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Implementation of Medical Record Digitalization Through the Hospital Management Information System (HMIS) in the Outpatient Department of Bhayangkara Level I Hospital, PUSDOKKES POLRI

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Abstract: Medical record digitalization through the Hospital Management Information System (HMIS) is an important initiative for improving the quality of outpatient services. This study aimed to analyze the implementation of medical record digitalization through HMIS in the Outpatient Department of Bhayangkara Level I Hospital, Puskor Polri, and to identify the challenges encountered during its implementation. The study employed a descriptive mixed-method design, using a qualitative approach supported by simple quantitative data. Data were collected through observation, interviews, and document review. The findings showed that HMIS has supported patient registration, Electronic Medical Record (EMR) documentation, and service reporting, thereby improving service efficiency. However, several challenges remain, including unstable internet connectivity, insufficient user training, and data-entry errors. It is concluded that HMIS implementation has had a positive impact on service effectiveness; nevertheless, improvements in information technology infrastructure, periodic user training, and continuous monitoring and evaluation are required to optimize system utilization.

Keywords: Digitalization, HMIS, Implementation, Electronic Medical Records, Outpatient Services.

INTRODUCTION

The development of information technology has driven digital transformation across various sectors, including healthcare. Digital health transformation has become an important strategy for improving service quality, operational efficiency, patient-data security, and sustainable integration of health information. The use of information technology in healthcare not only supports administrative processes but also assists healthcare professionals in making faster and more accurate clinical decisions. One form of digital transformation in healthcare is the implementation of Electronic Medical Records (EMRs) integrated with a Hospital Management Information System (HMIS) (Meilani & Tandy, 2026).

The Indonesian government has actively encouraged the implementation of digital health through various regulations. One of the principal regulatory foundations is Article 3 paragraph

(1) of Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records, which requires all healthcare facilities to maintain electronic medical records. Bhayangkara Level I Hospital, Puskokkes Polri, is among the healthcare facilities subject to this requirement. The regulation was issued as part of the acceleration of national digital health transformation, with the objectives of improving service quality, standardizing health data, and integrating data across healthcare facilities. EMR implementation also supports the development of a digital health ecosystem connected to the national health platform (Regulation of the Minister of Health No. 24 of 2022, Article 3 paragraph (1)).

Article 1 paragraph (1) of Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 defines a medical record as a document containing patient identity, examination results, diagnoses, treatment, medical procedures, and other services provided during healthcare delivery. Article 1 paragraph (2) further states that an EMR is a medical record created using an electronic system specifically intended for medical-record administration. As healthcare information management has developed, medical records are no longer managed solely in manual form but have increasingly shifted toward electronic systems that use information technology for the storage and management of health data. EMRs provide several advantages, including easier data retrieval, improved documentation accuracy, reduced risk of record loss, and greater efficiency in patient-data storage (Dewi & Yulia, 2024).

EMR implementation is generally carried out through a Hospital Management Information System (HMIS). Based on Article 1 paragraph (1) of Regulation of the Minister of Health of the Republic of Indonesia Number 82 of 2013, HMIS is an information system that integrates various hospital service processes, including patient registration, outpatient and inpatient care, pharmacy, laboratory, radiology, and hospital management reporting. Through such integration, patient information can be accessed rapidly and in real time by authorized healthcare professionals, thereby supporting service effectiveness and clinical decision-making (Dandi & Erix, 2024).

The implementation of HMIS and EMRs provides various benefits for healthcare facilities. Previous studies have shown that medical record digitalization can accelerate access to patient information, improve coordination among healthcare professionals, reduce errors in medical-data documentation, improve service efficiency, and contribute to overall healthcare quality. Electronic systems also offer advantages in terms of data security and availability because information can be stored centrally and documented systematically (Rusdian Ikawati, 2024).

