EHR Functionality

Students Name

Institution Affiliation

Course Name: Course Code

Professor’s Name

Due Date

**EHR Functionality**

**Rationale for EHR**

The Electronic Health Record (EHR) includes multiple components that collaborate to compile, develop, distribute, manage and maintain a clear and accurate patient health record. Several programs, applications, guidelines, and standards must be in place to ensure full interoperability. The Committee of the National Academies of Medicine (2015) identified eight critical functions for healthcare providers that EHR programs should undertake to encourage improved safety, reliability, and productivity in health care. The EHR definition of the Institute of Medicine condenses all features into eight key components, with an emphasis on functions that help patients stay well. Just a few constituents include health information and documentation, order entry, decision support, electronic communication and networking, patient maintenance, accounting, surveillance, and public health organization.

**Elements Of Certified EHRS**

Some elements for accredited EHRs have been established by national coordination (ONC) for health information technology. Contrary to common opinion, the PNC rule shows a low qualification level, eliminating the need for usability testing and requiring a complete range of functionalities that might be needed for healthcare organizations to practice. In contrast, the qualification criteria are based on two practical basics. One of the most significant elements is the ability to compute actions specified in EHR's incentive platform. Certified EHR services must keep a separate list of data to decide if a participant has reached the required threshold and the actual denominators and numerators to be recorded (Hu et al., 2020). As a result, qualified EHRs must be able to perform these calculations. Members or users must upload this information to CMS more conveniently as required for the EHR inducement program.

Another required functionality feature in EHR certification is the ability to record when digital health information is removed, created, retrieved, or altered and the capability to show what happened and who performed the actual act. As a result, licensed EHRs depends on two primary features that are simply different functional aspects from a typical uncertified unit. As a result, metrics used in benefit provision are measured to ensure that a healthcare organization's primary EHR targets are met.

**Meaningful Use Criteria**

Although electronic health record (EHR) systems are now commonly used in medical offices worldwide, this was not always the case. The transition from paper to electronic records began in the early 2000s, thanks to assistance from the US government, specifically a collection of guidelines known as "meaningful use."

The health information technology for economic and clinical health act (HITECH Act) established practical usage standards to aid healthcare providers in adopting electronic health records (EHRs), their use to better protect and share patient data, and the improvement of patient care quality. Meaningful usage step 1 was the first stage of enforcing these standards (Eligible Professional Meaningful Use Core Measures, n.d.). Its primary aim is to enable healthcare professionals and organizations to use electronic health records (EHRs) and electronically store and exchange health data.

The centres for Medicare & Medicaid Services (CMS) proposed the Meaningful Use Incentive Program to promote electronic health records to meet program objectives (EHRs). Meaningful Usage refers to using certified EHR systems to ensure compatibility and electronic health data exchange to enhance care quality. Since they were made available for practical use in 2011, electronic health records (EHRs) have risen significantly. The EHR implementation is broken down into phases, each with its own set of specifications to ensure success and avoid problems.

One of the primary objectives is computerized supplier order entry (CPOE). According to the survey, more than thirty per cent of all individual patients with at least one prescription on their medication list who the EP sees have at least one treatment order entered using CPOE. The second most important metric is demographic data. According to the data, more than half of all unique patients seen by the qualifying provider (EP) have demographics known as standardized data. This ensures that these entries will be present in more than half of the patients' EHRs (Levine et al., 2017). The third core measure is the recording and charting of shifts in vital areas. More than half of all individual patients seen by the EP had their blood pressure (for patients aged three and up only) and height and weight (for all ages) documented as standardized data during the EHR reporting period. BMI should be assessed and shown for more than half of the patients. In the EHR, plot and view development charts, such as BMI, for children aged 0 to 20 years should be recorded.

The CPOE improves effectiveness as it allows healthcare workers to submit records online; thus, it helps health facilities to acquire medication, lab, and radiology orders to pharmacies. It also improves compensations since some orders need pre-approval from insurance plans. CPOE, when combined with an electronic practice management system, can flag orders that require pre-approval, therefore, lessen denied insurance entitlements.

It takes a long time to ensure that healthcare programs meet meaningful utilization criteria. The aim of practical usage is for all providers to use the EHR to record data that will help them save money and provide quality treatment. Many of the quality measures necessitate nursing documentation. This technology must be embraced by healthcare professionals, who must be adequately trained in its use. According to the report, this facility fails to track vital signs, which is crucial for identifying changes in a patient's condition. If they were adequately trained on how to report acute symptoms correctly and consistently, they could fulfil the practical use of the EHR.

References

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