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Abstract
The problems faced by Rahman Rahim Hospital are related to implementing an electronic medical record system, so it is necessary to implement a change management strategy at the hospital. This study aims to determine change management strategies in implementing the medical record system at Rahman Rahm Hospital. The approach used in this research is descriptive qualitative. The population in this study were all employees of Rahman Rahim Sidaorjo Hospital. The sample for this research is informants or sources who are competent in providing information related to the topic of this study, namely the hospital director, head of HRD, director of medical services, and head of the IT TEAM. Data collection using interviews, observation, and documentation techniques. The data analysis used is qualitative descriptive analysis. The research results show that the duration factor and awareness of the appropriate duration have helped Rahman Rahim Hospital reduce potential resistance and discomfort during the transition, paving the way for smooth adoption. Second, the integrity factor, system integration with established clinical processes, and maintaining data accuracy are the keys for Rahman Rahim Hospital to reduce conflict and increase staff and medical practitioners' acceptance of change. Third, the commitment factor, concrete efforts, such as effective communication, active participation, and ongoing support, are used by Rahman Rahim Hospital to build strong commitment at all levels of the organization. Fourth, the effort factor and investment in human and financial resources, together with managing obstacles and challenges through strategies such as employee training, expert consultants, and improving technological infrastructure, are the keys to Rahman Rahim Hospital in optimizing efforts to face digital transformation.
Keywords: Change Management, electronic medical records, strategy

1. Introduction

Indonesia is experiencing the Industry 4.0 era, where there is a revolution in information technology, and its application is now an essential need for the industrial world (Purba et al., 2021). Hospitals, which are part of the health industry, are actively improving the quality of their services through contributions from the Hospital Information System (SIRS) (Tangkuman et al., 2019). The involvement of Hospital Information Systems (SIRS) in strategic planning from an early stage will have a significant impact, not only during implementation, and needs to be aligned with business needs (Kristanti & Ain, 2021). With support from the Hospital Information System (SIRS), hospitals as public institutions receive assistance in providing quality health services (Sahambangung, Mantiri, & Sampe, 2021). Of course, it is necessary to be prepared to develop human resources to face challenges in the era of disruption 4.0.

Electronic Medical Records (RME) is a form of Hospital Information System (SIRS) which contributes to improving the quality and efficiency of hospital services (Amin, et, al., 2021). The implementation of Electronic Medical Records (RME) has had a positive impact on improving the quality of care and productivity (Ariani, 2023). Electronic Medical Records (RME) is a crucial technology in health care, changing the way medical information management is carried out, and contributing to high quality patient care and efficient management (Vidiarti, & Mulyanti, 2023). More specifically, Electronic Medical Records

(RME) functions as a patient data store in a secure digital format, accessible to authorized users, including retrospective data and prospective information, with the main aim of supporting integrated, sustainable, efficient and quality health care (Simanjuntak, et, al., 2023).

The growth of Electronic Medical Records (RME) in the world, especially in developed countries, is experiencing rapid development. America, for example, has adopted the use of RME in hospitals and clinics since 2004. In 2014, the federal government began implementing RME for the majority of the American population (Asih & Indrayadi, 2023). Denmark began implementing RME in the mid-1990s. In 2009, Denmark as a whole (Anentire Hospital) decided to adopt RME in the scope of health services (Amin, et, al., 2021). The use of Electronic Medical Records (RME) in Japan has experienced significant growth, with RME implementation starting in early 2000 (Amin, et, al., 2021). In 2008, around 34% of the total hospitals in Japan had implemented RME, and in 2014, there was a significant increase where the number of hospitals adopting RME jumped to 71% (Kawaguchi et, al., 2018). Developed countries generally implement RME as an effort to improve the quality of health care. On the other hand, most developing countries experience limitations in hospital information system technology infrastructure, which is an obstacle in the development of RME (Amin, et, al., 2021), where Indonesia is included in the group of developing countries.

The COVID-19 pandemic, which has been going on since 2020, has provided experience in the world of health, that digitalization of health services is a necessity that is very helpful in controlling the spread of disease. The development of digital technology in society has also resulted in a digital transformation of health services so that medical records need to be held electronically with the principles of security and confidentiality of data and information.

