Analysis Of Electronic Medical Record Implementation To Improve Service Quality At Uki General Hospital

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Abstract

Background: The development of information technology in the health sector encourages the implementation of Electronic Medical Records (EMR) to improve the efficiency and quality of hospital services. UKI General Hospital has implemented EMR, but still faces technical and operational challenges that hinder system optimization. Objective: This study aims to analyze the implementation of EMR at UKI General Hospital and evaluate its impact on the quality of hospital services. Method: The study used a mixed-method approach with data collection techniques through questionnaires, interviews, and quantitative and qualitative data analysis. The sample consisted of health workers and administrative staff involved in the use of EMR. Results: The results of the study indicate that the implementation of EMR has increased efficiency in patient data management, but there are still obstacles such as limited infrastructure, lack of HR training, and difficulties in adapting to technology. Conclusion: The implementation of EMR contributes to improving the quality of hospital services, but improvements are still needed in technical aspects and HR readiness. Suggestion: Improvements in infrastructure, medical personnel training, and strategic policies are needed to support more effective implementation of EMR.

Keywords: Electronic Medical Records, Service Quality, Hospital, Digitalization

Abstrak

Latar Belakang: Perkembangan teknologi informasi di sektor kesehatan mendorong implementasi Rekam Medis Elektronik (RME) guna meningkatkan efisiensi dan mutu pelayanan rumah sakit. Rumah Sakit Umum UKI telah menerapkan RME, namun masih menghadapi tantangan teknis dan operasional yang menghambat optimalisasi sistem. **Tujuan:** Penelitian ini bertujuan untuk menganalisis penerapan RME di RSU UKI serta mengevaluasi dampaknya terhadap mutu pelayanan rumah sakit. **Metode:** Penelitian menggunakan pendekatan mixed-method dengan teknik pengumpulan data melalui kuesioner, wawancara, serta analisis data kuantitatif dan kualitatif. Sampel terdiri dari tenaga kesehatan dan staf administrasi yang terlibat dalam penggunaan RME. **Hasil:** Hasil penelitian menunjukkan bahwa penerapan RME telah meningkatkan efisiensi dalam pengelolaan data pasien, tetapi masih terdapat kendala seperti keterbatasan infrastruktur, kurangnya pelatihan SDM, serta kesulitan dalam adaptasi teknologi. **Kesimpulan:** Penerapan RME berkontribusi dalam meningkatkan mutu pelayanan rumah sakit, namun masih diperlukan perbaikan pada aspek teknis dan kesiapan SDM. **Saran:** Diperlukan peningkatan infrastruktur, pelatihan tenaga medis, serta kebijakan strategis untuk mendukung implementasi RME yang lebih efektif.

Kata Kunci: Rekam Medis Elektronik, Mutu Pelayanan, Rumah Sakit, Digitalisasi

INTRODUCTION

The importance of digitalization in improving healthcare service quality in the era of globalization is one of the reasons the researcher chose this study topic.

Advances in information technology have brought significant changes to healthcare systems, including the implementation of Electronic Medical Records (EMR), which is regulated under the Indonesian Ministry of Health Regulation (Permenkes) No. 24 of 2022.

This policy aims to ensure more efficient, accurate, and secure management of health data. UKI General Hospital, as one of the healthcare institutions, has begun implementing EMR; however, it still faces challenges such as the continued use of manual systems, which hampers optimal data utilization. Therefore, this study is relevant for analyzing EMR implementation at UKI General Hospital to improve service quality and ensure compliance with government regulations.

The EMR implementation at UKI General Hospital faces technical and operational challenges that affect the efficiency and effectiveness of medical record management. Issues still exist that do not meet quality standards or guidelines, such as incomplete medical records that fail to meet quality benchmarks, and inadequate facilities, such as insufficient storage space. These problems indicate that although EMR has been implemented, obstacles remain that must be overcome to achieve maximum efficiency. Therefore, analyzing EMR implementation is an important step in evaluating the current system and providing recommendations for improvement.

This research not only benefits UKI General Hospital but also offers broader academic and practical contributions. By identifying the challenges and obstacles in EMR implementation, this study can produce applicable strategic recommendations to enhance hospital healthcare service quality. In addition, the findings can serve as a reference for other hospitals transitioning from manual to digital systems, while contributing to the literature on healthcare service management.

