

Lampiran 1

Standards for Reporting Qualitative Research (SRQR) - Checklist

No.	Topic	Item
Title and abstract		
S1	Title	Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended
S2	Abstract	Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions
Introduction		
S3	Problem formulation	Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement
S4	Purpose or research question	Purpose of the study and specific objectives or questions
Methods		
S5	Qualitative approach and research paradigm	Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/interpretivist) is also recommended; rationale ^b
S6	Researcher characteristics and reflexivity	Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability
S7	Context	Setting/site and salient contextual factors; rationale ^b
S8	Sampling strategy	How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale ^b
S9	Ethical issues pertaining to human subjects	Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues
S10	Data collection methods	Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale ^b
S11	Data collection instruments and technologies	Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study
S12	Units of study	Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)
S13	Data processing	Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification

		of data integrity, data coding, and anonymization/deidentification of excerpts
S14	Data analysis	Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale ^b
S15	Techniques to enhance trustworthiness	Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale ^b
Results/findings		
S16	Synthesis and interpretation	Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory
S17	Links to empirical data	Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings
Discussion		
S18	Integration with prior work, implications, transferability, and contribution(s) to the field	Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field
S19	Limitations	Trustworthiness and limitations of findings
Other		
S20	Conflicts of interest	Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed
S21	Funding	Sources of funding and other support; role of funders in data collection, interpretation, and reporting

Lampiran 2

Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement – Checklist

	Item No	Recommendation
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(a) <i>Cohort study</i> —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up <i>Case-control study</i> —Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls <i>Cross-sectional study</i> —Give the eligibility criteria, and the sources and methods of selection of participants (b) <i>Cohort study</i> —For matched studies, give matching criteria and number of exposed and unexposed <i>Case-control study</i> —For matched studies, give matching criteria and the number of controls per case
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed <i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i> —If applicable, describe analytical methods taking account of sampling strategy (e) Describe any sensitivity analyses

Results		
Participants	13*	<p>(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed</p> <hr/> <p>(b) Give reasons for non-participation at each stage</p> <hr/> <p>(c) Consider use of a flow diagram</p>
Descriptive data	14*	<p>(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders</p> <hr/> <p>(b) Indicate number of participants with missing data for each variable of interest</p> <hr/> <p>(c) <i>Cohort study</i>—Summarise follow-up time (eg, average and total amount)</p>
Outcome data	15*	<p><i>Cohort study</i>—Report numbers of outcome events or summary measures over time</p> <hr/> <p><i>Case-control study</i>—Report numbers in each exposure category, or summary measures of exposure</p> <hr/> <p><i>Cross-sectional study</i>—Report numbers of outcome events or summary measures</p>
Main results	16	<p>(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included</p> <hr/> <p>(b) Report category boundaries when continuous variables were categorized</p> <hr/> <p>(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period</p>
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

Lampiran 3

Tabel Ekstraksi Data

No.	Nama Peneliti/Tahun Publikasi	Judul Penelitian	Objek Penelitian	Desain Penelitian	Tempat Penelitian	Manfaat Penerapan Rekam Medis Elektronik		
						Aspek Ekonomi	Aspek Klinis	Aspek Akses Informasi
1	Thuan D. Nguyen, MD, PhD, Hai D. VU, MSc, John G. Webster, PhD, Amit J. Nimunkar, PhD/2017	A Web Based EMR and Hospital Information System for Developing Countries	BK e-Hospital Software Model, PACS, RIS	Case study	Vietnam	1. Penghematan biaya	1. Mengurangi kesalahan medis	1. Berbagi informasi medis antar tenaga kesehatan, 2. Memungkinkan pasien untuk mengakses informasi medis mereka melalui Internet
2	Sarah D. Humpage/2010	Benefits and Costs of Electronic Medical Records: The Experience of Mexico's Social Security Institute	Sistem RME di Mexican Social Security Institute (IMSS)	Case study	Mexico	1. Penghematan, efisiensi dan efektifitas biaya	1. Meningkatkan keterbacaan data, 2. Meningkatkan akurasi dan efisiensi, 3. Peningkatan pelacakan pasien, penelitian medis, dan analisis kebijakan	1. Manajer dapat meningkatkan pengawasan dengan menggunakan catatan medis elektronik, 2. Peningkatan komunikasi antara apotek dan klinik
3	Nurul Aqilah Mohd Nor & Sarinder Kaur Dhillon; Nur Aishah Taib, Marniza Saad; Hana Salwani Zaimi, Zahir Ahmad, Yamin Ahmad/2018	Development of Electronic Medical Records for Clinical and Research Purposes: The Breast Cancer Module Using an Implementation Framework in a Middle Income Country- Malaysia	i-Pesakit	Case study	Malaysia	1. Penghematan biaya	-	-

