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LITERATURE REVIEW Open Access

Hospital Challenges in Implementing the Standard Inpatient Class Policy: A Literature Review

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ABSTRACT

Background: The government is committed to meeting the basic health needs of the Indonesian people through the National Health Insurance (JKN) Program ensuring access to health services without financial burdens. The implementation of the inpatient class system is considered suboptimal, so the government has implemented the Standard Inpatient Class (KRIS) policy to ensure equitable health services for all people in accordance with the principle of equity. This policy requires hospitals to meet 12 specified criteria no later than June 30, 2025. The process of preparing and implementing the policy presents various challenges, so further research is needed.
Objectives: This study aims to identify the challenges faced by hospitals during in implementing the Standard Inpatient Class (KRIS) policy.
Methods: A literature review was conducted using Google Scholar as the primary database, by analyzing nine articles that meet the inclusion and exclusion criteria.
Results: The results of the study found that the main challenges for hospitals in the process of implementing the KRIS policy infrastructure that fails to meet the required criteria due to budget limitations, the absence of regulations on the health financing system and KRIS rates, the lack of health human resources, and limited understanding of KRIS. In addition, the uneven dissemination of policies to hospital staff and the community also becomes an obstacle in implementing the policy.
Conclusion: The implementation of standard inpatient class policies presents challenges for hospitals. These challenges can be found both in the preparation process and during policy implementation. The results of the study found that the readiness of facilities and infrastructure, lack of budget, uncertainty in the health financing system, health human resources and policy dissemination are aspects that are challenges for hospitals. These challenges must be managed so that the objectives of policy implementation can be achieved.

Keywords: Health Policy, Health System, Hospital, Standard Inpatient Class

INTRODUCTION

The Indonesian government is responsible for ensuring that every citizen has access to equitable and quality healthcare according to their needs (Elungan and Tjenreng, 2025). The National Health Insurance (JKN) is a program initiated by the government so that all Indonesian people have to ensure guaranteed to health services and avoid financial burdens when they need health services. The government continues to improve healthcare quality to support the achievement of this goal.

The JKN class system provides flexibility for the public to choose the amount of contributions according to their respective abilities. The principle of equity in JKN guarantees that the public receives services that are in accordance with their medical needs and are not related to the amount of contributions paid (Hardianto et al., 2022). Although the right to equal services has been regulated, problems arise from the implementation of the system.

Kurniawati et al., (2021) stated that the public has the perception that the quality of services provided for class III is lower than classes I and II. This should not happen considering the principle of equity. The main difference in the JKN class system lies in the differences in inpatient room facilities and the comfort received by participants. However, these

differences in facilities may open the possibility for discrimination in health services (Wuryanto, 2024). Another problem related to the JKN class system was also found by Hajar et al., (2024) who stated that class III inpatients had a lower level of satisfaction in the appropriateness dimension or the suitability of the hospital.

As an effort to address these issues and improve service quality, the government issued a Standard Inpatient Class (KRIS) policy through Presidential Regulation No. 59 of 2024. The aim is to ensure that JKN participants receive equal and non-discriminatory inpatient services (Hanri et al., 2024). KRIS JKN also guarantees that participants receive equal inpatient services in medical and non-medical benefits related to the treatment room (Sudrajat and Rahayu, 2025). The main aspect emphasized in KRIS is the standardization of inpatient rooms for JKN participants. There are 12 criteria that must be met by hospitals in organizing inpatient rooms, including building components that must not have a high level of porosity, air ventilation, room lighting, bed completeness, room temperature, treatment rooms are divided by gender, children or adults, and infectious or non-infectious diseases, density of treatment rooms and bed quality, curtains/partitions between beds, bathrooms in inpatient rooms, bathrooms that meet accessibility standards and oxygen outlets. Based on these regulations, government and private hospitals that collaborate with *Badan Penyelenggara Jaminan Sosial Kesehatan* (BPJS *Kesehatan*, Social Security Administering Body for Health) are expected to start implementing it gradually no later than June 30, 2025.

