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ORIGINAL RESEARCH

Evaluating Hospital Management Information System Implementation in Medical Records at Bhakti Mulia Hospital

Hesti Dwi Astuti[1*]

[1]Departement of Medical Record and Health Information, Faculty of Health Sciences, Universitas Esa Unggul, Jakarta, Indonesia

* Correspondence to:
Hesti Dwi Astuti
Department of Medical Record and Health Information, Faculty of Health Sciences, Universitas Esa Unggul, Jakarta, Indonesia
Email: hestidwiastuti21@student.esaunggul.ac.id

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Abstract

Objectives:
This study aims to determine the characteristics of administrative officers (IC and OC) and medical records at Bhakti Mulia Hospital, to determine the evaluation of the implementation of the hospital management information system (HMIS) from the human aspect, to determine the evaluation of the implementation of the management information system (HMIS) from the organizational aspect, to determine the evaluation of the implementation of the management information system (HMIS) from the technological aspect, and to determine the evaluation of the implementation of the management information system (HMIS) from the net benefit aspect.

Methodology:
The system evaluation method in this study uses the Hot-Fit method. The method used in this study is a quantitative method. This study was conducted at Bhakti Mulia Hospital located at Jl. K.S. Tubun No. 79 9, RT.9/RW.5, Slipi, Kec. Palmerah, West Jakarta City, Special Capital Region of Jakarta, where the population in this study consisted of medical record officers, and outpatient and inpatient administration totaling 23 officers. The sample in this study amounted to 23 officers with sample calculations using the total sampling method. The data source in this study is primary data with data collection techniques carried out by surveys and using research instruments in the form of questionnaires with a Likert scale. Data analysis used in this study is descriptive where this analysis is used to analyze data in the form of numbers and then explained without looking for relationships, influences, or hypothesis testing. Researchers conducted data analysis using Microsoft Excel, data analysis was carried out by scoring the answers with values or scores for each answer determined using (1) strongly disagree, (2) disagree, (3) agree, (4) strongly agree.

Results:
The highest percentage of age characteristics is in the age range of 26-35 years at 52.2% (12) respondents, gender is dominated by women with a percentage of 82.6% (19) respondents, the longest work period is 1-5 years at 43.5% (10) respondents, the last education is junior high school at 60.9% (14) respondents, the highest percentage of positions is in administrative employees (IC and OC) at 73.9% (17) respondents. The evaluation results in the human aspect category are less good with a percentage of 52.2% (12) respondents, the organizational aspect category is good with a percentage of 52.2% (12) respondents, and the

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net benefit aspect category is good with a percentage of 95.7% (22) respondents.

Conclusion:
The characteristics of the age of administrative officers (IC and OC) and medical records, the highest percentage is in the age range of 26-35 years, amounting to 52.2% (12) respondents, the gender of administrative officers (IC and OC) and medical records is dominated by women with a percentage of 82.6% (19) respondents, the longest work period is 1-5 years, amounting to 43.5% (10) respondents, the last education is Bachelor's Degree, amounting to 60.9% (14) respondents, the highest percentage of positions is in administrative officers (IC and OC) amounting to 73.9% (17) respondents, the evaluation of HMIS on the human aspect obtained an average percentage of RAL of 79.45%, which means that the human aspect is included in the good category, the evaluation of HMIS on the organizational aspect obtained an average percentage of RAL of 81.79%, which means that the organizational aspect is included in the good category, the evaluation of HMIS on the technological aspect obtained an average percentage of RAL of 77.09%, which means that the technological aspect is included in the good category. good, the HMIS evaluation on the net-benefit aspect obtained an average RAL percentage of 81.70% which means that the net-benefit aspect is included in the good category.

Keywords
Evaluation, Hospital Management Information System, Hot-Fit

Background

Health efforts are all forms of activities or a series of activities carried out in an integrated and sustainable manner to maintain and preserve the health status of the community in the form of preventive, promotive, curative, rehabilitative, or palliative care by the regional government, central government, or the community (Presiden RI, 2023). In supporting health efforts in comprehensive and integrated health development, professional and responsible services are needed in hospitals (Kemenkes RI, 2020). A hospital is a health service institution that carries out comprehensive individual health services that provide outpatient, emergency, and inpatient services (Presiden RI, 2023). In recording and reporting activities, every hospital is required to organize a hospital management information system (HMIS). HMIS is an information communication system that processes and integrates all hospital service flows in the form of a coordination network, reporting, and administrative procedures to obtain precise and accurate information, and is part of the health information system (Kemenkes RI, 2013).
The Human, Organization, Technology, and Net-Benefit (HOT-Fit) model is a framework used to evaluate information systems. Developed by Yusof et al., the HOT-Fit study states that evaluating health information systems requires not only technological aspects but also human and organizational aspects. This model assesses systems based on four key factors: people, organization, technology, and benefits (Yusof et al., 2006).
Based on previous research conducted by Oktaviana and colleagues, the evaluation of system usability from a human perspective has not met user expectations due to inadequate features and information displays, as well as uneven training on system use. From an organizational perspective, organizations have not been responsive to the system's shortcomings. Technologically, the system is easy to use and learn, but system response times are still slow, the system still frequently experiences network

