REVIEW OF READINESS IN FACING THE IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS

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A B S T R A C T

Background : Electronic medical records (RME) are an important aspect for management in dealing with health problems because they guarantee data integrity and accuracy. For health workers, RME also makes it easier to record patient health data and plan follow-up treatment so as to support the achievement of optimal public health. This research aims to review the readiness to implement RME at the Meo-Meo Health Center. This research was conducted at the Meo-Meo Health Center in 2024, using descriptive methods with a qualitative approach. Data was collected through interviews and direct observation. The research results show that, in the Man aspect, training on the use of RME has been provided, and human resources are ready. In the Material aspect, the WiFi network is still unstable due to the large number of users. In the Machine aspect, there are no computers in every room at the Meo-Meo Health Center, so the implementation of RME cannot yet be fully implemented. Conclusion In the Method aspect, the SOP for RME has not been created, so the service is not yet running according to procedures. In the Money aspect, the budget for RME as well as computer maintenance and other needs is available.

PENDAHULUAN

Community Health Centers, also known as health centers, are first-level health service facilities that play a role in organizing and coordinating promotive, preventive, curative, rehabilitative, and/or palliative health services, with the main focus on promotive and preventive efforts in their work areas (Ministry of Health of the Republic of Indonesia, 2023).

According to Permenkes No. 24 of 2022, a medical record is a document that contains patient identity data, examination results, treatment, actions, and other services that have been received by the patient. The purpose of medical records is to support administrative order in order to improve the quality of good health services through the implementation of optimal medical records in each health facility (Hatta, 2013). The information contained in medical records can also be the basis for building a good information system, which can ultimately improve the quality of health services (Widayanti et al., 2023).

Electronic Medical Records are medical records that are compiled using an electronic system intended for medical record management. An electronic system is a collection of electronic devices and procedures that function to prepare, collect, process, analyze, store, display, disseminate, transmit, and/or distribute electronic information. Electronic System Operators include every individual, state administrator other than the Ministry of Health, business entities, and the public who provide, manage, and/or operate Electronic Systems, either independently or jointly, for Electronic System users for personal purposes or the needs of other parties (Minister of Health, 2022).

RME is an important aspect for management to manage health issues because it provides integrity and accuracy. According to Bilimoria in Andriani, et al. (2017), health service facilities implement RME as an effort to improve service quality, increase patient satisfaction, improve documentation accuracy, reduce *clinical errors*, and accelerate access to patient data. The advantages of RME for health workers themselves can also make it easier to fill in patient health data and follow-up plans for patient treatment so that they can achieve optimal public health actions. (Widayanti et al., 2023).

According to previous research on the preparation for the implementation of electronic medical records at Undaan Eye Hospital Surabaya by Titin Wahyuni et al., (2023), it was found that officers at the hospital still do not fully understand the use of electronic medical records. This is due to the lack of a Special Standard Operating Procedure (SPO) for the use of electronic medical records and the lack of socialization for officers regarding this system. In addition, each officer does not have individual access in the form of a user and password. Officers also need to adjust to the new habit,

which is to switch from using paper to computers to enter data. Difficulties occurred because hospitals still used two methods, namely Manual Medical Records (paper) and RME, which caused confusion in their application.

Previous research by Khasanah & Budiyanti (2023) at the Cirebon City Health Center found that there were obstacles or problems in the form of a lack of preparation and fulfillment of needs in terms of human resources, organizational work culture, governance and leadership, and infrastructure available at the Health Center.

Based on the results of a preliminary study, researchers at the Meo-Meo Health Center implemented Electronic Medical Records (RME) in early March 2024. From the results of the interview with the head of the medical record room, there are obstacles or problems in the implementation of electronic medical records, namely a poor network to be able to access the network to a computer, and inadequate facilities and an SOP for Electronic Medical Records has not been made. Based on the results of the initial survey, the author is interested in taking the title "Review of Readiness in Facing the Implementation of Electronic Medical Records at the Meo-Meo Health Center".

