



Analysis of Electronic Medical Record Implementation at Tirta Harja Community Health Center, Banyuasin Regency in 2026

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Abstract: The implementation of the Electronic Medical Record (EMR) is part of the digital transformation of health services mandated by the Ministry of Health of the Republic of Indonesia for all health service facilities, including Community Health Centers (Puskesmas), as regulated under Ministerial Regulation of Health of the Republic of Indonesia Number 24 of 2022. However, EMR implementation in remote and riverine areas still faces various challenges, whether from the aspect of human resources, technological infrastructure, or organizational support. The Tirta Harja Community Health Center Technical Implementation Unit (UPTD Puskesmas), Banyuasin Regency, began implementing EMR in 2024, yet its execution has not been optimal across all service units. This study aims to analyze EMR implementation at UPTD Puskesmas Tirta Harja in 2026, covering the implementation process, obstacles encountered, human resource understanding and readiness, and the supporting factors for successful implementation. The study used a qualitative design with a descriptive-analytical approach. Data were collected through in-depth interviews, observation, and document review of 14 informants selected purposively, consisting of the Head of the Puskesmas, the EMR coordinator, doctors, midwives, nurses, registration staff, and P-Care officers. Data were analyzed using the Miles and Huberman interactive model with source and method triangulation. The results show that EMR implementation has proceeded gradually and is supported by the commitment of leadership and health workers, but is still at the adaptation stage. Policy communication has been carried out through socialization and training, but the dissemination of information related to application updates has not been fully even. Human resources demonstrated good commitment despite varying digital competence, while technological facilities—particularly the number of devices and the stability of the internet network—remained the main obstacles. The disposition of health workers toward EMR was generally positive, with initial resistance that was temporary in nature. The main supporting factors included leadership commitment, the existence of Standard Operating Procedures (SOPs), health worker motivation, and a culture of mutual assistance among staff. This study recommends continuous strengthening of human resource capacity, improvement of internal communication mechanisms, periodic updating of SOPs, and the provision of adequate information technology infrastructure in order to optimize EMR implementation at Puskesmas in riverine areas.

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INTRODUCTION

Primary health care is the main foundation of both national and global health strategy because it plays a direct role in the sustainable improvement of public health. One concrete

manifestation of the digital transformation of health services in Indonesia is the implementation of the Electronic Medical Record (EMR) as a replacement for the conventional paper-based medical record. Medical records play an important role in the health service system because they serve as the primary source of information containing patient identity, health history, examination results, medical actions, and treatments given, while also forming the basis for clinical decision-making, service quality assurance, legal protection, and health policy planning (Rahmawati, Handayani & Prabowo, 2020).

In response to this need, the Ministry of Health of the Republic of Indonesia established Ministerial Regulation of Health Number 24 of 2022, which requires all health service facilities, both hospitals and Puskesmas, to organize medical records in electronic form and integrate them with the national SATUSEHAT platform. This policy is part of the National Health Digital Transformation agenda within the Ministry of Health's Strategic Plan for 2020–2024 (Ministry of Health of the Republic of Indonesia, 2024).

Puskesmas hold a strategic role as the frontline of public health services as well as the main source of population health data for planning, monitoring, and program evaluation. Therefore, the success of EMR implementation at Puskesmas is key to creating an integrated and sustainable health information system. Nevertheless, EMR implementation at Puskesmas—especially in remote, rural, and riverine areas—still faces various challenges. Various studies indicate that although EMR policy has been established nationally, the readiness of primary health facilities varies greatly, with the main challenges being limited technological infrastructure, the quality and quantity of human resources, resistance to change, and management support that has not been optimal (Hastuti, Sugiarsi & Mulyono, 2023; Asminoto, Rusdi & Ansyori, 2024; Babo, Nurlindawati & Purwanti, 2023).

UPTD Puskesmas Tirta Harja is located in the riverine area of Muara Sugihan Sub-district, Banyuasin Regency, South Sumatra Province, with a working area covering both mainland and riverine villages, as well as limited transportation access and internet networks. This Puskesmas began implementing EMR in 2024 through the Puskesmas Management Information System (SIMPUS), integrated with BPJS P-Care and SATUSEHAT, aiming to improve service efficiency, improve medical recording, and fulfill the obligation of electronic health data reporting. Initial observations indicate that EMR implementation is still partial and has not been optimal across all service units, with obstacles including limited computer devices, unstable internet networks, variation in staff understanding, dual (manual and electronic) recording practices, and the unavailability of comprehensive SOPs.

