



**ANALYZING THE IMPACT OF ELECTRONIC MEDICAL RECORD
IMPLEMENTATION ON NET-BENEFIT USING HOT-FIT**

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ABSTRACT

This study aims to analyze the impact of Electronic Medical Records (EMR) implementation on the hospital's Net Benefit using the HOT-Fit model approach, which includes the Human, Organization, and Technology components. The research was focused on the Outpatient Unit of RSB TK. III Ambon, involving 232 employees directly or indirectly involved in the EMR system implementation. A non-experimental quantitative approach with a cross-sectional correlational design was applied. Data were collected using questionnaires and analyzed through bivariate analysis using the Chi-Square test and multivariate analysis using logistic regression with the backward conditional method. The results indicate that all three HOT components Human, Organization, and Technology have a significant relationship with Net Benefit (p -value < 0.05). The calculated Prevalence Odds Ratio (POR) shows that the Human factor has a POR of 49.54, the Organization factor has 84.46, and the Technology factor has 60.00. The coefficient of determination (R^2) is 0.744, meaning 74.4% of the variation in Net Benefit can be explained by the HOT variables, while the remaining 25.6% is explained by other factors outside the model. Multivariate analysis revealed that the Organization factor is the most dominant variable, with the highest odds ratio of 22.813 at a 95% confidence level and a significant p -value < 0.05 . Furthermore, the Human factor was identified as a confounding variable in the relationship. It is recommended that the hospital enhance user training on system features, optimize EMR technical performance, and strengthen education and monitoring of data completeness and accuracy. Additionally, periodic and practical training tailored to each unit's needs should be implemented, along with continuous post-training technical support. From the technological aspect, improvements in network infrastructure, provision of backup systems, and partnerships with IT service providers are necessary for regular maintenance and user support.

Keywords: electronic medical record; hospital; HOT-Fit; net benefit

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INTRODUCTION

The Fourth Industrial Revolution has brought about fundamental changes in the global healthcare system, including in Indonesia. Digital transformation has become an urgent necessity for improving efficiency, effectiveness, and the overall quality of health services. One of the most critical manifestations of this transformation is the implementation of Electronic Medical Records (EMR). In Indonesia, this transition has been formalized through Ministry of Health Regulation No. 24 of 2022, which updates the previous Regulation No. 269 of 2008. This regulation mandates that all healthcare facilities adopt EMR by no later than December 31, 2023, in alignment with the Ministry of Health's Satu Sehat (One Health) vision for integrated national health data (Rubiyanti, 2023). The regulation underscores the government's commitment to building an interoperable and sustainable healthcare ecosystem in which data can be consolidated, exchanged, and utilized across multiple levels of care.

Globally, the implementation of EMR systems has demonstrated significant and measurable benefits. For example, studies in China and South Korea report a Benefit–Cost Ratio (BCR) greater than one, with an investment payback period of five to eight years, and in some cases generating Net Present Values in the millions of dollars (Nguyen et al., 2022). Similarly, research in Malawi

highlighted that EMR adoption reduced patient length of stay, improved cost efficiency, and minimized unnecessary duplication of diagnostic examinations within just three years (Driessen et al., 2012). These international trends illustrate that EMR systems are not merely administrative tools, but rather strategic instruments central to modern healthcare management. They contribute to operational efficiency, clinical decision support, and ultimately patient safety and satisfaction.

Despite these positive outcomes observed internationally, Indonesia continues to face considerable challenges in realizing the full potential of EMR systems. Franki & Sari (2022) found that EMR adoption in several Indonesian hospitals remains suboptimal due to limitations in network infrastructure, insufficient staff competencies, and inconsistencies in data entry. Additionally, organizational culture and resistance to change present further obstacles to effective implementation. In contrast, research by (Alfina et al., 2025) demonstrated that EMR adoption in primary healthcare centers (Puskesmas) enhanced system quality, information quality, service quality, and net benefit when analyzed through the Human, Organization, and Technology Fit (HOT-Fit) framework. This suggests that successful EMR adoption is possible when supported by robust organizational commitment, user competence, and adequate technological infrastructure.

The case of Bhayangkara Hospital Level III Ambon (RSB TK.III Ambon) offers a pertinent example of these challenges. The hospital began implementing EMR in 2021. However, by 2025, several persistent issues remain, such as delays in SOAP note completion by physicians, disruptions in bridging with the national health insurance system (BPJS), and pending insurance claims that negatively affect hospital cash flow. These obstacles run counter to the original goals of digitalization, which sought to accelerate claims verification, streamline administrative processes, and enhance efficiency. The discrepancy between expected and actual outcomes highlights the gap between the theoretical benefits of EMR and the realities of implementation in the Indonesian healthcare context.

