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Analysis of Human, Organizational, And Technological (Hot-Fit) Readiness in Medical Record Digitalization to Support The Implementation of Electronic Medical Record (EMR) at Bhayangkara Hospital Level IV Cianjur

Ridwan Yudiansyah[1], Vip Paramarta[2], Rulia[3]
[1]Universitas Sangga Buana YPKP, Bandung, Indonesia, yudiansyahridwan63@gmail.com
[2]Universitas Sangga Buana YPKP, Bandung, Indonesia.
[3]Universitas Sangga Buana YPKP, Bandung, Indonesia.

Corresponding Author: yudiansyahridwan63@gmail.com[1]

Abstract: This study aims to analyze the readiness of human, organizational, and technological aspects (HOT-Fit) in the digitalization of medical records to support the implementation of the Electronic Medical Record (EMR) at Bhayangkara Hospital Level IV Cianjur. The research background is based on the Indonesian Ministry of Health Regulation No. 24 of 2022, which mandates healthcare facilities to transition to electronic medical records, as well as the challenges faced by hospitals in terms of technological infrastructure, human resource skills, and system integration. This research employed a qualitative approach using in-depth interviews with medical staff, medical record officers, IT teams, and hospital management. Data were analyzed with NVivo software using the HOT-Fit model as the analytical framework. The results indicate that technology is the most dominant factor in the successful implementation of EMR, particularly regarding user-friendliness, system speed, and cross-service integration. Organizational aspects highlight the importance of structural support, policies, and clear SOPs, while human aspects focus on user competence and acceptance. EMR implementation has proven to deliver tangible benefits, including improved work efficiency, streamlined administrative processes, and enhanced healthcare quality. In conclusion, the success of EMR implementation is not solely determined by technological readiness but also by the synergy of human and organizational factors.

Keyword: Electronic Medical Record, HOT-Fit, Digitalization, Hospital, Health Management

INTRODUCTION

Management in the healthcare sector is a complex and multidisciplinary process. The primary function of healthcare management is to optimize the use of limited resources, improve the quality of services, and ensure equitable access to healthcare for all levels of society. In the context of modern healthcare, effective management focuses not only on administrative efficiency but also on improving the quality of care and patient safety.

The current global trend in the application of information technology in the healthcare sector is Electronic Medical Records (EMR). EMR is part of a health information system that is starting to be widely implemented in Indonesia. In Indonesia, the legal basis for EMR implementation has been strengthened through Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records, which officially replaces Regulation of the Minister of Health Number 269/MENKES/PER/III/2008. This regulatory change is based on the need to adapt regulations to developments in digital technology, demands for improved healthcare quality, and the increasingly complex legal needs of the community. The latest regulation requires every healthcare facility to implement electronic medical records no later than December 31, 2023. Furthermore, security, confidentiality, and patient data protection are key principles in its implementation (Kemenkes RI, 2022).

The creation of an EMR not only automates legacy procedures but also organizes and updates, even creating new, more efficient data flows. It also establishes new data processing procedures that are precise, systematic, simple, informative, and distribute information effectively (Antik Pujihastuti et al., 2021; Rohmatun, 2023).

EMRs contribute significantly to improving patient safety, specifically ensuring patients' safety when receiving healthcare services. Digitized medical records minimize the potential for document loss, misinterpretation due to illegible handwriting, and delays in the distribution of medical information. This demonstrates that EMRs are not merely administrative tools but strategic instruments for ensuring the quality and safety of healthcare services (Pribadi et al., 2018).

The reality of EMR implementation in Indonesia still faces significant challenges. According to data from the Center for Indonesia's Strategic Development Initiatives (CISDI), of the 9,831 hospitals in Indonesia, approximately 4,807 have not yet fully implemented electronic medical records (Dewi, 2022). This gap indicates obstacles in terms of infrastructure, human resources, organizational readiness, and financing.

This situation is also experienced by the Bhayangkara Hospital Class IV Cianjur, located in Cianjur Regency. This hospital's vision is to become the primary choice for healthcare services for Indonesian National Police personnel, their families, and the general public, upholding the values of professionalism, integration, and trust. Although several EMR features such as e-prescriptions, e-billing, referral letters, and discharge summaries are available for inpatient services, the EMR implementation at this hospital is not yet optimal. Conventional medical records are still used in parallel, and the completeness of medical records remains low. This condition indicates that the existing EMR system does not fully support the hospital's service and management needs.