Previous studies on EMR at Puskesmas have largely focused on urban health facilities with relatively better infrastructure and human resources (Siswati, Ernawati & Khairunnisa, 2024; Cahyaningtias et al., 2025), while research on EMR implementation at Puskesmas in riverine areas with limited resources remains very limited. The novelty of this study lies in its focus on EMR implementation at Puskesmas in riverine areas that face distinctive geographic, infrastructure, and human resource challenges, as well as its relevance to the obligation to integrate EMR data into SATUSEHAT, which directly affects the national reporting system, National Health Insurance (JKN) claims, and the quality of public services.

This study aims to identify the process and mechanism of EMR implementation at UPTD Puskesmas Tirta Harja, analyze the obstacles and challenges faced during EMR implementation, assess human resource understanding and readiness in utilizing EMR,

and identify the supporting factors that contribute to successful EMR implementation at Puskesmas Tirta Harja, Banyuasin Regency, in 2026.

THEORETICAL FOUNDATION

Electronic Medical Record (EMR) has become an essential component of digital health transformation by enabling healthcare facilities to manage patient information electronically, improve data accessibility, and support integrated healthcare services. Unlike conventional paper-based records, EMR provides opportunities to enhance documentation accuracy, accelerate information retrieval, improve continuity of care, and strengthen health information management. Recent studies emphasize that the successful implementation of EMR is not solely determined by technological availability but also depends on the interaction between users, organizational conditions, and system characteristics (Babo et al., 2023; Siswati et al., 2024).

The implementation of EMR in primary healthcare facilities requires organizational readiness because it represents a fundamental change in healthcare workers' routines and service processes. Readiness involves the availability of adequate infrastructure, competent human resources, leadership commitment, and organizational capacity to manage technological changes. Studies conducted in primary healthcare settings have shown that variations in EMR readiness are commonly associated with differences in digital competency, availability of supporting facilities, management support, and the ability of healthcare workers to adapt to new information systems (Hastuti et al., 2023; Cahyaningtias et al., 2025).

From the perspective of policy implementation, the success of EMR adoption can be analyzed through the framework proposed by Edward III, which highlights communication, resources, disposition, and bureaucratic structure as important determinants of implementation outcomes. In healthcare digitalization, effective communication ensures that healthcare workers understand the objectives, procedures, and expected benefits of EMR implementation. Adequate resources, including technological infrastructure, trained personnel, and technical support, are required to maintain system operation. Furthermore, positive attitudes among users and clear organizational procedures contribute to sustainable implementation. Recent research confirms that policy communication, organizational support, and resource availability remain critical factors influencing EMR implementation in primary healthcare facilities (Fauziah & Setiawan, 2024; Ernawati et al., 2024).

User acceptance is another important factor influencing the sustainability of EMR utilization. The Technology Acceptance Model (TAM) explains that technology adoption is affected by users' perceptions regarding the usefulness and ease of use of an information system. In the context of healthcare services, healthcare workers are more likely to accept EMR when they perceive that the system can improve their work efficiency, simplify documentation processes, and support better service delivery. Recent studies applying technology acceptance approaches have demonstrated that perceived benefits, user confidence, and organizational encouragement significantly influence healthcare workers' willingness to adopt electronic health systems (Rohmawati et al., 2024; Wongkar et al., 2025).

Organizational readiness also plays a significant role in determining whether healthcare institutions are capable of implementing and maintaining EMR systems. Organizational readiness refers to the extent to which an institution has sufficient

commitment, resources, and collective ability to support change. In primary healthcare facilities, organizational readiness is reflected through leadership involvement, continuous training programs, supportive work culture, and the availability of infrastructure. Research on EMR implementation indicates that facilities with stronger organizational preparation tend to demonstrate better adaptation processes and higher levels of system utilization (Rusdiana et al., 2024; Isnaeni & Widiyanto, 2025).

