



Evaluation of the Application of Electronic Medical Record Based on the Perspective of the Inpatient User Toto Kabila Regional General Hospital Stay

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ABSTRACT

The application of Electronic Medical Record (EMR) as a digital technology in healthcare that is used to record and store patient handling data, has become a major need in the transformation of healthcare services in Indonesia. However, the success of its implementation is largely determined by user acceptance. This study aims to identify the application of EMR from the perspective of users in the inpatient room of the Toto Kabila Regional General Hospital as seen from the factors of work expectation, business expectations, social influence and facility conditions. This study used a quantitative approach of a descriptive method, with a population of 150 nurses and a sample of 109 inpatient nurses and data collection through questionnaires. Based on the results of the study, it was found that in the work expectations 32.11% of respondents rated it as good, 67.89% adequate; business expectations of 26.61% were good, 73.39% adequate; social influence 19.27% was good, 75.23% was adequate and 5.50% was lacking; facility conditions were 28.44% good, 69.72% were adequate and 1.83% were poor. Overall, the implementation of EMR at Toto Kabila Hospital was considered good by 30.28% of respondents, and adequate by 69.72%. It is suggested that the implementation of EMR in the inpatient Toto Kabila Hospital can run optimally, improvements are needed in the form of periodic system evaluation, development of EMR features, strengthening team collaboration, improving technology infrastructure, and supporting a responsive IT team.

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INTRODUCTION

Globally, the World Health Organization emphasizes the importance of digitalization in the health sector to support efficient health services, optimization of resources used and transformation of health services. And nowadays, the implementation of (Amallia, 2024) Electronic Medical Record has become a global trend. With (Faida & Jannah, 2019) Electronic Medical Record, the process of recording and processing patient data becomes faster, more accessible to authorized officers so that health services become better and the health system becomes more modern.

In Indonesia, it is mandatory for every health facility, including telemedicine services, to implement an Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning Medical Records, Electronic Medical Record system to support digital transformation in health services. However, the results of a survey from the Indonesian Hospital Association (PERSI) show that out of 3,000 hospitals in Indonesia, only 50% have implemented Electronic Medical Record (Habibah, 2023). In fact, only 40% have implemented it optimally, meaning that the adoption of Electronic Medical Records still faces various challenges.

Based on data from the Gorontalo Provincial Health Office in 2025, the implementation of Electronic Medical Record in hospitals has reached 90%, and the overall use of the system is still being optimized. One of the hospitals in Gorontalo province that has implemented Electronic Medical Record is the Toto Kabila Regional General Hospital both in outpatient and inpatient units in stages. The Electronic Medical Record system used is in the form of modules that can be accessed through computers and tablets.

According to the Head of Medical Records at Toto Kabila Hospital, the purpose of implementing Electronic Medical Record (EMR) is to meet regulatory demands, and data can be documented digitally. Users, including medical personnel, were also given an understanding of using the Electronic Medical Record (EMR) system, through training provided before the implementation was carried out. Although the implementation of the Electronic Medical Record system in outpatient care has been running optimally since the end of 2022, inpatient care which only started in January 2025 still encounters obstacles, both from human and technological factors.

The user acceptance factor is a challenge in the implementation of Electronic Medical Record (EMR). Before the implementation was carried out, there were some nurses who felt that the Electronic Medical Record (EMR) system was quite easy to work with, especially in recording and accessing patient data because they could directly record patient data without having to record manually on paper. However, after use, some nurses find it difficult to use Electronic Medical Record (EMR) if the system is in error due to technical problems.

In addition, the use of Electronic Medical Record (EMR) in inpatients is also influenced by policies that require all health workers in Indonesia to switch to a digital system in recording data and patient care, so that nurses have no choice but to receive it. This opinion is strengthened by the Head of Medical Records who said that the implementation of Electronic Medical Record (EMR) is indeed basic because of the applicable regulations while user acceptance is the main factor that most affects the success of the implementation of Electronic Medical Record (EMR).

The obstacles to technological factors, namely disruptions in the network connection at the beginning of the implementation caused the system to load and hinder nurses' activities while entering patient data. Because the network system in inpatients is interconnected in each treatment building, so that when one building experiences an error, the entire inpatient room will be affected. As a result, the process of documenting and accessing patient data by nurses becomes hampered, potentially disrupting work efficiency. The existence of incomplete forms in electronic medical records can also be an obstacle. Users still have to do double documentation, both in the form of physical and digital documents, because not all forms in manual medical records are also available in electronic medical records. This condition can not only increase the workload but also increase the risk of data inconsistency and search errors.

