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Electronic NURSING Records



GD Mogli

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CHAPTER

3

Nursing Services

INTRODUCTION

Nursing is a discipline, profession, and an area of practice. As a discipline, nursing is centered-around knowledge development. As a profession, nursing has a social mandate to be responsible and accountable to the public it serves.

Nursing is the integral part of the health care system, and as such encompasses the promotion of health, prevention of illness, and care physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings. Within this broad spectrum of health care, the particular concern to nurses is individual, family and group 'responses' to actual or potential health problems. The human responses range broadly from health-restoring reactions to an individual episode of illness to the development of policy in promoting the long-term health of a population.

Nursing is 'both an art and science involving the total patients, as promoting spiritual, mental and physical health; stressing health education and health preservation, ministering to the sick, caring for the patient environment and giving health service to the family, the community and the individual' (Mother Olivia Gowan, 1943).



Fig. 3.1: Nursing is a global profession in a transition from traditional to electronic records

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Nursing is a profession in transition. The trends and issues that underline this phenomenon hold important implications for the management of hospitals and other health care institutions and agencies. Nursing service is a critical component in fulfilling hospital, long-term care, and other health service organization objectives for patient care. The nursing profession exists in response to a need of a society and holds ideals related to man's health throughout his lifespan.

NURSING DIAGNOSIS

Nursing diagnosis is the process of assessing potential or actual health problems, including those pertaining to a family or community, that fall within the scope of nursing practice; also, a judgment or conclusion reached as a result of such assessment or derived from assessment data.

Nursing Audit

Nursing audit is a method of evaluating nursing practice by reviewing records that document the care provided to patients.

Objectives

- To provide professional care for patients' recovery and physical and mental health.
- To provide non-professional care for patients' comfort and safety such as bed making.
- To perform administrative duties such as safe-custody of drugs and maintenance of equipment and materials in satisfactory condition.
- To provide continuing education for professional nurses and nursing assistants.
- To undertake understanding, or assist with, research for improved nursing care.
- To provide, where necessary, clinical experience for student nurses.

Policies

- To restore patients to the highest level possible of health individually.
- To get patients' families to participate where appropriate, in tasks such as patients' feeding, washing, and dressing.
- To group patients in large wards by degree of illness with groups needing most care located nearest the nurses' station.
- To change locations in ward periodically for long stay patients' psychological benefit.

Procedures

Patient care

- Receiving admitted patients.
- Administration of medication.
- Assisting physicians.
- Performing simple diagnostic procedures.
- Collecting and sending specimens to laboratory.
- Recording and maintaining medical records.
- Recording of vital signs.
- Performing gastric lavage and giving enema

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- Preoperative preparations
- Delivering bedside nursing
- Coordinating patient care with other team members
- Maintaining clean and safe environment
- Bed making and providing privacy to patients

WARD MANAGEMENT

- Supervising, directing and controlling staff
- Diet ordering
- Maintaining poisonous and narcotic drug controls and registers
- Communicating
- Maintaining records pertaining to patient care, investigation reports, inventory, medicolegal cases etc.,
- Nursing education
- Safe custody of patients' valuables
- Visitors control
- Discharge and bill settlement

OPERATION THEATER MANAGEMENT

- Aseptic environment maintenance
- Autoclaving
- Receiving patients from wards
- Coordinating trolley traffic
- Assisting surgeon and anesthetist
- Indenting and procuring surgical instruments and surgical sundries
- Maintaining records and reports
- Safe maintenance of theater equipment and apparatus

LABOR ROOM MANAGEMENT

- Preparation of expectant mother for aseptic safe delivery.
- Conducting normal deliveries
- Assisting doctors in obstetrical emergencies
- Assisting difficult and abnormal deliveries.
- Taking care of newborn and premature babies
- Indenting and procuring drugs, linen etc.
- Maintaining records and reports pertaining to labor room

Psychiatry Unit Management

- Assisting doctors in admission and discharges
- Preparing patients for ECT, therapies and other procedures
- Assisting management of aggressive patients and that with suicidal motives
- Maintaining records, reports and registers.