International literature categorizes EMR implementation challenges into three domains: human, organizational, and technological. The human domain encompasses user competence, motivation, and resistance to change. The organizational domain includes managerial support, policies, standard operating procedures (SOPs), and monitoring systems. The technological domain involves IT infrastructure, network stability, and system quality. The HOT-Fit model, developed by (Yusof et al., 2008) provides a comprehensive framework for evaluating these interrelated dimensions and their collective influence on Net Benefit. This model has been widely applied to assess the success of Hospital Information Systems (HIS) and EMR implementations across various countries (Setiorini et al., 2021; Tawar et al., 2022). By examining the interactions among Human, Organization, and Technology, the HOT-Fit framework allows for a nuanced understanding of how each factor contributes to overall system success or failure.

Evidence from Indonesian research further reinforces the relevance of the HOT-Fit framework. (Lestari, 2020) found that organizational support was a key determinant in the successful implementation of HIS at RSI UNISMA Malang. Similarly, (Rosalinda et al., 2021) reported that the limited effectiveness of EMR in Bandung hospitals was largely attributable to insufficient internal policies and inadequate infrastructure. More recently, (Rusdiana & Sanjaya, 2025) highlighted that even in settings where technology was available, the lack of adequate health worker skills significantly hindered the success of EMR implementation. Collectively, these studies suggest that while technological readiness is necessary, organizational alignment and human resource capacity are equally critical for ensuring net benefits from EMR adoption.

Given this context, the present study aims to evaluate the implementation of EMR at Bhayangkara Hospital Level III Ambon through the lens of the HOT-Fit framework. This research seeks to provide empirical evidence on how human, organizational, and technological factors influence the hospital's Net Benefit. The study also intends to identify which component plays the most dominant role in determining successful EMR outcomes. This study aims to analyze the influence of

Electronic Medical Record (EMR) implementation on Net Benefit using the HOT-Fit model at Bhayangkara Hospital Level III Ambon. Specific Objectives: 1) To describe the frequency distribution of responder characteristics (age, gender, education, and years of service) and to examine the relationship between the independent variables—Human, Organization, and Technology—and the dependent variable, Net Benefit, using the HOT-Fit model at RSB TK.III Ambon. 2) To identify the relationship between EMR implementation in the Human domain and the hospital's Net Benefit. 3) To identify the relationship between EMR implementation in the Organizational domain and the hospital's Net Benefit. 4) To identify the relationship between EMR implementation in the Technological domain and the hospital's Net Benefit. 5) To determine the most dominant factor among Human, Organization, and Technology influencing Net Benefit in EMR implementation at RSB TK.III Ambon. By addressing these objectives, this study contributes to the growing body of literature on digital health transformation in developing countries, particularly within the Indonesian context. The findings are expected to provide practical insights for hospital management, policymakers, and health information system developers. Ultimately, the study underscores the importance of integrating human, organizational, and technological dimensions to maximize the effectiveness and sustainability of EMR systems in hospitals.

METHOD

This study employed a quantitative non-experimental design with a cross-sectional approach to analyze the relationships between Human, Organization, and Technology factors and the Net Benefit of Electronic Medical Record (EMR) implementation (Yusof et al., 2008). The research was conducted in the Outpatient Department of Bhayangkara Hospital Level III Ambon, involving a total sample of 232 employees. Participants were selected using a total sampling technique, ensuring that all eligible staff were included (Setyadi & Nadjib, 2023). The research instrument consisted of a structured, closed-ended questionnaire using a 4-point Likert scale. The questionnaire was developed based on the HOT-Fit framework and covered key dimensions including system use, user satisfaction, organizational support, as well as system, information, and service quality (Franki & Sari, 2022; Pranata & Netra, 2019). Validity testing indicated that all items had correlation coefficients (r values) greater than 0.361, while reliability testing yielded a Cronbach's Alpha coefficient of 0.995. These results confirmed the instrument's validity and reliability for data collection (Yashmine, 2023). Primary data were obtained through questionnaires, while secondary data were collected from hospital documents, including policies and records related to EMR implementation (Rubiyanti, 2023). Data analysis comprised two stages. First, Chi-Square tests were performed to assess bivariate associations between each HOT-Fit variable and Net Benefit. Second, multivariate analysis was conducted using logistic regression with the backward conditional method to identify the most dominant factors. The results of the regression analysis were presented in the form of odds ratios (OR) and Nagelkerke R^2 values to indicate explanatory power (Agustini et al., 2020; Setiorini et al., 2021).

