Technology and Practice

Name

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Health information technology (HIT) has become the answer to several crucial problems that were thought to have been the outcome of inadequate communication regarding patient information among healthcare providers. There has been considerable success in adopting HIT in providing healthcare. Nonetheless, inability to implement HIT and effectively utilize it has nothing to do with any possible financial or clinical benefits to healthcare practice. As a result, it is necessary to realize the barriers to adoption and pinpoint factors that foresee or prevent the effective application of HIT in a healthcare environment.

Factors Contributing to the Successful Adoption of HIT

The quantity of work needed to manage the existing system typically increases when there is transformation through the adoption of HIT. This is an inescapable fact that will remain true for a long time. This goes against popular opinion which holds that there are effectiveness and efficiency benefits from the adoption of information technology.

Indeed, the moment a new system is installed and is operating effectually, efficiency will increase, and the general workflow will reduce. Still, when shifting to new information systems, workflow increases, and this intensified workflow will persist for an extended period (Leonard, 2004). Eventually, work is a prerequisite for change. An increase in workflow and the time that the increased workflow continues relies on some factors:

I. The amount of efficiency in handling unplanned events. The successful adoption of HIT depends on how effectively the management deals with unexpected events (negative or positive).

II. The extent of training that professionals receive before and during the shift. It is crucial to train new recruits and even the experienced healthcare professionals through the development and implementation of HIT.

III. The level of resistance to change or healthcare provision experience in utilizing HIT. If there are healthcare professionals that have experience in using HIT, maneuvering through the adoption of HIT become easier.

IV. The amount of efficient reporting regarding the outcome measures before and after implementation. The more progress made in the adoption of HIT, the quicker it become to adopt other new technologies. Still, it is important to make everyone aware of the development to maintain momentum.

V. The level of support provided from relevant the stakeholders. The amount of stakeholder support is usually accredited to the collaboration among healthcare users and HIT developers.

Impediments to the Adoption of HIT

Even though studies have proved the different advantages of HIT, the rate of adopting HIT continues to be low among healthcare professionals. This is due to some reasons:

I. The high cost of implementation. The cost of establishing HIT systems is the biggest hindrance to HIT adoption among healthcare providers. It costs around $50,000 per professional to acquire and install an electronic system (Police, Foster, & Wong, 2010). This explains why 55% of health professionals mention reduced financing as the biggest obstacle to embracing HIT.

II. Staff barriers/perceptions. Most healthcare professionals have the belief that shifting to an electronic system would cause interferences in the delivery of healthcare. As a result, this cultivates a great reluctance to change.

III. Technological barriers. Concerns regarding the viability, security, and suitability of HIT is a major obstacle to adoption among healthcare providers. Particularly, issues surrounding the privacy of patient records stored and retrieved from electronic systems are barriers to HIT implementation.

Lack of enough information or information overload. Information overload is the larger problem because efforts are being made to ensure that there is widespread adoption of HIT. In this case, information overload implies that the new technology related to work responsibilities is more than can be managed. This has created challenges for healthcare providers in incorporating evidence into practice. For instance, sources of information such as medical journals have their unique way consolidating and presenting information, which is hard to fit into clinical practice.

While it is true that a very small fraction of the population accounts for a significantly large fraction of total costs (e.g. "hotspots"), many of the root causes for these conditions have taken years if not decades to develop and to eliminate these hotspots will require significant lifestyle changes, some with strong cultural reinforcements, long before the symptoms appear. It is true that a small fraction of the population caters for a large part of the total costs. The conditions that are present in the healthcare industry are largely a result of the country embracing the privatization of healthcare. In most nations, healthcare is a collaboration between public and private sectors. Changing the prevailing conditions will take time and rigorous effort. In the UK, the public sector is more dominant than the private industry. This is attributed to the accomplishments of the Labour government (1945) and resistance to privatization efforts.

Nonetheless, there were numerous attempts to establish a private sector by the Thatcher government.

Strategies to maximize the probability of success with the adoption of hit. Approaches to minimizing resistance to the adoption of HIT include engaging the ultimate users of HIT in implementation and nurturing a philosophy of teamwork and communication. Nevertheless, research has demonstrated that health care providers that have capitalized on long-term practice adaptation and success are more probable to implement HIT correctly.

Excellent leadership

Leadership is an important aspect of minimizing resistance to the adoption of HIT. Hospital managers should be instructed to trust the value of HIT firmly and to exhibit a strong dedication to implementation. The leaders of the hospital must be simple in handling the changes that inexorably result from HIT implementation (Poon et al., 2004). Moreover, the managers have to be encouraged to command the use of HIT in the hospital.

In the event of hindrances and hesitations, hospital management should retain and assertively communicate a shared vision to the staff. This includes a description of not only the ways HIT could facilitate patient efficiency, safety, and quality but also the ways through which it could reinforce the hospital's primary objective and strengthen its leadership position in the region.

Recognizing excellent professionals

Proficient healthcare professionals especially prominent physicians are essential to the minimizing resistance to HIT adoption. These people possess an exhaustive understanding of the workflow allowing them to smoothen the selection of vendors. In the initial phases of HIT implementation, these professionals can show the users the benefits of the technology,

empowering them to envision beyond the frustrations that they have. Additionally, these professionals can communicate the concerns of the users to the developers.

Tackling workflow fears

There are very few technologies that can be used immediately they are brought without customization to match workflow. The worries that come about when learning to utilize a new HIT system can be alleviated by having a committed support staff (Poon et al., 2004). This shows everyone that uses the equipment that the hospital was devoted to ensuring HIT systems work.

Influencing hospitalists

New clinicians will be comfortable with HIT if they receive enough exposure to HIT as medical interns. This will provide them with the inspiration that they require to study the features to increase the efficiency of their workflow. They are also able to provide useful information on the improvements that are needed in the HIT systems.

References

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