disruptions and other obstacles during use, and the information obtained by the system is inaccurate due to user input errors. In terms of net benefits, the implementation of HMIS has made patient care activities more effective and efficient (Oktaviana et al., 2022).

Based on research conducted by Olivia and her colleagues, the evaluation of the implementation of the hospital management information system at Sanggau Regional General Hospital, West Kalimantan, using the HOT-Fit Model in the results of the human aspect study showed that 16 respondents (64%) stated that it was good, and 9 respondents (36%) stated that it was not good; organizational aspects 14 respondents (56%) stated that it was good, and 11 respondents (44%) stated that it was not good; technological aspects 15 respondents (60%) stated that it was good, and 10 respondents (40%) stated that it was not good (Olivia et al., 2023).

Furthermore, based on research conducted by Sintia and her colleagues, in the human aspect, 44 respondents (69%) said it was good, and 20 respondents (31%) said it was not good, in the organizational aspect 38 respondents (59%) said it was good, and 26 respondents (41%) said it was not good, in the technological aspect 33 respondents (52%) said it was good, and 31 respondents (48%) said it was not good, in the net benefit aspect 40 respondents (62.5%) said it was good, and 24 respondents (37.5%) said it was not good (Sintia et al., 2024).

The suboptimal implementation of the HMIS (Symptoms of Hospital Management Information System) has hampered patient service delivery due to network issues (Kridawati et al., 2023). Another impact is inaccurate information generated by the system due to system failures and inoperability, requiring manual work until the system returns to normal (Oktaviana et al., 2022). Furthermore, the lack of adequate human resources (HR) impacts the quality of the data generated and slows service times, resulting in ineffective and inefficient service delivery (Rusdiana et al., 2024).

Bhakti Mulia Hospital is a type C private hospital with an area of 5,380 m2 and is located at Jl. K.S. Tubun No. 79 9, RT. 9 / RW. 5, Slipi, Palmerah District, West Jakarta City, Special Capital Region of Jakarta, 11410. Since its establishment, this hospital has changed its name four times. In 1967, this hospital was called Slamet Hospital, but in 1971 it changed its name to Kartika Jayakarta Hospital, in 1991 it changed its name to Tresna Pangastuti Hospital, then in 2005 it changed its name to Bhakti Mulia Hospital.

Based on initial observations conducted in November 2025, the author obtained an interview with the Head of Medical Records that Bhakti Mulia Hospital first implemented HMIS in June 2022. The HMIS used at Bhakti Mulia Hospital is called NUHA, where the system development team consists of vendors, but the HMIS interface development is carried out by the Bhakti Mulia Hospital IT team. In its implementation, HMIS has been implemented comprehensively and integrated into all units in the hospital. In addition, developers also had to change and adapt the menu to the hospital's needs, and these changes have been made more than 10 times during the HMIS implementation. The most frequent obstacles experienced in using HMIS are slow internet connections and sometimes the system itself experiences problems. This problem can occur once or twice a month and lasts about 15-20 minutes.

This study aims to determine the characteristics of administrative officers (IC and OC) and medical records at Bhakti Mulia Hospital, to determine the evaluation of the implementation of the hospital management information system (HMIS) from the human aspect, to determine the evaluation of the implementation of the management information system (HMIS) from the organizational aspect, to determine the evaluation of the implementation of the management information system (HMIS) from the technological aspect, and to determine the evaluation of the implementation of the management information system (HMIS) from the net benefit aspect.