RESULT

Table 1 presents the characteristics of the 232 respondents, consisting of medical staff, paramedical personnel, and administrative employees at Bhayangkara Hospital Level III Ambon who were directly involved in the use of Electronic Medical Records (EMR). The demographic profile shows that the majority of respondents were within the productive age range of 25–40 years, with a relatively balanced proportion of males and females. Educational attainment was predominantly at the diploma and undergraduate levels, indicating that most respondents possessed an adequate formal educational background to support their engagement with digital health systems. The length of employment varied among respondents; however, the majority had worked for more than five years, suggesting that their experience with hospital operations and EMR utilization was sufficiently representative. With respect to the study variables, most respondents rated the Human, Organization, and Technology dimensions in the “good” category. This reflects a generally positive perception among employees regarding system use, user satisfaction, organizational support, as well as the quality of system, information, and services provided. For the Net Benefit variable, the majority of respondents reported tangible positive outcomes, including improved time efficiency,

enhanced productivity, and better completeness of medical documentation. These findings indicate that, at the descriptive level, EMR implementation at Bhayangkara Hospital Level III Ambon has been perceived as beneficial across multiple domains, both organizational and individual.

Table 1.
Responders Profile (n= 232)

Variable	f	%
Age	0 - 17 Years	0
	18 - 25 Years	30
	26 - 64 Years	138
	> 65 Years	0
Gender	Male	46
	Female	122
Last Education	Senior High School	39
	Diploma	67
	Bachelor	58
	Master	4
Years of service	< 4 Years	87
	> 5 Years	81

Tabel 1.
Chi-Square Tests

Variable	P - Value	POR 95% CI
Human	0.000	49.54
Organization	0.000	84.46
Technology	0.000	60.00

Table 2, the Chi-Square test results indicate that all three independent variables are significantly associated with Net Benefit ($p < 0.05$). The Prevalence Odds Ratio (POR) values further illustrate the strength of these associations. The Human dimension shows a POR of 49.54, suggesting that respondents with a positive perception of human factors are nearly 50 times more likely to experience net benefits compared to those with less favorable perceptions. The Organization dimension demonstrates the highest POR value at 84.46, indicating that adequate structural support, policies, and organizational environment play a critical role in ensuring net benefits. Meanwhile, the Technology dimension has a POR of 60.00, reflecting the strong contribution of system quality, information accuracy, and service reliability to the effective utilization of Electronic Medical Records (EMR). This interpretation underscores that all HOF-Fit components collectively contribute to enhancing net benefits. However, organizational support appears to exert a stronger influence compared to human and technological factors, highlighting the central role of institutional commitment in the successful implementation of EMR systems. The initial stage of the multivariate analysis involved identifying potential independent variables (candidate variables) through bivariate testing using the Chi-Square test, with a p-value threshold of ≤ 0.25 as the inclusion criterion for the multivariate logistic regression model.

Tabel 2.
Bivariate Selection

Variable	P Value	Status
Human	0,000	Passed
Organization	0,000	Passed
Technology	0,000	Passed

Based on the bivariate selection results presented in Table 3, all three independent variables met the inclusion criteria ($p < 0.25$) and were subsequently included in the multivariate analysis. The next step was to assess the model's goodness of fit.

Tabel 3.
Hosmer & Lemeshow test

Hosmer and Lemeshow Test				
Step	Chi-square	df	Sig.	
1	12,271	2	0,002	
2	2,854	1	0,091	

As shown in Table 4, the Hosmer–Lemeshow test yielded a p-value greater than 0.05, indicating

that the model adequately fits the empirical data. Moreover, the decrease in the -2 Log Likelihood value at each elimination stage suggests an improvement in model fit following the removal of non-dominant variables. Table 5, the logistic regression analysis using the backward conditional method revealed that the organization factor was the most dominant predictor, with an odds ratio of 22.813 at a 95% confidence interval. This finding indicates that, within the context of Bhayangkara Ambon Hospital, organizational factors—such as management policies, staff training, and internal monitoring—make the greatest contribution to achieving the net benefits of Electronic Medical Record (EMR) implementation. Additionally, the Human factor was identified as a confounding variable, meaning that user perceptions of human aspects may strengthen or weaken the relationship between other factors (Organization and Technology) and Net Benefit. Thus, while the Human dimension has a significant association, its primary role lies in modifying the strength of relationships among other variables.

