

A CONCEPTUAL ANALYSIS OF COMPETENCY-BASED HOSPITAL RECLASSIFICATION IN KEDIRI CITY

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Abstract : The Indonesian health system is undergoing a major reform through the transition from a class-based hospital classification system to a competence-based framework, as mandated by Law No. 17 of 2023 and Government Regulation No. 28 of 2024. This policy aims to ensure that hospital classification reflects actual service capacity, clinical competence, human resource readiness, and infrastructure quality. This study examines the concept and early implementation of competence-based hospital classification in Kediri City, East Java. A qualitative descriptive design using document and policy analysis was applied. Secondary data were obtained from official Ministry of Health information systems, including RS Online, ASPAK, and SISDMK, and analyzed through data reduction, data display, and conclusion drawing. The findings indicate varying levels of hospital readiness. RSUD Gambiran demonstrates higher readiness across most competency indicators, aligning with the Advanced (Utama) level, while RSUD Kilisuci shows moderate readiness corresponding to the Intermediate (Madya) level. These differences highlight the role of competence-based classification in aligning hospital services with institutional capacity. In conclusion, competence-based classification offers a more accurate assessment of hospital capability than traditional class-based systems, emphasizing the need for continuous capacity building and monitoring.

Key words: competence-based hospital classification; hospital readiness; health policy implementation; hospital governance; Kediri cit

Introduction

The Indonesian health system is currently undergoing a major structural transformation, particularly in the reclassification of hospitals from a traditional class-based system (Class A–D) to a competence-based hospital classification system. This policy shift is part of the National Health Transformation Agenda initiated by the Ministry of Health, aiming to ensure that hospital classification genuinely reflects service capacity, clinical competence, human resource readiness, and infrastructure quality, rather than merely relying on quantitative indicators such as the number of beds (Ministry of Health of the Republic of Indonesia, 2023).

The legal foundation for this transformation is stipulated in Law No. 17 of 2023 on Health and further operationalized through Government Regulation No. 28 of 2024 concerning Hospital Organization. These regulations emphasize a quality-oriented and competency-driven approach to hospital governance, aligning Indonesia's health system with global trends in hospital accreditation and performance-based classification (Ministry of Health of the Republic of Indonesia, 2023). Under this new framework, hospitals are categorized into competency levels—Basic, Intermediate (Madya),

Advanced (Utama), and Comprehensive (Paripurna)—based on their ability to deliver standardized, safe, effective, and patient-centered healthcare services.

Competency-based hospital classification is not a novel concept in global health governance. International experiences demonstrate that hospital reclassification grounded in service competence and governance quality can improve system accountability, efficiency, and equity in healthcare delivery (World Health Organization, 2014). A competency-oriented classification system encourages hospitals to strengthen clinical governance, optimize human resource development, and enhance infrastructure planning, thereby ensuring that health services are aligned with population needs rather than institutional prestige alone.

In the Indonesian context, however, the transition from a class-based to a competence-based system presents substantial implementation challenges. Hospitals must adjust not only their infrastructure and medical equipment but also their workforce composition, clinical pathways, and information systems. Studies have shown that disparities in hospital readiness—particularly in infrastructure, human resources, and management capacity—may hinder the uniform adoption of new classification standards across regions (Saleh et al., 2024). Without careful evaluation and contextual adaptation, this policy reform risks widening gaps between hospitals with differing levels of institutional capacity.

Kediri City, as one of the emerging urban health centers in East Java, hosts several key public hospitals, including RSUD Gambiran and RSUD Kilisuci, which are currently in the early stages of implementing the competence-based hospital classification system. Assessing the readiness of these hospitals is crucial to understanding how national policy directives are translated into local institutional practices, especially in secondary-level cities where resource availability may differ from metropolitan areas.

Therefore, this study aims to analyze the concept and early implementation of competence-based hospital classification in Kediri City by utilizing secondary data obtained from official national health information systems, including RS Online, ASPAK, and SISDMK. By examining the alignment between regulatory standards and hospital preparedness, this study seeks to identify implementation gaps and provide evidence-based insights to support more effective and equitable application of the competence-based classification policy at the local level.