Nevertheless, medical record digitalization continues to face various challenges. Frequently reported obstacles include limited technological infrastructure, internet-network disruptions, suboptimal system quality, insufficient user training, and resistance among healthcare workers to changes in work processes. These factors may influence the success of EMR implementation and affect the quality of the data produced (Sari Dewi et al., 2024).

Bhayangkara Level I Hospital, Puskokkes Polri, is one of the hospitals that has implemented medical record digitalization through HMIS, particularly to support outpatient services. HMIS is used for patient registration, documentation of medical services, storage of health information, and electronic service reporting. The implementation of this system is expected to improve service effectiveness and facilitate health-information management within the hospital.

Based on observations conducted at the end of May 2026 and the first-quarter 2026 quality evaluation of Medical Record Documentation Completeness (KPLRM) at Bhayangkara Level I Hospital, Puskokkes Polri, several challenges remained in the implementation of medical record digitalization through HMIS. These included incomplete EMR documentation, internet-network disruptions, delays in data entry by users, and the need for more extensive system socialization and training. Preliminary interviews with registration staff, medical

records officers, and healthcare professionals using HMIS also revealed difficulties in system use. A medical records officer reported that network disruptions slowed data entry and contributed to patient dissatisfaction, while polyclinic staff indicated that not all users had received comprehensive HMIS training, resulting in errors in EMR completion. These conditions demonstrate that successful HMIS implementation is determined not only by the technology itself but also by the human and organizational factors involved in its use.

Previous research further supports this perspective. Sitompul, Yuniar, and Prasetya (2024), who evaluated a Hospital Management Information System using the HOT-FIT method in an outpatient setting, reported that human, organizational, and technological dimensions influence successful HMIS implementation. System quality, organizational support, and user competence were identified as important factors in improving hospital information-system utilization. Juliantari et al. (2023), in a study of outpatient EMR implementation using HOT-FIT, similarly found that EMRs improve service efficiency, facilitate access to patient data, and strengthen coordination among healthcare professionals, although technological infrastructure limitations and the need to improve user competence remained important challenges.

Based on these previous findings, successful medical record digitalization is influenced not only by the technology employed but also by human and organizational factors. Therefore, this study analyzed the implementation of medical record digitalization through HMIS in the Outpatient Department of Bhayangkara Level I Hospital, Puskokkes Polri, using the HOT-FIT approach.

Accordingly, this study focuses on the implementation of medical record digitalization through the Hospital Management Information System (HMIS) in the Outpatient Department of Bhayangkara Level I Hospital, Puskokkes Polri, using the HOT-FIT framework, which encompasses human, organization, technology, and net-benefit dimensions.

METHOD

This study employed a descriptive mixed-method design. The qualitative approach was used to describe the implementation of medical record digitalization through HMIS based on observation and interview findings, while the quantitative component was used to support the findings through percentage data on user training and medical-record completeness. The study was conducted in the Outpatient Department of Bhayangkara Level I Hospital, Puskokkes Polri, from May to June 2026. The research setting included the Outpatient Registration Unit, 12 outpatient clinics, and the Medical Records Unit.

Data sources consisted of primary and secondary data. Primary data were obtained through observation and interviews with HMIS users, including registration officers, medical records officers, physicians, nurses, and information technology personnel. Secondary data were obtained through reviews of Electronic Medical Records (EMRs), medical-record completeness audit reports, and supporting documents related to HMIS implementation at Bhayangkara Level I Hospital, Puskokkes Polri. Data collection included observation of medical record digitalization practices, in-depth interviews with informants, and documentation review of outpatient EMRs to obtain an overview of HMIS-based digitalization implementation.

The study population consisted of outpatient EMR files from the first quarter of 2026. The sample comprised 695 outpatient EMR files used to assess documentation completeness. This sample represented 10% of total outpatient visits during the first quarter of 2026 and followed the Medical Record Documentation Completeness quality calculation used by Bhayangkara Level I Hospital, Puskokkes Polri, for monitoring and evaluating medical-record service quality. The sample size was determined using the Slovin formula as stated in the hospital's Medical Record Administration Guidelines. All sampled records were subsequently

analyzed to determine the level of EMR completeness and to support the assessment of medical record digitalization through HMIS.