Furthermore, the Human–Organization–Technology Fit (HOT-Fit) framework provides a comprehensive perspective for evaluating health information system implementation. This framework emphasizes that successful information system implementation depends on the compatibility between human factors, organizational factors, and technological components. Human factors include user competence, experience, and acceptance of the system; organizational factors involve leadership, policies, workflow, and institutional support; while technological factors include system quality, infrastructure reliability, and usability. Recent studies applying the HOT-Fit framework have demonstrated that EMR effectiveness is influenced by the alignment between these three dimensions rather than by technological aspects alone (Rusdiana et al., 2024).

Based on these theoretical perspectives, EMR implementation in primary healthcare facilities can be understood as a multidimensional process involving policy execution, technology acceptance, organizational readiness, and system compatibility. These perspectives provide a comprehensive basis for examining the factors influencing EMR implementation at UPTD Puskesmas Tirta Harja, particularly within a riverine area where geographical limitations, infrastructure constraints, and human resource capacity may affect the sustainability of digital health transformation.

RESEARCH METHODS

This study used a qualitative design with a descriptive-analytical approach to gain an in-depth understanding of the EMR implementation process at UPTD Puskesmas Tirta Harja, including the perceptions, experiences, and challenges faced by health workers, as well as to analyze the factors influencing its success based on policy implementation theory and information technology acceptance theory. The study was conducted at UPTD Puskesmas Tirta Harja, Muara Sugihan Sub-district, Banyuasin Regency, South Sumatra Province, during the period of May–July 2026.

Informants were determined through purposive sampling based on criteria of direct involvement in the use or management of EMR, a minimum of six months of experience, and willingness to participate. The study involved 14 informants consisting of the Head of the Puskesmas, the EMR coordinator, doctors, midwives, nurses, registration staff, and P-Care officers, as presented in Table 1.

Table 1. Characteristics of Research Informants (n = 14)

No	Informant Initial	Type of Informant / Occupation
1	Ti	Head of Puskesmas
2	Ra	EMR Coordinator
3	Dp	Doctor
4	Aa	Doctor
5	Vn	Doctor
6	Na	Midwife
7	Vm	Midwife

8	Sa	Nurse
9	Rr	Nurse
10	Mi	Nurse
11	Zu	Registration Staff
12	Nj	Registration Staff
13	Dp	P-Care Officer
14	Tw	P-Care Officer

Data were collected through in-depth interviews, direct observation of EMR-based service activities, and document reviews involving relevant materials such as SOPs, implementation reports, and internal healthcare facility policies. The researcher acted as the primary instrument in the data collection process, supported by interview guidelines, observation forms, recording devices, and field notes. Similar qualitative approaches have been widely applied in recent studies investigating EMR implementation, as they allow researchers to explore healthcare workers' experiences, organizational readiness, infrastructure conditions, and barriers encountered during digital health system adoption (Babo et al., 2023; Siswati et al., 2024).

Data analysis was conducted through a systematic qualitative process involving data organization, categorization, interpretation, and verification of findings. The analysis was performed continuously throughout the research process to identify patterns related to EMR implementation, including implementation mechanisms, human resource readiness, technological challenges, and organizational support. Previous studies on EMR implementation in primary healthcare facilities have applied similar analytical procedures to generate comprehensive understanding of factors influencing electronic health record adoption and sustainability (Rusdiana et al., 2024; Isnaeni & Widiyanto, 2025).

The validity of the data was maintained through source triangulation and method triangulation by comparing information obtained from different informants and data collection methods, including interviews, observations, and document reviews. This approach is important in qualitative health research to improve the credibility and consistency of findings. Previous studies on EMR implementation in primary healthcare facilities have emphasized that combining multiple data sources is essential to understand the complexity of digital health system adoption, particularly regarding human resources, infrastructure readiness, and organizational factors (Hastuti et al., 2023; Siswati et al., 2024). This study also applied ethical principles by ensuring informed consent, maintaining informant confidentiality, and using collected data exclusively for academic purposes.

