



Evaluation Of Electronic Medical Record Implementation In Khanza Hospital Management Information System Using The Hot-Fit Method At KMM Sukabumi Eye Specialist Clinic

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Abstract

The implementation of Electronic Medical Records (EMR) is an important component of digital transformation in healthcare services. This study aimed to evaluate the implementation of EMR within the Khanza Hospital Management Information System (SIMRS) using the HOT-FIT method at KMM Sukabumi Eye Specialist Clinic. A descriptive qualitative design with an evaluative approach was applied to eight informants. Data were collected through direct observation, in-depth interviews, document review, and literature review. The findings showed that the Human, Organization, and Technology dimensions generally supported EMR implementation and generated benefits such as facilitating staff work, reducing duplicate documentation, improving access to patient information, and supporting service quality. Nevertheless, implementation had not yet reached an optimal level. Identified constraints included the longer adaptation period required by new users, uneven training, geographically distant IT support, incomplete utilization of Khanza SIMRS features, and monitoring and evaluation that were not conducted regularly. Basic technological infrastructure, including computers, LAN/Wi-Fi, servers, UPS/stabilizers, and daily data backup, was available; however, printer/scanner availability remained limited and network disruptions occasionally slowed BPJS bridging and service processes. Regular and equitable training, stronger and more responsive technical support, optimization of system features according to clinic needs, additional supporting devices, and scheduled monitoring and evaluation are therefore recommended to improve the sustainability and effectiveness of EMR implementation.

Keywords: Electronic Medical Records, Khanza SIMRS, HOT-FIT, Evaluation

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1. Introduction

Digital transformation in Indonesia's healthcare system is one of the main pillars of the national health transformation agenda designed by the Ministry of Health. The emergence of digital transformation has created new opportunities in healthcare, fundamentally changing how hospitals and other healthcare providers interact with patients, manage medical data, and improve the efficiency of healthcare service processes (Santoso et al., 2025). One policy supporting this transformation is the development and implementation of the SATUSEHAT platform, a health-data integration system intended to support data standardization and interoperability toward nationwide implementation of Electronic Medical Records (EMR) (Ministry of Health, 2022). Based on Law Number 17 of 2023 concerning Health, Article 1 points 18 to 20, Health Technology includes all forms of tools, products, and/or methods used to support diagnosis, prevention, and management of human health problems. A Health Information System is a system integrating the processing, reporting, and utilization of health information to improve the effectiveness and efficiency of healthcare delivery while supporting decision-making for health development. The National Health Information System is managed by the ministry responsible for health affairs and integrates and standardizes all Health Information Systems in support of health development. Accordingly, Law Number 17 of 2023 and its derivative regulations encourage digitalization in healthcare services.

Law Number 17 of 2023, Article 1 point 8, also explains that a Healthcare Facility is a place and/or instrument used to provide health services to individuals or communities through promotive, preventive, curative, rehabilitative, and/or palliative approaches by the Central Government, Regional Governments, and/or the community. One form of healthcare provider is a clinic. Under Minister of Health Regulation Number 34 of 2021, Article 1 paragraph 1, a clinic is a healthcare facility providing individual healthcare services. Minister of Health Regulation Number 34 of 2022, Article 1 paragraph 3, defines a clinic as a healthcare facility that comprehensively provides basic and/or specialist medical services. A primary clinic may provide specialist medical services or basic and specialist medical services. In delivering healthcare, clinics require an information system capable of integrating service and administrative processes. One such system is the Hospital Management Information System (SIMRS). A Hospital Management Information System (SIMRS) is an information and communication technology system that processes and integrates the entire hospital service workflow through coordinated networks, reporting, and administrative procedures to obtain accurate and timely information, and it forms part of the health information system. In general, SIMRS aims to integrate information from multiple subsystems, collect, present, and process hospital data, and produce information required for hospital decision-making (Minister of Health Regulation No. 82, 2013). SIMRS is perceived to improve patient-service response time, facilitate patient monitoring, and reduce the risk of identification and reading errors (Herlina et al., 2022). One important implementation within SIMRS is the use of Electronic Medical Records.





