

LEGALITY OF ELECTRONIC MEDICAL RECORDS (ELECTRONIC MEDICAL RECORDS) IN THE READINESS OF THE HOSPITAL MANAGEMENT INFORMATION SYSTEM BASED ON THE REGULATION OF THE MINISTER OF HEALTH NUMBER 24 OF 2022 CONCERNING MEDICAL RECORDS

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Abstract

The problems that arise are related to the legality of medical records, where there are still many hospitals that do not have electronic medical records (EMR) and this is not in line with PERMENKES number 24 of 2022 concerning electronic medical records. This study aims to determine the importance of the Electronic Medical Record (EMR) system in its use in the world of health, to determine the extent of hospital readiness in implementing EMR (Based on Regulation of the Minister of Health No. 24 of 2022), to determine the Legality of Electronic Medical Records (EMR) in the Readiness of the Hospital Management Information System Based on Regulation of the Minister of Health Number 24 of 2022 concerning Medical Records. This study uses an empirical legal research type by looking at the problems of Electronic Medical Records in hospitals and using a statutory approach (statutory regulations) by looking at aspects of PERMENKES. Research results The legal basis used by RSUD for the implementation of EMR is: Law number 17 of 2023 concerning Medical Practice, Law number 44 of 2009 concerning Hospitals. Regulation of the Minister of Health of the Republic of Indonesia Number 1045/MENKES/PER/XI/2006 concerning Guidelines for Hospital Services within the Ministry of Health, Decree of the Minister of Health of the Republic of Indonesia Number 129/MENKES/SK/II/2008 concerning Minimum Hospital Service Standards. The legality of electronic medical records (EMR) in the readiness of the hospital management information system based on Regulation of the Minister of Health No. 24 of 2022 concerning Medical Records is the right choice in the current era, and its existence is protected by law. The implementation of medical records at RSUD. dr. A. Tjokro Dipo Lampung Province is good based on the results of purposive sampling. Informants were taken based on certain criteria.

Keywords: *Medical Records, Hospitals, Ministry of Health Regulations*

INTRODUCTION

Given the rapid development of technology, health crises threaten the lives of millions of people around the world. Many countries face the problem of a lack of adequate and quality health services for their citizens. Lack of health infrastructure, lack of trained health workers, poor public health practices, and lack of access to health information are considered major obstacles to improvement efforts.

One of these technological developments is electronic medical records (EMR). The use of EMR is a database management system that collects various sources of medical data and is an information technology application used for collecting, storing, managing data, and accessing data stored in hospital patient medical records. Management of medical records using electronic information technology is further regulated in separate regulations (Bachrun, 2017).

The information must be in written or original form, and electronic information and/or documents provided that the information contained therein can be accessed and displayed, its completeness can be guaranteed, and can be understood as a statement of fact that is considered valid. Since the development of e-health, EMR has become a clearinghouse for hospital information systems. EMR is used in several hospitals in Indonesia, especially foreign affiliated

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hospitals (PMA). However, due to the absence of laws and regulations that specifically regulate its use, medical personnel and health facility managers are still reluctant to use it, and finally the Minister of Health Regulation Number 24 of 2022 concerning Electronic Medical Records was issued (HandiWidjojo, 2009).

Conclusion Total Cost incurred, namely the cost of RM per patient can be calculated at Rp 33,833 per patient consisting of material costs of Rp 270 and labor costs of Rp 33,563. Imagine if a type C hospital has 5,000 outpatients per month, then the cost of RM per month incurred could reach Rp 167,815,000, whereas this calculation does not include the costs incurred for inpatients whose number of forms is far above outpatients.

Patient medical records have begun to switch to electronic-based with the issuance of the Minister of Health Regulation (PMK) number 24 of 2022 concerning Medical Records. Through this policy, health service facilities (fasyankes) are required to implement an electronic patient medical record recording system. The transition process will be implemented no later than December 31, 2023. The PMK in question is a regulatory framework that supports the implementation of health technology transformation which is part of the 6th pillar of Health Transformation. This policy is present as an update to the previous regulation, namely PMK number 269 of 2008 which was updated to adjust to science and technology, service needs, policies, and laws and regulations in society.