Changes to the Ministry of Health's Strategic Plan are a logical consequence when the health sector will be transformed. These changes include 6 (six) principles or referred to as pillars of health transformation which are also a form of translation of national health system reform (Attachment to PMK No. 13 of 2022 concerning Amendments to PMK no. 21 of 2020 concerning the Strategic Plan of the Ministry of Health for 2020-2024).

There are 6 (six) pillars in health transformation which support the health system in Indonesia. Among them are: 1) Transformation of primary services, 2) Transformation of referral services, 3) Transformation of the health resilience system, 4) Transformation of the health financing system, 5) Transformation of health human resources, and 6) transformation of health technology.

On August 31 2022, the Republic of Indonesia Minister of Health Regulation number 24 of 2022 concerning Medical Records was promulgated, which is one of the implementations of health transformation, especially in the 6th pillar, namely health technology transformation. However, this Minister of Health Regulation is also a form of strengthening the transformation of primary services and the transformation of referral services. This Minister of Health Regulation mandates that every health facility is obliged to maintain Electronic Medical Records no later than December 31 2023. With the enactment of Minister of Health Regulation number 24 of 2022 concerning Medical Records, Minister of Health Regulation number 269 of 2008 is declared revoked and invalid.

The implementation of Electronic Medical Records (RME) is carried out with the aim of improving service quality, patient satisfaction, accuracy of documentation, speeding up access to patient data, and reducing clinical errors in services, both at Community Health Centers and Hospitals. (Hani, et, al., 2022).

With the continued growth in Hospitals and the implementation of Electronic Medical Record (RME) systems, it has become crucial to measure and evaluate the benefits of investments in the implementation and maintenance of information technology and whether the system meets organizational goals (Amin, et, al., 2021)

The use of Electronic Medical Records (RME) is widely recognized, with one of the advantages being the ability to perform ongoing data checks, especially when data generation and collection is automated. Examples include data from laboratory or radiology equipment. Another advantage is the ability to store large amounts of data with short computing time, producing reliable results (Wahab, et, al., 2022). RME is also seen as an Information Technology (IT) based solution that can increase information exchange and communication between health workers more effectively because data is integrated with each other (Ariffin et, al., 2018).

Electronic Medical Records (RME) combine clinical information, patient records, decision support application programs, and transaction processes in a hospital environment. Through this integration, the system has the potential to significantly influence hospital performance (Simanjuntak, et, al., 2022). With schematic relationships and cross-disciplinary understanding, the application of Electronic Medical Records (RME) will be able to provide effective and efficient management of patients, doctors and clinics, as well as improve positive outcomes for hospitals (Simanjuntak, et, al., 2022).

Despite the benefits gained by hospitals during the implementation of Electronic Medical Records (RME), various significant obstacles can hinder the adoption of RME implementation (Amin, et, al., 2021). Leadership has an important role in changing work culture which will ultimately improve employee performance (Prasetyo, et, al., 2021). From the perspective of organizational culture to leadership style, as well as social relationships that influence the adoption of Electronic Medical Record (RME) implementation. In addition, complexity arises from the fact that RME is used by various parties or groups who need to work together as a team, becoming an obstacle to implementing RME (Simanjuntak, et, al., 2022). Rejection from users towards the implementation of Electronic Medical Records (RME) can be caused by poor design and lack of user involvement in the implementation stage (Silva, & Dwi, 2023). Apart from that, training, work discipline and organizational commitment are needed to support employee professionalism in carrying out their duties (Ingsih et al., 2021). Rewards and Punishments also need to be used to encourage employee performance (Noor, 2015)

Barriers on the part of health workers arise when adoption of Electronic Medical Records (RME) is slow because it requires investment in costs and intensive learning efforts, lack of incentives, uncertainty in rewards, suboptimal technology, and lack of prioritization (Putri, 2023). Some of the obstacles that arise when implementing RME include difficulties in mastering computer skills by doctors and/or staff, lack of technical support for computers, reduced training and productivity, limited time to learn the use of the system, non-uniformity of data standards among various information systems, unavailability of patient records when the computer is damaged or there is a power outage, and issues related to privacy or confidentiality (Nurfitria, et, al., 2022).

