



THE ELECTRONIC MEDICAL RECORDS: BETWEEN LEGAL CERTAINTY & LEGAL BENEFIT

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ABSTRACT

The medical records system to improve the quality of health services. Health care facilities that do not implement E-Medical Records are subject to administrative sanctions. This study aims to analyze the implications of E-Medical Records on improving health services and examine the enforcement of sanctions against health care facilities. This study was a doctrinal study, with data obtained through a literature review. The results of the study were analyzed qualitatively. The research findings show that there are still many health care facilities that have not implemented E-Medical Records, resulting in their inability to improve the quality of health services. The mandatory implementation of E-Medical Records and the accompanying sanctions are not yet fully appropriate for all health care facilities throughout Indonesia. It is necessary to implement sustainable actions to improve the quality of health services. The insufficient healthcare infrastructure includes technology-related facilities, inadequate human resources, and even a shortage of medical professionals in certain areas. If the regulation mandating healthcare facilities to implement E-Medical Records and its associated sanctions is strictly enforced across Indonesia, it will not align with the current conditions of healthcare facilities.

1. Introduction

Medical record is a system designed to track health and hospital visits.¹ An Electronic Medical Record is a technology that enhances the quality of healthcare services and improves the operational efficiency of healthcare facilities.² Electronic Medical Record serves as a means to improve public

1 Tilaar, T. S., & Sewu, P. L. S., Review of Electronic Medical Records in Indonesia and its Developments Based on Legal Regulations in Indonesia and its Harmonization with Electronic Health Records (Manual for Developing Countries). *Daengku: Journal of Humanities and Social Sciences Innovation*, Vol.3 No.3, 2023, page.422–430

2 Hendra Dwi Kurniawan, et.al., Meta Analysis: Effectiveness Of Electronic Medical Record (Electronic Medical Record) On The Quality Of Health Services, *Journal of Health Policy and Management*, Vol.9 No.2, 2024, page.168-176

services for the community, particularly for patients.³ Public services facilitated by Electronic Medical Record include: Helping doctors enhance the quality of patient care; Speeding up administrative tasks for medical personnel;⁴ Ensuring the security, confidentiality, integrity, and availability of medical record data;⁵ Facilitating collaboration among healthcare providers by providing an integrated platform for information sharing; Supporting evidence-based decision-making. Hospitals worldwide have already adopted Electronic Medical Record as an alternative to paper-based medical records.⁶ Meanwhile, Indonesia only issued regulations mandating the implementation of Electronic Medical Record in healthcare facilities in 2022.⁷

Electronic Medical Record is regulated under Minister of Health Regulation No. 24 of 2022 on Medical Records. This regulation mandates that all healthcare facilities, including private medical practices, must implement electronic medical records. The use of Electronic Medical Record is expected to improve the quality of healthcare services for the public. On the other hand, in reality, healthcare services for the community are still inadequate. Many Indonesian citizens who can afford it tend to seek medical treatment abroad, such as in Malaysia and Singapore, to receive better healthcare services than those available in Indonesia. Nevertheless, with the requirement for all healthcare facilities to adopt Electronic Medical Record, there is hope for positive changes and improvements in the quality of healthcare services in Indonesia.

The Electronic Medical Record is expected to be the solution to improve the quality of healthcare services in Indonesia, as many perceive that the country's healthcare services to be inadequate. Healthcare facilities must comply with these regulations, as the government will impose sanctions on those that violate them. Research by Rospita Adelina Siregar states that healthcare facilities that fail to comply with the implementation of electronic medical records will face administrative sanctions, such as written warnings or recommendations for accreditation revocation, within the specified time frame.⁸

Medical records are an urgent step in hospital-related information system

3 M. Sholkhan., Implementasi Rekam Medis Elektronik Dan Kajian Hukumnya. *Konstitusi : Jurnal Hukum, Administrasi Publik, Dan Ilmu Komunikasi*, Vol.1 No.3, 2024, page. 39-54

4 Iwan Rismawan & Nidia Renaningtyas., Analisis Efektivitas Penggunaan E-Medical Record Terhadap Waktu Tunggu Pasien Di Rumah Sakit. *Jurnal Kesehatan Tambusai*, Vol.5 No.1, 2024

5 I. Gede Eka Agung Agastya Punia., Aspek Hukum Dan Pertanggungjawaban Keamanan Data Rekam Medis Elektronik Di Indonesia. *Jurnal Kesehatan*, Vol.1 No.1, 2024, page. 1-4.