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Postoperative/ICU/Burns Unit Management

- Indenting and procuring drugs, equipment and oxygen cylinders
- Operating ECG, EEG, cardiac resuscitation
- Assisting physicians in operating other high-tech equipment and apparatus

Educational

- Orientation of new staff and students
- Teaching and guiding staff
- Teaching individual or group of patients
- Clinical teaching
- Demonstrating methods and procedures
- In-service education programs
- Assisting in research programs

Functions

Independent Functions

- The supervision of a patient involving the whole management of care, requiring the application of principles based upon the biological, physical and social sciences.
- The observations of symptoms and reactions, including symptoms of physical and conditions and needs, requiring evaluation or application of principles based upon the biological, the physical and social sciences.
- The accurate recording and reporting of facts, including evaluation of the whole care of the patient.
- The supervision of others, except physicians, contributing to the care of the patient.
- The application and the execution of nursing procedures and techniques.
- The direction and education to secure physical and mental care.

Dependent Function

- The application and the execution of legal orders of physicians concerning treatments and medications with an understanding of cause thereof.

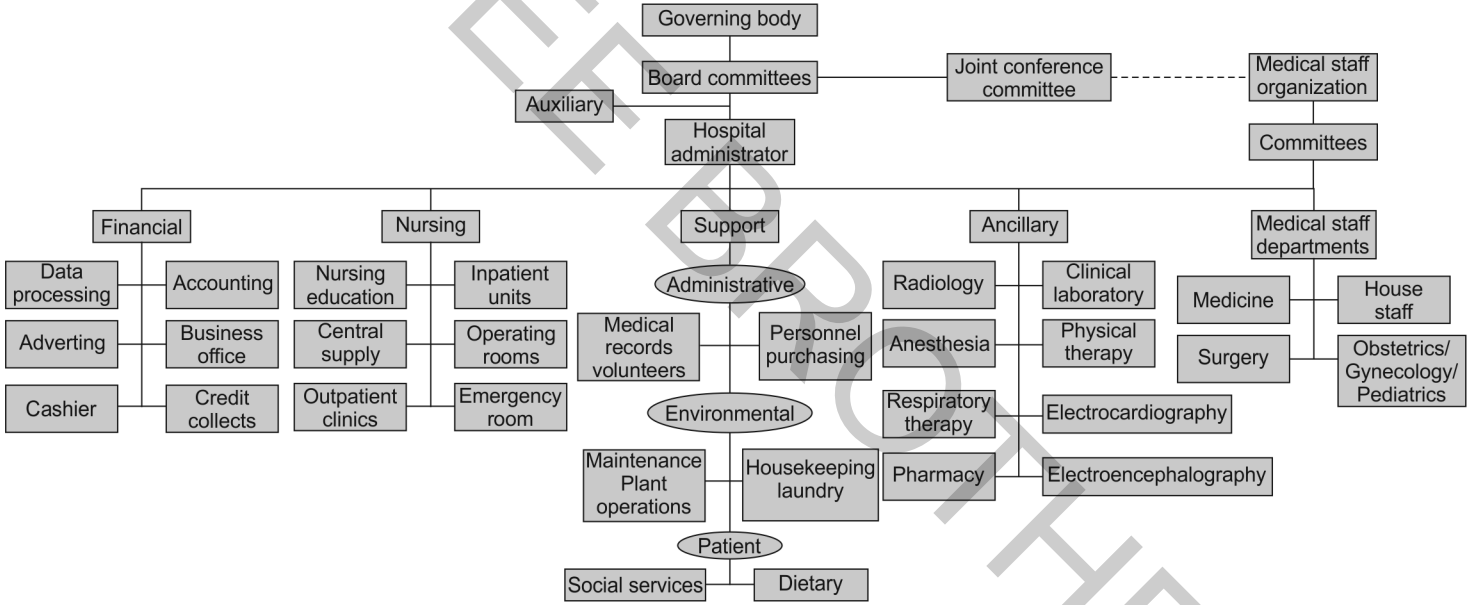
Professional Nursing Practice:

PROFESSIONAL NURSING PRACTICE INCLUDES

- Assessment, planning, intervention and evaluation of human responses to health and illness.
- Provision of nursing care to individuals to restore optimum health.
- Procurement, coordination and management of essential patient resources.
- Provision of health counseling and education.
- Establishment of standards of practice for nursing care.
- Development of policies, procedures and protocols.
- Supervision of those assist in the practice of nursing.
- Administration of medications and treatment as prescribed by qualified medical professionals.

