



## FACTORS ASSOCIATED WITH DHEALTH HOSPITAL MANAGEMENT SYSTEM

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### ABSTRACT

**Background:** Delivering electronic medical records and health transformation, RSUD Labuang Baji implemented the Dhealth Hospital Management Information System (SIMRS). However, this SIMRS has obstacles in terms of human, organization, and technology.

**Objective:** To analyze the relationship of human, organizational, and technological components with the benefits of SIMRS Dhealth at RSUD Labuang Baji.

**Methods:** Quantitative research with a cross sectional study design. The sample was 221 health workers using SIMRS DHealth at Labuang Baji Hospital. Data collection using a questionnaire.

**Results:** System use, user satisfaction, organizational structure, top management support, IT staff capabilities, system quality, information quality, and service quality have a positive relationship with the benefits of SIMRS Dhealth at Labuang Baji Hospital.

**Conclusion:** Users need to routinely use SIMRS. RSUD Labuang Baji needs to improve the network and add IT staff. The SIMRS developer needs to simplify features, improve the system, and provide instructions for use.

## INTRODUCTION

Nowadays, information technology is experiencing rapid development and progress, with this technology it can be utilized in processing data for decision-making purposes (Cholik, 2021). A management information system is necessary to offer accurate and timely information to facilitate decision-making, address problems, and ensure the

smooth operation of hospital planning, control, and operations due to the large volume of data and information flowing through the hospital services process (Wijoyo et al., 2023). Every hospital must organize a hospital management information system or SIMRS (Menteri Kesehatan Republik Indonesia, 2014).

2,266 hospitals have implemented SIMRS to improve the quality of their services, and there are 294 hospitals that have not used SIMRS (Kementerian Kesehatan Republik Indonesia, 2020). A 2022 Ministry of Health survey presented at the launch of Indonesian Health Services, still found 304 hospitals (22%) that do not have SIMRS at all in Indonesia (Aviat, 2023). On December 31, 2023, at the latest, all medical facilities must have electronic medical records (RME) in place (Menteri Kesehatan Republik Indonesia, 2022).

Before implementing RME, it is necessary that SIMRS is ready and able to produce information quickly, precisely, accurately, and of course effectively. (Kaufhold et al., 2020). Given the amount of investment spent by a hospital in adopting SIMRS methods and technology, it is necessary to see or measure whether the expected benefits of SIMRS implementation occur or not (Daerina et al., 2018). It is necessary to try to understand the actual conditions of implementing the information system, this is done so that the achievement of implementing this system can be known and further action planning can be carried out to improve the performance of the system if problems are found, both problems felt by users and hospitals (Susilo & Mustofa, 2019).

The success of an information system's deployment is determined by people (human), organizations (organization), and technology (technology), all of which play significant

roles in the information system (Aprilianingsih et al., 2022). The human component includes system use and user satisfaction; the organizational component includes organizational environment and structure, where staff support and top management support can be measured and evaluated from the organization; the technology component includes information quality, system quality, and service quality (Yusof et al., 2008).

A total of 31 respondents (11.4%) said they were less satisfied with the system at Labuang Baji Hospital, 13 respondents (4.8%) and 3 respondents (1.1%) said they were dissatisfied and very dissatisfied with the system at Labuang Baji Hospital (Rumah Sakit Umum Daerah Labuang Baji, 2022). Law Number 17 of 2023, emphasizes that health transformation is needed to achieve an increase in the degree of public health (Presiden Republik Indonesia, 2023). In line with the direction on the importance of a hospital to present digital transformation as a form of transformation in health services and to realize RME, Labuang Baji Regional General Hospital (RSUD) then fully applied the Dhealth hospital management information system (SIMRS) on June 24, 2023, replacing SIMRS Khanza which had been implemented since 2020.

According to the preliminary studies carried out at Labuang Baji Hospital, SIMRS DHealth has proven beneficial Labuang Baji Hospital. Its presence has enabled Labuang Baji Hospital to adopt electronic medical

records, simplify the process of recording and reporting, and enhance the service process, ultimately increasing the facility's speed of service. However, there are serious obstacles in terms of people, technology, and organization. SIMRS Dhealth is still not fully integrated into all units. In addition, system users still do not understand the use of SIMRS, data entry by system users is still lacking, and there is still a lack of available computers to use SIMRS DHealth.

