

# [Emr information system](https://assignbuster.com/emr-information-system/)

[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/), [Nursing](https://assignbuster.com/essay-subjects/health-n-medicine/nursing/)

EMR information system I agree with Mr. Simmons Aaron’s ment because the electronic medical record information system is currently the most efficient information system for the delivery of health care services. The study by Evans, et. al., (2006) indicates that EMR is an information system which has been known to improve the overall efficacy of health services by 6% per year, also reducing the cost of record-keeping and health information systems. Efficiency can also be reflected based on the ease by which the information can be accessed by health professionals (Evans, et. al., 2006).
Electronic records also provide opportunities for standardization of forms, abbreviations, as well as data input. Where the medical forms are digitized, the collection of data for epidemiology and clinical studies can also be facilitated (Bates, et. al., 2003). EMRs can also easily be constantly updated and the ability to exchange records between the EMR systems can also assist in the coordination of health delivery in other health facilities. Moreover, the data from the EMR can also be used alongside statistical reporting which can assist in quality improvement, as well as resource management and public health disease surveillance (Healthcare Information and Management Systems Society, 2003).
EMRs can also facilitate the reading and writing of patient’s records through the workstation but also through mobile devices (Littlejohns, et. al., 2003). These records may also include improved access to personal health records which makes individual notes within each unit readily available to consumers. Some EMR systems also allow for the automatic monitoring of clinical events involving specific patients, assessing patient data from the electronic health records in order to predict, as well as detect possible adverse events or risks (Littlejohns, et. al., 2003). This would likely include discharge or transfer orders, laboratory results, as well as medicine orders and related services/orders.
I agree with what Mr. Aaron said because EMR helps capture data at the point of care and then to integrate such data with various internal and external sources (Ammemworth, et. al., 2003). This type of data also helps provide support for the decisions of caregivers in terms of diagnosis as well as timely care. This data also ensures immediate access to key information, including allergies and medications which can help improve the caregivers’ ability to make sound and timely clinical decisions (Ammemworth, et. al., 2003). The providers can also take part in caring for patients in the multiple settings in order to ensure quick access as well as secure test results; moreover, these records can also improve patient safety and effectiveness of care (Leung, et. al., 2003). Through electronic health records, the legibility of prescriptions can also be improved; the duplication of orders would also likely be reduced and the speed by which orders are executed would be improved.
With the use of reminders, alerts, and computer-based support systems the compliance with best clinical practices would likely be improved (Kuperman and Gibson, 2003). Regular screenings and the identification of drug interaction would also be improved. The diagnosis and treatments can also be provided through these EHRs. The EHRs are also efficient and secure with readily available and accessible data for providers and patients which would then allow continuity of care and timeliness of treatments (Kuperman and Gibson, 2003). Through EHRs, patient support is improved because it is a tool which can provide patients with access to their health records and secure interactive patient educations; possible home-monitoring and self-testing would also be made possible, especially for chronic conditions (Kuperman and Gibson, 2003).
References
Ammenwerth, E., Mansmann, U., Iller, C., and Eichstadter, R. (2003). Factors affecting and
affected by user acceptance of computer-based nursing documentation: results of a two-year study. J Am Med Inform Assoc., 10: 69–84.
Bates, D., Kuperman, G., Wang, S., and Gandhi, T. (2003). Ten commandments for effective
clinical decision support: making the practice of evidence-based medicine a reality. J Am Med Inform Assoc, 10: 523–30.
Evans, D., Nichol, W., and Perlin, J. (2006). Effect of the implementation of an enterprise-wide
Electronic Health Record on productivity in the Veterans Health Administration. Health Econ Policy Law 1 (2): 163–9.
Kuperman, G., and Gibson, R. (2003). Computer physician order entry: benefits, costs, and
issues. Ann Intern Med, 139: 31–9.
Leung, G., Yu, P., Wong, I., and Johnston, J. (2003). Incentives and barriers that influence
clinical computerization in Hong Kong: a population-based physician survey. J Am Med Inform Assoc, 10: 201–12.
Littlejohns, P., Wyatt J., and Garvican, L. (2003). Evaluating computerised health information
systems: hard lessons still to be learnt. BMJ., 326(7394): 860–3.
Healthcare Information and Management Systems Society (2003). EHR Definition, Attributes
and Essential Requirements.