6 Rubiyanti, N. S., Penerapan Rekam Medis Elektronik di Rumah Sakit di Indonesia: Kajian Yuridis. *ALADALAH: Jurnal Politik, Sosial, Hukum Dan Humaniora*, Vol.1 No.1, 2023, page.179-187

7 Nurul Aprilyani Rusmulia, Nani Yuniar, and Sri Tungga Dewi., Gambaran Kesiapan Penerapan Rekam Medis Elektronik (rme) Di Rumah Sakit Umum Daerah Bahteramas Provinsi Sulawesi Tenggara. *Jurnal Administrasi Kebijakan Kesehatan*, Vol.5 No.1, 2024, page.82-91

8 Rospita Adelina Siregar., Penerapan Permenkes Nomor 24 Tahun 2022 tentang Rekam Medis Terhadap Efektivitas Pelayanan Kesehatan. *Jurnal Ilmu Hukum Kyadiren*, Vol.5 No.2, 2024, page.1-10

service medicine and health.⁹ Complete medical records make it easier for doctors to provide health services to patients.¹⁰ Electronic medical records offer substantial benefits, their implementation still faces problems such as highcost requirements, the need for training for medical personnel and other health workers, the availability of information and technology resources, as well as issues of patient data security and privacy. From the perspective of legal utility, Electronic Medical Record should deliver tangible benefits to society, yet if these obstacles are not addressed, the expected benefits may not be achieved and could instead generate negative impacts, for example delays in service, data entry errors, and an increased potential for conflicts that end in medical disputes.¹¹

Electronic Medical Record has been in evolution for several decades now but continues to grossly miss the intended mark of efficient and personalized patient care.¹² Implementation is also closely related to legal certainty, especially because health data is confidential information and falls within the category of sensitive personal data. Legal certainty is needed so that there are clear guidelines. Without firm rules, the protection of medical confidentiality and patient privacy becomes weak, thereby creating uncertainty for health workers and health facilities in providing services and increasing the risk of legal claims. Therefore, Electronic Medical Record implementation must be accompanied by strict data security policies and procedures, audits, and periodic supervision so that service benefits remain optimal while also providing legal certainty in protecting patients rights and ensuring the accountability of healthcare service providers.¹³

Previous research by Daud et al. states that incompleteness in filling out all fields in Electronic Medical Record can be caused by clinicians behavior who do not yet understand the importance of patient data and the legal aspect that Electronic Medical Record has evidentiary force in court if a medical malpractice claim occurs. Electronic medical records can present patient data truthfully when supported by clinicians completeness and consistency in entering information into the Electronic Medical Record during daily healthcare service activities. Another study by Saputra states that the use of electronic medical records in delivering healthcare services is currently mandatory for healthcare

9 Tirsia Sharon Tilaar & P. Lindawaty S. Sewu., Review of Electronic Medical Records in Indonesia and its Developments Based on Legal Regulations in Indonesia and its Harmonization with Electronic Health Records (Manual for Developing Countries), *Daengku: Journal of Humanities and Social Sciences Innovation*, Vol.3 No.3, 2023, page.422-430

10 Pri Agung Danarahmanto., Pengaruh Rekam Medis Elektronik Terhadap Loyalitas Pasien di Tami Dental Care, *Jurnal Manajemen Informasi Kesehatan Indonesia*, Vol.9 No.2, 2021, page.145-151

11 Siti Darmiani, et. al., Tantangan Integrasi Rekam Medis Elektronik dengan Sistem Manajemen Rumah Sakit: Dampak pada Keamanan Data dan Efisiensi Biaya Operasional-A Systematic Review. *Jurnal Sosial Dan Sains*, Vol.4 No.11, 2024, page.1107-1116

12 Santosh G Honava., Electronic medical records-The good, the bad and the ugly, *Indian Journal of Ophthalmology*, Vol.68 No.3, 2020, page.417-418

13 Al-Wreikat, E. I., Al Ajarmeh, H. H., Khalaileh, L. A., Albalawee, N., & Altarawneh, S. M., Medical Liability in Plastic Surgery, *Journal of Natural Science, Biology and Medicine*, Vol.16 No.2, 2025, page. 37-45

service providers by taking into account the security confidentiality integrity and availability of medical record data. In addition the organization and management of digitally based and integrated medical records must also be realized based on Minister of Health Regulation Number 24 of 2022 concerning Medical Records. This provision regulates obligations the types and contents of each medical record procedures for administering medical records the obligations of healthcare facilities the confidential nature of medical records and the benefits of using electronic medical records.¹⁴

This study aims to analyze the implications of E-Medical Records on improving health services and examine the enforcement of sanctions against health care facilities.

