

Bhayangkara Lemdiklat Polri Hospital Strategy in Implementing The Standard Inpatient Class of the National Health Insurance (Kris JKN)

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ABSTRACT

The Government Regulation No. 59 of 2024 has mandated the implementation of the Standard Inpatient Class (KRIS) policy as a major reform within the National Health Insurance (JKN) system. This policy aims to eliminate disparities in inpatient healthcare services by ensuring equal access and quality of care for all BPJS participants, regardless of their premium contribution levels. This study aims to analyze the readiness of Bhayangkara Lemdiklat POLRI Hospital to implement the KRIS policy and formulate suitable strategies based on SWOT analysis. A qualitative research design was employed, utilizing observation, document review, and regulatory analysis as data collection techniques. The results show that the hospital has reached a high level of preparedness, with 98.61% of its patients being JKN participants, predominantly elderly and female. The hospital has met the majority of requirements across the four main KRIS implementation pillars: work planning, infrastructure readiness, asset management, and operational execution. However, two physical indicators—ventilation (97.65%) and room temperature (98.07%)—have yet to meet full compliance. The IFE and EFE scores of 3.06 and 3.00, respectively, place the hospital in Quadrant I of the IE Matrix, indicating a strategic position for aggressive growth. Accordingly, a Strength–Opportunity (SO) strategy is recommended, leveraging the hospital's internal strengths to capitalize on external opportunities and ensure that the implementation of KRIS is carried out effectively, efficiently, and sustainably.

KEYWORDS

Standard Inpatient Class, National Health Insurance, BPJS Kesehatan, hospital strategy, Health Poli



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INTRODUCTION

Health is a fundamental right guaranteed by the 1945 Constitution, and it is the responsibility of the state to provide equitable healthcare services for all citizens. Article 28H stipulates that every citizen is entitled to fair access to healthcare services. This principle underlies the establishment of the National Social Security System (SJSN) through Law No. 40 of 2004, which was subsequently realized through the National Health Insurance (JKN) program (Petrich & Smith-Sanclare, 2021; Putri et al., 2022; Trisaksono et al., 2023). Furthermore, Law No. 36 of 2009 defines health as a state of physical, mental, spiritual, and social well-being that enables individuals to live productively. Therefore, the government is obliged to establish regulations to safeguard the health of its citizens (Natsir, 2023; Nuralim, 2019; Rembet, 2020). To fulfill this mandate, the state introduced the National Health Insurance (JKN), administered by the Health Social Security Agency (BPJS Kesehatan), a public legal entity established under Law No. 24 of 2011 based on the principles of social justice and equity (Aileen et al., 2023; Pasinringi et al., 2015; Pramana & Chairunnisa Widya Priastuty, 2023).

Initially, JKN participants were classified according to inpatient service classes (Class I, II, and III), which determined the number of contributions and the facilities provided. However, this classification was deemed inconsistent with the principle of equality, leading the

government to formulate the Standard Inpatient Class (Kelas Rawat Inap Standar, KRIS) policy. Presidential Regulation No. 12 of 2013 and Presidential Regulation No. 54 of 2020 emphasize that the benefits of health insurance must align with basic health needs and standardized inpatient services (Delforge et al., 2024; Djiko et al., 2018; Guntari & Noviyanti, 2022).

The KRIS policy was initially targeted for implementation in 2019; however, it was hindered by BPJS deficits, contribution arrears, the absence of a comprehensive implementation roadmap for KRIS JKN, and hospitals' unpreparedness to meet the required standards. KRIS establishes 12 criteria, ranging from building conditions, ventilation, lighting, and bed capacity to patient segregation based on illness, as well as bathroom facilities and oxygen outlets (Rohayani et al., 2020; Simarmata, 2023; Sulistyorini & Huda, 2022). To identify obstacles and limitations, the National Social Security Council (DJSN) conducted a regional self-assessment program on KRIS implementation in hospitals collaborating with BPJS Kesehatan, which was carried out from February 8–11, 2021, and summarized by region (DJSN, 2021).

The 2021 DJSN self-assessment results indicated that 81% of hospitals were ready to implement KRIS, although the majority still required infrastructure adjustments. Among the 114 military and police hospitals (TNI/Polri), approximately 74% only needed minor improvements, while the rest required medium- to large-scale upgrades. These findings demonstrate that the implementation of KRIS continues to face challenges, particularly concerning hospital readiness and the standardization of healthcare services. The self-assessment was participated in by 114 TNI/Polri hospitals across Indonesia, including Bhayangkara Lemdiklat POLRI Hospital.

Bhayangkara Lemdiklat POLRI Hospital is a Level III Bhayangkara hospital located in South Jakarta, serving as a referral hospital for BPJS Kesehatan and accredited with Paripurna status since 2019. With a capacity of 121 beds and an average bed occupancy rate (BOR) of 68.44%, the hospital has experienced a significant increase in patient numbers, particularly among JKN participants. According to Presidential Regulation No. 59 of 2024, the Standard Inpatient Class (KRIS) policy was originally scheduled to take effect on January 1, 2023, but was postponed until 2025 to allow time for the fulfillment of the 12 service standards. Currently, Bhayangkara Lemdiklat POLRI Hospital still applies the Class I, II, and III system; therefore, the transition to KRIS requires adjustments in infrastructure, budgeting, and management. To support this gradual implementation, the hospital is undertaking service development and the construction of new facilities (RSB Lemdiklat POLRI, 2024).

Previous studies on the implementation of the Standard Inpatient Class (KRIS) policy have highlighted both readiness and persistent challenges in hospitals across Indonesia. Retnaningsih (2022) examined the readiness of public hospitals in implementing KRIS and found that while many hospitals met basic infrastructure requirements, inconsistencies in bed allocation, ventilation, and patient segregation remained, impeding uniform implementation. Similarly, Eka Putri (2022) analyzed military and police hospitals and reported that although 74% of TNI/Polri hospitals required only minor improvements, significant gaps persisted in aligning facilities with KRIS standards, particularly in oxygen provision, bathroom facilities, and ventilation systems. These studies, however, focused primarily on structural readiness and did not examine the practical adjustments required at referral hospitals with high JKN patient loads, nor did they explore the transitional challenges from the Class I–III system to KRIS in terms of service delivery, infrastructure expansion, and management strategies.