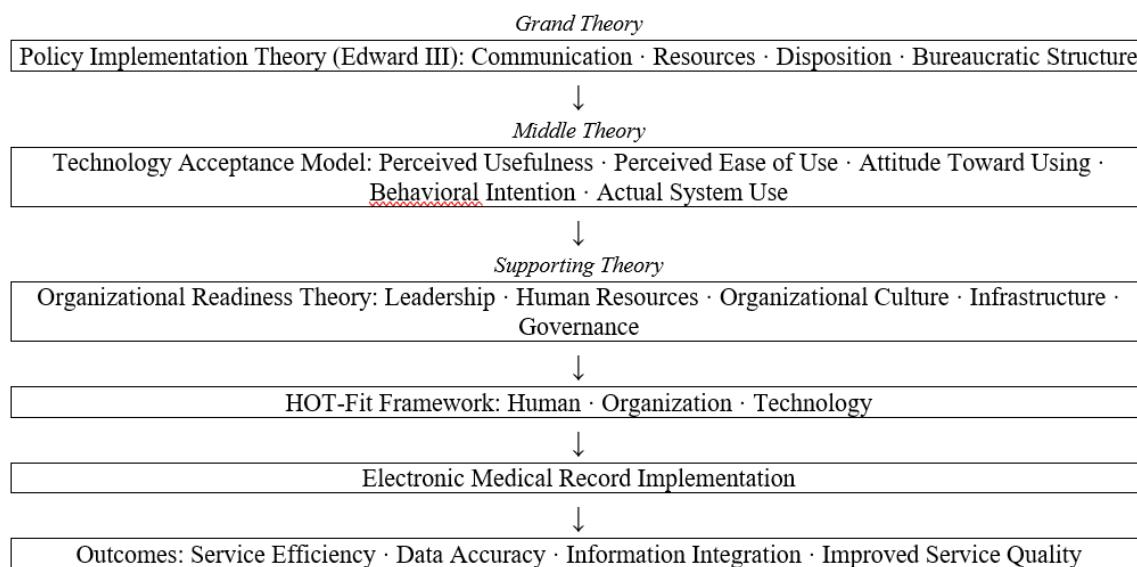
The analytical framework was developed based on recent evidence regarding EMR implementation in primary healthcare settings. Previous studies have demonstrated that successful EMR adoption is influenced by several interconnected factors, including policy support, communication effectiveness, availability of resources, user readiness, organizational commitment, and technological infrastructure (Babo et al., 2023; Rusdiana et al., 2024; Isnaeni & Widiyanto, 2025). These factors were used as the basis for analyzing the implementation process, challenges, and supporting elements of EMR utilization at primary healthcare facilities.

Table 2 presents the interview guide used to direct data collection toward the four research foci: implementation process, human resources, infrastructure, and obstacles/supporting factors.

Table 2. Interview Guide

No	Focus	Main Question	Informant
1	EMR Implementation	How is the implementation of the EMR carried out at the Puskesmas?	Head of Puskesmas
2	Human Resources	How ready are staff to use the EMR?	Health workers
3	Infrastructure	What is the condition of facilities and the internet network?	IT staff
4	Obstacles	What are the main obstacles to EMR implementation?	All informants
5	Supporting Factors	What factors support the success of the EMR?	Head of Puskesmas
6	Impact	Does the EMR affect the quality of services?	Health workers
7	Recommendations	What improvements are suggested for EMR implementation?	All informants

The conceptual framework of this study synthesizes four complementary theories in a hierarchical structure, moving from grand theory to applied outcomes. This chain is illustrated in Figure 1.

**Figure 1. Conceptual Framework**

RESULTS AND DISCUSSION

Overview of the Research Location

UPTD Puskesmas Tirta Harja is a first-level health service facility in Muara Sugihan Sub-district, Banyuasin Regency. In support of the national health digital transformation, this Puskesmas began implementing EMR in 2024, gradually across all service units. Based on observation, EMR implementation has become part of the daily service process and is used in registration, clinical services, pharmacy, and health program reporting.

Characteristics of Informants

As presented in Table 1, the study involved 14 informants representing various service units, ranging from Puskesmas leadership to EMR technical implementation staff. The diversity of informants' occupational backgrounds enabled a comprehensive picture of EMR implementation from various organizational levels and perspectives.

Process and Mechanism of Electronic Medical Record Implementation

The results of in-depth interviews show that EMR implementation at UPTD Puskesmas Tirta Harja was a follow-up to the digital health service transformation policy, carried out gradually while taking into account the readiness of human resources, infrastructure, and the information systems used. Prior to implementation, all health workers received socialization on the objectives, benefits, and workflow changes from a paper-based to an electronic system, followed by training on application use.

