

REVIEW OF READINESS FOR IMPLEMENTATION OF ELECTRONIC MEDICAL RECORDS IN OUTPATIENT SERVICES AT SULAA HEALTH CENTER

Melisa Putri Damayanti^{1*}, Sri Wahyuni² Selvi Mayang Sari³

^{1,2,3} Politeknik Baubau, Indonesia

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CORRESPONDING AUTHOR

Name : Melisa Putri Damayanti

Address: Jl.Mayjen Suprpto No. 5

Email : melisaputridamayanti334@gmail.com

A B S T R A C T

Sulaa Health Center still uses paper-based medical records and has not used electronic-based medical records so that it is necessary to carry out readiness for the implementation related to electronic medical records. This study aims to determine the readiness for the implementation of electronic medical records at the Sulaa Health Center, Baubau City. The type of research used in this study is qualitative descriptive research. The subjects in this study were one head of medical records and one officer in the outpatient registration section. The object of research in this study was the application of RME to outpatient services at the Sulaa Health Center. The results of this study are the Man element (Human) some health workers who work in medical records do not have a background in RMIK education and these officers have participated in training related to the use of computers or information technology and it is found that the workload obtained when using a paper-based system is very inefficient because it still uses the manual one, which must be searched for which number and auxiliary book. Method (Method/Procedure) that currently the flow of medical record services at the Sulaa Health Center still uses a manual system but has standard procedures in health services, Materials (Tools) consist of semi-finished materials (raw materials) and finished materials. Management is ready to provide all the materials needed to support the implementation of electronic medical records in the form of applications and computer devices, Machines are tools that make it easier for someone to do work. Electronic medical records require computers and other supporting devices in the process. Money is an important tool to achieve goals because everything must be calculated rationally. Information is the delivery of information to SDMK regarding the implementation of electronic medical records.

INTRODUCTION

The Community Welfare Center (Puskesmas) is a welfare service institution that organizes from the Community Welfare Enterprise (UKM) and People's Welfare Enterprise (UKP) levels by prioritizing promotive and preventive efforts in its work area. Health workers who provide welfare services must record information or data related to patients such as the patient's personality and condition from the patient's confirmation to their understanding to the household in a record called a medical record (Permenkes Nomor 43, 2019) .

Medical records are records that contain information on the nature of the patient's condition, examination data, treatment, strategies and other gifts given to the patient. Electronic Therapy Records are Restorative Records created using an electronic framework that is expected for the implementation of Therapy Records, which is one of the subsystems of the Welfare Benefits Office data framework that is linked to other data subsystems in the Welfare Benefits Office. Electronic Restorative Records stored by the Welfare Guarantee Office must be connected/interoperable with the welfare information interoperability and integration benefit stage supervised by the Welfare Service (Permenkes No. 24, 2022) . The data framework can provide assistance and make it easier for officers to approve the conditions and needs of the healing center of the welfare center. (Mayang et al., 2024)

Each welfare benefit office is required to keep electronic restoration records. One of the welfare benefit offices mentioned is the community welfare center (Regulation of the Minister of Health of the Republic of Indonesia No. 24, 2022) . Health care facilities implement RME in order to improve the quality and quality of service, increase client satisfaction, improve the accuracy of documentation, minimize clinical errors, and accelerate the acquisition of persistent information (Koten et al., 2020) .

Based on the results of the investigation at the Samigaluh 1 Community Welfare Center, it was found that there were still shortcomings in the form of the absence of IT experts, the non-issuance of

special regulations by the Kulon Progo Community Welfare Center, the lack of security programs, the framework that still needs to be revived, and the thing that most hinders the success of the realization of RME is the need for a budget. and special regulations needed to overcome the inadequacy (Widayanti et al., 2023) .

Based on the results of the search conducted by (Pratami & Rosyada, 2019) , it seems that the arrangement that has been carried out by the Ngaglik II Community Welfare Center, when viewed from the 5M implementation components, is as follows: the 4M components have been fulfilled, especially humans, machines, strategies and cash. The obstacles felt in planning are the lack of commitment and competence of officers, the need for computers in each unit that are not yet sufficient due to budget constraints, and the arrangement of the web that is still not smooth, especially in modern buildings.

Studies beginning Which done on day Thursday 21 March 2024 seen from results interview with head record medical And officer registration in Health Center Sulaa received information that the Health Center Sulaa at the time in process implementation RME on unit take care road Which has in progress during two Sunday, with use application E-health center, will but in process its implementation Still there is obstacles like officer unit take care road Not yet fully understand And operate application E-health center the constraints too There is on network. Based on the background description above, the researcher is interested in taking the title "Review of Readiness for Implementing RME in Inpatient Care Services" The Road In Health Center Sula Year 2024".

