

CHECK THE QUALITY OF MEDICAL INFORMATION TECHNOLOGY MANAGEMENT, TAKING INTO ACCOUNT SOCIAL AND CULTURAL FACTORS IN THE PATIENT'S MEDICAL RECORD

¹ARIAN DOKHT FARNAD POUR, ²SALMA AHMAD

¹PhD (scholar),Faculty Of Management Studies And Research AMU-ALIGARH

²Associate Professor , Department of Business Administration, AMU-ALIGARH

Abstract - Increase patients' rights , is an important goal in the treatment group activities that will have a significant role in promoting the health of the patient . In this article was written based on a qualitative study , we expect that in addition to performance expectancy, effort expectancy, facilitating conditions, behavioral intention to the importance of social influence , cultural influence and even religious influence on the patient's medical records in order to enhance the quality of IT management medical examination .

Keywords- Healthcare Technology, Digital Record, Social Influence, Cultural Influence, Religious Influence.

I. INTRODUCTION

Healthcare technology is among the most important equipment in a hospital. It helps to improve the quality and performance of treatments (Calman et al., 2007). The importance of considering technology's impact on "social, ethical, legal and other systems" was recognized early and has subsequently been generally accepted.(Liberati A, Sheldon TA, Banta HD. 1997)The importance of ethics in HTA is based on three insights(Reuzel R, Oortwijn W, Decker M, Clausen C, Gallo P, Grin J, et al. 2004)First, implementing health technologies may have moral consequences, which justifies adding an ethical analysis to a "traditional" assessment of cost and effectiveness. Second, technology also carries values and may challenge prevalent moral principles or rules of society (Hofmann B. 2008) that should be addressed by HTA. Third, a more fundamental insight, is that the whole HTA enterprise is value laden.

The goal of HTA is to improve health care, and as health care is value laden (in trying to improve the well-being of people), then HTA is value laden too. The conviction that health care and health policy should be evidence-based and decisions should be transparent is a generally accepted value-base within HTA.Important value-decisions are often made implicitly in HTA methodology: when choosing which technology to assess; interpreting research results; deciding on what counts as evidence; and whose view decides the rationality of implementing a technology.(Van der Wilt GJ, Reuzel R, Banta HD. 2000) Considering a particular HTA, the formulation of the problem, the choice of outcome measures and comparative technologies also reflect values and determine the possible outcomes of the assessment.

II. MATERIALS AND METHODS

Healthcare technology

Nowadays, healthcare technology has become the highest growing area in the healthcare industry, and

in offering employment opportunities in healthcare. Spetz and Maiuro (2004) define healthcare technology equipment in healthcare according to dependent variables by theories with no dimensions. So, healthcare technology should be up-to-date. It helps to attract more patients. Therefore, healthcare can also adopt technology in order to utilize competitive strategies with other healthcare systems. Within the context of healthcare technology, Van Bommel (Van Bommel and Musen, 1997; Hanson, 2006) offers to divide healthcare technology according to each healthcare process. It is divided as follows:

First, both communication and telemetrics comprise level 1, which is defined as a technology or system that can help in telecommunications both inside and outside of hospitals. The results from lab tests can be immediately sent to a nursing station or nursing ward. So, that a physician can evaluate the condition of a patient, and can initiate immediate medical services. The speed of communication depends on the speed of information technology in the organization. The technology at this level is related to data acquisition, transmission coding, decoding processes and encoding processes.

III. ORGANIZATIONAL STRUCTURE

The head of the HIS department is a person who is qualified and experienced in computer systems. Graduate and postgraduate computer diploma/degree holders are available. Depending on the set-up and the extent of computerization and its sophistication, the department may have some or all of the following staff in addition to the head of the department.

Organizational structure refers to levels of management within a hospital and these levels allow efficient management of hospital departments. The structure helps one understand the hospital's chain of command and work flows. Common organizational structure groups are Administrative Services, Information

system Services, Therapeutic Services, Diagnostic Services, and Support Services. Hospital Information systems also can extend as Database administrator, interface developer, and users which are patients and official users.

Components of hospital information system have their own special diversity. Importance of hospital information system is in making communication between these components in an informational ground inside the hospital and outside it.

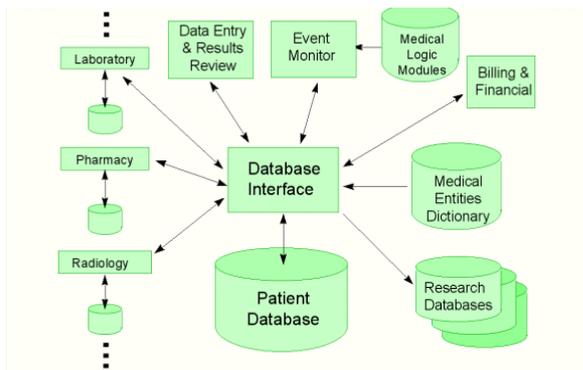
Each part of a hospital information system produces and stores some specific information (for example laboratory which produces and stores information concerning various tests of patients). These information are probably required in other parts, therefore, they should be exchanged between other parts according to specific standards.