"We implemented the Electronic Medical Record gradually. Our focus was not only on replacing paper with computers, but on changing the work culture so that services become more effective, data more accurate, and decision-making faster" (Informant Ti, Head of Puskesmas)

Observation results show that almost all service units—registration, physician examination, maternal and child health, laboratory, pharmacy, and reporting—have utilized EMR, so that patients' service history is stored electronically and can be accessed at subsequent visits. Nevertheless, implementation has not been fully optimal; when internet network disruptions or system maintenance occur, several units still use temporary manual recording before the data is re-entered into the electronic system.

"At the beginning of implementation we provided mentoring in each service unit. Not all staff had the same ability to use the application, so a process of learning together and continuous evaluation was needed" (Informant Ra, EMR Coordinator)

Viewed from the perspective of George C. Edward III's Policy Implementation Theory, the initial success of the program was determined not merely by the availability of the application, but also by the organizational change process involving all health workers. The stages of socialization, training, and mentoring carried out prior to implementation reflect the organization's efforts to prepare policy implementers, while the ongoing adaptation process shows that policy implementation is a dynamic process requiring continuous evaluation. This finding is consistent with various studies concluding that the success of EMR implementation at primary health service facilities is strongly influenced by human resource readiness, management support, and the organizational transformation process toward service digitalization (Hastuti, Sugiarsi & Mulyono, 2023; Rusdiana, Yogaswara & Annashr, 2024).

Obstacles and Challenges in Electronic Medical Record Implementation

Communication is one of the important determinants of successful policy implementation. Communication regarding EMR implementation at Puskesmas Tirta Harja was carried out through coordination meetings, internal socialization, training, technical mentoring, and digital communication media, and had begun since the planning stage, so that health workers understood that the use of EMR represented a comprehensive change in the service system, not merely a change in the recording medium.

"We did not implement the system directly without preparation. Before it was used, all staff attended a socialization session and were given the opportunity to ask about the service mechanism using EMR so they could understand the purpose of this change" (Informant Ti, Head of Puskesmas)

Nevertheless, several informants stated that periodic changes to application features had not always been followed by evenly distributed information, causing confusion when using new menus or functions.

"Sometimes there are changes to the application display so we have to ask again to staff who understand it better. It would be easier if every change were accompanied by clear guidance" (Informant Rr, Nurse)

Based on the elements of communication according to Edward III—transmission, clarity, and consistency—all three have been evident in EMR implementation, although not yet fully optimal. The transmission aspect has been fulfilled through various communication media, the clarity aspect is fairly good because most informants understand the purpose of implementation, while the consistency aspect still faces challenges, particularly when application updates require faster and more evenly distributed information dissemination. This finding is consistent with research emphasizing that the success of EMR implementation is influenced by the effectiveness of communication, socialization, and routine coordination among service units (Fauziah & Setiawan, 2024; Ernawati et al., 2024).

Understanding and Resource Readiness in Electronic Medical Record Implementation

EMR implementation is supported by human resources and information technology facilities/infrastructure, although obstacles remain related to the number of devices, internet network stability, and variation in user ability. Most informants had received training prior to implementation, covering application use, data entry procedures, and electronic-based service procedures, although differences in digital ability levels existed among health workers.

"At first we needed more time to input data because we had to learn every menu in the application. Once we got used to it, the work became easier" (Informant Vm, Midwife)

In terms of infrastructure, Puskesmas Tirta Harja has provided computers, printers, internet networks, and supporting applications for daily services, but the number of devices during certain service hours remains limited, and internet network conditions are the obstacle most frequently reported by informants.

"When the internet network is stable, services run smoothly. However, if the connection is disrupted, the process of finding data and entering it becomes slower, affecting service time" (Doctor Informant)

According to Edward III, resources are a primary prerequisite for successful policy implementation, encompassing implementing staff, information, authority, facilities, and financial support. The results show that in terms of human resources, health workers have adequate commitment and basic ability, albeit with variation in digital competence, while in terms of facilities, the limited number of devices and internet network stability remain the main challenges. This finding is consistent with previous studies concluding that user competence, continuous training, and infrastructure support are determining factors for the success of EMR implementation at primary health service facilities (Isnaeni & Widiyanto, 2025; Fahyudi, Hapsari & Astuti, 2024).