The provisions for standard inpatient classes were previously regulated in Government Regulation No. 47 of 2021. This regulation encourages hospitals to strive to adapt to the standards that have been set. The process of preparing and implementing this policy presents challenges for hospitals. Raafiana and Andriani (2025) in their study on hospital readiness in implementing KRIS stated that hospitals are not yet 100% in accordance with the established criteria. The main challenges lie in infrastructure, facilities, dissemination and budget constraints (Saleh et al., 2024). May also encounter challenges in implementing policies, so a study on identifying challenges experienced by hospitals in the process of implementing standard inpatient class policies is important to do.

This study aims to identify the challenges faced by hospitals in implementing standard inpatient class policies. Identification of challenges is not limited to when the hospital actually implements the policy, but also explores the challenges when the hospital prepares to implement the policy. Understanding the challenges faced by hospitals during the preparation and actual implementation period is important so that a complete picture of the problems that have the potential to hinder the effectiveness of the policy can be known. Through this, policy implementers are expected to be able to evaluate and find solutions to ensure the successful achievement of policy objectives.

METHODS

This study employed a literature review method. The data source used to collect research articles was obtained from an online database, namely Google Scholar. Inclusion and exclusion criteria were applied in this study to obtain articles that were relevant to the research objectives. Inclusion criteria consisted of journal articles published between 2021-2025, articles whose abstracts discuss of hospitals in implementing standard inpatient class policies in hospitals both during the preparation and implementation process, in Indonesian or English, not in the form of a thesis and not the result of a literature review. Articles requiring payment and those unavailable in full text were excluded. The article search was conducted using Indonesian keywords *"implementasi"* OR *"pelaksanaan"* OR *"penerapan"* AND *"kelas rawat inap standar"*, as well as the English keywords "implementation" OR "application" AND "standard inpatient class". The results of the keyword search were then screened to assess the suitability of the title, abstract and overall contents of the article with the criteria. The results obtained were 12 articles that were used as references in this study. Each article was reviewed to determine the challenges faced by hospitals in the process of implementing the KRIS policy. The article selection process is illustrated in Figure 1.