A number of studies looking at the extent of RME implementation have been conducted by researchers, Silalahi & Sinaga, (2019) with the title Planning for the Implementation of Electronic Medical Records in the Management of the Pratama Romana Clinic Medical Records Unit, which concluded that the management of the Romana Pratama Clinic has great support in implementation of RME. However, the implementation of RME faces several obstacles related to data redundancy, the data access processing time is quite long (Silalahi, & Sinaga, 2019). Astuti, et, al., (2019) conducted research entitled Implementation of the Electronic Medical Record System for Healthy Clinics in Salatiga City, with the conclusion that the implementation of RME has met feasibility, although it needs to be refined (Astuti, et, al., 2019).

Another research that highlights change management was conducted by, Gunanto, e, al., (2022) with the title Change Management for "M" South Jakarta Hospitals in Fulfilling the National Standards for Hospital Accreditation Edition 1.1 Regarding Manuscript Regulations,

which states that to fulfill national standards for accreditation of the role of change management is very large (Gunanto, e, al., (2022). Pratama, (2022) carried out research with the title Implementation of Change Management in the Goods and Services Procurement Work Unit. The research stated that the practical implementation of the methodology used To manage this change process is carried out through a project management approach and key success factors. The practical steps designed aim to ensure that change management can be implemented proactively and demonstrate values such as achieving excellence, operating with maturity, integrity, and responsibility. responsible, involving system users, encouraging innovation and creativity, and looking broadly to the future (Pratama, 2022).

Referring to the preliminary study results, Rahman Rahim Hospital has adopted an electronic medical record (RME) system since April 2017, the first time it was implemented in the outpatient service unit. Over time, the implementation of RME was expanded to other service units, including inpatient units and supporting units such as pharmacy, laboratory, and radiology. However, several obstacles arose during the implementation process, such as the inactivity of doctors in recording in the RME, so the role of nurses was to help in this process. Senior doctors also face difficulties using computers, while services are slow due to difficulty typing patient complaints. The increased number of patients causes limited time to enter complete data.

Therefore, a change management strategy is needed to support the implementation of RME. Change is defined as a planned or unplanned response to existing pressures and pressures, while change management is an effort to manage the impacts that arise due to organizational changes. The importance of change is related to organizational survival, where organizations tend to become static without change and are at risk of not surviving for long. Change can come from internal and external factors of the organization, and the aim is for the organization to remain dynamic in facing current developments and technological advances and improving service quality through public awareness of the need for better services.

Management Change

Change management is a systematic process of applying the knowledge, tools, and resources needed to influence change in individuals affected by the process (Potts and LaMarsh) (Wibowo, 2021). Change Management is an effort to manage the consequences that arise due to changes in an organization, both due to internal and external factors. The change management process systematically implements the knowledge, tools, and resources needed by the organization to transition from the current state to the desired state, namely improving performance and managing individuals affected by the change.

Electronic Medical Records (RME)

Medical records are organized steps applied to manage and guide individuals, teams, and organizations in facing change (Ismatul et al., 2023). Meanwhile, Electronic Medical Records (RME) is documentation of patients' medical records throughout their lives presented in electronic format. Individual health information is recorded in an integrated manner by one or more health workers every time there is a meeting between health workers and clients. Access to Electronic Medical Records can be done via computers from a network to increase the efficiency and integration of care and health services (Ismatul, et al., 2023).

According to the definition of Ismatul et al (2023), Electronic Medical Records (RME) are medical records stored in electronic form, including personal data, demographic data, social data, clinical/medical data, and various clinical events from the start of the service process until the end of various data sources (multimedia). Its function is to provide support for medical decision-making actively. The application of electronic medical records with a computerized system in administering medical records is very helpful in processing patient medical data and utilizing information to increase the effectiveness and efficiency of health services and expand

the scope of health services provided by health service agencies. Therefore, the data and information produced from this electronic medical record system are fast, precise, accurate, and always current (Hani, 2022).

Framework of Thinking

By using the DICE theory in assessing change readiness, Rahman Rahim Hospital can identify potential risks and plan the necessary steps to ensure the successful implementation of electronic medical records. This includes time management, process integrity, stakeholder commitment, and the effort required to achieve the desired change.

