program continues to be studied for the benefits perceived by the JKN participants. These changes were made to implement Law No. 40 of 2004 concerning

the National Social Security System (SJSN). Among the series of changes and improvements to the regulations related to BPJS Health, the major change made by the Indonesian government is the policy change of inpatient class grouping into standard inpatient classes (KRIS) (4). The Director-General of BPJS Health stated that the implementation of the Standard Inpatient Class (KRIS JKN) is expected to improve the quality of healthcare services in addition to achieving health equity.

Presidential Regulation No. 59 of 2024, established on May 8, 2024, replaces Presidential Regulation No. 82 of 2018 on Health Insurance, becoming the reference for the implementation of standard inpatient classes. Article 103B of Presidential Regulation No. 59 of 2024 stipulates that the inpatient service facilities based on KRIS must be fully implemented in hospitals cooperating with BPJS Health no later than June 30, 2025 (5). All inpatient services for BPJS participants are standardized to apply the principles of social security and equity in the JKN program. In this context, standard classes are interpreted as the application of equality principles in healthcare services guaranteed by the state. Moreover, this equity is also the implementation of the social insurance principle, where capable participants assist (subsidize) less capable participants. Therefore, since there are no longer BPJS Health Class I, II, and III participants, inpatient services in hospitals will use the KRIS system, but the facilities differ between PBI and non-PBI participants (6).

In 2022, based on the decision of the Director-General of the Ministry of Health No. HK.02.02/I/2995/2022 concerning hospitals, RSUP Dr. Tadjuddin Chalid Makassar was designated as one of the four pilot hospitals in Eastern Indonesia besides RSUP Dr. Johannes Leimena in Ambon, implementing KRIS-JKN starting September 1, 2022, to conduct a trial of the national health insurance standard inpatient class. Based on the Director-General of Health Services Decree No. HK.02.02/I/1811/2022 on Technical Guidelines for Hospital Facility Preparedness in Implementing the National Health Insurance Standard Inpatient Class, Chapter II has established 12 standard class criteria aimed at general inpatient services that must be met.

Field data indicates a decline in achieving the minimum service standard (SPM) on patient satisfaction indicators, particularly in inpatient services, which has not reached the established 90% standard. The decline in patient satisfaction in inpatient rooms occurred from 2021 to 2023. In 2022, inpatient satisfaction was 85.11%, which decreased by 1.58% to 83.53% in 2023. The overall patient satisfaction percentage also decreased from 2022 to 2023, including satisfaction with healthcare facilities and infrastructure. Additionally, initial data revealed that several standard class 1 inpatient rooms (maximum 2 beds) and class 2 rooms equated to class 3 (no more than 4 beds) were still inconsistent in the number of beds provided due to the number of beds owned by the hospital. It was also found that RSUP management does not yet have a team or special manager for implementing the KRIS policy.

The research on the Implementation of the Standard Inpatient Class Policy at RSUP Dr. Tadjuddin Chalid Makassar in 2024 uses a system approach theory focusing on the input components consisting of 4 M: Man, Money, Material, and Method. The system theory provides a framework for understanding complex interactions within the healthcare system, which is crucial for developing and implementing policies that prioritize patient satisfaction as well as facilities and infrastructure. Each component interacts with one another, affecting the overall system performance. This perspective emphasizes the importance of understanding these interactions to develop effective policies and interventions (7).

Similar research by Kartalina et al. (2021) on the Study of the Implementation of Minister of Health Regulation No. 97 of 2014 concerning the examination of anaemia status among women at Koto Tengah health centers using system theory focused on inputs and processes (8). (Crable et al., 2020) found that although engaging in various initiatives across different clinical departments, stakeholders in safety net hospital improvement identified common challenges and enablers related to internal and external setting dynamics, the characteristics of the individuals involved, and the implementation processes (9). (Aileen et al., 2024) find that There are two criteria for the standard inpatient class that pose a very high level of risk: the building components lacking high porosity and the density of ward spaces and bed spacing (10).

(Sundoro, 2020) also found that overall, the implementation of inpatient identification at the hospital has been effective (11). Although there are policies in place, non-compliance by staff affects proper execution. Some

medical record sheets are not filled out according to standards, and there is a limitation on identity labels. Trisaksono et al. (2023) found that the Government, through the Health Service, must enforce regulations and impose sanctions on hospitals, ensuring clear and specific derivative regulations to promote fair and equitable health services for all (12).

Beauchemin et al. (2019) found that concept analysis aims to define the implementation of clinical practice guidelines, emphasizing the need for clear communication among clinicians and healthcare providers as they engage in quality improvement projects, implementation strategies, and interventional studies, while also highlighting that both implementation and reimplementation are vital, iterative processes based on evidence-based practice (13). (Xiong et al., 2023) found that the review of 16 articles identified Australia, Norway, and the UK as having national standards for comprehensive care, with challenges in implementation including governance processes and documentation issues, while facilitators included new care plan templates and proactive collaboration, and the introduction of the Australian standard showing some positive effects on patient outcomes (14).

