**Health Information Technology**

**Q1**

Information technology has enhanced evolution in healthcare over the years thereby helping elevate services rendered in health facilities. Health information technology involves the transfer and exchange of health information using electric device in an environment that embraces advancement in technology. Merely, the application of information technology to the healthcare industries is what is termed as healthcare information technology. In this case, there has been global widespread of use of informatics within industries that practice health care services. For this reason, health IT has over the period improved the quality of health care services in hospitals. Besides, integration of technological services in transferring information about health has helped reduce the costs incurred when offering health services. During this time, computer reminders are used to provide inpatient preventive care.

The health IT has also expanded the access to affordable health care and prevention of medical errors that may be committed by health practitioners. Moreover, the adoption of health information technology has enhanced security and privacy of critical information used to improve treatment services.  Through this, there is a surety that there are electrical transmission and maintenance of such vital information regarding health services. The indication is that information technology has changed how healthcare offered to patients has become more efficient and reliable. The most common and widely discussed categories of health care information technology are the Electronic Medical Record (EMRs) (Carayon, et al. 2017). The record mentioned contains patient’s information in a digital format.

The information is then stored in the electronic health records (EHRs) where it focuses on the total sanitary conditions of several patients by carrying out data collection in a provider’s office. The electronic health record helps various individuals to maintain their health information. The benefits of possession of EHR by different hospitals is that they keep decent track records regarding people’s medical history thereby allowing proper diagnosis of a disease for effective treatment. Developed countries are known to be the areas where EHRs has widely been adopted to improve healthcare in future further. EHRs enables the transfer of digital record from one provider to the other more faster and convenient. Through health information technology, more aspect has and will continue to be looked into with the advancement in technology globally. Therefore, the adoption of health information exchange and electronic health record help address barriers that hinder effective chronic care management to patients. EMRs is further categorized into several applications that include Computerized Practitioner Order Entry (CPOE), Clinical Decision Support System (CDSS), Physician Portal and Documentation, and Clinical Data Respiratory (Carayon, et al. 2017). Health IT has been useful when it comes to time-saving when carrying out medical record search thereby reducing time spent by patients while waiting to be served.

**Q2**

Despite the rapid evolution of health, IT use in a healthcare organization, there has been growing new challenges that posed in such institutions. Such problems regarding health safety are encountered during the implementation and convey of health information technologies. In addition, the other concern is the contribution of socio-technical factors on the safe use of health IT (Castro, Buczkowski, & Hafner, 2016). Furthermore, health IT systems may be served with miscommunicated information that may in turn result to unsafe of healthcare services contributed by the technology. The implication is that new kinds of risks accompany the adoption of EHRs to the already existing complex healthcare environment based on social and technical factors.

Related healthcare safety in an organization can be improved by adoption of electronic health records (EHRs). In this case, there is the enactment of the Health Information Technology for Economic and Clinical Health Act (HITECH) (Furukawa, Eldridge, Wang, & Metersky, 2016). However, the implementation of this Act in EHRs has always faced numerous challenges that are disruptive. Moreover, a well implemented EHRs have the potential of improving safety and quality of services when the information is made accessible. Therefore, health IT builds a safer system that ensures there is better care services provision. Furthermore, the adoption of health IT Patient Safety Action and Surveillance Plan has always helped in addressing issues that could hinder healthcare services provided to patients (Sittig, Ash & Singh 2014).

Our organization over time follows the national recommendations by adopting the majority of the information contained in the Joint Commission that relates to health IT. For this reason, the institution has been focusing much on the socio-technical dimensions that necessitate efficient and safe health IT offered. Moreover, since health, IT has become a vital component of the organizational infrastructure and it is likely harmful, the institution has put into place the risk-reducing measures to enhance safety. The areas discussed in The Joint Commission include leadership, safety culture, and process improvement. Regarding safety culture, the organization had created and maintained an extensive culture of safety that is efficient and reliable. For this case, there is a collective mindfulness on hazardous conditions that focus on identification, reporting, analysis, and reduction of health IT. During this time, an error found is reported, and the interaction is made on the safety issues that are appropriate for the organization. Besides, healthcare practitioners such as clinicians share responsibility and involvement that necessitate safety of health IT in the organization. Process involvement, on the contrary, is an approach that the group has developed to address health IT by assessing safety risks that patients may encounter. The kind of this assessment conducted is described as proactive risk assessment. Through this, the organization has been making health IT software and hardware that are safe and free from any malfunctions. In this case, this health IT hardware ensures that applications and data are backed. Additionally, there is consistent use of standardized coded data elements that are responsible for recording allergies and diagnostic test results thereby making the safe. Nonetheless, leadership is another component of Joint Commission that also focusses on a culture of safety by providing oversight to planning, implementation, and evaluation of the health IT. Leadership ensures that there exist proper examinations of workflow processes to resolves issues that hinder efficiency before application of technology.

**Q3**

Since health IT is not a perfect technology, it encounters problems just like any other technological services rendered to people. The occurrence of any problem during its operation should be expected to be more time conscious even if the installation of health IT system was properly done. In this case, healthcare workers who are willing to adopt health IT may feel discouraged in the process. Therefore, the process might fail in several ways. For instance, the process of health information technology, if adopted in the organization, can change the working process of healthcare workers. In this case, the time spent by practitioners such as nurses while documenting information after implementation of the system may increase. The problem then comes in since because the majority of physicians lack operating skills required to explicitly use instructions of EMRs that may be dangerous for human health. Besides, the process might fail in situations where there is isolation when executing potential usage. For this reason, when there are no proper interactions for all care providers, then the process becomes flawed and may, in turn, result in failure during utilization. Furthermore, in situations when the organization is lacking a health IT standard, pulling information from different systems of the process. Concerning this, patients may decide to transfer from one hospital to the other. The organization might experience variation in nurse communication and documentation of vital information used in health care institutes. However, I am glad to report that it has been grateful since after the implementation of EMRs in the organization there are fewer cases of patient safety that have been reported alongside low-quality outcomes.

**References**

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