However, EMR implementation faces several challenges, including infrastructure and structure issues, information technology issues, lack of needs assessment, cultural issues, and high costs of software, hardware, and data exchange standards. Therefore, before implementing EMR, it is necessary to evaluate the readiness status by referring to the legality of preparing for the implementation of electronic medical records in hospital management information. Regulation of the Minister of Health Number 24 of 2022 must comprehensively cover human resources, organizational work culture, governance, leadership, and infrastructure. This helps build operational capabilities that support the optimization of EMR implementation.

Various approaches have been taken to fill this gap. One approach to address the shortage of medical personnel in health organizations is the provision of information technology (IT). Information technology not only makes the work of medical staff easier but also allows patients to store medical data in a structured format. This approach provides added value to the health system to make the right decisions.

RESEARCH METHODS

1. Research Specifications

This study uses the Empirical Juridical research methodology, namely legal research that analyzes the application of law in real terms to individuals, groups, and legal institutions. Empirical legal research is a legal research method that uses empirical facts taken from human behavior, both verbal behavior obtained from interviews and real behavior carried out through direct observation. This type of method is only carried out by examining the actual conditions that occur in society, namely looking for facts related to the problems being studied.

This research was conducted using a legal approach, namely a review of all laws and regulations related to the topic discussed.²⁰ In this case, the laws and regulations studied are those related to medical records in the field of electronic information and transactions. This approach allows us to examine the suitability and compliance with laws and regulations and is expected to

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contribute to solving problems in this field. Legal research materials are divided into primary legal materials and secondary legal materials. The main legal source used in this study is medical law. To sharpen the discussion, secondary legal sources are used: information from the mass media, books, and academic journals that provide additional information.

2. Research Location

Dr. A Dadi Tjokrodipo Regional Hospital, Kemiling District, Bandar Lampung City, Lampung 35151.

3. Data Collection Techniques and Data Collection Tools

Data collection techniques are techniques or methods used to collect data that will then be studied by researchers. This means that in data collection techniques, appropriate, systematic, and strategic steps are needed in order to obtain valid and accurate data in accordance with the reality in the field. This data collection technique is carried out so that the data and theories contained in the research are valid, accurate, and in accordance with reality. So to get it, researchers really have to go directly and see and know directly how the data collection technique is carried out. then the data collection techniques used are in the form of observation, focus group discussions (FGD), in-depth interviews, and also case studies.

4. Data analysis

Data analysis is a skill that must be possessed by a data practitioner. The data analysis process requires good critical thinking and problem-solving skills. These skills are needed to determine the right data analysis method. The use of the right analysis method will greatly affect the results of the analysis. If you choose the wrong data analysis method, you may not get the desired results, which of course will take time and energy. Qualitative data analysis is the analysis of data obtained from the data collection process, starting from literature review, participation, and interviews.

RESULTS AND DISCUSSION

Hospital Readiness to Implement Electronic Medical Records (EMR) Based on Minister of Health Regulation Number 24 of 2022

A. Legal Basis for Medical Records

Medical records have legal aspects of discipline and ethics of health workers, confidentiality, finance, quality and hospital management and medical audits. In addition to its main function and purpose to provide high-level health care facilities, medical records can also be used as educational, research and accreditation materials. According to Bambang Poernomo, medical records are records that reflect information about a patient that is used as a basis for determining further actions in medical service efforts or other medical actions given to patients.

Since the development of e-Health, EMR has become the center of information in hospital information systems. EMR has begun to be used in several hospitals in Indonesia, especially hospitals with foreign investment (PMA), however, health workers and health care facility managers are still hesitant to use it because there are no laws and regulations that specifically regulate its use and finally the Minister of Health Regulation Number 24 of 2022 concerning Electronic Medical Records emerged. In addition, since the issuance of the Electronic Information and Transactions Law (UU ITE) number 11 of 2018 has provided answers to existing doubts, the ITE Law has provided opportunities for the implementation of EMR. Medical Records are closely related to health information management where the data can be used as a communication tool

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(information) and a basis for treatment for doctors, dentists in providing medical services, input for compiling epidemiological and demographic reports of diseases (patient social data) and hospital management information systems, input for calculating service costs, health statistics materials, as research materials and data, this is also a benefit of EMR for medical personnel.

Information contained in medical records must be protected by law. Legal protection is all laws and regulations provided by the community based on the agreement of the community's will to regulate the relationship and behavior of citizens with the government that represents their interests. Meanwhile, according to Pjillipus M. Hadjon, legal protection for the community as a preventive government action as an effort to avoid violations contained in laws and regulations and which are repressive, namely the final protection in the form of corporate responsibility, fines, imprisonment and additional criminal penalties given if a violation occurs.