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Flow chart 3.1: Organization flow chart of hospital along with nursing and other departments



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Table 3.1: Nursing staff job, responsibilities, education, training and experience

Job	Responsibilities	Education, training and experience
Director of Nursing	Directs and supervises all nursing staff and activities Determines and implements nursing policies and procedures Plans and directs nurses' introduction and in-service training Evaluates quality of care	PhD/M.Sc. in nursing with 5 years nursing administration
Assistant Director of Nursing	Assists Director of nursing and assumes most of the duties and authority during absence Analyses and evaluates nursing care quality and corrective measures	PhD/M.Sc. degree in nursing with 3years nursing administration
Nursing Supervisor	Oversees administration and nursing care for a group of wards and special care unit and coordinates them with other departments Represents the administrator at nights. Visits nursing areas, some patients and other departments.	B.Sc degree in nursing with 5 years' experience as a head nurse
Night Supervisor	Represent the administrator at nights Visits nursing areas, some patients and other departments Admits and transfers patients when postponement to day time would be inadvisable	Senior staff-nurse with previous experience as a head nurse.
Ward Sister	Supervises and manages ward independently in teaching hospitals Teaches nursing students in GNM and B.Sc. level	B.Sc. degree in nursing with 3 years' experience
Senior staff-nurse	Functions as ward incharge, supervises junior staff nurses, auxiliary nurses/ midwives and nursing aides	General nursing and midwifery trained with 5 years' experience as staff nurse in a reputed hospital
Staff nurses	Provide nursing services in wards, OPD, A and E, Operation theaters, labor room CSSD, Radiology, etc. under the supervision of senior staff nurse/ward sister/nursing supervisor	General nursing and midwifery trained
Auxiliary nurses andMidwives	Assist staff nurses in wards, OPD, A and E, CSSD, labor room, radiology, etc. under the supervision of senior staff nurse/ward sister	Auxiliary nursing and midwifery (ANM) trained

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Job	Responsibilities	Education, training and experience
Ward Aides/Medical Orderlies	Assist nurses, provides patient transportation/messenger services	Secondary school certificate with formal training in a reputed hospital
Ward clerks	Inventory control, collection of patient records, laboratory results, responding admitting office queries, laundry, CSSD affairs etc.	Secondary school certificate with good handwriting

Specialized Nursing Fields

- Medical surgical
- Obstetrics and gynecology
- Pediatric
- Psychiatry
- Community
- Operation theater technique
- Intensive care unit
- Trauma care
- Coronary care

Operational Fields of Nursing

- Accident and emergency
- Outpatient clinics
- Wards including special care units
- Delivery suites
- CSSD
- Operating rooms
- Radiology
- Public health
- Nursing education

DOCUMENTATION OF RECORDS

A list of documents/records maintained in the wards is listed below:

- Day and night report book
- Treatment book/injection book
- Instructions book – the head nurse carries with her when she accompanies the medical officer during ward rounds
- Dangerous drugs register
- Dispatch book
- Inventory book
- Breakages account book

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- Standing orders for patients
- Telephone message book (specially maintained for receiving laboratory results of serious patients when required urgently)
- Demand/indent book
- Maintenance/repairs request book

A List of Medical Record Forms Used by Nurses

- Temperature, pulse, respiration form
- Nursing progress record form
- Operation/special procedures consent form
- Fluid balance sheet
- Medication sheet
- Laboratory mount sheet
- Preoperative check list
- Intake output record
- Nursing information sheet
- Nursing care plan
- 24 hours bed turning
- 24 hours ward returns
- Diet orders
- Report form – absconded patient
- Incident report form

Approaches to Staff Development Programs

Providing information about the current developments in nursing (by magazines, video program, inviting experts for lectures/demonstrations, continuing medical education programs)

Formal programs

Unit programs

Workshops and conferences

Quality of Nursing Care

The Head nurse of each ward or special care unit controls the quality of nursing care, primarily, and in detail. Nursing department office staff make routine and may be unannounced, overall observations, of 'rounds' of ward activities. Remedial action is implemented through the head nurse. Such control may relate to the patients' condition (for controlled pain and anxiety), nurses' professional attitude (for example, attention to patients and families), nursing practices (for example, outdated medications returned to pharmacy department and materials stored properly), and medical records (for example, nurses' notes recorded up-to-date and without erasures). Other matters controlled by the nursing department office include staff meetings (for example, discussions documented adequately and decisions implemented), and nursing environment (for example, corridors clean, equipment working satisfactorily and materials labeled properly.

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Communications

Oral communication includes meetings with nursing staff groups for better use of resources and for better patient care. The public address system, using a coded message summons physicians and specially trained nurses to cardiac arrest patients.

Written communication includes the daily patients' census. The administration manual should include guidance for the night supervisor to deal with situations, such as power failures and with workers unfit to remain on duty.