Considering these conditions, a comprehensive analysis of the readiness for EMR implementation at Bhayangkara Hospital Level IV, Cianjur, is crucial. This analysis can be conducted using a SWOT (Strengths, Weaknesses, Opportunities, and Threats) approach, which examines four main aspects: human resources, organization, technology, and system utilization. This approach will help the hospital identify strengths that can be maximized, weaknesses that need to be addressed, opportunities that can be exploited, and threats that must be anticipated. Therefore, research on the readiness for EMR implementation at Bhayangkara Hospital Level IV, Cianjur, is crucial. The results of this study are expected to provide a clear picture of the hospital's readiness to implement EMR, as well as provide strategic recommendations to improve the quality of healthcare services, strengthen governance, and support digital transformation in the healthcare sector.

From the results of the SWOT analysis, it is clear that the role and purpose of EMR in the services of Bhayangkara Hospital Class IV Cianjur Polda West Java is very important to achieve positive opportunities and anticipate threats that will be faced by utilizing existing

strengths and improving weaknesses in the implementation of EMR at Bhayangkara Hospital Class IV Cianjur Polda West Java. With the implementation of an effective and efficient EMR, many things will be achieved, including:

a. Service benefits include cost savings with a paperless system, integrated and confidential medical records, a fast and simple administration process, and multi-rate pricing tailored to patient groups. Furthermore, it provides patients with easy access to inpatient room availability, real-time cost management, and easy access to information through mobile devices, websites, and other media.
b. From a staffing perspective, EMR makes it easier for staff and doctors to check patient queue and intensive care status. It establishes standards of good medical practice and implements consistent procedures and policies, facilitating employee assessment and evaluation, thus enhancing professionalism and performance.
c. Benefits from the management side: Speed in decision making, accuracy in identifying problems, ease of developing strategies, control of all organizational activities in real time, availability of reporting that provides global and detailed reports, and ease of access to information from existing gadgets.
d. Financial benefits for hospitals include streamlined accounting for physician fees, auditable and accountable documentation, and simplified bookkeeping and posting processes. The ability to audit each financial transaction allows the accounting department to act as a verifier, posting authorizer, and auditor.
e. From a logistical and inventory perspective, hospitals will be helped to minimize drug and medical device inventory leaks by providing minimum stock warnings and minimizing excess stock. Furthermore, the warehouse system can distribute to depots or units, and the integrated procurement process for each department is centralized in logistics.

To achieve these benefits, Bhayangkara Hospital Class IV Cianjur needs to be supported by a reliable EMR to process this information. To ensure the effectiveness of its implementation and the positive impact of the EMR in producing information that meets the data quality dimension, information system analysis is crucial. Information system analysis is a concrete effort to determine the actual condition of an information system's implementation (Larinse, 2015).

METHOD

According to Sugiyono (2015), a research method is a scientific way to obtain data for a specific purpose and use. Meanwhile, according to Silalahi (2012), it is "a systematic and organized method and procedure for investigating a particular problem with the aim of obtaining information to be used as a solution to the problem." Based on this definition, a research method is a step used by researchers with a scientific series so that the method will later determine the flow and results of the research.

Data collection technique

Data Collection Procedures

The data used in this study consists of primary data and secondary data.

1. Primary Data Primary data was obtained directly from the field through interactions with respondents at the Bhayangkara Hospital Class IV Cianjur.
   a. Medical and non-medical personnel: including physicians, nurses, pharmacists, and administrative staff who interact with the EMR system. Data were obtained through in-depth interviews to evaluate their experiences using the EMR in both clinical and administrative processes.

   b. Patients: obtained through interviews or surveys to understand their perceptions of the benefits of EMR in healthcare.
   c. Field observation: researchers directly observed the implementation of EMR in service units, such as patient registration, medical records, and prescription and referral management.
2. Secondary Data Secondary data is information that is already available and supports research analysis.
   a. Internal hospital documents: in the form of policies, monitoring reports, and EMR system evaluations.
   b. EMR system usage data: includes statistics on the number of patients registered, the frequency of technical problems, and system error records.
   c. Literature and guidelines: includes EMR operational guidelines used by hospitals as well as previous research results regarding EMR implementation in other healthcare institutions.

Data Analysis Techniques

Data analysis was carried out using qualitative and quantitative approaches.