The legal basis for organizing medical records in Indonesia is:

1. Law Number 17 of 2023 concerning health, in Article 46 paragraph (1) describes medical records as files containing records and documents on identity, examinations, treatment and other services for patients.
2. Decree of the Minister of Health No. 034/Birhup/1972 concerning Hospital Planning and Maintenance states that to support the implementation of a good Master Plan, every hospital is required to: (a) have and maintain current statistics and (b) develop medical records based on established provisions.
3. Regulation of the Minister of Health No. 269/Menkes/Per/III/2008 concerning Medical Records. In this regulation, articles governing the implementation of medical records have been set out.
4. Decree of the Director General of Medical Services No. 78 of 1991 concerning the organization of medical records. This decree explains in detail the organization of medical records in hospitals (read the attachment).
5. PP No. 10 of 1966 concerning the Obligation to Maintain Medical Confidentiality. This Government Regulation regulates the obligation to maintain the confidentiality of medical records (read the attachment).

Electronic medical records are expected to provide various conveniences for their users, such as data completeness processes, warning signs, clinical decision support systems, and data connections with medical knowledge and other devices.

Authority of Ministerial Regulations

The Authority of the Minister of Health in the Perspective of Administrative Law According to Philipus M. Hadjon in general government relations, government officials have various legal authorities with advisory bodies and based on the law, the autonomous government body is assigned to carry out special authorities in the field of government and has functional value. Philipus M. Hadjon also argues that:

"The benefit of using a legal approach to governance is in order to create order in various forms of government organizations by using the perspective of a formal structural approach to government organizations that are stated in legal documents and can be understood or read by everyone, both the constitution, laws, and implementing regulations."

In the authority of a public legal nature, it will cause legal consequences of a public legal nature, for example in determining a plan, arrangement, and decision-making that has public legal

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consequences, this can only be done by an agency that has authority in public law in accordance with the laws and regulations that can cause such legal consequences. Meanwhile, the relationship between governments in the context of organizing government at the central level is based on the organizational structure according to Presidential Decree Number. 15 of 1984 which consists of the Minister as the head of the Department, Secretary General, Directorate General, Inspectorate General, Regional Office and other lower units such as Bureau, Directorate, Center and Inspectorate which in this organizational structure are grouped into.

Government Power Approach In the power approach, British Administrative Law is popular with the ultra vires approach, Dutch Administrative Law emphasizes the *rechmatigheid* (van bestuur) aspect related to *rechmatigheidscontrole*, this approach describes power (government) as the focus of administrative law.

In Indonesia, the authority of the Ministry of Health, when reviewed based on administrative law, falls into the category of bound authority and free authority, depending on the rules that require it. However, when associated with the implementation and procurement of vaccinations, the bound authority contains elements of free authority, some of which are forms of implementing authority in the government sector.

Authority and substance are the basis of formal legality which then gave birth to the principle of *presumptio iustae causa* which means that every State Administrative Decision (KTUN) issued must be considered correct according to the law so that it can be implemented first as long as it has not been proven otherwise and stated by the judge. When associated with the theory of authority, according to Philipus M. Hadjon authority (*bevoegdheid*) is described as legal power (*rechtsmacht*) so that in the concept of public law, authority is related to power. The nature of this authority is divided into 2 (two), namely bound authority and free authority.

B. Implementation of Medical Records at Dr. A. Dadi Tjokrodipo Regional Hospital, Lampung Province

Definition of Hospital

According to WHO (World Health Organization), the definition of a hospital is an integral part of a social and health organization that functions to provide comprehensive, curative, and preventive services to the community. The hospital is also a center for training health workers and a center for medical research. Based on Law No. 44 of 2009 concerning hospitals, a hospital is a health service institution that provides comprehensive individual health services that provide inpatient, outpatient and emergency services.

According to the American Hospital Association (1974) in Azrul Azwar (1996), a hospital is an organizational device consisting of organized professional medical personnel and permanent medical units that provide medical services, continuous nursing care, diagnosis and treatment of diseases suffered by patients. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 159b/MEN.KES/PER/II/1988, it is stated that a Hospital is a health service facility that organizes health service activities and can be used for education and research of health workers.