To obtain more in-depth qualitative data, seven informants were selected through purposive sampling based on their involvement and experience in using HMIS. They consisted of one medical records reporting officer, one medical records information-release officer, one polyclinic nurse, one polyclinic administrator, one internal medicine specialist, one information technology officer, and one registration officer. Interviews explored user experience, system-use constraints, organizational support, technological conditions, and perceived benefits of HMIS. Interview data were transcribed, reduced, and categorized according to the Human-Organization-Technology Fit (HOT-FIT) components: human, organization, technology, and net benefit. The human dimension focused on users' competence, experience, and acceptance of HMIS. The organization dimension addressed management support, policies, SOPs, and monitoring and evaluation. The technology dimension assessed system quality, ease of use, network availability, and technical constraints. The net-benefit dimension examined the benefits of HMIS for outpatient service efficiency and continuity. Although HOT-FIT provides a useful framework for evaluating alignment among human, organizational, and technological aspects of information-system implementation, it is primarily focused on internal implementation factors and may not fully capture external influences. In this study, HOT-FIT was therefore used as an analytical framework for organizing findings from observations, interviews, and quantitative data related to HMIS-based medical record digitalization.

Quantitative data consisting of the percentage of users who had received HMIS training and the level of medical-record completeness were analyzed descriptively by calculating and presenting percentages. These quantitative results were used to strengthen findings obtained through observations and interviews. Qualitative and quantitative findings were then presented in descriptive narratives and tables and interpreted with reference to HOT-FIT theory and previous studies. Integration of both types of data was intended to provide a comprehensive overview of HMIS-based medical record digitalization, including supporting factors, constraints, and benefits in the Outpatient Department of Bhayangkara Level I Hospital, Puskokkes Polri.

RESULTS AND DISCUSSION

Result

Based on observations, interviews, and document reviews conducted in the Outpatient Department of Bhayangkara Level I Hospital, Puskokkes Polri, medical record digitalization has been implemented through the use of HMIS integrated with outpatient services. The system is used by registration officers, medical records personnel, physicians, and nurses to support patient-service processes.

HMIS implementation begins with patient registration, which can be completed online or directly at the registration counter. Registered patient data are automatically stored in the system and can be accessed by the relevant service units. Physicians subsequently complete the Electronic Medical Record (EMR), documenting examination findings, diagnoses, medical procedures, and electronic prescriptions through HMIS. The system is also used to generate patient-visit reports automatically.

Observations showed that HMIS accelerates service processes because staff no longer need to retrieve physical medical-record files manually. Patient data can be accessed directly through the system, facilitating documentation and the tracing of patients' previous service histories.

Electronic Medical Record Completeness

Based on a review of 695 outpatient Electronic Medical Record (EMR) files from patients visiting Bhayangkara Level I Hospital, Puskas Polri, during January-March 2026, the level of documentation completeness varied by month.

Table 1. Completeness of Outpatient Electronic Medical Records, First Quarter of 2026

No.	Month	Number of Records	Complete	Incomplete	EMR Completeness
1	January	220	170	50	77.03%
2	February	230	205	25	89.01%
3	March	245	235	10	95.09%
	Total	695	610	85	87.08%

Source: Outpatient Electronic Medical Record Completeness Audit Data, First Quarter of 2026.

Based on the first-quarter 2026 audit of Medical Record Notes and Reports Completeness (KLPCM), overall medical-record completeness reached 87.08%, while the hospital standard was 100%. Thus, 12.92% of records remained incomplete. Monthly completeness improved from approximately 77% in January to 89% in February and approximately 95% in March. This upward trend indicates improvement in medical-record documentation during the observation period. Nevertheless, the results remained below the 100% standard, indicating the need for periodic monitoring and evaluation to improve healthcare professionals' compliance with EMR completion.