Figure 1

Framework of Thinking
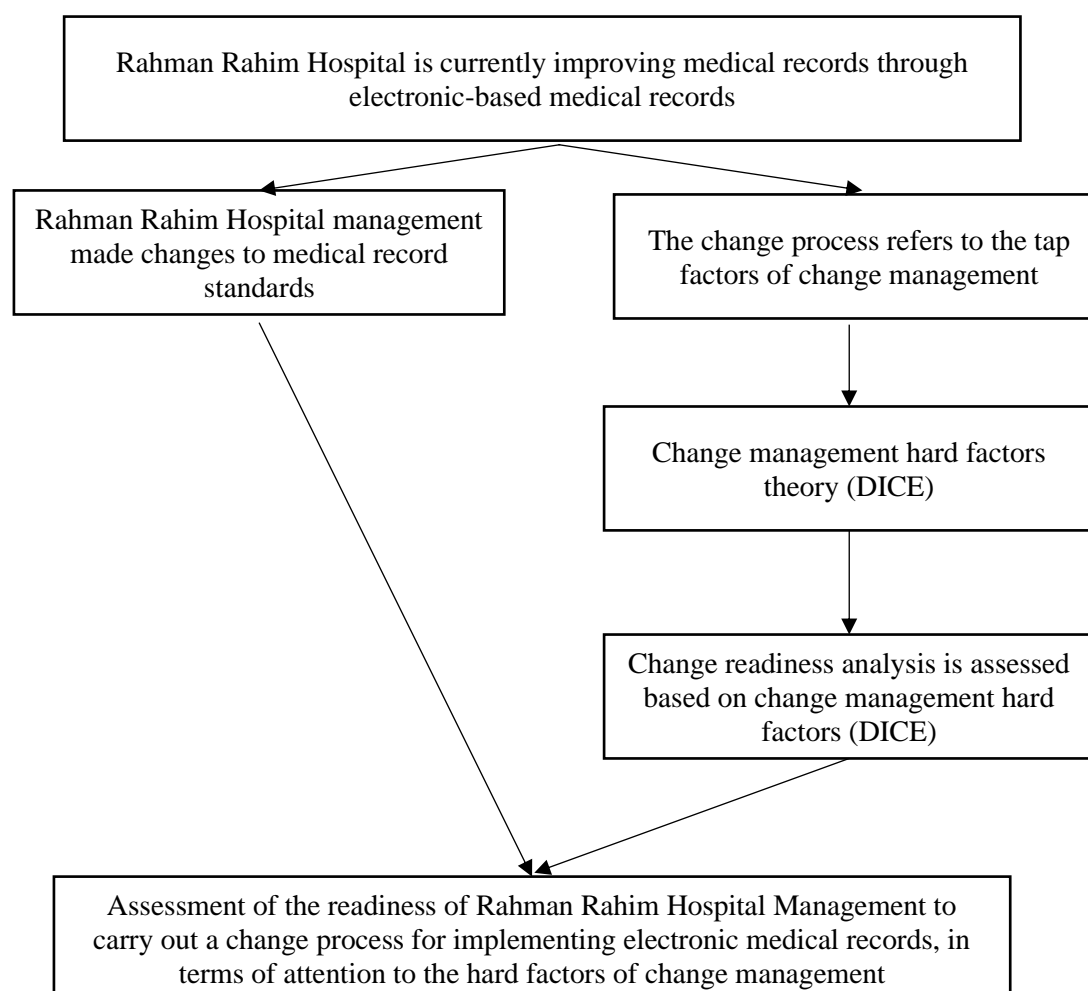
2. Method

Research design

This research uses a qualitative descriptive approach to explore an in-depth understanding of change management in implementing electronic medical records at Rahman Rahm Hospital. The qualitative descriptive approach in this research provides a methodological basis for exploring in-depth aspects of change management in implementing electronic medical records

at Rahman Rahm Hospital. A qualitative approach was chosen to provide a stronger context and meaning to the dynamics of change management in the hospital environment regarding the implementation of electronic medical records. This analysis provides an understanding of the challenges, successes, and impact of changes associated with using electronic medical record technology in the hospital environment.