A. Duties and Functions of Hospitals

Based on the Law of the Republic of Indonesia No. 44 of 2009 concerning Hospitals, hospitals have the task of organizing comprehensive individual health services. Comprehensive

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health services are health services that include promotive, preventive, curative, and rehabilitative. To carry out the tasks as intended, hospitals have the following functions:

1. Provision of medical treatment and health recovery services according to hospital service standards.
2. Maintaining and improving individual health through comprehensive second and third level services according to medical needs.
3. Provider of education and training for human resources to improve their ability to provide health services.
4. Conducting research, development, and screening of health technology in order to improve services.

Health by paying attention to the ethics of science in the health sector

In accordance with the Regulation of the Minister of Health (Permenkes) Number 56 of 2014 concerning Hospital Classification and Licensing, type B hospitals have minimum services that must be provided, namely:

A. Medical Services

The medical services referred to include at least:

1. Emergency services, namely services that must be provided 24 (twenty four) hours a day continuously.
2. Basic specialist medical services, namely health services that include internal medicine, child health, surgery, and obstetrics and gynecology.
3. Supporting specialist medical services, namely health services that include anesthesiology, radiology, clinical pathology, anatomical pathology, and medical rehabilitation.
4. Other specialist medical services, namely health services totaling at least 8 (eight) of the 13 (thirteen) services which include eye, ear, nose, throat, nerve, heart and blood vessels, skin and genitals, psychiatry, lung, orthopedic, urology, neurosurgery, plastic surgery and forensic medicine services.
5. Subspecialist medical services, namely health services consisting of at least 2 (two) subspecialist services from 4 (four) basic subspecialist services which include subspecialist services in the fields of surgery, internal medicine, child health, and obstetrics and gynecology.
6. Specialist dental and oral medical services, namely health services consisting of at least 3 (three) services, including oral surgery, conservation/endodontics, and orthodontics.

B. Pharmacy Services

Pharmaceutical services include management of pharmaceutical preparations, medical devices, disposable medical materials, and clinical pharmacy services.

C. Nursing and Midwifery Services

Nursing and midwifery services include nursing care and midwifery care.

D. Clinical Support Services

Clinical support services include blood bank services, incentive care for all age groups and types of diseases, nutrition, instrument sterilization, and medical records.

that is. Non-clinical support services

Non-clinical support services include laundry/linen services, catering/kitchen services, facilities engineering and maintenance, waste management, warehousing, ambulance, information

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and communication systems, funeral arrangements, fire suppression systems, medical gas management, and clean water management.

F. Inpatient Services

Inpatient services must be equipped with the following facilities:

1. The number of class III care beds is at least 20% (twenty percent) of all private hospital beds.
2. The number of intensive care beds is 5% (five percent) of all beds in government-owned hospitals and private hospitals.

Minimum Service Standards or abbreviated (SPM) have been regulated by the government in the Decree of the Minister of Health of the Republic of Indonesia Number 129/MENKES/SK/II/2008 concerning Minimum Service Standards for Hospitals. SPM is a provision on the type and quality of basic services which are mandatory regional affairs that every citizen has the right to receive at a minimum. SPM is also a technical specification on the benchmark for minimum services provided by Public Service Agencies to the community.

Implementation of RME in Hospitals

The definition of a hospital in Law No. 47 of 2021 concerning Hospitals is a health service institution that provides comprehensive individual health services that provide inpatient, outpatient, and emergency services. BPS recorded that the number of hospitals in Indonesia in 2021 was 3,112 units, down 5.17% from the previous year which was only 2,959 units consisting of general hospitals and specialty hospitals. In detail, Indonesia had 2,514 general hospitals in the previous year. Then, the other 598 units are specialty hospitals (Mahdi, 2022). In remote areas far from the reach of hospitals, regional hospitals can be the closest solution for people to seek treatment. However, hospitals in remote areas do not yet have adequate facilities and infrastructure, especially in terms of the electronic medical record management information system.

The role of hospitals directly affects the health status of the community in their working areas. However, the importance of the role of hospitals in the development of Indonesian health is not accompanied by an increase in the quality of health services. Currently, the biggest challenges for hospitals include human resources that are not yet expert, inadequate funding distribution, and the application of information technology through the implementation of electronic medical records. According to the Regulation of the Minister of Health Number 24 of 2022 Article 3 Number 1, Every Health Service Facility is required to organize Electronic Medical Records. Hospitals are also included in health service facilities that have this obligation. In the Regulation of the Minister of Health in Article 6, the implementation of Electronic Medical Records in Health Facilities is carried out by separate work units or adjusted to the needs and capabilities of each Health Facility.