The present research aims to analyze Bhayangkara Lemdiklat POLRI Hospital as a case study, evaluating its preparation for KRIS implementation while considering patient volume, bed occupancy, infrastructure upgrades, and management practices. By doing so, the study provides insights into the operational feasibility of KRIS in a high-demand referral hospital

setting. The findings are expected to guide policymakers and hospital administrators in planning and executing infrastructure development, service standardization, and budget allocation, thereby enhancing equitable access to inpatient services under JKN. Additionally, the research contributes to the literature by offering a practical framework for monitoring and evaluating KRIS implementation in similar hospital contexts, promoting efficiency, patient satisfaction, and compliance with national health insurance standards.

RESEARCH METHOD

This study employed qualitative research to assess the readiness of Bhayangkara Lemdiklat POLRI Hospital for the implementation of the Standard Inpatient Class (KRIS) under the National Health Insurance (JKN) framework, based on Presidential Regulation No. 59 of 2024. An operational research approach was used to explore internal and external factors affecting the hospital.

Data collection was carried out from June to July 2025 at Bhayangkara Lemdiklat POLRI Hospital in South Jakarta, involving 16 informants from hospital management, healthcare service units, and BPJS participants engaged in budget planning, service management, and infrastructure development. Primary data were gathered through KRIS assessment surveys, in-depth interviews, observations, and Focus Group Discussions (FGDs), while secondary data were obtained from hospital units, including environmental quality reports, inpatient distribution records, hospital profiles, and patient satisfaction data.

The data were analyzed qualitatively using NVivo software to create matrices for evaluating internal and external factors. Value Chain Analysis (VCA) was applied to review internal activities and assess strengths and weaknesses in service delivery. PESTEL analysis provided a broader view of external conditions influencing KRIS JKN implementation. SWOT analysis integrated these findings, supported by Internal Factor Evaluation (IFE) and External Factor Evaluation (EFE) matrices, to position the hospital within the IE Matrix. The TOWS Matrix was then used to generate strategic options by combining internal strengths and weaknesses with external opportunities and threats.

The resulting strategies were developed into a Plan of Action to guide KRIS JKN implementation. Strategic priorities were determined using the Multi-Criteria Utility Assessment (MCUA) method, ensuring an objective selection process aligned with patient and community needs. This approach provided a structured, evidence-based framework for enhancing service readiness, operational efficiency, and patient satisfaction during the transition to the KRIS system.

RESULT AND DISCUSSION

The results of the survey instrument indicated that 98.61% of patients at Bhayangkara Lemdiklat POLRI Hospital were JKN participants. The hospital's inpatient wards have been categorized according to gender, age (pediatric and adult), and type of disease (infectious and non-infectious). The hospital has the largest proportion of single-bed rooms, accounting for 52.17%, while 21.74% are two-bed rooms, 15.22% are three-bed rooms, and 10.87% are four-bed rooms. This serves as a major strength of Bhayangkara Lemdiklat POLRI Hospital. The hospital is currently expanding its facilities to increase bed capacity and fully comply with KRIS JKN implementation requirements. It is expected that such development will foster innovations in service delivery, thereby improving the quality of healthcare services provided to patients.

From Figure 1, it can be observed that 10 KRIS JKN criteria have already met the targets, while two criteria have not yet been achieved, namely room temperature and humidity, as well as air ventilation. The conformity of the wards is presented in Table 1. For the temperature and humidity criterion, one room (Room 210) did not meet the KRIS JKN standards during

observation. Overall, 98.07% of rooms complied with KRIS JKN temperature standards, which also aligned with the Environmental Quality Standards for Temperature, Humidity, and Air Pressure by room type as stipulated in Minister of Health Regulation No. 7 of 2019. In terms of air humidity, compliance reached 100% with KRIS JKN standards. For air ventilation, two rooms (3.85%), specifically Rooms 206 and 210, did not meet KRIS JKN standards during observation, while 97.65% were compliant. The Air Change per Hour (ACH) results are subject to fluctuations depending on weather conditions, ambient temperature, and environmental humidity. Therefore, modifications in temperature and humidity control are necessary to optimize room ventilation.

Air ventilation can be optimized by adapting the Green Building Standard design from the Ministry of Public Works and Housing Regulation (PERMEN PUPR) No. 21 of 2021 and the Indonesian National Standard (SNI) 03-6572-2001 on Guidelines for the Design of Ventilation and Air Conditioning Systems in Buildings. This design takes into account the inflow and outflow of fresh outdoor air as well as ventilation requirements. The development of natural ventilation is considered the primary alternative available to hospitals and is regarded as highly effective in facilitating air circulation exchange between the outside environment and inpatient rooms (Gola et al., 2019; Jahanbin & Semprini, 2024; Rakhman et al., 2022; Savanti et al., 2022).

Medical and non-medical resources, program achievements (work realization), asset management systems, work plans and budgets, as well as the fulfillment of the 12 KRIS criteria are all factors influencing the hospital's preparation efforts in implementing the Standard Inpatient Class. There is a clear commitment from hospital management to ensure the readiness of Bhayangkara Lemdiklat POLRI Hospital in complying with KRIS JKN regulations, as demonstrated by the integration of KRIS into strategic planning and budgeting. This commitment was reflected in in-depth interviews and focus group discussions. Bhayangkara Lemdiklat POLRI Hospital has developed a strategic plan (Renstra) to support the implementation of KRIS JKN. Budget allocations have been arranged to meet infrastructure needs, including the construction and expansion of hospital facilities, as part of fulfilling KRIS JKN standards. Previously, a Work Plan and Logistics Needs (RKKL) document had been prepared; however, budget revisions were carried out during implementation to better align with the requirements of KRIS JKN. The primary source of funding comes from the hospital's Regional Public Service Agency (BLUD) revenues, allocated gradually to avoid disrupting other operational activities. In addition to BLUD funds, financing is also supported by the State Budget (APBN) through procurement managed by the Police Medical and Health Center (Pusdokkes POLRI).

