Vol. 8, No. 1, February 2026

ISI Journal of Information Systems and Informatics

Published By Asosiasi Doktor Sistem Informasi Indonesia

Evaluating Medxa SIMRS Implementation Success Using HOT-Fit and Multiple Regression

Muhammad Haykal Alfariz Saputra[1], Ermatita[2]

[1,2]Master of Computer Science, Faculty of Computer Science, Sriwijaya University, Palembang, Indonesia

Received:
December 8, 2025
Revised:
December 18, 2025
Accepted:
March 3, 2026
Published:
March 8, 2026

Corresponding Author:
Author Name*:
Ermatita
Email*:
ermatita@unsri.ac.id

DOI:
10.63158/journalisi.v8i1.1392

Abstract. The implementation of Hospital Management Information Systems (HMIS) is essential for improving service quality, strengthening operational efficiency, and supporting evidence-based decision-making in hospitals. Nevertheless, the success of HMIS implementation is shaped not only by technological performance, but also by human and organizational factors. This study aimed to evaluate the implementation success of Medxa SIMRS at Mohammad Hoesin Hospital, Palembang, using the Human–Organization–Technology Fit (HOT-Fit) model. A quantitative cross-sectional survey was conducted among 67 active users of Medxa SIMRS using a structured Likert-scale questionnaire. Data were analyzed using descriptive statistics and multiple linear regression in Python to examine the influence of the Human, Organization, and Technology dimensions on Net Benefit. The descriptive findings showed that all HOT-Fit dimensions were rated in the good to very good categories, indicating generally positive user perceptions of the system. Regression analysis demonstrated that, simultaneously, the Human, Organization, and Technology dimensions significantly explained variation in Net Benefit ($p < 0.05$). However, in the partial analysis, only the Technology dimension had a statistically significant positive effect on Net Benefit. These results indicate that system quality, information quality, and service quality are the main determinants of perceived system benefits in this setting. The findings suggest that hospitals should prioritize technological optimization while strengthening organizational support and user readiness to maximize the success of HMIS implementation.

Keywords: Hospital Management Information System; Medxa SIMRS; HOT-Fit Model; Net Benefit; Multiple Linear Regression

ISI Journal of Information Systems and Informatics
Published By Asosiasi Doktor Sistem Informasi Indonesia

1. INTRODUCTION

Mohammad Hoesin Hospital is a national referral hospital under the Ministry of Health that serves five provinces in southern Sumatra [1][2][3]. As a tertiary healthcare institution, it requires a robust Hospital Management Information System (HMIS) to support high-quality services, operational efficiency, and integrated patient care. However, the hospital's previous HMIS, which had been in use since 2008, no longer adequately met current clinical and administrative requirements, as several modules had become outdated and misaligned with evolving service needs [3]. Such limitations represent a critical issue, as ineffective health information systems may disrupt information flow, reduce service efficiency, and weaken managerial decision-making. Comparable challenges have also been documented in other hospitals, where weaknesses in information management systems adversely affect healthcare delivery and organizational performance [4–8].

An effective HMIS should enable accurate, timely, and integrated information flow across the continuum of care, from patient admission to discharge [9–12]. Its success depends not only on technical functionality but also on the quality of information produced, the usability of the system, and the extent to which users perceive it as beneficial in supporting their work [13]. In Indonesia, the importance of hospital information systems has become increasingly strategic following the issuance of Ministry of Health Regulation No. 82 of 2024, which mandates the implementation of SIMRS in hospitals [16]. This policy underscores the need for systematic evaluation to ensure that implementation does not merely fulfill regulatory requirements but also generates measurable organizational benefits.

To overcome the limitations of its previous system, Mohammad Hoesin Hospital implemented Medxa SIMRS. Nevertheless, the success of implementation cannot be assumed solely from system adoption. Information system performance is shaped not only by technological factors, but also by human readiness and organizational support [14]. In the absence of a comprehensive evaluation, hospitals may be unable to identify the determinants of successful implementation or to formulate evidence-based priorities for system improvement [17]. This issue is particularly relevant in large public referral hospitals, where service complexity and institutional scale may intensify implementation challenges.

