

Implementation of Electronic Medical Record Information System Policy in Improving Health Services at the Wajo Health Center in Baubau City

La Didi^{1*}, Rahmawati², Arni Maruju³
Universitas Dayanu Ikhsanuddin. Baubau

Corresponding Author: La Didi ladidiund@gmail.com

ARTICLE INFO

Keywords: Implementation, medical records, healthcare, digital transformation

Received : 12, April

Revised : 13, May

Accepted: 30, June

©2026 Didi, Rahmawati, Maruju :
This is an open-access article distributed under the terms of the [Creative Commons Atribusi 4.0 Internasional](https://creativecommons.org/licenses/by/4.0/).



ABSTRACT

This study aims to analyze the implementation of the Electronic Medical Record Information System (RME) policy in improving health services at the Wajo Health Center UPTD Baubau City. This research uses a qualitative approach with a case study design to understand in depth the process of implementing digital policies in first-level health services. The results of the study show that the implementation of RME has been integrated into the daily health service process, starting from patient registration, medical examinations, recording of service actions, to health reporting. The implementation of RME policies is influenced by aspects of communication, resources, disposition, and bureaucratic structure. In the communication aspect, the delivery of policy information has been carried out through socialization, training, and internal coordination, but it is still necessary to strengthen technical understanding for system users. Meanwhile, in the aspect of bureaucratic structure, the implementation of RME has been supported by Standard Operating Procedures (SOP) and coordination between units, although coordination constraints are still found in congested service situations.

INTRODUCTION

The modern healthcare system faces the complex challenge of managing patient information efficiently and accurately. Medical records, as a fundamental document in healthcare, play a crucial role in diagnosis, treatment, ongoing care, as well as as a tool to support clinical and managerial decision-making. Along with the development of information technology, the concept of manual medical records that tend to take up space, are prone to damage, are difficult to access, and have the potential to cause recording errors, are starting to be replaced by the Electronic Medical Record Information System (RME). The implementation of RME is not only aimed at digitizing data, but also to improve the overall quality of health services, including speed, accuracy, information security, and operational efficiency (Ahmad et al., 2020); (Sucipto et al., 2021).

The transformation towards RME is a regulatory mandate in Indonesia. Regulation of the Minister of Health Number 269/MENKES/PER/III/2008 concerning Medical Records mandates that the recording of medical records must be carried out completely and accurately. Furthermore, Law Number 11 of 2008 concerning Electronic Information and Transactions and Government Regulation Number 71 of 2019 concerning the Implementation of Electronic Systems and Transactions further strengthens the legal basis for the adoption of technology in health data management. The implementation of RME in primary health care facilities, such as health centers, is a priority given its strategic role in providing basic health services to the community (Minister of Health Regulation No. 24 of 2022 concerning Medical Records, 2022).

However, the successful implementation of the RME policy does not solely depend on technical or regulatory aspects. Non-technical factors such as communication, resource availability, implementing disposition, and bureaucratic structure play an important role in determining the extent to which the policy can be adopted and have the expected impact (Agusdinata & Basalamah, 2022); (Melisya et al., 2022). Various studies show that obstacles in implementation often arise from these aspects, ranging from resistance to change, lack of understanding, limited staff competencies, to inconsistencies in organizational structures (Putra & Suhardi, 2021); (Wijaya & Budiani, 2023).

UPTD Wajo Health Center in Baubau City is one of the health facilities that has tried to implement an Electronic Medical Record Information System. However, as with policy implementation in general, the RME adoption process in these health centers inevitably faces various challenges and requires an in-depth evaluation to identify successes and areas for improvement. A comprehensive understanding of how RME policies are implemented from various dimensions, as well as their impact on improving health services, is crucial to ensure the optimization of technology and human resource investments that have been spent.