According to Minister of Health Regulation Number 24 of 2022 concerning Medical Records, Article 1 paragraphs 1 and 2, a Medical Record is a document containing patient identity data, examinations, treatment, procedures, and other services provided to the patient. An Electronic Medical Record is a medical record created using an electronic system intended for medical-record administration. Article 3 paragraph 1 requires every healthcare facility to implement EMR. Article 6 further regulates that EMR administration in healthcare facilities is carried out by a dedicated work unit or adjusted to the needs and capabilities of each facility. Through this policy, healthcare facilities are expected to improve medical-record management systems that have not yet operated optimally. Errors in managing and applying information technology and information systems may lead to failure of both the technology and the associated business processes (Puspitasari & Nugroho, 2021). Minister of Health Regulation Number 24 of 2022 requires all healthcare facilities to implement EMR; consequently, KMM Sukabumi Eye Specialist Clinic implemented Khanza SIMRS. Khanza SIMRS was developed by the Khanza Foundation as open-source software, allowing hospital IT teams to develop it independently. Its implementation at KMM Sukabumi Eye Specialist Clinic was introduced gradually, beginning with training for system users.

Based on preliminary observations in February 2026 at KMM Sukabumi Eye Specialist Clinic, several problems related to EMR implementation were identified. Medical records were still managed in a hybrid manner because several documents and service processes continued to use manual media. Management had not conducted periodic evaluations of EMR implementation. Another issue concerned the distance to IT personnel supporting the clinic, which affected maintenance and resolution of system problems. In addition, the large number of features available in Khanza SIMRS made it difficult for some users to fully understand and utilize the system. These observations were reinforced by an initial interview with the Head of Medical Records. The interview indicated that Khanza SIMRS contained too many features, resulting in less efficient workflows because users had to pass through many steps that consumed considerable time. The clinic's technology was considered adequate; however, new users required a lengthy adaptation and learning process, particularly because outpatient registration for patients covered by BPJS Health involved numerous stages.

The problem was also supported by the first-quarter 2026 audit report on EMR implementation in Khanza SIMRS at KMM Sukabumi Eye Specialist Clinic, which stated that implementation completeness had reached only 82%, below the clinic's target of 100%. These findings are consistent with Sitompul et al. (2024), whose study entitled "Evaluation of the Khanza Hospital Management Information System (SIMRS): HOT-FIT Method in the Outpatient Installation of Bahteramas Regional Hospital in 2024" showed that successful EMR implementation is influenced by alignment among Human, Organization, and Technology aspects, making comprehensive evaluation necessary. Prapti Wujani et al. (2024), in "Evaluation of the Hospital Management Information System (SIMRS) Using the HOT-FIT Method at Dharma Kerti Hospital," likewise stated





that HOT-FIT evaluation can identify factors influencing successful health-information-system implementation and can provide a basis for system improvement and development. Based on preliminary observations, interviews, supporting documents, and previous studies, EMR implementation within Khanza SIMRS still faces several constraints requiring comprehensive evaluation. Therefore, this study evaluated the implementation of Electronic Medical Records in Khanza SIMRS using the HOT-FIT method at KMM Sukabumi Eye Specialist Clinic.

2. Research Methods

This study used a descriptive qualitative research method with an evaluative approach. The evaluative approach was selected because the study aimed to evaluate health information system implementation using the HOT-FIT (Human, Organization, Technology-Fit) method. The evaluation examined the alignment of human, organizational, and technological aspects in supporting EMR implementation. The study was conducted at KMM Sukabumi Eye Specialist Clinic, a referral clinic in Sukabumi Regency that uses Khanza SIMRS for healthcare services and Electronic Medical Record management. The study was conducted from February to March 2026. The data sources consisted of primary and secondary data. Primary data were obtained directly from informants through interviews and observations, while secondary data were obtained from documents owned by the clinic. The study population comprised all Khanza SIMRS users involved in the use and management of EMR at KMM Sukabumi Eye Specialist Clinic. The study sample consisted of eight informants: one head of medical records, one registration officer, one pharmacy officer, two nurses, one physician, one information technology officer, and one clinic management representative. Informants were selected based on their direct involvement in using and managing Khanza SIMRS and on differences in roles and responsibilities across service units. Informants from multiple units were included to obtain diverse and comprehensive information concerning EMR implementation across the Human, Organization, Technology, and Net-Benefit dimensions of the HOT-FIT method.