1. In-depth interviews were conducted with key informants, such as IT heads, EMR managers, and heads of medical services, to gather information about system integration in clinical workflows.
2. A questionnaire was used to obtain quantitative data regarding EMR user satisfaction and perceptions.
3. Direct observations were conducted at service units, such as registration, polyclinics, and pharmacies, to see the real implementation of EMR.
4. Document studies were conducted by reviewing annual reports, technical guidelines, and hospital documentation related to EMR.

To support the accuracy of the qualitative analysis, NVivo 15 software was used. NVivo functions in the coding process, grouping themes, and visualizing interview data. Interview transcript data was coded based on the dimensions of Human, Organization, Technology, and Net Benefit (HOT-Fit framework). The coding technique was carried out manually based on themes with an inductive approach. The unit of analysis was defined as a single complete answer from the respondent to maintain context. If a single answer contained more than one theme, multiple coding was performed. This strategy aligns with thematic analysis by Braun and Clarke (2006), which emphasizes flexibility in identifying patterns of meaning and maintaining narrative context.

Data Validity Testing

Data validity testing is carried out to ensure the validity and reliability of research results.

1. Triangulation
   a. Source triangulation: comparing data from various respondents, for example doctors, nurses, administrative staff, and patients.
   b. Triangulation method: combining the results of interviews, surveys, and observations to ensure consistency of findings.
2. Member Checking Data interpretation is reconfirmed with participants to ensure the consistency between the researcher's analysis results and the respondent's experience.
3. Audit Trail The entire process of data collection, analysis, and interpretation is documented in detail to ensure research transparency and allow for re-evaluation by other parties.

4. Data Saturation The data collection process is stopped when no new information appears, indicating that the data obtained is sufficient to describe the research phenomenon comprehensively.

With a combination of data collection techniques, NVivo software-assisted analysis, and rigorous data validity testing, this study is expected to produce valid, credible, and accountable findings in the context of EMR implementation at Bhayangkara Hospital Class IV Cianjur.

RESULTS AND DISCUSSION

Results

General Description of Research Subjects

Bhayangkara Hospital Level IV Cianjur is a hospital under the auspices of the Indonesian National Police and is located in Cianjur Regency, West Java Province. This hospital aims to provide health services to members of the Indonesian National Police (Polri), their families, and the general public. As a type D hospital, Bhayangkara Hospital Level IV Cianjur has basic medical and supporting facilities, as well as a commitment to improving service quality through the use of information technology, including the implementation of an Electronic Medical Record (EMR) system. The EMR system at Bhayangkara Hospital Level IV Cianjur has begun to be implemented in stages, with an internal web-based system that covers the patient registration process, recording diagnoses, drug prescriptions, laboratory results, and archiving medical histories. Several units actively involved in the management and use of this system include the medical records department, the hospital information technology team, medical personnel such as doctors and nurses, and management elements. However, in its implementation, this hospital still faces various challenges such as limited technological infrastructure, uneven internet network, lack of ongoing training for system users, and suboptimal technical support outside of working hours. Furthermore, the use of the EMR system has not been fully integrated across all units, so some processes are still performed manually. Bhayangkara Hospital Class IV Cianjur was chosen as the research subject because this institution has implemented EMR but still faces obstacles that can be analyzed in depth using the HOT-Fit (Human, Organization, Technology Fit) framework approach. By conducting a HOT-Fit-based evaluation, it is hoped that factors that influence the effectiveness of EMR implementation can be identified and relevant recommendations formulated for improving the quality of hospital services.

Data Presentation

The data for this study were obtained from in-depth interviews with the importers directly involved in the implementation of the electronic medical records system at the Bhayangkara Level IV Hospital in Cianjur. All interview data was then processed and analyzed using NVivo 15 software, which enabled researchers to identify main themes, sub-themes, and relationships between themes. The data presentation in this section utilizes several forms of visualization, including a hierarchy chart and word cloud, to clarify the focus and intensity of the importers' discussion on the research topic.

