INTRODUCTION

A hospital information system (HIS), variously also called clinical information system (CIS), is a comprehensive, integrated information system designed to manage the administrative, financial, and clinical aspects of a hospital. This encompasses paper-based information processing as well as data processing machines.

As an area of medical informatics, the aim of an HIS is to achieve the best possible support of patient care and administration by electronic data processing.

It can be composed of one or few software components with specialty specific extensions, as well as of a large variety of subsystems in medical specialties (e.g., laboratory information system, radiology information system).

CISs are sometimes separated from HISs in that the former concentrate on patient and clinical state-related data (electronic patient record), whereas the latter keeps track of administrative issues. The distinction is not always clear, and there is contradictory evidence against a consistent use of both terms.

Types of HIS

1. Central or exocentric: The difference is supported in whether the information is kept in central computer or is distributed in other computers in all the hospital.
2. Oriented or not to the patient: Even if both of this two types deal with the data of patient, the orientation of HIS can influence the processes and the general “character of” HIS.
3. With terminals or workstations: They are two appliances that resemble and usually are not separated. Terminals are electronic appliances that allow the users to communicate with the computer. Generally, they are connected with mini-computers or mainframes that can find themselves far or near. If they are alone, they have few possibilities, and generally they are not capable to make anything if they are not connected with a functional computer. Workstations are computers drawn for professional use from an individual each time. They are completely functional computers, and they can be connected with other workstations, mainframes, or mini-computers.

An HIS can be placed:

1. Next to the bed of patient: Its placement next to the patient’s bed is essential for the monitor and control appliances. For the recording of situation of patient, nevertheless, there is no advantage. In a study, the results were the recording of data was not improved when the system was found next to the patient, since the bigger part of recording was done outside the room, or in the rooms of other patients. Nevertheless, its placement in this point improved the use of automated drawings of care, the calculation of situation of patient, and the pricing for the care of services.
2. In the corridor near the patient’s bed: Its placement in the corridor is continuously increasing. It allows the nurses to record, very shortly afterwards, their removal from the patient, without the detachment of attention from the presence of patient and the potential requirement of attention. However, there is danger for the safety, since someone can receive information about the situation of a patient simply looking at, indiscreetly, the hour of recording.
3. In a staff’s room: Its placement in regions, where the staff is only allowed, has the advantage of bigger safety. However, it is uncomfortable and time consuming, since the staff should walk enough each time it needs information.
4. Other possibilities: Electronic clipboards. The unique disadvantage is found in that the users perhaps forget where they left it.

Expected profits from the hospital information systems

1. Reduction or repression of registrations
2. Reduction of office duties for the medical and nursing staff