BHA-FPX4106 Assessment 1: Information Collection

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Program Name or Degree Name (e.g., Bachelor of Science in Psychology), University

COURSE XXX: Title of Course

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A Proposal to Evaluate Cancer Healthcare Service Quality Through Computerized Physician Order Entry (CPOE) System Documents

During `my placement at a cancer center, I realized that cancer patients have relatively few direct or indirect quality indicators available at their disposal to help them select hospitals, health plans, and doctors, or even to evaluate the merits and demerits of alternative treatment options. However, this situation has recently changed with the introduction of various scientific approaches to healthcare quality measurements, especially as technology takes over the healthcare sector (Franklin et al, 2017). This paper, therefore, proposes technological strategies that can be leveraged in the effective management of cancer patients.

Information Collection

This report proposes a service quality assessment approach I would take to measure the quality of services delivered to cancer patients. Using a computerized physician order entry (CPOE) system, I will identify and retrieve patient history and physical information, lab reports and discharge summary. These documents will then be used to evaluate the quality of care within the office, considering that a multi-departmental approach would be tedious and overwhelming. Furthermore, the quality assessment will only focus on patients treated and discharged within the past year because this data would be readily available and easily retrievable.

CPOE is especially useful for this purpose as it provides a suitable platform for evaluating service quality by capturing all the treatment instructions and medication orders made by practitioners when delivering care services to any patient (Konnoth, 2017). Ideally, according to Pesec et al (2021), CPOE systems are designed to mimic the paper chart workflows and are often integrated with clinical decision support systems (CDSS) to optimize care efficiency and patient safety.

Considering that patient safety and operational efficiency are some of the key elements of care quality (Buendia et al, 2021), CPOE is present as the most appropriate information system for the proposed project. particularly, for the proposed project, the quality assessment will focus on the clinical and administrative domains of the system. In doing so, the assessment will easily highlight the quality of clinical care and how it guarantees patient safety, as well as the quality of administrative service and how it guarantees patient satisfaction. Below is an illustration of how the information will be identified, retrieved, evaluated and destroyed.

Information Life Cycle

All the required information will be identified and retrieved from the CPOE. In the process, the focus will be on both clinical and administrative data to fit the purpose of clinical and administrative quality assessment. The hospital's CPOE system allows the operator to print data in various data formats including excel sheets and word documents. As such, most of the information will be downloaded and printed while others will be evaluated as soft copies. Ultimately, the project manager will have the discretion to choose the most convenient form of data.

All the downloaded information will be stored away from any unauthorized disclosure, or inadvertent erasure or alteration (Brower et al, 2021). This will be done using password-locked flash discs for soft copy information and locked safes for hardcopy data. Furthermore, as proposed by Cartagena et al. (2020), disclosure and access will be properly controlled, with the CPOE system helping to track all the downloads, changes and use. more importantly, robust access control to the information will be maintained. Only the office manager will have access to the downloaded information (both print and soft copy) while the information access within the

CPOE system will remain located and displayed in a way consistent with its initial access and use.

All the documents and information retrieved from the CPOE system will meet the available interoperability standards. This will be achieved by evaluating the information's standard specifications and how the information adheres to the Health Level Seven's (HL7) common pillars of interoperability namely semantic, technical and functional interoperability (Cai et al, 2019). This will be achieved by integrating the office information with the Health Information of Exchange (HIE), enabling an easier transfer and receipt of information (Dulhanty, 2021). As Chen (2020) notes, a significant advantage of this integration is that it will enable the evaluation of value-based care.

However, this integration will present numerous limitations including the need to adhere to all the Federal and state regulations on data security while allowing a free data flow (Jacobs et al., 2017). The other significant challenge faced in the quest for standardized health information is the enforcement of the health IT interoperability across different care facilities and settings because the standards are often interpreted differently (Brower et al, 2021). Upon completion of the quality assessment, all the hard and soft copy documents will be destructed to avoid any misuse thereof. Ideally, after finishing the quality assessment process, there will be no need to retain them. Furthermore, retaining them would lead to duplication as the same pieces of information would still be found within the CPOE system.

Legal Considerations

Three major ethical considerations will be made when dealing with the data namely: privacy, confidentiality and security. In this context, confidentiality and privacy refer to the patient's right to keep the information from being disclosed to others and only released with the

client's permission (Buendia et al, 2021). As such, patient information retrieved for quality assessment will only be accessed by the office manager and not used for any other purpose. The access of this information will be only for administrative purposes of checking quality standards and will therefore not need patient authorization.

On the other hand, security refers to the protection of data integrity, availability and confidentiality (Cai et al, 2019). Because the office manager will be accessing the patient's data from an electronic health records system, there will be strict adherence to the access authentication system including the protection of passwords and any other access information on the data. In case the office manager misplaces the passwords or mistakenly discloses them, new passwords will be set immediately according to the hospital electronic records management policies.

However, it is important to note that the information retrieved will not involve any protected health information (PHI). This is because health service quality standards can still be evaluated without PHI (Konnoth, 2017). Furthermore, it will be easier and cheaper to operate with non-PHI than with PHI. Nonetheless, the office manager will be held accountable under the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules, whereby the hospitals are sued for the actions of their employees. Therefore, the proposed project will ensure that the office manager is aware of and adheres to all the HIPAA privacy and security regulations by training and sensitizing them on the rules.

Conclusion

In conclusion, this document provides a roadmap for the implementation of a health service quality assessment conducted through patient health records. It identifies the CPOE system as the main source of patient health records and describes how the information life cycle

strategy is to be used in managing the documents. Similarly, it defines the various patient privacy, security and confidentiality considerations to be made during the project.

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