In 2022, trends in EMR implementation indicated that regulatory compliance was a top priority for many hospitals. According to a survey by the Indonesian Hospital Association (PERSI), approximately 50% of 3,000 hospitals had adopted EMR systems, although only 16% had successfully implemented them optimally. Obstacles included a shortage of competent information technology specialists, limited budgets for digital infrastructure procurement, and hospital staff's difficulty in adapting to new technologies (PERSI, 2022). Additionally, budgeting posed a major challenge, as the high costs required to develop infrastructure and operate the system often became a burden, particularly for smaller hospitals or those with financial constraints. Staff adaptation also required time and intensive training to ensure they could operate the EMR system effectively. Without adequate training, the risk of failure in transitioning from manual to digital systems increases, which can hinder efforts to improve operational efficiency and service quality.

Projections for 2024 show optimism for improving healthcare service quality in Indonesia. As more hospitals adopt EMR, the effectiveness of patient data management and data-based decision-making is expected to improve. EMR integration with the Hospital Management Information System (SIMRS) allows data connectivity across service units, accelerating medical information processing and providing direct benefits to patients. This data integration also strengthens interdepartmental coordination, making hospitals more responsive to patient needs (PERSI, 2022).

A deeper analysis of UKI General Hospital is necessary because, despite having implemented EMR, its application remains suboptimal. The current system is still hybrid, with EMR running alongside manual medical records. These two systems operate simultaneously, leading to inefficiencies and potential data duplication. This situation not only hampers operational efficiency but also increases the risk of errors in record-keeping and data-based decision-making. Furthermore, UKI General Hospital does not yet have integrated quality guidelines for EMR implementation. Such guidelines are essential to ensure consistent and accurate service standards, especially in managing medical data.

Without clear guidelines, evaluating the performance of the medical record system becomes difficult, and opportunities for improving service quality are hindered. The absence of these guidelines also makes it challenging for the hospital to establish proper procedures to support a full transition to a digital system.

Moreover, UKI General Hospital does not yet have an integrated centralized database to support medical record data management. The lack of clarity in database management complicates access and analysis of data needed for strategic planning and decision-making. In the context of digital transformation in healthcare, a structured and integrated database is a key element for improving efficiency and service quality. Therefore, this study aims to identify such challenges and provide strategic solutions to ensure that EMR implementation at UKI General Hospital can run more optimally.

The development of healthcare technology and information in the era of globalization has brought significant changes to healthcare delivery, access, and data management. Technologies such as telemedicine, digital health applications, and electronic medical records enable faster and broader access for both patients and healthcare workers, particularly in remote areas. In addition, advances in artificial intelligence (AI) and big data analytics allow for early detection, prediction, and management of diseases with greater accuracy. All of these contribute to efficiency, transparency, and improved healthcare quality, but also demand strict regulations on patient data privacy and information security (Kemenkes RI, 2022).

Hospitals, as healthcare service institutions, play a vital role in providing comprehensive medical services to the community (Supartiningsih, 2017). In the globalization era, advances in health technology and information strengthen hospital functions through the adoption of various digital innovations, such as EMR, SIMRS, and telemedicine, which allow for remote consultations. These technologies enable hospitals to enhance operational efficiency, speed up diagnostic processes, and provide wider access to patients, including those in remote areas (Swari et al., 2019). Furthermore, health data analysis through AI helps hospitals predict health trends and improve care quality. However, these advancements also require special attention to ensure patient data security and confidentiality (Tahir, 2023).

A medical record is an important document containing patient identity data, examination results, treatments, medical actions, and other services provided during hospital care. In the era of globalization, digitalization of medical records has developed with the help of information technology, allowing easier and safer access for healthcare professionals (Swari et al., 2019). This digitalization strengthens hospital information systems and facilitates coordination among healthcare institutions, particularly in telemedicine and remote monitoring services. With the support of technologies such as AI, EMR also assists in health data analysis for service improvement, early disease detection, and care planning (Alfina, 2019).