This study aims to analyze the implementation of the Electronic Medical Record Information System policy in improving health services at the Wajo Health Center UPTD Baubau City. More specifically, this study will explore how aspects of communication, resources, implementation disposition, and bureaucratic structure affect the RME implementation process, as well as how

the implementation contributes to improving the quality of health services at the health center. The findings of this study are expected to provide substantive input for policy makers at the health center level and related health offices to improve RME implementation strategies, identify best practices, and formulate appropriate interventions to overcome existing obstacles.

THEORETICAL REVIEW

Policy Implementation

Policy implementation is a crucial stage in the public policy cycle, where a policy that has been formulated is transformed into concrete action to achieve the desired goals (Dye, 2017). The success of implementation is determined not only by the quality of the policy formulation itself, but also by various factors that affect its implementation process on the ground. Various policy implementation models have been developed to understand the complexity of this process.

One of the most frequently used models is the Top-Down model which emphasizes the importance of clear policy design, adequate resources, and bureaucratic ability to translate policy objectives into action (Pressman & Wildavsky, 1984). This model argues that implementation will be more successful if specific policy standards, adequate resource allocation, and robust accountability mechanisms are in place. However, this model is often criticized for not paying attention to the dynamics at the implementation level and the external environment that can affect implementation.

The Bottom-Up model, on the other hand, highlights the important role of actors on the ground (street-level bureaucrats) in interpreting and adapting policies according to their local conditions (Lipsky, 2010). This model emphasizes that implementation is a process of bargaining and negotiation between policymakers and implementers. The success of implementation is highly dependent on the motivation, discretion, and ability of the implementers to respond to the situation at hand.

To bridge the two perspectives, (Bardach, 2012) propose an approach that sees implementation as an ongoing process involving multiple actors and interests. He emphasized the importance of understanding "what happens when a policy program starts to run" and identifying its obstacles and facilitators. Further, (Edward III, 1980) Develop an implementation framework that focuses on four key factors: communication, resources, disposition, and bureaucratic structure. This framework provides a solid foundation for analyzing the various dimensions that affect the success of policy implementation, including those that are technical and non-technical.

- a. Communication involves the dissemination of policy information that is clear, consistent, and understood by all relevant parties. This includes how policies are communicated from the top down level, as well as how feedback is collected and responded to (Edward III, 1980). Effective communication ensures that implementers understand the policy objectives, their duties, and how they will affect their work. The absence or ambiguity of communication can lead to confusion, resistance, and misinterpretation.

- b. Resources, refers to the availability of everything needed to implement a policy, including financial, human resources (experts, implementers), physical (equipment, infrastructure), and supporting information (Pandey & Misra, 2019). Lack of adequate resources is often a major obstacle in implementation. This includes not only quantity, but also quality, for example the adequacy of training for personnel who will be using the new system.
- c. Disposition (Attitude/Commitment), related to the attitude, values, and commitment of the implementers to the policies implemented. If the implementer has a positive view, feels that the policy is relevant and beneficial, and has a commitment to implement it, then implementation tends to run more smoothly (Agusdinata & Basalamah, 2022). Conversely, skepticism, resistance, or a lack of a sense of belonging can hinder policy adoption and effectiveness.
- d. Bureaucratic Structure, refers to how the organization is designed and how power and authority are distributed. This includes hierarchies, procedures, reporting systems, coordination between units, as well as organizational flexibility in adapting to changes (Edward III, 1980). Rigid, bureaucratic, or unsupportive bureaucratic structures can be an obstacle to policy implementation that requires flexibility and cross-functional coordination.

Electronic Medical Record Information System (RME)

Electronic Medical Record Information System (RME) is a health information system that focuses on managing patient medical record data digitally. This system allows for the electronic recording, storage, retrieval, and exchange of patient medical information. RME includes a variety of components, from the Electronic Health Record (EHR) which is a database of patients' medical records, to clinical decision support systems, reporting systems, and communication tools between healthcare providers (AHIMA, 2023).