METHODOLOGY

Types & Design of Research

The method used is a descriptive method with a qualitative approach. Qualitative descriptive research is a type of qualitative research. In this study, researchers use descriptive strategies to investigate the events or life phenomena of individuals. The researcher asked one person or group to tell their life experiences (Rusandi & Muhammad Rusli, 2021)

A case study is a study in which the researcher delves into a special phenomenon (case) in the context of a specific time and activity, such as a program, event, process, institution, or social group. Researchers collect information in detail and depth by applying various data collection procedures over a certain period of time (Wahyuningsih, 2013).

Subject & Object

Subject

According to Sugiyono (2019), research subjects are parties involved or related to the research object (informants or resource persons) to obtain relevant information as a data sample in a study. The subject of this study can provide data that explains the characteristics of the subject studied. The subjects of this study consisted of the head of medical records and two medical records officers.

Object

According to Sugiyono (2017) states that the object of research is the attributes, characteristics, or values of a person, object, or activity that has a certain variation and is determined by the researcher to be studied and concluded. The object of this study is preparation for the implementation of electronic medical records based on the 5M approach.

Time & Place of Research

This research was conducted from June to July 2024 at the Meo-Meo Health Center

Data Collection Techniques

Observation

Observation is a planned procedure, including seeing, hearing, and recording various levels of activity or certain conditions related to the problem being researched (Adiputra et al., 2021). The observation in this study is to observe the implementation of the application of electronic medical records.

Interview

An interview is a meeting between two people to exchange information and ideas through a question-and-answer session, so that it can provide meaning in a certain topic (Surtini, 2022). This researcher conducted an interview with the Head of Medical Records and Outpatient Officer.

Data Collection Instruments

The instruments used in this study include several data collection tools. The observation sheet is in the form of a checklist designed to observe the readiness of the implementation of medical records,

where this sheet contains a list of names of subjects and activities that will be observed by the researcher to obtain relevant information. The interview guidelines serve as a guide in conducting interviews to assess the readiness of the implementation of medical records, with questions addressed to informants to gather the information needed. Stationery is used to record the results of the interview so that all the information obtained can be well documented. In addition, voice recorders are used as a supporting tool to record interviews, so no important information is missed or forgotten during the data collection process.

Data Validity Test

To test the validity of the data, triangulation techniques are needed that aim to assess the reliability of the data by verifying the correctness of data from the same source using different techniques. This means that researchers use various data collection methods to obtain information from the same source. In this case, researchers can combine observation, interview, and documentation techniques, which are then put together to reach a conclusion (Sugiyono, 2013) (Alfansyur & Mariyani, 2020)

Data Processing & Analysis

Data Reduction

Data reduction is the process of summarizing, selecting important things, and identifying themes and patterns, because the data obtained from the field is usually quite large, so it needs to be recorded and analyzed in detail. By reducing data, researchers will get a clearer picture, facilitate subsequent data collection, and help find information if needed (Sugiyono, 2018).

Data Presentation Editing

Editing or examination is the activity of re-checking the data that has been collected to ensure and assess its suitability and relevance so that the data can be further processed. Some aspects that need to be considered in this editing process include the readability of the writing, the suitability of the answers, and the relevance of the answers (Nugraheni, 2019).

Data Verification

Data verification or drawing conclusions is carried out by looking for the meaning of the data that has been presented. The data that has been collected is then analyzed to draw conclusions, which are then verified and tested for validity (Sugiyono, 2018).