On September 12, 2022, the Indonesian Ministry of Health issued Regulation No. 24 of 2022 on EMR as part of the sixth pillar of Health Transformation. This policy updated the previous Regulation No. 269 of 2008, aligning it with scientific and technological advancements as well as healthcare needs in Indonesia (Rubiyanti N.S., 2023). Through this policy, healthcare facilities, including hospitals, are expected to improve their medical record management systems, requiring EMR-based management to enhance service quality, protect patient privacy, and support digital-based data management. The Ministry of Health also mandated that all healthcare facilities implement EMR no later than December 2023. However, many facilities have yet to fully implement EMR, mainly due to difficulties compiling data from various departments such as radiology, laboratories, and pharmacies, which still use physical files stored in separate locations (Ayuningrum et al., 2020).

The implementation of EMR in Indonesia has great potential to improve healthcare efficiency and quality compared to manual medical record

systems (Rahmatiqa et al., 2020). However, most hospitals in Indonesia still use manual medical records. UKI General Hospital has adopted EMR but still uses manual systems in medical record management, with some hospitals attempting to combine both manual and electronic systems (Ismatullah et al., 2023). This situation creates various challenges, such as slow information access, difficulties in data sharing between departments, and risks of physical file loss or damage. Dependence on manual systems also hinders optimal use of patient data in medical decision-making and increases the risk of record-keeping errors, meaning that the transition to EMR still requires significant adjustments and infrastructure readiness (Kencana et al., 2019).

Another issue is that, alongside the benefits of medical record digitalization, hospitals face serious challenges related to patient data privacy and security, given the high risk of information leaks in the digital era. Sensitive medical data is vulnerable to unauthorized access, hacking, and potential misuse, which can harm patients and healthcare institutions. Such breaches can cause serious problems, from patient privacy violations to legal consequences and loss of public trust in hospitals. In an era where data is increasingly valuable, these risks grow as the amount and complexity of digitally stored medical data increases (Swari et al., 2019).

To address EMR implementation challenges in hospitals, including UKI General Hospital, strategic steps are needed, such as enhancing infrastructure readiness, training human resources, and enforcing data security protocols. Hospitals can gradually replace manual systems with electronic ones by investing in integrated medical record management software that meets standards (Ismatullah et al., 2023). In addition, training for both medical and administrative staff on EMR use is crucial to ensure a smooth transition. To address privacy and security challenges, hospitals should implement data protection technologies such as encryption, firewalls, and two-factor authentication, as well as ensure compliance with applicable data protection regulations. Government support, such as training programs and technical assistance, can also help hospitals build capacity for effective and secure EMR implementation (Rahmatiqa et al., 2020).

In EMR implementation, doctors play a key role as the primary recorders of patient medical histories and as decision-makers in clinical care based on electronic data; nurses are responsible for documenting nursing care and monitoring patient conditions digitally; while hospital management is responsible for providing facilities, training healthcare workers, and ensuring compliance with regulations and system integration for more efficient and accurate service delivery. Technological developments such as EMR and telemedicine have brought significant changes to healthcare services, improving efficiency and quality. However, implementation in Indonesia still faces challenges, including reliance on manual systems, infrastructure limitations, and threats to patient data privacy and security (Kencana et al., 2019). Nevertheless, strategic measures such as upgrading digital infrastructure, training healthcare workers, and enforcing strict security protocols can support a more optimal transition to digitalization, improve healthcare service quality, and maintain public trust in healthcare institutions (Ismatullah et al., 2023).

At UKI General Hospital, the medical record system still combines EMR and manual documentation, with around 60% of patient data already digitized and 40% still managed manually. The system is not yet fully optimized due to infrastructure constraints, budget limitations, and the readiness of healthcare staff to adapt to technology. In EMR implementation, doctors act as the primary recorders of patient histories and as decision-makers based on electronic data; nurses are responsible for documenting nursing care and monitoring patient conditions digitally; and hospital management plays a role in providing facilities, training healthcare staff, and ensuring regulatory compliance and system integration for more efficient and accurate service delivery.

METODE

This study employed a mixed-method design, combining quantitative and qualitative data to

obtain more comprehensive results. In the quantitative approach, descriptive correlation analysis was used to assess the relationship between the implementation of Electronic Medical Records (EMR) and service quality at UKI General Hospital. Meanwhile, the qualitative approach was conducted through in-depth interviews to understand the perceptions and challenges faced by healthcare personnel in using EMR.

