

# **TAMIBIA UNIVERSITY**OF SCIENCE AND TECHNOLOGY

## FACULTY OF HEALTH, APPLIED SCIENCES AND NATURAL RESOURCES

## **DEPARTMENT OF HEALTH SCIENCES**

QUALIFICATION: BACHELOR OF SCIENCE IN HEALTH INFORMATION SYSTEMS MANAGEMENT				
QUALIFICATION CODE: 07BHIS	LEVEL: 6			
COURSE NAME: ELECTRONIC HEALTH RECORDS	COURSE CODE: EHR621S			
DATE: JANUARY 2023	SESSION: SECOND OPPORTUNITY/SUPPLEMENTARY			
DURATION: 3 HOURS	MARKS: 100			

SECOND OPPORTUNITY/SUPPLEMENTARY EXAMINATION QUESTION PAPER								
EXAMINER	DR MOIPI NGAUJAKE							
MODERATOR	MR JOMIN GEORGE							

## **INSTRUCTIONS**

- 1. Read the questions and instructions carefully
- 2. Answer All the questions
- 3. Write neatly and clearly
- 4. Begin each question on a separate sheet of paper and number the answers clearly

## THIS QUESTION PAPER CONSISTS OF 3 PAGES

(INCLUDING THIS FRONT PAGE)

#### **SECTION A**

QUESTION 1 [20 MARKS]

- 1.0 Assess whether the following statements are true or false: Two marks for each question.
- 1.1 Outpatient facilities are for patients who need long-term care.
- 1.2 An EHR does not enhance the provider's coding for billing.
- 1.3 Electronic Health Records provide relevant information to support decision making in healthcare settings.
- 1.4 EHR systems give provider and patient access to complete, up-to-date records of present conditions only.
- 1.5 An Electronic Health Record can be in form of a web based application.
- 1.6 It is very easy to do data analysis with paper based records.
- 1.7 An Electronic Patient Record represents a type of system that allows patient information to be shared within a single institution.
- 1.8 Illegible handwriting is a major cause of medical error.
- 1.9 Mobile devices CANNOT be used for recording patient data at first point of care.
- 1.10 Better patient care is a direct result of more thorough and detailed clinical information.

#### **SECTION B**

QUESTION 2 [44 I	MARKS]
2.0 Define the following concepts:	
2.1 System Transparency	[4]
2.2 Healthcare Administrators	[3]
2.3 Electronic Medical Records	[3]
2.4 Describe the functions of medical records?	[12]
2.5 Describe for how many years should electronic medical record be kept and what are the	е
exceptions to these rules?	[10]
2.6 Identify and explain five (5) risks associated with Electronic Medical Records	
Implementation?	[12]

#### SECTION C

QUESTION 3								[36 MARK			[36 MARKS	•]
									2			

- 3.0 Observe the following scenario and answer the questions below:
  - Ms Munguunda passed out in her office and was rushed to the emergency department at the City Hospital. Ms Munguunda visited this hospital regularly in the last five years, they did not have her complete medical history as she had visited other hospitals in the region for medical purposes. The doctor on duty recommended a prescription to which Ms Munguunda is allergic tp. She had a negative reaction and was readmitted a few days after her discharge.
- 3.1 The opportunities Electronic Medical Record (EMR) may create for the City Hospital [10]
- 3.2 Describe why electronic health records are considered to be more efficient than paper based records? [8]
- 3.3 Explain the prerequisite factors that need to exist in order to ensure that the implementation of electronic medical records is effective? [10]
- 3.4 Discuss how different user needs, costs and cultural factors may hinder EMR adoptions? [8]

TOTAL: 100 MARKS
GOOD LUCK