

IMPLEMENTATION AND IMPACT OF THE ELECTRONIC MEDICAL RECORD (EMR) SYSTEM ON HEALTHCARE SERVICES AT SORAWOLIO COMMUNITY HEALTH CENTER

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A B S T R A C T

The implementation of Electronic Medical Records (EMR) is part of the digital transformation of health services aimed at improving the efficiency, effectiveness, and quality of healthcare services. The Sorawolio Public Health Center has implemented an EMR system using the E-Puskesmas application in the healthcare service process; however, its implementation still faces several obstacles such as network disruptions and limited supporting facilities. This study aimed to determine the implementation and impact of the use of the Electronic Medical Record (EMR) system on healthcare services at the Sorawolio Public Health Center based on the HOT-Fit approach, which includes human, organization, technology, and net benefit aspects. The type of research used is qualitative research with a descriptive approach. Data collection techniques were carried out through in-depth interviews, observation, and documentation. Data analysis was conducted descriptively to describe the implementation and impact of the use of the EMR system in healthcare services. The results of the study showed that the implementation of the EMR system at the Sorawolio Public Health Center has been running quite well. In the human aspect, staff had good ability and readiness to use the EMR system through training and experience. In the organization aspect, there was organizational support in the form of official policies, SOPs, and leadership support in the implementation of the EMR, although facilities and infrastructure still need to be improved. In the technology aspect, the system was considered easy to use, had fast access, and produced accurate and complete data, although there were still issues with an unstable internet network. In the net benefit aspect, the use of the EMR provides benefits including increased work efficiency, faster patient service, easier data access, and improved quality of healthcare services. The conclusion of this study indicates that the implementation of the Electronic Medical Records system at the Sorawolio Public Health Center has provided a positive impact on healthcare services, although improvements to technology infrastructure and the quality of the internet network are still needed to support optimal system use.

INTRODUCTION

The development of information technology in the health sector has driven changes in the management of data and healthcare services from manual systems to electronic systems. One form of this transformation is the implementation of the Electronic Medical Record (EMR). Electronic Medical Records can help healthcare facilities manage, store, and access patient data more quickly and in an organized manner. The implementation of EMR is also expected to improve staff work efficiency, speed up patient services, make it easier to access information, and enhance the quality of healthcare services (Putri et al., 2024).

Community health centers (Puskesmas) as first-level healthcare facilities have an important role in providing healthcare services to the community. Therefore, the use of an effective health information system is needed to support the service process. The success of EMR implementation is not only influenced by the technology used, but also by users' capabilities, organizational support, the availability of facilities and infrastructure, and the benefits obtained from using the system. Several previous studies show that the implementation of EMR in puskesmas is still facing various obstacles.

The research by Ikawati & Ilmawati. (2025) regarding the implementation of Electronic Medical Records for outpatient care at Jabung Community Health Center, Malang Regency, uses a qualitative descriptive method with a case study approach. The study addresses both the implementation of EMR in puskesmas as well as its benefits, obstacles, and its impact on healthcare services. However, that study

focuses more on analyzing implementation and obstacles in general, whereas this study places greater emphasis on the impact of using EMR on the quality, speed, and efficiency of healthcare services at Sorawolio Community Health Center.

The study by Surya et al. (2025) regarding the socialization of implementing Electronic Medical Records at Gondangrejo Community Health Center also has similarities because it discusses the implementation of EMR in puskesmas and the importance of healthcare workers' understanding of the EMR system. However, that study focuses on increasing knowledge and EMR socialization activities, while this study focuses on real implementation and the impact of using EMR on healthcare services.

In addition, Situmorang et al. (2025) conducted research on the effect of Electronic Medical Records on service effectiveness at the Botania Batam Community Health Center using a quantitative descriptive method and a cross-sectional approach. The study has similarities with this research because both discuss the use of EMR in puskesmas and its impact on service effectiveness, especially speed, efficiency, and service quality. The difference is that the previous study used a quantitative method to test the relationship between EMR and service effectiveness, whereas this study uses a qualitative method to explore in depth the implementation of EMR and its impact on healthcare services at Sorawolio Community Health Center.

