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ANALYSIS OF INPATIENT STANDARDS (KRIS) PRATAMA NUSANTARA CLINIC

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ABSTRACT

The government has mandated that the JKN single-class system will be implemented in 2024. Currently, the Standard Inpatient Class at the Pratama Nusantara Health Medan Clinic (KRIS) has not been put into effect. The lack of implementation may be due to insufficient awareness, infrastructure, facilities, and workforce. To assess the readiness of the Pratama Nusantara Medan Clinic, this study examines its internal and external preparedness through qualitative research methods. The researcher's subjectivity is acknowledged, and data validity is ensured through triangulation methods, such as time extension, source triangulation, and data collection method triangulation. The study participants include the Head of the Clinic, the Health Services Section, the Jang Medium Section of Pratama Nusantara Health Clinic, Finance, and Patients. The data analysis employs SWOT, Fishbone, and VUCA models. The findings suggest that the Pratama Nusantara Medan Clinic is capable of adhering to the KRIS guidelines provided by DJSN. The Clinic's efforts to conduct outreach, maintain good patient relationships, enhance infrastructure, and expand inpatient buildings demonstrate its commitment to this policy and its positive impact on society.

Keywords: Clinical Readiness, KRIS, Pratama Nusantara Health Clinic Medan

1. INTRODUCTION

Improving public health involves promoting awareness, willingness, and ability to live healthily. This is achieved through initiatives that prioritize humanity, empowerment, independence, fairness, and equity. To accomplish this goal, the following steps are taken: 1) Enhancing health efforts, 2) Increasing health financing, 3) Developing health human resources, 4) Providing pharmaceutical preparations, health equipment, and food, 5) Improving health management and information, and 6) Empowering communities. These endeavors take into account factors such as population dynamics, disease epidemiology, ecological and environmental changes, advancements in science and technology (IPTEK), globalization, and democratization, all in the spirit of partnership and cross-sectoral

cooperation⁴⁻⁵.

In the 1945 Constitution of the Republic of Indonesia, it is stated that health services are a fundamental aspect of human rights, as outlined in article 28 H paragraph (1): "Every individual has the right to live in physical and spiritual well-being, to have shelter and a healthy living environment, and to receive healthcare services." Article 34 paragraph 2 mandates that the State establishes a social security system to support the government's social programs, which aim to improve the welfare of all Indonesian citizens. The goal of health services in Indonesia is to promote awareness, motivation, and capacity for healthy living, with the ultimate objective of achieving optimal health for all. These health services are provided under the

framework of the National Health System (SKN), which integrates various efforts of the Indonesian people in a supportive and coordinated manner to ensure the highest standard of health^{17,20}.

Hospitals are one of the health service facilities that have very broad functions, where currently competition in the hospital services business is becoming increasingly tighter, this is felt to be due to the impact of globalization, advances in information, and government regulations that have shifted the paradigm of comparative advantage services to competitive ones. advantages. The community's needs and demands for optimal health services from hospitals tend to increase and continue to change. This phenomenon is a challenge for hospitals to continuously develop service quality, and create innovations and strategies to gain or retain patient customers¹⁻⁶.

In Indonesia, hospitals are divided into public and private sectors and there are a total of 2,773 hospitals. However, private hospitals have grown at a much faster rate than public hospitals in the last 6 years. Public hospitals have only grown by an average of 0.4%, while private hospitals have grown by 15.3%. The number of private hospitals has also surpassed that of government hospitals with an average growth rate of 7%, compared to the government hospitals' 3% growth rate¹⁴⁻¹⁸.