This study uses the Unified Theory of Acceptance and Use of Technology (UTAUT) model to describe the acceptance and use of Electronic Medical Record (EMR) carried out in the inpatient of the Toto Kabila Regional General Hospital. UTAUT identifies factors that play a role and influence the acceptance of technology, namely performance expectations, business expectations, social influences and facility conditions (Andriyana, 2024). The UTAUT model by proven to be up to 70% more successful at explaining the variants of the user's intention to accept and use the technology. (Venkatesh et al, 2003)

METHOD

This study uses a descriptive quantitative approach, to describe the application of Electronic Medical Record carried out in the inpatient of the Toto Kabila Regional General Hospital. The study was carried out from April 21 to April 30, 2025, with a population of 150 inpatient nurses and a sample of 109 nurses calculated using the Slovin formula. Data were collected through a questionnaire using a likert scale of 1-4 which was compiled using indicators from the Unified Theory of Acceptance and Use of Technology (UTAUT) model and presented in the form of a frequency distribution table.

RESULTS

Characteristics of respondents by Age

Table 1. Distribution of Respondents by Age

Age (Years)	n	(%)
15 - 24 Years	5	4,6
25 - 34 Years	96	88,1
35 - 44 Years	8	7,3
Total	109	100

Source: Primary Data, April 2025

Based on table 1, the majority of respondents were in the age range of 25 - 34 years, namely 96 nurses (88.1%). Meanwhile, respondents aged 35 - 44 years were 8 nurses (7.3%). And respondents aged 15-24 years were only 5 nurses (4.6%). This shows that most of the nurses in the inpatient Toto Kabila Regional General Hospital are in productive age and early adulthood, who generally have a higher readiness and ability to receive and use the Electronic Medical Record system.

Characteristics of respondents by Last Education

Table 2 Distribution of Respondents by Last Education

Final Education	n	%
D3 Nursing	35	32,1
S1 Nurse Nursing	74	67,9
Total	109	100

Source: Primary Data, 2025

Based on table 2, the majority of respondents are 74 S1 Nurse Nursing graduates (67.9%), while the other 35 people (32.1%) are D3 Nursing graduates. This shows that most of the nurses in the inpatient Toto Kabila Regional General Hospital have a professional and adequate education background in understanding and operating the information technology system, namely the Electronic Medical Record.

Results of Identification of the Implementation of Electronic Medical Records based on Work Expectation factors

Table 3 Distribution of Respondent Categories on the Implementation of EMR Based on Work Expectation Factors in Hospitalization Toto Kabila Hospital

Category	n	%
Good	35	32,11
Enough	74	67,89
Less	0	0
Total	109	100

Source: Primary Data, 2025

Based on table 3, it can be seen that most of the respondents are in the category of sufficient for the work expectation factor, which is as many as 74 respondents (67.89%). A total of 35 respondents (32.11%) were in the good category. And none of the respondents are in the category of lack.

Results of Identification of the Implementation of Electronic Medical Records based on Business Expectations factors

Table 4. Distribution of Respondent Categories to the Implementation of EMR by Factor Business Expectations at the Inpatient of Toto Kabila Hospital

Category	n	%
Good	29	26,61
Enough	80	73,39
Less	0	0
Total	109	100

Source: Primary Data, 2025

Based on table 4, it can be seen that most of the respondents are in the category of sufficient business expectation factors, which is as many as 80 respondents (73.39%). A total of 29 respondents (26.61%) were in the good category, and none of the respondents were included in the poor category.

Results of Identification of the Implementation of Electronic Medical Records based on Social Influence factors

Table 5 Distribution of Respondent Categories to the Implementation of EMR by Factor Social Influence in Hospitalization Toto Kabila Hospital

Category	n	%
Good	21	19,27
Enough	82	75,23
Less	6	5,50
Total	109	100

Source: Primary Data, 2025

Based on table 5, it can be seen that most of the respondents were in the category of sufficient social influence factors, namely 82 respondents (75.23%). A total of 21 respondents (19.27%) were in the good category, and 6 respondents (5.50%) were in the poor category.

