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Attitudes PEP HIV/AIDS Health Care Workers' (HCW) for Implementation of Electronic Health Record: A study at AIIMS, New Delhi, INDIA

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Introduction

India is having 3.97 million people living with HIV/AIDS, which is 2nd height in the world next to South Africa. The first case of HIV in India was detected in Tamil Nadu in 1986. Over 38% of those living with HIV in India in 2006 are women, most from regular partners who were infected during paid sex and blood transfusion. For treating HIV/AIDS patients, health care worker (HCW) need protection and management. So there is a lot of health worker has got infected during treatment or care to the patients. PEP means Post-exposer prophylaxis means taking antiviral medications as soon as possible after exposure to HIV so that the exposure will not result in HIV infection. These medications are only available with a prescription. PEP should begin within as soon as possible after exposure to HIV but certainly within 72 hours. Treatment with 2 or 3 antiviral drugs should continue for 4 weeks, if tolerated. To analysis the information that in what time and place and what type of health worker are getting infected. Occupational exposures to HIV should be considered urgent medical concerns to ensure timely post exposure management and administration. To keep their record of these Health Care Workers and monitoring them regular whether they got infected or not and further their treatment and management it requires a proper EHR (Electronic Health Record).

Keywords:

PEP, EHR, Health Care Worker (HCW)

Objective

To identify the attitude of i. Health Care Worker' (HCW) interested to keep their health record electronically or not. ii the attitudes among Health worker (Doctors, Nurses, Paramedical staff) to use of computers in their clinical information/Investigation of their health and other health worker. iii. Is their electronic record to be monitor by other physician without permission from the health workers? iv. Is their health will be monitored by management or not.

Methods

A self-completed, 35 questions questionnaire were distributed to 750 randomly selected Health Care Workers (HCW). The questionnaire focused on details of the Health Care Workers (HCW) practice; actual computerization of or intention to computerize clinical and administrative functions of Health Care Workers; attitudes towards computerization; self-perceived computer ability and knowledge; and demographic information of HCW. The attitude statements were grouped under four themes according to a factor analysis. HCW Electronic Health Record (EHR) to be monitor by other physician without permission from the health worker. Can their EHR to be used for the administrative Purpose.

Results

The survey was completed by 750 physicians. Only 24% physicians, 2 % Para-medical staff and 12% Nurse were interested for computerisation of HCW EHR. 87 % HCW are in interested to share their record with their friends and colleagues. Only 27 % are interested to use their EHR for administrative purpose. If you will consider age group above 50 years, 34 % physician are interested to share their EHR with their colleagues. Those 54% physician less then 50 years of age interested to share their EHR with their colleagues. The 26% less 25 years old nurses are interested in favor of HCW EHR. Non-clinical users were older and had fewer specialist qualifications. Although there was strong support for the attitude statements among both groups with regard to the benefit of computerization (EHR) to HCW, there was much less support from medical records personnel. Non-clinical users were concerned about the potentially negative impact of computerization on the clinical encounter for HCW.

Discussion

1. The attitudes among current clinical users and non-users (HCW) were substantially different. They need proper training and exposer to the technology.

2.It needs proper policy in the hospital administration level that the HCW's data to be stored and shareable with the following community

3 Policy to be framed to start this type of program.

4. Govt and NGOs should be involved.

5. Motivate the people for the technology

6.Continuous training to be continued and be in touch with people

7.Continuous monitor is required for each hospital

8. This type of program to be introduced at the time of education/course. If attitude of HCW change then EHR for HCW can be implemented in thoroughly.