

# Health record structures in computer-driven formats

[Science](#)



**ASSIGN  
BUSTER**

## Health Record Structures in Computer-Driven Formats Health Record

Structures in Computer-Driven Formats I selected health record structures in computer-driven formats as my information system structures. Health record structures in computer-driven formats are information system structures that enable hospitals and healthcare facilities to achieve efficiency and ease of recovery, availability of data, storage, payments, and use of proof based practice in caregiving practices (Sinha et al., 2012).

I chose this information system structure because it allows me to identify potential effects of EHRs (Electronic Health Records) in the healthcare sector easier than other information system structures such as electronic health records under clinical narratives (Sinha et al., 2012). In addition, this structure enables me to perceive of the likely effect of reorganizing health records and any associated medical narrative. Many healthcare institutes, particularly public ones, cannot meet the expense of lowering open medical language to mere postscripts in the strategy of EHRs. EHRs with computer-driven formats is an essential movement towards information system structure that employ natural language dispensation as a major innovation for translating it from unorganized to organized representations (Davis and LaCour, 2014).

Health record structures in computer-driven formats are applicable in my work area, systems science, in terms of standardization, organization, and easy control. For electronic health records to exhaust all their potentials and purposes, this data has to be made uniform, structured, and simple to control. This data often includes patients' symptoms, diseases, allergies, clinical histories, family backdrops, and even billing information (Davis and

LaCour, 2014). If this type of data is unstructured and unstandardized, treating these patients with utmost efficiency and economy becomes difficult. Additionally, my work area facilitates paperless offices, a factor that computers today are greatly attributing to. Computer-driven formats will enable me to save time while at work while sharing confidential data regarding a given patient at any given time. Computer-driven formats process workflow in my field at a high rate in contrast to manual, paper formats.

The benefits of health record structures in computer-driven formats are more efficiency, lower medication and nursing errors, structured data, and effective medical decision-making processes (Davis and LaCour, 2014).

There is a significant drive in the course of doing away with conventional medical transcript and converting the clinical documentation procedure into a very organized activity driven by computers. Using pull-down blackboards, checkboxes, outlines, and limited diction is beneficial to healthcare institutions. A third benefit is the simple, well-organized, and correct inputting of care-associated patient data from anywhere inside the ERH system (Sinha et al., 2012). Moving around the hospital with paper records to consult with professional practitioners from departments situated on the other side of the facility will no longer be an inhibitor.

Negative aspects of the computer-driven HER systems include expense, staff concerns over security actions, and the security of patient data in terms of its adherence with HIPAA policies. Buying a computer-driven information system structure is costly for an organization with some licensing protocols reaching as much as \$25, 000 for an average clinic (Sinha et al., 2012).

Since the establishment of the HIPAA in 1996, healthcare givers have had to deal with secure health data as discretely as possible. The same rule applies to information system structures with computer-drive formats, which inhibits easy installation and usage processes.

#### References

Davis, N. A. and LaCour, M. (2014). Health Information Technology. New York, NY: Elsevier Health Sciences.

Sinha, P. K., Sunder, G., Bendale, P., Mantri, M., and Dande, A. (2012). Electronic Health Record: Standards, Coding Systems, Frameworks, and Infrastructures. Los Angeles, CA: John Wiley & Sons, 2012.