Purposive sampling was used to select individuals considered knowledgeable about and directly involved in Khanza SIMRS implementation. Data were collected through direct observation of Khanza SIMRS use in healthcare services at KMM Sukabumi Eye Specialist Clinic, in-depth interviews with research informants to obtain detailed information on EMR implementation, document review to strengthen observation and interview findings, and literature review of scientific journals, books, and regulations relevant to EMR, SIMRS, and HOT-FIT as the theoretical basis for analysis. Data were analyzed qualitatively using the Miles and Huberman model, which includes data reduction, data display, conclusion drawing, and verification. Data reduction involved selecting, simplifying, and focusing data obtained from interviews and observations. The data were then presented narratively according to HOT-FIT components to facilitate interpretation. Finally, conclusions were drawn and findings were verified to obtain an





overall description of EMR implementation in Khanza SIMRS at KMM Sukabumi Eye Specialist Clinic.

3. Results and Discussion

a. Result

The results are presented according to the Human, Organization, Technology, and Net-Benefit dimensions of HOT-FIT. This method was used because evaluation of a health information system should not focus only on application capability, but should also assess user readiness, organizational support, technology quality, and benefits generated after the system is used (Rosalinda et al., 2021). The findings indicated that EMR implementation in Khanza SIMRS supported healthcare service processes, although constraints remained in human, organizational, and technological aspects and in the fit among components that influenced implementation optimization.

Table 1. Number of EMR Users at KMM Sukabumi Eye Specialist Clinic (Human)

No.	User	Number of Users
1	Registration	2
2	Information Technology (IT)	1
3	Nurses	3
4	Pharmacy	2
5	Physicians	2
6	Medical Records	2
7	Management	3
	Total	15

Table 1 shows that there were 15 EMR users. Management and nursing had the largest number of users, with three each; registration, pharmacy, physicians, and medical records had two each; and Information Technology had one user. This indicates that EMR use involves several interconnected units within the service workflow.

Table 2. Evaluation Results for the Human Aspect

No.	Indicator	Findings	Evaluation
1	Ease of use	The system assists users in their work	Good
2	User satisfaction	Users feel assisted by Khanza SIMRS	Good
3	Knowledge/skills	New users require a longer adaptation period	Less optimal
4	System utilization	Several features have not been utilized properly	Less optimal

Table 2 shows that the Human aspect was generally good, as reflected by ease of use and user satisfaction with EMR. However, the adaptation capability of new users and utilization of available features remained suboptimal.



**Table 3.** Management Support (Organization)

No.	Indicator	Findings	Evaluation
1	Decree/policy	A formal decree is available	Good
2	Access rights	Users have SIMRS access according to their duties and needs	Good
3	Training	Training is mainly provided internally by IT during system introduction and use, but has not been evenly provided to all users	Less optimal
4	IT support	IT personnel are located far from the clinic, so problem resolution takes longer	Less optimal
5	Monitoring & evaluation	Monitoring and evaluation are conducted when problems occur, followed by corrective action	Less optimal
6	Inter-unit coordination	Coordination is reasonably well established	Good
7	Infrastructure	Clinic facilities generally support EMR implementation	Good

Table 3 indicates that EMR implementation is supported by a formal decree, role-based access rights, reasonably good inter-unit coordination, and adequate infrastructure. Nevertheless, IT support is less responsive because IT personnel are located remotely, monitoring and evaluation are not conducted periodically, and internal training by clinic IT has not been evenly distributed to all users.