The adoption of RME in healthcare facilities, especially health centers, has been driven by a variety of potential benefits, including:

- a. Improving the quality of service; RME facilitates quick and accurate access to patient information, which is crucial for proper diagnosis, comprehensive treatment planning, and prevention of medical errors (e.g., drug allergies, drug interactions) (Ahmad et al., 2020). It also supports continuity of care between service providers.
- b. Operational Efficiency: Reduced time required to search, store, or copy physical documents. Automating administrative tasks such as appointment scheduling, billing, and reporting can improve the work efficiency of health center staff (Wijaya & Budiani, 2023).
- c. Data Security and Confidentiality: A well-designed RME can improve patient data security through role-based access control, encryption, and data usage audit logging, which is more difficult to achieve with manual systems (Minister of Health Regulation No. 24 of 2022 concerning Medical Records, 2022).
- d. Research and Epidemiology Support: Structured and digitized data from RMEs can be leveraged for health trend analysis, epidemiological research,

public health program planning, and service performance evaluation (Putra & Suhardi, 2021).

Nonetheless, the implementation of RME also faces various challenges. Study by (Melisya et al., 2022) identify barriers such as high implementation costs, lack of adequate IT infrastructure, staff resistance to change, intensive training needs, and interoperability between different systems. Data quality can also be affected if the data input process is not carried out carefully and consistently.

Research on the impact of RME on health services shows mixed but generally positive results. Study by (Agusdinata & Basalamah, 2022) in a hospital found that the implementation of RME was positively correlated with improved patient satisfaction and the efficiency of staff workflows. However, they also noted the importance of strong leadership roles and effective change management.

The implementation of RME is basically a policy that requires a deep understanding of the factors that determine its success. Framework (Edward III, 1980) which includes communication, resources, disposition, and bureaucratic structure, is particularly relevant to analyzing how RME is implemented in operational environments such as health centers. Understanding the interaction between these elements will provide a more complete picture of the extent to which RME can actually contribute to improving the quality of health care.

METHODOLOGY

This study uses a qualitative research method with a case study approach to analyze the implementation of the Electronic Medical Record (RME) information system policy in improving health services at the Wajo Health Center UPTD Baubau City. The qualitative approach was chosen because this research aims to understand in depth the process of implementing digital policies, the experiences of policy implementers, and the dynamics of health services in a real context. According to (Creswell & Creswell, 2022), qualitative research is used to explore and understand the meaning of an individual or group to a social phenomenon. Meanwhile, the case study design was used because the research focused on one unit of analysis, namely the UPTD Wajo Health Center in Baubau City, so that it allowed researchers to conduct an in-depth assessment of policy implementation under actual conditions (Yin, 2017).

The informants in this study were selected using the purposive sampling, namely the technique of determining informants based on certain considerations according to research needs (Patton, 2002). The informants were selected because they have knowledge, experience, and direct involvement in the implementation of the RME system at the UPTD Wajo Health Center in Baubau City. The research informants consisted of the Head of the Health Center, doctors, nurses, administrative and registration officers, medical record officers, and RME system operators. The Head of the Health Center was chosen because of its role in policy making and supervision of system implementation, while medical personnel and administrative officers were chosen because they were directly involved in the use and management of electronic medical records in patient services. The number of informants is not statistically determined, but based on the principle of data saturation (Data Saturation), i.e. the data collection process is stopped

when the information obtained has shown a repeating pattern and no significant new information is found (Sidiq & Indrasari, 2018).

Data collection techniques are carried out through in-depth interviews, observations, and documentation. The interviews were conducted in a semi-structured manner using interview guidelines to explore information related to the implementation of RME policies based on aspects of communication, resources, disposition, and bureaucratic structure. Observations were made directly on health service activities and the use of the RME system in the process of patient services at the health center. In addition, documentation is carried out by collecting supporting documents such as Standard Operating Procedures (SOPs), RME implementation reports, and other documents related to research. To maintain the validity of the data, this study uses source triangulation techniques and triangulation methods by comparing the results of interviews, observations, and documentation in order to obtain credible and consistent data (Lincoln & Guba, 1985) in (Moleong, 2018).