Based on the description above, it is necessary to know whether the important components of an information system in the form of human, organization, and technology have a relationship or not with the benefits that can be obtained from the implementation of SIMRS DHealth at Labuang Baji Hospital.

## **METHODS**

This research is a quantitative study using a cross sectional study approach to examine the dynamics of the relationship between system use, user satisfaction, organizational structure, top management support, IT staff capabilities, system quality,

information quality, and service quality with the benefits of SIMRS DHealth at the same time. This research was conducted at Labuang Baji Hospital in January-February 2024.

The population in this study were all SIMRS Dhealth users at Labuang Baji Hospital. Determination of the sample using the Isaac and Michael table (1981) obtained as many as 221 samples where sampling was accidental proportionally because the sample had a different distribution in each hospital unit so that all units could be represented. Using a Likert scale with five categories: strongly disagree (STS), disagree (TS), undecided (RG), agree (S), and strongly agree (SS), a questionnaire comprising statements was the instrument employed. After gathering the data, it is analyzed using the chi square test and the spearman rank correlation test to ascertain the strength and direction of the relationship between the independent and dependent variables. The findings of the study are then presented descriptively in the form of tables and narratives.

**RESULTS**

**Table 1**  
**Frequency Distribution Based on Characteristics of Respondents of SIMRS**  
**Dhealth Users at Labuang Baji Hospital**

| <b>Characteristics Respondent</b>  | <b>Frequency (n)</b> | <b>Percentage (%)</b> |
|------------------------------------|----------------------|-----------------------|
| <b>Respondent's Age (years)</b>    |                      |                       |
| 21-30                              | 29                   | 13,1                  |
| 31-40                              | 77                   | 34,8                  |
| 41-50                              | 76                   | 34,4                  |
| 51-60                              | 39                   | 17,6                  |
| <b>Work Unit</b>                   |                      |                       |
| Surgery                            | 22                   | 10,0                  |
| BPJS                               | 1                    | 0,5                   |
| Casemix                            | 8                    | 3,6                   |
| Pharmacy                           | 15                   | 6,8                   |
| Nutrition Installation             | 6                    | 2,7                   |
| IGD                                | 45                   | 20,4                  |
| Cashier                            | 5                    | 2,3                   |
| Laboratoy                          | 2                    | 0,9                   |
| Medical Check Up                   | 1                    | 0,5                   |
| Registration                       | 7                    | 3,2                   |
| Radiology                          | 8                    | 3,6                   |
| Inpatient Care                     | 70                   | 31,7                  |
| Outpatient Care                    | 21                   | 9,5                   |
| Medical Record                     | 6                    | 2,7                   |
| Verifier                           | 4                    | 1,8                   |
| <b>Last Education</b>              |                      |                       |
| SMA                                | 2                    | 0,9                   |
| D3                                 | 48                   | 21,7                  |
| S1                                 | 158                  | 71,5                  |
| S2                                 | 12                   | 5,4                   |
| Specialist                         | 1                    | 0,5                   |
| <b>Working Period (years)</b>      |                      |                       |
| < 1                                | 7                    | 3,2                   |
| 1-5                                | 37                   | 16,7                  |
| 6-10                               | 18                   | 8,1                   |
| > 10                               | 159                  | 71,9                  |
| <b>Length of SIMRS use (years)</b> |                      |                       |
| < 1                                | 116                  | 52,5                  |
| 1                                  | 2                    | 0,9                   |
| 2                                  | 47                   | 21,3                  |
| 2,5                                | 1                    | 0,5                   |
| 3                                  | 55                   | 24,9                  |
| <b>Total</b>                       | <b>221</b>           | <b>100,00</b>         |

*Source: Primary Data, 2024*

Based on the table above, it is known that the characteristics of respondents based on age are mostly in the age category 31-40 years, namely 77 respondents (34.8%). SIMRS DHealth has been installed in almost all service units at Labuang Baji Hospital, but the characteristics of respondents based on their work units are mostly found in the inpatient unit, namely 70 respondents (31.7%). The characteristics of the respondents' education level vary with the highest percentage being S1

as many as 158 respondents (71.5%). Characteristics of respondents based on their tenure, most respondents have worked for > 10 years at Labuang Baji Hospital, namely 159 respondents (71.9%).

At Labuang Baji Hospital, the majority of respondents have been using SIMRS for less than a year (< 1 year). This group has 116 respondents (52.6%).

