Implementation Classification of Hospital Class and Humanist Standard Inpatient Class in Purwakarta

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Abstract

The government has established provisions for classification of hospital classes and standard class inpatient care in 2020. With these provisions, all hospitals are required to immediately implement and adjust the infrastructure they have. However, not all hospitals have adjusted according to the stipulated provisions. For this reason, readiness research needs to be carried out from each hospital in Purwakarta, regarding the implementation of hospital class classification and the implementation of standard class inpatient care. Method research carried out , use type Study Quantitative Descriptive of 4 hospitals in Purwakarta regarding the inpatient facilities they have. Implementation of Hospital class classification for research objects in Purwakarta is 75% underway. Meanwhile, the implementation of standard class inpatient care is still not fully implemented. Because there is no clarity on implementation and there are no strict sanctions for these regulations. The role of the Government through the Health Service is very much needed to enforce the implementation of the regulations, so that sanctions against hospitals will run well and the review process for determining hospital classes can be carried out. The government's regulatory function must be carried out by preparing clear and specific derivative regulations to guard the regulatory mandate. So that the benefits of health services for the community can be felt and the elements of justice and the absence of differentiation in services will be enjoyed by all people.

***Keywords**: Class Classification, Standard Inpatient Care.*

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A. INTRODUCTION

In order to provide health protection for the community as follows: task from the state in an effort to ensure that all of its people healthy and able to fulfill activities need life, the state is obliged to provide health service facilities that are really needed by the community. Health services provided by the state are divided into 2 parts big. The first is basic level health services, and then the second is advanced level health services.

Basic level health services are provided by community health centers and clinics private sector or doctor practice individual. Meanwhile, advanced level health services or hospitals divided into several classes according to the classification determined by the government through regulations government. Distribution advanced health facility classes include class A, B, C and D. Class A hospitals are hospitals that have complete infrastructure and doctors more complete specialist rather than class B, C or D hospitals. This provision has been confirmed by the

Government through the Ministry of Health in regulations governing the classification and division of classes of advanced level health facilities.

In 2020, the Ministry of Health determined a new classification and class division for all Indonesian Hospitals through Minister of Health Regulation No. 3 of 2020. Where the very basic class division is determined by how many beds the hospital has to provide services to the community. This is very different from Minister of Health Regulation no. 30 of 2019 which was previously established and will influence the determination of existing classes. So for hospitals that have previously received a class determination but do not have sufficient bed availability, they must immediately increase the number of beds so as not to get a reduction in hospital class.

In the same year, the Government also stipulated provisions regarding Basic Health Needs and Standard Class Inpatient Care through Presidential Regulation through Presidential Decree No. 64 of 2020. And in 2021, the Government will also issue a Government Regulation regarding the operation of Hospitals as regulated in PP No. 47 of 2021. This regulation also emphasizes the rules for classification and class of hospitals established by the Minister of Health. Apart from that, standard class inpatient care which is intended for people who are registered with JKN and receive contribution assistance from the Government is an obligation for all hospitals to prepare. Apart from that, hospitals owned by the government are asked to prepare 60% of their total beds as standard class inpatient care. Private Hospitals are asked to prepare 40% of all the beds they have. Hospital leadership's confusion is increasing because this rule will come into effect on January 1 2023, while there are no provisions explaining this rule yet.

The concept and standardization of complete facilities and infrastructure that must be prepared by hospitals in order to provide standardization for inpatient care and to be able to provide health services to patients has actually long been determined by the Ministry of Health through regulations established in 2016 with the issuance of Minister of Health Regulation Number 24 of 2016 However, before Minister of Health Regulation 24 has been implemented in all hospitals, the standard provisions for inpatient care have been declared invalid by the stipulation of Minister of Health Regulation number 14 of 2021 concerning Business Licensing in the Health Sector.

The standard inpatient class formulated by DJSN as stated by Asih Eka Putri, member of DJSN, provides an overview of what the standard inpatient class should be and is applied to all hospitals in Indonesia. In Asih's opinion, the division of inpatient classes must also be followed by determining the maximum number of beds in one inpatient room. Because currently the proportion of beds in class 3 is greater than in other inpatient classes. So, it is necessary to establish a standardization for the application of these standard inpatient classes.

