



Implementation Of The Ktr Policy At Mitra Medika Amplas Hospital

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Abstract

This study aims to examine the implementation of the No Smoking Area (KTR) policy at RSU Mitra Medika Amplas, focusing on three key indicators: compliance by policy implementers, operational routine effectiveness, and the policy's performance and impact. A qualitative approach with a descriptive method was employed to gain an in-depth understanding of the policy implementation process in the field. The findings reveal that the implementation of the KTR policy at RSU Mitra Medika Amplas remains suboptimal. Compliance with the KTR policy differs between

indoor and outdoor areas. While adherence to the prohibition of smoking-related activities—such as sales, promotion, production, and smoking inside the building—is relatively high, compliance in outdoor areas, such as parking lots and cafeterias, tends to range from low to moderate, as evidenced by the presence of cigarette butts and ongoing smoking activities. The hospital's operational routine is not significantly disrupted by the KTR policy, thanks to a clear division of responsibilities between security personnel and K3RS staff. However, challenges such as inconsistent supervision, low awareness among visitors, and the lack of facilities like a Smoking Cessation Clinic hinder effective policy implementation. Although the policy has begun to show some positive impact in reducing the number of smokers and fostering a healthier hospital environment, the results are not yet significant. The study recommends enhancing supervision, increasing awareness campaigns targeting visitors and medical staff, enforcing stricter sanctions, and providing supportive facilities, such as a Smoking Cessation Clinic. These measures are expected to improve the effectiveness of the KTR policy and promote a healthier hospital environment.

keywords : Policy implementation, No Smoking Area, RSU Mitra Medika Amplas, environmental health, policy effectiveness.

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Introduction

Cigarettes are classified as a dangerously addictive substance because smoking can lead to diseases that threaten the health of both active smokers and those exposed to secondhand smoke. Smoking poses a serious health problem. According to the 2023 Central Statistics Agency (BPS) report, the percentage of the Indonesian population aged 15 years and older who smoked monthly reached 28.62%, an increase of 0.36% compared to 2022. Lampung had the highest smoking prevalence, at 34.08%, followed by West Nusa Tenggara at 32.79%, and North Sumatra at 26.28%.

The government has implemented efforts to prevent smoking behavior through programs outlined in the Long-Term Development Plan and the National Medium-Term Development Plan (RPJMN) 2020–2024. These efforts aim to reduce the smoking rate from 9.1% to 8.7% by 2024. The initiatives include Smoking Cessation Service Efforts (UBM) and the implementation of Tobacco-Free Zones (KTR) as strategic policies to control the impact of cigarette consumption (National Development Planning Agency, 2020).

Regulations related to Tobacco-Free Zones (KTR) began with the issuance of Joint Regulation Number 188/MENKES/PB/I/2011 by the Minister of Health and the Minister of Home Affairs. The regulation aims to protect individuals, society, and the environment from the adverse effects of cigarette smoke exposure. According to the regulation, Tobacco-Free Zones are areas where smoking, as well as the production, sale, marketing, and promotion of tobacco products, are strictly prohibited (Government Regulation, 2011).

The objective of KTR is to protect public health from the risks of exposure to cigarette smoke in public areas, places of worship, children's play areas, healthcare facilities, and educational environments. To support this, the government issued Government Regulation Number 109 of 2012, which regulates the safeguarding of materials containing addictive substances in tobacco products for health. Article 52 of the regulation mandates that regional governments establish local regulations on KTR. Furthermore, the urgency of KTR is reiterated in Health Law No. 17 of 2023, which emphasizes the government's responsibility to ensure a clean and healthy environment as a basic right of its citizens.

In Medan City, KTR has been implemented in healthcare facilities through the issuance of Regional Regulation Number 4 of 2016 concerning Tobacco-Free Zones, followed by Mayor Regulation Number 52 of 2017 regarding its implementation. However, enforcement has not been optimal, as indicated by the persistently high number of smokers in the city.

RSU Mitra Medika Amplas, a healthcare facility in Medan City accredited with the highest standards, is expected to be free from cigarette smoke exposure. Healthcare facilities must comply with the criteria outlined in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/1128/2022 on Hospital Accreditation Standards. The decree



specifies that hospitals must establish policies and monitor smoking prohibition across the facility. In 2022, the Director of RSU Mitra Medika Amplas issued Regulation Number 065/PER/DIR/RSMM/V/2022 on Tobacco-Free Zones.