Results of Identification of the Implementation of Electronic Medical Record based on Facility Condition factors

Table 6 Distribution of Respondent Categories to the Implementation of EMR by Factor Facility Conditions in Hospitalization Toto Kabila Hospital

Category	n	%
Good	31	28,44
Enough	76	69,72
Less	2	1,83
Total	109	100

Source: Primary Data, 2025

Based on table 6, it is known that most of the respondents are in the sufficient category of facility conditions, namely 76 respondents (69.72%), as many as 31 respondents (28.44%) are in the good category, and 2 respondents (1.83%) are in the poor category.

Results of Identification of the Application of Electronic Medical Record based on the User's Perspective

Table 7. Distribution of Respondent Categories to EMR Implementation Hospitalized at Toto Kabila Hospital Overall

Category	n	%
Good	33	30,28
Enough	76	69,72
Less	0	0
Total	109	100

Source: Primary Data, 2025

Based on table 7, it is known that most of the respondents, namely 76 respondents (69.72%) assessed the implementation of Electronic Medical Record at Toto Kabila Hospital to be in the adequate category, as many as 33 respondents (30.28%) were in the good category, and no respondents were in the poor category.

DISCUSSION

Application of Electronic Medical Record in Inpatient at Toto Kabila Regional General Hospital based on Work Expectancy Factors

Based on the results of the research carried out at the Inpatient of the Toto Kabila Regional General Hospital on the work expectancy factor, it showed that most of the respondents were in the sufficient category (67.89%). This shows that most of the respondents have felt the benefits of the system, but it has not been maximized. The majority of respondents felt that the system used did not fully support their work, because there were features that were not complete and in accordance with the needs of the nurse's work, so that the expectations and reality of the nurses were not compatible. Because basically, EMR is applied to make work easier, not to add to work. And in the Inpatient of the Toto Kabila Regional General Hospital, the

implementation of this EMR has been considered enough to support efficiency by most nurses but has not been maximally facilitated.

Meanwhile, as many as 35 respondents (32.11%) rated the system in the good category, reflecting that some users have felt the benefits of the system directly to the maximum because they feel that it has supported their performance improvement. Respondents considered the Electronic Medical Record System to be enough to help their work effectiveness, such as in terms of speeding up documentation, and reducing administrative burdens, improving the quality of patient data, more complete data provided, and fast system response so as to increase their work efficiency and effectiveness.

The absence of respondents in the low category, which is a positive indicator that the Electronic Medical Record system has generally been accepted as a work aid and does not pose a major obstacle. However, there is still room for improvement so that the benefits of the system can be felt more optimally, especially in terms of functionality and completeness of features.

If it is associated with the characteristics of the respondents, most of them are 25 – 34 years old and have the last educational background of S1 Nursing Nurses. This group is of productive working age and has a good educational background in understanding documentation in nursing. But in reality, there are still many who consider that the EMR system is in the category of sufficient. This shows that age and educational background alone do not guarantee maximum perception of the system, because it can also be influenced by how ready the system is to be used to support work. There were also respondents who were under 25 years old and 35-44 years old and respondents with a D3 Nursing education background, although the number was smaller, this group still contributed to the overall results who had different experiences and perceptions.

In the UTAUT (Unified Theory of Acceptance and Use of Technology) model, performance expectations are the main trigger of behavioral intentions towards the use of technological systems, where a person's level of confidence that using a system will be able to improve their performance. These findings are in line with the results of the study, (Venkatesh et al, 2003) (Rusdiana & Sanjaya, 2024) which states that electronic medical records simplify the nursing documentation process, because nurses do not need to write much and also make it easier for nurses to access patient health information quickly, thus simplifying the nursing care process and speeding up nurses' work. Similar support was also found in the study, which showed a significant relationship between the perception of the usefulness of the use of electronic medical records and the motivation for the implementation (Kassiuw, 2024) of Electronic Medical Record, where the system is considered to provide great benefits in improving the quality and quantity of user work in hospitals, if all the needs of the system have been met, for example the suitability of the form of technology with the needs of the job, so that it is achieved. The hope is that with EMR nursing documentation becomes easier.

