

The Relationship between the Implementation of the Hospital Management Information System (SIMRS) and the Quality of Administrative Services at the Outpatient Clinic of Idaman Hospital, Banjarbaru

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Abstract.

The Taziah Aulia Rizki. NIM 20221326122021 Hospital Administration Study Program. "The Relationship Workload and Doctors' Attitudes with the Completeness of Informed Consent Forms at RSD Idaman Banjarbaru City". Adviser: H. Raziansyah, S.Kp., MPH and Annalia Wardhani, S.Kep, Ns, M.Kep. The World Health Organization (WHO) states that an integrated health information system is capable of accelerating administrative processes, reducing data errors, and improving coordination among service units (WHO, 2022). This study aimed to determine the relationship between the implementation of the Hospital Management Information System (HMIS) and service quality at the Outpatient Department of RSD Idaman Banjarbaru. This study used a quantitative method with a cross-sectional approach. The study population consisted of 102 administrative staff and 4,092 outpatients in January. The sample comprised 51 administrative staff and 51 outpatients selected using a nonprobability sampling technique. Data were collected using questionnaires and then analyzed using the Spearman Rank test with the assistance of SPSS version 25. The results showed that most respondents assessed the implementation of HMIS as being in the good category; 71.0% assessed the quality of administrative services as being in the good category, while 29.0% assessed it as being in the poor category. The analysis results indicated a significant relationship between the Hospital Management Information System (HMIS) and the quality of administrative services ($p\text{-value} = 0.000$; $r = 0.568$). The conclusion of this study is that there is a significant relationship between the Hospital Management Information System (HMIS) and the quality of administrative services at the Outpatient Department of RSD Idaman Banjarbaru in 2026.

Keywords: Hospital Management Information System (HMIS) Implementation, Administrative Service Quality.

I. INTRODUCTION

The development of information technology has had a significant impact on various aspects of healthcare services, particularly in hospitals. The Hospital Management Information System (SIMRS) is an integrated computer-based information technology system for managing all administrative, financial, and medical information within a hospital. SIMRS includes various modules such as patient registration, electronic medical records, pharmacy services, laboratory, radiology, inpatient, outpatient, billing, and managerial reports. The main objective of implementing SIMRS is to improve hospital operational efficiency, accelerate service processes, improve data accuracy, and provide real-time information for clinical and managerial decision-making. This system is also designed to support accountability and transparency in healthcare services and must meet interoperability and data security standards as stipulated by the Ministry of Health of the Republic of Indonesia, including Minister of Health Regulation No. 82 of 2013. SIMRS functions not only as an electronic recording tool but also as a strategic instrument in the comprehensive digital transformation of hospital services (Putri, *et al.*, 2023).

Healthcare services in hospitals require an integrated and structured information management system to ensure effective and efficient administration and patient care. Implementing a Hospital Information System (SIMS) is one way to improve service quality by enabling fast, precise, and accurate data management and supporting decision-making. The use of this information technology cannot be optimal without clear work guidelines in the form of Standard Operating Procedures (SOPs).

Standard Operating Procedures (SOPs) are guidelines that regulate operational steps so that each service process can be carried out systematically, structured, and according to standards. The implementation of SOPs in the Hospital Management Information System (SIMRS) plays a role in regulating the system's workflow, the division of staff duties, and the procedures for managing hospital information. The existence of clear SOPs can increase the effectiveness of SIMRS use, expedite patient care, and minimize errors in data management and administration. The implementation of SOPs also supports the successful implementation of SIMRS through the arrangement of human resources, work methods, and adequate technological support, thus becoming a crucial part of improving the quality of health services.

Digitizing the healthcare sector through hospital information systems has become a global strategy for improving the quality and efficiency of services. The World Health Organization (WHO) states that integrated health information systems can accelerate administrative processes, reduce data errors, and improve coordination between service units (WHO, 2022). Hospital Management Information Systems or *Hospital Information Systems* (HIS) has been extensively developed to support various clinical functions such as electronic medical records, service administration, pharmacy, and laboratory to improve the accuracy and completeness of information. The development of interoperable HIS in the Asian region, including Malaysia, has shown rapid progress with the implementation of interoperability standards that emphasize data security and privacy as key factors (Anianet *al.*, 2025).

The Indonesian government is also strengthening regulations related to hospital information systems to support effective service delivery. Minister of Health Regulation No. 24 of 2022 mandates the use of Electronic Medical Records (ERDs) with principles of data security and integration. Minister of Health Regulation No. 18 of 2022 concerning One Health Data emphasizes system interoperability to ensure national data integration, resulting in faster, more accurate, and data-driven services (Ministry of Health, 2022).

The implementation of SIMRS at the regional level, particularly in South Kalimantan Province, has been implemented in several hospitals, such as Ulin Regional Hospital in Banjarmasin and Idaman Regional Hospital in Banjarbaru. The local government is encouraging digital transformation by strengthening infrastructure and increasing human resource capacity. A report from the South Kalimantan Provincial Health Office indicates that SIMRS implementation still faces challenges such as network limitations, lack of system integration, and employee resistance to change (Azzakiaet *al.*, 2025).