The Human–Organization–Technology Fit (HOT-Fit) model provides a comprehensive framework for evaluating information system success by examining the interrelationship among human, organizational, and technological dimensions [23]. Previous studies have shown that system quality, information quality, service quality, user satisfaction, and organizational support are associated with perceived benefits and implementation outcomes [18–22]. However, important gaps remain in the literature. First, empirical findings are still inconsistent regarding which HOT-Fit dimension has the strongest influence on Net Benefit, particularly in the context of Indonesian public hospitals. Second, although HOT-Fit has been widely applied in hospital information system evaluation, limited studies have investigated its application in a national referral hospital undergoing system transition. Third, few studies have employed regression-based analysis to quantify the relative contribution of the Human, Organization, and Technology dimensions to implementation success in Indonesian public healthcare settings.

Accordingly, this study aims to evaluate the implementation success of Medxa SIMRS at Mohammad Hoesin Hospital using the HOT-Fit model and to analyze the influence of the Human, Organization, and Technology dimensions on Net Benefit. The novelty of this study lies in three aspects: its focus on a national referral hospital as a complex public healthcare setting, its use of regression analysis to identify the relative and dominant determinants of Net Benefit, and its generation of evidence-based recommendations for system improvement. This study therefore contributes by providing empirical evidence on the relative influence of HOT-Fit dimensions in a national referral hospital context, offering strategic recommendations for hospital management, proposing a replicable evaluation approach for similar public healthcare institutions, and enriching the literature on SIMRS evaluation in Indonesia through a contemporary case study.

2. METHODS

This study employed a quantitative approach to evaluate the implementation of Medxa SIMRS at Mohammad Hoesin Hospital using the Human–Organization–Technology Fit (HOT-Fit) model. The methodological workflow comprised five sequential stages:

population and sample determination, data collection, data analysis, interpretation of findings, and conclusion drawing, as illustrated in Figure 1.

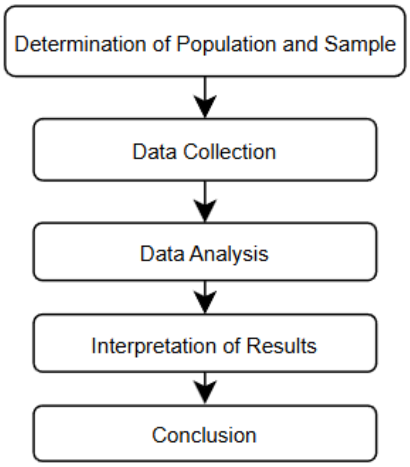

Figure 1. Research flowchart

2.1. Research Design

This study used a quantitative, cross-sectional design with descriptive and analytical components. The HOT-Fit model served as the conceptual framework for assessing the extent to which human, organizational, and technological factors are associated with the success of Medxa SIMRS implementation. The model was selected because it provides a comprehensive perspective on information system evaluation by examining the fit among user-related factors, institutional support, and technological performance [23].

The analytical component of the study focused on examining the effect of the three HOT-Fit dimensions—Human, Organization, and Technology—on Net Benefit as the dependent variable. To achieve this objective, multiple linear regression analysis was applied. This technique was considered appropriate because it enables the estimation of both the partial and simultaneous effects of multiple independent variables on a single dependent variable, while also identifying the dominant predictor within the model.

2.2. Research Setting and Period

The study was conducted at Mohammad Hoesin Hospital, Palembang, from 1 October to 8 October 2025. This setting was selected because the hospital had recently implemented Medxa SIMRS, making it a relevant context for assessing early-stage user perceptions, organizational readiness, and perceived system benefits. Conducting the study during the

ISI Journal of Information Systems and Informatics

Published By Asosiasi Doktor Sistem Informasi Indonesia

initial implementation phase allowed the evaluation to capture immediate responses to system adoption and adaptation in routine hospital operations.

2.3. Population and Sample

The target population consisted of all active users of Medxa SIMRS at Mohammad Hoesin Hospital, including medical personnel, administrative staff, and managerial personnel. Because the study required respondents with direct experience in operating the system, a purposive sampling technique was used. The inclusion criteria were defined as follows:

1) Respondents had actively used Medxa SIMRS for a minimum of three months; and
2) Respondents were willing to participate in the study by completing the questionnaire.