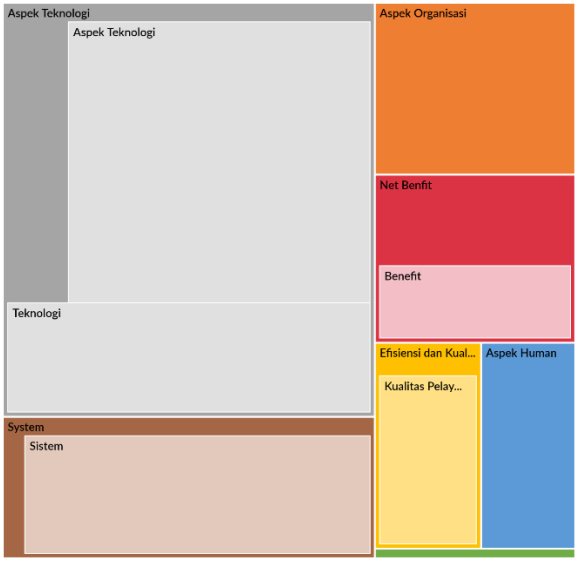

Figure 1. Hierarchy Chart
Source: Processed Data 2025

The figure above shows that the Technology Aspect theme has the largest proportion of references compared to other themes, indicating that technological factors are the primary focus of attention for importers. Within it, the Technology sub-theme emerged as a frequently discussed component, encompassing ease of use, system speed, and integration with other platforms. The Organizational Aspect theme also occupied a significant portion, reflecting the importance of structural support, policies, and management strategies for successful implementation. Meanwhile, Net Benefit and its sub-themes, such as Benefit, highlight the perception of direct and indirect benefits felt by both staff and patients.

The Efficiency and Quality of Service theme reflects IMPERSON's perspective on the impact of the medical records system on staff efficiency and the quality of services provided. The Human aspect addresses the human resource dimension, including understanding, skills, and acceptance of the system. Finally, the System theme captures general perceptions of the infrastructure and functionality of the medical records system itself.

From this distribution, it can be concluded that the discussion of importman focuses not only on technology but also encompasses organizational dimensions, benefits, service quality, human resources, and the system as a whole. This confirms that implementing electronic medical records is a multidimensional process that requires balanced attention to various supporting aspects.

Figure 2. Word Cloud
Source: Processed Data 2025

This image displays a Word Cloud visualization generated from all interview data. The size of the words in the Word Cloud represents the frequency of occurrence of the words in the transcript, with larger words indicating more frequent use of the word.

The results show that the words "record," "medical," and "system" dominate, aligning with the research focus. Furthermore, words such as "service," "quality," "health," and "patient" indicate a strong link between system implementation and improved healthcare services. The presence of words like "efficiency," "time," "benefit," and "speed" confirms the positive perception of the system's contribution to streamlining workflows and improving service effectiveness.

Several other terms, such as "support," "strategy," and "structure," demonstrate the importance of organization and management in supporting successful implementation. This visualization not only facilitates the identification of dominant themes but also reinforces the findings from the previous Hierarchy Chart, providing a comprehensive overview of the focus of the discussion.

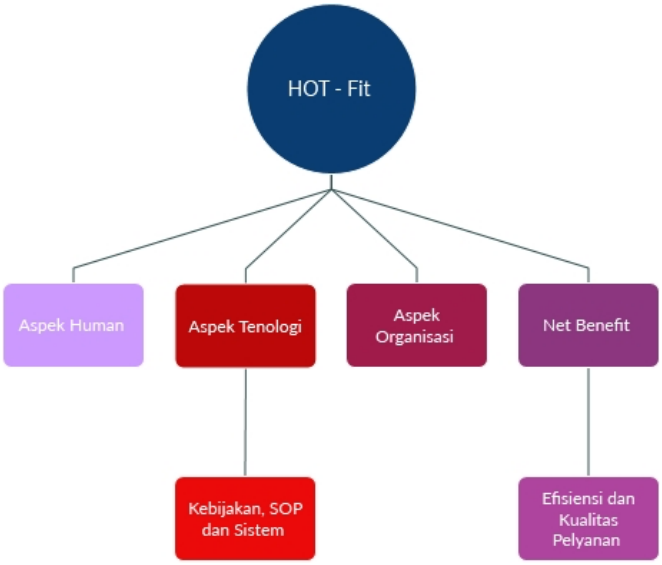

Figure 3. Mid Map
Source: Processed Data 2025

The following figure displays a mind map based on the HOT-Fit Model framework used in this study to categorize the findings. This model combines three main components: Human, Organization, and Technology, and one outcome component: Net Benefit.