RESULTS & DISCUSSION

Research Results

Readiness for the Implementation of Electronic Medical Records Reviewed from *the Man* (Human) Factor

Based on the interviews, the human factor is ready to support the application of electronic medical records. The medical record HR team consists of 6 people with different educational backgrounds, namely 1 medical record graduate, 1 nursing graduate, 2 midwifery graduates, and 2 public health graduates. This is in accordance with the findings in the interview:

> *"We have 6 people in this medical record, only 1 is a medical record graduate*
>
> *(DM, June 17, 2024)*

Similar results were conveyed by the following respondents:

> *"In this medical record section, we have 6 people, but only 1 person has graduated from medical records"*
>
> *(SM, June 17, 2024)*

This is in accordance with the following Triangulation results:

> *"There are 6 people in this medical record, 1 is a medical record graduate and 5 people are majoring in other health*
>
> *(Triangulation)*

Based on the interview above, it is known that there is only one officer who has a medical record education background. In addition, the medical record officer has participated in training on the use of the electronic medical record system, as recorded in the results of the interview:

"Training related to the use of electronic medical records has been carried out

(DM, June 17, 2024)

Similar results were conveyed by the following respondents:

related to training on the use of electronic medical record systems, even if only once"

(BC, June 17, 2024)

This is in accordance with the following Triangulation results:

"Training on the use of electronic medical record systems has been carried out"

(Triangulation)

Based on the interview above, medical record officers have participated in training on the use of electronic medical record systems. In addition, officers have not experienced any difficulties in implementing the electronic medical record system to date, as revealed in the interview.

"As long as we use electronic medical records, there have been no difficulties in carrying out electronic medical records"

(DM, June 17, 2024)

Similar results were conveyed by the following respondents:

"Not yet, as long as we use electronic medical records"

(BC, June 17, 2024)

This is in accordance with the following Triangulation results:

"For work difficulties after the use of electronic medical records, thank God, so far there has not been any"

(Triangulation)

Based on the results of interviews conducted with informants and the results of the Triangulation above that training on the use of electronic medical records has been carried out, the following are the observation results:

Tabel 1. Results of Observation of the Readiness of RME Application on Man Factors

Observed object	Ada	Tidak ada
Medical records office	√	
Training related to electronic medical records	√	
Officer's Work Difficulties		√

Based on the results of observations and interviews, it can be concluded that the readiness to implement medical records from the aspect of human resources (HR) has been achieved. Officers have participated in training on the use of electronic medical records, and human resource needs have been met. During the use of the electronic medical record system, no obstacles were found.

Readiness For The Implementation Of Electronic Medical Records Reviewed From The Machine Factor

Based on the interviews, it was revealed that the application to the engine factor was not fully ready. Currently, there are only 4 units of computers and 2 units of printers available, which is still insufficient to meet the overall needs. This is in accordance with the following interview results:

"untuk komputer baru di rekam medis untuk poli belum ada jadi pelaksanaan rekam medis baru di loket saja"

(D, June 17 2024)

Similar results were conveyed by the following respondents:

"There should be a computer in every poly so that electronic medical records can be carried out, but the implementation of electronic medical records is only carried out in medical records

(BC, June 17, 2024)

This is in accordance with the following Triangulation:

"There should be 5, 1 in medical records, 1 in studies or general polyclinics, 1 in KIA, 1 in dental polyclinics, and 1 in pharmacy, so the implementation of new electronic medical records at the registration counter is not complete"

(Triangulation)

Based on the interview above, the number of existing computers is still insufficient for the comprehensive implementation of electronic medical records, because there are no computers available in every room or service unit in the health center. This is in accordance with the results of interviews with the following respondents:

"Not yet, because every poly should have a computer so that electronic medical records can be applied"

(D, June 17, 2024)

Similar results were conveyed by the following respondents:

"Not yet, because the new computer is at the registration counter, so the implementation of electronic medical records is only at the counter if it has not been implemented at the poly."