To assess the effectiveness of KTR policy implementation, researchers conducted an initial survey on June 28, 2024. Interviews with three healthcare workers from the Hospital Occupational Health and Safety Section (K3RS) and Environmental Health (Kesling) and three patient family members revealed that the KTR policy was not effectively enforced. Despite health promotion efforts, no-smoking signs, and a ban on cigarette sales and advertisements within the hospital, smoking by healthcare workers and patient families, as well as the presence of cigarette butts, was still observed in waiting areas. Additionally, no sanctions were imposed on violators, with warnings being merely advisory and non-binding.

To validate these findings, researchers conducted direct observations from June 29 to July 1, 2024, in patient family waiting areas. The observations revealed an average of 30 cigarette butts in the mornings, increasing to 40–50 butts on weekends. Furthermore, no sanctions were imposed on violators, and warnings remained non-binding.

Based on the initial survey, the researchers concluded that the actions and efforts taken were insufficient to achieve the objectives of the KTR policy. This has motivated further research to examine the implementation of the Tobacco-Free Zone Policy (KTR) at RSU Mitra Medika Amplas in 2024.

Methods

This study utilizes a qualitative approach to examine the implementation of the Tobacco-Free Zone (KTR) policy, focusing on compliance among implementers and the execution of all aspects related to the policy's implementation. The research was conducted at RSU Mitra Medika Amplas, starting in April 2024. Primary data sources were obtained from key informants, including the Head of Environmental Health (Kesling), the Occupational Health and Safety (K3RS) Section Head, the Head of Security, the Head of Hospital Health Promotion (PKRS), the Coordinator of Cleaning Services, and the Waiting Room Officer for Family Patients. Secondary data served as supporting information for evaluating the implementation of the KTR policy at RSU Mitra Medika Amplas. The researchers employed observation sheets and questionnaires as measurement tools. To ensure the validity of the data, triangulation was applied by comparing and confirming the information obtained from various sources. This method enhanced the reliability and accuracy of the study findings.



Results

Characteristics of Informants

The selection of informants for this study was based on purposive sampling, a technique in which informants are chosen deliberately with specific considerations and objectives to provide the most comprehensive data. The informants in this study are divided into two categories: key informants and supporting informants. The key informants are individuals most closely associated with the implementation of the KTR policy, as outlined in the Director's Decree of Mitra Medika Hospital Number: 003/SK/DIR/RSM/IV/2023 on the Composition of Persons in Charge and Supervisors of the Tobacco-Free Zone at RSU Mitra Medika Amplas. Supporting informants consist of hospital visitors. During the research process, while the researcher explained the purpose of the study and requested permission for interviews, only a few visitors agreed to participate. The characteristics of informants in this study include their age, gender, educational background, and occupation.

Table 1. Characteristics of Informant

Informant	Gender	Age	Education	Position
Key Informant				
Informant 1	Woman	25	S1	Head of the Occupational Health and Safety (K3RS) Section;
Informant 2	Woman	26	S1	Head of Hospital Health Promotion (PKRS);
Informant 3	Woman	29	D3	Head of 3rd Floor Room
Informant 4	Woman	31	D3	Head of 2nd Floor Room A
Informant 5	Woman	29	S1	Head of IKPK Room
Informant 6	Woman	30	D3	Head of 2nd Floor Room B
Informant 7	Woman	28	S1	Head of IPB/NICU Room
Informant 8	Man	28	Senior High School	Danru Security
Informant 9	Man	31	Senior high school	Leader of Cleaning Service
Informant 10	Man	26	D3	Head of Sanitation Section
Informant Support				
Informant 11	Man	48	Senior high school	Visitors to Mitra Medika Hospital
Informant 12	Man	35	Senior high school	Visitors to Mitra Medika Hospital



Implementation of the Tobacco-Free Zone (KTR) Policy at RSU Mitra Medika Amplas. RSU Mitra Medika Amplas is the only hospital in Medan Amplas District to have achieved National Accreditation. On February 5, 2023, RSU Mitra Medika Amplas was awarded Plenary Accreditation by the Hospital Accreditation Commission (KARS) with Certificate Number: KARS-SERT/871/I/2023. Accreditation requires hospitals to implement the KTR policy by establishing a Tobacco-Free Zone program and guidelines that include KTR standards aimed at improving public health quality and protecting individuals from the dangers of cigarette smoke.