Responding to discussions regarding readiness to change standard inpatient class treatment, the Ministry of Health, through the Director General of Health Care, in 2020, also issued provisions regarding standard inpatient class care. In his delivery, the Director General of Health Care focused on improving the quality of services in health facilities in an effort to increase patient satisfaction. In the Decree of the Director

General of Health Care number 1181 of 2022 concerning Technical Guidelines for the Readiness of Hospital Facilities in the Implementation of Standard Inpatient Classes, it answers several concerns from all hospital management.

In the Director General's decision, the implementation of inpatient class standardization will be implemented in stages by all hospitals collaborating with BPJS Health. The inpatient standardization will apply 12 criteria which will later be implemented. However, the implementation will be carried out in stages, where criteria 1 to 9 will be the first priority and continued with the application of criteria 10 to 12 for the next stage. And to respond to the confusion felt by all hospitals, the Ministry of Health issued Minister of Health Regulation number 40 of 2022. In this provision, it is emphasized that hospitals are given no later than 3 years to immediately adjust to the provisions stipulated in the Minister of Health Regulation. Hospital management is now asked to immediately prepare to make adjustments to the existing infrastructure, especially inpatient services. And in December 2025, all hospitals will have implemented this provision and provided inpatient services in accordance with established standards.

According to research conducted by Golda Kurniawati and Citra Jaya (2021) from results survey towards the respondents obtained Results: 68% agreed with the implementation of standard class inpatient care on the grounds that it would reduce service discrimination and improve the quality of inpatient services. But implementation class These standards are not supported by the infrastructure owned by the hospital. Then research conducted by Dea Amalia Putri (2022) provided results respondents who conducted the survey showed that The response was that they felt helped by the existence of BPJS Health, but many did not understand the standard classes and preferred to continue to apply classes 1, 2 and 3 as before. According to Defi Afni (2021), the readiness of hospitals in the Tangerang Regency area at the end of 2021 in implementing KRIS readiness is still less than 60%, with the facilities in each hospital meeting the density room. Meanwhile, Deny Sulistyorini (2022) concluded that the government's efforts to formulate standardization of inpatient classes in all hospitals currently do not yet have standards and there are no specified sanctions if inpatient classes are not standardized.

In this case, it is necessary to carry out research on readiness from each hospital, especially hospitals in the district Purwakarta, regarding how to implement the Hospital class classification and the implementation of standard class inpatient care which will soon be implemented implemented nationally.

B. METHODS

In research conducted using type Study Quantitative Descriptive. So that technique The research that will be carried out is to carry out collecting data objectively to prove linkages relationships and implementation of care stay class standards in the District Purwakarta was used as the object research . Research on care stay class This standard will be implemented in hospitals that serve JKN services in the district Purwakarta namely:

1. Radjak Hospital
2. Asri Hospital
3. Amira Hospital
4. Bhakti Husada Hospital

source that will be taken as an object from research is by means do direct observation of space take care stay at the object research. Then an assessment is carried out which includes: amount place sleep owned, distance between place sleep, whether there is or not curtain place sleep, availability of *nurse call bell*, availability of indoor bathroom. The data obtained will be compared to assess objectively readiness possessed by each object research.

C. RESULTS AND DISCUSSION

As has been explained regarding all provisions governing hospital class classification, in Minister of Health Regulation No. 3 of 2020 stipulates that determining the class of a General Hospital is based on the availability of beds owned by each hospital. For class A general hospitals, they have at least 250 beds. Meanwhile, class B general hospitals have a minimum of 200 beds. For class C general hospitals, the minimum number of available beds is 100. And for class D general hospitals, they are required to have a minimum of 50 beds.

Based on the operational permits held by each research object hospital in the Purwakarta Regency area, it was found that Abdul Radjak General Hospital is a hospital with a class B operational permit. And for other research object hospitals, it is a hospital that has a class B operational permit. C.

So in the results of the observations, the following are the results of the availability of beds in each hospital.

No.	Hospital Name	Type	Number of Beds						
			1st Class	2nd Class	3rd Class	Above 1st Class	Isolation	Intensive Care	Total
1	Abdul Radjak Hospital	B	51	70	96	7	11	20	255
2	Asri Hospital	C	29	30	36	4	12	7	118
3	Amira Hospital	C	28	22	34	20	0	4	108
4	Bhakti Husada Hospital	C	14	28	30	5	8	6	91

In the table above, it is found that Abdul Radjak Hospital, according to data, has a number of beds that is greater than the minimum number of beds required as a class B type hospital. In this case, Abdul Radjak Hospital can actually apply for permission as a Type Hospital. class A. Because the minimum requirement for a Type A Hospital is to have a minimum of 250 beds. However, regarding the review of the operational permit determination, it will take effect after the hospital's operational permit expires.