The minimum sample size was calculated using the Slovin formula, as shown in Equation 1, where $n$is the sample size, $N$is the population size, and $e$is the tolerated margin of error [24].

$$n = \frac{N}{N \cdot e^2 + 1} \tag{1}$$

2.4. Research Instrument

Data were collected using a structured questionnaire developed on the basis of the HOT-Fit model. The instrument consisted of four main constructs. The Human dimension included indicators related to system use, user satisfaction, and user competence. The Organizational dimension covered management support, organizational structure, and work culture. The Technology dimension included system quality, information quality, and service quality. The dependent construct, Net Benefit, measured respondents' perceptions of the system's contribution to work effectiveness, service processes, and organizational performance.

All questionnaire items were rated on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Prior to inferential analysis, the psychometric properties of the instrument were examined. Validity testing was performed using item-total correlation, whereas reliability testing was conducted using Cronbach's Alpha, as shown

ISI Journal of Information Systems and Informatics
Published By Asosiasi Doktor Sistem Informasi Indonesia

in Equation 2 [25]. A coefficient of α ≥ 0.70 was considered indicative of acceptable internal consistency.

$$\alpha = \left(\frac{k}{k-1}\right)\left(1-\frac{\sum\sigma_i^2}{\sigma_t^2}\right) \quad (2)$$

2.5. Data Collection Procedure

Primary data were obtained through self-administered questionnaires distributed directly to eligible respondents. Before participation, each respondent was informed of the purpose of the study and asked to provide consent. Participation was entirely voluntary, and respondents were assured that all responses would be treated anonymously and confidentially. Administrative approval to conduct the study was obtained from the management of Mohammad Hoesin Hospital prior to data collection.

To complement the primary data, secondary data were also collected from hospital documents, internal reports related to SIMRS implementation, and relevant scientific literature. These sources were used to strengthen the contextual basis of the study and support the interpretation of empirical findings.

2.6. Data Analysis

Data analysis was conducted in three stages. First, descriptive statistical analysis was used to summarize respondent characteristics and describe perceptions of each HOT-Fit dimension. The descriptive measures included frequency, percentage, mean, and standard deviation. Second, the quality of the measurement instrument was evaluated through validity and reliability testing. Validity was assessed using item-total correlation, while reliability was tested using Cronbach's Alpha, as presented in Equation (2) [25].

Third, multiple linear regression analysis was employed to examine the influence of the Human, Organization, and Technology dimensions on Net Benefit. In this model, the three HOT-Fit dimensions functioned as independent variables, whereas Net Benefit was treated as the dependent variable. The analysis was intended to determine the magnitude, direction, and statistical significance of the relationships between variables.

Before estimating the regression model, classical assumption tests were performed to verify model suitability. A normality test was used to assess whether the residuals followed a normal distribution. Multicollinearity was examined using the Variance

Inflation Factor (VIF) to ensure that correlations among independent variables did not compromise coefficient estimation. A linearity test was conducted to confirm the existence of linear relationships between predictors and the dependent variable. In addition, residual analysis was undertaken to evaluate homoscedasticity and to detect potential deviations from regression assumptions. All statistical tests were interpreted using a significance level of $p < 0.05$.

2.7. Interpretation of Findings

The findings were interpreted with reference to the evaluative logic of the HOT-Fit model. Dimensions with relatively lower descriptive scores were considered to reflect areas of weaker implementation performance, while dimensions with statistically significant regression coefficients were interpreted as important determinants of Net Benefit. Particular attention was given to identifying the most influential dimension among the three HOT-Fit components. Based on these results, recommendations for system improvement were formulated by integrating the empirical evidence with findings from prior studies and established HOT-Fit literature.

3. RESULTS AND DISCUSSION

3.1. Empirical Findings

This study involved 67 respondents who were active users of Medxa SIMRS at Mohammad Hoesin Hospital, Palembang. Descriptive analysis was first conducted to examine respondents' perceptions across the four principal constructs of the HOT-Fit model, namely Human, Organization, Technology, and Net Benefit. The mean scores and category assessments for each indicator are presented in Table 1.