RSU Mitra Medika Amplas has established internal policies for the KTR as outlined in the Director's Regulation Number: 065/PER/DIR/RSMM/V/2022 on the Determination of Tobacco-Free Zones and the Director's Decision Number: 003/SK/DIR/RSMM/IV/2023 on the Composition of Persons in Charge and Supervisors for the Tobacco-Free Zone at the hospital.

However, as of the time of this research, no specific Tobacco-Free Zone implementation guidelines were found to be in place. Through interviews with informants, direct observations, and a review of relevant literature, researchers gathered various facts. These findings were then analyzed and compared with previous studies and theoretical frameworks proposed by experts, which are summarized as follows:

Compliance of Policy Implementers (Implementors) with Established Guidelines and Rules. In general, RSU Mitra Medika Amplas has implemented the Tobacco-Free Zone (KTR) policy by installing no-smoking signs or symbols in several strategic locations, such as entry doors, waiting rooms, and main corridors. However, there are some areas where supervision and signage installation are less optimal, such as in the back parking area and the canteen. This has led to ongoing violations, particularly in less populated areas that are not regularly monitored by supervisory officers.

The following is the researcher's analysis exploring the compliance of KTR policy implementers based on observations and interviews with various informants. The analysis of compliance indicators for the KTR policy is outlined as follows:

1. Availability of No-Smoking Signs or Symbols in KTR Areas

The availability of no-smoking signs or symbols that are clearly visible in designated Tobacco-Free Zones (KTR) is an essential aspect of policy implementation. While signs have been installed in most areas of the hospital, some locations, such as the small, secluded canteen and the large back parking area, have signs that are not sufficiently visible. These signs are often hidden by objects such as trees or canteen seating.

Below are excerpts from interviews with key informants and supporting informants regarding no-smoking signs or symbols:



"We have installed no-smoking signs in every corner of the hospital, but sometimes visitors ignore them."— Informant 1

Informant 1 revealed that despite the installation of no-smoking signs throughout the hospital, some visitors still disregard the rules. This highlights the need for additional efforts to improve compliance with the Tobacco-Free Zone policy.

This finding suggests that even though the signs are installed, visitors may not notice or adhere to them if the signs are not placed in clear or strategic locations. Based on the interviews, it can be concluded that while the hospital has made efforts to comply with the KTR policy by installing no-smoking signs in several locations, the effectiveness of these signs in encouraging compliance heavily depends on their visibility and placement. Vulnerable areas such as the back canteen and parking lot have sufficient signage, but the signs are obscured by other objects. This underscores the importance of strategically placing no-smoking signs to maximize the effectiveness of the KTR policy.

2. No Smoking in the KTR Areas

Based on observations conducted from June 29 to July 1, 2024, violations were still detected, particularly in the back parking area and canteen. An average of 30–40 cigarette butts was discovered daily during this three-day period. These observations indicate that compliance with the KTR policy remains low in areas that are less monitored.

Below are excerpts from interviews with informants regarding smoking violations:

"Even though we routinely remind visitors, we often find people smoking in the back parking area. Supervision there is weaker."— Informant 8

Informant 8 revealed that despite regular reminders to visitors about the KTR policy, non-compliance is still prevalent in the back parking area due to weaker supervision in this zone.

"Every morning, I clean the parking area and always find a significant number of cigarette butts, around 30 to 40 sticks."— Informant 9

The statement from Informant 9 highlights that violations of the KTR policy frequently occur in the back parking area. The daily discovery of 30–40 cigarette butts reflects low visitor compliance with the no-smoking rules in this location.

The results of observations and interviews confirm that weak supervision, especially in larger and less visible areas, is a major factor contributing to policy violations. Despite the clear establishment of the KTR policy in other areas, inadequate monitoring in certain zones undermines overall compliance.

3. Absence of Smoking Facilities in KTR Areas

Facilities such as ashtrays, lighters, or designated smoking rooms are not provided in the KTR areas at RSU Mitra Medika Amplas. Observation findings confirm that the hospital does not



provide smoking facilities in the KTR zones. However, violations are still occurring, as noted in interviews with informants.