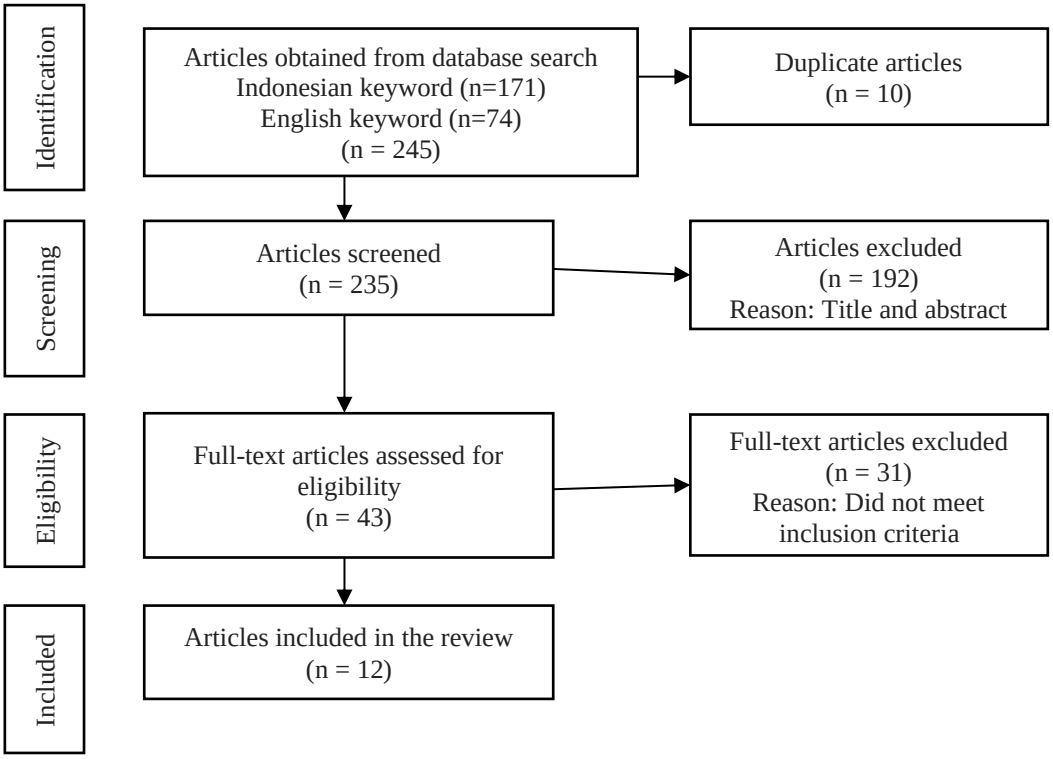

Figure 1. Data Search Diagram for Implementation of The Standard Inpatient Class (adapted from the PRISMA 2009 flow diagram; Moher et al., 2009)

RESULTS AND DISCUSSION

Based on the research results, hospitals face several significant challenges in preparing and implementing inpatient class policies. These challenges include limitation in infrastructure, constrained budgets, issues related to health financing and shortages of qualified health human resources. Additionally, the dissemination of the policy to relevant stakeholders remains uneven, further hindering effective implementation.

Infrastructure

The main challenge for hospitals in the process of implementing the KRIS policy is the provision of adequate infrastructure and facilities. According to Presidential Regulation No. 59 of 2024, the policy set 12 minimum criteria for inpatient rooms, including the maximum number of beds in one room, ventilation and lighting, and availability of indoor bathrooms (Peraturan Presiden Republik Indonesia No. 59 Tahun 2024). However, the results of the study showed that hospitals have not fully met these criteria. Similar findings were reported by Hanri et al., (2024) stating that 30% of hospitals in Indonesia have not met the KRIS standards with the main challenges related to ventilation and lighting, indoor bathroom facilities, and oxygen outlets. Solihah et al., (2022) stated that infrastructure has a significant effect on inpatient satisfaction. Therefore, the better the improvement of infrastructure, the higher the patient satisfaction. Substantial efforts are required to be able to provide infrastructure that meets standards so that the KRIS goals can be achieved.

Health financing

Since hospitals collaborate with BPJS, one of the sources of hospital income comes from BPJS claim payments for services provided to participants (Santoso, 2024). Previously, capitation payments in hospitals were based on inpatient classes I, II and III. After the introduction of KRIS, there is currently no definite regulation governing the payment system. The inconsistency in the payment system resulted in a misalignment in capitation which became a major challenge for hospitals (Natsir et al., 2024). Lubis et al., (2024) also highlighted that the uncertainty in inpatient service rates after the implementation of KRIS became a major challenge for hospitals. Uncertainty in rates and payment systems may threatenthe financial stability of hospitals. On the other hand, hospital operating income has a direct impact on the hospital's ability to provide quality and sustainable services (Tututario et al., 2024). Moreover, the process of adjusting hospitals to KRIS criteria requires a large investment so that regulations regarding the financing system and rates are important so that hospitals can provide quality services to patients.

