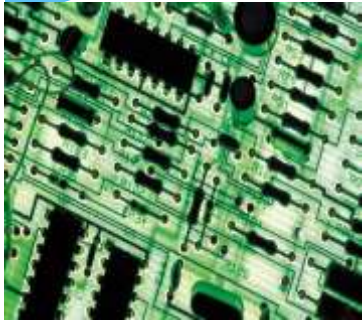


Safe and Effective Medicines - what does/could IT help with?

* Information on:

- * The patient
- * Clinical decision making
- * Evidence-based prescribing
- * Monitoring
- * Safety
- * Self-management
- * Professional development



But: IT does not fix everything

Comment ■

“e-Iatrogenesis”: The Most Critical Unintended Consequence of CPOE and other HIT

JONATHAN P. WEINER, DRPH, TONI KFURI, MD,

■ J Am Med Inform Assoc. 2007;14:387-388. DOI 10.1196/jamir.2007.14.387

In the September/October 2006 issues of JAMIA, Campbell et al.'s article “Types of Unintended Consequences Related to Computerized Provider Order Entry: A Systematic Review of the Literature” is a comprehensive and thoughtful analysis of the unintended consequences of CPOE. We commend the authors for their work and forward our collective



OPEN ACCESS



Computerised physician order entry-related medication errors: analysis of reported errors and vulnerability testing of current systems

The Extent and Importance of Unintended Consequences Related to Computerized Provider Order Entry

J Boehne,¹ A Wright,^{1,2}

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Abstract **Background:** Computerized provider order entry (CPOE) systems can improve health care quality, but they can also introduce new problems. The extent to which hospital unintended consequences of CPOE, which include more than errors, has not been quantified.

Objective: To discover the extent and importance of unintended adverse consequences related to implementation in U.S. hospitals.

Design, Setting, and Participants: Building on a prior qualitative study involving fieldwork, we developed and then administered a telephone survey concerning the extent and importance of unintended adverse consequences to representatives from 176 hospitals in the U.S. that had implemented CPOE.

Measurements: Self report by key informants of the extent and level of importance to the hospital of eight types of unintended adverse consequences experienced by sites with implemented CPOE.

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Rethinking resistance to 'big IT': a sociological study of why and when healthcare staff do not use nationally mandated information and communication technologies

Trisha Greenhalgh, Deborah Swinglehurst and Rob Stones