Below is an excerpt from an interview:

"We do not provide smoking areas inside the hospital premises. However, some visitors still smoke in hidden places, such as the canteen and waiting area in the parking lot."— Informant 8

According to Informant 8, although no smoking facilities are provided, some visitors still violate the rules by smoking in concealed locations, such as the canteen and waiting areas near the parking lot. This underscores the need for enhanced supervision to minimize such violations.

The results of observations and interviews at RSU Mitra Medika Amplas indicate that while the hospital has implemented the Tobacco-Free Zone (KTR) policy by refraining from providing smoking facilities such as ashtrays or smoking rooms, visitors continue to violate the rules by smoking in hidden spots, including the canteen and parking areas. Strengthened supervision and enforcement are necessary to address this issue effectively.

4. No Cigarette Advertisements or Promotions in the KTR Area

Observation results show that RSU Mitra Medika has complied with the policy that prohibits cigarette advertisements or promotions in any area. No cigarette advertisements or promotions were found in the KTR areas of the hospital. The interview results also support this finding. Below is an excerpt from an interview:

"We do not see any cigarette advertisements in the hospital. All the materials we have are in line with KTR regulations."— Informant 8

Informant 8 confirmed that the hospital has adhered to the strict policy that prohibits cigarette advertisements or promotions in the KTR areas. The hospital environment has been arranged to ensure that no cigarette advertisements are displayed, which is crucial for creating a supportive, healthy environment free of cigarettes for visitors, patients, and staff.

The results of observations and interviews indicate that RSU Mitra Medika has successfully removed cigarette advertisements from its premises, in accordance with applicable policies. The hospital enforces a smoke-free policy rigorously, not only by refraining from providing smoking facilities but also by prohibiting cigarette advertisements. This is an important step in creating a supportive health environment for visitors, patients, and staff and ensuring compliance with the regulations.

5. No Cigarette Butts or Evidence of Smoking Activities in the KTR Area

The results of observations at RSU Mitra Medika show that although no cigarette butts were found in the patient treatment rooms, used cigarette butts were still found in areas such as the parking lot and canteen. This confirms that the No-Limit Zone Policy for Cigarettes (KTR) is not yet fully obeyed. Below is an excerpt from an interview with Informant 8, a security officer:



"I often find cigarette butts in the parking area. Every time I patrol, I have to clean up the cigarette rubbish left behind."— Informant 8

Informant 8's statement reveals that violations of the KTR policy still occur in areas with weaker supervision, such as the parking lot and canteen, despite the installation of smoking prohibition signs.

The results of observations and interviews show that the hospital has not fully succeeded in enforcing the KTR policy in certain areas, such as the parking lot and canteen, where used cigarette butts and smoking-related rubbish are still found. This indicates that while RSU Mitra Medika has set clear rules prohibiting smoking, weak supervision in these areas contributes to violations. Informant 8's interview further confirmed this, as he regularly cleans up smoking-related rubbish, highlighting the need for better supervision in these areas.

6. No Cigarette Smell Inside the Designated Smoke-Free Zones

Observation results indicate that the areas designated as smoke-free zones (KTR) at RSU Mitra Medika Amplas are free of cigarette smoke. The use of cigarette smoke detection by hospital security officers confirmed that there is no cigarette smell inside the buildings, especially in the KTR areas, including waiting rooms, clinics, and patient service areas. However, cigarette smoke was detected outside the building, particularly in the parking area and canteen. This shows the hospital's compliance with regulations prohibiting smoking in certain areas, but it suggests that full control of cigarette smoke in outdoor areas is not entirely achieved.

This finding is reinforced by the following interview excerpt: *"We do not smell cigarette smoke inside the hospital, especially in the KTR areas. All visitors and staff are informed that smoking is prohibited inside the building."*— Informant 8

Informant 8 confirmed that the hospital has successfully implemented the regulation, creating a smoke-free environment inside the building. Although supervision inside the building is stringent, challenges still exist in maintaining consistent compliance in outdoor areas such as the parking lot and canteen.

The results of observations and interviews show that while RSU Mitra Medika Hospital has created a smoke-free environment inside the building, additional supervision is required in outdoor areas to prevent smoking in prohibited spaces.