Table 1. Results of Article Review

No	Title and Researchers	Objective	Method	Stage	Findings
1.	Analysis of the Readiness of the Pertamina Bintang Amin Hospital (RSPBA) Bandar Lampung in Preparing Standard Inpatient Rooms (Government Regulation no. 47 of 2021) Defityanto et al., (2022)	Analyzing the readiness of Pertamina Bintang Amin Hospital in preparing standard inpatient rooms	Descriptive through observation	Preparation	There are 9 criteria that have not been met, including: building porosity, air ventilation, room lighting, bed completeness, room temperature, room density, bed curtains, bathroom completeness and oxygen outlets.
2.	Readiness of dr. H. Moch Anshari Shaleh Banjarmasin Regional Hospital to Face Regulation PP No. 47 2021 concerning the Implementation of Standard Inpatient Class (KRIS) JKN in 2022 Arisa et al., (2023)	Knowing the readiness of Dr. H. Moch Anshari Shaleh Banjarmasin Regional Hospital in 2022 in realizing KRIS JKN	Mixed method	Preparation	1. The bathrooms do not meet the criteria because there are no disability symbols, not all bathrooms have grab bars and there is no bell connected to the nurse's post. 2. The completeness of the beds does not meet the criteria because only 8% *of nurse calls* are connected in the inpatient room. 3. The dividing curtain still uses porous and dark colored materials.
3.	Study of Salatiga City Hospital Readiness in Facing the Standard Inpatient Class (KRIS) Policy Kur'aini et al., (2023)	Reviewing the readiness of Salatiga City Hospital in facing the standard inpatient class policy	Mixed method (qualitative and quantitative)	Preparation	1. The criteria for the density of treatment rooms do not yet meet the standards where the minimum area, distance between beds and minimum distance between the edges of the bed are still 1 meter. 2. The bathroom does not meet accessibility standards because it is not large enough for wheelchair users and there are still no disability stickers.
4.	Analysis of Inpatient Standard (KRIS) Pratama Nusantara Clinic Purba et al., (2023)	Assessing the readiness of Pratama Nusantara Health Clinic by analyzing internal and external preparedness for KRIS implementation	Qualitative through SWOT, Fishbone and VUCA	Preparation	1. The socialization regarding KRIS has not been evenly distributed among all stakeholders due to lack of meetings conducted. 2. The clinic facilities and infrastructure do not yet meet the 12 established criteria, thus requiring building and room improvements, however, this is constrained by limited land and funding. 3. There is a shortage of nurses, with only 78 nurses available for 205 patient beds.
5.	Analysis of Readiness of Bhayangkara Hospital Class II Medan for the Implementation of Standard Inpatient Class (KRIS)	Reviewing the readiness of the Bhayangkara Hospital Class II Medan for the implementation of KRIS	Qualitative through SWOT, Fishbone and VUCA	Preparation	1. Socialization of KRIS implementation that is not evenly distributed to hospital staff and the community 2. There are hospital staff who do not understand the KRIS policy

No	Title and Researchers	Objective	Method	Stage	Findings
	Qurnaini et al., (2023)				3. Lack of nursing staff 4. Inadequate infrastructure and limited land 5. There are still inpatient rooms with a capacity of more than 4 beds 6. Budget limitations to carry out development
6.	Mitigation of Inpatient Standard Class Risk at Hospital Aileen et al., (2024)	Provides an overview of risk analysis and mitigation in KRIS implementation.	Qualitative using FGD	Preparation	There are two criteria for standard inpatient classes that have high risk, namely building components that do not have high porosity and the density of inpatient rooms. The condition of the treatment room with an area of 9.8 square meters per bed does not meet the criteria
7.	Analysis of Presidential Decree No. 59 of 2024 concerning the Implementation of Standard Inpatient Classes at the Batu Bara Regional General Hospital (RSUD) Lubis et al., (2024)	Analyzing the readiness of Batu Bara Regional Hospital and community response in the implementation of KRIS	Qualitative through interviews and observations	Preparation	1. Rehabilitation of buildings and facilities has been planned to meet the 12 criteria, but the current budget is still insufficient to carry out the development of KRIS. 2. Uncertainty regarding inpatient service rates after the implementation of KRIS because there has been no socialization from BPJS 3. There are people who already know about KRIS and welcome the existence of KRIS, but there are also some people who do not know this information. 4. Public concerns about increases in tariffs or service fees due to the implementation of KRIS
8.	Analysis of the Readiness for Implementation of the National Health Insurance Standard Inpatient Class Policy at Regional General Hospitals in DKI Jakarta Ilmansyah and Basabih (2025)	Analyzing the readiness for implementing the National Health Insurance Standard Inpatient Class (KRIS JKN) policy at Regional General Hospitals (RSUD) in DKI Jakarta in 2025 and to provide recommendation regarding the obstacles and challenges in KRIS JKN implementation	Qualitative through in-depth interview and document review	Preparation	1. There are obstacles related to budget planning and the renovation of buildings and the layout of treatment rooms. 2. Limited land available to add additional inpatient rooms. 3. Some criteria achievements are still low, such as bed completeness, room density and bed spacing, en-suite bathrooms, and room lighting
9.	Implementation of National Health Insurance Standard Inpatient Class for Facilities and Infrastructure at Dr. Tadjuddin Chalid General Hospital, Makassar in 2023	Analyzing the implementation of standard inpatient classes for national health insurance on facilities and infrastructure at Dr. Tadjuddin Chalid	Qualitative through interviews, documentation	Implementation	1. There are 2 criteria that have not been met, namely, room temperature and humidity and bathrooms with accessibility standards. The problem of temperature and humidity is related to the availability of AC while