Banjarbaru City, as a regional healthcare referral center, has made digitalization a priority. Idaman Banjarbaru Regional Hospital is one of the regional hospitals developing a SIMRS (Sysm) and Electronic Medical Records (EMR) as part of the digital transformation of healthcare services.

Various studies have shown that the implementation of SIMRS has a positive impact on the effectiveness of patient service administration. Wang's research *et al.* (2023) showed an increase in administrative efficiency of up to 35%. Research by Puji Hastuti and Hastuti (2021) showed a 27% increase in service delivery, while research by Fitriani and Rakhmawati (2023) showed an increase in effectiveness of up to 40%. These findings reinforce the potential of SIMRS to improve the efficiency of patient care administration.

A preliminary study conducted through interviews with the Head of the Outpatient Unit, the Head of the Electronic Medical Records Unit, and eight administrative staff at Idaman Banjarbaru Regional Hospital (RSD Idaman) indicated that the implementation of SIMRS in outpatient services has been quite successful and relatively easy to use. This system helps expedite the registration process, patient data entry, and supports smooth administrative flow. The information generated is considered complete and appropriate to needs, thus supporting staff effectiveness.

The implementation of Electronic Medical Records at Idaman Banjarbaru Regional Hospital (RSD Idaman) began in 2017 and began in mid-2022 for outpatient services in several clinics before being gradually expanded. Hospital policy stipulates that the use of Electronic Medical Records will be fully implemented starting July 1, 2025, eliminating the use of manual medical records.

The implementation of SIMRS and Electronic Medical Records still faces various obstacles. Human resources are a major challenge, particularly for staff unfamiliar with technology. Network disruptions and

system downtime are also frequent, hindering patient data processing and impacting the smooth operation of services.

Administrative problems such as long queues, data inaccuracies, and reporting delays are still common and impact patient satisfaction and staff effectiveness (Utomo, Purnami & Winarni, 2024). Poorly organized and manual administrative services can potentially lead to data input errors and reduce service quality (Diaz, 2025). These conditions indicate a gap between the expectations of SIMRS implementation and actual conditions on the ground.

SIMRS has significant potential to improve service performance by accelerating registration, reducing administrative burdens, and integrating units such as pharmacy, laboratory, and medical records. This system provides a centralized database that enables rapid information access and supports accurate decision-making (Widyaningrum *et al.*, 2023).

The gap between the potential of the Hospital Management Information System (SIMRS) and its implementation in the field indicates the need for further study on the effectiveness of this system. Research on the impact of the Hospital Management Information System (SIMRS) on the effectiveness of patient service administration at Idaman Banjarbaru Regional Hospital is crucial to determine the extent to which this system significantly impacts administrative efficiency and the quality of healthcare services.

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II. METHODS

This study employed a quantitative method in its design, focusing on objectively measuring and describing phenomena through statistical analysis (Suprayitno, 2024). Quantitative methods are used to collect numerical data, which are then statistically analyzed to identify patterns and relationships between variables that can be generalized to the study population. This approach allows researchers to objectively analyze relationships between variables and produce research findings that can be scientifically retested (Tjahyadi, 2024). Data collection in this study was conducted through a structured questionnaire to obtain valid, accurate, and representative data from respondents. The questionnaire was used to measure respondents' perceptions of the implementation of SIMRS and the effectiveness of patient service administration in the outpatient unit.

This research is of an experimental nature *descriptive correlational*, which aims to analyze the relationship between two main variables, namely the Hospital Management Information System as the independent variable and the effectiveness of patient service administration as the dependent variable, without manipulating the variables studied (Tjahyadi, 2024). The approach used in this study is a design *cross-sectional*, which involves collecting data at a specific point in time to evaluate the relationship between variables (Maulani, 2024). This design was chosen because it could explore the relationship between SIMRS and the effectiveness of service administration at the Idaman Banjarbaru Regional Hospital Outpatient Installation. The selection of this research design was based on the consideration that the design *cross-sectional* can capture data in actual conditions without requiring long-term observation. Furthermore, the results of this study are expected to be a consideration for the management of the housing complex.

III. RESULT AND DISCUSSION .

A. Research result

1. Research Location Overview

The Ideal Regional Hospital of Banjarbaru City was initially established in 1961 as a Maternal and Child Health Center (UKIDA) owned by the South Kalimantan Provincial Government, where its establishment was aimed at protecting mothers and children from various infectious diseases that were currently endemic. In 1965, UKIDA was upgraded to a Maternal and Child Health Center (BKIA) with minimal facilities and only consisting of several examination rooms and a land area of approximately 8.0 hectares. Then, gradually, there was a pleasing development because the BKIA was in demand by the community and the government also increased its staff and service facilities. Furthermore, along with the development and public understanding of the importance of health and because of the needs of the surrounding community, the BKIA was designated by the South Kalimantan Provincial Government and the Indonesian Ministry of Health in 1971 as a hospital with the status of a class "D" Regional General Hospital owned by the South Kalimantan Provincial Government with a capacity of 40 beds.