7. No Cigarette Product Sales in Smoke-Free Zones

Observation results show that RSU Mitra Medika Hospital does not have any stalls or places selling cigarette products within the KTR areas. All cigarette products are prohibited inside the hospital, in line with applicable regulations. Visitors and staff are directed to designated



smoking areas outside the building. This demonstrates good compliance with KTR regulations prohibiting the sale of cigarette products in the hospital premises.

The interview results further support this finding, as shown in the following excerpt: *"We do not see any cigarette product sales inside the hospital. All cigarette products have been prohibited since this policy was enforced."*— Informant 2

This statement indicates that RSU Mitra Medika complies with regulations prohibiting the sale of cigarette products within the KTR areas. The absence of cigarette products for sale reduces the risk of direct exposure to cigarettes for visitors and staff.

The results of observations and interviews show that RSU Mitra Medika Hospital has successfully enforced the No-Limit Zone Policy for Cigarettes by not providing cigarette product stalls inside the hospital.

8. Smoking is Only Allowed in Designated Smoking Areas

Observation results at RSU Mitra Medika Amplas show that the hospital does not provide a designated smoking area, either inside or outside the building. According to Law Number 17 of 2023 concerning Health and Government Regulation Number 109 of 2012, the hospital is prohibited from providing smoking areas inside or outside the building. Article 10 of Government Regulation No. 109/2012 states that the hospital must create a Smoke-Free Zone (KTR) in all areas, including inside the building, without providing smoking areas outside the building. This decision is intended to protect public health from the dangers of cigarette smoke, both for active smokers and passive smokers.

However, violations still occur, as stated by Informant 9, a Cleanliness Officer: *"Every day, I clean the canteen area in the back, and I often find cigarette butts there. Although there is a smoking prohibition sign, people still violate the rules."*— Informant 9

This statement shows that although no smoking area is provided, some visitors still smoke in inappropriate areas, such as near the canteen and parking lot. This indicates that stricter supervision is needed to ensure compliance with the KTR policy.

RSU Mitra Medika Hospital follows the provisions of Law Number 17 of 2023 and Government Regulation Number 109 of 2012 by not providing smoking areas, either inside or outside the building. This demonstrates the hospital's commitment to creating a healthy environment for visitors, patients, and staff by preventing exposure to cigarette smoke. This decision also reflects compliance with established regulations to protect public health from the harmful effects of cigarette smoke.

Based on the findings from observations, interviews, and relevant studies, the level of compliance with the No-Limit Zone Policy for Cigarettes (KTR) at the hospital varies significantly depending on the location and aspects of implementation:



High Compliance in Indoor Areas. Prohibited activities related to cigarettes, such as sales, promotion, and production, as well as smoking in indoor areas, show a high level of compliance. This reflects the effectiveness of policy implementation in areas that are more controlled and supervised.

Low to Moderate Compliance in Outdoor Areas. The level of compliance in outdoor areas, such as the parking lot and canteen, is relatively low. Indicators include the presence of cigarette butts and smoking activities still occurring in these areas. The installation of smoking prohibition signs in outdoor areas has also been assessed as insufficient in encouraging compliance, highlighting the need for improved communication and monitoring strategies in these areas.

This conclusion confirms that the level of compliance with the KTR policy is heavily influenced by the location context, the level of supervision, and the effectiveness of implementation tools, such as smoking prohibition signs. Improvement efforts should focus on enhancing surveillance in outdoor areas and improving educational strategies to support greater compliance throughout the hospital.

Smoothness of Routine Functions and Issues in the Implementation of the No-Limit Zone Cigarette (KTR) Policy at RSU Mitra Medika Amplas. Based on interviews conducted with the implementers of the No-Limit Zone Cigarette (KTR) policy at RSU Mitra Medika Amplas, many informants stated that the KTR policy does not interfere with their main work. Here are some quotes from the interviews that reflect the smoothness of routine tasks related to the implementation of the KTR policy:

"No, it doesn't interfere because we are helped by the security guards... The security guard, while on duty, ensures the environment is safe from cigarette smoke pollution."
— Informant 1

This statement shows that the implementers at RSU Mitra Medika Amplas feel that the No-Limit Zone Cigarette (KTR) policy does not interfere with their main work. The assistance provided by security personnel is particularly appreciated by the implementers in carrying out their tasks. Security guards are not only responsible for general hospital security, but they also play a key role in enforcing the KTR policy by monitoring and reprimanding violators who smoke in prohibited areas. The presence of security personnel helps prevent exposure to cigarette smoke in the work environment, allowing the implementers to focus on their main tasks without significant disturbance.