Other research was conducted by Budiyantri et al. (2025) regarding the evaluation of the use of Electronic Medical Records at the Wirobrajan Community Health Center, Yogyakarta City. The study similarly discusses the use of EMR in puskesmas and assesses the impact of system use on service delivery and staff performance. However, the previous study focused on the level of users' acceptance and satisfaction using the Technology Acceptance Model (TAM), whereas this study places greater emphasis on real implementation as well as the impact of EMR on the quality, speed, and efficiency of healthcare services.

A study by Isnaeni & Widiyanto. (2025) on the evaluation of readiness for the implementation of Electronic Medical Records (EMR) using the Doctor's Office Quality-Information Technology (DOQ-IT) method showed that the success of EMR implementation is influenced by the readiness of human resources, technological infrastructure, and organizational support. That study shares similarities with this study because both discuss the implementation of EMR systems in primary healthcare facilities. However, the previous study focused more on assessing readiness prior to system implementation, whereas this study emphasizes the actual implementation and the impact of EMR use on healthcare services at the Sorawolio Community Health Center.

Furthermore, Ratnawati's (2024) study on the evaluation of the E-Puskesmas implementation using the HOT-FIT method at the Kediri I Community Health Center (UPTD Puskesmas) indicates that the human, organizational, and technological aspects play a crucial role in the successful use of health information systems. The results of that study explain that user competence, organizational support, and technology quality are the main factors in the implementation of electronic systems. The difference is that Ratnawati's study focused on the evaluation of the E-Puskesmas system in general, whereas this study specifically analyzes the implementation and impact of RME use on health services based on the human, organizational, technological, and net benefit aspects.

A study by Rusdiana et al. (2024) on the analysis of Electronic Medical Record (EMR) implementation using the HOT-FIT method at the Kawalu Community Health Center in Tasikmalaya City also showed that the success of EMR implementation is influenced by organizational support, human resource readiness, and technology quality. That study identified obstacles related to infrastructure and system integration. The similarity with this study lies in the use of the HOT-FIT approach, while the difference is that this study places greater emphasis on the impact of EMR use on work efficiency, ease of data access, and improvements in the quality of health services at the Sorawolio Community Health Center.

Based on several previous studies, it can be seen that the implementation of Electronic Medical Records in healthcare facilities has various factors that need to be considered, ranging from readiness of human resources, organizational support, infrastructure, to the benefits obtained from using the system. Nevertheless, further research is still needed that describes more deeply the implementation and impact of using EMR in real conditions at Puskesmas Sorawolio, especially from the aspects of people, organization, technology, and the benefits produced.

Puskesmas Sorawolio has implemented an Electronic Medical Records system through the EPuskesmas in the health service process. Based on the observation results in the KTI, the implementation of RME at Puskesmas Sorawolio is still in a transition stage using a hybrid system, namely a manual and electronic system. The use of RME has covered the registration process, doctor

services, and pharmacy. In practice, system disruptions and unstable Wi-Fi network conditions were still found, which impact delays in data entry and data access. In addition, cases of patient data duplication were also found due to the lack of carefulness of staff in the identity input process. However, the use of RME has a positive impact on service efficiency, the speed of data access, information security, and coordination among health workers.

Based on the description, this research is important to obtain an overview of regarding the implementation and impact of using the Electronic Medical Records system (RME) in health services at Puskesmas Sorawolio. The research results are expected to be evaluation material for the puskesmas in improving the quality of RME implementation, especially in the aspects of human resources, organization, technology, and system benefits for health services.

METHODOLOGY

This research uses a qualitative method with a descriptive approach. The qualitative method is used to deeply explore the implementation of the Electronic Medical Records system (RME) and its impact on health services at Puskesmas Sorawolio. The descriptive approach is used to systematically and factually describe the conditions of RME implementation, the obstacles found, and the impact of system use on health services without manipulating the research variables.

Research subjects who are directly involved in the use of the Electronic Medical Records system through the E-Puskesmas application. Based on field conditions, the research subjects consist of 1 head of medical records and 1 medical records officer. These informants were selected because they have involvement and knowledge regarding the implementation of RME so they can provide information related to the implementation and impact of system use in health services.