Application of Electronic Medical Record in Inpatient at Toto Kabila Regional General Hospital based on Business Expectations Factors

Based on the results of a study carried out at the Inpatient of the Toto Kabila Regional General Hospital on the business expectation factor, it shows that the majority of respondents (73.39%) are in the sufficient category, indicating that nurses feel that the Electronic Medical Record system is quite easy to learn and operate and not complicated to understand the workflow of the system used, but faces few obstacles when used, for example some users who are still encountered difficulties in using EMRs due to technical constraints that affected the user experience of the system. The technical obstacle in question can be in the form of an unstable internet connection so that the system will experience long loading and make it very difficult for users when entering patient data.

Meanwhile, as many as 29 respondents (26.61%) assessed that the system was in the good category, which shows that some nurses are very comfortable using this system because of its user-friendly design and the function of the Electronic Medical Record system as an easy-to-operate documentation tool. Respondents felt a high level of satisfaction because this system was considered to be quite helpful in simplifying work, which ultimately affected the user experience.

There were no respondents in the less category, indicating that the level of technology acceptance from the aspect of business expectations was very high. This system is not considered difficult to use, although it is not fully optimal in supporting user comfort because there are still some users who find it a little difficult to use the system if there are technical problems, such as the network that hinders the smooth input of medical data which can make the system difficult to access.

Judging from the characteristics of the respondents, most of them are in the age range of 25 – 34 years and S1 Nursing Nurses education. Even though they are classified as productive age and have a supportive educational background in nursing documentation, their assessment is quite dominant. There were also respondents aged 35-44 years and below 25 years old and with a background in D3 Nursing education. Although the number is small, they also provide a variety of perceptions of the ease of use of the system. This difference shows that the perception of system ease does not only depend on individual factors but also on adequate system support.

According to UTAUT (Unified Theory of Acceptance and Use of Technology), the business expectation factor describes the extent to which a person believes that a technological system is easy to use. (Venkatesh et al, 2003) These findings are in line with research (Sukadana & Lestari, 2023), which states that the perception of ease of use has a significant positive influence on attitudes and interest in using the Electronic Medical Record system, especially if the system supports the self-learning process and does not require complex training. The results (Intansari et al., 2023) of the study also found a very strong relationship between the ease of use of the system and the usefulness of the system. This means that the ease of the system can encourage the intention of users to use the Electronic Medical Record system, because the system's uncomplicated workflow is able to speed up the user's work. The simpler the system, the more likely it is that users will want to accept and actively use it.

Therefore, to ensure the sustainability of the system's convenience remains optimal, hospitals need to conduct periodic evaluations as a survey of user satisfaction with the convenience of the system used and if there are new users, it is necessary to provide assistance so that the perception of convenience remains high.

Application of Electronic Medical Record in Inpatient at Toto Kabila Regional General Hospital based on Social Influence Factors

Based on the results of the study carried out at the Inpatient of the Toto Kabila Regional General Hospital on social influence factors, it showed that as many as 82 respondents (75.23%) assessed social influence in the sufficient category, which shows that most respondents have felt social support to use the Electronic Medical Record system. Although it is not yet fully strong and maximum. They may only feel direct support from their colleagues, without feeling direct encouragement from their superiors in the use of the system or vice versa, or they may feel that encouragement from the social environment is not very important to them.

Meanwhile, as many as 21 respondents (19.27%) gave a good rating, which reflects that they have felt a strong and real positive social support. For example, there is direct help from colleagues when facing technical problems, or because of the support of an active boss who provides direct motivation to users. This kind of work environment tends to encourage a sense of comfort and readiness for users to implement a new work system.

However, as many as 6 respondents (5.50%) rated it as less, indicating that there are still some respondents who do not feel support and encouragement from the social environment. Some respondents may not have felt any direct encouragement from colleagues or leaders to be exemplary in using this system. This can be caused by a lack of social interaction, either from peers or superiors, or feeling that support from the social environment is considered less important in the process of technological adaptation, which ultimately affects the lack of user perception.

When viewed from the characteristics, the majority of respondents were 25–34 years old and S1 Nursing Nurse education. This age and education are generally associated with openness to technology from the work environment, so respondents consider social support important in initiating the process of system adaptation. However, there are also some respondents aged 35–44 years and under 25 years old with a D3 Nursing education background, who may have different work styles or perceptions of the importance of social support in the acceptance of the system. For example, more senior respondents are used to working independently so they do not rely on social encouragement at work or it could be because they are not fully confident in the new system so they do not pay too much attention to encouragement from the work environment. As a result, the social influence of the work environment, such as superiors and peers, can be considered unimportant in making decisions using the EMR system.