Idaman Regional Hospital (RSD) Banjarbaru is a regional government-owned hospital under the auspices of the Banjarbaru City Government, South Kalimantan Province. This hospital is located at Jl. Trikora No. 115, RT 09 RW 01, Guntung Manggis Village, Landasan Ulin District, Banjarbaru City. Established as a General Hospital (RSU) with a Class C classification, RSD Idaman operates under the status of a Regional Public Service Agency (BLUD), which allows for flexible financial and operational management to improve the quality of public health services.

Currently, RSD Idaman is led by Dr. Danny Indrawardhana, MMRS, as the main director. With a land area of 7,461,987 m² and a total area of 1,000 m², it is...

With a building area of 1,363,985 m², this hospital has a large service capacity, and is supported by various medical facilities and professional health personnel.

Idaman Regional Hospital (RSD) Banjarbaru provides a variety of healthcare services, including basic medical care, specialist care, and support services. The services available at this hospital include:

a. Service

- 1) Hemodialysis Installation
- 2) Laboratory Installation
- 3) Medical Rehab Installation
- 4) Radiology Installation
- 5) Central Surgical Installation
- 6) Installation *Intensive Care Unit* (ICU)
- 7) Emergency Installation
- 8) Corpse Embalming Installation
- 9) Outpatient Installation
- 10) Inpatient Installation
- 11) Pharmaceutical Installation
- 12) Nutrition Installation
- 13) Installation *Central Sterile Supply Departement* (CSSD), Linen and Laundry
- 14) Sanitation Installation
- 15) Medical Records Installation
- 16) Hospital Facilities Maintenance Installation (IPSRS)
- 17) Hospital Management Information System (SIMRS) Installation
- 18) Clinical Pathology Room
- 19) Radiology
- 20) Blood Management Unit
- 21) Legal and Public Complaints Unit
- 22) Public Relations and Marketing Unit
- 23) Hospital Health Promotion Unit (PKRS)
- 24) Ambulance and Referral Service Unit
- 25) Drug Delivery
- 26) Laparoscopy
- 27) Anatomical Pathology Lab
- 28) Prosthodontics Clinic
- 29) Neurosurgery Clinic
- 30) Executive Clinic
- 31) Clinic Urology
- 32) Ambulance Call Service
- 33) Medical Cosmetic Clinic
- 34) Neurology Clinic
- 35) Pregnancy exercise
- 36) Click on Internal Medicine Afternoon
- 37) Afternoon Skin and Venereology Clinic

b. **Outpatient Installation**

The Outpatient Unit is one of the main service units at RSD Idaman, Banjarbaru City, which provides healthcare to patients without requiring hospitalization. Services at this unit include patient registration, administrative services, examinations by doctors according to the designated clinic, supporting services if needed, and the administrative process after the patient receives care. To implement these services, RSD Idaman, Banjarbaru City, has implemented a Hospital Management Information System (SIMRS) to support patient data management, registration processes, medical records, service scheduling, and the presentation of information quickly, accurately, and in an integrated manner.

Outpatients are patients who receive healthcare services at a hospital without requiring inpatient care. Patients arrive based on their service needs, either through referrals or independent visits. They then undergo

administrative procedures, examinations, medical procedures, if necessary, and receive medication or follow-up care tailored to their condition. The quality of administrative services in the outpatient setting is a critical factor influencing patient satisfaction, as it is the first service they receive before receiving medical care.

In this study, the respondents used were 102 stakeholders of outpatient administration services at RSD Idaman, Banjarbaru City. The study focused on the implementation of the Hospital Management Information System (SIMRS) in outpatient administration services and its relationship to the quality of administrative services provided to patients. Thus, the Outpatient Installation of RSD Idaman, Banjarbaru City was chosen as the research location because it is a service unit that directly utilizes SIMRS to support the administration process and services to patients.

- 1) Dental Clinic
- 2) Oral Surgery Clinic
- 3) Endodontic Clinic
- 4) Clinical Orthodontics
- 5) Internal Medicine Clinic
- 6) Neurology Clinic
- 7) Geriatric Clinic
- 8) ENT Clinic
- 9) Eye Clinic
- 10) Phacoemulsification Eye Clinic
- 11) Surgical Wound Clinic & Wound Care
- 12) Orthopedic Clinic
- 13) Anesthesia Clinic
- 14) HSG Radiology Clinic
- 15) Obstetrics & Gynecology Clinic
- 16) Family Planning Clinic
- 17) Growth and Development Clinic
- 18) Immunization Clinic
- 19) Children's Clinic
- 20) Pediatric Endocrine Clinic
- 21) Pediatric Hematology Oncology Clinic
- 22) Nutrition Clinic
- 23) Venereology Clinic
- 24) Lung Clinic
- 25) Klinik VCT
- 26) MCU Clinics
- 27) Executive Clinic
- 28) Heart Clinic
- 29) Psychiatric Clinic
- 30) Psychology Clinic
- 31) Medical Rehab Clinic
- 32) Hemodialysis Clinic
- 33) Mental/Spiritual Health Clinic