Data collection was carried out through in-depth interviews, observation, and documentation. Interviews were conducted to obtain information about the experience and conditions of RME use based on the human, organization, technology, and net benefit aspects. Observation was carried out to directly view the implementation of RME use in the service process, while documentation was used as supporting research data. These data collection techniques are in accordance with the method.

Data analysis was carried out descriptively by describing the results of interviews, observations, and documentation based on the HOT-Fit approach. The analysis includes the human aspect, namely the ability, understanding, readiness, and attitudes of staff; the organization aspect, namely organizational support, policies, SOPs, communication, and the role of management; the technology aspect, namely ease of use, access speed, network stability, data security, and information quality; as well as the net benefit aspect, namely the system benefits for work efficiency, service speed, ease of access to patient data, and health service quality.

RESULTS & DISCUSSION

A. Results of the Human Aspect

The research results show that the ability, understanding, readiness, and attitudes of staff in using the Electronic Medical Records (RME) at Puskesmas Sorawolio are already good. Staff are able to operate the system independently in daily services. This condition is supported by the training they have received as well as the staff's experience in using the RME system. Staff also gave a positive response to the use of RME because the system is considered easy to use and helps speed up the work process.

User capability is an important part in the successful implementation of the system health information. Users who have knowledge and skills in operating the system will find it easier to adapt to the use of technology in daily work. In this research, training and experience in using RME became a factor that helps staff understand system features and the flow of system use.

Tabel 1. Checklist Observasi Aspect Human

No.	Checklist Observasi	Ya	Tidak	Keterangan
1	Officer able to operate RME/E- system Community Health Center	✓		
2	Officer able to to perform inputting	✓		

No.	Checklist Observasi	Ya	Tidak	Keterangan
	patient data to in the system RME.			
3	Officer able to to search data patients through RME system.	✓		
4	Officer able to to use the RME features that are required in service.	✓		
5	Officer able to to save result data of service to in the system.	✓		
6	Officer can using RME in general independently in the process service	✓		
7	Officer using RME in activities service daily	✓		
8	Officer showing an accepting attitude towards the use of RME.	✓		
9	Officers appear to be accustomed to use RME system based on experience its use.	✓		
10	Officer carried out data entry patient data carefully	✓		

Based on the observation results, officers at Sorawolio Community Health Center have been able to to use the Electronic Medical Record System (EMR) through the E-Puskesmas application in the provision of health services. Officers appear capable of operating the system independently, from accessing the system, searching for patient data, to data entry, using the available features, up to saving the service results data.

Officers also appear to be accustomed to using the EMR system in service activities on a daily basis. This ability is supported by the officers' experience in using the system as well as training or directions provided. During the observation process, officers can use the system without always needing help from other staff.

In terms of attitude, officers show good acceptance of EMR usage. Officers use the system in the service process and do not show resistance to the use of the technology. Patient data entry is also performed with attention to the accuracy of data entered into the system.

The observation results indicate that the human aspect in the EMR implementation at Sorawolio Community Health Center is running well. Officers have sufficient ability and experience in using the system so it can support the implementation of services using EMR.

This study's results align with Ratnawati. (2024) research on evaluation of the E-Puskesmas implementation using the HOT-FIT method at UPTD Kediri I Health Center, which explains that the success of health information system implementation is influenced by human aspects, especially ability, knowledge, skills, attitude, and user acceptance of the system. Training and experience in using the system also support officers' ability to utilize information technology health.

The results of this study align with the research conducted by Afriansyah & Ulfah. (2024) regarding staff readiness for the implementation of Electronic Medical Records (EMR) within the working area of the Karadenan Community Health Center (Puskesmas). That study employed a qualitative descriptive approach involving interviews and observations. The findings indicate that human resource readiness is a crucial factor in EMR implementation, although certain challenges regarding implementation readiness persist, including the need for adequate resource support.

These findings are in line with the conditions at Sorawolio Health Center, where officers have received training and have experience using the system since around 2022 or 2023. This experience makes officers better understand the features available in the EMR application. Thus, the capability and user acceptance of the system become supporting factors in the EMR implementation at Sorawolio Health Center.