2. Research Methods

The method used in this study is doctrinal research. This research aims at developing new arguments or concepts as a prescription for solving issues related to the regulation of Electronic Medical Records in achieving quality healthcare services. The study is conducted through a review of laws and regulations, articles acquired from both international and national online databases, and proceedings that meet criteria, standards, and are structured regarding healthcare services, electronic medical record regulations, and associated sanctions. The data obtained from document analysis is then qualitatively examined to solve the identified problems.

3. Results And Discussion

3.1 Implications of Electronic Medical Records on the Quality of Healthcare Services

Medical records are an important element in the health service process in health facilities.¹⁵ Technological advancements have led to changes in healthcare services. Eka Wilda Faida, et al., stated that The need to migrate from conventional information management to an electronic based system arises due to its significant advantages and benefits in improving the quality of healthcare services. Several factors, not only infrastructure but also human resources, play a key role in influencing the acceptance and the use of electronic medical record. These factors emerge due to ongoing concerns about the system, particularly regarding the security and confidentiality aspects.¹⁶

Electronic Medical Record is closely related to public services, particularly in the category of basic societal needs. Healthcare is one of the fundamental

14 Tri Eka Saputra., Penggunaan Rekam Medis Elektronik Dalam Mewujudkan Perlindungan Hukum Keamanan Data Pribadi Pasien, *Fundamental: Jurnal Ilmiah Hukum*, Vol.13 No.2, 2024, page.57-75

15 Alya Nabila Nurrahma, etc., Electronic Medical Records in First Level Health Facilities, *Review of Primary Care Practice and Education*, Vol.6 No.2, 2023, page.60-64

16 Eka Wilda Faida, et. al., The acceptance and use of electronic medical records in developing countries within the unified theory of acceptance and use of technology framework. *Open Access Macedonian Journal of Medical Sciences*, Vol.10 No.E, 2022, page.326-336.

necessities of the community.¹⁷ The government, as the provider of public services, must prioritize healthcare by ensuring that it is fair, equitable, adequate, affordable, and of high quality. However, in reality, the level of public healthcare services in Indonesia remains below that of the neighboring countries.¹⁸

In the implementation of public services, several shortcomings are still occurred, and in terms of quality, they often fall short of the public expectations. This is reflected in the frequent complaints from the public through mass media, highlighting their dissatisfaction with the poor services they receive from the government. The gap between regulations or ideal standards and the reality on the ground continues to make the issue of public service quality an interesting topic to discuss.¹⁹ In response to these challenges, the government has made many efforts to improve healthcare services, one of which is the mandatory implementation of Electronic Medical Records in all healthcare facilities. This mandate is based on Article 3, Paragraph (1) of the Regulation of the Minister of Health of the Republic of Indonesia No. 24 of 2022 on Medical Records, which states that "Every healthcare facility is required to implement Electronic Medical Records."

With the recommended use of Electronic Medical Records, many healthcare service providers have implemented electronic medical record as an effort to improve service quality, enhance patient satisfaction, and reduce medical errors. the adoption of electronic medical record continues to grow in developing countries, including Indonesia. electronic medical records are increasingly being implemented in hospitals to improve service quality.²⁰ the implementation of electronic medical record in Indonesian hospitals promises significant benefits in enhancing efficiency, accuracy, and healthcare service quality, as well as increasing patient satisfaction.²¹ electronic medical record enables quick and accurate access to patient data, assisting medical professionals in providing better and more timely diagnoses and treatments.²²

17 Reki Timbawa, Welson Rompas, and Novva Plangiten., Pelayanan Kesehatan Di Puskesmas, Gemeh Kecamatan Gemeh Kabupaten Kepulauan Talaud. *Jurnal Administrasi Publik*, Vol.7 No.112, 2021, page. 236-257.

18 Neni Nuraeni, et al., Menciptakan Good Governance Melalui Pelayanan Kesehatan Kepada Masyarakat. *Karimah Tauhid*, Vol.3 No.2, 2024, page.2412-2423.

19 Lourensia Utari Kusumawardani, Ida Hayu Dwimawanti, and Susi Sulandari., Analisis Kualitas Pelayanan Pusat Kesehatan Masyarakat (Puskesmas) Larangan Kecamatan Harjamukti Kota Cirebon. *Journal of Public Policy and Management Review*, Vol.4 No.2, 2015, page.561-574

20 Warsi Maryati and Yeni Tri Utami., Optimalisasi Mutu Pelayanan Kesehatan Di Klinik Dengan Implementasi Sistem Informasi Rekam Medis Berbasis Web. *Link*, Vol.19 No.1, 2023, page.14-18.