In terms of the scale of health services, health facilities are very different from hospitals, especially those in remote areas. In fact, not all hospitals are ready to implement a total medical history recording system for the use of telemedicine applications which increased sixfold during the COVID-19 pandemic in 2022 in Indonesia (CNN, 2020). This fact also contradicts McKinsey data, where 44% of participants switched from dealing directly with doctors to online during the pandemic. Based on Katadata.com, searches for telemedicine applications also increased by 600% during the pandemic (Menkominfo, 2020).

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According to Kemper et al., (2006) more than half (58.1%) of physicians have no doubt that EMRs can improve patient care or clinical outcomes. Other researchers have stated that those who are not willing to use the system are skeptical about the claim that EMRs can successfully improve the quality of medical practice. This creates personal resistance to EMR adoption. However, this is considered a barrier to EMR, there is a lack of valid statistical data and success stories about EMRs available to non-users. Walter & Lopez (2008) concluded that physicians' perceptions of threats to their professional autonomy are critical in their reactions to EMR adoption. Therefore, hospital leaders need to convince physicians and their subordinates to gain support and achieve common goals, for effective EMR adoption.

The government, in this case the Ministry of Health, has an obligation to facilitate the implementation of Electronic Medical Records in Hospitals, especially in remote areas as stated in the Regulation of the Minister of Health Number 24 of 2022 concerning Medical Records Article 8 Paragraph 1. Meanwhile, Article 13 Number 4 states that if there is a shortage of Medical Records and Health Information personnel in Health Facilities, Medical Record management activities as in paragraph (2) can only be carried out by Health Workers who have received training on Electronic Medical Record services. Thus, the government needs to prepare actions and efforts to force other hospitals that are not ready to implement electronic medical records to be able to implement the policy of the Minister of Health Regulation Number 24 of 2022. One of them is by focusing on mitigation or mapping in all hospitals based on the digital maturity index. The mapping aims to see the readiness of all hospitals in implementing the electronic medical record policy.

In addition, hospitals need to provide non-health workers for electronic medical records, the government and hospitals need to overcome other challenges in implementing EMR, namely providers or internet coverage if the hospital in question is in a remote area and far from the city. Many health and non-health workers still complain about poor service from vendors, such as poor follow-up on technical problems and lack of training and support for problems related to electronic human resources (ESDM) (Miller & Sim, 2004). In addition, physicians struggle to get the right technical training and system support from vendors (Ludwick & Doucette, 2009). Because physicians are not technical experts and the system is complex, physicians feel the need for proper training and technical support, and are reluctant to use EMR without it. This can be overcome by policy makers who create training programs for user groups, adapt the system to existing practices gradually and outsource technical support during implementation. Although facilities have made efforts to integrate IT into some of their activities, there is still a long way to go when it comes to adopting an EMR system. Adopting an EMR is a major change that is often felt throughout the practice; it requires complementary adjustments and innovations in other aspects such as the structure and culture of practice. Some challenges are beyond the control of hospital management, such as financial challenges; this is a government-owned hospital, but hospital leadership can influence policy and drive budget allocations. Technical and time challenges are more user-related, and can be overcome by training staff and involving them throughout the change process to ensure positive acceptance. Realizing the benefits of ESDM adoption requires a monumental effort by management and other key stakeholders.

Key stakeholders, namely the central government, local government, financiers, and other management, need to reach a common goal and agree on a common strategic direction for equitable use of electronic medical records in hospitals. They also need to allow representatives of user groups to participate during the EMR implementation process. Access to capital for initial

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investment and revenue can be addressed if included in the annual local budget. Public-private partnerships and donor funds can be resources in raising the necessary funds to have the hardware and software and other IT infrastructure needed. This addresses the economic challenges to EMR adoption. In addition, there needs to be communication between health centers and the government regarding the implementation of electronic medical records in community health centers. This will help users understand that although it may take longer to enter individual orders, there will be impressive results downstream. All user groups need to be trained on the EMR system before use and regular touch points established. Induction and orientation of all new staff will also be useful in increasing user acceptance. This training addresses technical and technological challenges. Considering Koters' change management theory and Rogers' diffusion of innovation theory can help in adapting to changes in the institution. Selecting experienced people to champion the process is highly recommended.