Research Method

The system evaluation method in this study uses the Hot-Fit method. The method used in this study is a quantitative method. This study was conducted at Bhakti Mulia Hospital located at Jl. K.S. Tubun No. 79 9, RT.9/RW.5, Slipi, Kec. Palmerah, West Jakarta City, Special Capital Region of Jakarta, where the population in this study consisted of medical record officers, and outpatient and inpatient

administration totaling 23 officers. The sample in this study amounted to 23 officers with sample calculations using the total sampling method. The data source in this study is primary data with data collection techniques carried out by surveys and using research instruments in the form of questionnaires with a Likert scale. Data analysis used in this study is descriptive where this analysis is used to analyze data in the form of numbers and then explained without looking for relationships, influences, or hypothesis testing. Researchers conducted data analysis using Microsoft Excel, data analysis was carried out by scoring the answers with a value or score for each answer determined using (1) strongly disagree, (2) disagree, (3) agree, (4) strongly agree. Researchers conducted an analysis based on the results obtained by assigning scores to the statements in the questionnaire. These scores were used to calculate the average, total score, and respondent achievement level (RAL). To determine the respondent achievement level, researchers used the following formula.

$$RAL = \frac{\text{Average score}}{\text{Maximum score}} \times 100$$

In determining the respondent achievement criteria, according to Sugiyono, the respondent achievement level value criteria can be classified as follows (Sugiyono, 2018).

Table 1 Classification of Respondents' Achievement Levels

Respondent Achievement Level	Answer Categories
85-100%	Excellent
66-84%	Good
51-65%	Average
36-50%	Poor
0-35%	Very Poor

RESULT AND DISCUSION

Respondent Characteristics

Table 2 Characteristics of Administrative Officers (IC and OC) and Medical Records

Respondent Characteristics		
Age	**N**	**%**
17-25	9	39,1
26-35	12	52,2
36-45	1	4,3
46-55	1	4,3
Total	23	100
Gender	**N**	**%**
Male	4	17,4
Female	19	82,6
Total	23	100
Length of work	**N**	**%**
<1 year	3	13
1-5 years	10	43,5
6-10 years	5	21,7
>10 years	5	21,7
Total	23	100
Last education	**N**	**%**
SHS	6	26,1
Associate Degree	3	13
Bachelor's Degree	14	60,9
Total	23	100
Position	**N**	**%**
Medical records officer	6	26,1

Administrative officer	17	73,9
Total	23	100

Based on Table 2, a recapitulation of data regarding the age characteristics of administrative officers (IC and OC) and medical records obtained, the percentage is dominated by the age of 26-35 years with 52.2% (12) respondents. According to the Central Statistics Agency, this age is included in the productive age population group. The productive age is the population that has been able to produce goods or services (Badan Pusat Statistik, 2022). The gender of administrative officers (IC and OC) and medical records is dominated by women with a percentage of 82.6% (19) respondents. According to the WHO, women represent 70-75% of the global health workforce (WHO, 2019). The dominance of women in the health workforce is caused by the interaction of historical factors, gender stereotypes, and mutually reinforcing social structures, as explained in social psychology theory (Lange et al., 2012).

The highest percentage of work period was found in the 1-5 year work period, which was 43.5% (10) of respondents. According to Donal E. Super, the 1-5 year work period is in the formation stage, which is dominated by ages 25-44 years. At this stage, a person tends to start pursuing a career path and building their chosen field of work. In addition, at this stage a person also tries to show good performance in their work (Super, 1980). The percentage of administrative officers (IC and OC) was 73.9% (17) of respondents and the highest percentage of Bachelor's Degree education was 60.9% (14) of respondents. Registration administration officers in hospitals are more dominant because registration is the first starting point for patients, where administrative officers must handle thousands of patients every day, thus requiring more officers to reduce queues (Budi et al., 2022). The highest level of education is dominated by a bachelor's degree, this is because hospitals tend to prioritize staff who have broad knowledge and deeper skills, which are generally found in graduates with a bachelor's degree compared to lower levels of education (Lapau et al., 2021).

Evaluation of HMIS Implementation at Bhakti Mulia Hospital

Table 3 Evaluation of HMIS Implementation in Human Aspects

No	Statement	SD	D	A	SA	Number of Respondents	Total Score	Mean	RAL (%)	Category
		1	2	3	4					
Use of HMIS (*System Use*)										
1	I attended the training held to use HMIS	1	1	8	13	23	79	3,43	85,87	Excellent
2	I have expertise in using HMIS	0	0	16	7	23	76	3,30	82,61	Good
3	HMIS is easy to use because it has an easy-to-understand menu.	0	0	20	3	23	72	3,13	78,26	Good
4	HMIS makes the process of searching for information easier	0	0	15	8	23	77	3,35	83,70	Good
5	With HMIS, my work can be completed more quickly.	0	0	13	10	23	79	3,43	85,87	Excellent
User Satisfaction										

