Assessment 3 - Exploration of Regulations and Implication for Practice

Student Name

School of Nursing and Health Sciences, Capella University

. PE Nursing I

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Computerized Physician Order Entry

Computerized Physician Order Entry (CPOE) is a system used in healthcare facilities that allows doctors to enter and transmit patient treatment and medication orders electronically, rather than using paper forms or verbal orders. CPOE systems can improve patient safety by reducing errors and increasing the speed and accuracy of order processing. They can also improve efficiency and communication among healthcare providers. A u example of using a computerized physician order entry (CPOE) system in nursing mould involve the implementation of this system in a hospital or other healthcar. facility. The CPOE system would be used to electronically enter and process physician and the reatments, lab tests, and other treatments (Fischer et al., 2020). It is a system used allows physicians, nurses, and other healthcare providers to enter patient treatment and medication orders electronically rather than using paper forms or verbal or other.

CPOE is designed to improve period surface surface by reducing errors and increasing the speed and accuracy of order process of the can also help to improve overall efficiency and communication among health and providers. CPOE systems typically include a user-friendly interface that allows providers to enter orders quickly and easily and also include a variety of built-in checks and of a stochastic providers. Some systems also include decision support tools that provide alerts for duplicate therapy or other potential drug interactions or allergies and of the provide alerts for duplicate therapy or other potential problems. CPOE can be integrated with other electronic health record (EHR) systems, such as electronic prescribing, lab results, and radiology reports. This allows healthcare providers to view all of a patient's information in one place, which can help improve the coordination of care. This essay is based on an analysis of the computerized physician order entry, safety issues, stakeholders, and goals of this informatics model.

The computerized physician order entry system in nursing helps the nurse electronically enter and process physician orders for medications, lab tests, and other treatments. CPOE systems can also increase efficiency by streamlining the order-entry process and allowing for real-time tracking of orders. They can also provide valuable data for quality improvement and research. Additionally, the use of a CPOE system can facilitate the implementation of clinical decision support systems (CDSS), which can help to improve the quality of care by guiding diagnosis, treatment, and other clinical decisions (Ejaz ..., 2022). Implementing a CPOE system can be a complex and time-consuming process that requires significant investment in terms of cost and resources, including a proware, software, and staff training. It's also important to have a change management in cess in place to ensure that the staff is comfortable with the new system and can work etriciently with it. Studies have associated the use of CPOE with improvements netter, efficiency, and reimbursement, allowing more incentives and a ¹, 'atory care for people (Nuckols et al., 2014). For instance, the use of the CPO Concrete nurses regulate the information and provide handy information on time (2 ut depending on the patients to carry their reports with them all the time or remeable, their medical history. For example, when a doctor accurately and timely oters information into CPOE, it simplifies order processing and check-up dates, allo so on-time care, and allows nurses to access the history and treatment details to p. w. te the right care without exposing the patient to potentially harmful med: the is.

Computerized physician order entry (CPOE) systems are designed to improve patient safety by reducing errors and increasing the speed and accuracy of order processing. However, despite the many benefits of CPOE, some safety issues must be considered. One major safety issue with CPOE systems is the potential for errors caused by human factors, such as poor user interface design or a lack of user training. For example, if the system is difficult to navigate or the instructions are not clear, this can lead to confusion and errors. This can be particularly problematic for healthcare providers who are not familiar with the system or who are not adequately trained to use it (Classen et al., 2020). Also, there is the potential for errors caused by system design or functionality. For example, if the system does not include built-in checks or alerts to prevent errors, this can lead to medication errors or other mistakes. Additionally, if the system cannot detect or alert for potential drug interactions or allergies, it can put patients at risk for adverse reactions. Similarly system to fall back on the paper-based system, which could introduce errors and active the process. Lastly, CPOE systems are vulnerable to hacking and data breaches. Other sections (Setareh et al., 2022; Poly et al., 2020).

Similarly, another risk that can prevain the use of CPOE is HIPAA, as the nurses should follow the guidelines of HIPAA to ensure the safety of the patient's private records from being accessed by unauthor *inc* a castributions, even to families or other patients. Thus, nurses must be more vigilal, a *c* ethically profound when discussing cases, such as maintaining the confide, *c* inity of the case, avoiding gossiping in hospital corners, resisting curiosity and nc the closing information without the patient's permission, and providing the patient with the vigilant about the use of the record and not leave their systems unprotected or unsupervised. Likewise, it is expected of the nurses to be non-judgmental toward the medical history and state of the patient in order to provide risk-free care.

There are a lot of stakeholders involved in the CPOE process, from patients to doctors to nurses to management; every individual plays a significant role in the whole process.

Patients are the ultimate recipients of the CPOE system, as it is designed to improve patient safety, increase the speed and accuracy of order processing, and provide a more comprehensive view of the patient's information. Patients have the right to expect safe and efficient care, and CPOE can help ensure that they receive it by providing seamless services. Similarly. The physicians also entail the primary status on the ladder, as they are responsible for entering and transmitting patient treatment and medication orders. They need to be tained on the system and have to make sure that the information they enter is accurate, complete, and well-formatted to avoid errors and misinterpretations. Likewise, this trans. vision and information process is also associated with the nurses, as they are the k_{ey} individuals responsible for the accurate documentation, orders, or any other reported information in the patient's electronic health record (EHR). They need to be trained on the system and have to be able to use it efficiently to ensure patient safety an in prove clinical workflows. Similarly, the hospital management, such as the administration and IT departments, are also prime stakeholders in the process, as they are conciole for the whole management. They need to be able to understand the system's can be and limitations, as well as its financial and legal implications, to make in 5 med decisions. Similarly, studies have highlighted that there are a few critical barriers to adaptation to the process of CPOE that the physician and nurse have to bear due to rect information being added up or due to any man-made error (Nathan et . ¹., ¹0.3).