ROOM TYPE	NUMBER OF BEDS
VIP	22
Class I	37
Class II	22
Class III	81
ICU without ventilator	10
HCU	6
PICU without ventilator	4
Isolation	22

Perinatology	20
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Source: Directorate General of Health Services, 2021

In terms of human resources, this hospital has a comprehensive medical staff, including general practitioners, dentists, primary care specialists, supporting specialists, as well as nurses and other healthcare workers. Some of the specialties available include internal medicine, surgery, pediatrics, obstetrics and gynecology, anesthesia, ophthalmology, ENT, pulmonology, dermatology and genitalia, neurology, and others.

As a referral hospital in the Banjarbaru City area and its surroundings, RSD Idaman continues to strive to improve the quality of services through the application of technology, human resource development, and improvement of facilities and infrastructure in accordance with hospital service standards.

Figure 4.1 Ideal Regional Hospital in Banjarbaru City

c. **Data**Hospital Conditions

Hospital Name : Banjarbaru's Dream Regional Hospital
 Hospital Class : C
 Type of Hospital : General Hospital
 Ownership : Banjarbaru City Government
 Director : Dr. Danny Indrawardhana, MMRS
 Full Address : Jl. Trikora No. 115, Guntungmanggis, Landasan Ulin District, Banjar Baru City, South Kalimantan 70721.

Telp/fax/e-mail : 0511-6749696

d. Vision, Mission, and Motto

- 1) Vision: The content of the ideal RSD of Banjarbaru City is "To become the community's primary choice hospital."
- 2) Mission: The mission of the ideal RSD of Banjarbaru City is:
 - a) Improve professional service and *holistic* prioritizing quality and patient safety.
 - b) Organizing good hospital governance and clinical governance.
 - c) Improving quality human resources and having a productive work culture.
 - d) Organizing education, training, and research in the health sector.
 - and) Realizing facilities and infrastructure that support improved services.

B. Results

1. Univariate Analysis of Respondent Characteristics

Univariate analysis, or descriptive statistics, aims to describe the characteristics of each research variable. Univariate analysis is the most basic method of data analysis (Senjaya et al., 2022). Based on data collection conducted on 102 outpatient administration service stakeholders at Idaman Banjarbaru Regional Hospital who met the inclusion criteria, the following univariate analysis results were obtained:

a. Gender

Table 5.1 Frequency Distribution of Respondents Based on Gender at RSD Idaman, Banjarbaru City in 2026

Gender	Frequency (f)	Percentage (%)
Man	35	34.3
Woman	67	65.7
Total	102	100.0

Source

Based on the results of the study of 102 respondents, it was found that the majority of respondents were female, namely 67 people (65.7%), while male respondents numbered 35 people (34.3%). These results indicate that the characteristics of the respondents in the study were predominantly female. The dominance of female respondents indicates that the assessment of the implementation of the Hospital Management Information System (SIMRS) and the quality of administrative services at the Outpatient Installation of RSD Idaman Banjarbaru mostly came from female respondents.

b. Age

Table 5.2 Frequency Distribution of Respondents Based on Age at RSD Idaman, Banjarbaru City in 2026

Age	Frequency (f)	Percentage (%)
20–30 Years	41	40.2
31–40 Years	29	28.4
41–50 Years	20	19.6
51–60 Years	11	10.8
61–70 Years	1	1.0
Total	102	100.0

Based on the age distribution of respondents, it is known that the 20–30 age group is the largest group, namely 41 people (40.2%), followed by 31–40 years old with 29 people (28.4%), 41–50 years old with 20 people (19.6%), 51–60 years old with 11 people (10.8%), and 61–70 years old with 1 person (1.0%). These results indicate that the majority of users of outpatient administration services are of productive age. The productive age group generally has a better level of understanding and ability to adapt to the use of information technology, including the SIMRS-based administration system. The dominance of respondents aged 20–30 years indicates that the assessment of the implementation of SIMRS and the quality of administrative services comes largely from people who are relatively familiar with technological developments, so they can provide an objective assessment of the effectiveness of the system implemented in hospitals. Based on the distribution of respondents' ages, it is known that the 20–30 year age group is the largest group, namely 41 people (40.2%), followed by 31–40 year age group as many as 29 people (28.4%), 41–50 year age group as many as 20 people (19.6%), 51–60 year age group as many as 11 people (10.8%), and 61–70 year age group as many as 1 person (1.0%). These results indicate that the majority of outpatient administration service users are in their productive age. The productive age group generally has a better level of understanding and ability to adapt to the use of information technology, including SIMRS-based administration systems. The dominance of respondents aged 20–30 years indicates that assessments of the implementation of SIMRS and the quality of administrative services come largely from people who are relatively familiar with technological developments, so they can provide objective assessments of the effectiveness of the system implemented in hospitals.