The Human Aspect focuses on the competency, attitude, and readiness of human resources in operating the electronic medical records system. The Technology Aspect encompasses hardware and software support, as well as the existence of clear policies, standard operating procedures (SOPs), and systems as implementation guidelines. The Organizational Aspect encompasses support from hospital management, the organizational structure, and the implementation strategy. Meanwhile, Net Benefit represents the tangible results of system implementation, which in this study focused on improving the efficiency and quality of patient care.

This structure helps researchers map the relationship between supporting factors and achieved outcomes, while providing a comprehensive overview of how electronic medical record systems are implemented and their success evaluated.

Data Analysis

This study aims to identify factors influencing the successful implementation of the Electronic Medical Records (EMRS) System at Bhayangkara Hospital Level IV, Cianjur. Data were collected through in-depth interviews with several personnel who played a direct role in the planning, implementation, and evaluation of the system.

Data analysis was conducted using NVivo 15 software, which allows researchers to code, group themes, and visualize data in various formats, such as Hierarchy Charts, Word Clouds, and Mind Maps. The analysis model used refers to the HOT-Fit (Human–Organization–Technology Fit) framework, which emphasizes the suitability and interconnectedness between human, organizational, and technological factors in achieving maximum benefits (net benefits) from a health information system.

1. Hierarchy Chart Analysis

Based on the Hierarchy Chart visualization, it was found that the Technology aspect received the highest proportion of references compared to other aspects. This dominance indicates that technology quality and readiness are the primary focus of IMPORTMAN's attention. Within the technology aspect sub-theme, IMPORTMAN highlighted several key points, including:

a. Ease of use of the system (user friendly), which influences the speed of adaptation of medical and administrative staff.
b. The speed of system access and response, which determines the smoothness of the process of inputting and searching for patient medical data.
c. Integration with other platforms or systems, which allows for fast and accurate cross-departmental data exchange.

In addition to technology, organizational aspects also received significant discussion. Imporman emphasized the importance of structural support and management policies in facilitating system adoption, including providing resources, establishing dedicated teams, and developing clear standard operating procedures (SOPs).

Meanwhile, Net Benefit is an indicator that reflects the benefits directly experienced by users, such as increased work efficiency, accelerated patient administration processes, and improved medical record data quality. Additional themes such as Efficiency and Service Quality reinforce the narrative that RME has contributed to accelerated work processes and improved healthcare quality.

On the other hand, the Human Aspect highlights user competency, skills, and the level of system acceptance. This factor plays a crucial role because technological advancements will not be optimal without competent user support. Finally, the System theme reflects users' perceptions of infrastructure reliability and the completeness of the system's overall features.
These findings confirm that the success of RME implementation is not just a matter of technology alone, but rather the result of a synergistic interaction between technology quality, organizational support, human competence, and the tangible benefits generated.

2. Word Cloud Analysis

The word cloud visualization displays the most frequently used words by respondents during the interviews. The words "record," "medical," and "system" were the most dominant, reflecting the primary focus of the discussions.

Words like "service," "quality," "patient," "efficiency," and "time" indicate that the primary focus of EMR implementation is improving the quality of healthcare services and speeding up administrative processes. Meanwhile, the terms "benefit," "speed," "support," and "strategy" indicate a close relationship between system quality, management roles, and user-perceived outcomes.

Word Cloud This not only visualizes word frequency, but also serves as a cross-validation of the findings on the Hierarchy Chart, where themes related to technology, organization, and benefits are indeed the main highlights of imporman.

3. Mind Map Analysis (HOT-Fit Model)

The Mind Map used in this study follows the HOT-Fit framework, which outlines the relationship between three key factors and the resulting benefits:

a. Human factors encompass technical competence, skills, and user attitudes. Imporman revealed that adequate training and mental readiness influence successful adaptation to RME systems.
b. Technology encompasses feature completeness, system stability, data integration, and the existence of standard operating procedures (SOPs) as operational guidelines. Reliable technology has been proven to minimize technical obstacles and increase work speed.
c. Organizational factors include management support, resource allocation, organizational structure, and a planned implementation strategy. These factors ensure a smooth adoption process and sustainable system use.
d. Net Benefit is a tangible result that is felt, such as increased speed of service, reduced recording errors, and improved quality of medical data.

This Mind Map makes it clear that each component is interconnected. For example, good technology will be less useful if the user is incompetent, or if the organization doesn't provide adequate support.