This policy needs to be studied, especially regarding its implementation, as the KRIS policy is a new policy still in the trial stage and is planned to be implemented in all hospitals in Indonesia by June 30, 2025. Therefore, it is necessary to conduct research on the Implementation of the Standard Inpatient Class Policy at RSUP Dr. Tadjuddin Chalid Makassar in 2024.

METHOD

This research is a descriptive study with a qualitative approach, using a case study design (15). The implementation of the KRIS policy at RSUP Dr. Tadjuddin Chalid Makassar in 2024 uses the system approach theory, focusing the analysis on the input and process components involved in the policy implementation. The study was conducted at RSUP Dr. Tadjuddin Chalid Makassar from February to March 2024. This location was chosen because RSUP Dr. Tadjuddin Chalid is designated as one of the pilot hospitals in Makassar implementing KRIS-JKN. The informants included 11 individuals, consisting of the Medical Services Manager, Nursing and Support Services Manager, Administrative & Household Manager (responsible for KRIS implementation), Financial Manager, Head of Inpatient Installation, Head of Facility Maintenance Installation at RSUP Dr. Tadjuddin Chalid, inpatient healthcare workers, HR Department staff at RSUP Dr. Tadjuddin Chalid, and several patients at RSUP Dr. Tadjuddin Chalid who received KRIS services. Data collection methods included interviews guided by an interview manual, document reviews, and observations. Data analysis was conducted through the stages of data reduction, data presentation, conclusion drawing, verification, and final conclusion. The data is presented in the form of narratives and photographs (16).

RESULTS

The research was conducted through in-depth interviews with 11 informants, consisting of the Manager of Medical Services, Nursing, and Support Services, the Manager of Administration & Household (responsible for KRIS implementation), the Financial Operations Manager, the Head of Inpatient Installation, the Head of Maintenance of Facilities and Infrastructure at RSUP Dr. Tadjuddin Chalid, inpatient healthcare workers, the HR Department Staff of RSUP Dr. Tadjuddin Chalid, and several patients of RSUP Dr. Tadjuddin Chalid who received KRIS services. The following are the research findings regarding the implementation of the standard inpatient class policy at RSUP Dr. Tadjuddin Chalid Makassar.

Table 1. Overview of Implementation of the Standard Inpatient Class Policy at RSUP Dr. Tadjuddin Chalid Makassar

Component	Results
Man (Human Resources)	Based on the interviews, the healthcare personnel at RSUP Dr. Tadjuddin Chalid Makassar are deemed adequate in terms of quantity and distribution, and they possess the appropriate competencies and qualifications for their respective positions. However, there are challenges related

	to competitive competency of human resources and the need for specialized personnel for certain services.
Money (Finance/Budget)	The implementation of the standard inpatient class policy at RSUP Dr. Tadjuddin Chalid Makassar did not show significant changes in financial management compared to before the policy was implemented. Funding sources remain the same, coming from the hospital itself, BPJS Health, and the BLU financial management pattern, without any specific budget allocation for the implementation of this policy.
Materials (Facilities and Infrastructure Resources)	There are policies and procedures used as guidelines for implementing the standard inpatient class policy. The availability of material resources at RSUP Dr. Tadjuddin Chalid Makassar has met the established criteria, and the quality of materials is maintained through regular maintenance according to SOP.
Method (Method/Standard)	The implementation of the standard inpatient class policy at RSUP Dr. Tadjuddin Chalid Makassar is based on policies, regulations, and procedures set by the Ministry of Health. The planning and development process of methods/procedures is carried out through the instructions of the Chief Director, including steps to assess the hospital's readiness and align with KRIS criteria.

In terms of human resources, the research indicates that RSUP Dr. Tadjuddin Chalid Makassar has an adequate number and distribution of healthcare personnel required to support the KRIS policy. Interviews with various informants suggest that the competencies and qualifications of the healthcare staff are considered adequate according to established standards. This demonstrates that RSUP Dr. Tadjuddin Chalid has made efforts to ensure that human resources provide a strong foundation for implementing this policy. Regarding financial resources, RSUP Dr. Tadjuddin Chalid Makassar manages its financial resources steadily. Funds for KRIS operations come from the hospital's own budget, as well as through the BLU financial management pattern and BPJS Health claims. Although there has been a delay in implementing the regulated tariffs, the policy has not experienced significant changes in financial management since the implementation of KRIS, indicating consistency in the hospital's financial management.

