jack

by Jack Harlow

Experience with Information System used for Patient Care

Name

Institution

Date

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Part 1

The information system I would like to discuss is electronic health records, often given the acronym as EHR. The nurse I talked to, who went by Nurse Julie, was kind enough to explain how EHRs work in their facility, authorized personnel, the people they can share patient data with, like laboratories and experts on diseases or remote consultations. Although they are used in the whole hospital, bedside nurses are also required to use them. She explained that EHRs contain information about patient treatment, medical history, and the process of treatment. They show real-time patient records and are availed instantly to secured users. Some of the contents in EHRs include patient's diagnosis, treatment plans, immunization dates, laboratory and test results, radiology images, and allergies. They have access to evidence-based tools that doctors and nurses can consult to make decisions about care. They also streamline workflow.

According to the nurse, EHR software can be a simple web-based interface catering for data entry, or it can be a robust system that performs more complex duties. The EHR software's fundamental functions include patient medical information, smooth communication channel, improved decision support, patient assistance, order management, administrative steps, and reporting functions. EHRs keep critical health data sufficient enough to be used in decision-making. Physicians working with the nurse recorded their views on patient care, drugs to be administered, and when they were needed. The system improved communication between all healthcare providers involved in the case. The system boosts patient assistance because it has educational materials. The software could be installed in tablets shared with patients, which

could give them insight on what is happening to them and the drugs they are taking, or why they need to behave in a certain way, like avoiding stress and such related issues.

Nurse Julie explained that her colleagues and her appreciated the EHR system because it made it easy to exchange health information across care settings. She felt like the system had improved quality of care, the ability to meet and coordinate patient care, and the ability to participate in third-party reporting. However, she mentioned a few barriers that had affected the system. She mentioned cost being an issue, and why at times, it took months before they could receive an update. She also mentioned that they were required to keep some physical copies because the system had crashed a few times before. Maintaining interfaces and exchanges was a major barrier that prevented them from sharing information with other clinicians. She also mentioned that some patients were wary, afraid that information about them will be sold or accessed by malicious users. It was never easy to convince such patients that a cyber-attack was not possible since it could happen.

Overall, the hospital management, patient care, and communication between nurses and physicians had improved a lot since they started using EHR. She also explained that the system allowed users to choose what to integrate when receiving patient information, most of all in cases that involved referrals. She liked that the system was stable and kept all the documents organized together, and it had an interface that could advise physicians and caregivers on how to take care of the patient. The system allowed its users to set time frames, which were accurate and reliable. It gave nurses reminders each time they needed to check on patients, which avoided timing errors. Although they needed a little training to get the system fully, she appreciated how she could get all patient information at the same place with a single click. She could always review doctor's notes because they were keyed in every time doctors visited patients. Apart from a few

systematic issues like the system being down because of traffic at times, everyone she worked

with did not complain a lot. According to Nurse Julie, EHR was reliable, increased

accountability and flexibility, and improved the quality of care.

I learned that all the stakeholders were involved in decision-making before EHR was

introduced to the hospitals from the interview. All users were trained on using the system

because risking entering patient data could lead to fatal accidents. Not everyone was on board,

but with time everyone learned how to use the software and even appreciated how orderly it

made hospitals. Nurse Julie said they had learned that the system helped cut down costs because

it was used for analysis which showed what was needed and areas that could use less money. The

benefits that came with an accountable and coordinated patient care model improved quality and

reduced costs. When all the physicians and nurses realized that the system availed appropriate,

relevant, and timely information about patients when needed, they all agreed to have the system.

EHR allows access to evidence-based tools that healthcare providers can use while making

choices about patient care. This helps physicians avoid mistakes that can be as a result of

forgetting or not being sure.

EHR comes in the form of software, which is installed on computers, phones, and tablets.

Using them is easy, and if the screen is not working, another tablet can replace it. The devices

can be interconnected in the same way Apple devices are connected, such that one can type on a

tablet and complete the action on computers. This ensures data cannot be lost. The software is

safe to use. The only ergonomic concerns that can arise from it are discomfort while sitting

before desktops, but all workplaces contain them. There's the risk of getting hacked for patients'

files, but every other hospital using EHR is facing this challenge too. Nurses enter patient data

into the system and retrieve it when they come to see the patients again. The patients have portal-

like profiles that show their histories, treatments, allergies, and related information. Nurses enter everything they administer to the patient to keep consistent information for physicians and other caregivers. The system does not introduce any risk to the patient. The support offered by the system makes work easier for nurses. It has reduced the number of errors in hospitals because all the information is contained in one place. Some ethical and legal concerns might arise if the data is accessed by unauthorized personnel. The system is secure, although, with hacking and computer software, no one is fully safe.

Part 2

Nurse Julia's views on EHR are similar to the literature I had studied about the system. Although some people were opposed to the idea of introducing it, most doctors and nurses went on board after using it for a few months. Many hospital administrators consulted their staff members before introducing the system and organized training events for those who needed to learn how to use it. It made work easier since they could all access patient data with a click and provided all that was known about the patient. The system also made it easier to share data between departments through patient profiles. It also made it easier to refer patients to other clinics. As she explained, there's a debate on privacy and hacks that could cost the hospital, but the system's flexibility is totally worth the risk.

Healthcare facilities should invest in EHR because of how it changes the quality of care, eliminated errors, and gathers all the data in the same place. Patient profiles help nurses deliver timely and appropriate care. Technology is expensive, and the challenge of getting new hardware after a few years affects many hospitals. Also, systems updates come with new functions, which affect staff members for a few days before they adapt.

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FINAL GRADE

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GENERAL COMMENTS

Instructor

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