Table 4. Facilities and Infrastructure at KMM Sukabumi Eye Specialist Clinic (Technology)

No.	Component	Assessment Standard	Quantity	Evaluation
1	Computer/PC	Available in each unit, in good condition, and usable	6	Good
2	Printer/scanner	Available for service and administrative needs	1	Less optimal
3	LAN/Wi-Fi	Adequate network access	Available	Good
4	Server	Server supports Khanza SIMRS operations	Available	Good
5	UPS/Stabilizer	Available to protect devices/server from electrical disturbances	Available	Good





Table 4 shows that technological facilities and infrastructure were available and in good condition to support Khanza SIMRS implementation. However, printer/scanner availability remained suboptimal because only one unit was available.

Table 5. Evaluation of System Quality (Technology)

No.	Indicator	Findings	Evaluation
1	System/network disruptions	Network disruptions can still occur and may make BPJS bridging take longer	Less optimal
2	Feature utilization	SIMRS provides various features, but not all are used according to clinic service needs	Less optimal
3	System speed	The system generally works well, but loading may slow during system updates	Less optimal
4	Data backup	Data are routinely backed up once per day	Good

Table 5 shows that system quality generally supported EMR implementation, although network disruptions, feature utilization, and system speed remained constraints. Data backup was conducted routinely and was therefore evaluated as good.

Table 6. Evaluation of Benefits of SIMRS Use at KMM Sukabumi Eye Specialist Clinic (Net-Benefit)

No.	Indicator	Findings	Evaluation
1	Work efficiency	Not yet fully achieved because SIMRS contains many features not required by the clinic	Less optimal
2	Facilitating work	Helps staff perform tasks and search for patient information	Good
3	Reducing documentation errors	Not fully achieved; drug prices change and require greater care when entering prices	Less optimal
4	Reducing data duplication	Helps staff avoid repeated documentation across multiple documents	Good
5	Improving service quality	Provides a positive impact on patient services	Good

Table 6 indicates that EMR implementation has produced generally positive benefits. EMR facilitates staff work, reduces data duplication, and positively affects patient service quality. Nevertheless, work efficiency and reduction of documentation errors remain less optimal, particularly because pharmacy staff reported changing drug prices that require careful data entry and updating.

b. Discussion

Based on observations and interviews, EMR implementation in Khanza SIMRS at KMM Sukabumi Eye Specialist Clinic has generally been operational and supported by reasonably adequate Human, Organization, and Technology dimensions. HOT-FIT evaluation showed that EMR supports service delivery and health-information management at the clinic, although several implementation constraints remain. Successful EMR implementation is not determined solely by system availability; it is also influenced by user





readiness, organizational support, and the adequacy of technological infrastructure. This is consistent with the HOT-FIT concept, which emphasizes that successful health information system implementation results from fit among human, organizational, and technological dimensions and should generate benefits for users and organizations. Within the Human aspect, most users reported feeling comfortable with EMR and stated that it facilitated work and accelerated service processes. This is consistent with Syahputra et al. (2025), whose highest score was obtained for the statement that EMR facilitated work, with a mean of 4.09 and a Respondent Achievement Level of 81.9%. Some informants stated that Khanza SIMRS was easy to understand, although new users required a longer adaptation period to understand its features. Khanza SIMRS contains a wide variety of features, and not all are used in clinic services. This is consistent with Silva and Dewi (2023), who reported that an EMR interface that is insufficiently simple may reduce efficiency.

The clinic IT officer stated that Khanza SIMRS has been used since 2022, but utilization of available features remains suboptimal. Several forms are still completed manually, including control-plan letters for non-JKN patients, prescriptions for medicines purchased outside the clinic, and informed consent. This indicates that EMR implementation at KMM Sukabumi Eye Specialist Clinic remains hybrid. This condition is consistent with Cipta and Widiyanto (2026), who found that several forms at Fitri Candra General Hospital, Wonogiri, were still managed manually. Therefore, gradual adaptation and mentoring are needed so that users can optimize Khanza SIMRS utilization and progressively reduce manual documents.