Then for Asri Hospital and Amira Hospital, based on the provisions of the operational permit they are class C type hospitals, and the number of beds they have is appropriate, namely they have a minimum of 100 beds. So with the provisions of

the class classification it is appropriate and actually does not cause significant problems for the two hospitals.

This is different from the Bhakti Husada Hospital, because the total number of beds it has does not comply with the minimum requirements that must be met as a class C hospital based on Minister of Health Regulation 3 of 2020. Where the total number of existing beds is 91, so it is still less than the minimum number. as a class C hospital. So if we follow the provisions stipulated in Minister of Health Regulation 3, then the Bhakti Husada Hospital should undergo a class review to become a class D Hospital.

In the review policy, hospitals are given time to immediately make adjustments to the provisions stipulated in Permenkes 3 at least 1 (one) year after Permenkes 3 is promulgated. And considering that Minister of Health Regulation 3 was promulgated by the Ministry of Health on January 16 2020, then on January 16 2021, all hospitals that have not met the provisions must immediately complete and adapt the provisions stipulated in Minister of Health Regulation 3 of 2020.

So if it is found that up to now there are still hospitals that have not followed and fulfilled the provisions set out in Minister of Health Regulation 3, then it can be concluded that the hospital is not complying with the applicable regulations. This should be a serious concern for the District/City Health Service to carry out supervision and guidance in implementing these regulations.

In fact, in Permenkes 3, the most basic thing in determining the classification of hospital classes is very clear. Which is only based on the number of beds the hospital has. This is different from the previous Minister of Health Regulation which regulates the classification of hospital classes.

In fact, with the Minister of Health Regulation 3 of 2020, it will be easier for hospitals to provide services and adjusted to the ability of the hospital to provide practicing specialist doctors. However, now the concern is whether all existing hospitals meet the requirements for hospital class classification based on the number of beds they have. And hopefully the Health Service as the guardian and implementer of this Minister of Health Regulation has carried out supervision and guidance for all existing hospitals. And the authority to carry out the review is also carried out by the Health Service. Remembering that Permenkes 3 should have been implemented by all hospitals since January 16 2021.

In terms of discussing standard inpatient classes, we will first look at the provisions regulated in Government Regulation no. 47 of 2021. Standard inpatient classes as regulated in PP 47, explains that in implementing treatment classes, each hospital is determined separately, especially for government-owned hospitals and private hospitals. For hospitals owned by the central and regional governments, each hospital is required to prepare at least 60% of all beds it has as inpatients which will provide standard class health services. Meanwhile, private hospitals are asked to prepare 40% of all existing beds as standard class inpatient care.

This standard class of inpatient treatment, which must be implemented by all hospitals, will be intended for Indonesian residents whose economic conditions are

poor or for poor people who need health services. In the Health Insurance program, the implementation of this standard inpatient service will be enjoyed by participants who are registered as recipients of contribution assistance from the Central Government and Regional Government with the use of inpatient care in class 3. As is known and has been running up to now, that class inpatient care is Many of the 3 services provided by hospitals are still uncomfortable and not well standardized. This paradigm occurs because of the assumption that the cost of class 3 treatment is cheap and not expensive, so that the facilities provided by hospitals also seem to be basic and do not provide comfort to patients. And there are many impressions that class 3 services are shabby and far from comfortable for patients.

So the purpose of standard inpatient care for services in class 3 is that there is a standardization that is applied nationally to all hospitals to be able to provide comfort and adequate infrastructure for class 3 care, especially for participants who are registered as recipients of contribution assistance from the Government. .

From observations made on hospital survey objects in Purwakarta Regency, all of the 4 hospitals are private hospitals that provide inpatient health services. From observation data, it can be stated based on the percentage of the number of beds based on class compared to the total number of beds owned by the hospital.