21 Revi Rosalinda, et. al., Evaluasi Penerapan Rekam Medis Elektronik Rawat Jalan Di Rumah Sakit Umum X Bandung Tahun 2021. *Cerdika: Jurnal Ilmiah Indonesia*, Vol.1 No.8, 2021, page.1045-1056

22 Nur Indah Atifah Anwar., Manfaat Rekam Medis Elektronik Terhadap Kepuasan Pasien: Literature Review. *Prosiding Seminar Nasional Dies Natalis UNM Ke-63*, Vol.62, 2024, page. 180-184; Also see, Altaani, D., Ehjelah, A., Amer, S. B., & Issa, H. A., Virtual Justice: Navigating the Challenges of Remote Testimony at the International Criminal Court, *International Journal of Criminal Justice Sciences*, Vol.19 No.2, 2024, page.15–26

Based on comparisons between hospitals that have implemented electronic medical records and those still using paper-based medical records, it has been found that electronic medical record adoption leads to more optimal service quality improvements.²³ the use of electronic medical record enhances healthcare efficiency in several aspects, including: more integrated healthcare services. with the implementation of electronic medical records, hospitals will be able to share data quickly, enabling the verification of patients' medical histories to ensure more accurate medical treatment. Nuzlil Laily Nur Azizah and M. Very Setiawan stated, "the electronic and integrated management of patient health information can assist healthcare providers in delivering better healthcare services to patients."²⁴ becoming a digital storage repository. the document will be stored in a digital format, allowing for quick information retrieval in just seconds. reducing patient waiting time. with the implementation of healthcare services equipped with an integrated digital medical record system, the goal of enhancing the efficiency and quality of healthcare services can be achieved. patients do not need to wait excessively long to receive treatment, allowing medical interventions to improve patient survival rates. according to iwan Rismawan & Nidia Renaningtyas, the use of electronic medical record significantly reduces patient waiting times in hospitals. the average waiting time from arrival to receiving treatment has decreased considerably following the implementation of electronic medical records. this indicates that electronic medical record enhances the efficiency of hospital service processes. the adoption of electronic medical record positively impacts patient waiting times in hospitals. therefore, it is recommended that hospitals continue to develop and optimize the use of electronic medical record to improve service quality and effectively meet patient needs.²⁵ improving the effectiveness of healthcare services. in addition to shorter waiting time, the effectiveness of healthcare services has also improved. medical personnel can work more productively and serve more patients. the role of electronic medical records is not limited to operational efficiency; it also significantly impacts healthcare quality and patient safety. in this digital era, the implementation of electronic medical record is a crucial step in enhancing healthcare service standards and making a positive impact on the healthcare sector.²⁶ The long-term benefits of using electronic medical records include data collection for research and analysis. electronic

23 Dede Setyadi and Mardiaty Nadjib., The Effect Of Electronic Medical Records On Service Quality And Patient Satisfaction: A Literature Review. *Journal Research of Social Science, Economics & Management*, Vol.2 No.12, 2023, page.2780-2791.

24 Nuzlil Laily Nur Azizah and M. Very Setiawan., Pengelolaan Informasi Kesehatan secara Terintegrasi untuk Memaksimalkan Layanan Kesehatan kepada Pasien di Rumah Sakit. *Indonesian Journal of Pharmaceutical Science and Technology*, Vol.4 No.3, 2017, page.79-91.

25 Iwan Rismawan & Nidia Renaningtyas., Analisis Efektivitas Penggunaan E-Medical, *Loc. Cit.*

26 Yohanes Wahyu Nugroho and Fadma Aji Pramudita., Peran Rekam Medis Elektronik Dalam Meningkatkan Efisiensi, Kualitas Layanan Kesehatan, Dan Keselamatan Perawatan Pasien: Analisis Systematic Literature Review. *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)*, Vol.7 No.2, 2024, page.343-350; Also see, Al-Billeh, T., & Issa, H. A., The Legislative and Judicial Framework for the Administrative Control Authorities in Jordan: What Are the Risks of Social Networks on Elements of Public Order?, *Gosudarstvo i Pravo*, Vol.2025 No.2, 2025, page.144–153

medical record remains a highly valuable investment for hospitals and the broader community. the implementation of electronic medical record in Indonesian hospitals is a progressive step toward more efficient, secure, and integrated healthcare services, which will have a significant positive impact on public health as a whole.²⁷