Population and Sample
The research population includes all employees who work at the hospital. The research sample consisted of informants or sources relevant in providing information related to the research focus, including hospital directors. Samples or informants are selected based on specified criteria (purposive sampling). The informants for this research were the Hospital Director, IT TEAM, HRD, and the medical records department.

Data collection
Data was collected through in-depth interview techniques with informants, direct observation of employee interactions, and analysis of related documents, such as internal policies and medical records. Using in-depth interview techniques, direct observation, and document analysis together provides a comprehensive picture of the challenges, successes, and impact of technology implementation in the hospital environment. These data collection techniques allow researchers to detail the dynamics of change management in implementing electronic medical records holistically and contextually.

Interviews were conducted to gain an in-depth understanding of the informants' views, experiences, and thoughts regarding change management in implementing electronic medical records. Direct observations were carried out to observe interactions and dynamics between employees in the hospital environment during the implementation period of electronic medical records. Document analysis involves researching official documents, such as internal hospital policies. This allows researchers to understand the framework and rules that may influence the implementation of electronic medical records.

Data analysis
Data analysis was carried out using the qualitative descriptive analysis method. In qualitative descriptive analysis, research focuses on in-depth and contextual descriptions of each finding. This involved creating detailed narratives about how the changes were reflected in the informants' experiences and how change management was implemented. This analysis provides context for each finding, explaining the factors that influenced the changes and their impact on daily work processes in the hospital.

3. Results and Discussion

In this sub-chapter, focus is given to the first factor of the DICE framework, namely Duration, Integrity, Commitment, and Effort, which is a critical aspect in change management in implementing electronic medical records in the Rahaman Rahim Hospital environment.

Duration

Referring to the results of interviews with sources regarding the estimated duration of implementation of electronic medical records at Rahman Rahim Hospital, it can be seen that the implementation of electronic medical records (RME) at Rahman Rahim Hospital was carried out in a complex manner and was carried out with careful planning.

The estimated duration of RME implementation is 5 (five) months. According to Hospital Director Rahman Rahim, one of the sources for this research, the estimated duration of RME implementation is influenced by several factors, namely hospital size, existing technological infrastructure, policies and regulations, human resources, and the level of acceptance of technology by medical staff.

The implementation of RME at Rahman Rahim Hospital is considered complex, indicating that this implementation involves several stages and aspects that require special attention. This complexity can come from various factors, such as integration with existing systems, adaptation to policies and regulations, and the involvement of many medical staff.

This statement implies that Rahman Rahim Hospital has carefully planned before implementing RME. It involves thorough planning stages, including risk identification, resource allocation, and designing implementation strategies. The estimated duration of RME implementation of 5 months shows that the hospital has set a relatively short time frame to complete the implementation process. This could reflect a desire to achieve RME benefits quickly or minimize operational impacts during the transition. Factors Affecting Duration Estimates: (1) Hospital size: The size of the hospital can affect the implementation duration. larger hospitals may take longer due to their larger scale. (2) Technological infrastructure: The availability and sophistication of existing technological infrastructure at Rahman Rahim Hospital can speed up or slow down the implementation of RME. (3) Policies and Regulations: Compliance with policies and regulations related to medical record management can be an essential factor in determining the implementation duration. (4) Human Resources: The involvement and readiness of medical staff and the project team will influence the smooth implementation process. (5) Level of technology acceptance: The level of technology acceptance by medical staff and the public can influence how quickly and smoothly RME implementation takes place.

A statement from Hospital Director Rahman Rahim shows that leadership is essential in determining the estimated duration of RME implementation. This can include prioritization, resource allocation, and full support of change initiatives. Through a mature approach and considering various factors that influence the implementation duration, Rahman Rahim Hospital hopes to integrate RME effectively without significantly disrupting hospital operations. Thus, the statement provides a clearer picture of the hospital's context and approach to implementing electronic medical records.

Integrity

The second factor of the DICE framework, integrity, plays a vital role in change management when implementing electronic medical records in hospitals. Integrity here is not only related to data integrity but also includes the cohesion and alignment of the new system with organizational values and existing medical practices.