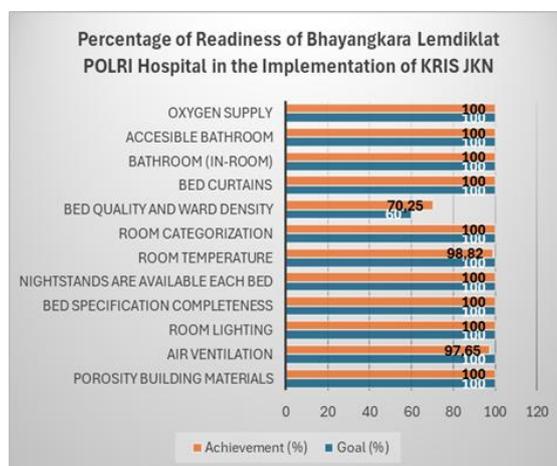


Figure 1. Percentage of Readiness of Bhayangkara Lemdiklat POLRI Hospital in the Implementation of KRIS JKN

Bhayangkara Lemdiklat POLRI Hospital supports the implementation of KRIS in accordance with the principle of equity, ensuring that JKN participants receive equal and improved healthcare services, while also enhancing patient and family safety. All hospital beds at Bhayangkara Lemdiklat POLRI Hospital are equipped with a bell or nurse call system, which benefits not only patients but also facilitates family members in accessing nurses or physicians, even when patients are in impaired cognitive or psychological conditions.

Table 1. Compliance of Inpatient Beds with KRIS JKN Standards at Bhayangkara Lemdiklat POLRI Hospital

COMPONENT	Percentage of Rooms Meeting the Requirements (Total Inpatient Beds)			
	Number of Beds/Rooms	Compliant	Non- Compliant	Compliance Percentage
1. Porosity Building materials	85	85	-	100%
2. Air ventilation	52 Rooms	50	2 (206 & 210)	96,15%
3. Room lighting	85	85	-	100%
Bed specification completeness				
4. Minimum of 2 sockets, no branching/direct connections without current protection	85	85	-	100%
Nurse call connected to nurse station	85	85	-	100%
5. Nightstands are available each bed	85	85	-	100%
6. Room temperature	52 Rooms	51	1 (210)	98,07%
7. Room categorization	85	85	-	100%
Bed quality and ward density				
Minimum distance between bed edges: 1.5 m	85	85	-	100%
8. Maximum 4 beds per room	85	85	-	100%
Minimum bed size: L = 90 cm, W = 200 cm, H = 50–80 cm	85	85	-	100%
Minimum 2-crank bed	85	85	-	100%
Bed curtains				
9. Ceiling-embedded rails	85	85	-	100%
Hanging rails	85	85	-	100%
Curtain height 30 cm from floor, minimum length 200 cm	85	85	-	100%
Non-porous, bright-colored, easy-to-clean fabric	85	85	-	100%
Bathroom (in-room)				
10. Outward door opening	85	85	-	100%
Door lock accessible from both sides	85	85	-	100%
Ventilation (exhaust fan or upper window)	85	85	-	100%
Accessible bathroom				
External label/symbol “Disabled”	85	85	-	100%
11. Adequate maneuvering space for wheelchair users	85	85	-	100%
Equipped with handrails	85	85	-	100%
Non-slippery floor surface, no water stagnation	85	85	-	100%
Nurse call connected to nurse station	85	85	-	100%
12. Oxygen supply	85	85	-	100%

Tabel 2. Qualifications of Research Participants

Initial	Age (Years)	Gender	Highest Education	Position
IF-1	46	Male	Bachelor’s (S1)	Head of Hospital Finance Division (KaKcuR)
IF-2	44	Female	Master’s (S2)	Head of General Medical Support Division (KaJangMedUm)
IF-3	45	Female	Bachelor’s (S1)	Head of Hospital Occupational Health and Safety (K3)
IF-4	32	Male	Bachelor’s (S1)	Head of Environmental Health Unit (KesLing)
IF-5	29	Perempuan	Master’s (S2)	Head of Flamboyan Inpatient Unit
IF-6	28	Perempuan	Bachelor’s (S1)	Head of Aster Inpatient Unit
IF-7	38	Male	Bachelor’s (S1)	Head of Flamboyan Inpatient Unit
IF-8	27	Female	Bachelor’s (S1)	PIC for Internal Health Insurance, Hospital
IF-9	38	Female	Bachelor’s (S1)	Head of Hospital Health Insurance Unit
IF-10	39	Male	Bachelor’s (S1)	Head of Medical Records Unit
IF-11	33	Male	Bachelor’s (S1)	Family Member of Patient, Class 1B Aster

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Initial	Age (Years)	Gender	Highest Education	Position
IF-12	46	Female	Diploma (D3)	Family Member of Patient, Class 1A Aster
IF-13	44	Female	Senior High School	Family Member of Patient, Class 2 Flamboyan
IF-14	31	Male	Diploma (D3)	Family Member of Patient, Class 2 Flamboyan
IF-15	47	Female	Elementary School	Family Member of Patient, Class 3 Flamboyan
IF-16	39	Female	Junior High School	Family Member of Patient, Class 3 Flamboyan

