



Comparison of Clinical Codes with Standards of Genitourinary Disease in Public Hospital of Sidoarjo

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Abstract

The Siti Khodijah Muhammadiyah Sepanjang Hospital uses EHOS as a means of providing HIMS. Preliminary study found that in outpatient units consisting of 30 clinics, 1 clinic did not record on the EHOS application, namely home care in filling out data, it was known that filling was still incomplete on patient identity sheets, general consent, initial assessment, and special examinations. The purpose of this study was to improve the utilization of HIMS technology at Siti Khodijah Sepanjang Hospital based on the CMUA method using a sample of 135 respondents. Determination of the number of samples used the formula estimate a proportional in finite population with minimal 117 samples. Simple random sampling was used. This study was conducted from September to December 2022 at Siti Khodijah Sepanjang Hospital. The results of this study are 8 hypotheses, most of which have significant value, including H1: the perception of using HIMS as an opportunity (PO) will positively influence the adoption of a benefit-maximizing strategy (BM) of significant value (sig. 0.007). H2: the perception of using HIMS as an opportunity (PO) will positively influence the adoption of a benefit satisfaction strategy (BS) with significant value (sig. 0.00). H3: The manager's perception of the use of HIMS as a threat (PT) will positively influence the disturbance management strategy (DH), with a significant value (sig. 0.000). H5: when managers perceive a situation as an opportunity, the more control they feel over the benefits of HIMS, the more likely they are to adopt a benefit maximizing (BM) strategy of significant value (sig. 0.000). H6: When managers perceive a situation as an opportunity, the more control they feel over the benefits of HIMS, the more likely they are to adopt a significant value benefit satisfaction (BS) strategy (sig. 0.016). H7: when a manager perceives the use of HIMS as a threat, the greater the perceived control over the implementation of security measures, the more he or she will adopt an intrusion management strategy (SP) of significant value (sig. 0.004). It was concluded that in using HIMS to optimize its use from the perspective of threats and opportunities, managers can adopt benefit maximizing strategies, benefit satisficing strategies, and disturbance handling strategies.

Keywords: Hospital Information Management System, Coping Model of User Adoption

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INTRODUCTION

Information technology is widely used today, because information technology is used today, because information technology provides many benefits for individuals and organizations, including in the health sector, hospitals are one of the complex organizations that require comprehensive, accurate and customized information technology support. Therefore, they can be effectively and efficiently used. Information technology is also used as a means and infrastructure for hospital management (Putra et al., 2020). HIMS is an information technology facility and infrastructure that is used in hospitals. HIMS is an information system adopted to handle all hospital management processes, starting from

medical services, pharmacies, pharmaceutical warehouses, costs, databases, personnel, employee payroll, and accounting processes to control by management (Afianty et al., 2022). Therefore, hospitals are required to use HIMS to record and report all hospital administrative activities (I. KEMENKES, 2013). In connection with the strategic plan of the Ministry of Health for 2020-2024 to require hospitals must use electronic medical records (Hadikasari et al., 2021).

The electronic medical record (RME) is a medical record from patient data to the hospital until they go home, which is stored in electronic form (Rosalinda et al., 2021). This RME is a sub-system of HIMS that is integrated with all other information systems in the hospital, which were previously done manually which required a lot of time to complete the task. With HIMS, task completion is effective and efficient (Agustina & Susilani, 2018). Apart from the benefits of using HIMS, there are also obstacles that are often complained of by HIMS users (Alfiansyah et al., 2020)

Siti Khodijah Hospital is an institution that has used HIMS called EHOS. The EHOS has been in use since 2017. In a preliminary study, it was found that the outpatient unit consisted of 30 clinics. One clinic did not record the EHOS application as a record of its service activities. Based on KMK No. HK. 01.7/MENKES/1432/2022, it is known that the filling is still incomplete on the identity sheet, general consent, initial assessment, and specialist examination (R. KEMENKES, 2022). From an internal medicine clinic with a medical record number 4100xx filling out the identity sheet, 95% of the variables are filled, 5% are not filled, 95% of the variables are considered complete, and 5% of the variables are incomplete for a total of 21 variables. The payment method for variabel is 100% filled completely from one variable. The general constant variable is 0% variables filled in completely because the system is still being developed, initial assessment variabels 0% filled, 100% not filled, considered 0% complete and 100% incomplete, so there is no initial assessment data. The specialist examination variable in filling it out was 38% filled, 62% incomplete, 34% considered complete, and 66% incomplete because the patient had not undergone laboratory or radiological examinations and informed consent was still in the system development stage or had not been used. Therefore, this system has not been optimally utilized. There is still a lot of data that has not been filled in completely. The formulation of the problem appears: how is the satisfaction of system users regarding the use of EHOS as a tool for recording medical data and patient administration.