In the UTAUT (Unified Theory of Acceptance and Use of Technology) model, social influence is a factor influencing adoption, especially if it comes from an authoritative source. In line with the study, which states that social influence is significantly related to the use of (Venkatesh et al, 2003) (Imran et al, 2023) Electronic Medical Records. The support of colleagues and leaders is quite influential in the successful implementation of the health information system, because it is able to form work rules and culture that support the acceptance of technology in the work environment. However, (Rohmawati et al., 2024) it found that social influences were not significant on the acceptance of Electronic Medical Records, indicating that this factor is contextual and depends on the work culture in each work environment.

Therefore, to increase the level of system adoption as a whole, it is necessary to create a collaborative work culture, where leaders play the role of agents of change and colleagues who must support each other in facing the challenges of using new technologies and changing workflows.

Application of Electronic Medical Record in Inpatient at Toto Kabila Regional General Hospital based on Facility Condition Factors

Based on the results of the research carried out at the Inpatient of the Toto Kabila Regional General Hospital on the condition of the facility, it shows that the majority of respondents (69.72%) assessed the condition of the facility in the category of adequate, indicating that supporting facilities are available but

cannot be fully used optimally. For example, because of the limited number of computer devices and the internet connection used is still often unstable.

Meanwhile, as many as 31 respondents (28.44%) rated it well, which means that the respondents may already feel that they already have more adequate and stable facility conditions, such as devices and internet connections, feel that the IT team can always help them, have good skills in using technology and have received adequate training so that the implementation of the Electronic Medical Record system. It is felt that it has run smoothly and optimally.

However, as many as 2 respondents (1.83%) were in the poor category, which shows that there are still users who often face technical obstacles, such as unstable internet connections, lack of devices provided, lack of expertise in using technology, feeling that the system is not finished with operational needs and cannot integrate properly, or lack of response speed of the IT team in handling user problems. which means that the application of the Electronic Medical Record system to this factor is not completely even and still requires quality improvement.

If viewed from the characteristics, the majority of respondents have a S1 Nursing education background and are of productive age (25-34 years), there are also respondents under 25 years old and a D3 Nursing education background, but it turns out that the perception of facilities is also influenced by their respective work environment. There are also respondents aged 35 – 44 years, who may face more obstacles in adapting to limited facilities. But again, that despite the variation in respondents' characteristics, their perception of the condition of the facility is not only influenced by the individual but also the situation or work experience of each individual.

According to the UTAUT (Unified Theory of Acceptance and Use of Technology) model, the condition of facilities is a person's belief that the expertise, organizational infrastructure and technical resources available are able to support the use of technological systems (Venkatesh et al, 2003). These findings are in line with research (Nisa et al, 2024), that Hospital Management Information Systems are easy to use thanks to the level of technological skills that individuals possess which directly contributes to the perception of the ease and efficiency of the systems used. Users who are used to using technology will be more easily adapted to the digital system that is run. However, the availability of technical facilities such as internet connection, hardware and IT support is an important factor in determining the success of the implementation of Electronic Medical Record. In line with this, it (Hidayat et al, 2024) is also mentioned that a high level of infrastructure readiness is an important prerequisite to ensure the smooth running of the system so that errors do not occur when used. Thus, strengthening technological infrastructure must also be a major concern. Because equal distribution of facilities will create equity in access so that all users can feel the real benefits of this system implemented.

Application of Electronic Medical Record in Inpatient at Toto Kabila Regional General Hospital

The implementation of Electronic Medical Record in hospitals is not only determined by how sophisticated the system is, but also highly dependent on the response of the user, namely nurses. In the framework of UTAUT's theory, according to (Venkatesh et al, 2003) the success of technology adoption, such as EMR, can be influenced by four main factors, namely work expectations, business expectations, social influences and facility conditions.

Based on the results of the research on the implementation of Electronic Medical Record in the Inpatient of the Toto Kabila Regional General Hospital, it showed that 30.28% of respondents rated the implementation of Electronic Medical Record in the good category, as many as 69.72% of respondents rated it in the adequate category, and no respondents rated it as lacking. This indicates that in general this system is quite accepted, but in its implementation it still faces various challenges that make most respondents not fully declare the success of using the system optimally, especially in terms of comfort of use, social support and supporting facilities.