Based on these results, the human aspect shows that the human resources at Sorawolio Health Center has been able to support EMR implementation. However, these abilities need to be maintained and improved through training or periodic evaluation so that officers can keep up with system developments and minimize data entry errors.

B. Results of the Organization Aspect

The study results show that organizational support for EMR implementation at Sorawolio Health Center is quite good. This is shown by the existence of official policies regarding EMR usage, the availability of SOPs, leadership support, and communication inter-staff who operate well. This support provides a foundation for officers to implement the use of electronic systems in health service delivery.

Nevertheless, there are still limitations in supporting facilities and infrastructure. especially computers that still use old devices and internet networks that are not fully stable. This condition shows that organizational support is not only related to policy and management but also covers the provision of. infrastructure needed to support the use of the system.

Tabel 2. Checklist Observasi Aspect Organization

No.	Checklist Observasi	Ya	Tidak	Keterangan
1	There is official policy related to use RME in Puskesmas Sorawolio.	✓		
2	There is a SOP that serves as guidelines in the use of RME.	✓		
3	Officers carrying out use RME in accordance with SOP that is available	✓		
4	There is support leadership towards the use RME.	✓		
5	There are communications between officers in the implementation use RME.	✓		
6	Available devices computers for to support the use RME.	✓		
7	Devices computer devices that are available can be used for service RME.	✓		
8	Available network internet/Wi-Fi to support the use of RME.	✓		
9	Officers/Staff obtain training or guidance related to the use of RME.	✓		

No.	Checklist Observasi	Ya	Tidak	Keterangan
10	Facilities and infrastructure that are available support implementation service using RME.	✓		

Based on observation results, the RME implementation at Sorawolio Community Health Center has gained support from the organization. This is evident from policies and SOPs that form the basis for the implementation of RME usage. Staff use the system as part of the service process and follow the workflow that has been established.

Leadership support is also evident in the implementation of RME usage. The leadership provides support for the use of electronic systems as part of health services. In addition, communication between officers in the service delivery using RME can run smoothly.

From the aspect of facilities and infrastructure, there are computer devices and internet network that are used to support the implementation of RME. However, based on observation results, the available facilities still have limitations. Some computers used are old devices, and the internet network sometimes experiences slow or unstable conditions.

Staff have also received training or guidance on using RME. Thus, the organizational aspect in general has supported the RME implementation through policies, SOPs, leadership support, communication, and provision of supporting facilities, although there is still a need to improve the quality of facilities.

This study's results align with Widyanti et al. (2025). research regarding the factorsthat determine the success of health information system implementation viewed from the user perspective. The study is placed in the scientific paper as one source discussing factors for the success of health information system implementation from the user perspective.

Furthermore, Rusdiana et al. (2024) conducted a study analyzing the implementation of the Electronic Medical Record (RME) system based on the HOT-FIT framework at the Kawalu Community Health Center (Puskesmas) in Tasikmalaya City. The study employed a descriptive qualitative method involving in-depth interviews, observations, and document reviews. The findings revealed that, regarding the "human" aspect, the skills of healthcare personnel were uneven. In terms of the "organization" aspect, support for facilities, human resources, policies, and organizational structure remained suboptimal. Meanwhile, regarding the "technology" aspect, data integration within the E-Puskesmas system was found to be limited.

In the study at Sorawolio Community Health Center, organizational support is evident from the existence of policies, SOPs, and leadership support that enable staff to use the RME in service activities. However, limitations in facilities and infrastructure indicate that the success of the system implementation still requires organizational support on a sustainable basis, especially in providing adequate devices and network infrastructure

Thus, the organizational aspect at Sorawolio Health Center has provided sufficient support for the RME implementation. However, enhancement of infrastructure of technology is still required so that organizational support for the implementation of RME is not only administrative in nature, but also able to support the system implementation optimally

C. Technology Aspect

The study results show that the quality of RME technology at Sorawolio Health Center is fairly good. The system is considered easy to use, the available menus are fairly clear, and the data entry process can be completed quickly. The patient data generated is also considered accurate and complete, helping staff obtain the information needed for service.