According to a survey conducted by the Indonesian hospital association, out of 3,000 hospitals in Indonesia, only 50% have implemented electronic medical records. even more concerning, only 16% manage electronic medical record effectively. the low and not optimal implementation of electronic medical record in Indonesia presents a serious challenge to the modernization of Indonesia's healthcare sector. this issue goes beyond technical obstacles it also reflects a lack of awareness regarding the importance of transitioning to electronic medical record. the low adoption rate hinders the transformation of the healthcare sector in Indonesia. a low electronic medical record adoption rate means that many healthcare facilities still manage medical records manually, despite the numerous disadvantages associated with manual record management.²⁸

The electronic medical record system offers numerous benefits, including facilitating doctors' work and meeting patients' healthcare needs.²⁹ however, these benefits can only be realized if supported by adequate technology infrastructure and human resources. the central bureau of statistics in its latest report highlights that unequal access to healthcare facilities remains a major challenge in Indonesia. while many healthcare facilities are concentrated in major cities, access to healthcare services in rural areas is still limited. *bps* data from 2020 shows that approximately 56.7% of Indonesia's population resides in urban areas, while the rest live in rural areas where healthcare facilities are often difficult to reach. this inequality is also evident in the distribution of healthcare professionals across Indonesia. according to *bps*, most healthcare workers tend to be concentrated in urban areas, particularly in the capital city, while remote and rural areas continue to suffer from a shortage of medical personnel. for instance, in 2021, the doctor-to-population ratio in Jakarta reached 9.53 per 10,000 people, whereas in Nusa Tenggara Timur, the ratio was only 3.3 per 10,000 falling below the national standard.³⁰ To ensure the effective implementation of minister of health regulation no. 24 of 2022, the following developments are necessary for the successful adoption of the electronic medical record system:³¹ increasing the number of healthcare

27 Fita Rusdian Ikawati., Efektivitas Penggunaan Rekam Medis Elektronik Terhadap Peningkatan Kualitas Pelayanan Pasien Di Rumah Sakit. *Ranah Research: Journal of Multidisciplinary Research and Development*, Vol.6 No.3, 2024, page.288-298

28 Yohanes Wahyu Nugroho and Fadma Aji Pramudita., Peran Rekam Medis Elektronik Dalam Meningkatkan Efisiensi, Kualitas Layanan Kesehatan, Dan Keselamatan.... *Loc. Cit*

29 Engga Lift Irwanto, Syofirman Syofyan, and Yussy Adelina Mannas., Urgensi pembuktian Rekam Medis Elektronik Dalam Perspektif Hukum Di Indonesia. *UNES Law Review*, Vol.5 No.4, 2023, page.1641-1653.

30 Nabhan Ahmad, Ketidakmerataan Fasilitas Kesehatan dan Tenaga Kesehatan di Indonesia, <https://www.kompasiana.com/>, Accessed on 20 December 2025

31 Nadiya Ulfa and Wardah Yuspin., Legality Of Electronic Medical Records (RME) In Hospital Management Information System Readiness Based on Minister of Health Regulation Number

personnel in each facility who will be specifically responsible for inputting electronic medical records. expanding the number of it personnel dedicated to maintaining and ensuring the stability of the hospital management information system. improving internet infrastructure in all healthcare facilities to support seamless electronic medical record usage. procuring additional hardware to facilitate the efficient implementation of electronic medical record. enhancing the functionality of the hospital management information system to improve overall care services to patients. Without the support of the five aspects mentioned above, the implementation of the electronic medical record will be less effective in enhancing healthcare services. on the contrary, the absence of adequate supporting facilities and human resources may lead to a decline in the quality of healthcare services.

The implementation of electronic medical records has direct legal implications because medical records function as regulated health documents and contain patient information. While certain hospitals demonstrate relatively high levels of adherence.³² Minister of health regulation number 24 of 2022 positions ESDM governance as aiming to improve service quality as regulated in article 2, article 3 (1), and data security requirements regulated in article 20 (2). patient health information is classified as sensitive personal data under the personal data protection law in Indonesia, therefore, weaknesses in confidentiality protection can make facilities and health workers face more legal problems related to medical confidentiality and patient privacy.