**Table 2**  
**Univariate Analysis of Dependent and Independent Variables**

| <b>Research Variables</b>       | <b>Frequency<br/>(n = 221)</b> | <b>Percentage (%)</b> |
|---------------------------------|--------------------------------|-----------------------|
| <b>Benefit</b>                  |                                |                       |
| Good                            | 207                            | 93,7                  |
| Not Good                        | 14                             | 6,3                   |
| <b>System Use</b>               |                                |                       |
| Good                            | 205                            | 92,8                  |
| Not Good                        | 16                             | 7,2                   |
| <b>User Satisfaction</b>        |                                |                       |
| Good                            | 207                            | 93,7                  |
| Not Good                        | 14                             | 6,3                   |
| <b>Organizational Structure</b> |                                |                       |
| Good                            | 211                            | 95,5                  |
| Not Good                        | 10                             | 4,5                   |
| <b>Top Management Support</b>   |                                |                       |
| Good                            | 215                            | 97,3                  |
| Not Good                        | 6                              | 2,7                   |
| <b>IT Staff Capabilities</b>    |                                |                       |
| Good                            | 216                            | 97,7                  |
| Not Good                        | 5                              | 2,3                   |
| <b>System Quality</b>           |                                |                       |
| Good                            | 194                            | 87,8                  |
| Not Good                        | 27                             | 12,2                  |
| <b>Information Quality</b>      |                                |                       |
| Good                            | 208                            | 94,1                  |
| Not Good                        | 13                             | 5,9                   |
| <b>Service Quality</b>          |                                |                       |
| Good                            | 214                            | 96,8                  |
| Not Good                        | 7                              | 3,2                   |

*Source: Primary Data, 2024*

Based on table 2, it can be seen that the majority of respondents' assessment of the benefits of SIMRS DHealth is good as many as 207 respondents or 93.7%. The use of the system in this case the use of SIMRS DHealth itself is generally good according to 205 respondents (92.8%). A total of 207 respondents (93.7%) as SIMRS users at Labuang Baji Hospital have expressed satisfaction with SIMRS DHealth.

The organizational structure applied in the implementation of SIMRS DHealth at Labuang Baji Hospital is good according to 211 respondents (95.5%). According to 215

respondents (97.3%), they confirmed that top management support for SIMRS DHealth is good. The ability of IT staff at Labuang Baji Hospital in implementing SIMRS DHealth according to 216 respondents (97.7%) is good.

There were 194 respondents (87.8%) who said that the system quality of SIMRS DHealth was good. The quality of information generated from SIMRS DHealth is good according to 208 respondents (94.1%). It can be seen that the service quality of the SIMRS DHealth developer at Labuang Baji Hospital according to 214 respondents (96.8%) is good.

**Table 3**  
**Results of Bivariate Analysis of Research Variables**

| Research Variables              | Benefits of SIMRS DHealth |      |          |       | Total |       | R Spearman's | P-value |
|---------------------------------|---------------------------|------|----------|-------|-------|-------|--------------|---------|
|                                 | Good                      |      | Not Good |       | N     | %     |              |         |
|                                 | n                         | %    | n        | %     |       |       |              |         |
| <b>System Use</b>               |                           |      |          |       |       |       |              |         |
| Good                            | 199                       | 97,1 | 6        | 2,9   | 205   | 100,0 | 0,641        | 0,000   |
| Not Good                        | 8                         | 50,0 | 8        | 50,0  | 16    | 100,0 |              |         |
| <b>User Satisfaction</b>        |                           |      |          |       |       |       |              |         |
| Satisfied                       | 192                       | 98,5 | 3        | 1,5   | 195   | 100,0 | 0,605        | 0,000   |
| Not Satisfied                   | 15                        | 57,7 | 11       | 42,3  | 26    | 100,0 |              |         |
| <b>Organizational Structure</b> |                           |      |          |       |       |       |              |         |
| Good                            | 204                       | 96,7 | 7        | 3,3   | 211   | 100,0 | 0,617        | 0,000   |
| Not Good                        | 3                         | 30,0 | 7        | 70,0  | 10    | 100,0 |              |         |
| <b>Top Management Support</b>   |                           |      |          |       |       |       |              |         |
| Good                            | 207                       | 96,3 | 8        | 3,7   | 215   | 100,0 | 0,460        | 0,000   |
| Not Good                        | 0                         | 0,0  | 6        | 100,0 | 6     | 100,0 |              |         |
| <b>IT staff capabilities</b>    |                           |      |          |       |       |       |              |         |
| Good                            | 204                       | 94,4 | 12       | 5,6   | 216   | 100,0 | 0,526        | 0,033   |
| Not Good                        | 3                         | 60,0 | 2        | 40,0  | 5     | 100,0 |              |         |
| <b>System Quality</b>           |                           |      |          |       |       |       |              |         |
| Good                            | 187                       | 96,4 | 7        | 3,6   | 194   | 100,0 | 0,393        | 0,000   |