Table 1. Descriptive Analysis of the HOT-Fit Model

Dimension	Indicator	Mean	Category
Human	User Satisfaction	3.9	Good
	System Usage	4.1	Good
	User Competence	3.8	Good
Average Human		**3.93**	**Good**
Organization	Management Support	3.7	Good

Dimension	Indicator	Mean	Category
	Organizational Structure	3.6	Fairly Good
	Work Culture	3.8	Good
Average Organization		**3.70**	**Good**
Technology	System Quality	4.2	Very Good
	Information Quality	4.1	Good
	Service Quality	4.3	Very Good
Average Technology		**4.20**	**Very Good**
Net Benefit	Work Efficiency	4.0	Good
	Decision Making	4.1	Good
	Service Quality	4.2	Very Good
Average Net Benefit		**4.10**	**Good**

As shown in Table 1, all HOT-Fit dimensions were evaluated positively, with mean scores ranging from 3.70 to 4.20, indicating that respondents generally perceived the implementation of Medxa SIMRS favorably. Among the three explanatory dimensions, Technology obtained the highest average score (Mean = 4.20; Very Good), followed by Human (Mean = 3.93; Good) and Organization (Mean = 3.70; Good). The Net Benefit dimension also showed a positive evaluation (Mean = 4.10; Good), suggesting that respondents perceived the system as beneficial for work efficiency, decision-making, and service delivery. These findings indicate that the technological aspects of Medxa SIMRS—particularly system quality and service quality—constitute the strongest perceived advantages of the system. By contrast, the relatively lower score for organizational structure (Mean = 3.6) suggests that institutional arrangements, coordination, or role clarity may not yet be fully optimized to support implementation. Before inferential analysis, descriptive statistics were also generated for the composite variables used in the regression model. These results are presented in Table 2.

Table 2. Descriptive Statistics of Research Variables

Variable	N	Mean	SD	Min	Max
TOTAL_H (Human)	67	70.12	7.79	40	83
TOTAL_O (Organization)	67	33.30	4.94	19	42
TOTAL_T (Technology)	67	37.81	4.29	25	45

ISI Journal of Information Systems and Informatics
Published By Asosiasi Doktor Sistem Informasi Indonesia

Variable	N	Mean	SD	Min	Max
TOTAL_N (Net Benefit)	67	36.90	4.13	27	44

As presented in Table 2, the average scores for all variables were relatively high, indicating generally positive perceptions across the study sample. The Human dimension had the highest composite mean (70.12; SD = 7.79), followed by Technology (37.81; SD = 4.29), Net Benefit (36.90; SD = 4.13), and Organization (33.30; SD = 4.94). The standard deviations indicate moderate dispersion, suggesting that although respondents tended to evaluate the system positively, some variability remained in their assessments. Overall, these descriptive findings provide an initial indication that Medxa SIMRS was well received by users from the perspectives of human readiness, organizational support, technological quality, and perceived benefits.

To examine the extent to which the HOT-Fit dimensions influenced implementation outcomes, multiple linear regression analysis was performed with Net Benefit (TOTAL_N) as the dependent variable and Human (TOTAL_H), Organization (TOTAL_O), and Technology (TOTAL_T) as the independent variables. The regression coefficients are summarized in Table 3.

Table 3. Multiple Regression

Variable	B	Std. Error	t	p
Constant	19.125	6.001	3.187	0.002*
TOTAL_H	0.014	0.061	0.234	0.816
TOTAL_O	0.165	0.100	1.652	0.103
TOTAL_T	0.299	0.114	2.608	0.011*

Model summary: $R^2 = 0.170$; Adjusted $R^2 = 0.130$; $F(3, 63) = 4.288$; $p = 0.008$; N = 67

Note: *$p < 0.05$

The regression model was statistically significant overall ($F(3, 63) = 4.288$; $p = 0.008$), indicating that the three HOT-Fit dimensions jointly contributed to explaining variation in Net Benefit. The model produced an R^2 value of 0.170, which indicates that 17.0% of the variance in Net Benefit was explained by the Human, Organization, and Technology dimensions, while the remaining 83.0% was attributable to factors not captured in the

ISI Journal of Information Systems and Informatics

Published By Asosiasi Doktor Sistem Informasi Indonesia

model. Although this explanatory power is modest, it remains acceptable for organizational and behavioral research, where perceptions and contextual influences are often shaped by multiple interacting factors.