METHODOLOGY

This research uses a research method descriptive qualitative. Design This research uses phenomenology namely focusing attention on the conscious experience of an individual. This research will be conducted at the Puskesmas Sula in room record medical. This research was conducted in the month March to June 2024.

Subject in study This namely the head record medical And One person officer medical records in the place registration patient take care road, with objects study that is implementation RME on service take care road in Health Center Sula.

Data processing in this study was carried out by obtaining interview results, observation checklist results, and documentation studies.

RESULTS AND DISCUSSION

Readiness Implementation Record Medical Electronic Reviewed from *Man* Factor (Human)

Based on the results of interviews and perceptions, it was found that worker welfare carried out mapping tasks in accordance with the standard strategies that had been built. However, there are still officers working in the field of medical records who do not have a foundation in RMIK education, so that their work roles are not in accordance with their competencies because they do not have medical record skills. Sulaa Health Center plans to have human resources based on restorative recording and welfare data so that after supervising medical records it will be in accordance with their competencies starting from reducing information, presenting data, and drawing conclusions or confirmation. Sulaa Health Center can become a level 1 welfare office that serves BPJS patients. Therefore, the Health Center requires the implementation of RME to facilitate and accelerate the process of disbursing claim benefits. Based on the results of interviews and perceptions conducted by analysts on the subjects of the investigation, the following perceptions emerged:

Table 1. Observation Results

Aspect Which Observed		Yes	No
Man (Man)	HR RMIK	√	
	Training Usage Technology Information	√	
	Officer IT		√
	Burden Work Officer		√
	Ability Skill Operate Computer	√	

Source : Primary Data, 2024

Readiness Implementation Record Medical Electronic Reviewed from Method Factor (Method/Procedure)

The management of Sulaa Health Center has service standards in health services, especially medical record services. Although several times this was not done properly, especially in recording the medical records of patients who came back. The desire to implement RME facilitates the handling of each sub-unit of therapeutic records such as registration, collection, filling, announcement and coding. Based on the results of interviews and perceptions conducted by analysts on the subjects, the following perceptions emerged:

Table 2. Observation Results

Aspect Which Observed		Yes	No
<i>Method</i> (Method/Procedure)	Service Flow	√	
	Record Medical		
	Standard	√	
	Operational Procedure		
	Description plan RME implementation	√	

Source : Primary Data, 2024

Readiness Implementation Record Medical Electronic Reviewed from Material Factors (Tools)

Therapeutic notes contain personal information so it must be kept confidential. Furthermore, RME provides features that guarantee the privacy of all information stored in it. Based on the results of interviews with the Sulaa Community Welfare Center, data was obtained that the administration was ready to provide all the materials needed to support the use of RME in the context of computer applications and hardware. So the arrangements made by the Sulaa Community Welfare Center in realizing RME in terms of the administrative component of the cloth are that the Community Welfare Center has compiled an archive of annual action compilation (guidelines), a special archive of the movement system, a document of the RME implementation strategy, legal premises for actualizing RME and analyzing things in the application. RME. Meanwhile, the arrangements that have not been made are the preparation of a letter of choice issued by the head of the community welfare center regarding the use of RME and how to make it when the worst case occurs. Based on the results of interviews and perceptions conducted by analysts on the subject, the following perceptions emerged :

Table 3. Observation Results

Aspect Which Observed		Yes	No
<i>Material</i> (Tool)	Wi-Fi	√	
	Amount Wi-Fi	√	
	Network qualityWi-Fi	√	
	Obstacles at the time preparation use RME		√

Source : Primary Data, 2024

Readiness Implementation Record Medical Electronic Reviewed from Machine Factor (Machine)

After conducting interviews, it was discovered that currently the computers used at the Sulaa Health Center are 6 and were obtained in 2020, but the details of the computers are not yet known how to use them and do not have their claim server, for computer support at the Health Center after you experience problems, go to a computer repairman, Computers at the Community Welfare Center are able to provide the necessary information and can be contacted to support planning for their use. RME, but there is still no administrative staff for the use of RME settings. Based on the results of interviews and perceptions conducted by analysts on the subject, the following perceptions emerged:

Table 4. Observation Results

Aspect Which Observed		Yes	No
<i>Machine</i> (Machine)	Amount computer	√	
	Age of computers	√	
	Maintenance computer	√	
	Computer replacement		√
	Repair service computer		√