Table 2. Causes of Incomplete Electronic Medical Records

No.	Causal Factor	January	February	March	Total
1	Unstable internet connection	18	7	2	27
2	Physician had not completed the diagnosis	15	8	3	26
3	Nurse had not completed documentation	8	5	2	15
4	Slow/error-prone server	6	3	1	10
5	Insufficient socialization/training	3	2	2	7
	Total	50	25	10	85

Source: Audit and Interview Findings, First Quarter of 2026.

Table 2 shows that technological factors were a major cause of incomplete EMRs. Internet-network disruption ranked first with 27 cases (31.8%), followed by delayed completion of diagnoses by physicians with 26 cases (30.6%). The number of problems declined from January to March, indicating improvement in HMIS implementation during the study period.

Table 3. HMIS Implementation Constraints Based on HOT-FIT

No.	Aspect	Research Finding	Fit Analysis
1	Human	Physicians had not completed diagnoses	User competence and compliance were not yet fully aligned with EMR

			documentation requirements.
2	Human	Nurses had not completed documentation	User competence and compliance still require improvement to ensure HMIS is used according to procedure.
3	Organization	Insufficient socialization and training	Organizational support was not yet fully aligned with user needs, particularly regarding competency development.
4	Technology	Unstable internet connection	Technological conditions were not fully aligned with service needs because network disruption could hinder HMIS use.
5	Technology	Slow/error-prone server	Technological conditions were not fully aligned with service needs because system disruption could hinder HMIS use.
	Total: 85 cases		The findings indicate that mismatches remain among user needs, organizational support, and technological conditions.

Source: Audit and Interview Findings (2026).

Based on the HOT-FIT analysis, technology-related issues accounted for 37 cases (43.5%) of incomplete EMRs. Human factors accounted for 41 cases (48.2%), largely due to incomplete diagnosis entry and service documentation by healthcare professionals. Organizational factors accounted for seven cases (8.3%) related to insufficient socialization and training.

Table 4. HMIS Training and Socialization

No.	Training/Socialization Activity	Implemented	Not Implemented	Status
1	Basic HMIS user training has been conducted	✓		Achieved
2	EMR documentation training for physicians has been conducted	✓		Achieved
3	Socialization of changes to HMIS menus has not been conducted routinely		✓	Not Yet Achieved
4	Advanced HMIS training has not been conducted		✓	Not Yet Achieved

5	Evaluation of training outcomes has not been conducted periodically	✓	Not Yet Achieved
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Source: Interview Findings (2026).

Interview findings indicated that HMIS training had not yet been implemented comprehensively and continuously. Some users had only participated in initial implementation training; consequently, data-entry errors and suboptimal utilization of system features were still identified.

HMIS Implementation Constraints

- 1) Unstable internet connectivity in several outpatient clinics, which hindered patient-data entry.
- 2) Some staff had not participated in advanced HMIS training.
- 3) Errors were still found in EMR documentation, particularly in ICD-10 diagnosis coding and physicians' electronic signatures.
- 4) Monitoring of EMR documentation completeness had not yet been conducted routinely on a daily basis.

These constraints contributed to service delays and prevented HMIS from being utilized optimally in supporting medical record digitalization.

Discussion

The discussion applies the Human-Organization-Technology Fit (HOT-FIT) approach to analyze the implementation of medical record digitalization through HMIS in the Outpatient Department of Bhayangkara Level I Hospital, Puskokkes Polri. HOT-FIT was selected because it enables comprehensive evaluation of health-information-system implementation through three principal components-human, organization, and technology-together with the resulting net benefits. The analysis was based on EMR completeness audit results, observations, and interviews with system users. Overall, HMIS implementation has contributed positively to medical record digitalization, although several constraints continue to affect optimal system use.

Human Aspect

The findings show that HMIS in the Outpatient Department is used by registration officers, medical records personnel, physicians, and nurses to support patient care. The system facilitates electronic documentation and patient-data retrieval. Nevertheless, insufficient advanced training among some users continues to result in errors in EMR completion and suboptimal use of system functions.