|                            |     |      |    |      |     |       |       |       |
|----------------------------|-----|------|----|------|-----|-------|-------|-------|
| Not Good                   | 20  | 74,1 | 7  | 25,9 | 27  | 100,0 |       |       |
| <b>Information Quality</b> |     |      |    |      |     |       |       |       |
| Good                       | 198 | 95,2 | 10 | 4,8  | 208 | 100,0 | 0,349 | 0,005 |
| Not Good                   | 9   | 69,2 | 4  | 30,8 | 13  | 100,0 |       |       |
| <b>Service Quality</b>     |     |      |    |      |     |       |       |       |
| Good                       | 203 | 94,9 | 11 | 5,1  | 214 | 100,0 | 0,517 | 0,006 |
| Not Good                   | 4   | 57,1 | 3  | 42,9 | 7   | 100,0 |       |       |

*Source: Primary Data, 2024*

Based on tabel 3, shows that there is a substantial and positive association between system use and the advantages of SIMRS Dhealth at Labuang Baji Hospital, with a  $p$ -value = 0.000 and a correlation coefficient value ( $r$ ) = 0.641. The user satisfaction section reveals that the  $p$ -value = 0.000 and correlation coefficient value ( $r$ ) = 0.605 indicate a strong and positive association between user happiness and the benefits of SIMRS Dhealth at Labuang Baji Hospital. The  $p$ -value = 0,000 and the correlation coefficient value ( $r$ ) = 0.617 in the organizational structure section indicate that there is a relationship between organizational structure and the benefits of SIMRS Dhealth at Labuang Baji Hospital with a strong and positive level of relationship.

In the top management support section, it is known that the  $p$  value = 0.000 and the correlation coefficient value ( $r$ ) = 0.460, this shows that there is a relationship between top management support and the benefits of SIMRS Dhealth at Labuang Baji Hospital with a moderate and positive level of relationship. In the IT staff capability section, it is known that the  $p$  value = 0.033 and the correlation coefficient value ( $r$ ) = 0.526, this indicates that

there is a relationship between IT staff capability and the benefits of SIMRS Dhealth at Labuang Baji Hospital with a moderate and positive level of relationship.

In the system quality section, it is known that the  $p$  value = 0.000 and the correlation coefficient value ( $r$ ) = 0.393, this shows that there is a relationship between system quality and the benefits of SIMRS Dhealth at Labuang Baji Hospital with a weak and positive relationship level. In the information quality section, it is known that the  $p$  value = 0.005 and the correlation coefficient value ( $r$ ) = 0.349, this indicates that there is a relationship between information quality and the benefits of SIMRS Dhealth at Labuang Baji Hospital with a weak and positive level of relationship. In the service quality section, it is known that the  $p$  value = 0.006 and the correlation coefficient value ( $r$ ) = 0.517, this indicates that there is a relationship between service quality and the benefits of SIMRS Dhealth at Labuang Baji Hospital with a moderate and positive level of relationship.

## **DISCUSSION**

System use is a person's behavior in using a system to the fullest or in other words using the system in carrying out his duties. The results showed that there was a relationship between system use and the benefits of SIMRS Dhealth at Labuang Baji Hospital, with a strong and positive level of relationship, where the increasing level of system use, the benefits obtained from the system will also be greater because system users can get greater benefits from using the system. This is because users every day in doing their work use SIMRS DHealth so that users can feel the benefits of SIMRS DHealth as a whole.

The results of this study are in line with research conducted by (Gultom et al., 2023) which states that there is a strong significant statistical relationship between system use and the benefits of SIMRS at the Indonesian Christian University Hospital, with increased SIMRS usage allowing users to achieve more benefits from SIMRS itself. Effective and intensive use of the system will result in higher benefits, otherwise if the use of the system is inadequate it will result in lower benefits (Yusof et al., 2008).

