Module 2: Discussion 2, Week 2, Post 2 (Reply to Meredith):

Finkleman (2012) mentions great technologies that have increased patient centered care such as bar code scanning for medication administration, point of care clinical documentation systems, professional order entry system, and remote telemetry monitoring. While researching this topic, I came across an article that discusses the pros of computer charting systems. The first benefit of computer charting is not having to ask redundant questions. Redundant questioning leads to patient frustration and inaccurate information due to distress and forgetfulness. It is crucial for health care professionals to have ready access to the information they need to provide safe, high-quality care, which is near impossible with paper charting (Meadows, 2003). Computer charting also improves communication issues. Computer charting makes important information about the patient easy to find. This improves the communication and collaboration of the different disciplines that are involved in the patient’s care (Meadows, 2003). The last benefit Meadows (2003) mentions is the increase in patient safety. It is important for the patient to feel safe in the hospital environment. Paper-based charting can compromise patient safety because clinicians can miss-read hand written orders, resulting in incorrect or unnecessary treatments. Computer charting fixes this problem, along with ensuring safe medication administration with the use of bar-code scanning and checking for medication interactions and allergies (Meadows, 2003). From experience, Meadows (2003), believes that if health care organizations could implement the information technology available today, not only would patient safety and the quality of care improve, but so would the patients hospital experience. Is anyone precepting at a hospital that still uses paper charting and have any examples of flaws to this type of charting?


Module 2: Discussion 2, Week 5, Post 1 (Reply to Callie):

I agree that health information technology has the potential to not only increase patient safety, but to improve continuity of care, and change the way healthcare is currently delivered (Moreland, Gallagher, Bena, Morrison, & Albert, 2012). In the USA, medication errors are estimated to harm at least 1.5 million patients per year, with about 400,000 preventable adverse events. Medication errors are also costly to healthcare systems, patients and their families, and clinicians. Prevention of medication errors has therefore become a high priority worldwide. There is mounting evidence that systems that use information technology, such as computerized physician order entry, automated dispensing cabinets, bedside bar-coded medication administration, and electronic medication reconciliation, are key components of strategies to prevent medication errors (Agrawal, 2009). It is not only for the convenience of the hospital staff, but also for better medical quality of patient cares. The goal of health information systems was and is as simple as relevant: to contribute a high-quality, efficient patient care. Therefore, it is a patient-centered approach towards medical and nursing cares. The essence of developing electronic medication administration records is in fact to improve safety over the health
care institutions (Sung-Huai et al., 2012). From doing clinical at an institution that did not implement barcode scanning along with their electronic medication record, to precepting in an institution that does use bar scanning, I can definitely see how much barcode scanning decreases medication errors. At St. Francis, if you forget to scan the barcode after scanning the medications it will remind you to do so before you can chart that the medication was given. It will also let you know if you have the wrong medication or the wrong dose right when you scan the medication. I believe this is a very effective way of decreasing medication errors! Although this technology can be helpful, it can also be harmful if the nurse does not know how to properly use the technology. I agree that it is very important to provide in-service education days and seminars on how to properly use the new technology. Has anyone else seen the benefit of barcode scanning in their preceptorship?


Module 2: Discussion 2, Week 5, Post 2 (Reply to Millie and Meredith):

I also did not know much about the intelligent infusion pumps, but through clinical have seen how helpful they can be. I decided to do my own research and compare findings. Medication errors can occur at numerous steps in the process of I.V. medication administration. Errors related to I.V. infusion pump programming have the greatest likelihood of causing patient harm (Morgan & Siv-Lee, 2009). Hence, interventions designed to positively impact these errors should result in substantial reductions in potential and actual patient harm and should receive priority. A concerted effort to address I.V. infusion pump-related errors has led to the availability of a new generation of I.V. infusion pumps, known as “intelligent” infusion pumps (Morgan & Siv-Lee, 2009). Today’s infusion pumps are devices with robust intelligence that do not solely rely on the end user to ensure patient safety. The software can monitor infusions in real-time, alert the programmer if defined dosing limits are exceeded, and generate reports allowing select personnel to analyze infusion practices within the institution. There are several characteristics of a truly intelligent infusion pump (Breland, 2010). It must contain programmable safety software that provides medication dosing limits through customizable drug libraries. The pump must be able to communicate with a secure server, which forms the core of an intelligent infusion technology system. Pumps should be able to be integrated with computerized prescriber-order-entry devices, barcode-assisted medication administration, and electronic medication administration records (Breland, 2010). These devices also have free-flow protection to guard against unintentional overdelivery of I.V. solutions or medications. When these devices are used in conjunction with bar-code technology and standardized infusion concentrations, they support the five “rights” of safe medication administration (Morgan & Siv-Lee, 2009).


**Module 2: Discussion 2, Week 6, Post 2 (Reply to Meredith):**

After reading the article and your post, I completely agree that electronic referral programs can have a positive effect on patient-centered care. Referral and authorization processes are often viewed as administrative necessities, but very important pieces of the care coordination continuum. It makes sense that by arming administrative staff with online tools to make these processes quick and easy, a physician practice can empower staff members to improve care delivery and patient service (Denness, 2010). By using NaviNet, a healthcare communications network that enables practices to securely connect electronically with health insurers that cover their patients, single referral verification was reduced from 15 minutes to less than 2 minutes. This greatly improved the quality of care and attention the patients get because health care providers were no longer handwriting referrals. NaviNet gives the health care professionals electronic access to patients' insurers and makes obtaining referrals quicker and easier (Denness, 2010). It is very beneficial to be able to tell if a patient is covered by insurance before the care is provided so the patient will be able to more efficiently manage their finances according to their healthcare needs. I agree that this helps patient relations because the patient does not feel like they have been deceived when they receive a large bill AFTER the care has been provided (Denness, 2010). I imagine that it will be quite a relief to know the price up front, before care is provided, instead of finding out after when nothing can be done about it. This is also beneficial in helping patients decide what treatments is a priority and which can wait till a later date based on knowing the prices upfront. A benefit of having a record of all referrals along with up-to-date insurance information is that it validates the need for the care provided, so if a patient is denied coverage, the administrators have the information they need to act as an advocate for their patients and communicate with the insurer about the denied claim (Denness, 2010). This seems to be a very beneficial system to have in order to improve the quality of care our patients receive.