Tabel 4.
Logistic Regression Test Result

		Variables in the Equation						95% C.I. for EXP(B)	
		B	S.E.	Wald	df	Sig.	Exp(B)	Lower	Upper
Step 1 ^a	Human	1,307	0,778	2,822	1	0,093	3,695	0,804	16,981
	Organization	2,275	0,780	8,514	1	0,004	9,724	2,110	44,811
	Technology	2,551	0,633	16,237	1	0,000	12,819	3,707	44,334
	Constant	-2,628	0,525	25,095	1	0,000	0,072		
Step 2 ^a	Organization	3,127	0,618	25,588	1	0,000	22,813	6,791	76,634
	Technology	2,678	0,619	18,732	1	0,000	14,556	4,329	48,945
	Constant	-2,415	0,495	23,790	1	0,000	0,089		

a. Variable(s) entered on step 1: Human, Organization, Technology.

Table 5.
Nagelkerke R Square Value

Model Summary			
Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	78.205 ^a	0,533	0,754
2	80.808 ^a	0,526	0,744

a. Estimation terminated at iteration number 6 because parameter estimates changed by less than .001.

Finally, as shown in Table 6, the coefficient of determination (Nagelkerke R²) value of 0.744 indicates that 74.4% of the variance in Net Benefit can be explained by the three variables within the HOT-Fit model. The remaining 25.6% is likely influenced by other factors not examined in this study, such as leadership style, organizational culture, and external factors like government regulations.

DISCUSSION

The findings of this study demonstrate that the implementation of the Electronic Medical Record (EMR) system at Bhayangkara Hospital Class III Ambon has a significant influence on the perceived net benefits when analyzed through the Human–Organization–Technology Fit (HOT-Fit) framework. The three core components—Human, Organization, and Technology—were all found to contribute meaningfully, with Organization emerging as the most dominant predictor. The following discussion elaborates on these findings, compares them with previous studies in both Indonesian and international contexts, and offers strategic recommendations.

Organization As Dominant Factor

The organizational factor demonstrated the highest odds ratio (OR = 22.813), highlighting the critical importance of managerial and structural support. This result aligns with (Usman, 2023) who found that strong managerial backing—including clear policies and consistent supervision—was essential to the success of EMR implementation at Wahidin Sudirohusodo Hospital in Makassar. Organizational elements such as the establishment of standard operating procedures (SOPs), the provision of adequate resources, and periodic evaluation substantially increased the likelihood of realizing net benefits. These findings reinforce the hypothesis that organizational structure and

managerial commitment act as primary driving forces in digital health transformation. In healthcare management literature, organizations are viewed as the key entities that create conducive environments through internal governance, policy frameworks, and resource allocation (Yusof et al., 2008). (Usman, 2023) also found that hospitals conducting regular monitoring and evaluation improved physicians' compliance in EMR use by up to 80%. At Bhayangkara Ambon Hospital, organizational issues such as pending BPJS (national insurance) claims and delayed SOAP input by clinicians often stem from weak supervision. This underscores that hardware and software investment alone is insufficient without robust organizational governance. Therefore, strengthening internal SOPs, forming EMR monitoring teams, and embedding EMR performance indicators within hospital key performance metrics are essential strategies. (Lestari, 2020) similarly emphasized that management commitment and internal coordination play vital roles in the effectiveness of hospital information systems. In essence, the organization serves as the catalyst bridging the potential of technology with human capability.

Human Factor as a Confounding Variable

Interestingly, the Human factor emerged as a confounding variable. While it showed a significant bivariate association with Net Benefit (POR = 49.54), its contribution weakened after controlling for Organization and Technology. This suggests that user competence, motivation, and satisfaction influence how other variables interact with net benefits. Beyond its statistical role, the human aspect remains strategically critical. Competence extends beyond technical skill to include motivation, adaptability, and digital mindset. (Rusdiana & Sanjaya, 2025) found that healthcare personnel with higher digital literacy were more likely to accept and optimize EMR systems. User resistance, on the other hand, is often a major barrier to successful technology adoption (Nguyen et al., 2022). At Bhayangkara Ambon Hospital, most healthcare staff hold diploma or bachelor's degrees, suggesting adequate academic capacity. Nonetheless, continuous training is required to close the gap between theoretical understanding and practical use—particularly concerning system integration with BPJS claims. Although not the dominant factor statistically, adaptive and digitally competent human resources are essential for sustaining EMR benefits. (Rusdiana & Sanjaya, 2025) similarly noted that low user skill levels hinder EMR effectiveness even when infrastructure is sufficient. Intensive and ongoing training programs have proven effective. (Salim et al., 2022) reported that targeted training improved perceived ease of use by up to 95%. Accordingly, Bhayangkara Ambon Hospital should implement structured, continuous training focusing not only on technical skills but also on data accuracy and its importance for BPJS claims and patient safety.