c. Marital status

Marital status	Frequency (f)	Percentage (%)
Single	22	21.6
Widow	3	2.9
Marry	77	75.5
Total	102	100.0

Based on the respondents' marital status, it was found that the majority of respondents were married, namely 77 people (75.5%), followed by unmarried respondents (22 people) and widows (3 people) (2.9%). These results indicate that the majority of outpatient administration service users are married individuals. The high number of married respondents may reflect a greater need for health services because it is not only related to personal health, but also other family members. This condition makes fast, accurate, and easy

administration services through the implementation of SIMRS very important to support service user satisfaction. Thus, the group of married respondents is the main source of information in assessing the relationship between SIMRS implementation and the quality of administration services at RSD Idaman Banjarbaru.

d. Last education

Last education	Frequency (f)	Percentage (%)
SD	SD	4
High School/Vocational School	47	46.1
D3	13	12.7
S1	25	24.5
S2	13	12.7
Total	102	100.0

Based on their most recent educational level, it was found that the majority of respondents had a high school/vocational high school education (47 people (46.1%), followed by a bachelor's degree (25 people (24.5%), a diploma (D3) and master's degree (12.7%) each, and an elementary school education (4 people (3.9%). These results indicate that the majority of respondents had a secondary to higher education level. This level of education allows respondents to have a fairly good understanding in assessing the implementation of the Hospital Management Information System (SIMRS) and the quality of administrative services at the Outpatient Installation of RSD Idaman Banjarbaru.

2. Univariate Analysis of Variables

Univariate analysis was conducted to describe the frequency distribution and percentage of each studied variable, namely the Hospital Management Information System (SIMRS) variable as the independent variable and the Quality of Administrative Services as the dependent variable. This analysis aims to determine the general description of the condition of SIMRS implementation and the quality of administrative services in the Outpatient Department of RSD Idaman, Banjarbaru City in 2026 based on the assessment of respondents who have participated in the study.

Table 5.9 Frequency Distribution of Respondents Based on the Hospital Management Information System (SIMRS) in Outpatient Care at RSD Idaman, Banjarbaru City in 2026

SIMRS Category	Frequency (f)	Percentage (%)
Good	62	60,8
Enough	30	29,4
Not enough	10	9,8
Total	102	100,0

Based on Table 5.9, it is known that the implementation of the Hospital Management Information System (SIMRS) in the Outpatient Care of RSD Idaman, Banjarbaru City in 2026 was mostly in the good category with 62 respondents (60.8%), followed by the sufficient category with 30 respondents (29.4%), and the less than ideal category with 10 respondents (9.8%). Thus, it can be concluded that the implementation of SIMRS in the Outpatient Care of RSD Idaman, Banjarbaru City has generally gone well according to the majority of respondents.

Table 5.10 Frequency Distribution of Respondents Based on the Quality of Administrative Services at the Outpatient Center of RSD Idaman, Banjarbaru City in 2026

Administrative Service Quality Category	Frequency (f)	Percentage (%)
Good	52	51,0
Enough	42	41,2

Not enough	8	7,8
Total	102	100,0

Based on Table 5.10, it is known that the quality of administrative services at the Outpatient Clinic of RSD Idaman, Banjarbaru City in 2026 was mostly in the good category with 52 respondents (51.0%), followed by the sufficient category with 42 respondents (41.2%), and the poor category with 8 respondents (7.8%). Thus, it can be concluded that the quality of administrative services at the Outpatient Clinic of RSD Idaman, Banjarbaru City was generally considered good by the majority of respondents.

3. Bivariate Analysis

In this study, bivariate analysis describes the relationship between the Hospital Management Information System variable and the Service Quality variable.

Table 5.11 Relationship between Hospital Management Information Systems and the Quality of Outpatient Services at RSD Idaman, Banjarbaru City in 2026

Hospital Management Information System (SIMRS) (X)	Quality of administrative services (Y)						Total		P-value	Correlation Coefficient
	Good		Enough		Not enough					
	F	%	F	%	F	%	F	%		
Good	44	43.1%	18	17.6%	0	0%	62	60.8%	0.000	0.568
Enough	8	7.8%	18	17.6%	4	3.9%	30	29.4%		
Not enough	0	0%	6	5.9%	4	3.9%	10	9.8%		
Total	26	51%	21	41.2%	4	7.8%	51	100%		

Based on the results of cross-tabulation between the Hospital Management Information System (SIMRS) and the Quality of Administrative Services in Outpatient Care at RSD Idaman Banjarbaru City in 2026, it is known that of the 62 respondents who assessed the implementation of SIMRS in the good category, most also assessed the quality of administrative services in the good category, namely 44 respondents (71.0%), while 18 respondents (29.0%) assessed the quality of administrative services in the sufficient category and there were no respondents who assessed the quality of administrative services in the poor category.

