

## ABSTRAK

### ANALISIS IMPLEMENTASI REKAM MEDIS ELEKTRONIK (RME) PADA ALUR TINDAKAN OPERASI SESAR *EMERGENCY* DI RSIA MUTIARA HATI PRINGSEWU: STUDI KUALITATIF

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Transformasi digital dalam sistem pelayanan kesehatan menjadikan Rekam Medis Elektronik (RME) sebagai infrastruktur kritis, terutama dalam pelayanan obstetri darurat. Di RSIA Mutiara Hati Pringsewu, tingkat operasi sesar *emergency* mencapai 62% dari seluruh persalinan pada tahun 2023, namun peran RME dalam mendukung pengambilan keputusan klinis belum dievaluasi secara komprehensif.

Penelitian ini bertujuan menganalisis implementasi RME pada alur tindakan operasi sesar *emergency*, mencakup faktor teknis, manusia, konteks, dan organisasi, serta merekonstruksi alur proses pengambilan keputusan klinis.

Metode penelitian menggunakan kualitatif eksploratif dengan desain studi kasus tunggal. Pengumpulan data dilakukan di RSIA Mutiara Hati pada November 2025-Januari 2026 melalui wawancara mendalam (*in-depth interview*) terhadap 15 informan yang dipilih secara *purposive*, mencakup dokter spesialis, dokter umum, tenaga keperawatan dan kebidanan, staf teknis, dan pimpinan rumah sakit. Analisis tematik dilakukan menggunakan perangkat lunak kualitatif dengan pendekatan *deductive coding* berbasis *Socio-Technical Systems Theory* (STS) dan *Dual Process Theory* (DPT).

Hasil penelitian menunjukkan bahwa RME berperan sebagai *enabler* komunikasi klinis lintas unit dan repositori data, bukan sebagai *clinical decision support* (CDSS) aktif. Enam tema utama teridentifikasi: aksesibilitas data, faktor teknis, faktor manusia, faktor konteks, faktor organisasi, dan alur proses lima tahap operasi sesar *emergency*. RSIA Mutiara Hati telah mencapai tahap koordinatif dalam implementasi RME. Pengembangan diperlukan pada integrasi perangkat medis obstetri, penambahan modul CDSS aktif, program pelatihan formal, dan evaluasi berbasis indikator klinis.

**Kata kunci:** *Dual process theory*, operasi sesar *emergency*, pengambilan keputusan klinis, RME, sistem sosio-teknis.

ABSTRACT

**ANALYSIS OF ELECTRONIC MEDICAL RECORD (EMR)  
IMPLEMENTATION IN THE EMERGENCY CESAREAN SECTION  
PROCEDURE WORKFLOW AT RSIA MUTIARA HATI PRINGSEWU:  
A QUALITATIVE STUDY**

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The digital transformation of healthcare delivery systems has positioned the Electronic Medical Record (EMR) as critical infrastructure, particularly within emergency obstetric services. At RSIA Mutiara Hati Pringsewu, emergency cesarean sections accounted for 62% of all deliveries in 2023; however, the role of EMR in supporting clinical decision-making within this context has not been comprehensively evaluated.

This study aimed to analyze EMR implementation in the emergency cesarean section procedure workflow, encompassing technical, human, contextual, and organizational factors, while reconstructing the clinical decision-making process workflow.

An exploratory qualitative approach with a single case study design was employed. Data collection was conducted at RSIA Mutiara Hati from November 2025 to January 2026 through in-depth interviews with 15 purposively selected informants, comprising specialist physicians, general practitioners, nursing and midwifery personnel, technical staff, and hospital administrators. Thematic analysis was performed using qualitative software through a deductive coding approach grounded in Socio-Technical Systems Theory (STS) and Dual Process Theory (DPT).

The findings revealed that EMR functions primarily as an enabler of cross-unit clinical communication and a data repository, rather than as an active Clinical Decision Support System (CDSS). Six major themes were identified: data accessibility, technical factors, human factors, contextual factors, organizational factors, and a five-stage emergency cesarean section process workflow. RSIA Mutiara Hati has attained a coordinative stage of EMR implementation. Further development is warranted in the areas of obstetric medical device integration, active CDSS module incorporation, formal training programs, and clinical indicator-based evaluation.

**Keywords:** Dual process theory, clinical decision making, EMR, emergency cesarean section, socio-technical systems.

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