Source : Primary Data, 2024

Readiness Implementation Record Medical Electronic Reviewed from Factor *Money*

After conducting interviews, it was discovered that currently the Sulaa Health Center is still using a manual medical record system, so it requires a special backup to provide standard electronic medical records. Based on the results of interviews and perceptions conducted by analysts on the subjects of the investigation, the following perceptions emerged:

Table 5. Observation Results

Aspect Which Observed		Yes	No
<i>Money</i> (Money)	Arrangement Funds		
	In Planning RME	√	
	Budget Special RME	√	
	Anticipatory Steps When the Budget Funds RME Not enough		√
	Procurement Fund Computer		√
	Care Fund Computer	√	

Source : Primary Data, 2024

Readiness Implementation Record Medical Electronic Reviewed from *Information* Factor (Information)

After conducting the interview, it was found that currently in the Sulaa Health Center, the information factor for RME readiness already exists but is still being prepared temporarily. Based on the results of observations made by researchers to research subjects, the results of the observations are:

Table 6. Observation Results

Aspect Which Observed		Yes	No
<i>Information</i> (Information)	Information Implementation RME	√	
	Cooperation Between Partners	√	
	Work/Health Center Understanding Related RME Between Officer Record Medical And Power Health Other Implementation	√	
	Socialization Use RME	√	

Source : Primary Data, 2024

DISCUSSION**Readiness Implementation RME on Service Take care Road Based on *Man* Aspect (Human)**

Based on results Research found that Health workers carry out job descriptions according to established standard methods. However, there are still officers working in the field of medical records who do not have a foundation in RMIK education, so that their work roles are less in accordance with their competence because they do not have therapeutic recording skills. Sulaa Health Center plans to

have human resources based on restorative recording and welfare data so that after supervising medical records it will be in accordance with their competence starting from information reduction, information presentation, and drawing conclusions or confirmation.

Sulaa Health Center is a level 1 welfare office that serves BPJS patients. Therefore, the Health Center requires the implementation of RME to facilitate and accelerate the claim submission process persistently.

This search is in line with previous searches found by (Yoga et al., 2021) , related to the implementation of RME arrangements at the Pungpungan Regional Welfare Center.

Kalitidu, Bojonegoro area, found that the Pungpungan Health Center had not been prepared to use the electronic medical record application.

Sulaa Health Center is currently interested in making preparations that can be carried out in 2024 but is currently exploring the use of SIMPUS. The SIMPUS application and electronic restoration records are not very different, but preparation must still be given for the use of RME.

This is in line with research (Eka Siti Hastuti et al., 2023) at the Boyolali Regional Health Center that in terms of human resource preparation, it is very ready. Of course, in line with research (Ningsih et al., 2023) that Clinic X Yogyakarta is very ready to implement RME.

In line with research by (Siswati et al., 2024) , the HR regulatory framework to support the implementation of RME has been known. However, specific preparations for the use of RME have not been made. This condition occurs because the planning preparation has not been carried out in detail, supported by thorough planning.

Readiness Implementation Record Medical Electronic Reviewed from *Method* Factor (Method/procedure)

Management Health Center Sula has own standard procedure in service health, especially supervising restoration records. Although several times this was not done properly, especially in recording the medical records of patients who came back. Readiness to implement RME makes it easier to handle each sub-unit of recovery records such as registration, collection, filling, detailing and coding.

This is in line with the results of the study (Muzuh & Harlisa, 2021) that medical record officers have never received training, officers only adjust the method currently being implemented, namely RME. Training is very necessary because it is considered important to improve the performance of medical record officers. Medical record officers are also active in participating in the training.

Readiness Implementation Record Medical Electronic Reviewed from *Material* Factors (Tools)

Materials consist of semi-finished materials (raw materials) and packaged materials. In the world of trade, to achieve better results, in addition to people who are experts in their fields, they must also be able to utilize materials as a means. Because materials and humans cannot be separated, without materials, the things that have been determined will not be achieved.

Regarding the RME realization plan. At the Pungpungan Community Welfare Center, Kalitidu District, Bojonegoro region, the notes that have been prepared by the Pungpungan Community Welfare Center in implementing RME in the form of a report on the preparation of annual actions in 2014 to implement RME in 2018, are separate from that. This archive is more than just a special note on the training system that has been prepared by the Community Welfare Center, this note contains the RME implementation strategy.

