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# Identifying Barriers to the Implementation of the Standard Inpatient Class (KRIS): A Study in Denpasar City's Private Hospitals

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***Abstract***
***Introduction:*** *The Indonesian government and BPJS Kesehatan plan to replace the current class-based inpatient system with a Standard Inpatient Class (KRIS) to ensure service equality. Government Regulation No. 47 of 2021 mandates that private hospitals must prepare at least 40% of their beds for KRIS. A preliminary survey showed only 57% of private hospitals in Denpasar were ready for this implementation.* ***Objective:*** *This study aimed to identify and analyze the obstacle factors in the implementation of KRIS in private hospitals in Denpasar.* ***Method:*** *This study used a qualitative design with a descriptive approach. Data were collected through in-depth interviews with 17 informants, including representatives from 14 private hospitals, BPJS Kesehatan, and the Provincial and City Health Offices between April and July 2023. Data were analyzed using thematic analysis.* ***Result and Discussion:*** *The study identified four main barriers: 1) Resource factors, particularly in meeting 12 KRIS criteria such as room density (50% compliance), bathroom accessibility (57.14%), and oxygen outlets (71.42%), compounded by land, building, and budget limitations; 2) Communication issues, including differing perceptions of KRIS implementation regulations; 3) Disposition challenges, where hospitals feel unable to meet the implementation timeline and 4) Bureaucratic hurdles, specifically the absence of specific technical government regulations.* ***Conclusions:*** *The most dominant obstacles are inadequate facilities and infrastructure, land and budget constraints, differing information perceptions, unachievable implementation targets, and the lack of technical guidelines.*

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## Introduction

Universal Health Coverage (UHC) constitutes a global initiative designed to ensure that all individuals have access to the quality health services they need without facing financial hardship (R. N. Putri, 2019). In developing nations, the success of UHC is often measured by equitable access for the entire population to essential health services (Ho et al., 2022). Since 2014, Indonesia has been implementing its UHC program through the Jaminan Kesehatan Nasional (JKN), a national health insurance system designed to protect all its citizens. The administration of JKN, mandated by Law No. 40 of 2004 concerning the National Social Security System (Sistem Jaminan Sosial Nasional - SJSN), is carried out by the Social Security Administering Body for Health (Badan Penyelenggara Jaminan Sosial - BPJS Kesehatan), a non-profit entity directly accountable to the President (Hasnida et al., 2021).

One of the most significant policy transformations within the JKN program is the government's plan to abolish the tiered inpatient class system (Class 1, 2, and 3) and replace it with a Standard Inpatient Class (Kelas Rawat Inap Standar - KRIS) (D. A. Putri et al., 2022). The primary objective of this policy is to realize the principle of equity, whereby all JKN participants are entitled to equivalent and high-quality medical and non-medical services. The principal legal basis for this implementation is Government Regulation (PP) No. 47 of 2021 concerning Hospital Administration, which stipulates that government hospitals must allocate a minimum of 60% of their beds for KRIS, while private hospitals are required to allocate at least 40% (Agung et al., 2022).

Despite its noble objectives, the implementation of the KRIS policy faces complex challenges. Nationally, Indonesia continues to grapple with limited hospital bed capacity. The country's bed-to-population ratio is approximately one per 1,100 people, a figure that falls below the ideal standard set by the World Health Organization (WHO) of one bed per 1,000 people (Kurniawati et al., 2021). The KRIS policy could potentially exacerbate this situation if facility renovations to meet the new standards result in a reduction of the total number of available beds (Afni & Bachtiar, 2022).

Furthermore, the policy has raised concerns among various stakeholders. The Indonesian Private Hospital Association (Asosiasi Rumah Sakit Swasta Indonesia - ARSSI) has voiced its opposition, fearing that the implementation of KRIS will negatively impact hospitals' future revenue potential. From the public's perspective, many object to the single-class concept and still prefer the existing three-tiered system. The primary obstacles faced by hospitals, particularly private ones, relate to financing for infrastructure renovation, land availability for expansion, and the operational financial impact from a potential decline in revenue (D. A. Putri et al., 2022).

The gap between the ideal objectives of the KRIS policy and the on-the-ground reality becomes particularly evident at the regional level. A preliminary survey conducted by the researchers in 2022 in Denpasar City, Bali Province, revealed that only 57% of the 14 private hospitals surveyed reported being prepared to implement KRIS. This low level of readiness indicates the presence of significant, locally-specific barriers. Given that research on KRIS implementation is still nascent and limited, a deeper investigation into the factors impeding its adoption is deemed necessary. Therefore, this study aims to conduct an in-depth analysis of the barriers faced by private hospitals in Denpasar City in implementing the Standard Inpatient Class (KRIS) policy.

## Method

This study employed a qualitative design with a descriptive approach to provide an in-depth description of the experiences and perceptions concerning barriers to the implementation of KRIS. The research was conducted in Denpasar City from April to July 2023. A total of 17 informants were selected through purposive sampling. This cohort comprised 14 leadership representatives (directors and medical managers) from the 14 private hospitals in Denpasar City, alongside three representatives from regulatory stakeholders: the Health Social Security Administering Body (BPJS Kesehatan), the Bali Provincial Health Office, and the Denpasar City Health Office.

Data were collected through in-depth interviews, each lasting 15-20 minutes, using a structured guide to explore the implementers' perspectives on readiness, barriers, and perceptions of the KRIS policy, as well as the role of stakeholders. Data validity was ensured through source triangulation, and the collected data were analyzed using thematic analysis. All research procedures received ethical approval from the Research Ethics Committee of the Faculty of Medicine, Udayana University (No: 1440/UN14.2.2.VII.14/LT/2023).