4. Synthesis of Findings

Combining the results of the three visual analyses above, it can be concluded that the success of RME implementation at the Cianjur Level IV Bhayangkara Hospital is influenced by:

a. The dominance of technological factors as a determinant of the smoothness of the process of inputting and processing medical data.
b. The readiness of human resources to operate the system, which is influenced by technical competence and willingness to adapt.
c. The role of organizational support, both in terms of policy, structure, and resources, ensures the sustainability of system use.
d. Tangible benefits include increased time efficiency, quality of service, and accuracy of medical data.

This finding is in line with the HOT-Fit concept, which emphasizes that the fit between people, organizations, and technology will maximize the benefits of health information systems.

Discussion

Based on the analysis of the HOT-Fit Framework Implementation in the EMR Information System using the HOT-Fit (Human–Organization–Technology Fit) framework, the implementation of Electronic Medical Records (ER) at the Bhayangkara Level IV Hospital in Cianjur has shown significant achievements. This success is reflected in the stable system performance, relatively high user acceptance, and tangible benefits felt by both the hospital and patients.

Technology emerged as a key pillar for successful implementation. The RME system utilized has adequate infrastructure, both in terms of hardware (servers, computers, networks) and software, supporting fast and accurate medical data recording and management. The system's speed in processing data and its ability to integrate with other platforms or service

systems (such as patient registration, laboratory, or pharmacy systems) are added values recognized by the majority of importers. This integration not only minimizes duplication of work but also shortens service times.

Organizational aspects also contribute significantly to smooth implementation. Policy support from hospital management, clear Standard Operating Procedures (SOPs), and a prepared work structure are the foundations that ensure the system can be implemented consistently across all service units. Management not only facilitates technical requirements but also provides a regular evaluation mechanism to adapt the system to operational needs and technological developments.

From a human perspective, the majority of medical and non-medical staff understand the benefits of using EMR, particularly in improving work efficiency and reducing the risk of recording errors. However, the analysis also indicates a need for more structured, ongoing training, particularly for new staff or users who are less familiar with digital systems. This technical skill enhancement is essential to ensure all staff have a level of understanding and competency.

Meanwhile, the net benefits experienced by hospitals include work time efficiency, reduced administrative errors, improved medical data quality and accuracy, and improved patient service. These efficiencies not only accelerate service delivery but also increase patient confidence in the quality of hospital services.

Overall, the implementation of EMR at the Bhayangkara Level IV Hospital in Cianjur can be categorized as successful because the four aspects of the HOT-Fit framework mutually reinforce each other. Reliable technology, a supportive organization, adaptive human resources, and tangible benefits have created a digital ecosystem that supports optimal healthcare services.

Furthermore, based on the findings of the Recommendations for Improving the Benefits of EMR Information Systems study, several strategic recommendations can be implemented to maximize the benefits of EMR systems and ensure their sustainable use. These recommendations are divided into four components of the HOT-Fit framework.

1. Improving Human Resources (Human) Competence

   Although most staff are already proficient in operating the EMR, competency building is still needed to maintain consistent system usage. Some steps that can be taken include:

   a. Conduct regular training for all staff, especially when there are system updates or new features added.
   b. Provide self-learning modules (video-based, digital guides, or e-learning) so that users can study the material at their own time.
   c. Form a superuser team in each service unit whose task is to provide fast technical assistance to colleagues when they encounter problems.
   d. Optimizing Organizational Support

2. Organizations need to continuously ensure the sustainability and consistency of RME use through:
   a. Strengthening SOPs that are relevant to current service procedures and documenting any changes made.
   b. Hold regular evaluation meetings to identify bottlenecks, propose improvements, and align the system with operational needs.
   c. Set aside a dedicated budget for system development and maintenance, including hardware and software updates.

3. Technology Development
   In order for the RME system to be more optimal, technology development can be directed at:
   a. Increased server capacity and network speed to anticipate surges in the number of users and data.
   b. System integration with other digital services such as queuing systems, laboratories, radiology, and pharmacies, so that service flows become more connected and efficient.
   c. Improving data security through the implementation of encryption, two-factor authentication, and regular security audits to protect the confidentiality of patient data.

