

# Chapter 17

## Health Information Technology and Quality Management

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### ABSTRACT

*Even in healthcare and health information technology change will not vanish or disperse. Technology, civilization, and creative thought will drive this force increasingly forward. Health care managers will continue being judged on their ability to efficiently and effectively manage (Patton & James, 2000). The arena of Health Services Research (HSR) is trusted on by judgment deciders and the public is the principal basis of data on how thriving health systems are meeting this task (Steinwachs & Hughes, 2008). The goal of HSR is to deliver material that will ultimately lead to advances in the health of the community. HSR evaluation of quality of care has demonstrated it is an unspecified science and multifaceted, even though its description is comparatively simple (Steinwachs & Hughes, 2008). This article is to investigate the background, controversies, and problems surrounding Health Information Technology (HIT) Change and Quality Management including an overview of current changes and benefits of implementation. This will be coupled with solutions and recommendations, further research, and conclusion. This will enhance the field of research in leadership, change management, quality management, and health care.*

### INTRODUCTION

One of the most widely discussed areas in the health care field is improving the quality of patient-centered care within Health Information Technology (HIT). HIT allows for the all-inclusive management of medical information and the protected exchange between health care consumers and providers (U.S. Department of Health & Human Services, 2008). Health care comprises of the use and management of a profusion of information that must be collected, managed, reviewed, processed, and mined (McHaney, n. d.). With this in mind, HIT is proclaimed to be the solution to improve patient-centered health care and quality, while reducing cost within the medical industry (Hersh & Wright, 2008). There is an emergent agreement in the health policy community that cognizant and involved patients have a dynamic role to play in refining the quality of care that the United States (U.S.) health system delivers (Robert

DOI: 10.4018/978-1-5225-1674-3.ch017

Wood Foundation, 2007). A rising frame of research is commencing to offer solutions to that question, but there are also considerable holes in the research (Robert Wood Foundation, 2007). The foundation, content, and circulation of the health quality information that is currently available to consumers all vary widely. For instance, proportional evidence on quality performance for health plans has been accessible for some time in the form of the Health Plan Employer Data and Information Set (HEDIS) measures (Robert Wood Foundation, 2007). It is imperative to postulate relational characteristics of high quality care and ask patients to describe those involvements (e-Source Behavioral & Social Sciences Research, n. d.). It may also be useful to rate the extent to which care met patient expectations, but it is important to recognize that high satisfaction does not necessarily imply high quality (e-Source Behavioral & Social Sciences Research, n. d.). Even though HIT has the potential to transform the delivery of health care effectively and efficiently, health organizations continue to lack in this area.

A health organization has often been treated like a manufacturer who is advised that using cheaper materials can reduce manufacturing costs. The end result is that the manufacturer saves money on manufacturing costs but at the same time defects are accumulating and the results are subpar products. As we relate this to health organizations the ill effects of these short cuts are not externally evident, the health organization gives poor service or makes errors. Ultimately, health organizations fail in any of the countless ways in which organizations fail when they are poorly sustained. When health organizations operate inefficiently without proper funding, the odds become stacked against them.

Stakeholders will be described as individuals, affected continually in the health care administration, processes, and accompanying actions associated with its realism (Li, 2015). The effects may be through providers, employers, patients, and payers either in direct or indirect, including the populations where the health care facilities are located (Li, 2015). Those in the health care arena have a duty to cogitate the desires and anticipations of its stakeholders (Li, 2015). Managing stakeholder expectations is a method perturbed with cultivating project performance by sustaining the requirement of all stakeholders with applicable communiqué for every stakeholder requirements and problem perseverance when required (Project Management Lexicon, 2015).

Several other studies suggest that the adoption of HIT remains limited in certain functions (Poon, Jha, Christino, Honour, Fernandopulle, Middleton, & Kaushal, 2006). There have been limited studies conducted to determine which functionalities of HITs need implementation. Most studies concentrated on certain functionalities such as Computer Provider Order Entry (CPOE) or Electronic Health Record (EHR). CPOE is a set of clinical processes that incorporate technology to optimize physician ordering of medication and other required laboratory testing (Ormond, 2005). During a study by Minnesota Orthopedics Specialist, it was realized that vendor and local support during implementation was critical for success (O'Neill, 2007).

EHR is "related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization" (U.S. Department of Health and Human Services, 2008, p. 17). This definition has been updated to include a digital collection of patient health information compiled at one or more meetings in any care delivery setting and is often used to refer to the software platform that manages patient records maintained by a hospital or medical practice (Health IT News, 2013).

This leads us to look at the internal and external change. This is imperative for the change process and implementation of HIT. The internal reaction to change is the key point of discovery that requires learning something new, not just the acquisition of knowledge (Cameron & Green, 2004). Over time health organization management has avoided mentioning patient care and patient-related quality issues in either

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