Respondents who rated the implementation of EMR in the good category were most likely to have felt the real benefits of this system, in the form of support from adequate training, a perception of good equal use, good infrastructure, and a collaborative organizational culture that supports user motivation. On the other hand, those who are rated in the fair category may face challenges in one or more factors, such as limited features in the system, difficulty using EMRs due to technical constraints, lack of social support by leaders and colleagues or limited facilities that are considered inadequate.

The majority of respondents were 25–34 years old and had a S1 Nursing Nurse education. However, there are also respondents from other age and education groups, such as 35-44 years old and under 25 years old as well as D3 Nursing education. This diversity of backgrounds reflects that perceptions of EMR systems are heavily influenced by experience of use in the field, not just by individual characteristics.

Research by (Andriyana, 2024), shows that the success of EMR implementation in hospitals will be greatly influenced by an organization's readiness and ongoing support of the system, e.g. the availability of training, infrastructure, devices and suitability of features, to be implemented. The same thing is also emphasized by the convenience of the system will reduce the energy, thought and time used to study and use

the EMR system so that its application runs optimally. The convenience of the system can come from a system that is designed simply and easy to learn, adequate supporting aspects such as the completeness of the contents of the system used, the readiness of complete and adequate devices, a stable internet connection, and the existence of technical support that is ready to help users when facing obstacles when using EMR. This affects the user experience, because an easy system will make users more satisfied and make them want to continue using it. (Yulida et al., 2024)

It should be noted that the perception in this study can vary depending on the experience of each user and the limitations of the system, such as the incompleteness of the form in the EMR that makes the nurse have to do double recording, the long loading time on the system due to the unstable internet connection, social support that is not considered too strong, and the limitations of the devices provided so that the nurse has to provide for herself to support their work. This condition has hampered the smooth running of the system as a whole and can affect the success of the implementation of the Electronic Medical Record system in the Inpatient of the Toto Kabila Regional General Hospital in the long term if the implementation optimization is not carried out immediately.

CONCLUSION

Based on the results of the research carried out at the Inpatient of the Toto Kabila Regional General Hospital using indicators from the UTAUT model, several conclusions were obtained as follows:

Based on the work expectancy factor, the majority of respondents 67.89% rated it in the category of adequate, and some others rated it well at 32.11%. None of the respondents rated it as lacking, indicating that the Electronic Medical Record system is sufficient to help work effectiveness, but not completely optimally. This shows that from the work expectation factor, the implementation of Electronic Medical Record in the Inpatient at Toto Kabila Hospital is considered quite helpful, but it needs to be developed a system to better suit the needs of users.

Based on business expectations factors, most respondents 73.39% assessed it in the category of adequate, and 26.61% rated it good. None of the respondents rated it less, indicating that the system is quite easy to use. This shows that from the business expectation factor, the implementation of Electronic Medical Record in the Inpatient of Toto Kabila Hospital is good and supports user adaptation to the system.

Based on social influence factors, most respondents 75.23% rated it in the category of adequate, 19.27% of respondents rated it good, and 5.50% of respondents rated it poor. This shows that from the social influence factor, the implementation of Electronic Medical Record in the Inpatient of Toto Kabila Hospital has received support from the user's social environment, but it has not been sufficiently felt by all respondents.

Based on the condition of the facility, as many as 69.72% of respondents rated it adequate, 28.44% of respondents rated it good, and 1.83% of respondents rated it inadequate. This shows that from the condition of the facility, the implementation of Electronic Medical Records in the Inpatient of Toto Kabila Hospital has been well facilitated but not evenly distributed in several rooms.

Overall, the implementation of Electronic Medical Record in the Inpatient at Toto Kabila Hospital was mostly in the adequate category as 69.72% of respondents, and 30.28% of respondents were in the good category. This shows that even though it has been sufficiently accepted by users, the implementation of Electronic Medical Record in the Inpatient of the Toto Kabila Regional General Hospital still requires system optimization, social support, and equitable distribution of technical facilities so that the implementation of Electronic Medical Record can run more optimally, more optimally and sustainably.

SUGGESTION

Evaluate and develop Electronic Medical Record system features to support and suit the user's work needs. Strengthening a collaborative work culture, both from leadership and support between colleagues so that social influence is stronger. Improving technological infrastructure to support Electronic Medical Records comprehensively and evenly, especially in units that are still experiencing technical problems. Ensure a responsive IT team in handling technical issues

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