6	The facilities and features in HMIS are in accordance with the hospital's needs.	0	1	17	5	23	73	3,17	79,35	Good
7	There is always development and improvement of HMIS	0	2	17	4	23	71	3,09	77,17	Good
8	Features run according to needs	0	2	20	1	23	68	2,96	73,91	Good
9	The information generated is accurate according to needs	0	1	18	4	23	72	3,13	78,26	Good
10	HMIS is easy to use	0	0	21	2	23	71	3,09	77,17	Good
11	Overall HMIS is in line with my expectations	0	5	16	2	23	66	2,87	71,74	Good
	Average						**73,09**	**3,18**	**79,45**	**Good**

Based on table 3, the evaluation of the implementation of HMIS in the human aspect is known to have an average RAL percentage of 79.45%, which means that the evaluation of the implementation of HMIS in the human aspect is included in the good category. This is in line with research conducted by Usman et al., that the evaluation of the implementation of HMIS in the human aspect is included in the satisfied category with a percentage of 72.05% (Usman et al., 2025). In the results of this study, there are things that need to be considered because there is a statement of disagreement as many as 5 respondents in the statement "Overall HMIS is in accordance with my expectations". This shows that although the system is technically usable, users still feel that the system has not met their expectations.

Table 4 Evaluation of HMIS Implementation in Organizational Aspects

No	Statement	SD	D	A	SA	Number of Respondents	Total Score	Mean	RAL (%)	Category
		1	2	3	4					
Structure Organization										
1	HMIS is implemented as a strategy to improve performance	0	0	17	6	23	75	3,26	81,52	Good
2	HMIS can be used according to the functions and tasks in the organization	0	0	13	10	23	79	3,43	85,87	Excellent
3	HMIS can help coordination between units well	0	1	16	6	23	74	3,22	80,43	Good

4	The implementation of HMIS has been well planned by management.	0	1	18	4	23	72	3,13	78,26	Good
5	The management provides infrastructure facility support to support the implementation of HMIS.	0	1	19	3	23	71	3,09	77,17	Good
Environment Organization										
6	The implementation of HMIS received support from the leadership/top management.	0	0	14	9	23	78	3,39	84,78	Good
7	The implementation of HMIS received adequate support from management.	0	0	16	7	23	76	3,30	82,61	Good
8	All units support the implementation of electronic medical records.	0	0	15	8	23	77	3,35	83,70	Good
				Average			**75,25**	**3,27**	**81,79**	**Good**

Based on Table 4, the organizational aspect shows that the average RAL percentage is 81.79%, which means that the evaluation of the implementation of HMIS in the organizational aspect is included in the good category. This is in line with research conducted by Usman et al. on the evaluation of the implementation of HMIS in the organizational aspect, which stated that the organizational aspect is included in the satisfactory category with a RAL percentage of 78.13% (Usman et al., 2025). The results of the study show that a high assessment indicates that the organizational component is considered important in supporting hospital operations. On the other hand, there is 1 respondent who disagrees with the statements "HMIS can help coordination between units well," "HMIS implementation has been well planned by management," and "Management provides infrastructure support to support HMIS implementation." These results indicate that there are still things that need to be improved or enhanced in the organizational component of the HMIS implementation. Although the number is small, further identification is needed regarding the factors behind these perceptions, so that appropriate corrective measures can be implemented.

Table 5 Evaluation of HMIS Implementation in Technology Aspects

No	Statement	SD	D	A	SA		Mean	RAL	Category

		1	2	3	4	Number of Respondents	Total Score		(%)	
Quality System										
1	HMIS is easy to use	0	0	21	2	23	71	3,09	77,17	Good
2	The HMIS display is very simple so it is not confusing.	0	1	20	2	23	70	3,04	76,09	Good
3	HMIS has access rights for each user so that data confidentialit y is guaranteed.	0	0	13	10	23	79	3,43	85,87	Excellent
4	HMIS is easy to access	0	1	18	4	23	72	3,13	78,26	Good
5	HMIS rarely experiences errors	0	7	16	0	23	62	2,70	67,39	Good
Quality Information										
6	The information generated by HMIS is in accordance with the inputted data.	0	2	15	6	23	73	3,17	79,35	Good
7	The information generated by HMIS is in accordance with needs.	0	1	19	3	23	71	3,09	77,17	Good
8	The information generated by HMIS is precise and accurate.	0	1	18	4	23	72	3,13	78,26	Good
9	The information generated by HMIS is complete and detailed.	0	0	17	6	23	75	3,26	81,52	Good
10	The information generated by HMIS is easy to read.	0	0	17	6	23	75	3,26	81,52	Good
Quality Service										
11	There is a guide to using HMIS	0	3	16	4	23	70	3,04	76,09	Good

