Electronic Health Record

[Institutional Affiliation(s)]

Author Note

Electronic Health Record

Electronic health records (EHR) has evolved significantly in many states of the country. It is being applied effectively in a majority of healthcare organizations in some form. It has been observed that there is a rise in secondary consumptions of EHR, particularly for research. According to a report by Thomas Sullivan on 25 February 2019, 96% of acute care centers and 78% of official physicians have implemented health IT in the healthcare facilities (“The Current State of Health IT and EHR in America,” n.d.). EHR information is enormous, varied, incomplete, piercing and chiefly formed for drives other than research. This offers several encounters, most of which included a reaction of surprise at the presentation of computer knowledge synthetic intelligence methods, for example, natural language dispensation and machine information. EHR is slowly being reshaped to enable upcoming research, however, the healthcare facilities are still remote from a ‘comprehensive EHR’. The EHR technique has progressed meaningfully in current years, however, challenges continue in main ranges for example, usability. Though patient access to automated health info has increased more consideration, it has not been described successfully in reviews that include the stages of contact between informatics specialists containing those directing usability examination (Khairat, Coleman, Russomagno, & Gotz, 2018). Ironically, several informatics specialists whose purpose is to advance EHR proposals have limitations on electronic health record access or publication. This has significantly resulted in hindrance in finding areas of usability.

**Patient Confidentiality**

The usability and access to the electronic health record are critical and are a great threat to patient safety. Loosing and deleting data stored in the electronic health records is just one click away. The patient's confidential information was not easy to be released before the advent of the electronic health record. However, electronic health record arrangement has provided the opportunity to many illegal agencies to steal it easily (Khairat et al., 2018). This can be overcome by multidisciplinary approaches such as the safe and secure procedure for data safety, and access to data and information to only concerned persons. Medical faults and contrary measures connected to EHR access and use and/or project have been recognized for ages. Additionally, the misappropriation of electronic health records was lately recognized as the topmost risk to patient security and safety for hospitals and related organizations (Khairat et al., 2018). In a setting of constant mistakes and opposing occasions restricting electronic health records arrangements in healthcare facilities, it is the most appropriate settings where electronic health record is essential. Also, improvements in the arena of usability study and patient safety are required to be studied further to resolve these problems.

**Meaningful Use of EHR**

The meaningful use of electronic health records is to generate data in one click. The provision of electronic health records has increased successful compliance between suppliers and users. Unnecessary treatment therapies and medication errors are reduced significantly. For example, sepsis patients required a regular reminder of their drug dose. In the busy schedule of nurses and healthcare providers, it would be difficult for them to remember which patient needs medicine at what time. With the utilization of IT systems and electronic records, it would provide a reminder solution for healthcare providers and patients for their appointments, health status records and previous medical history (Kim et al., 2019). The reminders regarding screening, medication and therapy can be achieved successfully from the electronic health systems (Kim et al., 2019). A disease that is life-threatening requires to be diagnosed early and effective treatment plans should be administered to the patients. Surveillance, planning for treatment and decision making would be easy for physicians with the help of electronic health record systems.

**Positives and Negatives of EHR**

Studies have proven that the electronic health record system is an advanced and improved technique to reduce the healthcare provider's time of several activities. For example, a record of patient data in the form of files, identification and searching of medical history from files would be a difficult and time taking process for the healthcare providers (Khairat et al., 2018). The delay in the documentation, planning of treatment and analysis of the treatment plans can be effectively addressed with the help of electronic health records. Various incidents have occurred in the healthcare facilities because of insufficient time. For example, a patient seeking healthcare services may need to know about all treatment procedures or any of his relatives could have asked for it (Kim et al., 2019). It is not easy for a healthcare provider to deliver all related information to the patient in few seconds, however, with the use of electronic health records, a nurse can deliver patient-related data to the client in few seconds. Health outcomes, health status, recovery status and the cycle of quality care can be detected easily with the help of electronic health records. No significant threat is associated with the electronic health record so far other than patient safety (Khairat et al., 2018). This problem is also avoidable to some extent with several approaches such as confidential information that should be kept safe. Therefore, electronic health record has many advantages when compared to healthcare systems without electronic health record. Collection of data, unnecessary delays, quality cycles, analysis, evaluation and assessment of patient healthcare services can be achieved successfully with the utilization of electronic health records.

**Policies and Legislative**

The high technology act of 2009 was a determined act to facilitate healthcare facilities to adopt the electronic health record system to improve healthcare delivery. Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 has established certain policies for incentives and motivation to encourage healthcare facilities to adopt electronic health record systems (Khairat et al., 2018). I also support the HITECH Act that electronic health records should be implemented in every hospital and healthcare facility. Though the Office of the National Coordinator for Health Information Technology (ONC) defines that the usability of electronic health record systems is significant for healthcare facilities, different political pressures, policies, and restrictions have created the limitations.Despite this, the improvement to establish electronic health record is increasing day by day.

**Experience**

Electronic health record has served healthcare facilities and healthcare providers in several ways (Khairat et al., 2018). One of my colleagues, Emma, working in an emergency department, had an experience where she found out the electronic health record is very beneficial for the treatment and management of patients. According to her, she had a patient who was admitted with a complaint of seizures and had no one with her to explain her condition. The patient was young and in the treatment and management of seizures usually, we administer valproic acid however, the patient was pregnant and nobody from the healthcare department knew about it. In pregnancy, valproic acid is a threat to the child as it can cause birth defects. Emma observed that the patient has a bag in which she has a mobile. She turned on her mobile where she saw an application ‘Apple’s Health App’. After checking that application, she found out that the patient is pregnant and she informed the physicians that they should treat her with other medicine in replacement of valproic acid. Without electronic health records, they could have missed her pregnancy or it could have resulted in birth defects. I support the electronic health record system and it should be implemented in every hospital and healthcare facility for better health management.

References

Khairat, S., Coleman, G. C., Russomagno, S., & Gotz, D. (2018). Assessing the Status Quo of EHR Accessibility, Usability, and Knowledge Dissemination. *EGEMs*, *6*(1).

Kim, E., Rubinstein, S. M., Nead, K. T., Wojcieszynski, A. P., Gabriel, P. E., & Warner, J. L. (2019). The Evolving Use of Electronic Health Records (EHR) for Research. *Seminars in Radiation Oncology*, *29*, 354–361. Elsevier.

The Current State of Health IT and EHR in America. (n.d.). Retrieved from Policy & Medicine website: https://www.policymed.com/2019/03/the-current-state-of-health-it-and-ehr-in-america.html