Table 3. Data Matrix Results from Qualitative Analysis Using NVivo

Category	Sub-Category	Findings	Informants	Informant Quotes	Interpretation
Work Plan	Strategic Planning	- KRIS JKN strategic plan - Changes in hospital regulations	IF-1, IF-2	“There is a strategic plan to support KRIS JKN.” (IF-1) “The hospital has collaborated with BPJS Kesehatan, BPJS Ketenagakerjaan, Jasa Raharja, and other insurers, although not yet all private ones. In the future, it intends to expand cooperation with various private insurers.” (IF-1, IF-2, IF-8, IF-9, IF-10) “The budget has already been reallocated for building expansion and KRIS JKN.” (IF-2)	The hospital is committed to fulfilling KRIS JKN regulations, as evidenced by revisions to the strategic plan and budget reallocations that support implementation at RSB Lemdiklat POLRI.
	Human Resources	- Adequate staff numbers - Friendly and supportive staff - Low turnover	IF-5, IF-6, IF-7		
	Facilities & Infrastructure	- Facilities aligned with KRIS JKN - Paripurna accreditation - Easy access to the hospital	IF-2, IF-11, IF-12, IF-13, IF-14, IF-15, IF-16		
	External Collaboration	- FKTP partnerships - BPJS & other insurers	IF-1, IF-2, IF-3, IF-4, IF-5, IF-6, IF-7, IF-8, IF-9, IF-10		
	Technology	- Not yet fully electronic medical records (e-RM) - No e-nursing system	IF-5, IF-6, IF-7, IF-8, IF-9, IF-5, IF-6, IF-7, IF-8, IF-9, F-10		
Readiness for 12 Criteria	Understanding & Regulation	- Management understands KRIS - Public understanding remains limited - No roadmap available	IF-1, IF-2, IF-3, IF-4, IF-5, IF-6, IF-7, IF-8, IF-9, F-10, IF-11, IF-12, IF-13, IF-14, IF-15, IF-16	“Hospital management understands KRIS and its objectives.” (IF-1, IF-2) “The availability of nursing staff for KRIS JKN rooms (based on the ideal ratio of 1:4 or 1:5) is not yet sufficient, but patient services remain covered.” (IF-6, IF-7) “I have heard of KRIS JKN but do not know exactly what it entails.” (IF-11–13)	The hospital’s internal readiness is relatively strong; however, several challenges remain regarding community socialization. Moreover, the absence of a KRIS JKN roadmap has resulted in uneven public understanding, particularly among patients and their families..
	Facilities & HR	- Completeness of inpatient facilities - Availability of nursing staff	IF-1, IF-2, IF-3, IF-4, IF-6, IF-7		
Governance (Asset Management)	Maintenance & Monitoring	- Scheduled monitoring (temperature, light, humidity) - Pest control - Facility maintenance & calibration - Vendor cooperation	IF-2, IF-3, IF-4	“There is a routine schedule for measuring light, ventilation, temperature, and humidity.” (IF-3) “Facility maintenance is regularly carried out by IPSRS in cooperation with third parties.” (IF-2)	The governance and asset management processes at Bhayangkara Lemdiklat POLRI Hospital are already structured and quality-oriented, supporting compliance with KRIS JKN requirements. However, a remaining challenge is the need for regular risk assessments to ensure the effective maintenance of hospital facilities and infrastructure.
	Quality Control	- Risk assessments - Routine audits & self-assessments	IF-2, IF-3, IF-4, IF-6, IF-7		
	Environmental Health	- Cleanliness & disinfection per SOP - Regular PPE use	IF-2, IF-3, IF-4		

Category	Sub-Category	Findings	Informants	Informant Quotes	Interpretation
Work Realization	Socialization & Regulation	- Partial KRIS socialization - Single tariff adjustment - Clear claim payment regulations - Referral regulation challenges	IF-5, IF-6, IF-7, IF-8, IF-9, F-10	“KRIS socialization at the hospital has occurred, but only in general terms, not yet comprehensive for all staff, as final regulations are not available.” (IF-5–10) “Tariff adjustments using a single tariff and trial payments with INA-CBGs are expected not to burden the hospital.” (IF-8–10) “Waiting times for transfer to inpatient rooms are relatively long.” (IF-11, IF-14) “There are differences in bathroom facilities between the old and new buildings.” (IF-11, IF-15)	Overall, the services at Bhayangkara Lemdiklat POLRI Hospital were positively perceived by patients; however, inefficiencies remain in inpatient admission waiting times and discharge administration processes
	Technology & Administration	- Hospital Information System (SIMRS) not integrated with e-claims - SIMRS not optimal for inpatient services	IF-5, IF-6, IF-7, IF-8, IF-9, F-10		
	Patient Satisfaction	- Majority satisfied - Affordable tariffs - Complete & covered medicines	IF-1, IF-2, IF-3, IF-4, IF-5, IF-6, IF-7, IF-8, IF-9, F-10		
	Service Challenges	- Long inpatient waiting times - Lengthy discharge process - No regulation on class upgrades	IF-6, IF-7, IF-8, IF-9, F-10, IF-11, IF-12, IF-13, IF-14, IF-15, IF-16		
	Facility Issues	- Differences in bathroom quality - AC malfunctions (resolved)	IF-11, IF-12, IF-14, IF-15,		
	Risks & Demands	- Increasing public demands - Rising medical lawsuits	IF-1, IF-2, IF-6, IF-7, IF-8, IF-9, F-10		

The study involved 16 informants, consisting of hospital management, healthcare service units, and health insurance participants who were directly engaged in budget planning, service management, infrastructure planning, health insurance, as well as patients or their family members. Table 2 presents the characteristics of the informants who participated in the in-depth interviews for this study. In the Focus Group Discussion (FGD), 6 informants were present out of 10 invited, namely the Head of the Health Insurance Unit, the PIC of Internal Health Insurance, the Head of General Medical Support, the Head of the Environmental Health Unit, and the Heads of Flamboyan and Aster Inpatient Units.

The Focus Group Discussion (FGD) commenced with a presentation of the observation and in-depth interview findings, which had been organized into a data matrix serving as the basis for identifying internal and external factors in the SWOT analysis. The participating informants assigned weightings for the Internal Factor Evaluation (IFE) and External Factor Evaluation (EFE) matrices and proposed strategic responses that could be adopted to improve the services of Bhayangkara Lemdiklat POLRI Hospital in the implementation of KRIS JKN.

The Value Chain analysis (Figure 2) at Bhayangkara Lemdiklat POLRI Hospital indicates that in the primary activities, the hospital has provided facilities and infrastructure in accordance with the KRIS JKN standards, with a fast registration process and an adequately equipped emergency department waiting area, including a transit room. Operational activities such as maintenance and environmental quality control, including lighting, ventilation, temperature, humidity, cleanliness, and disinfection, are carried out in accordance with the SOPs. Both medical procedures and facility repairs can be addressed promptly. From the distribution aspect, service costs are relatively affordable and the availability of medicines is guaranteed without additional charges, although there remain differences in facilities between the old and new buildings. Health promotion is actively conducted through social media, and

patient satisfaction levels are high due to the friendliness and responsiveness of the staff, although the management of inpatient transfers and discharge administration still requires improvement.