The data analysis in this study uses an interactive analysis model (Miles et al., 2019), which includes data reduction, data presentation, and conclusion drawn. Data reduction is carried out by selecting, simplifying, grouping, and coding data from interviews, observations, and documentation according to the focus of the research. Furthermore, the data is presented in the form of descriptive narratives and thematic categorization to make it easier for researchers to understand the patterns of relationships between data. The final stage is carried out through conclusion drawing and verification continuously during the research process. Data verification is carried out through triangulation and member checking to ensure the credibility of the research results. The entire research process is carried out while maintaining research ethics, including the confidentiality of the identity of the informant and the security of research data.

RESULTS AND DISCUSSION

Implementation of the Electronic Medical Record Information System (RME) Policy at the UPTD Wajo Health Center, Baubau City

The implementation of the Electronic Medical Record Information System (RME) at the UPTD Wajo Health Center in Baubau City is part of the digital transformation of health services which aims to improve service effectiveness, administrative efficiency, and quality of public health data management. Based on the results of the research, the RME system has been applied to various stages of health services, ranging from patient registration, medical examinations, nursing actions, diagnosis and therapy input, to health service reporting. The presence of this system gradually replaces the manual recording system which was previously considered less effective because it takes longer, is prone to recording errors, and makes it difficult to search patient data.

From the perspective of public policy implementation, the success of RME implementation is influenced by various interrelated factors. This study analyzes policy implementation using the theory (Edward III, 1980), which emphasizes four key variables, namely communication, resources, disposition, and bureaucratic structure. These four variables are important indicators in seeing the extent to

which RME policies can be implemented effectively in the first-level health service environment.

Communication Aspects in the Implementation of RME Policy

The results of the study show that communication in the implementation of the RME policy at the UPTD Wajo Health Center in Baubau City has been carried out through various mechanisms, such as coordination meetings, socialization of the use of applications, technical training, leadership briefings, and informal communication through WhatsApp groups. The communication process aims to convey information about the policy on the use of RME, system changes, and digital-based service procedures to all health workers and administrative staff.

However, research has found that the communication process has not been fully optimal. Some informants said that information about system updates or changes in application features is often not fully understood by all users. This condition causes some health workers to have difficulty adjusting to system changes, especially for staff who have limited digital literacy. In addition, the communication carried out still tends to be technical and has not fully touched the substantive understanding of the objectives of digital policy implementation in health services.

These findings show that communication in the implementation of digital policies is not enough only through the delivery of formal information, but also requires a continuous mentoring process. (Edward III, 1980) explained that communication is the main factor in policy implementation because the success of policies is greatly influenced by the clarity, consistency, and continuity of information received by implementers. Unclear communication has the potential to cause differences in interpretation and hinder the implementation of policies in the field.

In the context of RME implementation, effective communication is becoming increasingly important as digital policies involve changing the work culture from manual to electronic systems. (Elmore, 1979) explains that policy implementation basically occurs at the lower level of the implementer (*Street-level implementers*), so that the success of policies is greatly influenced by the ability of implementers to understand and adjust policies to real conditions in the field. Therefore, communication in the implementation of RME should not only be oriented towards the delivery of instructions, but also build a collective understanding of the benefits of digital transformation for public health services.

In addition, the results of the study show that the use of informal communication media such as WhatsApp is enough to help accelerate the delivery of information and coordination between units. However, the use of informal media without the support of a structured organizational communication system can lead to information inconsistencies. From a digital policy perspective, adaptive and integrated organizational communication is an important need for system change to be effectively accepted by all implementers.

Resource Aspects in RME Policy Implementation

The results of the study show that the implementation of RME at the UPTD Wajo Health Center in Baubau City has been supported by human resources, technology facilities, and other supporting devices. Puskesmas have system operators, health workers, and computer devices that are used to support digital-based service operations. In addition, there is an internet network and data storage system used in the management of electronic medical records.