In terms of facilities and infrastructure resources, the research highlights that RSUP Dr. Tadjuddin Chalid has implemented appropriate policies, regulations, and procedures as a basis for managing material resources. Equipment and facilities are well provided and managed according to established SOPs. This ensures that the quality of material resources is maintained through regular maintenance in accordance with the set standards. The implementation of KRIS at RSUP Dr. Tadjuddin Chalid is supported by clear policies and procedures. The planning and development process of the methods is carried out by considering instructions from the hospital leadership and aligning with KRIS criteria. Evaluating the hospital's capability and adjusting the number of beds is crucial steps in ensuring that the hospital can provide services according to the established standard inpatient class.

Overall, the research findings illustrate that the implementation of the KRIS policy at RSUP Dr. Tadjuddin Chalid Makassar has successfully established a strong foundation in terms of human resources, finance, facilities and infrastructure resources, and methods/standards. Despite some challenges, such as the delay in tariff implementation, this policy has contributed positively to improving the quality of healthcare services at the hospital and demonstrates a continued commitment to complying with and implementing established standards.

DISCUSSION

The Indonesian government is focusing on the policy of eliminating class distinctions in the Social Security Administration (BPJS) Health. This aims to improve inpatient services in Indonesia. The change is based on the national health insurance law, which aims to provide better care for the public. Standard inpatient classes are necessary to organize programs that meet the principles of equity or fairness. Moreover, the implementation of these standard classes must adhere to the principle of mutual cooperation established by the SJSN Law (17). The government has established 12 standard criteria that must be met by inpatient rooms for BPJS Health participants, so the implementation of KRIS is expected to enhance the quality of inpatient services for BPJS Health participants. The number of beds in one room is considered one of the distinguishing factors of this class system (18).

Man (Human Resources)

Based on the results of interviews conducted by the researchers with informants, it was found that the implementation of the standard inpatient class (KRIS) policy at RSUP Dr. Tadjuddin Chalid Makassar has fairly adequate human resources in terms of both the number and distribution of healthcare workers performing activities in the field. Additionally, these human resources have the competencies and qualifications appropriate to their respective positions. However, according to document reviews by the researchers, competitive HR competence is a strategic issue faced by RSUP Dr. Tadjuddin Chalid Makassar and is included in the 2020-2024 Business Strategic Plan. According to secondary data as of December 31, 2023, the number of HR at RSUP Dr. Tadjuddin Chalid was 918 people, consisting of 575 civil servants (62.6%), 45 contract employees (4.9%), 29.2% honorary employees, and 268 employees (3.3%) with MoUs. Some HR-related issues that still exist include a shortage of skilled and expert personnel for specific service needs and the current HR being limited to meet certain healthcare service needs, including a lack of certain specialists, which affects patient services. This also influences the composition of healthcare workers performing tasks in the field. This is consistent with the researchers' observations regarding work implementation in inpatient wards, where healthcare workers have quite heavy workloads due to the minimal number of healthcare workers assigned to these ward groups.

According to (Engga Mardiana Safa'ah, 2019) research, human resource competence and HR management can influence organizational performance, while the number of fulfilled human resources can affect organizational performance (19). Thus, it can be said that the "Man" aspect (human resources) in the implementation of the standard inpatient class (KRIS) policy at RSUP Dr. Tadjuddin Chalid Makassar has not been fully optimized, with several obstacles hindering the implementation of the standard inpatient class policy, impacting the maximization of patient services.

Money (Finance/Budget)

Based on the research findings on the Money (finance) variable, it was found that there is no specific budgeting source or financial management dedicated to the implementation of the standard inpatient class policy. The funding sources and financial management for KRIS implementation remain the same as before the policy was enacted. Financial needs or budgets are primarily focused on fulfilling the criteria for facilities and infrastructure required for implementing the KRIS policy.

Prior to the implementation of the KRIS policy, the financial sources of RSUP Dr. Tadjuddin Chalid were said to come from the hospital itself, being a BLU (Public Service Agency) hospital, as well as from BPJS Health. The BLU hospital's finances come from various sources, such as state or regional budget allocations (APBN/APBD), revenue from public services, unrestricted and restricted grants, BLU stakeholder partnerships with other parties, and other business proceeds (20). Meanwhile, the hospital's finances from BPJS Health come from the funds received by BPJS Health participants for healthcare services, which are managed by the hospital as efficiently as possible. It can be said that the Money (finance) aspect of the standard inpatient class policy implementation at RSUP Dr. Tadjuddin Chalid Makassar does not have specific sources or different management after the policy was implemented. This is due to the absence of strong regulations established for the hospital, BPJS Health, and the Ministry of Health concerning the differentiation of funding sources and financial management for the KRIS JKN implementation.