Although the majority of informants stated that the policy does not significantly disrupt their main work, some pointed out that sporadic violations (such as smoking in prohibited areas) still add an extra workload, particularly in terms of supervision and reprimanding violators.

Overall, the interview results show that the implementation of the KTR policy at RSU Mitra Medika Amplas runs smoothly without significantly affecting the routine work. Clear division of tasks between security guards and K3RS officers helps reduce the workload of other staff in supervising and enforcing the KTR policy. However, although the frequency of violations is low, sporadic violations, such as smoking in prohibited areas, highlight challenges in ensuring consistent policy implementation.

Smoothness of Other Routines and Functions

Based on observations and interviews, it can be concluded that the No-Limit Zone Cigarette (KTR) policy at RSU Mitra Medika Amplas, in general, does not interfere with the smoothness of routine tasks and the main functions of the policy implementers. This is due to the clear division of responsibilities between security guards and K3RS officers in supervising and enforcing the KTR policy. However, sporadic violations, such as smoking in prohibited areas, still occur, indicating that the implementation of the KTR policy is not yet fully effective.

A major constraint in ensuring consistent supervision and enforcement of the policy is the limited number of officers assigned specifically to supervise the KTR policy. To increase the effectiveness of the KTR policy, further investigation is needed to identify the problems in its implementation at RSU Mitra Medika Amplas.

Problems in Implementing the KTR Policy at RSU Mitra Medika Amplas

Based on the observations, several issues were identified in the implementation of the No-Limit Zone Cigarette (KTR) policy at RSU Mitra Medika Amplas: People were found smoking in areas such as the parking lot, motorcycle parking, and the hospital canteen. Cigarette butts were discovered in the parking lot and in the hallways near the polyclinic. The smell of cigarette smoke was detected in some areas that should be smoke-free. The size and placement of the smoking prohibition signs were not always clear or visible to visitors.

Here's the corrected version with improved grammar:

Issues in the Implementation of the No-Limit Zone Cigarette (KTR) Policy at RSU Mitra Medika Amplas

During observations, it was found that RSU Mitra Medika Amplas does not have clear and structured guidelines for implementing the KTR policy. This has led to a lack of understanding regarding the implementation mechanism, both among visitors and hospital staff. Based on the



results of interviews, the following issues were identified in the implementation of the KTR policy at RSU Mitra Medika Amplas:

1. Low Awareness Among Visitors

Observation results show that KTR violations still occur by hospital visitors. This is reinforced by the following interview excerpt:

"In my opinion, the main obstacle is the low awareness of visitors, because there are already no-smoking signs."— Informant 3

Informant 3 stated that the main problem in implementing the KTR policy at the hospital is the low awareness of visitors. Although no-smoking signs are already in place, violations still frequently occur. This shows that signs or regulations alone are not enough to prevent violations; there is a need for better understanding of the dangers of smoking and the importance of complying with the KTR policy.

2. Lack of Intensive Supervision

Observation results show that KTR violations persist due to insufficient supervision. Based on interviews, it was stated:

"The problem is possibly due to insufficient supervision. My suggestion is that officers should patrol more often, K3RS officers together with security guards, especially during breaks, when people tend to smoke after meals."— Informant 4

Informant 4 emphasized that the lack of supervision is a significant problem in implementing the KTR policy. The absence of intensive supervision, particularly during critical hours like meal breaks, leads to more frequent smoking violations.

3. Lack of Socialization and Education

Observation results show that some internal staff and visitors do not fully understand the KTR policy. This is reinforced by the following interview result:

"In my opinion, the main hindrance is visitor behavior, but the best solution would be more monitoring and evaluation. For example, KTR socialization needs to be done more frequently."

— Informant 5

Informant 5 suggested that inadequate socialization is an obstacle in implementing the KTR policy. The lack of clear information about the KTR policy and education about the dangers of smoking leads to non-compliance. According to the informant, more frequent monitoring and evaluation, as well as more intense socialization, are needed to increase awareness and compliance.