is worth noting that the CPOE outcomes are also influenced by many factors, such as the goals of the projects, the level of support and training provided to the healthcare providers, and how much information they can foresee and utilize based on the information provided in the CPOE. Through the use of CPOE, a few factors are kept in mind and result in influential outcomes when it comes to utilizing the technology. First of all, the use of the CPOE ensures the safety of the patients as it is designed to reduce errors, increase the speed

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and accuracy of order processing, and reduce the risk of medication errors, playing a significant role in preventing adverse drug interactions or overdosage of any particular drug by keeping the complete record of the patient (Cerqueira et al., 2021). This study highlighted that CPOE also reduces pharmaceutical costs as it moves medications to preferred medication tiers and steers treatment toward evidence-based choices. Similarly, CPOE systems can help to streamline the process of ordering and documenting patient treatments and medication. which can increase efficiency and reduce the risk of errors. This can lead to faster an naround times for orders and improved clinical workflows. One of the more obvious bune its of CPOE is its ability to provide a more comprehensive view of the patient's infernation, which can improve communication and collaboration among healthcare providing. This can lead to better coordination of care and more accurate and complete patient 1. formation. Last but not least, this model also ensures better patient satisfaction 25 i' an ws them to have complete one-click access to their medical records, reducing the hassle of carrying multiple files around during doctor visits and reporting the complete history, and improving the overall patient experience by reducing the rist of errors and increasing the speed and accuracy of order processing. This can lea in the patient satisfaction and improved trust in the healthcare system (Sut on e⁺ a., 2020).

Computed initiative in Order Entry (CPOE) is a widely adopted initiative in healthcare and tice that aims to improve patient safety and increase the efficiency of order processing. However, it's crucial to critically analyze this initiative in terms of safe practice, ethical considerations, regulatory considerations, and standards of practice. In terms of safe practice, CPOE systems are designed to reduce errors and increase the speed and accuracy of order processing, which can help improve patient safety. However, proper implementation and maintenance of the system are crucial for ensuring its safety. For example, if the system is not properly secured, it can lead to data breaches and a loss of patient privacy.

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Furthermore, if the system is not properly maintained, it can lead to system downtime and errors (Srinivasamurthy et al., 2021).

CPOE systems have the potential to have a significant impact on both the patient-provider relationship and the overall healthcare system. There's a need to consider ethical issues such as patient autonomy, informed consent, and privacy. For example, it's essential to ensure that patients are aware of the system's capabilities and limitations 'o .'at they can provide informed consent for its use. Similarly, CPOE systems are subject to a variety of legal and regulatory requirements. This includes compliance w. h regulations related to data security, patient privacy, and data sharing. It's important to ensure that the system is compliant with all relevant regulations and that it m, 's use standards set by accrediting bodies. However, recent studies have highlighted that CPOE systems can raise ethical concerns related to the privacy and security C pari int data as well as the potential for unintended errors and bias in the processing *r* uers (Hayavi-Haghighi et al., 2021). CPOE systems can raise ethical concerns relater .o the autonomy and informed consent of patients, as well as the potential for unintend 1 consequences and conflicts of interest in the use of these systems. Concerns report ing the accountability and transparency of these systems, as well as the potential for mintended consequences and conflicts of interest in the use of these systems, are oft in, ised.

C. OE systems are subject to a variety of legal and regulatory requirements. This includes compliance with regulations related to data security, patient privacy, and data sharing. It's important to ensure that the system is compliant with all relevant regulations and that it meets the standards set by accrediting bodies. To ensure current standards of practice, CPOE is subject to a number of regulatory requirements. While CPOE systems are designed to improve the standard of care in healthcare practice, However, it's important to ensure that

the system is being used in a way that aligns with current standards of practice. For example, it's crucial to ensure that the system is being used to support the provision of evidence-based care and that it is not being used to replace the judgment of healthcare providers. Similarly, the CPOE system in a hospital was associated with a significant reduction in medication errors and adverse drug events. The study also found that the system improved the efficiency of care delivery and communication between healthcare providers (Amir & Khan, 2022).

In conclusion, computerized physician order entry (CPOE) systems are inclusingly being adopted in healthcare facilities as a means to improve the quality a: ' sa'ety of care. These systems have been shown to significantly reduce medication _ ro. 3 and adverse drug events, improve prescribing patterns and communication bety . n.ealthcare providers, and increase the overall efficiency of care delivery. Several st. dies have been conducted and have shown that CPOE systems have resulted in a reduct, 'n un inedication errors and adverse drug events. and improve prescribing patterns and or minunication between healthcare providers. However, it is important to consider the s lety, ethical, regulatory, and standard of care aspects when implementing CPC deristems. Safety concerns include the potential for system malfunctions and errors us, erurs, and inadequate training of staff. Ethical concerns include issues of privacy, security and potential discrimination. Moreover, regulatory compliance and adherence to standa ds of care must be considered when implementing CPOE systems. While the CPOF has the potential to improve the quality of care and maintain the safety of care, it is im, ortal t to purposefully regulate the risks and benefits of implementation and to ensure that the systems are designed and implemented in a way that promotes patient safety, ethical considerations, regulatory compliance, and adherence to standards of care.

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