The results showed that there was a relationship between user satisfaction and the benefits of SIMRS Dhealth at Labuang Baji Hospital, with a strong and positive level of relationship. This means that the higher or higher the user satisfaction with SIMRS, the

higher the benefits felt by users of the SIMRS. This happens because SIMRS users at Labuang Baji Hospital are mostly satisfied with SIMRS DHealth, are satisfied with the facilities, features, and appearance inherent in SIMRS Dhealth even though the network is still slow in implementing this SIMRS, but SIMRS Dhealth has met the expectations of users who expect this SIMRS to help work in managing and obtaining more information.

The results of this study are in line with research conducted by (Hasanah et al., 2022) which shows that system user satisfaction is indeed significantly related to the benefits of SIMRS at Asy-Syifa Jambi General Hospital. If the value of the level of user satisfaction with the information system is higher, it will be able to increase the value of the benefits of the information system (DeLone & McLean, 2003).

A good organizational structure will be able to prepare human resources who are able to solve problems that arise in the implementation of SIMRS so that obstacles in managing the system can be reduced and can make the organization in line with information system technology planning so that system development can be supported by organizational goals (Khotimah & Lazuardi, 2020) The results showed that there was a relationship between organizational structure and the benefits of SIMRS Dhealth at Labuang Baji Hospital, with a strong and positive level of relationship. This is due to the perception that the organizational settings have made it



easier to implement SIMRS DHealth, as shown by the fact that users are able to communicate effectively with one another and that the system is supported by pre-existing infrastructure and facilities, allowing users to get the benefits of the system.

The results of this study are in line with research conducted by (Indrayati et al., 2021) which shows that there is a relationship between organizational structure and the net benefits of SIMRS at Beriman Hospital with a positive direction. A good organizational structure makes the management process effective, this can increase acceptance and also user participation in using the system which in turn will help achieve high benefits (Yusof et al., 2008).

Without great support and commitment from the leadership, the use of SIMRS is not in accordance with existing organizational needs (Anwar et al., 2023). The results showed that there was a relationship between top management support and the benefits of SIMRS Dhealth at Labuang Baji Hospital, with a moderate and positive level of relationship. This is because the leadership of Labuang Baji Hospital prioritizes the use of SIMRS DHealth and always conducts evaluations to measure the benefits obtained from SIMRS DHealth and to find out the problems that occur in the application of SIMRS DHealth.

The better the top management support provided, it will support the implementation of SIMRS so that it can increase the benefits of

SIMRS. The results of this study are in line with research conducted by (Nasution et al., 2023) which states that top management support significantly affects the benefits of SIMRS at RSUD Langsa Aceh with a p value of 0.035 and a T-statistic of 2.111, with good top management support that can formulate policies, procedures, and supervision on information systems so that information systems can be used accurately and produce reliable and useful information in reporting so that they are useful. Top management support and top management involvement in an organization can determine the direction and purpose of information systems so that it is proven to significantly benefit the success of an information system (Nathan et al., 2004).

The ability of IT staff makes it possible to conduct training to educate users to be able to use SIMRS so that they can benefit from the system, besides that the good ability of IT staff makes SIMRS effective and easy to use so as to produce the desired benefits (Anwar et al., 2023). The results showed that there was a relationship between the ability of IT staff and the benefits of SIMRS Dhealth at Labuang Baji Hospital, with a moderate and positive level of relationship.

This is due to the fact that the IT staff at Labuang Baji Hospital is comprised of only three people, which makes them relatively small when it comes to handling user-experienced SIMRS DHealth issues. Despite this, the staff members are well-versed in IT and are responsible for resolving issues with

systems that are located practically throughout all hospital units.

The results of this study are in line with research conducted by (Nastiti & Santoso, 2022) which states that the ability of IT staff affects the benefits or net benefits of SIMRS at SLG Kediri Hospital, where the ability of IT staff at the hospital is good enough in the IT field and the IT unit at SLG Kediri Hospital handles everything related to SIMRS. The existence of IT staff support encourages or motivates users to use a system so that they can feel the benefits of the system (Yusof et al., 2008).

The existence of quality in a system indicates that users can feel the benefits of a system, if the quality of the system is good, it makes users able to benefit from the system. (Pertwi et al., 2020). The results showed that there was a relationship between system quality and the benefits of SIMRS Dhealth at Labuang Baji Hospital, with a weak and positive level of relationship. This is because SIMRS DHealth can be accessed quickly and already has features that support work, and the information or data inputted is kept confidential. However, SIMRS DHealth occasionally encounters problems that impede the provision of services, and the features available within SIMRS are thought to be excessively complex in that numerous buttons must be pressed before users can utilize them to complete their tasks.