From 2014 to 2018, the number of health facilities working with BPJS Health has increased in both first-level and advanced health facilities. Furthermore, there are 2,511 hospitals at the referral level (FKRTL), including government hospitals, private hospitals, and main clinics that partner with BPJS Health²⁻³. The Pratama Nusantara Health Clinic is situated on Medan Helvetia, Medan City, North Sumatra, and its primary objective is to provide healthcare services to the community within the Sari Mutiara Medan

Foundation. The clinic aims to increase the provision of quality healthcare services to promote an independent, physically and mentally healthy, and prosperous society. Patients can visit the clinic for consultations, investigations, examinations, and treatment by expert doctors in various fields. The government is planning to implement a single JKN class and payment of JKN contributions in stages from 2023 to 2024. This means that PBI participants will receive contributions from the government, while others will pay a single amount for their fees. At present, the Pratama Nusantara Health Clinic has not implemented the Standard Inpatient Class (KRIS). This has sparked the interest of researchers to investigate the clinic's readiness to cope with the government's proposed implementation of a standard or single-class JKN⁵⁻⁹.

2. RESEARCH METHODS

This study used qualitative research methods. This research describes the Readiness Analysis of the Pratama Nusantara Health Clinic for the Implementation of Standard Inpatient Classes (KRIS). This research was conducted at the Pratama Nusantara Health Clinic which is located on Jl. Bakti Luhur, Medan Helvetia, Medan City, North Sumatra.

The data analysis method in this research was carried out qualitatively by conducting content analysis, namely describing the answers based on facts, and tabulating the research results in matrix form. Data analysis in qualitative research is somewhat complicated because there are quite a lot of data variations and there is no standard pattern. Data analysis is the process of systematically searching and compiling data obtained from interviews, field notes, and other materials so that they can be easily understood and the findings can be informed to others. Data analysis is carried out by

organizing data, describing it into units, synthesizing it, arranging it into patterns, choosing what is important and what will be studied, and making conclusions that can be conveyed to others. Activities in qualitative data analysis are carried out interactively and take place continuously at each stage of the research until it is complete and the data is saturated.

The data analysis method in this research uses the SWOT Method (Strength, Weakness, Opportunity, and Threat), Fishbone Method, and VUCA Method. The VOT analysis method is to identify internal factors which include strengths or weaknesses and identify external factors which include opportunities or threats related to hospital readiness. The fishbone analysis method is used to analyze influencing factors to find cause and effect using a fishbone chart. Fishbone diagrams are practical and guide each team to continue thinking about finding the main cause of a problem. The VUCA method is used to make decisions, plan, manage risks, and solve problems in stages.

3. RESULTS

Pratama Nusantara Health Clinic the main goal of providing health services to the community within the Sari Mutiara Medan Foundation. Considering that health problems are very important in people's lives. Increasing the provision of quality health service coverage creates an independent society, that lives healthy and is prosperous physically and mentally. Meanwhile, the presence of this clinic can provide benefits as a place for consultation, Investigation, examination, and treatment of patients by expert doctors in their respective fields are provided for patients who require a short time to recover or do not require treatment services at the Pratama Nusantara Health Clinic. The Pratama Nusantara Health Clinic is equipped with facilities and

infrastructure to support ongoing health services. These include office spaces, outpatient installations, integrated waiting rooms, and informant characteristics. The study involved five informants, including the head of the hospital, a person from the health services sector, a person from Jang Medium, the head of finance, and a patient.

4. DISCUSSION

One aspect to see readiness Pratama Nusantara Health Clinic The implementation of KRIS is by holding socialization which is delivered using effective communication. Good communication has an attraction to the information conveyed. The Standard Inpatient Class (KRIS) program policy is a central government program through the National Social Security Council (DJSN) which is socialized to interested parties through socialization of the JKN program. The Standard Inpatient Class Program (KRIS) was delivered by DJSN in 2020. However, its implementation will be carried out in stages starting in 2022 and no later than early 2023 and will be implemented simultaneously in all hospitals in Indonesia in 2024³⁻⁹. The topic accepted by implementers must be clear and easy to understand. Based on research, those who are familiar with KRIS policy understand its objectives and regulations. This highlights the importance of consistent information dissemination without any changes. The KRIS program message has been consistently delivered to policy implementers and relevant parties⁹⁻¹².