3.2 Implementation of Sanctions for Healthcare Facilities That Do Not Apply Electronic Medical Records

One of the applications of information technology in global healthcare services is the implementation of electronic medical records. In Indonesia, the implementation of electronic medical record has begun to be gradually adopted in various types of healthcare facilities ranging from hospitals and clinics to health centers in various regions.³³ this initiative aligns with the sixth pillar of healthcare transformation, which focuses on technological advancements in the sector. The use of electronic medical record in healthcare facilities facilitates medical personnel, healthcare workers, and supporting staff in managing patient data for healthcare services. This, in turn, enhances the quality of care and encourages a patient-centered approach that prioritizes patient safety. In the united states, the implementation of electronic health records is encouraged through the health information technology for economic and clinical health (HITECH) act which introduced the meaningful use (MU) program that the regulation will provide sanctions/penalties for hospitals and physicians who do not meet the meaningful use criteria (not implementing certified electronic

24 of 2022 Concerning Medical Records. *Soepra Jurnal Hukum Kesehatan*, Vol.9 No.1, 2023, page.72-78

32 Musdaleni., Legal and Institutional Determinants of Medical Solid Waste Management in Indonesia's First-Level Health Facilities, *JPH: Jurnal pembaharuan Hukum*, Vol.13 No.1, April 2026, page.71-93

33 Leonardo Hansen, Puput Oktamianti., Implementation of Electronic Medical Records and its Implications for the Effectiveness of Health Services in Indonesia: Narrative Review, *Journal Health Sains*, Vol.6 No.9, 2025, page.294-301

medical record or not using it in a "meaningful" manner) will be subject to reduced payments (financial penalties) from the Medicare and Medicaid programs. The implementation of these sanctions will have implications that have been proven to be effective in increasing the adoption of electronic health records drastically within a few years.³⁴

The government's commitment, particularly through the Ministry of Health, is to achieve optimal public health which includes the optimization of Electronic Medical Records in healthcare facilities across Indonesia. Electronic medical record itself is defined as a document containing patient identity data, examinations, treatments, procedures, and other healthcare services provided to patients. Meanwhile, healthcare facilities refer to places and/or equipment used to deliver healthcare services to individuals or communities through a promotive, preventive, curative, and/or palliative approach, carried out by the central government, regional governments, and/or the public.

Based on Minister of Health Regulation No. 24 of 2022, all healthcare facilities must implement Electronic Medical Records not later than December 31, 2023. Compliance with this regulation is mandatory for all healthcare facilities, with no distinction between primary healthcare facilities, advanced healthcare facilities, or supporting healthcare facilities. The healthcare facilities include: Primary Healthcare Facilities, which include community health centers, primary clinics, and independent medical/healthcare practitioner practices. Advanced Healthcare Facilities, which include hospitals, main clinics, health centers, and independent medical/healthcare practitioner practices. Supporting Healthcare Facilities, which include health laboratories, pharmacies, cell processing laboratories, as well as cell and/or tissue banks.³⁵

As a developing country, Indonesia has made significant progress in the health sector.³⁶ All of these healthcare facilities are required to implement Electronic Medical Records in accordance with the provisions of the Minister of Health Regulation.³⁷ Additionally, E-Medical Record data must be integrated with the *Satu Sehat* platform, which serves as the National Health Information System managed by the Ministry of Health. This integration aims to integrate and standardize all health information systems, as mandated by Law No. 17 of 2023 on Health. By integrating with the *Satu Sehat* platform, patients and the public will have easier access to their health data from various healthcare facilities across Indonesia.

The data from the *Satu Sehat* platform as of December 2024 shows that there

34 Colicchio TK, Cimino JJ, Del Fiol G., Unintended Consequences of Nationwide Electronic Health Record Adoption: Challenges and Opportunities in the Post-Meaningful Use Era. *J Med Internet Res*. Vol.21 No.6, 3 June 2019

35 Suwani Suwani, et. al., Kerahasiaan Medis dan Data Pasien Dalam Catatan Rekam Medis Elektronik Sesuai Dengan Peraturan Menteri Kesehatan Nomor 24 Tahun 2022, *Jurnal Cahaya Mandalika*, Vol.3 No.3, 2024

36 Andri Winjaya Laksana., Rehabilitative Sentencing for Narcotics Addicts within the Framework of National Law and Maqāṣid Syarī'ah, *El-Mashlahah*, Vol.16 No.1, page.1-22, June 2026

37 Khater, M. N., Criminalization of Forgery of Electronic Payment Cards in Jordanian Legislation, *Pakistan Journal of Criminology*, Vol.16 No.1, 2024, page.441–455.

are 109,790 healthcare facilities across Indonesia. Among them, 46,287 facilities (42.16%) have registered on the *Satu Sehat* portal, while 44,609 facilities (40.63%) have been granted API Production access but are not yet integrated with the *Satu Sehat* platform. Additionally, 33,938 healthcare facilities are not connected to *Satu Sehat* but have submitted data to the portal. This data shows that a significant number of healthcare facilities have not integrated with the *Satu Sehat* platform, indicating their non-compliance with Minister of Health Regulation No. 24 of 2022 on Medical Records.