No.	Hospital Name	Type	Number of Beds						
			1st Class	2nd Class	3rd Class	Above 1st Class	Isolation	Intensive Care	Total
1	Abdul Radjak Hospital	B	20,00%	27,45%	37,65%	2,75%	4,31%	7,84%	100%
2	Asri Hospital	C	24,58%	25,42%	30,51%	3,39%	10,17%	5,93%	100%
3	Amira Hospital	C	25,93%	20,37%	31,48%	18,52%	0,00%	3,70%	100%
4	Bhakti Husada Hospital	C	15,38%	30,77%	32,97%	5,49%	8,79%	6,59%	100%

From the data shown above , the minimum standard for class 3 percentage that must be prepared is 40%, so all sample hospitals have not met this minimum standard. Indeed, looking at the data displayed above , there is actually only a little more left to fulfill the minimum number of beds that must be prepared by hospital management to reach the 40% standard. However, to achieve these standards, hospital management will certainly be faced with several problems. Namely, there is a shift in the treatment class which was previously class 2 or class 1 which will function as class 3 to increase the number of class 3 beds. With this shift, the number of beds in class 2 or class 1 will decrease, so that the income that will be received by Hospitals from class 2 or class 1 care will also be reduced. Apart from that, for hospitals that have excess funding and still have land or rooms that can be used as class 3 additions, the hospitals will purchase additional beds and convert the land or rooms into new class 3 treatment rooms. So that a total standard of at least 40% class 3 will be achieved at the hospital. However, not all hospitals have excess funds and sufficient land or space. So almost most hospitals will carry out room shifts that change class 2 or class 1 to class 3.

Because with the number of beds that have been prepared for class 3, if they do not meet the standards, the hospital management must make adjustments according to the standards of Minister of Health 40. For beds that do not meet class 3 standards, the standards must be adjusted. We will discuss this further in relation to the

availability of class 3 beds in each hospital compared to the standardization of class 3 services as specified in Minister of Health Regulation 40. Because if class 2 or class 1 should have been fulfilled, everything is in accordance with the standards in the Minister of Health Regulation. So there will be no complaints or differences that can be discussed because it is appropriate. However, if the reality is that class 2 and class 1 are not in accordance with the standards specified in the Minister of Health Regulation, then there needs to be a movement that encourages the Government to standardize this class so that it can be implemented in all treatment classes in hospitals.

To assess the standardization that will be implemented in Permenkes 40, researchers did not collect data on all 12 required criteria . Data collected from research sample objects include:

1. N amount place sleep in each room.

As stipulated in the decision of the Director General of Health Care 1181 of 2022, for standard class inpatient care, the beds that must be prepared in that room cannot exceed 4 beds in 1 standard class room. So it is hoped that the space for patients and families waiting for the patient will not be cramped and will provide a sense of comfort for the patient and hopefully provide a speedy recovery. Based on data taken from the survey object, the data is presented as follows:

No.	Hospital Name	Number of Rooms 3rd Class	Number of Rooms			
			4 Beds	5 Beds	6 Beds	> 6 Beds
1	Abdul Radjak Hospital	18	5	2	11	
2	Asri Hospital	6		3	2	1
3	Amira Hospital	8	4	4		
4	Bhakti Husada Hospital	5	1	1	1	2

The results of observations carried out in class 3 treatment rooms in each survey object showed that, out of a total of 37 class 3 rooms in the survey object, only 10 had 4 beds in one treatment room. For other treatment rooms, there are 10 rooms with 5 beds, 14 rooms with 6 beds and 3 rooms with more than 6 beds. So if it is decided to standardize class 3 treatment rooms with a maximum of 4 beds, then the hospital management will make many changes to the composition of beds in class 3 treatment in each hospital.

Hospital management must carry out a complete overhaul of the existing treatment rooms. Is it possible to reduce the number of beds to 4 beds in one room with the consequence of having to add a new room to accommodate the moved beds? Or by renovating the existing treatment room by adding partitions in the room so that it can be used for 4 beds. According to Minister of Health Regulation 40, hospital management is given time to adjust this provision no later than 3 years after Minister of Health Regulation 40 is promulgated, namely a maximum of 22 December 2025.

If the hospital management does not immediately carry out planning and results in beds that cannot be used because there is no room to accommodate the beds, it is feared that this will affect the determination of the type of hospital class, namely

not fulfilling the minimum number of beds according to the class of the hospital. due to a reduction in beds used in inpatient services in hospitals.

2. Distance between each place sleep in the room.

The standard class also regulates the minimum distance between beds that must be met in the treatment room. In the decision of the Director General of Health Care , it is stipulated that the distance between the edges of the bed is at least 1.5 meters. So to ensure the distance between each bed, measurements must be taken between the edges of the bed. Based on measurements made on research objects, the following is data on the distance between beds in each object.