At RSUD dr. A. Tjokro Dipo Lampung Province there is a special program for using RME but only in 2020, for the future until now the RME system can be handled by trained IT. However, there are also obstacles in the field if suddenly there are obstacles related to the RME system and this can be overcome by IT who are members of the WhatsApp group of IT users in other hospitals.

Regular meetings with the development team, Clinicians in the efforts to develop RME and Problem Solving are also carried out well in this hospital, routine meetings are held every month and the main meeting is held every six months together with the leadership elements, related to problem solving can always be resolved directly in the field, for example the problem of down time. Regarding the budget, in the development of RME, especially in terms of providing supporting tools such as displays, monitors, fingerprints, the absorption of the proposed RME budget has not reached 100% and this can be seen from the implementation of health services when doctors no longer need to use paper to provide prescriptions to patients.

Support from management and stakeholders related to ITE monitoring at RME can be seen from the supporting infrastructure of RME and the resolution of problems related to downtime disruptions can be resolved quickly. Regarding the strategy, system and method of implementing RME at RSUD dr. A. Tjokro Dipo, everything is done in stages to achieve optimal results in RME services. Employee involvement related to the implementation of RME has also been good and in accordance with the direction so that RME is familiar and known to almost all existing employees.

Human resources are also trained to achieve the desired goal, namely quality human resources and several times RSUD dr. A. Tjokro Dipo held training at the Horison Hotel related to the RME application for the IT side, the training was then continued to related health workers such as labs and radiology. Related to the type of software used, namely simRS Kanza, the reason for choosing this software is based on its fast and easy use in its implementation.

C. Legal Responsibility for Medical Records

The confidentiality of patient medical record data must be maintained properly by the hospital as an organization that stores the existence of medical records, in addition, this obligation must also be carried out by health workers as parties involved in the process of making it. According to Hanafiah, confidentiality is defined as hiding something that can only be known by one person or several people or certain groups. While confidentiality is the protection of medical records and other patient information by maintaining the patient's personal information and services. In health services, this information is only intended for authorized health workers.

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Hospitals have an important role in supporting health services and medical services. Every hospital is required to provide the best service for its patients. In providing services, there are three components involved in the service process, namely: the quality of service provided, who provides the service and consumers who provide assessments through the desired expectations.

When someone goes to the hospital for treatment, a therapeutic contract has actually been established based on trust in the doctor to be able to treat him while maintaining the confidentiality of everything he knows related to his health condition. In this established relationship, the doctor and other health workers will automatically know about it, which will later be stated in a written form called a medical record. One of the functions of the medical record is as evidence of the health service process provided to the patient.

In this regard, all data and information contained therein must be kept confidential by health workers including hospitals, unless otherwise specified by laws and regulations. Medical records can also be used legally as evidence in legal cases. Currently, many patients do not know and do not care about the importance of medical records. When seeking treatment at the hospital, patients only care about their health without considering other things such as their medical history. In this regard, as a health care institution, the hospital has an obligation to maintain all information contained in the medical records. Legally, the hospital is the owner of all data in the hospital, including medical records. The hospital is morally and legally responsible for all confidentiality of the contents of the information contained in the medical records, so it strives to maintain and provide protection so that the information is not known to unauthorized parties. Protection of medical record data is provided by the hospital, from the time the patient is admitted to the hospital, while the patient is being treated, until after the patient goes home.

Legal protection is protection provided by law for legal relations in society that are regulated in accordance with statutory provisions. In this case, the relationship between hospitals, doctors, and patients is protected by law, including one of the activities carried out in the form of recording the patient's medical history. Based on this, hospitals and doctors have an obligation to maintain the confidentiality recorded in medical records.

From a legal perspective, according to Hermien Hadiati Koeswadji, there are two human rights that are the basis of medical law, namely the right to health services and the right to self-determination (*zelf-beschikkingrecht*).⁶ He further stated that in carrying out therapeutic transactions there are two types of human rights that are the basis, namely the right to self-determination and the right to obtain information. These two rights are in contrast to the right to health services which are included in the basic rights of every person. In relation to this, the relationship between a doctor and a patient, both in terms of law and from the aspect of health services, cannot be separated from the human rights that exist in every human being, especially the right to self-determination and the right to obtain health services.