Material (Facilities and Infrastructure Resources)

In implementing facilities and infrastructure procurement, factors such as following resource management procedures; determining the type, quantity, and quality level of needed equipment; providing and using equipment; providing resources according to the available budget; storing and maintaining resources; collecting and processing data; and removing records of unusable equipment based on procedures must be considered (21). The interview results with informants indicated that there are standards or guidelines used as references in utilizing materials or material resources for implementing the standard inpatient class policy at RSUP Dr. Tadjuddin Chalid. However, these policy rules have not yet taken the form of a Constitutional Court Decision (KMK). This aligns with the researchers' document reviews, which found a 21-page standard rules document, issued by the Director General of Health Services, No. HK.0202/I/1811/2022, on technical guidelines for hospital facilities and infrastructure readiness for implementing the national health insurance standard inpatient class. This decree aims to provide technical guidelines for preparing hospital facilities and infrastructure for KRIS JKN implementation, regulating the 12 criteria for inpatient classes, implementation stages, assessment instruments, and monitoring and evaluation.

Regarding the availability, quality, and maintenance of material resources, the interview results with informants indicated that the availability of material resources, particularly for implementing the standard inpatient class policy, is well fulfilled. The hospital strives to ensure the availability of what is needed, especially in health services. For the provision of facilities and infrastructure in inpatient rooms that have implemented KRIS, adjustments have also been made. This includes meeting the 12 criteria of KRIS JKN. However, some detailed points, such as the presence of "disabled" signs/symbols outside bathrooms, have not been fully met in all inpatient rooms implementing the KRIS system.

Method (Standards)

Based on the interview results, it was found that several policies, regulations, or procedures related to KRIS are used as the basis for implementing the standard inpatient class policy at RSUP Dr. Tadjuddin Chalid. This aligns with the document review conducted by the researchers, which revealed that policies, regulations, or procedures used as the foundation for implementing the standard inpatient class policy at RSUP Dr. Tadjuddin Chalid include the Director General of Health Services Decree No. HK.02.02/I/2995/2022 on Hospitals Implementing the Trial Application of Standard Inpatient Classes for National Health Insurance, the CEO of RSUP Dr. Tadjuddin Chalid Makassar Decree No: HK.02.03/XXXIII/3395/2022 on the Implementation of Standard Inpatient Classes in the JKN Program (JKN KRIS) at RSUP Dr. Tadjuddin Chalid Makassar, the CEO of RSUP Dr. Tadjuddin Chalid Makassar Decree No. HK.02.03/D.XXVII/9884/2023 on the Determination of the Number of Beds at RSUP Dr. Tadjuddin Chalid Makassar, and the Director General of Health Services Decree No: HK.02.02/I/1881/2022 on Technical Guidelines for Hospital Facility Readiness in Implementing Standard Inpatient Classes for National Health Insurance.

Meanwhile, the detailed implementation of the standard inpatient class is depicted through the Director General of Health Services Decree No: HK.02.02/I/1881/2022 on Technical Guidelines for Hospital Facility Readiness in Implementing Standard Inpatient Classes for National Health Insurance. This decree can serve as a temporary regulation or SOP in the implementation of KRIS. Additionally, as of May 8, 2024, Presidential Regulation No. 59 of 2024, which replaces Presidential Regulation No. 82 of 2018 on Health Insurance, has been issued as a reference for implementing standard inpatient classes.

Overall, this policy is a trial change towards a single inpatient class, prioritizing changes in the environment of inpatient rooms. This impacts the reduction of beds and other facilities in accordance with the 12 criteria that must be met as listed in the technical guidelines for hospital facility readiness in implementing standard inpatient classes for national health insurance.

Recommendations for Future Research

Recommendations to enhance the implementation of KRIS at the hospital include conducting training programs to augment the skills of healthcare personnel and addressing existing human resource shortages. Additionally, it is recommended that the government expedite the finalization of detailed regulations and harmonize

them concerning the implementation of standard inpatient classes. This action is crucial to ensure a uniform implementation of policies across hospitals currently implementing or intending to adopt standard inpatient classes.

CONCLUSION

It is concluded that the implementation of the Standard Inpatient Class Policy (KRIS) at RSUP Dr. Tadjuddin Chalid Makassar revolves around the 4 Ms: Man, Money, Material, and Method. Regarding Man, human resources in terms of quantity and distribution have been adequately addressed, and the competency and qualifications of the staff are deemed appropriate. However, challenges persist with regard to shortages in certain personnel and the absence of expert personnel in some healthcare services. Furthermore, there is a lack of specific training provided to staff members regarding the implementation of KRIS. Concerning Money, dedicated financial resources for KRIS implementation are not currently available. Budget allocation for KRIS primarily focuses on meeting the criteria sourced from the hospital itself as a Public Service Agency (BLU) and from BPJS Kesehatan. As for Material, material resources are equipped with standards or guidelines, and there are no issues concerning their availability and quality. Methodologically, the implementation of KRIS at RSUP Dr. Tadjuddin Chalid Makassar is adequately supported by policies, regulations, or procedural frameworks used as guidelines.

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