Nursing informatics

Health & Medicine, Nursing

Nursing Informatics Part Health informatics refers to a multidisciplinary field using health information systemto make the care of patients better (Paans, et al. 2010). Depending on the collaborative field, it can be healthcare informatics, clinical informatics, nursing informatics biomedical among many others. Health care informatics aims at improving the quality of care, creating a new opportunities for care and promotion of high-efficiency care (McGonigle & Mastrian, 2015). The integration of patient care makes it possible for the care teams to link and share information. Either, health informatics deals with resources methods and devices aimed at acquisition storage and retrieval of the vital information of the patient as they pertain to patient care.

Nursing informatics, therefore, forms a basis for clinical care for the nurses. They form a critical avenue for information for making clinical and care judgments by the nurses and a basis for evaluation of the care the patient receives (Paans et al., 2010). Through the health informatics, the nurse can access the comprehensive information about the previous care the patient has received in other care institutions. This will facilitate fast and more detailed care. This widens the nursing knowledge and makes the existing knowledge better. The nurses get to add what they never had before in the practice and get adequate information in the ever-changing field of care (Hovenga, Garde, & Heard, 2005). Finally, as to promote the continuity of nursing care the information system forms a crucial link to inform others about the care given to a patient. On the other hand, medical informatics helps in the uptake of new informatics helping them to care better for the patients (Hovenga et al., 2005). Informatics is also a method that new care

methods move from one care center to another in a way that they promote evidence-based practice.

Part 2

For a person using electronic health records, they accrue some benefits associated with this type of information system. First, EHR reduces the time the patient waits to receive care because the health information of one person may is integrated with many care centers (McGonigle & Mastrian, 2015). Therefore, the health care provider can access this information saving the patients time and maximum care. Besides, this type of health records prevents omissions and other documentation errors. The system has a design that prevents progression to the next level of information without completely filling the previous sections. This ensures that the patient receives adequate care as per the information given since all information is available (McGonigle & Mastrian, 2015). Finally, the EHR approach provides for the integration of care, which provides for comprehensive care for the patient. This means that the patient will continuously receive care even if the previous caregivers are not available

However, this method is not risk-free. EHR is an electronic system relying on internet, computers and other gadgets. Therefore, just like any other systems based on the Internet hacking of information sensitive to the patient is possible (McGonigle & Mastrian, 2015). Either, people can access the login details of others and get access to the patient information. Given the sensitivity of the health information, this is the heaviest risk of the EHR, as it constitutes breaching of the patient privacy. Besides, the EHR increase the clinical liability of the physician. When using the EHR the physician incurs an

extra task to enter the patient details, treatments drugs and other information for recording (McGonigle & Mastrian, 2015). This takes time and eventually reduces the number of patients the physician can see per day. Besides, it requires the physicians to have expertise of handling the equipment thus it may face resistance from the caregivers.

References

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