The data above need to be evaluated for the EHOS to assess the system strengths and weaknesses that arise from the implementation of new technology. This evaluation activity not only assesses the system, but also assesses worker satisfaction because it is also related to the emotions of system users who are forced or voluntarily to change their work system (Sari et al., 2021). Similar to the results of Yves Baelettes' research (2020), regarding the phenomenon of company BYOD allowing employees to use personal devices with threats to the security of individual data, evaluated using the CMUA method to produce adaptation strategy policies and data protection (Barlette et al., 2021). In a study by Armin Kashefi et al. (2018) who assessed IT adaptation behavior using a computerized information system found that this study conducted an evaluation using the CMUA method. In this study, we used the CMUA method (coping model of user adaptation). Adaptation to IT use is influenced by top management, social influences, system operations, and so on. The CMUA method is one of the methods used to evaluate the use of the system against the use of the system. CMUA assesses responses in the form of work culture caused by the adoption of information technology (Lazarus & Folkman, 1984). Thus, it can provide an understanding of IT adaptation (Kashefi et al., 2018). So it is proposed to improve the utilization of HIMS technology at siti khodijah sepanjang hospital based on the CMUA method. In the method used variables benefit maximizing, benefit satisfaction, disturbance handling, self-preservation, perceived opportunity, perceived control, perceived threat (Barlette et al., 2021).

METHOD

This type of research uses a quantitative approach using the *coping model of user adaptation (CMUA) method* to determine the use of the system with the satisfaction of using the system. This research will be conducted from September to December 2022 at the Siti Khodijah Muhammadiyah Hospital along the branch. The entire population of hospitals using the EHS application was 517, resulting in a total sample of 135 people (Nasehudin & Gozali, 2012). Data were collected with questionnaires instruments in the form of 30 question point. The questionnaire are about benefit mazimixing, benefit satisfication, distrubance handling, self-preservation, perceived opportunity, perceived control, perceived threat (Barlette et al., 2021). The questionnaire used have gone through a selection and study literatur process so that it can be states that the items are valid (Baillette & Barlette, 2019). The questionnaire will use the Likert assessment model 1-7. In line with the opinion of Godwind and Goodwin (2016) the assessment consists of 7 rating scales consisting of: strongly disagree weighted 1. Disagree weighted 2. Fairly disagree weighted 4. Fairly agree weighted 5. Agree weighted 6. Strongly agree weighted 7 (Goodwin & Goodwin, 2016). Then the questionnaire will be distributed via *google form*. Data collection procedures are observation questionnaires and documentation. After the results of the questionnaire were obtained, the next step was to find a testing method, namely the T-statistic test using *Smart PLS*.

RESULTS AND DISCUSSION

Based on table 1 below using a sample of 135 respondents, the majority of respondents aged 27 years to 36 years were 55 respondents or 41%. Judging from the gender group, the majority were female, with 119 respondents or 88% compared to male respondents with 16 respondents or 12%. Judging from the last education most of the respondents were diploma 3 graduates, namely 78 respondents or 58%. Judging by profession, most of the respondents were nurses, 78 respondents or 58%. Judging from the training, most employees have never attended training, namely as many as 69 respondents or 51%.

Table 1. Demographics of respondents using the EHOS application

Variable	Type	<i>f</i>	Percentage (%)
Age	20 < 26	29	21
	27 < 36	55	41
	37 < 46	39	29
	47 < 56	11	8
	57 < 66	0	0
	67 < 76	1	1
Gender	Man	16	12
	Woman	119	88
Level of education	SMA/SMK	20	15
	D3	78	58
	S1	33	24
	Specialist	4	3
Profession	Medical records	17	13
	Laboratory	8	6
	Radiology	5	4
	Nurse	78	58
	nutrition	3	2
	Midwife	15	11
	Pharmacy	4	3
	Doctor	5	4
Training	Never	69	51
	Once	66	49

Data analysis

Evaluation of this measurement model is to test predictive and construct relationships so that it can be seen whether there is a predictive relationship between constructs. This needs to be done because it will affect the value of validity and reliability. Validity and reliability itself is a value to see convergent, discriminant validity and construct reliability. The outer loading indicator can be said to be valid if the correlation value is above 0.7 (Faigayanti et al., 2022).