(BC, June 17, 2024)

This is in accordance with the following Triangulation:

"It has not been fulfilled, because the implementation of electronic medical records is only at the registration counter, if for poly-poly it has not been carried out because computers do not exist yet"

(Triangulation)

Based on the results of the interview above, it is known that rooms or units that have implemented electronic medical records are limited to registration counters and medical record rooms. This is due to the lack of facilities in each room. Here are the results of his observations:

Table 2. Results of Observation of the Readiness of RME Application on *Machine Factors*

Observed objects	Exist	None
Computer	√	
Printer	√	

The results of observations and interviews show that the readiness to implement electronic medical records is still limited, especially in the mechanical aspect, namely the absence of computers in every room at the Meo-Meo Health Center. As a result, the implementation of electronic medical records cannot be carried out optimally due to the lack of necessary facilities.

The readiness of the implementation of electronic medical records is reviewed from *the methode* factor .

Based on the interviews conducted, it was found that the Meo-Meo Health Center has currently implemented an electronic medical record application or E-Puskesmas. However, for the aspect service process method, still following the existing Standard Operating Procedures (SOP). This is in accordance with the following interview results:

"Currently we are using the electronic medical record application or E-Puskesmas"

(DM, June 17, 2024)

Similar results were conveyed by the following respondents:

"We have used the electronic medical record application or E-Puskesmas, but for the SOP has not been made a new one"

(BC, June 17, 2024)

This is in accordance with the following Triangulation results:

"For now, we have used the electronic medical record application for SOPs, we have not made it, we are still using the old one"

(Triangulation)

Based on the results of the interview above, the electronic medical record application or E-Puskesmas has been implemented today. However, no SOP has been prepared for the use of the application, so officers are still using the old method while waiting for the complete implementation process. Here are the results of his observations:

Table 3. Results of Observation of Readiness for the Implementation of RME on the Method Factor

Observed objects	Exist	None
Conventional service flow	√	
RME service flow		√
RME Soup		√

Based on the results of observations, interviews with respondents, and triangulation, it was found that the readiness of the application of medical records in terms of method is still inadequate. This is due to the lack of SOPs for electronic medical records, so that outpatient services have not been carried out in accordance with the SOPs that should be.

The Readiness Of The Implementation Of Electronic Medical Records Is Reviewed From Material Factors

Based on the interviews conducted, it was found that the readiness to apply material factors was not fully adequate. There are often disturbances in the network system that hinder the implementation of electronic medical records, and this is one of the obstacles in the implementation of the system. This is in accordance with the following interview results:

"Often the wifi network is not good, so when registering patients it is a bit long"

(DM, June 17, 2024)

Similar results were conveyed by the following respondents:

"The Wi-Fi network here is often not good, so when the service is long"

(BC, June 17, 2024)

This is in accordance with the following Triangulation results:

"Wi-Fi networks are often disrupted, so when registering patients, the service takes a long time, but if the network is good, the service becomes fast as well."

(Triangulation)

Based on the results of the interview above, there are often disturbances in the Wi-Fi network that cause the patient registration process to be hampered. The result of network system disruption when using electronic medical records is the accumulation of patient medical record files. This is in accordance with the following interview results:

"dampaknya biasanya berkas pasien kembali itu jadi menumpuk jadi biasanya kalo jaringan sudah bagus baru kita input"

(DM, 17 Juni 2024)

Similar results were conveyed by the following respondents:

"Usually files accumulate if the tissue is not good, so after the service, we usually input the patient file again"

(BC, June 17, 2024)

This is in accordance with the following Triangulation:

"The impact of the patient's medical record file is piling up again, so when the network is good, the patient file can be input again"

(Triangulation)

Based on the results of the interview above, the step to anticipate internet connection disruption is to input patient files after the service process is completed. Below are the results of the observations made:

Table 4. Results of Observation of the Readiness of RME Application on Material Factors

Observed objects	Exist	None
Wi-Fi	√	
Stable Network Connection		√

The results of observations and interviews show that the readiness to implement medical records from a material perspective is still inadequate. Frequent disruptions to network systems cause the accumulation of medical record files.