In the supporting activities, the procurement process is already equipped with risk management, although its socialization has not yet been comprehensive. In terms of human resources, the number of both medical and non-medical personnel is adequate with a low turnover rate, along with the implementation of regular training schedules. However, the socialization related to the KRIS JKN roadmap has not yet been issued. In the technological aspect, the application of electronic medical records in inpatient care remains limited, and JKN claims have not been fully integrated, resulting in suboptimal processes that are still partly manual and electronic. Supporting infrastructure is directed toward budget allocation for building expansion and fulfillment of KRIS JKN standards.

The PESTEL analysis at Bhayangkara Lemdiklat POLRI Hospital (Figure 3) shows that external factors have a significant influence on the strategic direction of the hospital. From the political aspect, government policies, particularly regarding the planned implementation of KRIS JKN in 2025, serve as the main determinant in adjusting facilities and service capacity. The economic factor presents opportunities through collaboration with health insurance institutions, but also poses challenges in the form of tariff regulation uncertainties, delayed claims, and competition with other facilities in South Jakarta.

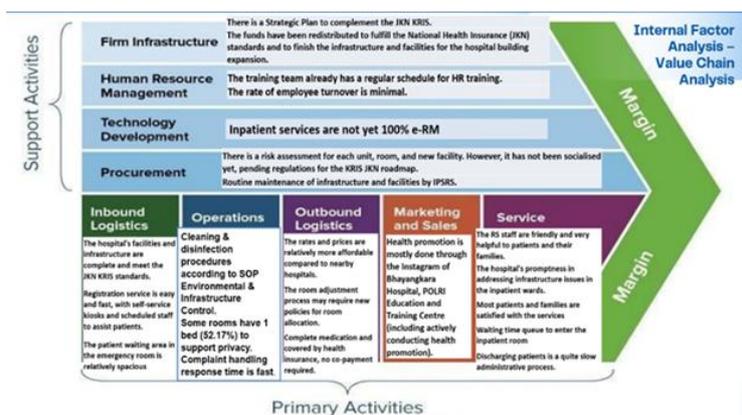


Figure 2. Results of Value Chain Analysis of Bhayangkara Lemdiklat POLRI Hospital

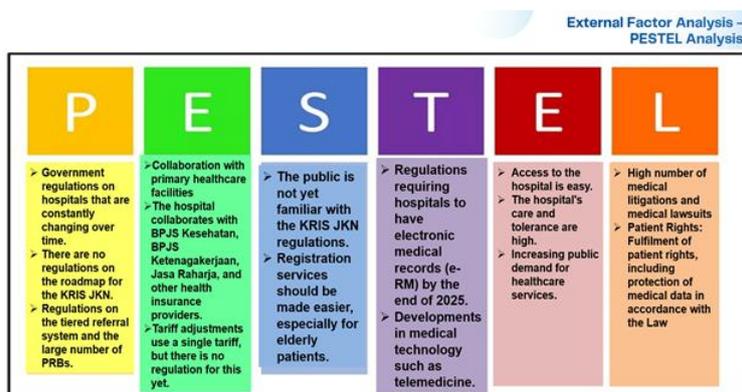


Figure 3. Results of PESTEL Analysis of Bhayangkara Lemdiklat POLRI Hospital

Table 4. SWOT Analysis of Bhayangkara Lemdiklat POLRI Hospital

STRENGTH	WEAKNESS
Hospital facilities and infrastructure related to KRIS JKN are complete.	Room adjustments are required, possibly necessitating new policies for room designation.

STRENGTH	WEAKNESS
Registration services are fast and easy, supported by kiosks and scheduled staff assistance.	Differences in bathroom conditions (e.g., odor) between old and new buildings.
Affordable tariffs with high patient satisfaction.	Long waiting times for admission to inpatient wards.
Adequate human resources with low turnover.	Lengthy discharge administration process.
Routine schedule for pest, vector, and environmental disinfection control.	Staff and patient understanding of KRIS remains varied.
Facility maintenance and calibration are performed in cooperation with third-party vendors.	Hospital Information System (SIMRS) not yet bridged with e-claims; claim processing remains manual.
Accredited by KARS with Paripurna status since 2019, successfully maintained in 2023.	Risk assessments exist per unit and facility, but have not been widely socialized, awaiting KRIS JKN roadmap regulations.
Over half of patient rooms (52.17%) are single-bed, supporting patient privacy.	Inpatient care not yet fully electronic medical records (e-RM).
Friendly hospital staff with active health promotion initiatives.	e-nursing not yet implemented in nursing assessments.
Routine measurement schedule for light, ventilation, temperature, and humidity in each room to ensure environmental quality.	KRIS socialization exists but remains general, not yet comprehensive across all hospital staff due to regulatory uncertainty.
Strategic plan and budget available for KRIS JKN implementation.	
Spacious emergency department (ED) waiting area and dedicated transit room.	
Regular staff training schedule; hospital management understands KRIS JKN.	
OPPORTUNITY	THREATS
High trust of POLRI members in Bhayangkara Lemdiklat POLRI Hospital for healthcare services.	Payment and claims issues – unclear claim mechanisms, unpredictable pending claims, and unoptimized tariff trials.
Collaboration with primary healthcare facilities (FKTP).	Limited public understanding of KRIS JKN regulations.
Partnerships with BPJS Kesehatan, BPJS Ketenagakerjaan, Jasa Raharja, and other insurers.	Lack of socialization regarding class upgrades; high inpatient demand, particularly among elderly patients.
Strategic location in South Jakarta, a densely populated area with many middle-class families and workers.	Increasing service demands, high medical litigation rates, and the need for patient data protection in line with the Personal Data Protection Law (UU PDP).
Easy accessibility to the hospital.	Numerous healthcare facilities surrounding Bhayangkara Lemdiklat POLRI Hospital.
High hospital concern and tolerance, particularly toward underprivileged communities.	No clear projection of cash flow impacts from KRIS JKN implementation.
Community awareness of health and disease prevention, creating demand for preventive and educational healthcare services.	Regulatory uncertainty – frequent changes in hospital regulations, absence of a KRIS JKN roadmap, single tariff system, tiered referral and PRB rules.
	Mandatory e-RM implementation by 2025 and rapid medical technology development requiring substantial investment.