This research is in line with research conducted by (Simorangkir et al., 2020) which

states that there is a positive influence between system quality and the benefits or net benefits of SIMRS at Dinda Tangerang Hospital directly or indirectly. High system quality allows users to feel the positive impact or benefits of the system (DeLone & McLean, 2003).

The results showed that there was a relationship between information quality and the benefits of SIMRS Dhealth at Labuang Baji Hospital, with a weak and positive level of relationship. This is because the information generated and displayed by SIMRS DHealth is easy to understand and easy to read and the information generated is in accordance with user needs so that it meets user expectations. However, there are still instances where users forget to enter patient data, and information entered by regular users is lost or isn't accessible by other units.

The results of this study are in line with research conducted by (Saputra et al., 2023) which states that information quality has a significant effect on the benefits of SIMRS at RSU Muhammadiyah Babat with a p value of 0.002 and t count of 3.201. Information quality has a relationship with the net benefits of information systems, an increase in the quality of information generated by information systems will increase the benefits in the form of quality decision making which can lead to improved performance of both individuals and organizations (Wixom & Watson, 2001).

The lack of service quality provided by the service provider is one of the obstacles

faced by hospitals in implementing hospital management information systems and will make SIMRS implementation less effective and efficient (Amalia & Ferdianto, 2022). The results showed that there was a relationship between service quality and the benefits of SIMRS Dhealth at Labuang Baji Hospital, with a moderate and positive level of relationship. This is because if there is a problem with SIMRS DHealth, the SIMRS DHealth IT officer can be contacted and they will solve the system problem to completion so that users can use and feel the benefits of SIMRS DHealth again, but the SIMRS DHealth user manual facility is not available, if it is available it will be able to make users use SIMRS optimally and can benefit from the system.

The results of this study are in line with research conducted by (Dewi et al., 2021) which states that service quality affects the benefits in SIMRS that apply at H. Adam Malik Hospital, if the service quality is higher, the higher the benefits that will be obtained from using SIMRS. Good service quality can make the amount of benefits that can be obtained from the system, without good service quality it will result in users not being able to feel the benefits of information systems (DeLone & McLean, 2003).

## **CONCLUSION**

System use, user satisfaction, and organizational structure have a strong and positive relationship with the benefits of

SIMRS DHealth at Labuang Baji Hospital. Top management support, IT staff capabilities, and service quality have a moderate and positive relationship with the benefits of SIMRS DHealth at RSUD Labuang Baji. System quality and information quality have a weak and positive relationship with the benefits of SIMRS DHealth at RSUD Labuang Baji.

## **SUGGESTION**

For SIMRS Dhealth users at Labuang Baji Hospital to continue to routinely use SIMRS in order to benefit from SIMRS and be up to date in inputting so that no information is missed to be inputted into SIMRS. Labuang Baji Hospital needs to conduct network maintenance and repair so that the network is not always slow to support the implementation of SIMRS DHealth and needs to add hospital IT staff.

The developer of SIMRS DHealth needs to provide instructions for using SIMRS DHealth, improve the system so that errors do not occur frequently and so that the inputted information is not lost, and simplify the features.

Future researchers are expected to examine other factors related to the benefits of SIMRS, so that hospitals can pay attention to these factors so that they can benefit from the implementation of SIMRS.