4. Indefinite Sanctions

Observation results show that no sanctions have been imposed on violators of the KTR policy at Mitra Medika Hospital. This is reinforced by the following interview:



"If I may suggest, I would recommend tightening the prohibition, for example, with a fine. If there are no clear sanctions, people may not take it seriously."
— Informant 9

Informant 9 suggested that sanctions, such as fines, should be tightened as a means to increase compliance with the KTR policy. The lack of clear sanctions, such as fines or administrative penalties, makes visitors feel that there are no serious consequences for violations, which leads to low compliance with the policy.

5. No Special Supervision Team (Task Force)

Observation results show that there is a designated person responsible for the KTR policy, as stated in the hospital's Director's decree. However, the responsibilities and duties are not clearly defined, and there is no special team for supervising the policy. This is reinforced by the following interview quote:

"To maximize effectiveness, there should be a clear mechanism, such as fines, and a special team. If there are fines, there will likely be resistance from offenders, so a good team is needed to manage this."— Informant 8

Informant 8 suggested forming a special team or task force dedicated to supervising the KTR policy effectively. The absence of a dedicated team has resulted in a lack of intensive supervision and frequent violations. The task force is expected to provide support and protection for officers in the field while improving the effectiveness of managing violations with clear sanctions.

6. No Smoking Cessation Clinic

Observation results show that there is no smoking cessation clinic at Mitra Medika Hospital. This is reinforced by the following statement:

"...our program includes a smoking cessation clinic..."
— Informant 2

7. Lack of Clear KTR Implementation Guidelines

From the results of observations and interviews, it was found that there are no clear guidelines for KTR implementation at RSU Mitra Medika Amplas. Without clear guidelines, the hospital cannot ensure that the KTR policy is implemented effectively according to the applicable laws. Guidelines are necessary as a reference for medical staff, hospital personnel, and visitors to comply with the rules and maintain a healthy environment at the hospital.

Based on the observations and interviews, it can be concluded that the implementation of the KTR policy at RSU Mitra Medika Amplas still faces several main obstacles, including low visitor awareness, lack of supervision, weak enforcement of sanctions, inadequate facilities and infrastructure, and the absence of a smoking cessation clinic.



To address these issues, the following solutions should be considered: Improving supervision, Implementing stricter enforcement of sanctions (including fines), Increasing education for visitors, Creating clear guidelines for KTR implementation, Improving facilities and infrastructure in accordance with the KTR policy.

Expected Performance and Impact in the Implementation of the No-Limit Smoking Area Policy (KTR) at Mitra Medika Hospital. The No-Smoking Area Policy (KTR) at Mitra Medika Hospital is an important step in creating a healthy and safe environment for patients, medical staff, and visitors. RSU Mitra Medika Amplas has implemented this policy with the goal of reducing exposure to cigarette smoke and mitigating its negative impacts on health. The performance of the KTR policy, which includes the enforcement of smoking bans, intensive supervision, socialization and education, as well as providing support facilities for smokers, is a critical aspect in achieving a smoke-free hospital environment.

1. **Performance of the KTR Policy at RSU Mitra Medika.** The performance of the KTR policy at RSU Mitra Medika refers to how effectively the policy has been implemented to achieve the established goals: creating a smoke-free environment, protecting public health, and reducing the harmful effects of smoking. Key aspects of the KTR policy performance, as discussed above, serve as indicators for evaluating the policy's implementation at RSU Mitra Medika Amplas. These aspects are as follows: Enforcement of Smoking Prohibition in Hospital Areas. The KTR policy aims to ensure that the regulation prohibiting smoking in hospital areas is enforced consistently. This is outlined in Constitution Number 17 of 2023 concerning Health, where Article 115 mandates that hospitals provide a smoke-free environment. This includes the consistent enforcement of smoking prohibitions.
2. **Intensive Supervision.** According to Article 112 of Law Number 17 of 2023 concerning Health, hospitals are required to carry out strict supervision of KTR implementation to ensure compliance. Supervision must be more intensive, especially during critical hours such as mealtimes, both during the day and at night. Observation results show that supervision of KTR violations at RSU Mitra Medika Amplas has not yet been fully intensive. Violations often occur during critical hours, such as during the evening and break times, due to a lack of strict supervision.
3. **Regular Socialization and Education.** The KTR policy must be supported by regular socialization and education programs for visitors, medical staff, and other healthcare workers regarding the importance of KTR and the dangers of cigarette smoke. This requirement is specified in Article 114 of Law Number 17 of 2023, which mandates hospitals to conduct clear and organized socialization about the KTR policy for visitors and medical staff.