Among the three predictors, only the Technology dimension showed a statistically significant positive effect on Net Benefit (B = 0.299; t = 2.608; p = 0.011). This result suggests that higher perceptions of system quality, information quality, and service quality are associated with greater perceived benefits of Medxa SIMRS. By contrast, the Human dimension (p = 0.816) and the Organization dimension (p = 0.103) did not demonstrate statistically significant effects at the 5% significance level, despite their positive coefficient directions. These findings indicate that, within this sample, technological factors were the most salient determinant of perceived implementation success.

To further assess the predictive behavior of the regression model, the same specification was also implemented as a supervised machine learning model using the Linear Regression algorithm in scikit-learn. The dataset was divided into 80% training data and 20% testing data, and model performance was evaluated using R^2, RMSE, and MAE. The results are presented in Table 4.

Table 4. Regression Model Performance as Machine Learning

Dataset	R^2	RMSE	MAE
Train	0.206	3.62	2.80
Test	-0.151	4.22	3.36

As shown in Table 4, the model demonstrated limited predictive performance. On the training dataset, the model achieved R^2 = 0.206, indicating that approximately 20.6% of the variance in Net Benefit could be explained by the three HOT-Fit dimensions. The corresponding error values (RMSE = 3.62; MAE = 2.80) suggest a moderate level of prediction error. However, performance decreased substantially on the testing dataset, where the model yielded a negative R^2 value (-0.151) and higher error values (RMSE = 4.22; MAE = 3.36). A negative test R^2 indicates that the model performed worse than a baseline prediction based solely on the mean, thereby reflecting weak generalizability to unseen data.

This limitation is also illustrated in Figure 2, which displays the relationship between actual and predicted values. In principle, data points that lie close to the identity line (y = x) indicate better predictive accuracy. In the present study, the dispersion of points away from the identity line suggests that the model was only moderately effective in fitting the observed data and less effective in predicting new observations. These findings imply that while the regression model is useful for identifying statistically relevant relationships within the study sample, its value as a predictive tool remains limited.

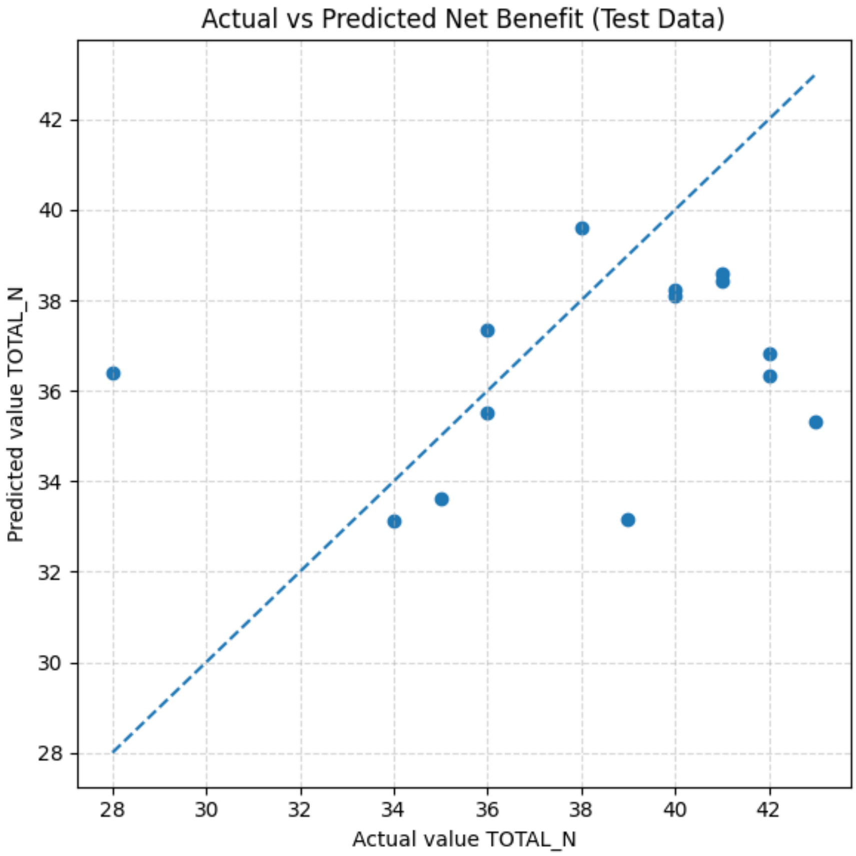

Figure 2. Relationship between actual and predicted values

The dotted line represents the identity line (**y = x**); the closer the observations are to this line, the better the predictive accuracy of the model.