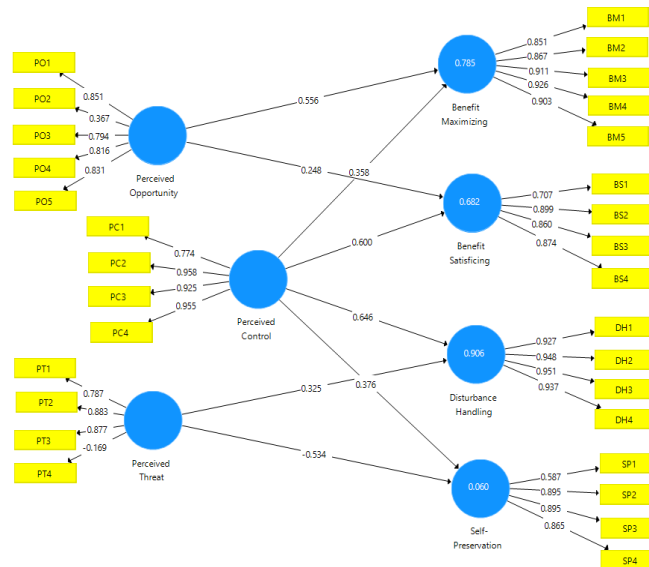


Figure 1. Outer Loading

Based on Figure 1 above, there are 3 outer loading values that are not in accordance with the standard, namely below 0.7, namely on the indicators, namely PT4 (perceived threat), PO2 (Perceived Opportunity), and SP1 (Self-preservation). Outer loading values that do not match will be issued, then will be recalculated using the PLS algorithm, then the calculation results are shown in Figure 2.

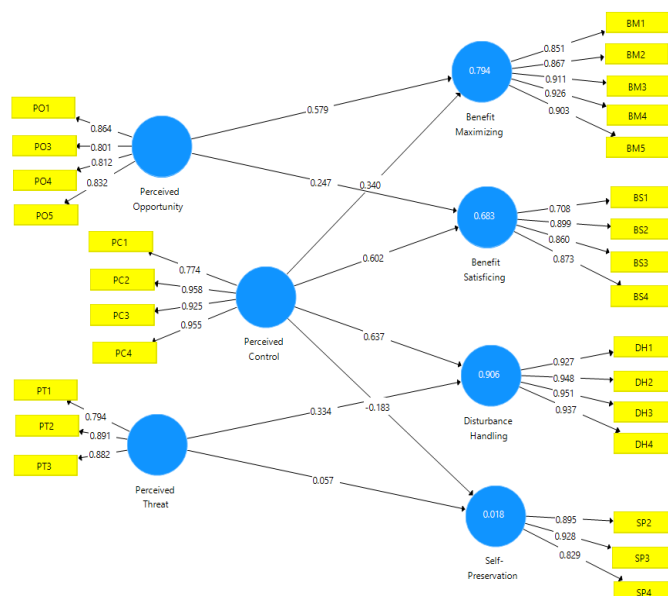


Figure 2. Outer Loading After Selection

After selecting indikator *souter loading* is low (figure 1), then you can continue to assess reliability by looking at *cronbach's*, *alpha* and *composite reliability*. the value of both cannot be less than 0.7 while the value on AVE as discriminant validity cannot be less than 0.05. if it is less than the specified conditions then it cannot be said to be reliability.

Seen from *Crobranch alpha*, *composite reliability* and AVE in table 2 is known to be in accordance with the requirements, namely *cronbach's*, *alpha* and *composite reliability*. the value of both cannot be less than 0.7 either on the variable *benefit maximizing*, *benefit satisficing*, *disturbance handling* etc. while the AVE meets the requirements, namely the value cannot be less than 0.5. then the data is reliable (Duryadi, 2021).