Furthermore, of the 30 respondents who assessed the implementation of SIMRS in the sufficient category, there were 8 respondents (26.7%) who assessed the quality of administrative services in the good category, 18 respondents (60.0%) in the sufficient category, and 4 respondents (13.3%) in the less than adequate category.

Meanwhile, of the 10 respondents who assessed the implementation of SIMRS in the poor category, there were no respondents who assessed the quality of administrative services in the good category, as many as 6 respondents (60.0%) assessed the quality of administrative services in the sufficient category, and 4 respondents (40.0%) assessed the quality of administrative services in the poor category.

Based on the results of the Spearman Rank correlation test, the correlation coefficient (r) value was obtained as 0.568 with a significance value (p -value) is 0.000. Because the value p -value(0.000) is smaller than $\alpha = 0.05$, then H_0 is rejected and H_a is accepted. Thus, there is a significant relationship between the implementation of the Hospital Management Information System (SIMRS) and the quality of administrative services at the Outpatient Hospital of Idaman Hospital, Banjarbaru City in 2026.

The correlation coefficient value of 0.568 indicates that the relationship between the implementation of the Hospital Management Information System (SIMRS) and the quality of administrative services is in the moderate category and has a positive direction. This means that the better the implementation of the Hospital Management Information System (SIMRS), the better the quality of administrative services tends to be. Conversely, if the implementation of SIMRS is less than optimal, the quality of administrative services also tends to decline. Therefore, effective implementation of SIMRS can support the improvement of the quality of administrative services at the Outpatient Clinic of RSD Idaman, Banjarbaru City.

C. Discussion

Hospital Management Information System (SIMRS)

Based on the research results, it is known that the implementation of the Hospital Management Information System (SIMRS) in the Outpatient Installation of RSD Idaman, Banjarbaru City in 2026 was mostly in the good category, namely 60.8% of respondents. These results indicate that the majority of respondents assessed the implementation of SIMRS as having run well in supporting the administrative service process at the hospital. However, there were still respondents who rated the implementation of SIMRS in the sufficient category (29.4%) and less (9.8%), so that improvements are still needed so that the implementation of SIMRS can run more optimally.

According to Nur et al. (2024), the Hospital Management Information System (SIMRS) is an integrated information system designed to manage all hospital service processes, from patient care, administration, finance to human resource management. Rimawati (2025) stated that SIMRS functions to improve hospital operational efficiency through fast, accurate, and easily accessible data management for all system users. Furthermore, Mohtar et al. (2025) explained that a good information system must be able to produce precise, fast, accurate, and relevant information as a basis for organizational decision-making. This opinion is supported by the Information System Success Model theory from DeLone and McLean which explains that the success of information system implementation is influenced by system quality, information quality, service quality, system usage, user satisfaction, and the benefits obtained by the organization.

The results of this study align with Diaz's (2025) study, which showed that the implementation of a SIMRS impacted the effectiveness of patient administration services by increasing service speed, data accuracy, ease of information access, and user satisfaction. Mohtar et al.'s (2025) study also found that the development of a website-based SIMRS improved service quality by making data management faster, more accurate, and more integrated. Furthermore, Riezky, Choirunnisa, and Rimawati's (2024) study reported that user satisfaction with SIMRS reached 76.4%, while Siregar and Soewondo (2022) explained that the success of SIMRS implementation is influenced by human, technological, and organizational factors. These research results reinforce the belief that good SIMRS implementation can improve the effectiveness of hospital administration services.

The characteristics of the respondents in this study are suspected to have influenced the assessment of the implementation of the SIMRS. Based on the results of the univariate analysis, the majority of respondents were female, 67 (65.7%). According to Notoatmodjo (2021), women generally have a higher level of attention to service quality, thus being more thorough in assessing the services received and provided. Based on age, the majority of respondents were in the 20–30 age group, 41 (40.2%). According to Hurlock (2017), early adulthood is a phase when individuals have good adaptation skills to technological developments and are more receptive to change. Based on marital status, the majority of respondents were married, 77 (75.5%), indicating that they have more extensive experience in utilizing and participating in health services. Meanwhile, based on educational level, the majority of respondents had a high school/vocational high school education, 47 (46.1%), followed by 25 (24.5%) with a bachelor's degree. According to Notoatmodjo (2021), education level influences a person's ability to receive information, understand a system, and provide assessments based on their experience. These characteristics indicate that the majority of respondents have a good understanding of the SIMRS-based administrative service process, enabling them to objectively assess the system's implementation.