Overall, the Human aspect can be considered reasonably good because users have experienced the convenience and benefits of EMR in supporting their work. However, constraints remain in the adaptation needs of new users and the incomplete utilization of Khanza SIMRS features. Periodic mentoring and evaluation are therefore required to improve user capability in utilizing the system. Regarding the Organization aspect, interviews and observations showed that organizational support was available, although several implementation constraints remained. A formal decree or written policy specifically supporting EMR implementation was available, indicating strong formal organizational support. Each user had Khanza SIMRS access rights according to duties and authority. Role-based access is important for maintaining patient-data security and confidentiality and for limiting information access according to user needs. This is consistent with Prapti Wujani et al. (2024), who reported that SIMRS user access was adjusted to each user's duties and responsibilities, thereby supporting patient-data security and confidentiality.

Training on SIMRS use was conducted at the beginning of implementation and when system updates were introduced internally by IT. However, some users had not received training. Faigayanti et al. (2022) stated that training should be provided evenly to all SIMRS users to improve their skills in operating the system. Thus, training at KMM Sukabumi Eye Specialist Clinic still needs to be strengthened so that all users have adequate understanding and capability. Inter-unit coordination was reasonably good because information available in the system could support service processes across units. This is consistent with Handayani





et al. (2023), who stated that SIMRS can support inter-unit coordination in exchanging information and resolving service difficulties or constraints. Nevertheless, organizational-support constraints remained. Because IT support was located at a different site, resolving technical problems required more time. This indicates that success in the Organization dimension depends not only on the existence of IT personnel but also on the accessibility and responsiveness of technical support. This differs from Kartika et al. (2026), who reported sufficiently responsive IT support. The difference suggests that proximity and communication mechanisms with IT personnel should be considered in supporting sustainable system use.

Monitoring and evaluation of SIMRS use had not been conducted routinely and tended to occur only when problems arose. This is consistent with Franki and Sari (2022), who reported that monitoring had not been routine or scheduled. Scheduled monitoring can be conducted during or after implementation, while evaluation is needed to identify causes of problems, measure achievement of targets, and determine solutions. Thus, organizational support for EMR implementation was operational but still needed strengthening in IT support availability and regular monitoring and evaluation to achieve optimal implementation. In the Technology aspect, interviews with Khanza SIMRS users showed that the system facilitated healthcare delivery. Pharmacy staff stated that SIMRS made prescription documentation neater and easier to read, potentially reducing medication errors. Physicians reported that EMR could improve time efficiency because users did not need to duplicate documentation on paper and in the system and could reduce the risk of documentation errors. These findings indicate that Khanza SIMRS provides benefits in supporting service processes and improving documentation efficiency.

In general, facilities and infrastructure at KMM Sukabumi Eye Specialist Clinic were adequate to support EMR implementation through Khanza SIMRS. Computers were available in each unit, allowing users to access EMR without taking turns. The clinic had adequate LAN/Wi-Fi access, a server, and UPS/stabilizer equipment to support system operations and protect devices from electrical disturbances. However, limited printer and scanner availability could hinder administrative processes that still require physical documents. Device availability should therefore be adjusted to service workload, and additional units are needed to support service and administrative requirements. Regarding system quality, interviews with IT staff indicated that disruptions were generally associated with user error. However, observations still identified network disruptions that caused BPJS application bridging to take slightly longer. This is consistent with Handoko et al. (2026), who showed that network disruptions, system errors, and obstacles in BPJS bridging can contribute to patient delays. Network stability is therefore an important factor in maintaining smooth SIMRS operation, particularly for processes requiring integration with external systems.

According to the IT officer, computers used to run Khanza SIMRS are recommended to have at least 8 GB of RAM, while a network speed of 10 Mbps was considered adequate for clinic operations. Slow system loading generally occurred during system updates.