Bureaucratic Structure in Electronic Medical Record Implementation

Bureaucratic structure, the fourth element of Edward III's policy implementation theory, refers to the organizational mechanisms—particularly Standard Operating Procedures (SOPs) and the division of tasks—that govern how a policy is carried out in practice. At UPTD Puskesmas Tirta Harja, EMR implementation is underpinned by SOPs covering patient registration, service data entry, user account management, patient data

security, and the procedure to be followed when system disruptions occur. These SOPs provide health workers with a consistent reference for daily operations and help minimize input errors.

"With the SOP in place, we have clear guidance on the data entry process and the steps to take if a problem occurs in the system" (Informant Nj, Medical Records Officer)

Documentary review corroborated this, showing formal records such as training attendance lists, minutes of system evaluation meetings, implementation monitoring reports, an application user guide, and a decree establishing the EMR Implementation Team—evidence that the bureaucratic structure supporting EMR has been institutionalized rather than left informal. Nevertheless, several informants noted that the SOPs need to be periodically updated to keep pace with application changes and evolving regulations on electronic medical records.

"The application keeps developing, so the SOP also needs to be adjusted so staff always have guidance that stays relevant to conditions in the field" (Informant Vn, Doctor)

This finding indicates that although the formal bureaucratic structure for EMR implementation is already in place, its consistency and responsiveness to system changes still require strengthening. A clear and regularly updated bureaucratic structure reduces ambiguity for implementers and complements the communication and resource dimensions previously discussed, in line with Edward III's proposition that policy success depends on the interaction of all four implementation elements rather than any single one in isolation.

Supporting Factors in Electronic Medical Record Implementation

The disposition or attitude of implementers is one of the determining factors for the success of EMR implementation. The results of interviews show that most health workers held a positive attitude because they viewed the electronic system as providing benefits in service efficiency, speed of access to patient information, and reduced risk of losing medical record documents, although at the early stage of implementation, resistance was found that was more attributable to changes in work culture than to rejection of the technology itself.

"Technology is just a tool. What matters most is the user's willingness to keep learning and to use the system according to the established procedures" (Informant Ra, EMR Coordinator)

The existence of Standard Operating Procedures (SOPs) also provided certainty regarding the steps for using the system, thereby minimizing errors, although several informants noted the need for periodic SOP updates to remain relevant to application developments.

"With the SOP in place, we have clear guidance on the data entry process and the steps to take if a problem occurs in the system" (Informant Nj, Medical Records Officer)

The motivation of health workers in using EMR was also influenced by leadership support, ease of system use, perceived benefits, and opportunities to improve competence through training. According to Edward III, disposition relates to the willingness and commitment of implementers to carry out policy; implementers who understand the policy's objectives and hold a positive attitude will more easily accept change. The initial resistance arising from changes in work culture proved to be temporary and could be overcome through effective communication, technical mentoring, and continuous experience using the system. This finding is consistent with research stating that user acceptance, readiness for change, and leadership support influence the success of health service digitalization (Rohmawati, Ellina & Prasetyo, 2024; Wongkar, Adam & Alim, 2025).

CONCLUSSION

The implementation of Electronic Medical Record (EMR) at UPTD Puskesmas Tirta Harja has been carried out gradually as part of the digital transformation of health services. The implementation process has received positive support from leadership and healthcare workers; however, the system remains in the adaptation phase and has not yet achieved optimal utilization across all service units. The findings indicate that successful EMR implementation requires continuous improvement, particularly in strengthening internal communication mechanisms, ensuring consistent dissemination of system updates, and maintaining effective coordination among service units.

Several challenges continue to influence EMR optimization, including limited availability of technological devices, unstable internet connectivity, and differences in digital competency among healthcare workers. These conditions demonstrate that the sustainability of EMR implementation depends not only on the availability of the system but also on adequate infrastructure support and continuous development of human resource capacity. Nevertheless, strong leadership commitment, positive attitudes toward technological change, willingness to adapt, and the availability of operational procedures represent important supporting factors in maintaining EMR utilization.

Based on these findings, strengthening EMR implementation requires continuous training and technical assistance, periodic evaluation of service processes, regular improvement of operational procedures, and increased availability of information technology infrastructure. Collaboration between Puskesmas management and the Banyuasin Regency Health Office is needed to provide sustainable support through technical guidance, monitoring, evaluation, and infrastructure development. Future studies are recommended to explore EMR implementation in various healthcare settings using broader approaches, including quantitative or mixed-method designs, to assess factors such as user satisfaction, system quality, information security, and long-term sustainability of electronic health information systems.

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