

Good example of essay on (s4 dq) it management decisions

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(S4 DQ) IT Management Decisions

Some of the most important concepts to be taken into an account when crafting disaster recovery policies and procedures involves around disaster recovery planning. The plan should not only identify, but also classify risks that might results to specific disasters. The plan should also define resources in addition to processes that might guarantee the continuity of business in the course of disaster. The reconstitution method ought to be defined to reinstate back the business to usual from disaster recovery condition after the alleviation of the effects of ruin (Dovers & Handmer, 2012).

The concept puts into consideration the planning process which begins with identification and analysis of disaster threats, classification of risks based on relative weights, building risk evaluation, determining disaster effects, evaluation of disaster recovery means and disaster revival committee in that order. External threats, facility threats, data system threats, departmental threats, listing of disaster affected entities, downtime tolerance limits, cost downtime and others are the general factors considered. (Dovers & Handmer, 2012).

The use of patient ID bracelet with barcode representation and barcode scanner can help improve the ease of patient confirmation and reliability about patient information processing by nurses and clinicians. The technology can be used in different ways to better processes. One is that the technology can be used include implementation direct thermal wristband printers. It will help to overcome challenges of laser printers which are used to produce bar-coded patient identification labels that are less reliable (Graban, 2011).

Thermal printers can be used specifically to create bar-codes as well as to create durable and lifelong bar codes that are easy to scan. Thermal printers can also permit users to come up only with the wristbands they require as opposed to laser printers where either full or half sheets of labels have to be printed. In the prospect, there will also be a move to come up with bar code system both for collecting specimen and management of blood transfusion (Graban, 2011).

Users tend to do so little in in-house software development. It is because the internal software development is frequently modeled on a contract basis. These results to using methods that works against user involvement. The issues of selecting representative for users is also a challenge since it not easy for all potential users to have time completely to participate in the process. The management might also want to participate or control participant selection (Fradinho, Nightingale & Fradinho 2013).

Another obstacle is that in-house systems are extra difficult as compared to single user applications that dominate software product development.

Moreover, the identification of future users is easier than ensuring collaboration between users and developers. It is also evident that there is si some degree of conflict of interest between information system staff with the end users. As a result, user isolation or segregation is likely to happen.

Lastly, is the friction between developers and users which result from different codes of values, disparity in age and salaries, as well as conduct. The impact from these aspects is that the adoption of health IT has usually been slow in the US (Fradinho, Nightingale & Fradinho 2013). A good example is where four doctors' reports are employing electronic health

records less than one in ten that use a complete system. However, electronic health technology tools have indeed proven to be successful (Black et al. 2011).

References

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