Researchers argue that the dominant good category in the implementation of SIMRS indicates that the information system implemented in the Outpatient Installation of RSD Idaman Banjarbaru has been able to support the administrative service process effectively. The use of SIMRS simplifies the recording and retrieval of patient data, accelerates the service flow, improves coordination between units, and reduces administrative errors. On the other hand, there are still respondents who gave assessments in the sufficient and less than adequate categories, indicating that the implementation of SIMRS is not yet fully optimal. This condition is thought to be influenced by differences in user abilities in operating the system, limited training, technical problems, and suboptimal system integration between service units. In addition, the characteristics of respondents who are predominantly female, are of productive age, married, and have a secondary to higher education level also contribute to the high assessment of the implementation of SIMRS because these

characteristics make it easier for respondents to understand the technology-based service flow. Therefore, the hospital needs to continue to evaluate the implementation of SIMRS by improving user competency, strengthening management support, and developing information technology infrastructure so that SIMRS implementation can run more optimally and sustainably.

2. Quality of Administrative Services

Based on the research results, it was found that the quality of administrative services at the Outpatient Installation of RSD Idaman Banjarbaru City in 2026 was mostly in the good category, with 51% of respondents. This result indicates that the majority of respondents assessed the administrative services provided by the hospital as being running well. Good administrative services are reflected in the ease of the registration process, speed of service, accuracy of information provided, and the ability of staff to provide friendly and professional service. However, there were still some respondents who gave assessments in the sufficient and poor categories, so the quality of administrative services still needs to be continuously improved.

According to Naurah et al. (2024), quality healthcare services are services that meet the needs, desires, and expectations of service users, thus creating satisfaction. Administrative services are a crucial part of healthcare services because they are the first point of contact with service users before receiving medical care. Furthermore, the Ministry of Health (2022) explains that the quality of administrative services is influenced by service governance, human resource competency, the use of information technology, and the availability of facilities and infrastructure. The SERVQUAL theory proposed by Parasuraman, Zeithaml, and Berry explains that service quality is determined by the gap between user expectations and perceptions of the service received. The smaller the gap, the better the perceived service quality.

The results of this study align with Faradillah's (2025) research, which showed that the majority of respondents (74.7%) rated health administration services as good and that they significantly impacted user satisfaction. Loupatty et al.'s (2025) research also explains that service quality is influenced by human resource competency and the availability of adequate infrastructure. Furthermore, Zulfa et al.'s (2025) research states that service effectiveness is largely determined by the organization's ability to provide services quickly, accurately, and in accordance with user needs. These research findings support the findings of this study, which demonstrate that quality administrative services can increase public satisfaction and trust in hospital services.

The characteristics of the respondents in this study are suspected to influence the assessment of the quality of administrative services. Based on the results of the univariate analysis, the majority of respondents were female, 67 people (65.7%). According to Notoatmodjo (2021), women generally pay more attention to aspects of service quality, communication, and comfort during health care services and therefore tend to be more thorough in assessing the services they receive. Based on age, the majority of respondents were in the 20–30 age group, 41 people (40.2%). According to Hurlock (2017), this age group of early adulthood has good abilities in receiving information, thinking critically, and adapting to technological developments, so they tend to have high expectations for the speed and ease of service. Based on marital status, the majority of respondents were married, 77 people (75.5%). This condition indicates that respondents have more extensive experience in utilizing health services and therefore can provide assessments based on their experience. Meanwhile, based on educational level, the majority of respondents had a high school/vocational high school education (47 people (46.1%)), followed by 25 people (24.5%) with a bachelor's degree. According to Notoatmodjo (2021), education level influences a person's ability to receive information, understand service procedures, and rationally assess the quality of service received. These characteristics indicate that the majority of respondents have a fairly good ability to assess the quality of administrative services in hospitals.

Researchers believe that the predominance of good categories in the quality of administrative services indicates that administrative services at the Outpatient Installation of RSD Idaman Banjarbaru City have been running according to the expectations of most respondents. This success is supported by organized services, the ability of staff to provide clear information, and the use of SIMRS which helps expedite the administrative process. However, there are still respondents who gave sufficient and poor ratings, indicating that the quality of service is not fully optimal. This condition is thought to be influenced by the persistence of

service waiting times, differences in perceptions of service speed, clarity of information received, and variations in staff abilities in responding to service user needs. In addition, the characteristics of respondents who are predominantly female, are of productive age, married status, and have secondary to higher education levels also influence how respondents assess the quality of administrative services. Therefore, the hospital needs to continue to improve staff competency, improve service support facilities, optimize SIMRS utilization, and conduct regular user satisfaction evaluations so that the quality of administrative services can be continuously maintained and improved.

3. The Relationship between Hospital Management Information Systems (SIMRS) and the Quality of Administrative Services

Based on the results of the bivariate analysis using the Spearman Rank test, the value obtained was p -value of 0.000 which is smaller than $\alpha = 0.05$ with a correlation coefficient value (r) of 0.568. These results indicate that there is a significant relationship between the Hospital Management Information System (SIMRS) and the quality of administrative services at the Outpatient Installation of RSD Idaman, Banjarbaru City in 2026. The correlation coefficient value of 0.568 indicates that the relationship between the two variables is in the moderate category with a positive relationship direction. This means that the better the implementation of SIMRS, the better the quality of administrative services. Conversely, if the implementation of SIMRS is not optimal, the quality of administrative services also tends to decline.