The non-compliance of many healthcare facilities in implementing Electronic Medical Records is due to several challenges. The primary obstacles faced by healthcare facilities include budget constraints, limited technological infrastructure, a shortage of trained human resources in information technology, and the resistance to changes in information technology. One of the efforts made by the Ministry of Health to increase the use of E-Medical Records is the issuance of Circular Letter No. HK.02.01/MENKES/1030/2023 concerning the Implementation of Electronic Medical Records in Healthcare Facilities and the Application of Administrative Sanctions for Supervision and Guidance. This Circular Letter aims to ensure that all healthcare facilities implement electronic medical records and integrate them with the *Satu Sehat* platform as part of the efforts to improve the quality of healthcare services.

Healthcare facilities that do not implement Electronic Medical Records are subject to administrative sanctions. Article 42, paragraph (1) of the Regulation of the Minister of Health of the Republic of Indonesia No. 24 of 2022 states that the Minister, in carrying out supervision and guidance, may impose administrative sanctions on healthcare facilities that violate these provisions. Administrative sanctions are regulated in Circular Letter No. HK.02.01/MENKES/1030/2023. The Minister of Health, through the Director General of Health Services, imposes administrative sanctions on healthcare facilities that do not implement electronic medical records in the following forms: Firstly, a written warning for healthcare facilities that have not implemented electronic medical records integrated with the *Satu Sehat* platform by December 31, 2023. Secondly, a recommendation for accreditation status adjustment for healthcare facilities that: Have implemented electronic medical records but have not integrated them with the *Satu Sehat* platform by March 31, 2024. Have implemented electronic medical records connected to the *Satu Sehat* platform, but less than 50% of patient visit data has been sent to the *Satu Sehat* platform by July 31, 2024. Have implemented electronic medical records connected to the *Satu Sehat* platform, but less than 100% of patient visit data has been recorded in the *Satu Sehat* platform by December 31, 2024.

Thirdly, a recommendation for the revocation of accreditation status for healthcare facilities that have not implemented electronic medical records at all, including Electronic medical records developed by the Ministry of Health, independently by the healthcare facilities, or by electronic system providers through collaboration in accordance with applicable regulations. Recording of off-site services, including immunization implementation, through the *Sehat IndonesiaKu* application or regional information systems, using the available

modules that comply with standards and are integrated to *Satu Sehat* for community health centers.

The form of online health service practice can be initiated by the interrelationship of the parties in health services.³⁸ The main challenge lies in the absence of monitoring and evaluation features for healthcare facilities to track the progress of electronic medical record implementation at each facility. This feature is important for providing a comprehensive overview, as well as facilitating targeted guidance and specific interventions for healthcare facilities that require support. The absence of monitoring and evaluation features has led to misperception regarding the policy's target achievements in various healthcare facilities. Furthermore, Provincial and City/District Health Offices, as the policy implementer at the sub-national level, have not been able to play an active role in providing guidance due to the lack of standardization and progress tracking information for each healthcare facility. Therefore, it is necessary to develop further policy recommendations to support the implementation, monitoring and evaluation of Circular Letter No. HK.02.01/MENKES/1020/2023 at the sub-national level.

The importance of implementing electronic medical records as an effort to improve the quality of healthcare services cannot be denied. For supervision purposes, the Minister of Health, together with Governors and Regents/Mayors, is responsible for conducting guidance and oversight. Administrative sanctions, such as written warnings and recommendations for accreditation status adjustments, are imposed on healthcare facilities that have not yet or have not fully complied with the regulations.

Moreover, the legal obligation reinforced by legal sanctions, as stated in Minister of Health Regulation No. 24 of 2022 on Medical Records, aims to establish legal certainty. However, this legal certainty should also take into account legal benefits. This is because Indonesia has a vast, diverse, and heterogeneous geographical landscape. Therefore, the Ministry of Health must consider the situation and conditions of healthcare workers and medical personnel serving in remote areas of Indonesia, where infrastructure limitations particularly internet access and computers are the major obstacles.