Tabel 2. Construct Reliability And Validity

Variable	Crobranch Alpha	Composite Reliability	AVE
Benefit Maximizing (BM)	0.936	0.951	0.796
Benefit Satisficing (BS)	0.858	0.904	0.703
Disturbance Handling (DH)	0.957	0.969	0.885
Perceived Control (PC)	0.925	0.948	0.822
Perceived Opportunity (PO)	0.846	0.897	0.685
Perceived Threat (PT)	0.819	0.892	0.734
Self Preservation (SP)	0.864	0.920	0.784

Hypothesis testing is carried out using a structural model test as shown in Figure 2, to examine the relationship between the dependent variable and the independent variable. The significance level hypothesis testing used was 95% ($\alpha = 0.05$). while the value of the T-table with a significant level of 95% is 1.96. Then, the hypothesis can be used by comparing the T-statistic and T-table values with the condition that the T-statistic is higher than the T-table value, so the hypothesis is accepted. Conversely, if the t-statistic is lower than the t-table, the hypothesis is rejected (Abda'u et al., 2018). The assessment of the significant level of the prediction model in testing can be seen from the T-statistic value between the independent variables and the dependent variable seen in table 2.

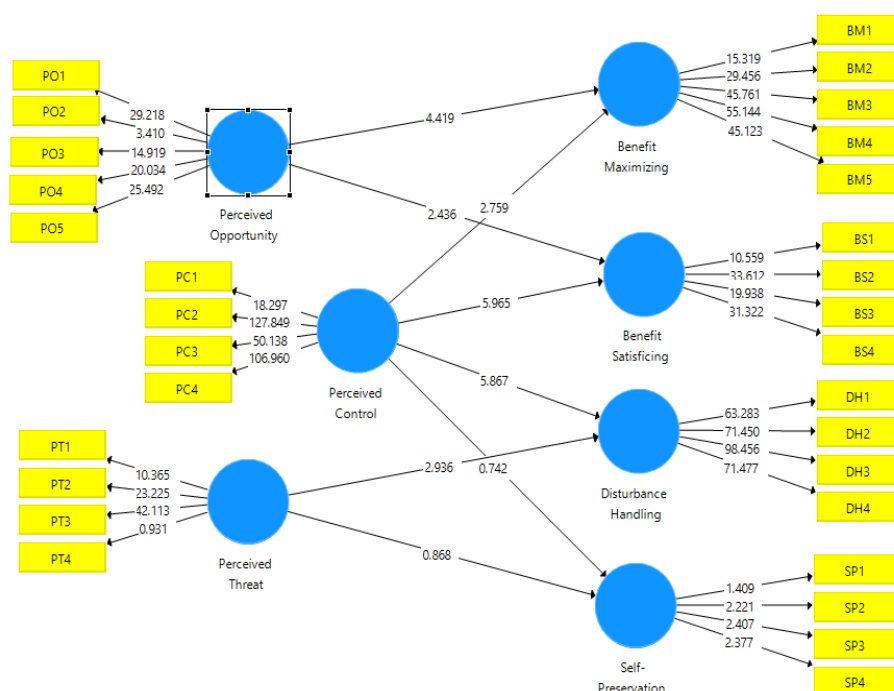


Figure 3. Hypothesis Testing

Table 3. Bootstrapping

	Original Simple (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistic ((O/STDEV))	P Values
PC > BM	0.358	0.340	0.130	2.759	0.007

	Original Simple (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistic (O/STDEV)	P Values
PC > BS	0.600	0.612	0.101	5.965	0.000
PC > DH	0.646	0.659	0.110	5.867	0.000
PC > SP	0.376	0.302	0.507	0.742	0.459
PO > BM	0.556	0.576	0.126	4.419	0.000
PO > BS	0.248	0.237	0.102	2.436	0.016
PT > DH	0.325	0.313	0.111	2.936	0.004
PT > SP	-0.534	-0.457	0.616	0.868	0.387

Based on the results of data analysis using smart PLS, which shows that there are several hypotheses that are not accepted in the following variables:

Table 4. Table Hypothesis

Hypothesis	Information
H1: Perceived use of HIMS as an opportunity (PO) will positively influence the adoption of a benefit-maximizing strategy (BM).	Accepted (0.007 is smaller than 0.05)
H2: the perception of using HIMS as an opportunity (PO) will positively influence the adoption of a benefit satisfaction strategy (BS).	Accepted (0.000 is less than 0.05)
H3: Managers' perceptions of the use of HIMS as a threat (PT) will positively influence disturbance Handling strategies (DH).	Accepted (0.000 is less than 0.05)
H4: The manager's perspective on using HIMS as a threat will positively influence the adoption of a self-Preservation strategy (SP).	Rejected (0.459) greater than 0.05)
H5: when managers perceive a situation as an opportunity, the more control (PC) they feel over the benefits of HIMS, the more likely they are to adopt a benefit-maximizing strategy (BM)	Accepted (0.000 is less than 0.05)
H6: When managers perceive a situation as an opportunity, the more control (PC) they feel over the benefits of HIMS, the more likely they are to adopt a benefit-satisficing strategy (BS).	Accepted (0.016 is smaller than 0.05)
H7: when a manager perceives the use of HIMS as a threat, the greater the control (PC) he feels over the implementation of security measures, the more he will adopt an intrusion disturbance handling strategy (DH).	Accepted (0.004 is smaller than 0.05)
H8: when a manager perceives the use of HIMS as a threat, the greater the control (PC) he perceives over the implementation of security measures, the more he will adopt a self-preservation strategy (SP).	Rejected (0.387 is greater than 0.05)

Overall, it was found that most of them had significant values, but there were some that were opposite to what was hypothesized, namely in H4 and H8 so this hypothesis was not significant or not supported, while H1, H2, H3, H5, H6, and H7 were significant or supported. In Hypothesis 1 and hipotesis 2, Perceived use of HIMS as an opportunity will positively influence the adoption of (1) benefit maximizing strategies and (2) benefit satisfaction

strategies significant value. In line with research from Pamela Bailette and Yvess Barlette (2019), who have the same hypothesis with significant value. Currently the benefits felt by employees in using the HIMS application are "I get the benefit that the application of HIMS increases hospital productivity" (PO1) and "I feel there are changes to new work processes that are easier" (PO2) after using HIMS (Bailette & Barlette, 2019). So that managers can use a strategy of maximizing benefits and a strategy of satisfying benefits as an effort to increase benefits. because the benefit maximization strategy itself is an effort to take advantage of the opportunities offered by HIMS and maximize benefits individually while the benefit satisfaction strategy is an effort to achieve satisfaction of the limited benefits offered by HIMS (Pillai et al., 2021).

Hypothesis 3, when managers assess the use of HIMS as a threat, the more control they feel in implementing security measures, the higher will adopt (3) disturbance Handling strategies of significant value. In line with research by Yves barlette (2021), which states that this threat assessment focuses on strategies for dealing with disturbances and strategies for self-preservation (Barlette et al., 2021). This study also looks at threats to the use of HIMS as well as things that need to be resolved. different from that in this case the focus is more on interference coping strategies. Because this strategy can maximize HIMS based on what HIMS users feel. Strengthened in a literature study by Puguh Ika and Intan Sintya (2020) which stated that at the Haji Surabaya General Hospital there was no special assistance regarding safety protection standards, such as abuse *password*, there is no awareness in maintaining security *password* (Listyorini & Sintya, 2020). Thus, managers can adopt distraction coping strategies as a means of maximizing benefits. This was reinforced in a literature study by Puguh Ika and Intan Sintya (2020) which stated that at the Haji Surabaya General Hospital there had been no special assistance regarding security protection standards, such as misuse of passwords, there was no awareness in maintaining password security.

Hypothesis 5, when managers perceive a situation as an opportunity, the more control they feel over the benefits of HIMS, the more likely they are to adopt (a) a benefit maximizing strategy of significant value. In line with the statement of Beaudry & Pinsouneault (2005) which states that in this situation information system users tend to make limited efforts to adapt to the technology (Elie-Dit-Cosaque & Straub, 2011). under such conditions, the user receives benefits. But there has been no attempt to achieve that goal, due to little control over current conditions. Because in the control aspect the user is only given some access provided by the IT through the username and password the effort is made to avoid misuse of HIMS. the impact is that users do not have control to optimize their use (Dinata & Deharja, 2020). In addition, managers need to adopt a benefit maximizing strategy and a benefit satisfaction strategy.