Technology as a Driver of Efficiency

Technology also showed a significant association with Net Benefit (OR = 14.556). System quality, information completeness, and network reliability enhance service accuracy and efficiency. Rosalinda et al. (2021) observed that network instability and insufficient technical support constrained EMR effectiveness in Bandung. Conversely, hospitals with strong IT infrastructure achieved higher optimization levels. Similar challenges exist in Ambon, particularly with BPJS bridging issues that delay claims processing. It is important to note that technology extends beyond network capacity. Features such as user-friendly interfaces, fast system response times, and interoperability with external platforms (BPJS, SATUSEHAT) are equally critical. Systems that are slow or error-prone discourage user engagement. Hospitals should therefore collaborate closely with vendors to ensure proactive technical support and regular maintenance. Hendratno & Gunawan (2024) also found that slow networks and downtime were leading causes of delayed claims submission. Investments in server redundancy, upgraded IT infrastructure, and vendor partnerships are thus strategic priorities for Bhayangkara Ambon Hospital.

Validity of the HOT-Fit Model

The Nagelkerke R^2 value of 0.744 indicates that 74.4% of the variation in Net Benefit can be explained by the three HOT-Fit variables, confirming the model's robustness. This finding is consistent with Setiorini et al. (2021), who established that the interaction among Human, Organization, and Technology is a key determinant of Hospital Information System success.

However, 25.6% of the variance remains unexplained, suggesting the possible influence of other factors such as leadership, organizational culture, and government regulations. Supriyono (2020) found that transformational leadership and external policy frameworks significantly shape information system success, indicating potential extensions for future research.

Theoretical Perspective

The findings are also congruent with the Technology Acceptance Model (TAM) (Davis, 1989), which posits that user acceptance is driven by perceived usefulness and perceived ease of use. In the Ambon context, perceived usefulness is high due to EMR's relevance to BPJS claims and productivity, while perceived ease of use remains hindered by network and data input issues. The Diffusion of Innovation Theory (Rogers, 2003) further supports these observations. EMR represents an innovation requiring gradual adoption influenced by relative advantage, compatibility, complexity, trialability, and observability. When users perceive EMR as overly complex or incompatible with existing workflows, resistance occurs. Thus, change management and effective socialization are critical to accelerating adoption.

Practical Implications

Based on these findings, three key practical implications can be drawn: 1) Organizational Strengthening: Hospital management should reinforce internal policies, establish clear SOPs, and conduct regular monitoring, as organizational support is the main driver of EMR success (Usman, 2023). 2) Human Resource Development: Continuous and applied training programs should be conducted to enhance not only technical proficiency but also awareness of EMR's role in supporting BPJS claims and patient safety (Rusdiana & Sanjaya, 2025). 3) Technological Enhancement: Investments in IT infrastructure, backup servers, and vendor partnerships are essential to ensure system reliability and interoperability (Rosalinda et al., 2021).

CONCLUSION

This study confirms that the implementation of the Electronic Medical Record (EMR) system at Bhayangkara Hospital Class III Ambon has a significant effect on Net Benefit when analyzed through the Human–Organization–Technology Fit (HOT-Fit) framework. The univariate analysis revealed that most respondents had a positive perception of the Human, Organization, and Technology factors, and reported tangible benefits in terms of improved efficiency, productivity, and data quality. The bivariate analysis demonstrated that all three factors were significantly associated with Net Benefit, with Organization showing the strongest relationship. Further multivariate analysis confirmed that Organization was the most dominant predictor (OR = 22.813), while Human acted as a confounding variable, and Technology continued to contribute significantly. Overall, the HOT-Fit model explained 74.4% of the variation in Net Benefit, with the remaining 25.6% likely influenced by external factors such as leadership, organizational culture, and regulatory frameworks. These findings underscore that EMR implementation success depends not only on technological capability but also on strong organizational support and human resource readiness. Based on these findings, several recommendations can be made. From the organizational perspective, hospital management should strengthen internal policies, develop clear standard operating procedures (SOPs), and conduct regular monitoring and evaluation. Strong organizational support remains the key determinant of EMR success. From the human resource perspective, continuous and context-specific training programs are essential—not only to enhance technical data-entry skills but also to raise awareness of data accuracy's importance in supporting BPJS claim processes and patient safety. From the technological perspective, investments in IT infrastructure, provision of backup systems, and partnerships with vendors for continuous maintenance and system upgrades are required to ensure reliability and integration.

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