The transition from traditional medical records to electronic medical records is not an easy process. Magda Iftitah Khusful Laila, et al., stated that There are several challenges in implementing electronic medical records. The most dominant factor is material, where system disruptions occur because electronic medical records are still in the development stage and not yet fully operational. The second factor is human resources, including a lack of understanding among staffs regarding the interrelated regulations, the inability of medical record officers to perform codification, and difficulties in adapting to the use of

38 Harsono Njoto., The Forms of Legal Protection of Patient Medical Records in Online Health Services, *IJLR: International Journal of Law Reconstruction*, Vol.7 No.2, September 2023, page.211-220

electronic medical records due to a shortage of competent personnel.³⁹

Indonesia is a vast country with a large population. It is a developing country where development and welfare are unevenly distributed. The infrastructure and facilities supporting public services, including healthcare facilities, are not evenly available. Some regions have well-equipped healthcare facilities, while others still lack adequate healthcare services.⁴⁰ According to Aris Sarjito, In impoverished areas, access to healthcare services is often hindered by limited resources, inadequate infrastructure, and a shortage of healthcare professionals. This can result in lower standards of care, longer waiting times, and an increasing disparity in healthcare services.⁴¹

This will become an issue when the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 and Circular Letter No. HK.02.01/MENKES/1020/2023 are strictly enforced, along with the imposition of strict sanctions on healthcare facilities that violate them. Furthermore, the varying levels of human resource capabilities in different regions make it challenging to uniformly implement the obligation to establish an E-Medical Record system in every healthcare facility. The government should prioritize assisting healthcare facilities in underdeveloped areas with limited human resources. The Ministry of Health must provide optimal guidance and proportional facilitation for healthcare and medical personnel working in remote healthcare facilities across Indonesia. The goal is not only to ensure legal certainty but also to provide legal benefits by ensuring equitable access to quality healthcare services throughout the country. In line with the enactment of a regulation regarding electronic medical records on August 31, 2022, this regulation was published in PERMENKES Number 24 of 2022 which stipulates that all Health Service Facilities are obliged to operate Electronic Medical Records until December 31, 2023, that electronic medical record users feel the benefits obtained from the use of electronic medical records provides evidence that the importance of human, organizational, and technological factors on net benefits or net benefits in the use of electronic medical records.⁴²

Active participation and collaboration of Provincial and City/District Health Offices in guiding healthcare facilities in the regions can drive more comprehensive and standardized target achievements. Therefore, the implementation of administrative sanctions as part of the supervision and guidance of healthcare facilities should be carried out in stages, following specific coaching and intervention from the Provincial and City/District Health

39 Magda Iftitah Khusful Laila, et. al., Faktor Penghambat Pelaksanaan Rekam Medis Elektronik Di Rumah Sakit: Narrative Review. *Jurnal Manajemen Informasi Kesehatan Indonesia*, Vol.12 No.1, 2024

40 Purnomo, H., & Khater, M. N., The Return of State Finances: Effectiveness of the New Paradigm in Enforcing of Law on Corruption Crimes Cases, *Jurnal Hukum Unissula*, Vol.41 No.4, 2025, page.1078–1092.

41 Sarjito, A. Dampak Kemiskinan terhadap Akses Pelayanan Kesehatan di Indonesia. *Journal Ilmu Sosial, Politik Dan Pemerintahan*, Vol.13 No.1, 2024, page.397-416

42 Nicki Nugrahaningtyas, et.al, Implementasi Penggunaan Rekam Medis Elektronik di Fasilitas Kesehatan Primer: Studi Kasus Di Puskesmas Kecamatan Grogol Petamburan, *Jurnal Kesehatan tambusai*, Vol.4 No.4, Desember 2023, page.5891-5896

Offices, in accordance with the achievement of visit targets and DMI.

The novelty of this research is the formulation of an integrative framework that assesses electronic medical records as an innovation that connects the quality of public services, technology acceptance, and legal compliance and personal data governance into a policy recommendation model in the form of an index or parameter of readiness for implementation of evidence-based electronic medical records that becomes the basis for the implementation of administrative sanctions in stages and proportionally accompanied by a measurable monitoring and evaluation mechanism to prevent injustice for health facilities in areas with limited internet equipment and human resources. This research is also expected to create a major contribution in the digital transformation of health, including improving the quality of patient care, preventing medical errors, and rapid data integration between health facilities.

4. Conclusion

The development in the healthcare sector in Indonesia has not been evenly distributed to remote areas. Some regions in Indonesia still lack adequate healthcare facilities. The insufficient healthcare infrastructure includes technology-related facilities, inadequate human resources, and even a shortage of medical professionals in certain areas. If the regulation mandating healthcare facilities to implement E-Medical Records and its associated sanctions is strictly enforced across Indonesia, it will not align with the current conditions of healthcare facilities. Not all healthcare facilities have the same level of readiness to adopt E-Medical Records. Strict sanctions imposed on healthcare facilities that lack sufficient human resources and technological infrastructure will not improve the quality of their healthcare services for the public. Instead, it may lead to the closure of the healthcare facilities due to the revocation of their license. The government should focus more on encouraging and strengthening healthcare services, both in terms of facilities and human resources, rather than focusing on imposing strict sanctions on underdeveloped healthcare facilities.

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