The obstacles still found are internet networks that are sometimes slow and unstable. This condition can affect the smoothness of system access and the data entry process. Thus, although the RME system can be used well in general, the quality of the network infrastructure remains one of the factors that needs to be considered in optimizing the implementation of the RME.

Tabel 3. Checklist Observasi Aspect Teckhnology

No.	Checklist Observasi	Ya	Tidak	Keterangan
1	RME/E- System Community Health Center can be accessed at the time of service takes place.	✓		
2	Menu or feature in the system RME is easy to use by staff.	✓		
3	Staff can perform data entry patient data quickly.	✓		
4	Officers can search data patient with rapid through system.	✓		
5	RME System can store service results data service.	✓		
6	RME System not often experiencing error or disturbance during use.	✓		
7	Network internet supports system access RME.	✓		
8	There are constraints in the form of network internet that slow or unstable during use of RME.	✓		
9	Patient data available in the system can be accessed in accordance with the needs of service.	✓		
10	Information patient who available in system appears complete.	✓		
11	Information patient who available in system according to with data patient who observed.	✓		
12	RME System can be used in the process of service which is observed.	✓		

Observation results show that the RME/E-Puskesmas system can be used in service processes at Sorawolio Health Center. The menu and features available can be used by staff and are relatively easy to understand. Staff can input and search patient data through the system quite quickly.

During the observation, the system can be used to store service outcome data and no frequent system disturbances were found. Thus, from a system function perspective, RME can support staff needs in providing service and managing patient data.

However, there are constraints on the internet network used to access the system. The network sometimes experiences slow or unstable conditions which can hinder the processes of

access and data input. These problems indicate that network quality remains one of the factors that need to be considered in the use of RME.

In terms of information, patient data available in the system can be accessed according to service needs. The available information appears to be quite complete and in accordance with the patient data used in the service process. Therefore, overall RME technology has supported the service delivery, although improving network stability is still required.

These findings can be linked to Ratnawati. (2024) study that uses the HOT-FIT approach in evaluating the implementation of E-Puskesmas. It is explained that the implementation of health information systems is not only influenced by users and organizations, but also by the quality of technology used.

This condition aligns with the results of research at Puskesmas Sorawolio, particularly in terms of internet network constraints. Although the RME system is easy to use and the information produced is accurate and complete, unstable networks can still hinder smooth system access. Therefore, technology quality needs to be supported by adequate network infrastructure so that the system can provide optimal benefits.

In addition, the Putri et al. (2024) study discusses the implementation and impact of using the RME system in health services. The study serves as one of the references supporting studies on the implementation of RME and its impact on health service delivery.

Research by Siswati et al. (2025) on the implementation of Electronic Medical Records (RME) in Padang City community health centers using the HOT-FIT model also demonstrates a relationship between the human, organizational, and technological aspects and system benefits. The study found that system usage within the human aspect was rated well, yet issues regarding user satisfaction persisted. Regarding the technology aspect, system and information quality remained areas of concern, while the net benefit aspect indicated that the RME contributed to work efficiency and effectiveness. Identified challenges included inadequate training, issues with technology literacy, network disruptions, and infrastructure limitations.

Based on these results, the technology aspect at Puskesmas Sorawolio has supported the implementation of health services, mainly through the ease of system use, speed of access, and the quality of information produced. However, improvements in internet network quality and technological facilities are still needed to reduce technical obstacles in the use of RME.

D. Net-Benefit Aspect

The study results show that the implementation of RME provides positive benefits to health services at Puskesmas Sorawolio. The use of the electronic system helps speed up patient service processes, improve the accuracy of data recording, facilitate patient information access, and increase staff efficiency. Patient data stored in the E-Puskesmas application can be searched more quickly than with searching using a manual system.

The use of RME also helps reduce duplicate patient data recording and facilitates coordination between service units because patient information can be accessed by authorized healthcare workers. Thus, the benefits of RME are not only felt by staff in completing their tasks but also support smooth service to patients.