However, the study found that the availability of resources is still one of the main obstacles in the implementation of RME policies. The limited number of health workers and administrative officers causes the workload to increase, especially during busy service hours. Some service units are even still experiencing limitations in computer devices so that the use of the system is carried out alternately. This condition results in the service process sometimes running slowly and less than optimally.

In addition to limited facilities, the study also found that the digital competence of some health workers still needs to be improved. Some informants admitted that they still had difficulty operating certain features on the RME system, especially when there was an application update. This shows that the implementation of digital policies requires not only technology, but also the readiness of human resources to operate the system effectively.

(Edward III, 1980) affirming that resources are an important element in policy implementation. Policies will not run optimally if they are not supported by adequate human resources, information, authority, and facilities. In the implementation of digital policies, the readiness of human resources is a very decisive factor because digital transformation requires the ability to adapt to technological changes.

The findings of this study are in line with the research (Cresswell & Sheikh, 2013) which states that the implementation of electronic medical records often faces obstacles in the form of limited technological infrastructure, low digital competence of health workers, and high workload of health service organizations. This condition shows that digital transformation in the health sector is not only a matter of technology procurement, but also concerns the readiness of organizations in building human resource capacity.

In addition, this study also found that the involvement of the private sector in the provision of servers and application development is an important part of the implementation of RME. In practice, the development of digital health systems is not entirely carried out by the government, but involves technology companies as providers of digital applications and infrastructure. However, the management of patient data remains under the responsibility of the government and health care facilities. This collaboration shows a pattern of *public-private collaboration* in the implementation of digital health policies.

Aspects of Disposition in the Implementation of RME Policy

The disposition or attitude of the implementer is an important factor in determining the success of the implementation of the RME policy. The results of the study showed that most of the health workers at the UPTD Wajo Health Center in Baubau City had a positive attitude towards the use of the RME system. Health

workers consider that the system is able to simplify the process of searching patient data, improve service efficiency, and reduce the risk of losing medical record documents.

However, in the early stages of implementation, it was found that there was resistance from some health workers because the change in the work system from manual to digital was considered to increase the workload. Some staff feel that it takes longer to input data into the system than using manual logging. However, as time goes on and the understanding of the benefits of the system increases, that resistance begins to diminish.

These findings show that the disposition of implementers is strongly influenced by the process of organizational adaptation to technological changes. (Edward III, 1980) explained that the success of policy implementation is influenced by the attitude, commitment, and acceptance of the implementer to the policies implemented. Implementers who have a positive understanding of policy objectives tend to be more receptive to changes and implement policies consistently.

In the context of digital policy, the disposition of implementers is closely related to organizational culture and readiness for change (*readiness for change*). (Mergel, 2019) Explaining that the digital transformation of the public sector requires a change in bureaucratic work culture from conventional patterns to an organizational culture that is innovative and adaptive to technology. Therefore, the implementation of RME requires organizational support that is able to build motivation, increase digital literacy, and create a work environment that supports healthcare innovation.

This research also shows that leadership support has a great influence on the formation of positive dispositions of implementers. The persuasive approach and mentoring carried out by the leadership helped health workers understand that the RME system is not just an administrative demand, but part of an effort to improve the quality of public health services.

Aspects of Bureaucratic Structure in the Implementation of RME Policy

The results of the study show that the implementation of RME at the UPTD Wajo Health Center in Baubau City has been supported by a fairly clear bureaucratic structure, especially through the existence of Standard Operating Procedures (SOP), division of tasks, and coordination mechanisms between service units. SOPs are used as guidelines in the digital-based service process so that every health worker has a clear responsibility in the use of the RME system. However, the study found that coordination between units still faces several obstacles, especially when there is a surge in patients or mass service activities. In such situations, delays in information distribution and coordination between officers often affect the smooth running of services. In addition, the health service bureaucracy still tends to be hierarchical, so the technical decision-making process sometimes takes longer.