Applied needs of each part are extracted and put in this structure using organizational components and serving components and relation between them. In this way, tree structure will be created based on its components.

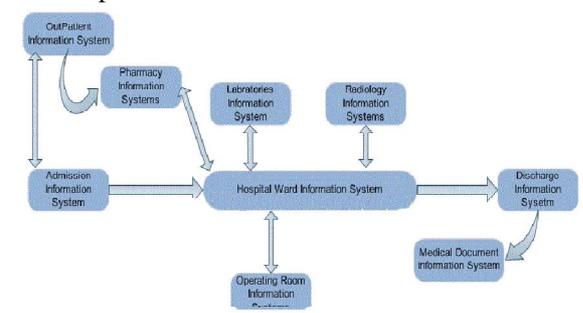
Because of classification of needs this structure has great capacity to develop. These needs are in a closer communication with producers of hospital information systems since they are classified according to such architecture and components which are perceivable to their producers.

Organizational components and serving components are in two different levels and interrelation between these two levels supplements the concept of hospital information system.

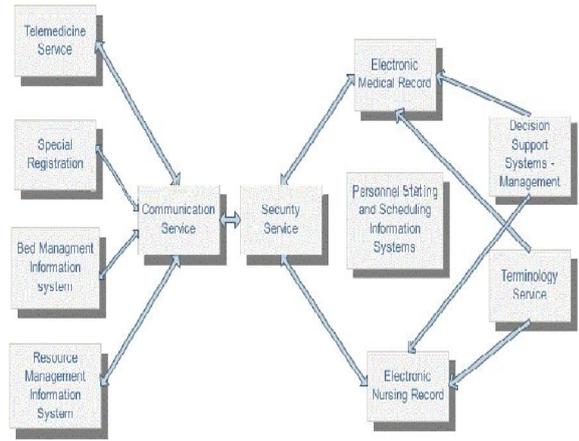
In this paper, we have tried to introduce this interrelation in its schematic diagram.



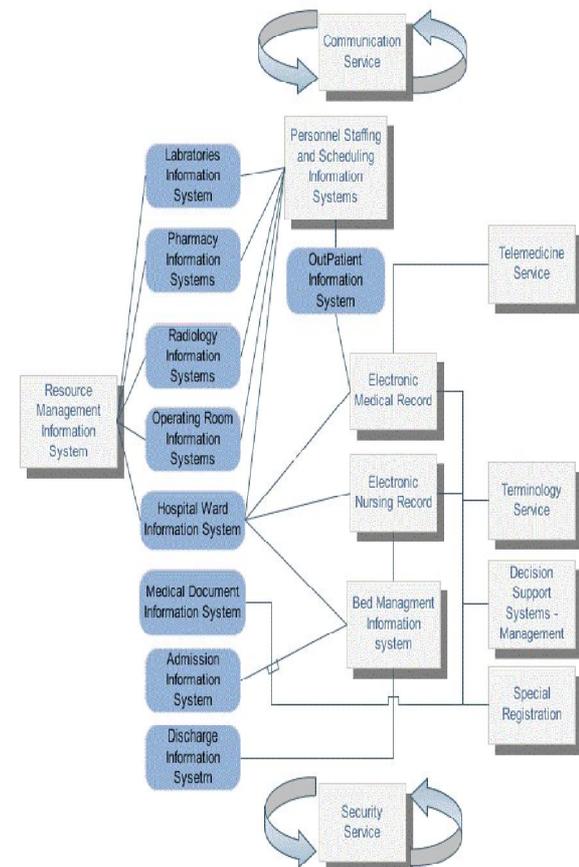
• Clinical information system database of a patient



• Relation between organizational components



• Relation between serving components



• Interrelation between organizational and serving components

Literature Review

Kemper et al(Kemper AR, et al. 2006) studied the implementation of EHR in pediatric practices by randomly sampling 1,000 pediatricians from the American Medical Association master file. They found that smaller and independent practices were less likely to have EHR in use, and that larger and network practices were more likely to use EHR. For many of the pediatricians, the cost of EHR was a barrier to implementation. Another barrier was the question of whether EHR improves patient care. The study found that smaller and independent practices

are unlikely to implement EHR until the cost of this implementation decreases and quality of care is perceived to improve as a direct result.

