

EVALUASI IMPLEMENTASI REKAM MEDIS ELEKTRONIK DALAM MENDUKUNG MUTU PELAYANAN DI RUMAH SAKIT NUR HIDAYAH BANTUL

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ABSTRAK

Latar belakang: Implementasi Rekam Medis Elektronik (RME) di Rumah Sakit Nur Hidayah Bantul telah berjalan di seluruh unit pelayanan, namun pelaporan harian masih didominasi oleh kendala teknis parsial seperti gangguan jaringan dan sistem yang mendadak *automatic logout*. Meskipun regulasi internal berupa SOP sudah tersedia, monitoring evaluasi selama ini baru sebatas mendata keluhan teknis dan belum pernah mengevaluasi keselarasan sistem secara holistik menggunakan kerangka ilmiah. Oleh karena itu, penelitian ini bertujuan untuk mengevaluasi hubungan implementasi RME menggunakan model *human, organization, technology-Fit* (HOT-Fit) terhadap mutu pelayanan klinis pada level proses asuhan PPA. Hasil penelitian ini selanjutnya digunakan sebagai dasar objektif bagi manajemen dalam menyusun rekomendasi strategis perbaikan berbasis bukti guna meningkatkan mutu pelayanan klinis.

Metode: Penelitian ini merupakan penelitian kuantitatif analitik dengan desain *cross-sectional* menggunakan instrumen kuesioner skala Likert 4 poin serta lembar observasi untuk menilai kesesuaian persepsi responden dengan kondisi riil di rumah sakit. Populasi dalam penelitian ini adalah seluruh PPA yang aktif menggunakan RME dalam melakukan dokumentasi asuhan klinis harian, yang terdiri dari dokter, perawat, bidan, apoteker dan ahli gizi ($n = 101$). Teknik pengambilan sampel menggunakan *total sampling*. Analisis data dilakukan secara univariat, bivariat dengan uji spearman, dan multivariat dengan uji regresi linear berganda dibantu perangkat statistik SPSS.

Hasil: Analisis deskriptif menunjukkan bahwa dimensi *human, organization, technology*, dan mutu pelayanan klinis (*net benefit*) secara konsisten dipersepsikan positif oleh PPA. Hasil uji simultan mengonfirmasi kekuatan kerangka kerja HOT-Fit dengan nilai F-hitung sebesar 70,856 ($p=0,000$), yang menunjukkan ketiga variabel tersebut secara bersama-sama berhubungan positif terhadap efektivitas pengambilan keputusan klinis, efisiensi alur pelayanan dan keselamatan pasien (mutu pelayanan klinis). Secara parsial, seluruh dimensi memiliki hubungan signifikan terhadap mutu pelayanan klinis, di mana dimensi *technology* menjadi faktor dengan hubungan paling dominan ($\beta = 0,422$; $p=0,000$), diikuti oleh *organization* ($\beta = 0,269$; $p=0,005$) dan *human* ($\beta = 0,247$; $p=0,003$). Lebih lanjut,

nilai koefisien determinasi (R^2) sebesar 0,687 menegaskan bahwa kontribusi simultan dari ketiga aspek tersebut mampu menjelaskan 68,7% variabilitas mutu pelayanan klinis di rumah sakit, sedangkan 31,3% sisanya dipengaruhi oleh faktor lain di luar model penelitian.

Kesimpulan: Keberhasilan RME dalam mendukung mutu pelayanan klinis di RS Nur Hidayah Bantul ditentukan oleh keselarasan yang utuh antardimensi HOT-Fit, dengan *technology* merupakan faktor dengan hubungan paling dominan terhadap mutu pelayanan klinis, diikuti oleh *organization* dan *human*. Mengingat seluruh dimensi terbukti berhubungan signifikan secara statistik, manajemen rumah sakit direkomendasikan melakukan intervensi strategis melalui penguatan pembinaan berkelanjutan oleh Bagian Diklat, melakukan redistribusi komputer proporsional disertai penyediaan SDM IT *hybrid skills* 24 jam, serta menyusun *roadmap* pengembangan *alert system* bertahap.

Kata Kunci : Evaluasi Sistem, Model HOT-FIT, Mutu Pelayanan, Rekam Medis Elektronik, Rumah Sakit.

EVALUATION OF ELECTRONIC MEDICAL RECORD IMPLEMENTATION IN SUPPORTING QUALITY OF CARE AT NUR HIDAYAH HOSPITAL BANTUL

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ABSTRACT

Background: The implementation of Electronic Medical Records (EMR) at Nur Hidayah Hospital Bantul has been carried out across all service units. However, daily reports still indicate recurring technical issues, such as network disruptions and unexpected automatic system logouts. Although internal regulations in the form of Standard Operating Procedures (SOP) are already available, monitoring and evaluation activities have primarily focused on recording technical complaints and have not comprehensively assessed system alignment using a scientific evaluation framework. Therefore, this study aimed to evaluate the relationship between EMR implementation, based on the, Human Organization Technology-Fit (HOT-Fit) model, and clinical service quality at the level of healthcare providers' clinical care processes. The findings were subsequently used as an objective basis for management to formulate evidence-based strategic recommendations for improving clinical service quality.

Methods: This study employed an analytical quantitative approach with a cross-sectional design using a 4-point Likert-scale questionnaire and an observation checklist to assess the consistency between respondents' perceptions and actual conditions in the hospital. The study population consisted of all Professional Care Providers actively using EMR to document daily clinical care, comprising physicians, nurses, midwives, pharmacists, and nutritionists (n = 101). A total sampling technique was applied. Data were analyzed using univariate analysis, bivariate analysis with Spearman correlation, and multivariate analysis with multiple linear regression using SPSS statistical software.

Results: Descriptive analysis indicated that the human, organization, technology, and clinical service quality (net benefit) dimensions were consistently perceived positively by the PPAs. Simultaneous test results confirmed the robustness of the HOT-Fit framework with an F-value of 70.856 (p=0.000), proving that these three variables collectively correlate positively with the effectiveness of clinical decision-making, efficiency of service workflows, and patient safety (clinical service quality). In the partial analysis, all dimensions demonstrated statistical associations with clinical service quality, with the technology dimension showing the strongest relationship ($\beta = 0.422$; p=0.000), followed by organization ($\beta = 0.269$; p=0.005)

and *human* ($\beta = 0.247$; $p = 0.003$). Furthermore, the coefficient of determination (R^2) of 0.687 indicated that the combined contribution of these three dimensions explained 68.7% of the variation in clinical service quality, while the remaining 31.3% was influenced by factors outside the research model.

Conclusion: The success of EMR implementation in supporting clinical service quality at Nur Hidayah Hospital Bantul is determined by the alignment among the HOT-Fit dimensions, with technology demonstrating the strongest relationship with clinical service quality, followed by organization and human factors. Since all dimensions were statistically associated with clinical service quality, hospital management is recommended to strengthen continuous training programs through the Education and Training Unit, implement proportional computer redistribution accompanied by the provision of IT personnel with hybrid skills available 24 hours a day, and develop a phased roadmap for the implementation of an alert system.

Keywords: System Evaluation, HOT-FIT Model, Quality of Care, Electronic Medical Record, Hospital.