Methodology

This study employed a qualitative descriptive design using a document and policy analysis approach. This method is appropriate for examining health policy implementation and institutional readiness, as document analysis allows systematic interpretation of official records to understand how policies are translated into practice (Bowen, 2009). The data were obtained from secondary sources, specifically the Ministry of Health's RS Online application and relevant regulatory documents related to competence-based hospital classification. Data collection was conducted in October 2024. Data analysis followed three stages—data reduction, data display, and conclusion drawing—to assess hospital readiness in relation to national competency standards, ensuring analytical rigor and consistency with qualitative research procedures (Miles et al., 2014).

Results and Discussion

4.1 Overview of Competency-Based Hospital Classification in Kediri City

Result

Based on data obtained from the Ministry of Health's RS Online system, hospitals in Kediri City have begun aligning their service profiles, human resources, and infrastructure data with the requirements of the competence-based hospital classification framework. This transition reflects the initial operationalization of national health policy at the local level, where hospitals are required to demonstrate service capability and readiness rather than structural capacity alone.

The findings indicate variation in readiness among hospitals, particularly in the availability of specialist services, supporting medical equipment, and compliance with digital reporting systems. Such variation is consistent with early-stage policy implementation, where institutional adaptation often occurs incrementally rather than uniformly.

Discussion

These findings support the conceptual premise that competence-based classification functions not merely as an administrative reform but as a mechanism for evaluating actual hospital performance. As emphasized in the national policy framework, hospital competence is multidimensional, encompassing services, human resources, infrastructure, and governance systems (Kementerian Kesehatan RI, 2023).

4.2 Hospital Readiness Based on Competency Indicators

Results

Table 1. Indicators of Hospital Readiness for Competency-Based Classification

Indicator	RSUD Gambiran	RSUD Kilisuci	Description
Scope of Clinical Services	High	Moderate	Availability of specialist and sub-specialist services
Human Resources	Adequate	Developing	Number and distribution of competent health professionals
Medical Equipment	Adequate	Limited	Compliance with service-specific equipment standards
Supporting Infrastructure	Adequate	Moderate	ICU, operating rooms, diagnostic units
Digital Data Compliance	High	Moderate	RS Online, ASPAK, and SISDMK reporting

The analysis shows that RSUD Gambiran demonstrates a higher level of readiness across most competency indicators, particularly in clinical service scope, specialist availability, and supporting infrastructure. These characteristics suggest alignment with the Advanced (Utama) competency level. In contrast, RSUD Kilisuci exhibits moderate readiness, with

strengths in selected clinical services but limitations in infrastructure and medical equipment, indicating alignment with the Intermediate (Madya) competency level.

Discussion

This variation reflects the intended function of competence-based classification, which allows hospitals to focus on service areas aligned with their institutional capacity rather than pursuing uniform expansion. Similar to findings in previous hospital readiness studies, disparities in infrastructure and human resources remain key determinants of competency levels (Saleh et al., 2024).

4.3 Policy Implications of Competency-Based Classification

The competence-based hospital classification system enables more accurate referral pathways by ensuring that patients are directed to facilities with appropriate service capability. Hospitals classified at intermediate levels can concentrate on strengthening core services, while advanced-level hospitals serve as regional referral centers.

Discussion

From a governance perspective, this approach aligns with international best practices emphasizing accountability and service-based performance evaluation in healthcare systems (World Health Organization, 2014). The findings from Kediri City suggest that early implementation supports more rational service distribution, although continuous monitoring and capacity-building are required.

Conclusion

This study demonstrates that the early implementation of competence-based hospital classification in Kediri City reveals varying levels of hospital readiness. RSUD Gambiran shows strong alignment with advanced competency criteria, while RSUD Kilisuci is positioned at the intermediate level, reflecting differences in service scope, human resources, and infrastructure readiness. These findings confirm that competence-based classification provides a more accurate representation of hospital capability than traditional class-based systems.

Recommendations

To support effective implementation, local governments should prioritize capacity-building programs, particularly in human resource development and infrastructure upgrading. Hospitals are encouraged to strengthen digital data integration and focus on service areas aligned with their core competencies. Further studies are recommended to explore longitudinal impacts of competence-based classification on service quality and referral efficiency.

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