An in-depth understanding of the Integrity factor will provide a comprehensive picture of how to maintain consistency and harmony during the change process and how this integrity plays a role in achieving successful implementation of electronic medical records in the Rahman Rahim hospital environment.

Referring to the results of interviews with resource persons regarding integrity, it can be seen that the alignment of the system with organizational values and medical practices is running well. Although there are still weaknesses related to data that is not fully integrated, overall system integrity is running well.

Integrity in the DICE framework is defined as more than just the integrity of data. This includes harmonizing the new system with the values and practices already implemented in medical organizations and practices. System integrity involves not only complete data, but also system cohesion with existing values and practices in the hospital. This emphasizes the importance of changes not only to be technical but also integrated with the culture and values of the organization.

The results of interviews with resource persons provide an in-depth understanding of Integrity factors. Shows that system alignment with organizational values and medical practices

at Rahman Rahim Hospital is running well. System alignment with organizational values reflects the extent to which RME implementation considers and supports the values held by the hospital. This may include ethical values, patient care, or the hospital's strategic goals.

Despite successes in system alignment, there are weaknesses related to data that is not yet fully integrated. This point shows that although system integrity is generally good, areas still require further attention regarding data integration. Understanding system alignment with organizational values and medical practice provides insight into how integrity plays a role in achieving successful RME implementation. By maintaining cohesion and alignment, hospitals can minimize resistance to change and ensure better acceptance by all staff. The results of this study underscore the importance of the Integrity factor in the context of RME implementation at Rahman Rahim Hospital, presenting a holistic view of how this aspect plays a role in maintaining consistency and alignment during change.

Commitment

The third factor of the DICE framework, namely *Commitment*, is the main emphasis in change management in the implementation of electronic medical records in hospitals. *Commitment* includes the active involvement and complete determination of all relevant parties, including medical staff, management, and other stakeholders, to support and implement change vigorously. *The commitment* factor illustrates its crucial role in ensuring successful adoption and how this commitment forms a strong foundation for achieving sustainable transformation in the management of electronic medical records in the Rahman Rahim hospital environment.

The results of interviews with resource persons regarding commitment show that commitment to carrying out significant changes to the implementation of electronic medical records is strong. Although there are still shortcomings, especially in giving awards to human resources who excel, overall, the commitment of hospital human resources is high. Commitment in this context includes active involvement and full determination from all parties concerned. This includes medical staff, management, and other stakeholders. Commitment is considered a key emphasis factor in change management, indicating that without full involvement and determination from all parties, RME implementation may not achieve the desired results.

A deep understanding of the Commitment factor illustrates its relationship to successful adoption. Full commitment from all relevant parties can overcome resistance to change and encourage acceptance of new technology. Commitment is considered a strong foundation that forms the basis for achieving sustainable transformation in electronic medical record management. This shows that high commitment can help overcome obstacles and ensure the sustainability of implementation.

The results of this research note that although commitment is strong, there are still shortcomings, especially related to giving awards to human resources who excel. This highlights areas that may require further attention to maintain and strengthen commitment. The overall level of commitment to implementing changes related to electronic medical records is high at Rahman Rahim Hospital.

The results of this research provide a clearer understanding of how vital the Commitment factor is in a complex change context such as RME implementation. Awareness of strong commitment and identifying areas of deficiency can help hospitals direct their efforts to maintain and increase the involvement of all stakeholders.

Effort (Business)

This sub-chapter focuses on factor four of the DICE framework, namely *Effort,* which details the complexity and effort required in change management when implementing electronic medical records in a hospital environment. Effort includes not only investment in human and

Original Article

financial resources, but also the active involvement of relevant parties in overcoming obstacles and optimizing efficiency during the transition phase.

The results of research on the Effort *factor* can provide insight into how to manage and distribute efforts effectively to achieve implementation goals, as well as how this aspect contributes to the overall results of change management in the context of electronic medical records in hospitals.

Based on the results of interviews with sources regarding effort, it can be seen that all the resources at Rahman Rahim Hospital have been used to implement electronic medical records so that they can run well. Although there are still shortcomings, especially related to cooperation and collaboration between departments which are still lacking, overall the effort made by hospital resources is adequate.