Hypothesis 7, when a manager perceives the use of HIMS as a threat, the greater the perceived control over the implementation of security measures, the more he or she will adopt nuisance coping strategies of significant value. According to Yves Barlette (2021) the influence of perceived threats is related to company data that is on computers or other software that has important threats related to information security and risk (Barlette et al., 2021). According to Riyanto Sarno and Iryat Iffano (2009) who stated that threats that could occur at any time threaten company or hospital data such as data theft, attempted hacking, and the data is permanently deleted (Sarno & Iffano, 2009). Currently, technology can threaten system users, therefore it is necessary to adopt a strategy to deal with disturbances (Takain & Katmini, 2021). However, the use of this disturbance handling strategy also needs to pay attention to the level of control that is felt by system users. In this condition, the perceived level of control is high, so problem-based adaptation strategies are used, efforts to deal with disturbances, for example increasing the capacity to work by modifying features.

CONCLUSION

This study applies CMUA to investigate adaptation strategies adopted by strategies to overcome problems in the use of HIMS. the purpose of this study was to determine HIMS user satisfaction with the use of HIMS on the aspects of opportunities and threats perceived by HIMS users. by using a questionnaire distributed via google form as many as 135 people. This article will discuss 4 IT adoption strategies and information security. The following is the result of the hypothesis that has a significant value H1: the perception of the use of HIMS as an opportunity (PO) will positively influence the adoption of a benefit maximizing strategy (BM) which has a significant value (sig.0.007). H2: the perception of using HIMS as an opportunity (PO) will positively influence the adoption of a benefit satisfaction strategy (BS) with significant value (sig. 0.00). H3: The manager's perception of the use of HIMS as a threat (PT) will positively influence the disturbance management strategy (DH), with a significant value (sig. 0.000). H5: when managers perceive a situation as an opportunity, the more control they perceive the benefits of HIMS, the more likely they are to adopt a benefit maximizing (BM) strategy with significant value (sig. 0.000). H6: when managers assess the situation as an opportunity, the more control they perceive the benefits of HIMS, the more likely they are to adopt a benefit satisfaction strategy (BS) of significant value (sig. 0.016). H7: when a manager perceives the use of HIMS as a threat, the greater the perceived control over the implementation of security measures, the more he or she will adopt an intrusion management strategy (SP) with significant value (sig. 0.004).

RECOMMENDATION

It is hoped that further research will assess other factors in more detail and refer to what problems you want to solve, and further research needs to be carried out regarding the factors that you want to assess as threat and opportunity factors in CMUA theory so that it can facilitate the assessment. So that it is expected to minimize weaknesses in research.

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REFERENCES

- Abda'u, P. D., Winarno, W. W., & Henderi, H. (2018). Evaluasi Penerapan SIMRS Menggunakan Metode HOT-Fit di RSUD dr. Soedirman Kebumen. *INTENSIF: Jurnal Ilmiah Penelitian dan Penerapan Teknologi Sistem Informasi*, 2(1), 46. <https://doi.org/10.29407/intensif.v2i1.11817>
- Afianty, I. M., Maimun, N., & Maita, L. (2022). *Evaluasi Implementasi Sistem Informasi Manajemen Rumah Sakit (SIMRS) dengan Metode Task Technology Fit (TTF) Di Rumah Sakit Ibu dan Anak Annisa Pekan Baru Tahun 2021*. Jurnal Rekam Medis (Medical Record Journal). <https://jom.hip.ac.id/index.php/rmik/article/view/983/274>
- Agustina, G. R., & Susilani, A. T. (2018). Evaluasi Sistem Informasi Manajemen Rumah Sakit (SIMRS) pada Bagian Pendaftaran Rawat Jalan dengan Metode HOT-FIT. *Artificial Intelligence*, 84, 6.
- Alfiansyah, G., Fajeri, A. S., Santi, M. W., & Swari, S. J. (2020). Evaluasi Kepuasan Pengguna Electronic Health Record (EHR) Menggunakan Metode EUCS (End User Computing Satisfaction) di Unit Rekam Medis Pusat RSUPN Dr. Cipto Mangunkusumo. *Jurnal Penelitian Kesehatan "SUARA FORIKES" (Journal of Health Research "Forikes Voice")*, 11(3), 258. <https://doi.org/10.33846/sf11307>
- Baillette, P., & Barlette, Y. (2019). *Examining CEOs' behavior related to BYOD implementation through the CMUA*.
- Barlette, Y., Jaouen, A., & Baillette, P. (2021). Bring Your Own Device (BYOD) as reversed IT adoption: Insights into managers' coping strategies. *International Journal of*