The Readiness Of The Implementation Of Electronic Medical Records Is Reviewed From The Money Factor

Based on the interviews conducted, it was found that the preparation for the implementation of the money factor was adequate, because the budget for electronic medical records was available. This is in accordance with the following interview results:

"If it's related to the budget, I don't know because the fendor is from the office"

(DM, June 17, 2024)

Similar results were conveyed by the following respondents:

"In the budgeting of the implementation of the electronic medical records of the service who know because they are fendors"

(BC, June 17, 2024)

This is in accordance with the following Triangulation results:

"Regarding the budget for the implementation of electronic medical records, we don't know except from the agency because they are the fenders"
(Triangulation)

Based on the results of the interview above, the budget for computer maintenance and medical record units has been provided according to needs. Here are the observations:

Table 5. Results of Observation of the Readiness of RME Implementation on the Money Factor

Observed objects	Exist	None
Electronic medical record budget	√	

Based on the results of observations and interviews, it can be concluded that the readiness to implement medical records in terms of finance has been achieved. Budgets for electronic medical records as well as computer maintenance are available.

Discussion

The Readiness Of The Implementation Of Electronic Medical Records Is Reviewed From The Human Factor

Based on the results of observations and interviews at the Meo-Meo Health Center, it is known that the readiness to implement medical records in terms of management (HR) aspects has been fulfilled. Training on the use of electronic medical records has been carried out, and in terms of human resources, it is adequate.

According to the Minister of Health (2022) on Medical Records, those responsible for the implementation of medical records are medical recorders or other health workers who have received training related to electronic medical record services.

In line with the opinion of Nurfitria et al. (2022), human resources (man) play an important role in the operation of the system, starting from control, maintenance, manufacturing, to system design. In the implementation of Electronic Medical Records (RME), medical personnel are also involved in designing the system so that it can be easy to use, useful, and attractive to users to improve the quality of service. The competence of medical record officers must be filled by personnel who have an appropriate educational background. In addition, in the transformation towards RME, training for users needs to be carried out so that they understand their duties and responsibilities in operating the system (Pamuji et al., 2024).

This is in line with the findings of research conducted by PRATAMI (2019) in a study entitled "Preparation for the Change of Conventional Medical Records to Electronic Medical Records (RME) at the Ngaglik II Sleman Health Center", which shows that in the management aspect, officers have received training on the use of electronic medical records.

The Readiness Of The Implementation Of Electronic Medical Records Is Reviewed From The Machine Factor

Based on the results of observations and interviews conducted at the Meo-Meo Health Center, it is known that the readiness to implement medical records in terms of the mechanical aspect is still inadequate. This is because computers are not available in every room, so the implementation of electronic medical records cannot be carried out comprehensively due to the limitations of supporting facilities.

According to Efendi (2015), a machine is a piece of equipment, including technology, that is used to assist in work to produce goods and services. The quality of the technology used will affect the implementation of RME and user satisfaction (Tilahun and Fritz, 2015).

Research conducted by Widayanti et al., (2023) in the study "Readiness of the Samigaluh I Health Center in the Transition from Conventional Medical Records to Electronic Medical Records" also shows that computers as a supporting means are indispensable in every part of the health center. In the use of RME, each unit, both medical recorders and other health workers, requires one computer for each officer.

The Readiness Of The Implementation Of Electronic Medical Records Is Reviewed From The Method Factor

Based on the results of observations and interviews at the Meo-Meo Health Center, it is known that the readiness to implement medical records from the aspect of method is still not fulfilled, namely because there is no SOP that regulates the implementation of electronic medical records. As a result, services have not been carried out in accordance with the established procedures.

According to Effendi (2015), method refers to the method or technique used to facilitate the course of work in achieving operational goals. SOPs (Standard Operating Procedures) are very important because they serve as guidelines for the implementation of RME in an agency. Without SOPs, the migration process from manual medical records to electronic medical records will be hampered (Ali, 2018).

