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Patient electronic health records

Patient access to electronic health records. Patient electronic health records dental. Impact of electronic health records on patient outcomes. Patient electronic health records system. Electronic health records and patient safety. Patient perspective on electronic health records. Patient satisfaction with electronic health records. How does electronic health records improve patient care.

electronic health records (EHRs) have been widely adopted throughout the world and are used in both configurations of the inpatient and outpatient. The EHR systems are compounds of the "Graphical" electronic patient and typically include functionality for computerized provider order entry (CPOE), lab report, and images and device interfaces for physicians. Ideally, the system creates a record seamless, descendable, comprehensive and lasting from the old record and treatment of a patient. However, the transition to this new way to record and communicate My Information systems introduced new opportunities for error and other unforeseen consequences that can present risks of Security. In a revision of the security usability of EHR, the researchers found that the changes in paper records to EHRs led to decreases in medication errors, improved ADESA the directive and (after the initial implementation) Security attitudes improved and the satisfaction with work among the physicians. However, researchers found various problems. These include usability issues, such as the My Information exhibits, complicated screen sequences and navigation and the incompatibility between the user workflow in EHR and clinic workflow. The most problems resulted in interruptions and distraction, which can contribute to the error rate. Additional dangers of Security include data entry errors created by the use of copy subscriptions, copy and paste and electronic records, lack of clarity on sources and date of the information presented, fatigue and other issues warning usability that can contribute to the error. Similar findings were reported in a revision of the EHR, which highlighted the changed workflow and communication created by the implementation of the EHRs. A literature theme on the EHR implementation is the emergence of unforeseen consequences. For example, a detailed study of types and drug Security event rates before and after implementation of the EHR in two ICUs found that while the overall Security of medication was improved, new vulnerabilities have emerged, including increases in the wrong patient, medication the wrong or wrongly timed orders. One source of error was induced by the technology of expectation Module Functions within the CPOE. In the ICU study, the CPOE system required the physicians to select the medication schedule the function what nurses or pharmacists can be better prepared to do (and had done historically) in hospitalized environments. Likewise, in a case study of the prescription for Electronics for patients with diabetes clinic in a Security, overspecification researchers found to be a source of errors in medication in the use of insulin and insulin. Specifically, when prescribers were forced to use the CPOE system to select the brand of insulin a list of appropriate marks similar, they could inadvertently choose an incorrect type of insulin. The configuration of the system presented various barriers to selecting the insulin, reducing the opportunities to prevent or correct prescription errors. Finally, prescribers managed to use the scheduling practices of medication universal recommended to instruct patients when to take your medicines for diabetes, creating more potential error by patients in the use of your medicines. The scheduling of medication universal comprehension improves the prescriptions among patients with low health and low proficiency in English, and can thereby reduce errors in the ADESA prescribed therapy. A revision of the EHR problems studies that present Security risk patient found numerous problems with the software functionality and (table). A review of the studies carried out in 2014 - 2015 found security gains associated with EHRs and other health information (IT) technologies, but also determined that these systems still need to live in accordance with all your potential. In addition, confusing interfaces and safety measures have interrupted workflow and communication and has created incentives for clinics to develop unsafe solutions, insecure, and structures for the implementation and use of safe health were developed. However, several experts have observed that the current state of EHRs represents a "great lack" in so far as they have not been able to appreciate and explain the complexity of patients and health processes. The depth of cognitive work, of the communication and the needed collaboration to support the work of health care work, and the cognitive load created by the bad usability of current systems. These experts imagine a future in which the user focused on the user and the fundamental rethinking of how EHRs can and should work will allow these systems to reach their full potential, transforming the health for greater value and more satisfactory experience patients and physicians. Current Context Saude and Ehrs are here to stay. While new approaches to the EHR and health project are susceptible to emerging, health care organizations need to ensure the security of their current technology and the safe use of this technology today. Several resources are available to help health care organizations in this effort. The office of the National Coordinator of Health Information Technology produced the safer guides. These nine guides provide checklists and evaluation structure to evaluate and improve their systems in the following domains: priority priority priority, organizational responsibilities, contingency planning, configuration of the system, system interfaces, test results relatives, monitoring and clinical communication. Safer guides are designed for use on all kinds of health care configurations. The joint committee issued a sentinel event alert in 2015 in the safe use of health information technology, and the health and quality research agency produced a 2011 guideline to reduce the non-intentional consequences of the EHR implementation. Table table. Problems with software functionality and usability. Software Security Risk Security Potential Security Risk The degree to which software resources are complete, accurate and appropriate, lack of functionality to support the development of clinical workflow Potentially unsafe alternative solutions, lack of data encoding, standardization and structure of appropriate alerts, ability to detect fragmentation of information; inaccurate documentation, incomplete or disabled high-load decision rules of false positive alerts; Fatigue alert; Bias, resulting in decisions based on incorrect information software information, loss or incorrect data storage of the patient; incorrect dosage holes; incorrect call for medicinal products; Potential for introducing new bugs through EHR maintenance and updating of problem-related import processes of contents Copy and paste and other imports of impurity content can propagate the pattern of incorrect, outdated or undue or unduly information can not be noticed by the users and therefore result in incorrect "for example, the incorrect dosage of problem alerts of medication, excessive, irrelevant or low priority alerts interrupt the clinical workflow and may result in distracting; alert fatigue can cause users to lose important simultaneous performance alerts performance that the opening of several records simultaneously can result in document errors; edit the same registry simultaneously by different users can result in information inconsistent usability of understanding, AP Rendering and use of the interface, including user attractive and accessibility Inappropriate information Displays incomplete information (for example, information Medication or allergy), high load of information and buttons that are similar, but has different resources can result in erratic identification of the patient or incorrect interpretation of patient data , the current state of users of the user for processing processing may be aware of the submission process of incomplete requests; The documentation can be Difficult domestic navigation and interface usability interfaces can result in errors in socket clinical decisions and contribute to errors or delays in the lack of interfaces with treatment errors lack of error protection in interfaces - for example , bad grouping and selection of drop-down menu items - can promote errors, especially at medication request time, processing capacity and resource consumption delays in system response to lack of capacity system may result in the user inadvertently, inserting several duplicate actions, as duplicate prescriptions, through repeated click systems for which 2 or more systems can exchange communication errors Intersistema of interexistence of information with other systems and failures in network infrastructure can result in delays when context or patient status is not in a timely or correctly communicated, availability , failure tolerance, the downtime of the planned and planned recoverability system of EHR can result in a lack of access to the source of information: Virginia La Jr, Ricarte IL, Identification of patient safety risks associated with electronic health records: a software quality perspective. Stud Seation Technol Inform. 2015; 216: 55-59. [Go to Pubmed] This project was funded under the number of the Agency 75Q80119C00004 of the research agency and quality of health care (AHRQ), U.S. Department of Saude and Human Services. The authors are responsible for the

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