3.2. Discussion

The present study demonstrates that the implementation of Medxa SIMRS at Mohammad Hoesin Hospital was generally perceived positively across all dimensions of the HOT-Fit model. Respondents reported good to very good evaluations of the Human, Organization,

ISI Journal of Information Systems and Informatics
Published By Asosiasi Doktor Sistem Informasi Indonesia

Technology, and Net Benefit dimensions, indicating that the system has been accepted reasonably well during its early implementation phase. The strongest performance was observed in the Technology dimension, whereas the Organization dimension received the lowest average score. This pattern suggests that the technical characteristics of the system were more readily recognized by users than the organizational conditions that support its implementation.

The prominence of the Technology dimension in both descriptive and inferential analyses constitutes the central finding of this study. The regression results indicate that Technology was the only HOT-Fit dimension that significantly influenced Net Benefit, implying that users' perceptions of system quality, information quality, and service quality were directly associated with the perceived benefits of Medxa SIMRS. In practical terms, this means that when the system is considered reliable, responsive, and capable of providing accurate information, users are more likely to perceive improvements in efficiency, decision-making, and service quality. This finding reinforces the proposition that technological performance is a fundamental driver of information system success, particularly in healthcare settings where speed, accuracy, and continuity of information are critical to daily operations.

By contrast, the Human and Organization dimensions did not show statistically significant effects on Net Benefit, although both variables had positive coefficients. This result does not necessarily imply that human and organizational factors are unimportant. Rather, it may indicate that these dimensions were relatively stable across respondents and therefore contributed less to differentiating perceived system benefits. The high mean scores observed for these dimensions suggest that users generally viewed competence, satisfaction, management support, and work culture positively. Under such conditions, the absence of statistical significance may reflect limited variability in responses, which reduces the ability of the model to detect distinct effects. It is also possible that the contribution of these dimensions is more indirect, for example by influencing system use, adaptation, or acceptance rather than perceived benefit directly.

Another important finding is the relatively modest explanatory power of the regression model (R^2 = 0.170). This suggests that a substantial proportion of the variance in Net Benefit remains unexplained by the three HOT-Fit dimensions included in the model. In

ISI Journal of Information Systems and Informatics
Published By Asosiasi Doktor Sistem Informasi Indonesia

the context of a large public referral hospital, this is understandable, as perceptions of information system benefit are likely influenced by many additional factors, including workload, departmental variation, leadership style, policy enforcement, training intensity, interoperability with other systems, and the broader organizational climate. Accordingly, the present results should be interpreted as evidence that the HOT-Fit dimensions contribute meaningfully—but not exhaustively—to perceived implementation success.

The supplementary machine learning analysis further supports this interpretation. Although the model displayed modest fit on the training data, its performance deteriorated on the test data, as indicated by the negative R^2 and increased prediction error. This outcome suggests that the relationships captured by the model may be sample-specific and insufficiently robust for prediction in new cases. From a methodological standpoint, these results imply that the current model is better suited for explanatory analysis than for predictive application. Future studies seeking stronger predictive performance may need to incorporate a larger sample, additional explanatory variables, or alternative modeling techniques capable of capturing more complex relationships among the determinants of system success.

Taken together, the findings highlight an important implication for hospital management. While user-related and organizational conditions should continue to be maintained, priority attention should be directed toward strengthening the technological quality of Medxa SIMRS, particularly in relation to system reliability, information accuracy, and service responsiveness. At the same time, the relatively lower descriptive score for organizational structure indicates that implementation may be further improved through clearer coordination mechanisms, stronger cross-unit integration, and more explicit operational roles. In this regard, the success of SIMRS implementation appears to depend not only on adoption itself, but on sustained efforts to ensure that the system remains technically effective and institutionally supported within the complexity of hospital operations.