One of the basic rights of patients that is the obligation of doctors as stated in Article 45 paragraph (1) and (2) of the Medical Practice Law is that in order for a legal agreement between a doctor and a patient to occur, the offer must be followed by a complete explanation of various things such as diagnosis and therapy by the doctor. If the patient then gives consent for treatment or care, a legal agreement is created which is known as a therapeutic contract or therapeutic transaction. The formation of a therapeutic contract will create a legal relationship for both parties, namely the doctor and the patient, one of which is the right to maintain confidentiality forever regarding health conditions including medical data they have. This is related to the existence of the

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patient's medical records. The creation of medical record data by the hospital has one of the objectives to obtain data in the form of accurate and adequate patient records or documents, which contain medical history, past and present disease history, and the treatment that has been given. In addition, the creation of medical records is also a means of orderly administration in the hospital, which can be a determining factor in efforts to improve health services.

The procedure for managing medical records is one of the determining factors for the quality of service in health institutions, so that it will receive an assessment of the quality and service standards whether they are in accordance with the provisions. Therefore, the government regulates the implementation of medical records in a Regulation of the Minister of Health. Management of Medical Records is regulated in the Regulation of the Minister of Health Number 269 of 2008, namely:

1. Article 5 paragraph (2) states that medical records must be made immediately and all data must be completed after the patient receives services. This is done with the aim of providing original data and no data is forgotten because this has a time limit.
2. Article 5 paragraph (4) states that when recording a patient's history, the name and signature of the health worker must be written, with the aim of facilitating accountability for recording patient data.
3. Furthermore, Article 5 paragraph (5) states that if there is an error in recording in the medical record, then corrections can be made. Paragraph (6) explains that corrections are made by crossing out without removing the corrected notes and still including the initials of the health worker concerned.

As stated in Article 46 paragraph (1) of the Medical Practice Law, which emphasizes that doctors and dentists have an obligation to make medical records when performing medical procedures. After performing procedures on a patient, paramedics must immediately complete the medical records by writing down all health procedures that have been given to the patient. If there is an error in recording medical records, then the medical records must not be lost or deleted. If there is a change in the medical record that is an error, then the health worker concerned crosses out the wrong part and then affixes his initials.

CLOSING

Based on the problems and objectives of the research, then connected with the results of the analysis and discussion, in general the following conclusions can be drawn.

- a. The legality of electronic medical records (EMR) in the readiness of the hospital management information system based on the Regulation of the Minister of Health No. 24 of 2022 concerning Medical Records is the right choice in the current era, and its existence is protected by law. (EMR) is a form of digital medical record used by healthcare providers to record information about their patients. In recent decades, EMR has become a more common choice than conventional printed medical records. EMR offers a number of advantages, such as higher efficiency and the ability to share information easily.
- b. The importance of RME is the utilization of information technology devices for the collection, storage, processing and accessing of data stored in patient medical records in hospitals in a database management system that collects various sources of medical data. Even some modern hospitals have combined RME with the Hospital Management Information System (SIMRS) application which is a parent application that not only

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contains RME but has added features such as administration, billing, nursing documentation, reporting and dashboard score cards.

- c. The readiness of medical records at RSUD dr. A. Tjokro Dipo Lampung Province is good based on the results of purposive sampling. The selection of informants is based on certain criteria. Criteria for selecting informants. The head of the medical records department is the person in charge of medical records activities and has knowledge of medical records. The criteria for IT personnel are those who are responsible for programming software and hardware related to RME. At RSUD dr. A. Tjokro Dipo Lampung Province, there is already a special programmer for the use of RME, as well as regular meetings with the development team, Clinicians in efforts to develop RME and Problem Solving. There is also support from management and stakeholders related to ITE monitoring in RME which can be seen from the availability of RME supporting tools and problem solving related to downtime disruptions that can be resolved quickly. Employee involvement related to the implementation of RME is also good and in accordance with the direction so that RME is familiar and known to almost all existing employees.

Suggestion

- a. Legally, medical records should be regulated at the level of law, not at the level of the Minister of Health Regulation Number 24 of 2022 concerning Medical Records. Medical Records are the right choice in today's era, and their existence is protected by law. (RME) is a digital form of medical records used by health care providers to record information about their patients. In recent decades.
- b. It is expected that every hospital has an EMR, considering the importance of EMR is the use of information technology devices to collect, store, process and access data stored in patient medical records in the hospital in a system.
- c. It is expected that related to RME at the dr. A. Tjokro Dipo Regional Hospital, Lampung Province, a special program for utilizing RME will be created, and regular meetings will be held with the Development Team, Clinicians in efforts to develop RME and solve problems.

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