

Chapter 8.1

New Technologies in Hospital Information Systems

Dimitra Petroudi

National and Kapodistrian University of Athens, Greece

Nikolaos Giannakakis

National and Kapodistrian University of Athens, Greece

INTRODUCTION

A hospital information system (HIS), variously also called clinical information system (CIS), is a comprehensive, integrated information system designed to manage the administrative, financial, and clinical aspects of a hospital. This encompasses paper-based information processing as well as data processing machines.

As an area of medical informatics, the aim of an HIS is to achieve the best possible support of patient care and administration by electronic data processing.

It can be composed of one or few software components with specialty specific extensions, as well as of a large variety of subsystems in medical specialties (e.g., laboratory information system, radiology information system).

CISs are sometimes separated from HISs in that the former concentrate on patient and clinical

state-related data (electronic patient record), whereas the latter keeps track of administrative issues. The distinction is not always clear, and there is contradictory evidence against a consistent use of both terms.

Types of HIS

1. Central or exocentric: The difference is supported in whether the information is kept in central computer or is distributed in other computers in all the hospital.
2. Oriented or not to the patient: Even if both of this two types deal with the data of patient, the orientation of HIS can influence the processes and the general “character of” HIS.
3. With terminals or workstations: They are two appliances that resemble and usually are not separated. Terminals are electronic appliances that allow the users to communicate with the computer. Generally,

DOI: 10.4018/978-1-60960-561-2.ch801

they are connected with mini-computers or mainframes that can find themselves far or near. If they are alone, they have few possibilities, and generally they are not capable to make anything if they are not connected with a functional computer. Workstations are computers drawn for professional use from an individual each time. They are completely functional computers, and they can be connected with other workstations, mainframes, or mini-computers.

An HIS Can Be Placed:

1. Next to the bed of patient: Its placement next to the patient's bed is essential for the monitor and control appliances. For the recording of situation of patient, nevertheless, there is no advantage. In a study, the results were the recording of data was not improved when the system was found next to the patient, since the bigger part of recording was done outside the room, or in the rooms of other patients. Nevertheless, its placement in this point improved the use of automated drawings of care, the calculation of situation of patient, and the pricing for the care of services.
2. In the corridor near the patient's bed: Its placement in the corridor is continuously increasing. It allows the nurses to record, very shortly afterwards, their removal from the patient, without the detachment of attention from the presence of patient and the potential requirement of attention. However, there is danger for the safety, since someone can receive information about the situation of a patient simply looking at, indiscreetly, the hour of recording.
3. In a staff's room: Its placement in regions, where the staff is only allowed, has the advantage of bigger safety. However, it is uncomfortable and time consuming, since the staff should walk enough each time it needs information.

4. Other possibilities: Electronic clipboards. The unique disadvantage is found in that the users perhaps forget where they left it.

Expected profits from the hospital information systems

1. Reduction or repression of registrations
2. Reduction of office duties for the medical and nursing staff
3. Easier access to the medical data
4. Reduction of duration of staying in the hospital
5. Minimisation the insufficient medical recipes
6. Minimisation of errors in the recording of results
7. Redeployment, reorientation or reduction of staff
8. Improvement of quality of registrations
9. Improvement of quality of care
10. Better communication
11. Reduction of hospital cost
12. Increase of satisfaction of nurses
13. Growth of common hospital database
14. Improvement of perception of patients on their care
15. Improvement of general appearance of hospital

HARDWARE TECHNOLOGIES

The patients entrust the organisms of healthcare in order to offer them the higher level of care with the smaller probability of error. The existing technologies help standards of health to be strengthened, but the hardware solutions will save an important cost, also measured in money and in time. Solutions, such as electronic forms, can exclude the problems that come up in a handwritten system. These technologies give the doctors/nurses, and the other clinical, a lot of time in order to focus in what they know better.

4 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/new-technologies-hospital-information-systems/53695

Related Content

The Implementation of Innovative Technologies in Healthcare

Eddy M.M. Adang (2011). *Clinical Technologies: Concepts, Methodologies, Tools and Applications* (pp. 1-12).

www.irma-international.org/chapter/implementation-innovative-technologies-healthcare/53573

Multimedia Capture, Collaboration and Knowledge Management

Subramanyam Vdaygiriand Stuart Goose (2005). *Clinical Knowledge Management: Opportunities and Challenges* (pp. 139-158).

www.irma-international.org/chapter/multimedia-capture-collaboration-knowledge-management/6581

Telemedicine and Biotelemetry for E-Health Systems

Elif Derya Übeyli (2011). *Clinical Technologies: Concepts, Methodologies, Tools and Applications* (pp. 676-692).

www.irma-international.org/chapter/telemedicine-biotelemetry-health-systems/53613

ISO 27000 Information Security Management System

Carrison K.S. Tongand Eric T.T. Wong (2009). *Governance of Picture Archiving and Communications Systems: Data Security and Quality Management of Filmless Radiology* (pp. 28-40).

www.irma-international.org/chapter/iso-27000-information-security-management/19320

Prototype Based Classification in Bioinformatics

Frank-M. Schleif, Thomas Villmannand Barbara Hammer (2011). *Clinical Technologies: Concepts, Methodologies, Tools and Applications* (pp. 478-485).

www.irma-international.org/chapter/prototype-based-classification-bioinformatics/53603