No	Title and Researchers	Objective	Method	Stage	Findings
	Natsir et al., (2024)	General Hospital, Makassar in 2023	and survey instruments		the bathroom is related to the absence of disability stickers 2. The BPJS financing system is not yet aligned with the KRIS policy, so there is uncertainty in capitation.
10.	Implementation of the Standard Inpatient Class Policy at RSUP Dr. Tadjuddin Makassar Arifin et al., (2024)	Analyzing the implementation of the KRIS policy at Dr. Tadjuddin Chalid General Hospital Makassar in 2024 based on input and process aspects	Qualitative through interviews, observations and document reviews	Implementation	1. Competence competitiveness or competitive advantage of human resources is a strategic issue for hospitals. 2. There is still a need for medical personnel with certain special skills 3. The official KRIS rate has not been set yet 3. Not all inpatient bathrooms have disability symbols
11.	Implementation of National Health Insurance Standard Inpatient Class for Facilities and Infrastructure at Wava Husada Hospital, Malang As'ady et al., (2025)	Analyzing the implementation of KRIS JKN at Wava Husada Hospital, Malang	Qualitative through interviews, documentation and survey instruments	Implementation	1. There is one inpatient room that does not have an en-suite bathroom. 2. There is an inpatient room that has 10 beds in one room. 3. It is necessary to prepare a budget so that inpatient rooms can be adjusted to standards.
12.	Implementation of the National Health Insurance Standard Inpatient Class (KRIS-JKN) Policy at Regional General Hospital (RSUD) of Bandung City Sudrajat and Rahayu (2025)	Describe the implementation of National Health Insurance Standard Inpatient Class (KRIS-JKN) policy at the Bandung City Hospital	Qualitative through in-depth interview	Implementation	1. Some rooms use gypsum partitions, which do not meet the criteria of building materials with low porosity. 2. Some inpatient rooms are not yet equipped with nurse calls, electrical outlets, and centralized oxygen. 3. The number of beds in one room exceeds 4 beds. 4. The distance between beds is less than 1.5 meters. 5. Inpatient room lighting is insufficient. 6. Some rooms have minimal ventilation. 7. Curtains made of porous materials and fabrics are still in use. 8. Bathrooms do not yet meet accessibility standards. 9. Limited budget for renovations to meet KRIS criteria 10. Limited land availability. 11. Incomplete KRIS policies pose challenges for policymakers in implementing the policy and providing information to the public. 12. Concern arises regarding potential increasesm in community contributions.

Budget

Efforts to meet these criteria require considerable time and substantial financial resources. The hospital must adapt the condition of the building and facilities according to the standards set. However, the findings indicate that in the process of preparing the implementation of the policy, the challenge for hospitals to carry out hospital rehabilitation is due to budget constraints.

The differences in funding sources and management between public and private hospitals present distinct challenges. Public hospitals are generally better prepared to implement the KRIS system because they receive budgetary support from both central and regional governments, which is allocated for service transformation and infrastructure adjustments to meet KRIS standard (Ratman et al., 2025). However, budget limitations can still pose obstacles. Research by Lubis et al., (2024) at Batu Bara Hospital stated that the available budget was not enough to develop KRIS, prompting them to maximize the available budget and seek additional funding sources to develop the implementation of standard inpatient classes.

Private hospitals have the freedom to manage their budgets and do not rely on government funding. They can allocate funds directly for KRIS development, thus potentially implementing the policy faster. However, this can also be a challenge because private hospitals funding sources generally depend on patient service revenue. In addition, the level of readiness and gaps in facilities between hospitals can also cause differences in budget burdens. For small hospitals with inadequate facilities, meeting the KRIS criteria will certainly be a greater challenge. Therefore, budget availability is a major factor in the successful implementation of the KRIS policy (Sudrajat and Rahayu, 2025).