Therefore, strong leadership and good communication and distribution of information about KRIS policies can encourage policy implementation and maintain it by the initial objectives as stated by USAID 2010, that leadership is the main key in implementing policy forms. Leaders at the top level are policymakers, and

technical decision-makers, who decide whether or not to cooperate with the institutions they lead. Therefore, leadership can be a solution to overcome socialization problems between hospital stakeholders which can hinder the implementation of KRIS².

Health infrastructure is one of the key factors in achieving health development in Indonesia. The World Health Organization (WHO) defines health as a condition of physical, mental, and social well-being, and not just the absence of disease and physical weakness. The health infrastructure needed is divided into physical health infrastructure and non-physical health infrastructure. Physical health infrastructure includes hospital buildings, health centers, clinics, drug pharmacies, and so on. Meanwhile, non-physical results of effective implementation lie in knowledge of the capabilities of the policies being implemented. George Edward III put forward 3 aspects that measure the success of communication in delivering socialization.

First namely the transmission or distribution of information. Good distribution of information will result in good policy implementation. In this study, the distribution of information to Bhayangkara Hospital was good. Information about KRIS received by the hospital was well received¹⁶⁻¹⁸.

Health infrastructure is the availability of medical personnel in hospitals, health centers, clinics, accessibility, and so on. Infrastructure is very important. However, apart from infrastructure, the factor that influences health development is accessibility, namely whether or not the health infrastructure is affordable for the community. Fulfillment of infrastructure is one aspect of improving quality service. This infrastructure is one of the most important things in readiness to implement KRIS in

hospitals.

The expansion will include new inpatient rooms and office space. This move is in response to the decrease in hospital construction funds. Ghufron, in 2022, expressed hope that all parties would provide support in terms of infrastructure, human resources, and medical equipment to maintain quality service in health facilities. Meanwhile, Kurniati's research in 2021 found that government hospitals can easily transform into one class of care with subsidy support from the government. The Ministry of Finance has also committed to allocating funds to support the implementation of standard class policies. Assessing the readiness of Pratama Nusantara Health Clinic for KRIS implementation involves considering their facilities and infrastructure. To enhance the implementation of KRIS and provide better quality service, the clinic needs to transform by improving their facilities and infrastructure.

Facilities and infrastructure are essential for creating comfort, satisfaction, and efficiency in the workplace. They serve to facilitate activities and help achieve common goals. Facilities and infrastructure are essential for boosting an organization's productivity and streamlining work processes.

Hospital administrators must prioritize the development of their human resources to ensure that their knowledge, abilities, and skills align with their job requirements. It is crucial for hospital staff to stay updated on the latest knowledge, particularly regarding the implementation of KRIS at the Pratama Nusantara Health Clinic.

5. CONCLUSION

Based on the research findings, it can be inferred that the readiness for socialization regarding KRIS is not equally distributed among all the stakeholders at the Pratama Nusantara Health Clinic. This issue stems from the lack of internal meetings held by the leadership with those involved, including the clinic, general practitioners, and patients. There are three key areas that need improvement to ensure readiness for KRIS at the clinic: (1) Infrastructure: Building and room improvements are necessary to meet KRIS readiness, but there are obstacles hindering this process, such as the lack of building land and funds. (2) Facilities and Infrastructure: While the facilities and infrastructure at the clinic are adequate, they do not meet all 12 criteria set by the Director General of Health Services. This is because Bhayangkara Hospital has not met 100% of the inpatient criteria due to the lack of space and building area, which is hampered by the lack of land and funds. (3) Human Resources: The availability of medical personnel at the clinic is sufficient, but the implementation of KRIS is still lacking. The number of nurses must be 1:1 with the number of beds, but there are only 78 nurses for 205 patient beds.

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