12	Fast and responsive service from the IT team that builds or develops applications	0	4	18	1	23	66	2,87	71,74	Good
13	HMIS can be accessed from anywhere	0	6	14	3	23	66	2,87	71,74	Good
		Average					**70,92**	**3,08**	**77,09**	**Good**

Based on table 5, the technology aspect shows that the average RAL percentage for the technology aspect is 77.09%, which means that the evaluation of the implementation of HMIS in the technology aspect is included in the good category. This is in line with Wijayanti and Nurhayati's research on the evaluation of HMIS in the technology aspect, which is included in the high frequency with a percentage of 79.4% (Wijayanti & Nurhayati, 2024). The implementation of HMIS in the technology aspect at Bhakti Mulia Hospital has been running well, but obstacles often occur in the form of system errors, this is supported by the results of the study where 7 respondents stated that they disagreed with the statement "HMIS rarely experiences errors". These problems can result in delays in work or the service process provided by officers to patients. This is in line with research conducted by Rosyada and colleagues who stated that system errors are considered to disrupt the ongoing service process where data must be entered immediately (Rosyada et al., 2017). The implementation of HMIS cannot provide maximum impact without adequate support from the technological aspect because technology is one of the important roles that supports the successful implementation of a system.

Table 6 Evaluation of HMIS Implementation in Net-Benefit Aspect

No	Statement	SD	D	A	SA	Number of Respondents	Total Score	Mean	RAL (%)	Category
		1	2	3	4					
1	HMIS helps with daily work	0	0	13	10	23	79	3,43	85,87	Excellent
2	HMIS helps improve work efficiency	0	0	13	10	23	79	3,43	85,87	Excellent
3	HMIS helps in decision making	0	0	19	4	23	73	3,17	79,35	Good
4	HMIS can support the hospital's vision and mission	0	0	17	6	23	75	3,26	81,52	Good
5	HMIS improves communication between all parts of the hospital	0	1	15	7	23	75	3,26	81,52	Good
6	HMIS can reduce error rates	0	1	20	2	23	70	3,04	76,09	Good
		Average					**75,17**	**3,27**	**81,70**	**Good**

Based on Table 6, the evaluation of the implementation of HMIS on the net-benefit aspect shows that the net-benefit aspect obtained an average RAL percentage of 81.70%, which means that the evaluation of the implementation of HMIS on the net-benefit aspect is included in the good category. This is in line with research conducted by Evita Oktaviana and colleagues on the evaluation of the hospital management information system (HMIS) on the net-benefit aspect, which obtained an average value of 76.20% with a very high category, which needs to be maintained and can be improved

(Oktaviana et al., 2022). This high level of net-benefit indicates that the implementation of HMIS has increased efficiency in healthcare services. A good and quality system will provide excellent benefits not only to system users but to the overall course of the system in providing healthcare services.

Conclusion

The age characteristics of administrative officers (IC and OC) and medical records, the highest percentage is in the age range of 26-35 years at 52.2% (12) respondents, the gender of administrative officers (IC and OC) and medical records is dominated by women with a percentage of 82.6% (19) respondents, the longest work period is 1-5 years at 43.5% (10) respondents, the last education is Bachelor's Degree at 60.9% (14) respondents, the highest percentage of positions is in administrative officers (IC and OC) at 73.9% (17) respondents, the evaluation of HMIS on the human aspect obtained an average percentage of RAL of 79.45% which means that the human aspect is included in the good category, the evaluation of HMIS on the organizational aspect obtained an average percentage of RAL of 81.79% which means that the organizational aspect is included in the good category, the evaluation of HMIS on the technological aspect obtained an average percentage of RAL of 77.09% which means that the technological aspect is included in the good category. good category, HMIS evaluation on the net-benefit aspect obtained an average RAL percentage of 81.70% which means that the net-benefit aspect is included in the good category.

Conflict of Interest

The authors declare that this research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Ethical Considerations

This study was approved by the Esa Unggul University Ethics Committee (Approval Number 0925-04.008/DPKE-KEP/FINAL-EA/UEU/IV/2026). Informed consent was obtained from all participants.

Use of artificial intelligence (AI)

Portions of this manuscript were edited using ChatGPT-4 to improve grammar and clarity. All AI-assisted content was reviewed and validated by the authors, who take full responsibility for the final content.

Declaration of Conflicting Interest

Penulis menyatakan tidak ada potensi konflik kepentingan terkait penelitian, penulisan, dan publikasi artikel ini.

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Authors' Contributions

HDA collected the data, analyzed the data, wrote the manuscript, and made corrections. NAR provided research guidance, methodological direction, and reviewed the manuscript. NAR, MFI, and DHP provided critical input on the writing.

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