Tabel 4. Checklist Observasi Aspect Net Benefit

No.	Checklist Observasi	Ya	Tidak	Keterangan
1	Usage RME helps speed up process service patients	✓		
2	Usage RME facilitate staff in access patient data patients.	✓		
3	Use RME helps accelerate process management patient data.	✓		
4	Use RME helps improving work efficiency staff	✓		

No.	Checklist Observasi	Ya	Tidak	Keterangan
5	Patient data become more organized with use RME.	✓		
6	Use RME helps increases accuracy recording data patients.	✓		
7	Information the patient can obtained easily when needed in service.	✓		
8	The use of RME helps smoothness processes of service to patients.	✓		
9	The use of RME supports an increase in quality service of health.	✓		
10	Usage RME provides benefits compared with with recording medical records manually.	✓		

Based on observation results, the use of RME provides benefits to the implementation of health services at Sorawolio Community Health Center. System use helps staff in managing patient data and accessing patient information more easily than manual recording.

The use of RME also appears to help speed up service processes. Officers can enter and search data through the system so that the process of managing patient information becomes more practical. Patient data is also stored more organized such that it facilitates staff when they need information during service delivery.

In addition, the use of RME helps improve staff work efficiency because the process of recording and searching data can be done through an electronic system. Patient information can be obtained when needed, thus supporting the smoothness of service delivery.

Observation results also show that the use of RME provides benefits compared to manual recording systems. RME helps speed up services, simplify data access, and support patient information management. Thus, the net benefit aspect shows positive benefits of RME implementation on efficiency of work and health services at Sorawolio Community Health Center.

This study's results are supported by Dodiet Aditya. (2022). The use of technology information in Electronic Medical Records can provide benefits to patient safety and quality of health services. Integrated medical record management allows patient data to be documented more comprehensively and accurately, helping minimize the likelihood of medical errors in decision making. decisions.

These findings are relevant to the results of the study at Sorawolio Health Center, where data patients available electronically can be accessed more easily and assist staff in delivering services. The more organized data also supports accuracy of recording and smoothness of service delivery.

In addition, Putri et al. (2024) research on health services. This has a relation to the results of the study at Sorawolio Health Center which shows that the use of RME impacts efficiency and smoothness of health service.

Additionally, Situmorang et al. (2025) conducted a study on the impact of Electronic Medical Records (RME) on service effectiveness at the Botania Community Health Center (Puskesmas) in Batam. The study employed a quantitative descriptive method with a cross-sectional approach and involved healthcare workers who use the RME system. Specifically, the research examined the relationship between RME usage and service effectiveness at the health center.

Based on these results, the net benefit aspect shows that the implementation of RME at Sorawolio Health Center has provided tangible benefits. These benefits are seen in increased staff efficiency, faster patient services, easier data access, and support for improving health service quality.

CONCLUSION

Based on the study results on the implementation of Electronic Medical Records (EMR) using the E-Puskesmas application at Sorawolio Health Center with the HOT-Fit approach, it can be concluded that the RME implementation generally has been running fairly well and has a positive impact on health services.

In the human aspect, staff have the ability, understanding, readiness, and attitudes that are good in using EMR. These abilities are supported by training and staff experience in using the system, so staff can operate EMR independently in service activities. In the organizational aspect, the RME implementation has gained support through policy, SOP, leadership support, inter-staff communication, and the provision of supporting facilities. However, there are still limitations in facilities and infrastructure, especially computer devices and internet networks.

In the technology aspect, the RME/E-Puskesmas system is considered easy to use, with features that can support service needs, and able to provide patient data that is sufficiently complete and in accordance with needs. Nevertheless, the sometimes slow and unstable internet network remains an obstacle that can hinder data access and entry processes. Meanwhile, in the net benefit aspect, using RME provides benefits such as increased staff efficiency, faster patient service, ease of accessing and managing patient data, and supporting improved health service quality.

Thus, the implementation of RME at Sorawolio Health Center has provided benefits that are evident in supporting the effectiveness and efficiency of health services. However, to optimize its implementation, there is a need to improve the quality of technology infrastructure, especially the stability of the internet network and updating computer facilities, as well as periodic training and evaluation for staff. These efforts are expected to enhance the sustainability and optimization of RME use in supporting health services at Sorawolio Health Center.

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