Effort here includes all the effort and investment required to successfully implement RME. This involves human resources, finance, and active involvement from various related parties. The effort includes investment in human and financial resources. This involves assigning qualified personnel and training and allocating adequate funds to support the change. The effort also highlights the importance of active involvement from related parties. This includes collaboration, communication, and coordination between departments and units within the hospital.

The results of Effort factor research provide an understanding of how management can distribute effort effectively. This includes managing time, energy, and resources to align with implementation goals. Effort is considered a crucial contributor to the overall outcome of change management. The effectiveness of RME implementation can depend largely on how efforts are managed and distributed throughout the hospital.

The results of the research state that all existing resources at Rahman Rahim Hospital have been thoroughly used to implement RME so that it can run well. This shows total commitment and dedication to implementation efforts. However, there are shortcomings, especially related to the lack of cooperation and collaboration between departments. This point can be a focus for improvement to increase the overall effectiveness of the effort.

This research provides a clearer understanding of the Effort factor in the context of RME implementation at Rahman Rahim Hospital. This analysis opens the door for continuous evaluation and improvement in management efforts to ensure successful implementation and good acceptance across the hospital.

Improving RME Implementation Through Change Management

The following are the steps taken, as conveyed by the sources of this research.

a. Ensure all departments clearly understand common goals and the impact of changes on the entire organization. This helps create uniform focus and consistent direction.

b. Identify and appoint collaborative leaders from each department who can lead and facilitate collaboration among the team. This leader can help align the vision and resolve potential conflicts.

c. Form a cross-functional team that includes members from various departments involved in the change. These teams can facilitate open communication, information exchange, and joint problem solving.

d. Provide regular forums, such as regular meetings or joint work sessions, to facilitate collaboration. These meetings should allow for progress updates, exchange of ideas, and discussion of collaborative issues.

e. Implement an integrated communications system that enables departments to share information effectively. This may include online collaborative platforms, electronic mail, or instant messaging systems that facilitate real-time communication.

f. Provide special training for staff in various departments on collaboration skills. This includes effective communication, negotiation, and how to work in cross-functional teams.

g. Opt for a decentralized approach where each department has a sufficient level of autonomy to make decisions and address challenges as they arise. This can increase responsiveness and flexibility.

h. Establish transparent coordination processes and responsibilities between departments. Ensure each department knows its role and contribution in the ongoing change series.

i. Design a shared reward system that recognizes shared and collaborative achievements. This can create additional encouragement to work together and achieve common goals.

4. Conclusion

The research results show that the duration factor, awareness of the appropriate duration, has helped Rahman Rahim Hospital reduce potential resistance and discomfort during the transition, paving the way for smooth adoption. Second, the integrity factor, system integration with established clinical processes, and data accuracy are key for Rahman Rahim Hospital to reduce conflict and increase staff and medical practitioners' acceptance of change. Third, the commitment factor, concrete efforts, such as effective communication, active participation, and ongoing support, are used by Rahman Rahim Hospital to build strong commitment at all levels of the organization. Fourth, the effort factor, investment in human and financial resources, and managing obstacles and challenges through strategies such as employee training, expert consultants, and improving technological infrastructure, are the keys to Rahman Rahim Hospital in optimizing efforts to face digital transformation.

This research shows that the implementation of RME at Rahman Rahim Hospital is highly complex. Therefore, dealing with these changes requires more mature planning and management. Involvement and commitment from all hospital components are very important so that more effective management changes require support and active participation from all staff, management, and stakeholders. System integrity and alignment with organizational values have become key factors. Therefore, it is necessary to maintain system integrity during and after RME implementation. This may include further engagement to ensure the system supports the hospital's ethical values and medical practices. Research shows that the efforts and resources used are still not well distributed, so it is necessary to increase and optimize the use of these resources during the change.

Referring to the conclusions and implications of the research, it can be recommended, 1) Improvements in detailed planning, risk identification and more effective resource allocation. 2) Development of a comprehensive training program to ensure that all staff have the necessary skills and knowledge. 4) Development of strategies to improve communication and collaboration throughout the organization. 5) Carry out continuous monitoring and evaluation. This allows hospitals to quickly identify problems and make necessary adjustments during and after the change process.

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Original Article

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