These findings suggest that the implementation of digital policies requires a bureaucratic structure that is flexible and adaptive to change. (Edward III, 1980) explained that bureaucratic structures that are too long and rigid can hinder the

effectiveness of policy implementation because they slow down the coordination and decision-making process. In digital-based health services, cross-unit coordination is very important because services are carried out through an integrated system.

Next (Sabatier, 2019) emphasized that the successful implementation of public policies requires the support of an organizational structure that is able to create coordination, supervision, and integration between policy implementing actors. Therefore, strengthening bureaucratic coordination is an important need in the implementation of RME policies so that health services can run more effectively and responsive to the needs of the community.

CONCLUSIONS AND RECOMMENDATIONS

This study has analyzed the implementation of the Electronic Medical Record Information System (RME) policy at the Wajo Health Center UPTD of Baubau City and its impact on improving health services. The implementation of RME has been operational in various stages of daily services, from registration to reporting, and significantly supports the improvement of service quality through the acceleration of services, orderly recording, ease of data access, and more targeted management of medical records.

An analysis of the implementation based on a four-dimensional framework shows that while communication efforts have been made, continuous refinements are needed to address staff needs related to system updates. The availability of resources remains a challenge, with urgent needs for additional manpower, competency enhancement, simplification of technical guidance, and the addition of computer units. The aspect of the implementer's disposition shows a positive acceptance and commitment to RME after going through the adaptation period. The bureaucratic structure has been supported by SOPs and division of tasks, but coordination between units needs to be strengthened, especially in crowded service conditions.

To optimize the implementation of RME and maximize its benefits, health centers are advised to prioritize strengthening human resource management, improving IT infrastructure, developing more effective training materials and guides, and improving communication and coordination systems. Periodic evaluations and constructive feedback mechanisms are also key to supporting the sustainability and effectiveness of RMEs in the future.

FURTHER STUDY

This study is limited to the implementation of the Electronic Medical Record (EMR) Information System Policy at the Wajo Health Center in Baubau City. Future research is recommended to expand the scope by involving multiple health centers and hospitals in different regions to provide a broader understanding of EMR policy implementation across various healthcare settings. Further studies may also employ quantitative or mixed-method approaches to measure the impact of EMR systems on service quality, patient satisfaction, operational efficiency, and healthcare outcomes. Additionally, future researchers are encouraged to examine factors such as user acceptance, digital literacy, organizational readiness, data security, and technological infrastructure that may

influence the effectiveness and sustainability of EMR implementation in healthcare institutions.

ACKNOWLEDGMENT

The authors would like to express their sincere gratitude to all parties who contributed to the completion of this study. Special appreciation is extended to the management and staff of the Wajo Health Center, Baubau City, for their cooperation, support, and willingness to provide valuable information during the research process. The authors also thank all informants and respondents who participated in this study. Furthermore, appreciation is conveyed to colleagues, academic supervisors, and institutions that provided guidance, encouragement, and constructive feedback throughout the research and writing process. Their contributions were invaluable in ensuring the successful completion of this study.