4. Maximizing Benefits (Net Benefit)
   To ensure the benefits of RME continue to increase, hospitals can:
   a. Conduct regular measurements of performance indicators (e.g. service time, recording error rate, patient satisfaction) as a basis for evaluation.
   b. Develop an analytical dashboard that displays real-time data related to operations and services, so that decision-making can be done faster and more data-driven.
   c. Creating innovative digital services such as online patient registration, telemedicine services, and test result notifications, to improve patient comfort and satisfaction.

By implementing these recommendations, it is hoped that the Cianjur Level IV Bhayangkara Hospital can strengthen the role of the EMR as a core system supporting healthcare services. Improved human resource competency, consistent organizational support, adaptive technology development, and a focus on tangible benefits will create a more efficient work environment, higher-quality services, and a better patient experience.

CONCLUSION

Based on the results of research on the implementation of the HOT-Fit evaluation framework on the Electronic Medical Record Information System (ERI) at the Level IV Bhayangkara Hospital in Cianjur, the following conclusions can be drawn:

1. Implementation of the RME System Referring to the HOT-Fit Framework
   The analysis results indicate that the RME implementation is quite effective and meets the four main dimensions of HOT-Fit. The Technology aspect is the main focus, supported by system speed, ease of use, and integration between platforms. The Organizational aspect contributes through clear policies, management support, and an adaptive organizational structure. The Human aspect demonstrates readiness and positive acceptance from most users, although technical competency improvements are still needed. Perceived Net Benefits include increased work efficiency, service quality, and a reduction in recording errors.

2. The Relationship Between HOT-Fit Aspects in Successful Implementation
   Research findings show that the success of RME implementation Success is not solely determined by technology, but also by organizational support, human resource readiness, and the successful implementation of strategies. The synergy between these aspects creates a measurable positive impact on hospital performance and patient satisfaction. Despite the successful implementation, several areas still need improvement, such as increasing server capacity, strengthening data security, integrating systems across services, and providing ongoing training for all staff.

REFERENCE

Abda'u, P. D., Winarno, W. W., & Henderi, H. (2018). *Metode Penelitian dalam Sistem Informasi.* Yogyakarta: Penerbit Universitas.

Ali, H., Sari, P., & Handiwidjojo, P. (2015). *Sistem informasi rekam medis elektronik (EMR) untuk pengumpulan, penyimpanan, dan akses data pasien*. Jakarta: Penerbit Teknologi Kesehatan.

Antik Pujihastuti, A., dkk. (2021). Penerapan Sistem Informasi Manajemen dalam Mendukung Pengambilan Keputusan Manajemen Rumah Sakit. *Jurnal Manajemen Informasi Kesehatan Indonesia, Volume 9, Nomor 2, Halaman 200.*

Arfianti, R., & Nurinaya, A. (2018). Analisis SWOT dalam meningkatkan daya saing. *Economix, Volume 6.*

Astria, S. (2018). Evaluasi penerapan sistem rekam medis elektronik di rumah sakit menggunakan metode HOT-Fit. *Jurnal Teknologi Kesehatan, 17(2), 45-59.*

Bayu, R., & Muhimmah, I. (2023). *Manajemen Kesehatan dalam Upaya Meningkatkan Kualitas Pelayanan*. Bandung: Penerbit Sehat.

Bayu, I., & Izzati, A. (2013). Evaluasi sistem informasi rumah sakit menggunakan HOT-Fit Model. *Jurnal Sistem Informasi, 4(1), 112-130.*

Brender, J., & Patel, V. (2006). Evaluating the success of electronic health records (EHR) implementations: A meta-analysis. *Journal of Health Information Technology, 14(2), 25-42.*

DeLone, W. H., & McLean, E. R. (1992). Information system success: the quest for the dependent variable. *Information Systems Research, 3(1), 60-95. https://doi.org/10.1287/isre.3.1.60*

Dewi. (2022). Jumlah rumah sakit yang belum menggunakan EMR di Indonesia: 4.807 puskesmas (48,9% dari total 9.831 puskesmas). *AntaraNews. Center for Indonesia's Strategic Development Initiatives (CISDI).*

Farida, R., dan Dewi, L. (2021). Peran staf klinis dalam perencanaan implementasi rekam medis elektronik di rumah sakit. *Jurnal Manajemen Kesehatan, 12(4), 98-106.*

Guritno, Rahardja, dkk. (2011). Metode Penelitian Deskriptif dalam Pengelolaan Sistem Informasi. Jakarta: Penerbit Aksara.