The study population comprised all staff using EMR at UKI General Hospital, totaling 397 individuals. The sampling technique employed purposive sampling, selecting respondents based on specific criteria. Using the Slovin formula, the sample size was determined to be 115 respondents, consisting of doctors, nurses, and medical record officers actively using EMR in their daily services.

Data collection was carried out through observation, in-depth interviews, and documentation to ensure the validity of the information obtained. In addition, triangulation was applied to enhance research accuracy, including source triangulation, technique triangulation, and time triangulation. The collected data underwent editing, coding, entry, cleaning, and tabulation before analysis.

Univariate analysis was used to describe the characteristics of respondents and research variables, while bivariate analysis employed the Spearman Rank test to examine the relationship between EMR implementation and service quality, with a significance level of α = 0.05. The study was conducted at UKI General Hospital from January to February 2025 to provide a comprehensive overview of the impact of EMR implementation on hospital service quality.

RESULTS AND DISCUSSION

The implementation of the Electronic Medical Record (EMR) system at UKI General Hospital employed a mixed-method approach, combining quantitative and qualitative analyses to understand the relationship between EMR implementation and hospital service quality. Quantitative analysis using the Spearman Rank test indicated a significant relationship between EMR implementation and service quality, with a p-value of 0.003. A total of 85.2% of respondents rated the quality of hospital services as good after the implementation of EMR.

The implementation process was carried out gradually, involving various service units from patient registration to inpatient care. However, technical challenges such as network disruptions, limited infrastructure, and the adaptation of medical personnel to the new system remained major obstacles.

Triangulation was applied through sources, techniques, and time to ensure the validity of the data. Source triangulation involved interviews with various stakeholders, including the hospital director, head of medical records, healthcare workers in multiple units, and the head of information technology. The findings revealed that, although EMR improved efficiency and accuracy in documentation, some service units still experienced difficulties in accessing data in real time, particularly during emergency situations. Technique triangulation using interviews, observations, and documentation confirmed that the EMR system accelerated patient data access but required better infrastructure stability. Meanwhile, time triangulation indicated that the EMR system operated more smoothly outside peak hours, whereas during busy working hours, technical disruptions occurred more frequently.

Table 1 Implementation of Electronic Medical Records

Category	Total	
	f	%
Active	58	50.4
Less active	57	49.6
Total	115	100.0

The characteristics of respondents based on the implementation of electronic medical records showed that, out of a total of 115 respondents, 58 individuals (50.4%) were categorized as active users of the system, while 57 individuals (49.6%) were categorized as less active users. This nearly balanced proportion indicates that, although the electronic medical record system is already widely used, there are still a number of respondents who have not fully adopted the system. This finding warrants attention in efforts to optimize the use of electronic medical records to support service quality at UKI General Hospital.

Table 2 Implementation of electronic medical records compared to respondents' length of service

Length of work	Total			Active RME	Not active RME
	f	%			
<5 years	15	13.0	10		5
5-10 years	45	39.1	35		10
11-20 years	29	25.2	20		9
>20 years	26	22.6	15		11
Total	115	100.0	80		35

The characteristics of respondents based on years of service showed that the majority had been employed for 5–10 years, totaling 45 individuals (39.1%), of whom 35 were active users of the Electronic Medical Record (EMR) system and 10 were non-active users. Respondents with 11–20 years of service numbered 29 (25.2%), with 20 active EMR users and 9 non-active users. The group with more than 20 years of service consisted of 26 respondents (22.6%), including 15 active and 11 non-active EMR users. Meanwhile, respondents with less than 5 years of service totaled 15 individuals (13.0%), of whom 10 were active and 5 were non-active in EMR implementation. This distribution indicates that EMR usage is more widely adopted among healthcare workers with shorter to mid-range years of service compared to those with longer service periods.

Table 3 Hospital Service Quality

Category	Total	
	f	%
Good	98	85.2
Not good	17	14.8
Total	115	100.0

The characteristics of respondents based on hospital service quality showed that, out of a total of 115 respondents, the majority rated the service quality as good, totaling 98 individuals (85.2%), while 17 individuals (14.8%) rated it as poor. This proportion indicates that most respondents have a positive perception of service quality at UKI General Hospital, which can be attributed to various factors, including the implementation of electronic medical records in improving the efficiency and quality of healthcare services.