Khanza SIMRS features are developed periodically and adjusted to clinic needs so that the system can respond to users' operational requirements. Data are backed up routinely once per day to reduce the risk of data loss. Overall, the Technology aspect supported EMR implementation, although infrastructure improvements, particularly additional printer/scanner availability, are still required to optimize system performance. Within the Net-Benefit aspect, observations and interviews showed that EMR implementation provided benefits at KMM Sukabumi Eye Specialist Clinic. Users found it easier to document, store, manage, and retrieve patient information electronically. Khanza SIMRS also supported more structured and legible medical-record documentation, including prescribing and medication processes. EMR implementation additionally reduced paper use in documentation and administrative processes.

From the perspective of work efficiency, EMR helped staff complete work in a more structured manner and reduced repeated documentation in multiple records. Registration staff stated that EMR reduced data duplication because information did not need to be repeatedly recorded in many documents. This indicates that Khanza SIMRS can support administrative-process efficiency and add value to work implementation at the clinic. Despite these benefits, optimization of Net-Benefit still faced several barriers. The large number of Khanza SIMRS features meant that not all were used according to clinic service needs. In addition, remotely located IT support caused technical problem resolution to take longer. Monitoring and evaluation were not routinely conducted and tended to be initiated only when problems occurred. Changes in drug prices also required users to be more careful when entering and updating data. These conditions indicate that EMR benefits have not yet been fully optimized and still require stronger technical support and system management. These findings are consistent with Syukriah (2026), who stated that EMR implementation can reduce duplication of work. Syah Putra et al. (2025) also emphasized the importance of regular monitoring and evaluation to maintain and improve information-system quality. Therefore, although Khanza SIMRS EMR implementation has benefited user work and clinic services, optimizing those benefits still requires improved system utilization, stronger technical support, and periodic monitoring and evaluation.

4. Conclusion

Based on the HOT-FIT evaluation, EMR implementation in Khanza SIMRS at KMM Sukabumi Eye Specialist Clinic has generally been operational and has provided benefits in supporting healthcare service processes. In the Human aspect, users experienced greater ease in performing work and obtaining patient information, although new users still required adaptation and several features were not yet optimally utilized. In the Organization aspect, the clinic had supporting policies, role-based user access, inter-unit coordination, and supporting facilities and infrastructure. However, training had not been evenly distributed, IT support was constrained by distance, and monitoring and evaluation were not conducted periodically. In the Technology aspect, basic infrastructure such as computers, networks, servers, and UPS/stabilizers was available and supported Khanza SIMRS operations. Nevertheless, printer and scanner availability remained limited and additional devices were





required according to service needs. In the Net-Benefit aspect, EMR provided benefits including facilitating work, searching for patient information, reducing repeated documentation, and producing more structured and legible records. However, these benefits were not fully optimal because feature utilization remained limited, technical support required improvement, and drug-price data needed careful updating. Overall, Khanza SIMRS EMR implementation has benefited users and services, but improvements in user capability, technical support, infrastructure availability, and periodic monitoring and evaluation are still required to achieve more optimal and sustainable implementation.

Based on the evaluation, KMM Sukabumi Eye Specialist Clinic is advised to optimize implementation by strengthening user competence, organizational support, and technological infrastructure. SIMRS training and mentoring should be conducted periodically and equitably for all users, particularly new users, to improve adaptation and feature utilization according to service needs. Technical-support mechanisms should be strengthened so that system problems can be handled more responsively. The clinic should also conduct scheduled monitoring and evaluation to identify problems, assess implementation achievement, and determine corrective follow-up. From the technology perspective, additional printer/scanner devices and optimization of SIMRS features according to operational needs should be considered. Strengthening Human, Organization, and Technology dimensions is expected to improve HOT-FIT alignment and enable more optimal and sustainable benefits in work efficiency, documentation quality, and healthcare services.

5. Compliance with Ethical Standards

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Disclosure of conflict of interest

The authors declare no conflict of interest related to this study.

Statement of informed consent

Participation in interviews and data collection was based on the willingness of the study informants as described in the research method.

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