4	William M. Tierney, Ada Yeung, April Bell, Paul Biondich, Burke Mamlin, John Sidle, Martin Were, Ben Wolfe, Kara Wools-Kaloustian, Constantine Yiannoutsos, Paula Braitstein, Brian McKown; Marion Achieng; Elaine Baker; Sylvester Kimaiyo, Winstone Nyandiko, Joseph Rotich, Abraham Siika; Daniel Kayiwa; Nicholas Musinguzi/2010	Experience Implementing Electronic Health Records in Three East African Countries	Electronic Health Record System in Western Kenya, OpenMRS in Tanzania, OpenMRS in Uganda	Case study	Kenya Barat, Tanzania, Uganda	-	1. Memantau, mengevaluasi, dan meningkatkan perawatan	-
5	Mikael Gebre-Mariam, MSc; Elizabeth Boryeki, PhD; Andre Kushmiruk, PhD; Mary Ellen Purkis/2012	An Electronic Medical Record (EMR) Implementation Framework for HIV Care and Treatment Facilities in Ethiopia	Empat rumah sakit di Hawassa, Etiopia.	Exploratory-grounded theory	Empat rumah sakit di Hawassa, Etiopia.	-	1. Kestinambungan perawatan, 2. Akses tepat waktu untuk melengkapi catatan medis, 3. Efisiensi perawatan pasien, 4. Pengurangan kesalahan pengobatan, 5. Peningkatan kerahasiaan pasien	1. Peningkatan komunikasi antar dokter, 2. Mengintegrasikan beberapa program HIV, 3. Dukungan keputusan tepat waktu
6	Eva Silvestre, PhD/2018	How Electronic Health Records Strengthen the Health Systems of Low- and Middle-Income Countries: Learning from Eswatini and Mexico	RKE in Colima (Mexico), RKE in Eswatini	Case study	Colima (Mexico) dan Eswatini	-	1. Kestinambungan perawatan dan pelaporan	-

7	John Haskew, Gunnar R, Kenrick Turner, Davies Kimanga, Martin Sirengo, Shahnaaz Sharif/2015	Implementation of a Cloud-Based Electronic Medical Record to Reduce Gaps in the HIV Treatment Continuum in Rural Kenya	RME di Western Kenya	Case study	Kenya Barat	-	1. Peningkatan kualitas data dan perawatan	-
8	Ramadhani Jumanne Mashoka, Brittany Murray, Upendo George, Natalia Lobue, Juma Mfinanga, Hendry Sawe, Libby White/2019	Implementation of Electronic Medical Records at an Emergency Medicine Department in Tanzania: The Information Technology Perspective	Emergency Medicine Department System (EDIS) di Tanzania	Case study	Tanzania	1. Peningkatan akurasi penagihan biaya pelayanan	1. Peningkatan efisiensi perawatan, 2. Peningkatan kualitas pencatatan	1. Membantu menyeddiakan data untuk penelitian tertentu
9	Tom Oluoch, Victor Ssempijja, Abraham Katana; Daniel Kwaro, Patrick Langat, Nicky Okeyo; Ameen Abu-Hanna, Nicolette de Keizer/2015	Better Adherence to Pre-Antiretroviral Therapy Guidelines Afterimplementing an Electronic Medical Record System in Rural Kenyanhiv Clinics: A Multicenter Pre-Post Study	Sistem RME di 17 fasilitas kesehatan yang menyediakan layanan perawatan dan pengobatan HIV di Provinsi Nyanza, Kenya bagian barat	Retrospective study	Pedesaan di Kenya	-	1. Meningkatkan kualitas pelayanan	-
10	Gregory B Cline; John M Luiz/2013	Information Technology Systems in Public Sector Health Facilities in Developing Countries: The Case of South Africa	Sistem Informasi Rumah Sakit di Afrika Selatan	Case study	Afrika Selatan	1. Penghematan biaya	1. Meningkatkan kualitas pelayanan, 2. Membantu dalam pengambilan keputusan, 3. Meningkatkan kepuasan pasien	-