REFERENCES

- Agusdinata, D. B., & Basalamah, L. (2022). The Role of Electronic Health Records Implementation on Patient Satisfaction and Work Efficiency. *Systematic Reviews in Pharmacy*, 13(1), 319–326. <https://doi.org/10.30495/srp.2022.57771>
- AHIMA. (2023). *Electronic Health Records (EHRs)*. American Health Information Management Association. <https://www.ahima.org/topics/electronic-health-records/>
- Ahmad, A. R., Hidayat, F., & Syahrir, S. (2020). Implementasi Sistem Informasi Rekam Medis Elektronik di Puskesmas Palopo. *Jurnal Manajemen Pelayanan Farmasi*, 10(2), 134–144. <https://doi.org/10.22146/jmperf.2020.v10.i2.4463>
- Bardach, E. (2012). *A Practical Guide for Policy Analysis*.
- Cresswell, K., & Sheikh, A. (2013). Organizational Issues in the Implementation and Adoption of Health Information Technology Innovations: An Interpretative Review. *International Journal of Medical Informatics*, 82(5), e73–e86. <https://doi.org/10.1016/j.ijmedinf.2012.10.007>
- Creswell, J. W., & Creswell, J. D. (2022). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. SAGE Publications. <https://books.google.co.id/books?id=Pr2VEAAAQBAJ>
- Dye, T. R. (2017). *Understanding Public Policy* (15 ed.). Pearson.
- Edward III, G. C. (1980). *Implementing Public Policy*. Congressional Quarterly Press.
- Elmore, R. F. (1979). Backward Mapping: Implementation Research and Policy Decisions. *Political Science Quarterly*, 94(4), 601–616. <https://doi.org/10.2307/2149628>
- Permenkes No 24 Tahun 2022 tentang rekam Medis, 1 (2022).
- Lipsky, M. (2010). *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services* (30th Anniversary ed.). Russell Sage Foundation.
- Melisya, M., Rachman, M. F., & Kurniawan, A. (2022). Analisis Faktor-Faktor yang Mempengaruhi Implementasi Rekam Medis Elektronik di Puskesmas. *Jurnal Keperawatan Indonesia*, 6(1), 67–75.

- Mergel, I. (2019). Digital Service Teams in Government. *Government Information Quarterly*, 36(4), 101389. <https://doi.org/10.1016/j.giq.2019.07.001>
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2019). *Qualitative Data Analysis: A Methods Sourcebook* (4 ed.). SAGE Publications.
- Moleong, L. J. (2018). *Metodologi Penelitian Kualitatif*. Remaja Rosdakarya.
- Pandey, S. K., & Misra, S. K. (2019). Implementation of E-governance in Public Sector: A Study on Critical Success Factors. *International Journal of Public Sector Management*, 32(4), 356–375. <https://doi.org/10.1108/IJPSM-07-2018-0158>
- Patton, M. Q. (2002). *Qualitative Research \& Evaluation Methods*. SAGE Publications. <https://books.google.co.id/books?id=FjBw2oi8El4C>
- Pressman, J. L., & Wildavsky, A. (1984). *Implementation: How Great Expectations in Washington Are Dashed in Oakland*. University of California Press.
- Putra, A. S., & Suhardi, S. (2021). Implementasi Sistem Informasi Rekam Medis Elektronik dan Dampaknya pada Kualitas Pelayanan Kesehatan di Puskesmas Kota Surabaya. *Jurnal Manajemen dan Pelayanan Farmasi*, 11(1), 18–27. <https://doi.org/10.22146/jmperf.2021.v11.i1.149>
- Sabatier, P. A. (2019). Theories of the Policy Process. In *Theories of the Policy Process*. <https://doi.org/10.4324/9780367274689>
- Sidiq, U., & Indrasari, N. (2018). *Metodologi Penelitian Kualitatif pada Bidang Ilmu Kesejahteraan Sosial*. Yayasan Pustaka Obor Indonesia.
- Sucipto, A., Susanto, H., & Pratiwi, R. A. (2021). Analisis Implementasi Rekam Medis Elektronik (RME) dalam Meningkatkan Efisiensi Pelayanan Kesehatan di Puskesmas X. *Jurnal Ilmiah Kesehatan Masyarakat*, 13(2), 210–220.
- Wijaya, K. A., & Budiani, N. N. (2023). Factors Influencing the Implementation of Electronic Medical Records in Primary Health Care. *International Journal of Public Health Science (IJPHS)*, 12(1), 87–94. <https://doi.org/10.11591/ijphs.v12i1.21193>
- Yin, R. K. (2017). *Case Study Research and Applications: Design and Methods*. SAGE Publications. <https://books.google.co.id/books?id=6DwmDwAAQBAJ>