The cross-tabulation results show that of the 31 respondents who rated the implementation of SIMRS as good, 22 respondents (71.0%) also rated the quality of administrative services as good, while 9 respondents (29.0%) rated the quality of administrative services as sufficient. Meanwhile, in the group of respondents who rated the implementation of SIMRS as poor, there were no respondents who rated the quality of administrative services as good. These findings indicate a tendency that the better the implementation of SIMRS, the better the quality of administrative services perceived by respondents.

According to Nur et al. (2024), the Hospital Management Information System (SIMRS) is an integrated information system that manages all hospital service information quickly, precisely, and accurately. This system supports administrative processes, patient data management, reporting, and hospital management decision-making. Wahyudin (2025) stated that implementing an integrated SIMRS can increase service speed, reduce manual administrative processes, minimize data recording errors, and improve hospital operational efficiency. Theory *Information System Success Model* DeLone and McLean also explain that system quality, information quality, and service quality will influence user satisfaction and the benefits received by the organization. Therefore, the better the quality of the SIMRS implementation, the better the quality of the resulting administrative services.

The results of this study align with Diaz's (2025) study, which showed that the implementation of a Hospital Management Information System (MISRS) significantly correlates with the effectiveness of administrative services, particularly in terms of service speed, data accuracy, ease of access to information, and user satisfaction. Mohtar et al.'s (2025) study also found that developing a web-based SIMRS improved the quality of hospital services by making the system faster, more accurate, and more integrated. Wahyudin's (2025) study concluded that implementing an integrated SIMRS is an effective strategy for improving the speed of service and operational efficiency in hospitals. Furthermore, Suryandari et al.'s (2025) study demonstrated that data completeness and accuracy, supported by a robust information system, are associated with improved quality of healthcare management. These findings reinforce the findings of this study, which demonstrate that SIMRS implementation is a key factor in improving the quality of hospital administrative services.

The characteristics of the respondents in this study are suspected to influence the relationship between SIMRS implementation and the quality of administrative services. Based on the results of the univariate analysis, the majority of respondents were female (67 people) (65.7%), were in the 20–30 age group (41 people) (40.2%), were married (77 people) (75.5%), and had a high school/vocational high school education (47 people) (46.1%). According to Notoatmodjo (2021), education level influences a person's ability to receive information and understand a system, while Hurlock (2017) explains that individuals in early adulthood are more adaptable to technological developments. These characteristics indicate that the

majority of respondents have a fairly good ability to understand technology-based administrative service processes, thus allowing them to assess SIMRS implementation and the quality of administrative services more objectively.

Researchers argue that the positive relationship between SIMRS and the quality of administrative services occurs because the implementation of SIMRS can support the administrative service process to be more effective and efficient. The use of SIMRS simplifies the registration process, searching for patient data, verifying identity, and preparing service reports more quickly and accurately. This condition has an impact on reducing waiting times, increasing the accuracy of services, and ease of accessing information. In addition to being influenced by the quality of the system implemented by the hospital, this relationship is also supported by the characteristics of respondents who are predominantly female, of productive age, married, and have a secondary to higher education level so that they are able to understand the technology-based service process well. Therefore, hospitals need to continue optimizing the implementation of SIMRS by improving user competency, strengthening information technology infrastructure, regular system maintenance, and evaluating the quality of administrative services so that the benefits of SIMRS in improving service quality can be maintained and enhanced.

D. Research Limitations

1. This study has limitations in the data collection process, namely the discrepancy between the time the questionnaire was returned by officers and the time limit that had been set, so that the data collection process took longer than planned.
2. This study only focuses on the relationship between the implementation of the Hospital Management Information System (SIMRS) and the quality of administrative services, so it does not include other factors that can influence the quality of administrative services, such as human resource competence, staff workload, facilities and infrastructure, management support, organizational culture, and service user satisfaction.

IV. CONCLUSION

Based on the results of research on the relationship between the Hospital Management Information System (SIMRS) and the quality of administrative services at the Outpatient Hospital of Idaman Hospital, Banjarbaru City in 2026, the following conclusions can be drawn:

1. The implementation of the Hospital Management Information System (SIMRS) in the Outpatient Unit of RSD Idaman, Banjarbaru City, in 2026 was mostly in the good category (60.8%), sufficient (29.4%), and poor (9.8%). This indicates that the implementation of SIMRS at RSD Idaman, Banjarbaru City, has generally gone well.
2. The quality of administrative services at the Idaman Regional Hospital (RSD Idaman) Outpatient Clinic in Banjarbaru City in 2026 was mostly in the good category (51.0%), with 41.2% being in the adequate category, and 7.8% being in the poor category. This indicates that the quality of administrative services provided to patients is generally good.
3. There is a significant relationship between the Hospital Management Information System (SIMRS) and the quality of administrative services at the Outpatient Clinic of RSD Idaman, Banjarbaru City in 2026.

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