Based on interviews and user-training data, approximately 30% of users had participated in advanced HMIS training. This indicates that many users had not yet received comprehensive continuing training. Limited training was associated with errors in diagnosis entry, underutilization of several HMIS features, and delays in completing EMR documentation. User competence and readiness therefore remain important determinants of successful HMIS implementation.

These findings are consistent with Dewi, Prahesti, and Markus (2024), who reported that the human dimension is a major determinant of successful EMR implementation. Insufficient training, limited user skills, and inadequate system understanding may hinder optimal EMR utilization. Continuous training and mentoring are therefore needed to improve user competence and support successful health-information-system implementation.

The findings are also supported by Yudiansyah and Paramarta (2025), who emphasized that human-resource readiness is a key factor in hospital medical-record digital transformation. Users with adequate knowledge and skills are more likely to accept and use digital systems effectively.

Organization Aspect

The organizational dimension of HMIS implementation at Bhayangkara Level I Hospital, Puskokkes Polri, is supported by hospital policies, standard operating procedures (SOPs), and coordination among service units. Such organizational support is important for ensuring that medical record digitalization is implemented in accordance with applicable requirements. This support is reflected in policies governing EMR use, service integration through HMIS, and the involvement of the information technology unit in system maintenance.

However, monitoring of EMR documentation completeness has not yet been fully optimized. The first-quarter 2026 KLPCM audit showed an overall completeness rate of 87.08%, below the hospital standard of 100%, leaving a gap of 12.92 percentage points. Monthly completeness improved from approximately 77% in January to 89% in February and approximately 95% in March. These findings indicate that periodic monitoring and evaluation of EMR completion still need to be strengthened.

This finding is consistent with Siswati et al. (2025), who stated that successful EMR implementation is strongly influenced by organizational support, including policy, supervision, and management commitment to ensuring that systems operate according to standards. Afandi and Widiyanto (2025) likewise explained that suboptimal implementation of SOPs and evaluation mechanisms may affect EMR effectiveness even when adequate infrastructure is available.

Organizational support is also demonstrated by the regulations underpinning EMR and HMIS implementation. The hospital's implementation refers to Regulation of the Minister of Health Number 24 of 2022 concerning Medical Records and Regulation of the Minister of Health Number 82 of 2013 concerning Hospital Management Information Systems, as well as internal Indonesian National Police regulations governing Bhayangkara hospital administration. The existence of these regulations reflects organizational commitment to digital healthcare services and electronic health-information management (Regulation of the Minister of Health No. 24 of 2022; Regulation of the Minister of Health No. 82 of 2013; Chief of the Indonesian National Police Regulation No. 2 of 2010).

Technology Aspect

HMIS has supported service processes ranging from patient registration and EMR documentation to healthcare reporting. Nevertheless, unstable internet connectivity remains a constraint affecting system continuity. Network disruption slows data entry and may delay completion of EMR documentation. In addition, some HMIS features are not yet used optimally, indicating the need for periodic training and system socialization.

Technological constraints also included HMIS downtime during the study period. Downtime data are presented in Table 5.

Table 5. Reported Downtime Incidents

No.	Month	Number of Incidents
1	January	8
2	February	5
3	March	3

Total	16
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Source: Hospital Data, First Quarter of 2026.

A total of 16 downtime incidents were recorded from January to March 2026: eight in January, five in February, and three in March. Such incidents can restrict access to the system and slow EMR data entry. In addition to downtime, the availability of supporting facilities and infrastructure is an important component of HMIS implementation, as shown in Table 6.

Table 6. HMIS Facilities and Infrastructure

No.	Facility/Infrastructure	Available	Required	Status
1	Laptops	50 units	75 units	Insufficient
2	Computers	500 units	550 units	Insufficient
3	Servers	2 units	2 units	Adequate
4	LAN network points	1,000 points	1,000 points	Adequate
5	Wi-Fi	4 access points	4 access points	Adequate
6	Printers	97 units	105 units	Insufficient

Source: Network Technician Data (2026).