No.	Hospital Name	Number of Rooms 3rd Class	Room 3rd Class							
			4 Beds	Bed Distance	5 Beds	Bed Distance	6 Beds	Bed Distance	> 6 Beds	Bed Distance
1	Abdul Radjak Hospital	18	5	1,5 M	2	1 M	11	1 M		
2	Asri Hospital	6			3	1 M	2	1 M	1	1 M
3	Amira Hospital	8	4	1,5 M	4	1,5 M				
4	Bhakti Husada Hospital	5	1	1,5 M	1	1 M	1	1 M	2	1 M

Looking at the results of the review carried out on the research object, it was found that in the treatment room where there were 4 beds in one room, the distance between the edges of the beds met the standard class requirements. However, in treatment rooms with more than 4 beds, the distance between the edges was not found to be in accordance with the standard class. Only 1 object has fulfilled it, while other objects are still less than the standard. This will be very influential if the provision of a distance between the edges of the bed of at least 1.5 meters is implemented as an absolute requirement in standard class assessments. Because these provisions are one unit and must be implemented before 22 December 2025.

The treatment that will be carried out by Hospital management will definitely not be different from what is done in adjusting the number of beds. Because if it is not implemented by the hospital management, there will be the potential for beds that cannot be used because there is no room that will accommodate the bed to become a class 3 service room. And it will cause the type of hospital class to also change due to not sufficient for the minimum number of beds owned.

Apart from that, if class 3 adjustments meet the standards, what about class 2 or class 1 in each hospital. Because if standard classes are implemented in class 3, patients will definitely start comparing the comfort and facilities in class 2 or class 1 compared to those provided in class 3. Especially in terms of the distance between the edges of the bed. Moreover, if the hospital management only reduces the number of class 3 beds to a maximum of 4 beds in one room, then creates a new room to accommodate the transferred beds. So the old room will seem very loose. This phenomenon will make the patient's family prefer to choose only class 3 when hospitalized, compared to class 2 or class 1

3. Whether or not there is curtain which separates places sleep .

Then one of the next requirements to be able to provide privacy to the patient and the patient's family is to install curtains or partitions that separate the beds. When

installing the curtain or partition, it can be installed by attaching it to the ceiling of the room or it can also be installed by hanging it from the ceiling of the room. Then the hanging curtain or partition must be given a hanging distance of 30 cm from the floor and the minimum length of the curtain is 200 cm. So for the survey object, the results that can be displayed are as follows.

No.	Hospital Name	Number of Rooms 3rd Class	Room 3rd Class							
			4 Beds	Curtain	5 Beds	Curtain	6 Beds	Curtain	> 6 Beds	Curtain
1	Abdul Radjak Hospital	18	5	Have	2	Have	11	Have		
2	Asri Hospital	6			3	Have	2	Have	1	Have
3	Amira Hospital	8	4	Have	4	Have				
4	Bhakti Husada Hospital	5	1	Have	1	Have	1	Have	2	Have

Based on the survey results, it was found that all hospitals had completed the requirements. Namely, curtains are installed between each bed with various curtain models. Some are attached directly to the ceiling of the room, others are installed hanging from the ceiling so that they can provide privacy for the patient and the patient's family.

Regarding the installation of curtains between beds in each room, it was found that almost all hospitals, both survey objects and non-survey objects, had complied with the installation requirements. So actually fulfilling this curtain for hospital management is not a difficult requirement to fulfill. It is hoped that all hospitals can immediately complete it and adapt to the established regulations.

4. Availability of nurse call bell.

Fulfillment of the next requirement is the availability of a call bell for the duty nurse in each treatment ward, or what is usually known *as a nurse call* . Where the nurse bell will be connected from each bed to the place where the duty nurse is on duty or the *nurse's post stations*. The existence of this nurse bell is really needed because when a patient experiences an emergency situation and really needs help from a nurse, there is no need for the patient's family to run to the nurse's place of duty, simply pressing the nurse bell will immediately notify the nurse that the patient needs immediate help. Regarding the nurse's bell, the following are the results of observations made on the survey object.