4. CONCLUSION

This study evaluated the implementation success of Medxa SIMRS at Mohammad Hoesin Hospital using the HOT-Fit model. The descriptive results indicate that all dimensions—Human, Organization, Technology, and Net Benefit—were rated in the good to very good categories, suggesting that the system has generally been well accepted by users. The regression analysis shows that, although the three dimensions simultaneously influence Net Benefit, only the Technology dimension has a significant partial effect. This finding highlights that system reliability, usability, information quality, and technical support are the primary determinants of perceived benefits. Therefore, technological robustness plays a central role in ensuring the successful implementation of SIMRS in a large referral hospital context.

This study has several limitations. The sample size was relatively small and limited to a single hospital, which may restrict the generalizability of the findings. In addition, the explanatory power of the model indicates that other contextual factors not included in the HOT-Fit dimensions may influence perceived benefits. Future research is recommended to involve multiple hospitals, incorporate additional variables such as organizational culture or workload factors, and apply more comprehensive analytical models to obtain a deeper understanding of SIMRS implementation success.

REFERENCES

[1] M. H. I. Triana, S. H. Purba, D. S. Panggabean, and F. Sari, "Pengaruh implementasi sistem informasi manajemen rumah sakit terhadap kinerja karyawan: Tinjauan literatur," *VitaMedica J. Rumpun Kesehat. Umum*, vol. 3, no. 1, pp. 21–31, 2025.

[2] N. Nirwani, A. Harokan, and D. Ekawati, "Analisis kualitas pelayanan terhadap kepuasan pasien di instalasi rawat jalan RS Mohammad Hoesin Palembang," *Indones. Res. J. Educ.*, vol. 5, no. 4, pp. 1655–1660, 2025, doi: 10.31004/irje.v5i4.3132.

[3] RSUP Dr. Mohammad Hoesin Palembang, "Sejarah RSUP Dr. Mohammad Hoesin Palembang," [Online]. Available: situs resmi RSUP Dr. Mohammad Hoesin Palembang. [Accessed: Mar. 3, 2026]. https://www.rsmh.co.id/profil/sejarah.

[4] R. L. Sitompul, N. Yuniar, and F. Prasetya, "Evaluasi sistem informasi manajemen rumah sakit (SIMRS) Khanza: Metode HOT-FIT di instalasi rawat jalan RSUD Bahteramas tahun 2024," *NeoRespublica J. Ilmu Pemerintah.*, vol. 5, no. 2, pp. 826–842, 2024.

[5] Y. E. Kristanti and R. Q. Ain, "Sistem informasi manajemen rumah sakit: Literature review," *Muhammadiyah Public Health J.*, vol. 1, no. 2, pp. 179–193, 2021.

ISI Journal of Information Systems and Informatics
Published By Asosiasi Doktor Sistem Informasi Indonesia

[6] L. E. Hutagalung, "Analisa manajemen risiko sistem informasi manajemen rumah sakit (SIMRS) pada rumah sakit XYZ menggunakan ISO 31000," *Teika*, vol. 12, no. 1, pp. 23–33, 2022.

[7] S. Rusli, "Implementasi sistem informasi manajemen rumah sakit dalam pengolahan data rumah sakit," *JKM (J. Kesehat. Masy.) Cendekia Utama*, vol. 10, no. 2, pp. 158–168, 2022.

[8] R. Molly and M. Itaar, "Analisis pemanfaatan sistem informasi manajemen rumah sakit (SIMRS) pada RSUD Dok II Jayapura," *J. Softw. Eng. Ampera*, vol. 2, no. 2, pp. 95–101, 2021.

[9] M. P. Putri and H. Effendi, "Implementasi metode rapid application development pada website service guide 'Waterfall Tour South Sumatera'," *J. SISFOKOM*, vol. 7, 2018.

[10] E. R. Puspitasari and E. Nugroho, "Evaluasi implementasi sistem informasi manajemen rumah sakit di RSUD Kabupaten Temanggung dengan menggunakan metode HOT-FIT," *J. Inf. Syst. Public Health*, vol. 5, no. 3, pp. 45–60, 2021.

[11] S. T. Jasmine, T. S. Matondang, M. R. Pratama, and S. Hajijah, "Tren, tantangan, dan solusi sistem informasi manajemen rumah sakit di Jakarta," *Surya Medika*, vol. 20, no. 1, pp. 62–70, 2025.