Table 5. IFE Matrix of Bhayangkara Lemdiklat POLRI Hospital

Strenght	B	R	B*R	Weakness	B	R	B*R
Hospital facilities and infrastructure related to KRIS JKN are complete	0,1	3	0,3	Room adjustments required, possibly necessitating new policies	0,03	2	0,06
Fast and easy registration services with kiosks and scheduled staff assistance	0,04	3	0,12	Differences in bathroom conditions (e.g., odor) between old and new buildings	0,02	2	0,04
Spacious ED waiting area and transit room	0,03	3	0,09	Long waiting times for admission to inpatient wards	0,02	2	0,04
Adequate HR with low turnover	0,05	3	0,15	Lengthy discharge administration process	0,02	2	0,04

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Strenght	B	R	B*R	Weakness	B	R	B*R
Routine vector, pest, and disinfection control schedule	0,05	3	0,15	Risk assessments exist but not yet socialized, awaiting KRIS JKN roadmap	0,02	1	0,02
Facility maintenance & calibration conducted with third parties	0,04	4	0,16	Varied staff and patient understanding of KRIS	0,04	3	0,12
Accredited with Paripurna status by KARS since 2019, maintained in 2023	0,04	3	0,12	KRIS socialization exists but remains general, not yet comprehensive	0,04	1	0,04
52.17% of rooms are single-bed, supporting privacy	0,05	3	0,15	Inpatient care not yet fully electronic medical records (e-RM)	0,05	4	0,2
Strategic plan and budget prepared for KRIS JKN	0,01	3	0,03	No e-nursing applied in nursing assessments	0,05	3	0,15
Routine measurement of light, ventilation, temperature, and humidity in each room	0,07	3	0,21	SIMRS not yet bridged with e-claims; claims processed manually	0,05	3	0,15
Routine staff training; management understands KRIS JKN	0,05	4	0,2				
Friendly staff actively promoting health	0,05	4	0,2				
Affordable tariffs and high patient satisfaction	0,08	4	0,32				
Total	0,66		2,2		0,34		0,86
Total S+W	1				3,06		

Table 6. EFE Matrix of Bhayangkara Lemdiklat POLRI Hospital

Opportunity	B	R	B*R	Threath	B	R	B*R
High trust of POLRI members in the hospital's healthcare services	0,05	3	0,15	Regulatory uncertainty – frequent hospital regulation changes, absence of KRIS JKN roadmap, single tariff regulation, tiered referral and PRB rules	0,08	3	0,24
Collaboration with primary healthcare facilities (FKTP)	0,1	3	0,3	Limited public understanding of KRIS JKN regulations	0,06	4	0,24
Partnerships with BPJS Kesehatan, BPJS Ketenagakerjaan, Jasa Raharja, and other insurers	0,1	3	0,3	No projection of cash flow impacts from KRIS JKN implementation	0,05	2	0,1
Location in South Jakarta, a densely populated area with many middle-class families and workers	0,05	2	0,1	Mandatory e-RM by 2025 and rapid medical technology development requiring major investment	0,08	2	0,16
Easy accessibility to the hospital	0,05	4	0,2	Numerous healthcare facilities surrounding the hospital	0,07	4	0,28
Strong hospital concern and tolerance, particularly toward underprivileged communities	0,05	3	0,15	Lack of socialization regarding inpatient class upgrades; high inpatient demand, especially among elderly patients	0,06	3	0,18
Community awareness of health and disease prevention, creating demand for preventive and educational health facilities	0,03	3	0,09	Payment and claims issues – unclear mechanisms, unpredictable pending claims, and unoptimized tariff trials	0,1	3	0,3
				Increasing service demands, high medical litigation, and the need for patient data protection under the PDP Law	0,07	3	0,21
Total	0,43		1,29		0,57		1,71
Total O+T			1			3	

The SWOT analysis identified 23 internal factors and 15 external factors of Bhayangkara Lemdiklat POLRI Hospital. Of the 23 internal factors, 13 represent strengths and 10 represent weaknesses of the hospital. These factors were weighted using the IFE–EFE Matrix Analysis,

which was conducted during the Focus Group Discussion. The Internal Factor Evaluation (IFE) Matrix was employed to summarize and evaluate the internal environmental factors of Bhayangkara Lemdiklat POLRI Hospital, resulting in a score of 3.06, as shown in Table 5. Meanwhile, regarding external factors as presented in Table 6, 8 opportunities and 7 threats were identified. The External Factor Evaluation (EFE) Matrix was used to summarize and evaluate the hospital’s external environmental factors, producing a score of 3.00.

Based on these results, it can be concluded that the hospital is positioned in Quadrant I of the IE Matrix Analysis (Figure 4). Quadrant I indicates that Bhayangkara Lemdiklat POLRI Hospital is in the Growth and Development position. Accordingly, the strategies that should be applied by the hospital under this condition are those that support growth and development policies. When the directional vector lies in Quadrant I, it signifies that the hospital is in a highly favorable position to leverage its internal strengths in order to gain advantages from external opportunities. Therefore, the selected strategy emphasizes how the hospital can further grow and develop by employing the SO (Strength–Opportunity) Strategy in the TOWS Matrix analysis (Table 7).

The Strength–Opportunity strategies from the TOWS Matrix Analysis were prioritized using MCA, with the results presented in Table 8. Four priority strategies are scheduled to be implemented immediately before the KRIS JKN rollout in December 2025, followed by three strategies to be executed by the end of 2025, while the remaining strategies can be carried out gradually in early 2026. To support the implementation of these selected strategies, a follow-up action plan has been formulated, as outlined in Table 9, with monitoring and evaluation conducted on a quarterly or semester basis. This action plan serves as a strategic guideline for Bhayangkara Lemdiklat POLRI Hospital, encompassing improvement initiative strengthening of medical governance, quality enhancement, optimization of human resources, utilization of information technology, and service development.