Roukema et al compared current paper documentation with electronic documentation of the same information. A sample of four pediatricians documented eight new patient visits using both paper charts and EHR. The researchers used a questionnaire based on the Questionnaire on User Interface Satisfaction to assess the users' experiences with EHR. Electronic documentation of the physical examination was more complete and contained more patient information than the paper documentation. (Roukema J, et al. 2006) In other research, authors performed a descriptive study to assess the impact of EHR on documentation, clinical processes and patient access in a large urban pediatric primary care clinic. (Samaan ZM, et al. 2009)

The study audited 500 paper charts preloaded into the EHR system. The researchers concluded that the implementation of EHR improved documentation of patient care, improved clinical processes and increased revenue.

III. HYPOTHESES

Research objectives

- 1) To explain a meaningful relationship between impact of social influence, cultural and religious influence in recorded medical information and enhance the quality of medical information technology management

Research questions

- 1) Is there any meaningful relationship between impact of social influence, cultural and religious influence in recorded medical information and enhance the quality of medical information technology management?

Research hypotheses

- 1) There is a meaningful relationship between impact of social influence, cultural and religious influence in recorded medical information and enhance the quality of medical information technology management.

IV. RESEARCH METHODS

Research model Instrument designs

Researchers inspected the following eight determinants of healthcare technology acceptance: performance expectancy, effort expectancy, facilitating conditions, behavioral intention. healthcare technology behavior, influence, cultural influence and even religious influence usage; and,

modulators were also included, such as age and gender. In our study, healthcare technology acceptance is defined as each physician and healthcare staff members' use of healthcare technology in healthcare.

Subject and sampling

The subjects for this study included users of information technology in healthcare technology, including physicians, nurses, and healthcare staff members who work for Aligarh hospitals in India And patients referred to the hospital. The method of collecting the data by face to face interview knowledge.

Means and tools of measuring

In this research, considering the purposes of the research, suitable tools of measurement which are standard questioners have been used to collect the required data to examine the research hypotheses.

Methods and techniques of collecting data

In this research a combination of expansive (library) and perceptive (field) methods of collecting data is used because of the essence of the issue, in one hand, and the descriptive-analysis method used in the research, on the other hand.

Methods of collecting data

field methods	library methods
visual and audio methods	by using note cards
method of observation	by using tables
method of interview	by using maps and sketches

V. RESULTS

Characteristics of the respondents

Data were gathered from physicians and healthcare staff members who work for Jawaharlal Nehru Medical College & Hospital in Aligarh, India and patients referred to the hospital. With a total sample size of 60 member. Which consists of 20 staff members, the data indicate that this respondents consisted of males (51.5 %) and females (48.5 %). Based on the respondent information, the majority were between 41- 50 years old (38.50 %), followed by those between 31-40 years old (31.5 %), closely followed by those between 21-30 years old (29.5 %) and a small minority who were over 50 (0.5 %). With regard to education levels, it was found that the majority of respondents had a certificate or bachelor's degree (61.5 %), and that more than half were physicians (51.5 %). For routine activities among healthcare staff members, it was found that most work for over 3 hours (41.5 %). For most of the respondents, those who use healthcare technology

had an internet and healthcare technology experience. The second group included patients admitted to the hospital with 58.5 % female and 41.5 male is 60 samples.

Data analysis method

All interviews were recorded and documented. All interviews were recorded with text using panel of judges been analyzed .Attempts to develop improved methods of selecting a panel of judges for psychometric work are presented. The applications reported are in the sensory field and are limited to the assumption of a one-dimensional ability underlying the judgments in question. Some aspects of cost efficiency are also considered.

CONCLUSIONS

The quality and performance of technology helps hospital employees to perceive its usefulness. Therefore, technology in healthcare should provide support with good quality, through service and information technology that perform data processing well. They should feel the perceived usefulness of healthcare technology. Some healthcare systems do not have a large enough budget for these technologies.

The results indicate that the majority of patients in hospital in the center are of the opinion that doctors and nurses do not pay attention to them .the hospitals are usually high number of patients and hospital staff usually do not spend a lot of time to record the medical information of the patient in order to diagnose her/ him illness .Most doctors believe that even refuse the request and ultrasound tests and that it is necessary to diagnose the cause of the non- routine requests and high costs and usually do not have the opportunity to address the social and cultural problems of the patient and the patient's opinion

during the process of treatment Unfortunately, the problem is multiplied in patients unaccompanied . For the most part, doctors do not have time to explain the process of healing for the sick and patients after hospital stays confused and even drug problem in the right way and all the facts leaves no doubt that the neglect of cultural issues and social and even religious patient medical records and lack of proper management of medical information technology not only does not help the patient, but the patient can also suffer serious physical damage is psychological.

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