This is in line with the research of Risnawati & Purwaningsih (2024), which states that in terms of methodological factors, the Karang Asam Health Center does not have a special SOP regarding the implementation of RME. The SOP is still in the process of being drafted by the management. As stated by Ali (in Putri et al., 2023), the existence of SOPs is very important to regulate the implementation of RME, because without clear SOPs, the transition process from manual to electronic medical records will be disrupted. The research of Rosalinda et al. (2021) also revealed that one of the obstacles in the implementation of RME is the SOP that has not been completed by management.

Research by Widayanti et al., (2023) entitled "Readiness of the Samigaluh I Health Center in the Transition from Conventional Medical Records to Electronic Medical Records" also shows that the SOP for the implementation of RME at the Samigaluh I Health Center is still in the preparation stage.

The Readiness Of The Implementation Of Electronic Medical Records Is Reviewed From Material Factors

Based on the results of observations and interviews conducted at the Meo-Meo Health Center, it is known that the readiness to implement medical records in terms of materials is still inadequate. Wi-Fi networks often experience disruptions that cause patient registration services to be slow. In addition, the impact of network system disruption in the application of electronic medical records is the accumulation of patient medical record files.

Materials are one of the crucial components in the implementation of RME because they function as a basic supporting tool. According to Christanti & Pratiwi (2016), facilities and infrastructure are very important to support the smooth transfer of health data. Internet modems, for example, act as a link to the internet to support the digitization of the health system. Computers, as the main tool, are also very important in the digital transformation process in the health sector (Pamuji et al., 2024).

Previous research conducted by Amin et al. (2021) also showed that in addition to the RME system that is still under development, material factors such as inadequate servers and internet networks can affect the success of RME implementation. Obstacles to servers, networks, and the development of the RME system that have not been completed are obstacles in the implementation of electronic medical records.

The Readiness Of The Implementation Of Electronic Medical Records Is Reviewed From The Money Factor

Based on the results of observations and interviews at the Meo-Meo Health Center, it is known that the readiness to implement medical records in terms of finance (money) has been fulfilled, with a budget allocated for electronic medical records, as well as a budget for computer maintenance and other needs.

According to Effendi (2015), money is a very important element, because it functions as capital for the implementation of programs and plans that have been set. Money also serves as a medium of exchange and a measure of value, which includes the purchase of tools and raw materials, as well as the payment of salaries.

This opinion is in line with that expressed by Ali (in Putri et al., 2023), who stated that economic factors are often an obstacle to the implementation of RME, because the implementation of electronic medical records requires considerable costs. In addition, high operational and maintenance costs and unequal financial resources in each health center are challenges. Each health center also has a special need to support activities aimed at improving the quality of their services (Risnawati & Purwaningsih, 2024).

Research conducted by Widayanti et al., (2023) in the study "Readiness of the Samigaluh I Health Center in the Transition of Conventional Medical Records to Electronic Medical Records" also shows that the financial factor (money) plays a very important role in the successful transition to RME at the Samigaluh I Health Center. Namely, there is already a budget for electronic medical records as well as a budget for computer maintenance and other needs.

CONCLUSION

In the man aspect, readiness has been fulfilled because training has been carried out on the use of electronic medical record applications, and the number of personnel in the field of medical records is sufficient. However, in terms of the material aspect, preparations are still lacking because there has been no addition of a Wi-Fi network in each room, as well as an unstable internet connection due to the large number of users accessing Wi-Fi at the same time. In terms of machines, readiness has also not been fulfilled because computers are not available in every room at the Meo-Meo Health Center, which causes the implementation of electronic medical records to not be able to run completely due to the lack of supporting facilities. In terms of methods, readiness is also still not fulfilled because there is no SOP (Standard Operating Procedure) for recording electronic medical treatment, so that services cannot be carried out according to the established procedures. Meanwhile, in the money aspect, readiness has been fulfilled because the budget for electronic medical records is already available, including funds for computer maintenance and other needs.

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