11	Jamie Newman, Jennifer Hemingway-Foday, Godfrey Woelk; Pablo Torres; Innocent Azinyue; Joseph Atibu; Wilfred Akam; Ashu Balimba; Lucien Kalenga, Marcel Mbaya, Henri Mukumbi, Théodore Niyongabo, Brigitte Mfangam Molu/2011	Improvement of Service Capabilities Following the Establishment of an Electronic Database to Evaluate AIDS in Central Africa	Database elektronik AIDS di Afrika Tengah	Case study	Central Africa	-	1. Peningkatan manajemen pasien, 2. Peningkatan kesinambungan perawatan	1. Memenuhi persyaratan pelaporan
12	Hannock Tweya; Caryl Feldacker; Oliver Jintha Gadabu; Wingston Ng'ambi; Soyapi L. Mumba; Dave Phiri; Luke Kamvazina; Shawo Mwakilama; Henry Kanyerere; Olivia Keiser; Johnbosco Mwafilaso; Chancy Kamba; Matthias Egger; Andreas Jahn; Bertha Simwaka dan Sam Phiri/2016	Developing a Point-of-Care Electronic MR System for TB HIV Co-Infected Patients in Malawi	Sistem RME khusus TB/HIV di Lilongwe, Malawi	Case study	Lilongwe, Malawi	-	1. Meningkatkan manajemen file pasien, 2. Meningkatkan integrasi pelayanan TB, 3. Memfasilitasi pengambilan keputusan layanan	1. Meningkatkan kerahasiaan melalui akses terbatas dan hak pengguna
13	Svetlana V Doubova; Ricardo Pérez-Cuevas; Eduardo Ortiz-Panozo; Bernardo Hernández-Prado/2014	Evaluation of The Quality of Antenatal Care Using EHR Information in Family Medicine Clinics of Mexico City	RME klinik pengobatan keluarga di Mexico City	In-depth interviews, metode RAND-UCLA, dan retrospective cohort study	Mexico	-	1. Peningkatan kualitas perawatan	-
14	Kamal G Shah, Tara Lyn Slough, Ping Teresa Yeh, Z Maria Oden, Rebecca R Richards-Kortum; Suave Gombwa; Athanase Kiromera/2013	Novel Open-Source Electronic Medical Records System for Palliative Care in Low-Resources Settings	DataPall	Case study	Sub-Saharan Africa	-	1. Peningkatan kualitas perawatan	-

15	Juan Eugenio Hernández-Ávila, Lina Sofia Palacios-Mejía, Marcela Agudelo-Botero, Alicia Sanchez-Parbul; Agustín Lara-Esqueda; Eva Silvestre, Mark L Diana, David R Hotchkiss; Beatriz Plaza/2012	Assessing The Process of Designing and Implementing Electronic Health Records in a Statewide Public Health System The Case of Colima, Mexico	RME di Mexico	Case study	Mexico	1. Peningkatan manajemen dalam monitoring dan evaluasi kinerja	1. Penghematan waktu, 2. Peningkatan keterbacaan catatan medis, 3. Pengurangan kesalahan medis	1. Meningkatkan aksesibilitas informasi riwayat pasien
16	Nahid Tavakoli, Maryam Jahanbakhsh, Hamid Reza Tadayoni; Dr Habibollah Mokhtari/2010	Opportunities of Electronic Health Record Implementation in Isfahan	15 dari Dokter, Manajer dan orang yang memiliki pengalaman terkait dengan RME	Case study	Isfahan	1. Mengurangi biaya perawatan kesehatan, 2. Pemanfaatan sumber daya yang lebih baik	1. Penghematan waktu dalam dokumentasi, 2. Pencegahan misfile atau kehilangan catatan pasien, 3. Pengurangan frekuensi layanan penunjang, 4. Peningkatan kualitas pelayanan	1. Meningkatkan aksesibilitas informasi riwayat pasien
17	Yusuf Haji Sideka, Jorge Tiago Martins/2017	Perceived Critical Success Factors of Electronic Health Record System Implementation in a Dental Clinic Context: an Organisational Management Perspective	Brunei's national EHR – the Healthcare Information and Management System (Brunei HIMS)	Grounded Theory	Brunei Darussalam	1. Peningkatan efisiensi organisasi	1. Peningkatan kualitas perawatan, 2. Peningkatan keterbacaan catatan medis	1. Meningkatkan aksesibilitas informasi riwayat pasien
18	Alice Mwang'ombe/2019	Determinants of Implementing Electronic Medical Records in Clinical Management in Public Healthcare Facilities in	Sistem RME di fasilitas kesehatan di Kabupaten Mombasa, Kenya	Cross sectional	Kabupaten Mombasa, Kenya	-	1. Meningkatkan produktivitas tenaga medis	-

19	Binyam Tilahun, Fleur Fritz/2015	Mombasa County, Kenya	Modeling Antecedents of Electronic Medical Record System Implementation Success in Low-Resource Setting Hospitals	Sistem RME di lima rumah sakit umum Ethiopia	Cross sectional	Ethiopia	1. Penghematan biaya ditinjau dari lama perawatan, waktu transkripsi, dan penggunaan laboratorium	-	1. Meningkatkan aksesibilitas informasi riwayat pasien
20	Murali Sambasivan, Pouyan Esmaelzadeh, Naresh Kumar, Hossein Nezakati/2012		Intention to Adopt Clinical Decision Support Systems in A Developing Country: Effect of Physician's Perceived Professional Autonomy, Involvement and Belief: A Cross-Sectional Study	Clinical decision support system di Malaysia	Cross sectional	Malaysia	-	1. Peningkatan kualitas perawatan	-
21	Ghasem Deimazar, Mehdi Kahouei, Afsane Zamani, Zahra Ganji/2018		Health Information Technology in Ambulatory Care in a Developing Country	Teknologi informasi kesehatan dalam pelayanan rawat jalan di Semnan, Iran.	Cross sectional	Semnan (Iran)	-	1. Peningkatan kualitas perawatan, 2. Peningkatan keselamatan pasien, 3. Mendukung pengambilan keputusan klinis	1. Meningkatkan aksesibilitas informasi riwayat pasien