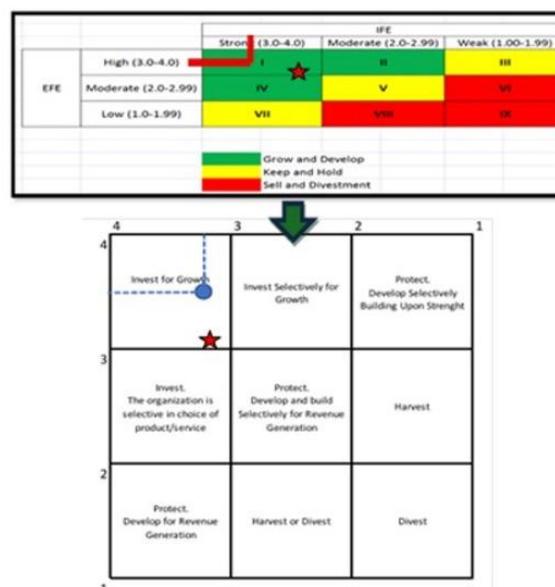


Figure 4. IE Matrix Analysis of Bhayangkara Lemdiklat POLRI Hospital

Table 7. TOWS Matrix for the Strategies of Bhayangkara Lemdiklat POLRI Hospital

Strengths – Opportunity	Weakness - Opportunity
Enhance services through staff development, including service excellence training to improve patient experience	Establish a routine schedule for facility and infrastructure maintenance.
Optimize human resource data in line with organizational standards and needs, including HR training if necessary	Integrate SIMRS with the INA-CBGs claims application to improve quality and cost control.

Bhayangkara Lemdiklat Polri Hospital Strategy in Implementing The Standard Inpatient Class of The National Health Insurance (KRIS JKN)

Strengths – Opportunity	Weakness - Opportunity
Utilize single-bed rooms as VIP-class rooms with varied names according to room size and facilities, while subsequent room expansion programs for KRIS will consist of 2, 3, or 4 beds per room	Develop an online credentialing system for healthcare personnel to ensure competence and facilitate staff redeployment.
Highlight the hospital's specialized flagship services	Establish a Business Development Unit at the hospital.
Strengthen collaboration between the Medical Committee and TKMKB to reinforce clinical pathways and hospital treatment guidelines	Provide SIMRS training for all staff at Bhayangkara Lemdiklat POLRI Hospital.
Simplify the feedback mechanism by adding more suggestion boxes in crowded areas, as well as options via WhatsApp and Linkdrive	Recruit ATEM personnel or collaborate with ATEM for routine assignments, not only on a problem-based call.
Strengthen vertical and horizontal referral system cooperation	
Create routine health promotion media on social platforms while aligning promotions with emerging public issues and providing interactive quizzes	
Update the number of beds on the registration display and synchronize with the JKN mobile app to optimize patient transfer SOPs	
Establish cooperation with nearby healthcare facilities such as posyandu to provide health education and promote hospital services	
Conduct regular maintenance of facilities and infrastructure	
Highlight the hospital's specialized flagship services	
Expand facilities and infrastructure for general patients and medical check-ups, supported by affordable promotional programs	
Provide health education or seminars for patients waiting at outpatient clinics, offering small door prizes to make sessions more engaging	
Implement SIMRS training for all hospital staff gradually	
Strengths – Threats	Weakness - Threats
Optimize human resource data in line with organizational standards and needs, including HR training if required.	Conduct training for the hospital's case-mix team to enhance the competencies of verifiers and coders.
Complete the supporting examinations that are not yet available and incorporate them into the strategic plan of the POLRI Health and Medical Center (PUSDOKKES POLRI).	Evaluate and improve systems or SOPs as needed, both for internal policies and those related to external stakeholders.
Train the complaint-handling unit to provide more positive feedback, respond appropriately to negative feedback with effective complaint handling, and reward patients who provide constructive criticism and suggestions.	Maximize the existing SIMRS to ensure full integration across the hospital network, thereby improving operational effectiveness and efficiency.
Provide routine training for the hospital's IT team members.	Develop a stock management program to ensure the continuous availability of medicines and medical supplies, even during inflationary periods.
Develop a telemedicine application.	Establish an integrated referral system between SIMRS and SPGDT.

Table 8. Priority Strategies of Bhayangkara Lemdiklat POLRI Hospital in Facing KRIS JKN Implementation

STRATEGY	Importance of Strategy							Total I	T	R	Weight	Priority
	P	S	RI	DU	SB	PB	PC					
Improve services through staff development, including service excellence training to enhance patient experience	4	5	4	5	5	4	4	31	4	4	496	IV

STRATEGY	Importance of Strategy							Total I	T	R	Weight	Priority
	P	S	RI	DU	SB	PB	PC					
Optimize human resource data in accordance with standards and organizational needs, including HR training if necessary	4	5	3	5	5	4	4	30	4	4	480	V
Utilize single-bed rooms as VIP-class rooms with varied designations according to room size and facilities	4	4	4	5	4	3	3	27	5	5	675	II
Establish collaboration with nearby healthcare facilities such as posyandu to provide health education and promote hospital services	3	4	3	4	5	5	4	28	5	3	420	VIII
Strengthen collaboration between TKMKB and the Medical Committee to reinforce clinical pathways (CP) and hospital treatment guidelines (PPK)	5	5	4	3	4	4	4	29	5	5	725	I
Strengthen vertical and horizontal referral system cooperation	3	4	4	3	4	3	4	25	3	4	300	X
Simplify the feedback mechanism by adding more suggestion boxes in crowded areas, as well as options via WhatsApp and Linkdrive	2	3	4	5	4	4	3	25	4	4	400	IX
Develop horizontal and vertical collaborations	3	3	3	4	3	3	3	22	3	4	264	XII
Create routine health promotion media on social platforms, aligning promotions with emerging public issues and conducting interactive quizzes.	2	3	3	4	3	4	3	22	4	3	264	XIII
Update the number of beds on the registration display and synchronize with the JKN mobile app to optimize patient transfer SOPs.	4	5	4	5	4	5	5	32	4	4	512	III
Highlight the hospital's specialized flagship services	3	4	3	4	4	3	3	24	3	4	288	XI
Conduct more frequent and regular maintenance of facilities and infrastructure	3	4	4	4	4	5	4	28	4	4	448	VI
Provide phased SIMRS training for all staff at Bhayangkara Lemdiklat POLRI Hospital	4	4	3	3	5	4	4	27	4	4	432	VII
Develop facilities and infrastructure for general patients and MCU, including opening executive clinics for general patients, insurance, MCU, and ABUS examinations, supported by	3	3	3	2	3	2	3	19	3	3	171	XV

