

Commentary

## Trends in Health Care Systems: Types and Technologies

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## DESCRIPTION

According to a research by RAND Health, if Health Information Technology (HIT) is broadly embraced, the U.S. healthcare system could save more than \$81 billion annually, decrease adverse healthcare occurrences, and improve the quality of care. Despite better health for patients and cheaper costs for payers, cost remains the biggest obstacle to widespread adoption of technology. However, hospitals pay more for implementation and may receive less money overall (depending on the reimbursement plan) due to shorter patient stays. The advantages brought about by technical advancements also give rise to significant problems with the introduction of new and unheard-of mistake types.

## Types of healthcare technology

The IOM report states that handwritten reports or notes, manual order input, unusual abbreviations, and poor legibility cause serious mistakes and injuries. The IOM report that was published in response, crossing the Quality Chasm: A New Health System for the 21st Century recommended that electronic patient records, computerized prescription ordering, and computer- and internet-based information systems be quickly adopted. Only the HIT components relating to patient safety are covered in this section.

**Electronic Health Record (EHR):** The Electronic Health Record (EHR), previously known as the Electronic Medical Record (EMR) reduces several types of errors, including those related to prescription drugs, to emergency and preventive care, and to tests and procedures. Automated drug-drug, drug-food, and allergy checks, standard drug doses, and patient education data are all crucial components of contemporary EHRs. Errors are decreased with the aid of drug information at the point-of-care and drug dispensing sites. India, for instance, MedCLIK. Additionally, these systems offer periodic alerts to keep track of referrals and test results and to notify physicians when to schedule preventative care appointments. Access to clinical recommendations for illness management inside the electronic record has been shown to be beneficial when the patient is being

treated. Access to a patient's records at any healthcare facility is made possible by developments in health informatics and the extensive deployment of interoperable electronic health records. Still, there may be a weak link because of physicians' deficiencies in understanding the patient safety features of e.g. government approved software. Errors associated with patient misidentification may be exacerbated by EHR use, but inclusion of a prominently displayed patient photograph in the EHR can reduce errors and near misses.

Portable offline emergency medical record devices have been developed to provide access to health records during widespread or extended infrastructure failure, such as in natural disasters or regional conflicts.

Active RFID platform: The fundamental security features of these systems are based on dependable electronic tags that may be used to identify individuals, ensuring the accuracy of the patient information provided in various circumstances. These systems provide three possibilities with varying qualifications: When a patient presents their tag to staff, they can be identified semi-automatically utilizing scanners (similar to readers for passive RFID tags or scanners for barcode labels) upon staff request.

Automatic patient identification at entry: Each person entering the area wearing a tag undergoes an automatic identification check to establish whether they are a patient or another person who has previously been entered into the range of the reader being used.

Automatic range estimation and identification occurs when the closest patient is approached, excluding reads from tags on patients who are located further away.

Any of these alternatives can be used whenever and wherever patient information in electronic form is necessary. When the information in question is crucial, such identification is imperative. More hospitals are using RFID technology to identify their patients, including Wayne Memorial Hospital in the US, Royal Alexandria Hospital, and Hospital La Fe in Valencia, Spain.

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Received: 15-Mar-2022, Manuscript No. MSGH-22-20403; Editor assigned: 18-Mar-2022, PreQC No: MSGH-22-20403 (PQ); Reviewed: 04-Apr-2022, QC No: MSGH-22-20403; Revised: 11-Apr-2022, Manuscript No: MSGH-22-20403 (R). Published: 18-Apr-2022; DOI: 10.35248/2574-0407.22.11.159.

Citation: Roy H (2022) Trends in Health Care Systems: Types and Technologies. Med Saf Glob Health. 11:159.

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