## REFERENCES

- Amalia, R., & Ferdianto, A. (2022). Pengaruh Kualitas Layanan Terhadap Implementasi SIMRS dengan Penggunaan Sistem dan Struktur Organisasi Sebagai Variabel Intervening. *Jurnal Rekam Medis Dan Informasi Kesehatan*, 5(2), 110–117. <https://doi.org/10.31983/jrmik.v5i2.9251>
- Anwar, K., Fikry Aransyah, M., Ibrahim, S. N., Nurlita, F., Sari, A. S., & Marlinda, N. (2023). Literature review: Assessing the success factors of Hospital Management Information System (HMIS) implementation using the HOT-FIT method in Indonesia. *New Applied Studies in Management*, 6(2), 26–38. [20.1001.1.27833119.2023.6.2.3.9](https://doi.org/10.27833/119.2023.6.2.3.9)
- Aprilianingsih, M., Listina, F., & Kayrus, A. (2022). Evaluasi Sistem Informasi Manajemen Rumah Sakit (SIMRS) pada Bagian Pendaftaran Rawat Jalan dengan Metode Hot-Fit di RS Swasta di Metro Tahun 2022. *Jurnal Formil (Forum Ilmiah) KesMas Respati*, 7(3), 262–273. <https://doi.org/https://doi.org/10.35842/formil.v7i3.450>
- Aviat. (2023, October 1). 22% Rumah Sakit Belum Menerapkan Aplikasi SIMRS. Karya Prima Putera Perkasa. <https://aviat.id/22-rumah-sakit-belum-menerapkan-aplikasi-simrs/>
- Cholik, C. A. (2021). Perkembangan Teknologi Informasi Komunikasi/ ICT Dalam Berbagai Bidang. *Jurnal Fakultas Teknik*, 2(2), 39–46. <https://jurnal.unisa.ac.id/index.php/jft/article/view/83>
- Daerina, S. R. F., Mursityo, Y. T., & Rokhmawati, R. I. (2018). Evaluasi Peranan Persepsi Kegunaan dan Sikap Terhadap Penerimaan Sistem Informasi Manajemen Rumah Sakit (SIMRS) di Rumah Sakit Daerah Kalisat (Vol. 2, Issue 11). <http://j-ptiik.ub.ac.id>
- DeLone, W. H., & McLean, E. R. (2003). The DeLone and McLean Model of Information Systems Success: A ten-year update. *Journal of Management Information Systems*, 19(4), 9–30. <https://doi.org/10.1080/07421222.2003.11045748>
- Dewi, W. S., Ginting, D., & Gultom, R. (2021). Evaluasi Sistem Informasi Manajemen Rumah Sakit Di Instalasi Rekam Medis RSUP H. Adam Malik Dengan Metode Human Organization Technology Fit (HOT-FIT) Tahun 2019 (Vol. 6, Issue 1). Online. <http://jurnal.uimedan.ac.id/index.php/JIP> IKIp73Journalhomepage:<http://jurnal.uimedan.ac.id/index.php/JIPIKI>
- Gultom, A., Rumengan, G., & Trigono, A. (2023). Implementasi Sistem Informasi Manajemen Rumah Sakit Terhadap Kinerja Pelayanan Kesehatan Di Rumah Sakit Umum Universitas Kristen Indonesia Jakarta Tahun 2023. *Jurnal Manajemen Dan Administrasi Rumah Sakit Indonesia (MARSI)*, 7(3), 227–235.
- Hasanah, S., Widiyanto, W. W., & Wulandari, S. (2022). Pengaruh Human, Organization and Technology Terhadap Manfaat SIMRS Di RSU Asy-Syifa“ Sambi.”. *Journal Health Information Management Indonesian (JHIMI)*, 1(2), 24–30. <https://doi.org/https://doi.org/10.46808/jhimi.v2i1.24>
- Indrayati, L., Bahry Noor, N., Rivai, F., & Muhammad Saleh, L. (2021). Factors Affecting User Satisfaction and Benefits of SIMRS at the Regional General Hospital Beriman. *Turkish Journal of Computer and Mathematics Education*, 12(13), 1565–1572. <https://doi.org/https://doi.org/10.17762/turcomat.v12i13.8786>
- Kaufhold, M. A., Bayer, M., & Reuter, C. (2020). Rapid Relevance Classification of Social Media Posts in Disasters and Emergencies: A System and Evaluation Featuring Active, Incremental and Online Learning. *Information Processing &*