## Result and Discussion

The data analysis identified four main themes as barriers to the implementation of KRIS in private hospitals in Denpasar City: (1) Resources, (2) Communication, (3) Dispositions, and (4) Bureaucratic Structure.

### 1. Resource Barriers

Resource-related factors emerged as the most predominant barrier, encompassing facilities and infrastructure, budgetary constraints, and the availability of land and building space. Among the 12 mandatory KRIS criteria, several exhibited very low fulfillment rates, as shown in Table 1.

**Table 1.**
Percentage of KRIS Criteria Fulfillment in Private Hospitals in Denpasar City

| No | KRIS Indicator Criteria | Number of Hospitals (n) | Percentage (%) |
|---|---|---|---|
| 1. | Room Density and Bed Quality | 7 | 50% |
| 2. | Accessibility-Compliant Bathrooms | 8 | 57.14 % |
| 3. | Oxygen Outlets | 10 | 71.42 % |
| 4. | Patient Segregation by Gender, Age, and Disease Type | 10 | 71.42 % |
| 5. | Use of Low-Porosity Building Materials | 12 | 85.71% |
| 6. | Availability of One Bedside Table per Bed | 13 | 92.85 % |
| 7. | Air Ventilation | 13 | 92.85 % |
| 8. | Room Temperature Maintained at 20-26°C | 13 | 92.85% |

The room density criterion (a minimum distance of 1.5 meters between beds and a maximum of four beds per room) proved to be the most challenging for hospitals to meet (50%). This was attributed to inadequate existing building designs, meaning that compliance would risk a significant reduction in the total number of available beds. One informant stated:

> *"…there's definitely a risk, you know, of reducing our total number of beds because… when we re-evaluate based on the new standard, some rooms don't meet the spacing requirement… a room that previously had three beds, when you measure it, it's not compliant, so you have to reduce it to two. That means one bed is lost…"* [PH-14]

Budgetary limitations are a fundamental issue, as private hospitals must self-fund the necessary renovations. Furthermore, limitations in land and building area pose a physical constraint that is difficult to overcome without substantial investment. This finding aligns with prior studies, which found that fewer than 60% of surveyed hospitals had met the room density criteria (Afni & Bachtiar, 2022; Silva et al., 2020). This reinforces the argument that infrastructural adjustment is the greatest challenge in the implementation of KRIS.

**2. Communication Barriers**

Ineffective communication between regulators (the government) and implementers (hospitals) led to differing perceptions of the policy. Informants reported that information and its dissemination regarding the technical regulations for KRIS were inconsistent and subject to frequent changes. Initially, the KRIS concept was introduced with standards A (maximum 6 beds) and B (maximum 4 beds), but this later shifted to a single-class concept. This shift created confusion and uncertainty for hospitals in their planning processes. As one director expressed:

> *"As a private entity, we just follow the regulations, but it becomes dizzying if the rules constantly change... We want the foundational regulations to be clear for us to interpret."* [PH-03]

Effective communication is key to successful policy implementation, wherein the clarity and consistency of information can minimize misinterpretations on the ground (Arisa et al., 2023; Sudrajat & Rahayu, 2025).

**3. Dispositional Barriers**

Disposition refers to the attitudes and commitment of implementers to execute a policy. Although private hospitals, in principle, support the goal of equitable services through KRIS, they face constraints regarding their readiness to meet the established timeline. The government has set a target for full implementation by the end of 2024; however, the majority of hospital informants considered this target unrealistic. They stated a need for a longer transition period, at least until 2025-2026, to make preparations, particularly concerning funding and physical construction processes. One informant noted:

> *"...it seems one year won't be enough. We'll probably need two years, perhaps until 2025 or 2026."* [PH-14]

This finding is consistent with a prior study that recommended a minimum transition period of five years to ensure KRIS could be implemented properly, given that hospitals require time for infrastructural preparations (Kurniawati et al., 2021).

### 4. Bureaucratic Structure Barriers

Bureaucratic barriers arose from the absence of specific and comprehensive technical guidelines (petunjuk teknis - juknis) from the government to serve as a reference for KRIS implementation. Stakeholders at the regional level, such as the Health Offices and BPJS Kesehatan, also acknowledged that they are still awaiting more detailed derivative regulations from the central government. Consequently, they lack clear standard operating procedures (SOPs) for supervising and monitoring hospitals. A representative from BPJS Kesehatan stated:

> *"…as of now, we still don't know to what extent this obligation must be fulfilled… Once a regulation declares it mandatory… there will certainly be internal regulations from us detailing how, but for now, those do not exist…"* [Inf-01 BPJS]

This lack of technical guidelines aligns with previous research highlighting the legal vacuum regarding the operational definition of and consequences for hospitals unable to meet the KRIS standards (Qodar et al., 2022; Sulistyorini & Huda, 2022).

## Conclusion

This study concludes that the implementation of the Standard Inpatient Class (KRIS) in private hospitals in Denpasar City faces four fundamental barriers. The primary constraint lies in the area of resources, where hospitals struggle to meet infrastructural standards due to budget and land limitations. Other barriers include ineffective communication resulting from inconsistent policy dissemination, dispositional issues in the form of an inability to meet the set timeline, and the absence of a clear bureaucratic structure in the form of technical guidelines. The researchers acknowledge the limitations of this study, namely that it did not conduct a detailed cost analysis of KRIS implementation. Therefore, it is recommended that regulators issue specific technical guidelines, adjust the implementation timeline, and open dialogues with hospital associations. Meanwhile, future research could focus on a more detailed cost-benefit analysis.

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