So the arrangements that have been made by the Sulaa Community Welfare Center in realizing RME reviewed from the administrative component of the cloth are that the Community Welfare Center has compiled annual movement preparation notes (guidelines), special action system notes, RME implementation method reports, legitimate premises for executing RME and analyzing things in the application. RME. While the arrangements that have not been made include the creation of a letter of choice issued by the head of the community welfare center regarding the use of RME and how to make it when the most severe incident occurs.

Readiness Implementation Record Medical Electronic Reviewed from *Machine* Factor (Machine)

A machine is a tool that makes it easier for someone to do work, thus providing benefits and work effectiveness. RME requires a computer and other supporting gadgets in its preparation. RME

provides some convenience and time effectiveness in handling welfare benefits. RME coordinates facilitate the storage of calm history and planning reports.

After conducting interviews, it was discovered that currently there are 6 computers used at the Sulaa Health Center and were obtained in 2020, but the details of the computers are not yet known how to use them and do not have their claim server, for computer support at the Community Welfare Center after you experience problems, go to a computer repairman, Computers at the Community Welfare Center are able to provide the information needed and can be contacted to support the arrangement of their use. RME, but there are still no administrative staff for the utilization of RME planning.

The results of this study are in line with previous research presented by (Putri, 2023) with the title inhibiting variables in realizing RME at the Yogyakarta City Regional Clinic. Meet emerged because from a machine perspective there was still a problem with the server. However, SIMRS does not fully support it. Hangs still often occur, restarts again. Budgeting for server arrangement is hampered. There is no clear management support for RME improvements. There has been a proposal to get a server related to RME but there is no clarity yet. The government has supported this but until now there have been no real steps.

Readiness Implementation Record Medical Electronic Reviewed from Factor *Money*

Cash is a vital tool to achieve goals because everything must be accounted for normally. Usually related to the budget used in monitoring medical records to improve the quality of service to patients. The store is one of the things that plays a very important role in realizing a framework in health facilities in order to achieve great and fast benefits according to calm desires. If the store does not meet the acquisition of supporting hardware, the benefits of implementation will be reduced. After conducting interviews, it was discovered that currently the Sulaa Community Welfare Center still uses a manual medical record system so that it requires special stores that provide standard electronic medical records.

The results of this study are in line with previous research presented by (Permadi et al., 2023) with the title of the arrangement of the implementation of RME at the Pungpungan Community Welfare Center, Kalitidu District, Bojonegoro Regency, that the arrangements that have been made to realize RME at the Pungpungan Community Welfare Center in cash are the preparation of a budget and budget endorsement. The budget is made to meet the desires and hardware or foundations needed.

Readiness Implementation Record Medical Electronic Reviewed from *Information Factor (Information)*

In line with (Mulyani & Haliza, 2021) , in the advancement of science and innovation, society is required to encourage increased capacity and competence, so that society can adapt to the present as it is today. Preparation, courses, mentoring and education related to information in the field of innovation are very important in expanding officer information. Society must be able to increase its capacity and competence to adapt in the future. After conducting interviews, it was discovered that currently at the Sulaa Health Center, the calculation of RME preparation data has been available but is still in the preparation stage.

In the investigation carried out (Riyanti et al., 2023) , stated that analyzing the availability to realize RME (Reasonable Science Teaching) can be a very important step, considering that the client is a key figure in determining the success of implementing a framework. Asked by (Sudirahayu & Harjoko, 2017) , states that the preparation evaluation should be conducted some time after the implementation of RME begins. This assessment is useful for distinguishing the form and determining the scale of needs, as well as helping to regulate operational capacity that supports the optimization of RME use. Status assessment should be conducted comprehensively, covering perspectives such as human assets, organizational work culture, administration and leadership, and foundations.

CONCLUSION

From aspect *man* known that lack of officer Whichbackground record medical so that Still not enough knowledge officer in operate a computer. From *the method* aspect has been There is SOUP For service And managementpaper-based medical records. Sulaa Health Center uses p-BPJS health care but the SOP has not been stated in detail written. From the *material aspect*, there is a wifi network in the health center with average *bandwidth* capacity , internet connection conditions at health centers quite good and quite fast, but it gets hampered when there is circuit breaker electricity. From the aspect Sulaa Health Center *machine* has 6 computers used for paper-based medical records

management and use *software* p-Care BPJS Health. From aspect *money* health center sula Not yet have budget related system procurement RME. From the aspect of *information*, Sulaa Health Center has preparedness for RME. but still temporary will be prepared.

Research Limitations

In conducting this research, there are several limitations that need to be noted. One of them is the limitation in data access, which is caused by the applicable privacy policy. This policy hinders the author's ability to conduct a more in-depth and comprehensive analysis of the available data.

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