Table 6 indicates that the hospital has supporting HMIS facilities and infrastructure, including computers, servers, LAN connectivity, internet access, and printers, which are generally functional. However, shortages remain in laptops, computers, and printers, while internet-network quality in several service units may slow system access at certain times. Thus, although the supporting infrastructure is broadly available, network quality and equipment availability still require improvement to maintain smooth system operation.

These technological constraints may delay patient services and EMR data entry and may reduce overall service efficiency. Repeated disruptions can affect healthcare quality and patient satisfaction by increasing waiting times. Improvements are therefore required in information technology infrastructure, particularly internet stability, periodic server maintenance, and continuous system monitoring.

The findings are consistent with Sari Dewi et al. (2024), who identified network disruptions, technological infrastructure limitations, and system problems as major barriers to EMR implementation in hospitals. Sitompul et al. (2024) also reported that technological components such as system quality, information quality, and service quality are associated with the benefits obtained from HMIS implementation.

From the perspective of the Technology Acceptance Model (TAM), users are more likely to accept HMIS when they perceive the system as useful and easy to use. In this study, the Transmedic HMIS facilitated faster access to information and improved service efficiency. However, network disruptions and downtime continued to affect perceived ease of use. Improving infrastructure quality and conducting periodic system maintenance are therefore necessary to optimize implementation (Putri, 2025; Cahyawan, 2022).

Net Benefit Aspect

The implementation of HMIS provides benefits for outpatient services, particularly patient registration, EMR documentation, information retrieval, and service reporting. Electronic systems make patient information easier to access and help accelerate service processes compared with manual data management. This finding is consistent with Juliantari et al. (2023), who reported that EMR implementation improves service speed, data-management efficiency, and access to health information for healthcare professionals.

EMR implementation benefits not only healthcare professionals but also overall hospital service effectiveness. Data integration across service units helps streamline patient flow and supports more appropriate decision-making. This finding is supported by Juliantari et al. (2023), who found that human, organizational, and technological components are significantly related to the net benefits obtained from EMR implementation.

Thus, HMIS provides benefits in terms of efficiency and ease of information access; however, maximizing these benefits still requires improvements in user readiness, organizational monitoring, and technological quality.

CONCLUSION

The implementation of medical record digitalization through HMIS in the Outpatient Department of Bhayangkara Level I Hospital, Puskor Polri, has been operationalized to support patient registration, outpatient clinical services, Electronic Medical Record (EMR) documentation, and outpatient service reporting. HMIS facilitates the recording and retrieval of patient information and improves service efficiency. Based on the Human-Organization-Technology Fit (HOT-FIT) analysis, several areas still require improvement. In the human dimension, only approximately 30% of users had participated in advanced HMIS training, and errors in documentation and suboptimal use of system features were still found. In the organization dimension, the KLPCM audit showed an EMR completeness rate of 87.08%, below the hospital's 100% standard. In the technology dimension, 16 downtime incidents were recorded from January to March 2026, along with unstable internet connectivity that could hinder EMR data entry and service delivery.

Based on these findings, the hospital is advised to improve the quality of its information technology infrastructure, particularly internet-network stability and periodic HMIS server maintenance, in order to reduce disruptions and downtime. HMIS training and socialization should be conducted routinely for all users, particularly personnel responsible for EMR documentation, to improve competence and reduce data-entry errors. In addition, regular monitoring and evaluation of medical-record completeness should use KLPCM audit findings as a basis for follow-up actions so that EMR completeness can reach the 100% standard. Coordination among hospital management, the Medical Records Unit, clinical service units, and the information technology unit should also be strengthened so that human, organizational, and technological constraints can be addressed promptly and HMIS can sustainably support the quality and efficiency of outpatient services.

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