Bhayangkara Lemdiklat Polri Hospital Strategy in Implementing The Standard Inpatient Class of The National Health Insurance (KRIS JKN)

STRATEGY	Importance of Strategy								Total I	T	R	Weight	Priority
	P	S	RI	DU	SB	PB	PC						
affordable promotional programs.													
Provide health education or seminars for patients waiting at outpatient clinics	2	2	3	4	3	4	2	20	3	3	180	XIV	

Table 9. Strategic Action Plan of Bhayangkara Lemdiklat POLRI Hospital in Facing KRIS JKN Implementation

Focus of Improvement	Action Plan	Responsible Unit	Implementation Time	Success Indicator
Strengthening Clinical Pathways (CP), Clinical Practice Guidelines (PPK), and Quality Control	Routine socialization of CP & PPK	Medical Committee, TKMKB	September–December 2025	80% of attending physicians participate in socialization; compliance with CP/PPK increases by at least 10% per month
	Daily optimization of TKMKB	Medical Committee, TKMKB	October 2025	90% of TKMKB drive files completed by December 2025
	Adjustment of INA-CBG's single tariff	TKMKB	October–November 2025 (awaiting KRIS roadmap)	Length of Stay (LOS) consistent with CP and PPK
	Analysis of the impact of tariff equalization	Finance Division	2026 (quarterly, starting January 2026)	Regular KRIS financial monitoring reports every quarter
	Vertical and horizontal collaboration with surrounding healthcare facilities	Public Relations and Health Promotion	Periodically, October 2025–2026	September: SOP and referral flow for KRIS JKN patients becomes more effective; target collaboration with 1 vertical and 2 horizontal facilities by October
	Monitoring public understanding of KRIS JKN through pamphlets and videos (Instagram, TikTok, YouTube)	Public Relations and IT	September–November 2025	December evaluation: 80% of patients and families understand KRIS JKN
Utilization of Inpatient Rooms	Convert single-bed rooms into Advanced DELUXE/VIP/VVIP	Hospital Management	November 2025	10% increase in advanced rooms
	Prepare KRIS-standard rooms with 2–4 beds	Hospital Management	2025–2027	KRIS room capacity increases in line with regulations, from 70.25% to at least 75% as per KRIS JKN targets
Bed Management Update & KRIS JKN Adaptation	Update bed availability in the system & JKN Mobile app	Management, IT, and Medical Records	September–November 2025	September: IT, RM & registration socialization; October–November: implementation; December: target 75% achieved
	Gradual socialization of KRIS regulations	Management, IT, and Medical Records	2025	October: 50% of hospital staff; November: 75%; December: 100% of staff understand KRIS regulations
	Workshops & staff training on patient transfer and inpatient admission SOPs	Training and Education (Diklit)	October–November 2025	Admission SOP runs smoothly; no patient congestion; December target: 90% compliance
	Mapping inpatient rooms & optimizing patient flow	Hospital Management	Pending regulation	Within 2 months after regulation: complete mapping and patient flow SOP

Focus of Improvement	Action Plan	Responsible Unit	Implementation Time	Success Indicator
			(target before December 2025)	
	Gradual SIMRS training	IT & Training Division	Starting September 2025 (evaluated from patient satisfaction survey January 2026)	Reduced discharge waiting time
	Accelerated discharge summaries	IT & Medical Division (DOKPOL)	Socialization by October 2025	By December, discharge summaries fully integrated with SIMRS
	Regular cross-unit meetings	Hospital Management	Monthly	Patient flow and transfers run smoothly; ER congestion reduced by 10% per quarter (AKP report)
Service & Patient Experience	<i>Service excellence</i> training	Training Division and Quality Management	January & July 2026 (every semester)	Patient satisfaction increases (monitored with internal hospital audit)
	Regular staff development	Training Division and Quality Management	2025–2026 (continuous, rotating)	Positive patient experience index (evaluated every semester)

A critical perspective on these findings can be supported by previous research on strategic management in healthcare institutions. According to Pearce and Robinson (2015), the use of SWOT, IFE, and EFE analyses provides a structured approach to align internal capabilities with external opportunities, enhancing organizational performance. Similarly, studies by Wei et al. (2020) emphasize that hospitals positioned in the Growth and Development quadrant can maximize competitive advantages by implementing SO strategies, particularly when supported by systematic prioritization frameworks like the MCOA. These approaches ensure that limited resources are allocated efficiently to initiatives with the highest strategic impact, such as strengthening human resources, governance, and IT infrastructure. Applying these theoretical insights to Bhayangkara Lemdiklat POLRI Hospital demonstrates that leveraging internal strengths to exploit external opportunities not only facilitates readiness for KRIS JKN implementation but also contributes to long-term sustainability, improved service quality, and patient satisfaction. Moreover, integrating structured monitoring and evaluation mechanisms, as suggested by Kaplan and Norton’s Balanced Scorecard approach (1996), reinforces the hospital’s ability to track progress and adapt strategies in response to evolving regulatory and operational conditions. This evidence-based approach validates the strategic choices identified in the TOWS–MCOA framework, supporting a proactive and data-driven path for institutional growth and healthcare excellence.

CONCLUSION

Bhayangkara Lemdiklat POLRI Hospital was found ready to implement KRIS JKN under Presidential Regulation No. 59 of 2024, with SWOT–IE Matrix analysis placing it in Quadrant I (Growth and Development), indicating the need to maximize Strength–Opportunity strategies by leveraging internal capacities and external opportunities. Key strategic steps include enhancing medical service management through better coordination between the Medical Committee and TKMKB, optimizing inpatient room functions, streamlining patient transfer processes to reduce waiting times, increasing staff capacity with service excellence

training, conducting routine facility maintenance, fully utilizing the hospital management information system (SIMRS), expanding partnerships with primary health facilities and integrated service posts, and implementing regular monitoring and evaluation, including the assessment of operational cost impacts during KRIS implementation. Future research is suggested on innovative service development strategies that could boost hospital revenue and competitiveness within the KRIS JKN framework.

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