No.	Hospital Name	Number of Rooms 3rd Class	Room 3rd Class							
			4 Beds	*Nurse Bell*	5 Beds	*Nurse Bell*	6 Beds	*Nurse Bell*	> 6 Beds	*Nurse Bell*
1	Abdul Radjak Hospital	18	5	Have	2	Have	11	Have		
2	Asri Hospital	6			3	Have	2	Have	1	Have
3	Amira Hospital	8	4	Have	4	Have				
4	Bhakti Husada Hospital	5	1	Not Have	1	Not Have	1	Not Have	2	Not Have

Based on the results of observations made on the survey object, it was found that of the 4 hospitals, there was 1 hospital that had not met the availability of nurse bells for each class 3 bed. Regarding the availability of nurse bells, the hospital management should immediately complete this, bearing in mind that the need for a nurse bell is very important.

And it would be better if the availability of this nurse's bell can be used as an absolute necessity that must be included in the equipment for each patient's bed. Not only in class 1 or VIP, but in all treatment classes. So that patient safety is a priority that must be the full attention of health workers in an effort to provide healing to patients who are undergoing inpatient treatment at the hospital.

5. To availability bathroom in the treatment room .

The completeness of bathroom facilities in the inpatient room is a requirement that must be present in a health service in a hospital. This is emphasized in the decision by requiring each treatment room to have one standardized bathroom. In observations of the survey objects, the following results were obtained.

No.	Hospital Name	Number of Rooms 3rd Class	Room 3rd Class							
			4 Beds	Bathroom	5 Beds	Bathroom	6 Beds	Bathroom	> 6 Beds	Bathroom
1	Abdul Radjak Hospital	18	5	Have	2	Have	11	Have		
2	Asri Hospital	6			3	Have	2	Have	1	Have
3	Amira Hospital	8	4	Have	4	Have				
4	Bhakti Husada Hospital	5	1	Have	1	Have	1	Have	2	Have

Based on the survey results, it was found that in each class 3 of the survey object hospitals there were bathrooms available that could be used for patients and their families. Indeed, in this case the assessment made is only the availability of bathrooms. So that there is access that can be used by patients and their families to enjoy bathroom facilities without any obstacles.

Although in the decision of the Director General of Health Care , there are several requirements that must be met in bathroom facilities, including the direction of the bathroom door which can be opened in the direction it opens outwards. Apart from that, there must be ventilation, either machine ventilation or manual ventilation, available in each bathroom. A writing or notification that the bathroom is in use or empty. Then the size of the bathroom has enough space to accommodate a wheelchair. There is a handrail attached to the bathroom wall for the patient to hold on to. Then there is a nurse bell that can be used during an emergency to call the nurse on duty.

In order to complete the facilities that must be provided in the bathroom, the government plans to phase in its fulfillment. It is hoped that hospital management can immediately make adjustments to complete these requirements. And hopefully this bathroom can be available in every treatment room, so that there are no obstacles and queuing times for patients and their families.

And in implementing the rules explained above , it is hoped that the role of the District/City Health Service is to actually supervise and monitor all hospitals. Because up to now there are no regulations governing the sanctions given if the hospital has not implemented these standard class rules. In fact, this sanction is actually needed to provide guidance and guidelines for all existing hospitals so that they can immediately make adjustments to this standard inpatient class.

Regarding the fulfillment of standard classes for class 3 in hospitals which is requested to be fulfilled immediately, it is hoped that this fulfillment will not only be

fulfilled for class 3, but also for class 2 or class 1. This is intended so that there is no differentiation in inpatient services at home Sick. Especially regarding several standardization criteria for inpatient classes. Because if the hospital management completes the criteria for class 3 and is in accordance with the inpatient class standards, but it turns out that class 2 or class 1 has not been met according to the standard class criteria, then the patient may choose to downgrade to class 3 . because it feels more comfortable and the facilities and services are better.

D. CONCLUSION

The implementation of Hospital class classification on research objects in Purwakarta has been running 75% in accordance with applicable regulations. Meanwhile, the implementation of standard class inpatient care is still not fully implemented. Because there is no clarity on implementation and there are no strict sanctions for these regulations. So, the role of the Government through the Health Service is very much needed to enforce the implementation of the regulations that have been set. With the monitoring and guidance functions attached to the Health Service, the implementation and administration of sanctions to hospitals will run well and the review process for determining hospital classes can be carried out in accordance with applicable regulations. In addition, the government's regulatory function must be carried out by preparing clearer and more specific derivative regulations to oversee the mandate of this regulation so that it can be truly implemented. With this clarity and implementation, it is hoped that the benefits of health services for the Indonesian people will be felt and the elements of justice and the absence of differentiation in services will be enjoyed by all people.

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