Health human resources

Health human resources constitute a central driver in the delivery of hospital services. Their availability, competence, and performance present both opportunities and challenges depending on how they are managed. Qurnaini et al., (2023) in their analysis found that in the process of implementing the KRIS policy there was a lack of staff understanding of the policy and a lack of nursing health workers. Policy dissemination must be carried out to provide knowledge to staff so that they can help them understand and adapt to implementing the policy. Fulfillment of resources that have special expertise and are competitive is also a challenge in the implementation of KRIS (Arifin et al., 2024). Competence, skills, and number of workers together must be considered in order to have a positive impact on the quality of hospital services. This is because health professionals contribute up to 80% to the success of health service development (Rahmadiany et al., 2024).

Policy Dissemination

The implementation of new policies always presents challenges in its implementation, both for implementers and recipients. The results of the study indicate that the understanding of human resources and the public towards the KRIS policy is a challenge for hospitals. For hospitals, the complexity of the policy, lack of dissemination and training for health human resources can have an impact on policy implementation. Qurnaini et al., (2023) found that dissemination of KRIS implementation has not been evenly distributed to all hospital staff so that there are staff who do not understand the policy. In the public, lack of information, limited access to information and differences in levels of understanding can be challenges for hospitals. This is illustrated in the study Lubis et al., (2024) which states that there are still people who do not know KRIS information, besides concerns about the increase in rates or service costs when the policy is implemented. These concerns can arise due to the lack of dissemination from policy makers. Therefore, that dissemination needs to be carried out so that there is no resistance to policy changes, both to policy implementers and the public as recipients of the policy.

Identifying hospital challenges since the preparation process provides a picture or reflection of potential problems that may arise during policy implementation. This identification is expected to be the basis for hospitals to make improvement efforts. Therefore, that when the policy is currently fully implemented, these challenges can be overcome effectively and efficiently and the objectives of policy implementation can be achieved.

In this regard, this study presents several strengths. The topic is timely and highly relevant to the evolving context of Indonesia's healthcare system, particularly in relation to the rollout of the standard inpatient class (KRIS) policy. The paper describes various challenges from various aspects including infrastructure, funding, healthcare workforce and the dissemination of policies. Additionally, the use of a literature review approach provides valuable insights for researchers and policymakers in understanding the complexities of the issues. However, this study also has limitations. Because it does not use primary data, the results depend on secondary sources, which may not fully reflect the diverse conditions of hospitals in Indonesia. Furthermore, the literature used was sourced only from Google Scholar, meaning that some relevant articles available in other databases may not have been captured. The scope of the literature is also relatively limited and the analysis does not delve into practical strategies that can be used to address these challenges. These limitations highlight the need for further empirical research to strengthen the evidence base and support more effective policy implementation.

CONCLUSION

The implementation of standard inpatient class (KRIS) policy presents significant challenges for hospitals. These challenges can be found both in the preparation process and during policy implementation. This study found that the readiness of infrastructure, budget constraints, health financing mechanisms, human resources, and policy dissemination are aspects that are challenges for hospitals. During the preparation phase, the biggest challenges are mainly related to infrastructure, budget, and policy dissemination. Hospitals are required to meet the 12 standard criteria for inpatient rooms despite limitations such as land and budget constraints. In addition, policy dissemination to hospitals and the public also presents a challenge in the preparation process. In the implementation phase, the main challenges are related to human resources and the health financing system. Hospitals must not only meet staffing needs but also enhance staff understanding to ensure proper implementation of KRIS policies and maintain service quality. Uncertainty in the KRIS financing system also poses challenges for hospitals and raises concerns among the community regarding service rates. Addressing these challenges through strategic planning and coordinated policy support is essential to achieving the intended objectives of the KRIS policy.

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None.

Author Contributions

MSP: Conceptualization, methodology, writing–original draft, writing–review and editing; DC: supervision.

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