Handiwidjojo, P. (2015). Rekam medis elektronik: Definisi, implementasi, dan manfaat bagi rumah sakit. Jakarta: Penerbit E-Medical.

Khasanah, S. (2020). Tantangan penerapan rekam medis elektronik di fasilitas kesehatan. Journal of Health Management, 13(1), 20-28.

Kementerian Kesehatan Republik Indonesia. (2008). Peraturan Menteri Kesehatan Republik Indonesia Nomor 269/MENKES/PER/III/2008 tentang Rekam Medis.

Kementerian Kesehatan Republik Indonesia. (2022). Pedoman Rekam Medik di Rumah Sakit. Jakarta: Kementerian Kesehatan RI.

Kementerian Kesehatan Republik Indonesia. (2022). Peraturan Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022 tentang Rekam Medis Elektronik.

Larinse. (2015).Evaluasi Sistem Informasi Manajemen Rumah Sakit (SIMRS) Menggunakan Metode HOT-Fit pada Pengguna Akhir SIMRS di RSUD-Talaud. Universitas Kristen Satya Wacana.

Mathar, M. (2018). Pentingnya Rekam Medik dalam Peningkatan Pelayanan Kesehatan. Jakarta: Penerbit Kesehatan.

Murnita, Y., Sari, R., & Sukma, W. (2016). Evaluasi kualitas layanan sistem informasi rekam medis elektronik di rumah sakit. Jurnal Teknologi Informasi, 18(3), 112-125.

Nasution, D. (2017). Rekam Medik: Prosedur dan Implementasinya di Rumah Sakit. Medan: Penerbit Medika.

Peraturan Menteri Kesehatan Republik Indonesia No. 269/MENKES/PER/III/2008. (2008). Tentang Rekam Medis. Jakarta: Kementerian Kesehatan Republik Indonesia.

Pribadi, dkk. (2018). Komodifikasi Derita Korban Bencana. The Journal of Society and Media, Volume 2, Nomor 2, Halaman 146–153.

Rohmatun. (2023). Pembelajaran Qirā'at al-Kutub di Pondok Pesantren Al-Huda: Tinjauan Kurikulum, Bahan Ajar, dan Evaluasi. Jurnal Ilmiah Pendidikan Citra Bakti, Volume 10, Nomor 4, Halaman 928–939.

Rozanda, A., & Masriana, F. (2017). Analisis faktor organisasi dalam implementasi EMR di rumah sakit. Jurnal Manajemen Kesehatan, 11(2), 80-95.

Sari, D., & Rizki, A. (2016). Penerapan sistem rekam medis elektronik dengan pendekatan Hot-Fit di rumah sakit. Jurnal Sistem Informasi Kesehatan, 15(2), 35-44.

Sila Lahi, H. (2012). Sistematik Prosedur Penelitian dalam Ilmu Sosial dan Teknologi. Jakarta: Penerbit IAC.

Siregar, R. (2013). Pendekatan Deskriptif dalam Penelitian Sosial dan Teknologi. Bandung: Penerbit Sinergi.

Sukma, T. (2018). Pengaruh kualitas sistem, informasi, dan layanan terhadap keberhasilan implementasi EMR di rumah sakit. Jurnal Manajemen Sistem Informasi, 14(1), 56-71.

Sugiyono. (2015). Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Bandung: Alfabeta.

Sugiyono. (2016). Metode Penelitian Kuantitatif, Kualitatif dan R&D. Bandung: Alfabeta.

Yoga, dkk. (2021). The Effect of Yoga Exercise on Menstrual Pain Reduction. Journal of Bodywork and Movement Therapies, Volume 18, Nomor 3, Halaman 399.

Yoga, H., et al. (2021). Rekam medis elektronik sebagai solusi pengelolaan data kesehatan pasien. Jurnal Teknologi Kesehatan, 19(3), 60-72.

Yusof, M. M., Winarno, W. W., & Henderi, H. (2018). Human, Organization, and Technology-Fit: Evaluasi Sistem Informasi Kesehatan. Jakarta: Penerbit Ilmiah.

Yusof, et al. (2006). HOT-Fit Model dalam Implementasi Sistem Informasi Kesehatan di Rumah Sakit. Journal of Health Informatics, 12(3), 234-245.

Yusof, M., et al. (2008). Evaluating healthcare information systems: Factors and methodologies. International Journal of Medical Informatics, 77(6), 376-384.