- Management, 57(1), 102132.  
<https://doi.org/https://doi.org/10.1016/j.ipm.2019.102132>
- Kementerian Kesehatan Republik Indonesia. (2020). Kebijakan Digitalisasi di Rumah Sakit. [https://persi.or.id/wp-content/uploads/2020/07/materi\\_drandi\\_web160720.pdf](https://persi.or.id/wp-content/uploads/2020/07/materi_drandi_web160720.pdf)
- Khotimah, A., & Lazuardi, L. (2020). Evaluasi Sistem Informasi Manajemen Rumah Sakit Rajawali Citra Yogyakarta Menggunakan Model Human Organization Technology Fit (HOT-Fit). *Jurnal Sistem Informasi Kesehatan Masyarakat Journal of Information Systems for Public Health*, 5(1), 19–26. <https://doi.org/https://doi.org/10.22146/jisph.26280>
- Menteri Kesehatan Republik Indonesia. (2014). Peraturan Menteri Kesehatan Republik Indonesia Nomor 82 Tahun 2013 Tentang Sistem Informasi Manajemen Rumah Sakit. <https://www.kemhan.go.id/itjen/wp-content/uploads/2017/03/bn87-2014.pdf>
- Menteri Kesehatan Republik Indonesia. (2022). Peraturan Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022 Tentang Rekam Medis. <https://peraturan.bpk.go.id/Details/245544/permenkes-no-24-tahun-2022>
- Nastiti, I., & Santoso, D. B. (2022). Evaluasi Penerapan Sistem Informasi Manajemen Rumah Sakit di RSUD SLG Kediri dengan Menggunakan Metode HOT-Fit. *Jurnal Kesehatan Vokasional*, 7(2), 85. <https://doi.org/10.22146/jkesvo.72357>
- Nasution, S. W., Chairunnisa, & Ginting, C. N. (2023). Hospital Management Information System Implementation Assessment Using HOT-FIT Model in Langsa General Hospital Aceh, Indonesia. 55(1), 13–20. <https://doi.org/10.15395/mkb.v55n1.2808>
- Nathan, B. S. R., Apigian, C. H., Nathan, T. S. R., & Tu, Q. (2004). A Path Analytic Study of the Effect of Top Management Support for Information Systems Performance. *Omega; The International Journal of Management Science*, 32(6), 459–471. <https://doi.org/10.1016/j.omega.2004.03.001>
- Pertiwi, D., Sejati, F. R., & Prasetyaningrum, S. (2020). Analisis Kesuksesan Sistem E-Commerce Yang Berpartisipasi Pada Harbolnas Dengan Menggunakan Model Delone & Mclean. *JIMFE (Jurnal Ilmiah Manajemen Fakultas Ekonomi)*, 6(2), 237–252. <https://doi.org/10.34203/jimfe.v6i2.2610>
- Presiden Republik Indonesia. (2023). Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan. <https://peraturan.bpk.go.id/Details/258028/uu-no-17-tahun-2023>
- Rumah Sakit Umum Daerah Labuang Baji. (2022). Laporan Survei Kepuasan Masyarakat Tahun 2022. <https://drive.google.com/file/d/1sMCQNhbji-6qFglawFprD4I6sreJLnSt/view>
- Saputra, M. G., Munaa, N., Anggraini, Y., Ummah, F., Rahmawati, N. V., Kusdiyana, A., & Nuryati. (2023). Evaluasi Implementasi Sistem Informasi Manajemen Rumah Sakit dengan Metode HOT-Fit di RSUD Muhammadiyah Babat. *J-REMI: Jurnal Rekam Medik Dan Informasi Kesehatan*, 4(4), 248–256. <https://doi.org/10.25047/j-remi.v4i4.4047>
- Simorangkir, A. D., Supriyantoro, & Arrozi. (2020). The Implementation of Hospital Management Information Systems Using Human, Organization, Technology, And Benefit Models at Dinda Hospital Tangerang. *Jurnal of Multidisciplinary Academic*, 4(6), 387–391.
- Susilo, B. B. B., & Mustofa, K. (2019). Evaluasi Penerapan Sistem Informasi Manajemen Rumah Sakit (SIMRS) di RSUD Praya Kabupaten Lombok Tengah Nusa Tenggara Barat. *Jurnal Sistem Informasi Kesehatan Masyarakat Journal*

of Information Systems for Public Health,  
4(1), 1–14.  
<https://doi.org/https://doi.org/10.22146/jisph.41428>

- Wijoyo, A., Yusuf, M., Putra, D. E. B., Febrian, M. A., Apriansyah, M. D., & Ilham, M. (2023). Peran Sistem Informasi Manajemen Organisasi Dalam Pengambilan Keputusan Berbasis Komputer di Rumah Sakit. *JORAPI: Journal of Research and Publication Innovation*, 1(1), 108–115.
- Wixom, B. H., & Watson, H. J. (2001). An Empirical Investigation of the Factors Affecting Data Warehousing Success. *MIS Quarterly*, 25(1), 17–41.
- Yusof, M. M., Kuljis, J., Papazafeiropoulou, A., & Stergioulas, L. K. (2008). An evaluation framework for Health Information Systems: human, organization and technology-fit factors (HOT-fit). *International Journal of Medical Informatics*, 77(6), 377–385.  
<https://doi.org/10.1016/j.ijmedinf.2007.08.004>