[12] G. K. Dhewy, A. H. Rahim, and M. Veranita, "Penilaian HOT-FIT model terhadap penggunaan sistem informasi manajemen rumah sakit Tk. II Kartika Husada Pontianak tahun 2024," *J-CEKI J. Cendekia Ilm.*, vol. 4, no. 2, pp. 1527–1544, 2025.

[13] B. Sugiyarto *et al.*, "Evaluasi sistem informasi manajemen rumah sakit (SIMRS) metode HOT-FIT: Literature review," *J. Soc. Econ. Res.*, vol. 6, no. 1, pp. 896–906, 2024.

[14] M. M. Sari, G. Y. Sanjaya, and A. Meliala, "Evaluasi sistem informasi manajemen rumah sakit (SIMRS) dengan kerangka HOT-FIT," in *Proc. SESINDO*, 2016. Catatan: kota terbit, halaman, dan penerbit prosiding perlu dicek ulang.

[15] R. Hasibuan *et al.*, "Evaluasi penerapan sistem informasi manajemen rumah sakit (SIMRS) dengan metode HOT-FIT di RSU Mitra Sejati Medan," *J. Ilm. Univ. Batanghari Jambi*, vol. 24, no. 1, pp. 231–234, 2024.

[16] Kementerian Kesehatan Republik Indonesia, "Peraturan Menteri Kesehatan Republik Indonesia Nomor 82 Tahun 2013 tentang Sistem Informasi Manajemen Rumah Sakit," *Kementerian Kesehatan Republik Indonesia*, 2024

ISI Journal of Information Systems and Informatics
Published By Asosiasi Doktor Sistem Informasi Indonesia

[17] W. S. Dewi, D. Ginting, and R. Gultom, "Evaluasi sistem informasi manajemen rumah sakit di instalasi rekam medis RSUP H. Adam Malik dengan metode HOT-FIT tahun 2019," *J. Ilm. Perekam Inf. Kesehat. Imelda*, vol. 6, no. 1, pp. 73–82, 2021.

[18] N. Alamsyah, E. Daniati, and A. Ristyawan, "Evaluasi kesesuaian implementasi SIMRS Khanza berdasarkan model human-organization-technology fit (HOT-FIT)," *Indones. J. Comput. Sci. Res.*, vol. 4, no. 2, pp. 128–138, 2025.

[19] A. Faigayanti, L. Suryani, and H. Rawalilah, "Evaluasi sistem informasi manajemen rumah sakit (SIMRS) di bagian rawat jalan dengan metode HOT-FIT," *J. Kesehat. Saelmakers PERDANA*, vol. 5, no. 2, pp. 245–253, 2022.

[20] S. Suhartatik *et al.*, "Evaluasi keberhasilan implementasi SIMRS di rumah sakit X Kabupaten Jember dengan pendekatan metode TTF," *J-REMI J. Rekam Medis Inf. Kesehat.*, vol. 3, no. 3, pp. 231–242, 2022.

[21] A. S. Aziz and R. Rahayu, "Analisis parameter keberhasilan sistem informasi manajemen rumah sakit (SIMRS) dengan metode DeLone dan McLean pada rumah sakit swasta di Kota Padang," *Syntax Literate J. Ilm. Indones.*, vol. 7, no. 12, pp. 19949–19962, 2022.

[22] S. N. D. Septiyani and W. Sulistiadi, "Penerapan sistem informasi manajemen rumah sakit (SIMRS) dengan menggunakan metode HOT-FIT: Systematic review," *J-KESMAS J. Kesehat. Masy.*, vol. 8, no. 2, pp. 136–147, 2023.

[23] A. Rokim *et al.*, "Evaluasi sistem informasi manajemen puskesmas (SIMPUS) dengan metode HOT-FIT di Puskesmas Kecamatan Cakung," *J. Manaj. Inf. Kesehat. Indones.*, vol. 12, no. 1, 2024.

[24] B. Antoro, "Analisis penerapan formula Slovin dalam penelitian ilmiah: Kelebihan, kelemahan, dan kesalahan dalam perspektif statistik," *J. Multidisiplin Sos. Hum.*, vol. 1, no. 2, pp. 53–63, 2024.

[25] Y. Utami, "Uji validitas dan uji reliabilitas instrumen penilaian kinerja dosen," *J. Sains Teknol.*, vol. 4, no. 2, pp. 21–24, 2023.