- Information Management*, 56, 102212. <https://doi.org/10.1016/j.ijinfomgt.2020.102212>
- Dinata, F. H., & Deharja, A. (2020). Analisis SIMRS Dengan Metode PIECES Di RSUD Dr. H. Koesnadi Bondowoso. *Jurnal Kesehatan*, 8(2), 106–117. <https://doi.org/10.25047/j-kes.v8i2.155>
- Duryadi. (2021). *Metode Penelitian Ilmiah* (Buku Ajar). Yayasan Prima Agus Teknik.
- Elie-Dit-Cosaque, C. M., & Straub, D. W. (2011). Opening the black box of system usage: User adaptation to disruptive IT. *European Journal of Information Systems*, 20(5), 589–607. <https://doi.org/10.1057/ejis.2010.23>
- Faigayanti, A., Suryani, L., & Rawalilah, H. (2022). Evaluasi Sistem Informasi Manajemen Rumah Sakit (SIMRS) di Bagian Rawat Jalan dengan Metode HOT -Fit. *Jurnal Kesehatan Saelmakers PERDANA*, 5(2), 245–253. <https://doi.org/10.32524/jksp.v5i2.662>
- Goodwin, C. J., & Goodwin, K. A. (2016). *Research In Psychology: Methods And Design*. John Wiley & Sons, Inc.
- Hadikasari, A. A., Indahyanti, U., & Nisak, U. K. (2021). PENGARUH KUALITAS SISTEM TERHADAP PENGGUNAAN SISTEM INFORMASI MANAJEMEN RUMAH SAKIT DI RUMAH SAKIT 'AISYIYAH SITI FATIMAH TULANGAN SIDOARJO. 4(1).
- Kashefi, A., Abbott, P., Nuhu, K. A., Ayoung, D. A., & Alwzinani, F. (2018). *Investigating Users' IT Adaptation Behaviors: A Case of a Computerized Work System*. 17.
- KEMENKES, I. (2013). *PERMENKES No 82 Tahun 2013 Tentang Sistem Informasi Manajemen Rumah Sakit*. KEMENKES.
- KEMENKES, R. (2022). *PERMENKES No. 24 Tahun 2022 Tentang Rekam Medis*.
- Lazarus, R., & Folkman, S. (1984). *Stress, Appraisal, and coping*. Springer Publishing Company.
- Listyorini, P. I., & Sintya, I. (2020). *SISTEM KEAMANAN SIMRS DI RUMAH SAKIT*.
- Nasehudin, T. syatori, & Gozali, N. (2012). *Metode Penelitian Kuantitatif*. Pustaka Setia.
- Pillai, K. R., Upadhyaya, P., Prakash, A. V., Ramaprasad, B. S., Mukesh, H. V., & Pai, Y. (2021). End-user satisfaction of technology-enabled assessment in higher education: A coping theory perspective. *Education and Information Technologies*, 26(4), 3677–3698. <https://doi.org/10.1007/s10639-020-10401-2>
- Putra, A. D., Dangnga, M. S., & Majid, M. (2020). *EVALUASI SISTEM INFORMASI MANAJEMEN RUMAH SAKIT (SIMRS) DENGAN METODE HOT FIT DI RSUD ANDI MAKASSAU KOTA PAREPARE*. 1(1), 8.
- Rosalinda, R., Setiatin, S. S., & Susanto, A. S. (2021). Evaluasi Penerapan Rekam Medis Elektronik Rawat Jalan Di Rumah Sakit Umum X Bandung Tahun 2021. *Cerdika: Jurnal Ilmiah Indonesia*, 1(8), 1045–1056. <https://doi.org/10.36418/cerdika.v1i8.135>
- Sari, D. P., Rosita, R., & Pratiwi, F. A. D. (2021). *HUBUNGAN ANTARA KEPUASAN PENGGUNA DENGAN NET BENEFIT PENGGUNA SIMRS*. 3.
- Sarno, R., & Iffano, I. (2009). *Sistem Manajemen Keamanan Informasi*. ITS Press.
- Takain, I., & Katmini, K. (2021). The Implementation of Computer-Based administrative Information Systems to Improve the Performance of Services Quality in Hospitals. *Journal for Quality in Public Health*, 5(1), 203–216. <https://doi.org/10.30994/jqph.v5i1.275>