4. **Support Facilities for Smoking Cessation.** Observation results show that the lack of special facilities to assist smokers in quitting is one of the obstacles to implementing the No-Limit Smoking Zone Policy (KTR) at RSU Mitra Medika Amplas. Visitors who smoke often do so without support services to help them quit, which may reduce the effectiveness of the KTR policy. The hospital has not yet provided services such as a smoking cessation clinic to support smokers in quitting.

Impact of the KTR Policy at Mitra Medika Hospital. The No-Limit Smoking Zone Policy (KTR) implemented at RSU Mitra Medika Amplas aims to create a smoke-free environment in the hospital. Based on the results of observations and interviews conducted, as well as a comparison with previous studies, the impact of this policy can be summarized into several key aspects, including air quality in the hospital, the reduction of smoking-related diseases, and improved compliance among visitors and medical staff. Below is a deeper discussion of the impact of the KTR policy at RSU Mitra Medika Amplas:

1. **Healthier Hospital Environment.** Observation results show that after the implementation of the KTR policy, the air quality in areas previously contaminated by cigarette smoke has significantly improved. Areas such as the waiting rooms, main hallways, and ICU show a significant decrease in cigarette smoke exposure after intense socialization efforts and the installation of smoking prohibition signs. However, some areas, such as the parking lot, canteen, and the hallway next to the polyclinic, are still polluted by cigarette smoke, indicating that supervision needs to be tightened, especially in the outer areas of the hospital.
2. **Reduced Risk of Smoking-Related Diseases.** In addition to improving air quality, the reduction in cigarette smoke exposure also contributes to a decreased risk of smoking-related diseases, such as lung cancer, COPD, and heart disease, among patients, visitors, and medical staff. While the long-term effects of this policy have not yet been fully measured, the reduction in the number of active smokers in the hospital area can help lower the prevalence of smoking-related diseases.
3. **Increased Compliance with KTR Policy.** Observation results show that the reduction in the number of smokers in the hospital is greatly influenced by the level of compliance with the KTR policy among visitors and medical staff. Although violations still occur in certain areas, such as the parking lot and canteen, the KTR policy, along with continuous socialization efforts and the installation of smoking prohibition signs, has increased awareness and compliance among a large number of visitors and medical staff.
4. **Independence in Policy Implementation.** The independence in implementing the No-Limit Smoking Zone Policy (KTR) at RSU Mitra Medika Amplas is an important factor that will



determine the long-term success of this policy. Although the KTR policy has already been implemented with positive impacts, challenges faced in supervision and enforcement show the need for the hospital to be more independent in managing and implementing this policy. Independence in policy implementation not only involves more intensive and consistent supervision but also internal management that can reduce reliance on external parties, enabling the policy to be more effective without outside intervention.

Overall, the KTR policy implemented at RSU Mitra Medika Amplas has had a positive impact on creating a healthier hospital environment, reducing the risk of smoking-related diseases, and increasing compliance among visitors and medical staff with the existing rules. While the visible impact is already apparent, there are still challenges that need to be addressed, such as inconsistent supervision in certain areas and the need to strengthen socialization efforts. Therefore, RSU Mitra Medika needs to strengthen supervision by forming a special team and providing adequate training for internal staff so that the KTR policy can be implemented more effectively and sustainably.

Conclusion

Based on the research results related to the implementation of the No-Limit Smoking Zone Policy (KTR) at Mitra Medika Hospital, it can be concluded that the implementation of the KTR policy has not yet been fully optimized. The level of compliance with the KTR policy, both from internal hospital parties and external visitors, is highly influenced by the location context, the effectiveness of supervision, and implementation tools such as smoking prohibition signs. The KTR policy at RSU Mitra Medika Amplas does not hinder the smoothness of the hospital's operational routine. The performance of the KTR policy at RSU Mitra Medika Amplas has had a positive impact, both in creating a healthier hospital environment and in reducing the risks associated with smoking-related diseases.



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