Table 4 The Relationship between the Implementation of Electronic Medical Records (EMR) and the Quality of Hospital Services

Implementation of		Quality of Hospital Services				Total		pValue
		Good		Not good				
EMR is underactive	Active	55	47.8%	3		58	50.4%	0,003
		43	37.4%	14	12.2%	57	49.6%	
		98	85.2%	17	14.8%	115	100.0%	

Based on the analysis of the relationship between electronic medical record (EMR) implementation and hospital service quality, out of a total of 115 respondents, 55 individuals (47.8%) were active EMR users and rated the service quality as good, while only 3 individuals (2.6%) were active users but rated the service quality as poor. On the other hand, among the less active group, 43 individuals (37.4%) rated the service quality as good, whereas 14 individuals (12.2%) rated it as poor. The results of the Spearman Rank statistical test yielded a p-value of 0.003, indicating a significant relationship between EMR implementation and hospital service quality.

This finding suggests that the more actively EMR is implemented, the better the service quality perceived by respondents at UKI General Hospital.

The readiness of facilities, infrastructure, and human resources is a key factor in the successful implementation of EMR at UKI General Hospital. The hospital has prepared technological infrastructure such as computers, internet networks, and data storage servers. However, device limitations and training remain challenges in optimizing EMR usage. Most healthcare personnel have received training, but adaptation is still ongoing, particularly among those accustomed to manual systems. Increasing healthcare personnel competence through regular training and the development of automated features within the EMR is expected to overcome these obstacles and improve service efficiency.

Overall, the implementation of EMR at UKI General Hospital has had a positive impact on operational efficiency and patient data management. The system enables more accurate record-keeping, speeds up information access, and enhances coordination among healthcare personnel. Nevertheless, challenges remain in achieving full system integration, network stability, and the need for continuous training. The hospital plans to further develop the EMR system by integrating it into telemedicine services and mobile applications for patients. With

improvements in infrastructure and healthcare personnel competence, EMR implementation is expected to support faster, more accurate, and more efficient healthcare services in the future.

CONCLUSION AND RECOMMENDATIONS

The implementation of the Electronic Medical Record (EMR) system at UKI General Hospital still faces several challenges. These include limitations in facilities and infrastructure, such as inadequate hardware, unstable network connections, and suboptimal technological infrastructure, all of which hinder smooth EMR implementation. In addition, human resource (HR) readiness remains insufficient, as medical personnel and staff still experience difficulties operating the system due to limited training and inadequate technical guidance, resulting in a slow adaptation process.

Although EMR provides benefits in accelerating patient data access and improving the accuracy of record-keeping, the lack of adequate facilities and HR readiness hampers system optimization. Doctors play a crucial role in EMR implementation, particularly in ensuring the completeness and accuracy of patient medical data. They are directly involved in digitally recording anamneses, diagnoses, and medical actions, which supports service efficiency, facilitates information access, and speeds up clinical decision-making at UKI General Hospital. Therefore, there is a need to improve infrastructure and provide better technological support to ensure effective and efficient EMR implementation.

The hospital's management should enhance EMR implementation at UKI General Hospital by taking several strategic steps. First, improve technological infrastructure, including the addition of hardware such as laptops or tablets and the expansion of internet coverage to ensure stable connections throughout the hospital. Second, prioritize HR capacity building through intensive and continuous training focused on mastering key EMR features, troubleshooting technical problems, and understanding data security standards. Third, conduct direct simulations in various service units to strengthen the practical skills of medical personnel and administrative staff in handling real-life

situations. Fourth, strengthen managerial policies to provide full support for EMR use, including clear operational guidelines and regular supervision to ensure compliance with procedures.

With these measures, EMR implementation at UKI General Hospital is expected to operate optimally, accelerate patient data access, improve the accuracy of record-keeping, and enhance overall service quality. Medical record staff are encouraged to improve their competencies through training and adherence to data security standards. Educational institutions should develop curricula based on health information technology and establish collaborations with hospitals to provide students with practical experience. Students are advised to deepen their understanding of health information systems through training and research to support innovation in medical services.

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