Analisis Pengelolaan Rekam Medis Elektronik Pada Situasi Henti Waktu Tidak Terencana di RSUD Wangaya Denpasar

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Abstrak

Latar Belakang: Penerapan Rekam Medis Elektronik (RME) di rumah sakit menuntut kesiapan sistem yang handal untuk menjamin kelangsungan pelayanan kesehatan. Kenyataannya gangguan sistem yang menyebabkan henti waktu (downtime) tidak terencana masih menjadi tantangan serius yang berpotensi mengancam keselamatan pasien, menurunkan mutu layanan, dan menimbulkan kerugian operasional. RSUD Wangaya Kota Denpasar sebagai rumah sakit tipe B Pendidikan telah mengimplementasikan RME sejak tahun 2022, namun masih menghadapi kendala teknis yang berulang pada berbagai instalasi pelayanan. Tujuan: Penelitian ini bertujuan untuk menganalisis pengelolaan RME pada situasi henti waktu tidak terencana di RSUD Wangaya Kota Denpasar dengan pendekatan kerangka Human-Organization-Technology-Fit (HOT-Fi)t. Metode: Penelitian ini menggunakan desain kualitatif deskriptif dengan pendekatan studi kasus. Pengumpulan data dilakukan melalui wawancara mendalam terhadap 11 informan yang terdiri dari manajemen rumah sakit, Kepala Instalasi Rekam Medis, Kepala Instalasi SIMRS, petugas administrasi dan kasir, serta petugas kesehatan. Data juga diperoleh melalui telaah dokumen (Peraturan Direktur, Standar Prosedur Operasional, dan alur pelayanan) serta observasi lapangan. Analisis data menggunakan metode reduksi data, penyajian data, dan penarikan kesimpulan. Hasil: Pada periode April-Mei 2026 tercatat 15 kejadian gangguan yang berpotensi menyebabkan downtime tidak terencana. Kategori gangguan perangkat komputer dan jaringan, diikuti gangguan aplikasi RME. Lokasi terbanyak terjadi di Poli Endokrin Dewasa dan IGD. Pada aspek manusia, pemahaman petugas terhadap downtime sudah baik namun kesiapan prosedural petugas administrasi dan kasir masih rendah. Aspek organisasi menunjukkan koordinasi antar unit berjalan efektif melalui grup komunikasi, namun regulasi internal (Peraturan Direktur dan SPO) belum mengatur penanganan downtime tidak terencana secara spesifik. Aspek teknologi mengungkapkan bahwa infrastruktur fisik pendukung telah tersedia, namun infrastruktur inti (jaringan, storage, perangkat keras) masih lemah sehingga gangguan tetap dominan. Aspek net benefit menunjukkan bahwa dampak negatif terhadap mutu dan efisiensi layanan masih lebih dominan dibandingkan manfaat positif yang dirasakan. Kesimpulan: Pengelolaan RME pada situasi henti waktu tidak terencana di RSUD Wangaya Kota Denpasar belum berjalan optimal karena terdapat kelemahan pada ketiga dimensi HOT-Fit. Pada aspek organisasi, menunjukkan belum lengkapnya regulasi internal yang menjadi landasan prosedur darurat. Diperlukan penyempurnaan Peraturan Direktur dan SPO penanganan downtime tidak terencana, penguatan infrastruktur teknologi inti, serta peningkatan kapasitas petugas melalui pelatihan dan simulasi berkala untuk meminimalkan dampak negatif dan menjaga keberlanjutan manfaat RME. <hr /> Background: The adoption of Electronic Medical Record (EMR) in hospital settings necessitates a dependable system to ensure uninterrupted healthcare delivery. However, unplanned system downtime remains a persistent challenge that poses potential threats to patient safety, compromises service quality, and generates operational losses. RSUD Wangaya Kota Denpasar, a type B teaching hospital, fully implemented an EMR system in 2022, yet it continues to encounter recurring

technical difficulties across multiple service units. Objective: This study sought to examine the management of EMR during unplanned downtime events at RSUD Wangaya Kota Denpasar, utilizing the Human-Organization-Technology-Fit (HOT-Fit) framework as the analytical lens. Methods: A qualitative descriptive design with a case study approach was employed. Data collection was conducted through in-depth interviews with 11 informants representing hospital management, the Head of the Medical Records Department, the Head of the Hospital Information System Department, administrative and cashier staff, and healthcare professionals. Additional data were gathered through document reviews of the Director's Regulation, Standard Operating Procedure (SOP), service flow documents, and direct field observations. Data analysis followed a systematic process encompassing data reduction, data display, and conclusion. Results: During the period from April to May 2026, 15 incidents with the potential to cause unplanned downtime were documented. Computer hardware and network disruptions constituted the predominant category, followed by EMR application failures. The highest frequency of occurrences was observed at the Adult Endocrinology Clinic and the Emergency Department. Regarding human factors, staff comprehension of downtime procedures was generally adequate, yet procedural readiness among administrative and cashier personnel remained insufficient. From an organizational standpoint, inter-unit coordination demonstrated effectiveness through available communication channels, although internal regulatory instruments, including the Director's Regulation and SOP, did not yet explicitly address unplanned downtime protocols. The technological dimension revealed that while supporting physical infrastructure was in place, core components such as network connectivity, data storage, and hardware continued to exhibit vulnerabilities, thereby perpetuating the recurrence of system failures. The net benefit analysis indicated that the adverse consequences on service quality and operational efficiency continued to outweigh the perceived advantages. Conclusion: The management of EMR during unplanned downtime at RSUD Wangaya Kota Denpasar has yet to achieve optimal performance, with shortcomings identified across all three HOT-Fit dimensions. The most critical deficiency resides within the organizational dimension, marked by the incompleteness of internal regulations that should serve as the foundation for emergency protocols. Remedial measures are urgently required, including the revision of the Director's Regulation, the formulation of comprehensive SOP for unplanned downtime management, the reinforcement of core technological infrastructure, and the enhancement of staff capacity through periodic training and simulation exercises to mitigate adverse effects and sustain the benefits of EMR implementation.