Visual communication includes style and color of nurses' uniforms, caps, and belt to signify rank, and lapel pins to signify training school and own name.

Coordination

Coordination is Needed

Between nursing department office and wards for efficient use of nurses for effective care.

With medical staff, while accompanying physicians to patients' bedside.

With admissions department to provide accommodation to patients, and

Patients selected for clinical lectures and bedside clinics must be available readily for medical staff.

Methods of Assigning Nursing Personnel

- *Case method:* It is the set of activities undertaken by a single nurse to mobilize, monitor and evaluate all resources used by a patient during the episode of an illness.
- *Functional nursing:* The responsibilities of the unit are assigned to select people (head nurse) according to their expertise.
- *Team nursing:* In team nursing, ancillary personnel collaborate in providing care to a group of patients under the direction of a professional nurse.
- *Progressive patient care:* A method in which patient care areas provide various levels of care such as intensive care unit, post intensive care unit, regular care units, convalescent unit, and self-care unit
- *Primary nursing:* The primary nurse assumes responsibility for planning the care of one or more patients from admittance to discharge.
- *Modular nursing:* It is a method of nursing assignment in which each nurse is given total responsibility for planning, executing and evaluating nursing care for 4 to 6 patients.

PUBLIC HEALTH NURSING–FUNCTIONS

- To promote maternal and child health (MCH) program.
- To promote health and nutrition education activities
- To coordinate the activities of health visitors in MCH, family planning and health and nutrition education.
- To coordinate and conduct immunization programs.
- To help in school health program in the district.
- To ensure regular supply of equipment, records, registers drugs, vaccines and other sundries for MCH program.

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- To ensure the maintenance of prescribed records and submission of periodical progress of MCH/family planning/nutrition programs.
- To help the statistical officer in compiling periodical progress reports of programs.
- To review the progress of public health programs.
- To supervise and give technical guidance and support to ANMs and health visitors.
- To investigate complaints against public health workers.
- To provide continuing education for public health workers.
- To work with other functionaries of social welfare, rural development and voluntary organizations.

Utilization of Nursing Resources

- Nurses' time should be spent on nursing, example, providing direct patient care; adequate staffing levels of clinical and non-clinical support services are required.
- Staffing patterns should utilize levels of education, competence, and experience among nurses. Automated information systems and other laborsaving devices should be developed and utilized.
- Costing, budgeting, reporting and tracking nursing resource utilization should be developed and implemented.

Quality Control

Quality control refers to activities that evaluate, monitor, or regulate services rendered to patients, which can be achieved through the following steps:

- Determination of minimum standards.
- Collection of information to determine whether standards are met.
- Comparing collected information with established criteria.
- Making judgment on quality.
- Adopting corrective measures if the standards are not met.

Staff Development

Staff development activities include the following:

- Induction training: Briefing philosophy, purpose policies and procedures during first two or three days of employment.
- Job orientation: Intended to acquaint a new employee with job responsibilities, work place and routines.
- In-service education and training: Ongoing on-the-job education given to enhance performance with advanced techniques.
- Continuing education: Educational activity primarily designed to keep the nurses abreast of their field of interest/specialty by updating skills and knowledge.

Nurse Decision-making

- Policy-making and regulatory bodies that have an impact on health care should foster greater representation and active participation of the nursing profession.
- Employers should ensure active nurse participation in governance, administration and management.

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- Employers of nurses and physicians should recognize the appropriate clinical decision-making authority of nurses in relationship to other health care professionals foster communication and collaboration among the health care team, and ensure that the appropriate provider delivers the necessary care; close cooperation and mutual respect between nursing and medicine is essential.

Standards

- Standard is a practice that enjoys general recognition and conformity among professionals or an authoritative statement by which the quality of practice, service or education can be judged.
- Standard is an established rule or basis of comparison in measuring or judging capacity, quantity and value of other products in the same category.
- Standard is a broad statement of quality.
- Standard is an acknowledged measure of comparison for quantitative and qualitative values, criterion, and norm.
- Standard is a means of determining what something should be.

Nursing Care Standards

Planning a nursing care standard can be setting a target or a gauge. The following statements visualize the relationship of nursing care standards relating to planning and control devices:

An objective is a concrete statement of intention or goal.

A criterion is the description of variable believed to be an indicator of patient care quality.

A norm is the current level of performance of a specific criterion, determined by the description of the target population.

By means of objectives, criterion, and norms, the nursing policies and procedures shall be drawn and followed in letter and spirit to establish and maintain required nursing care standards.

PROFESSIONAL ISSUES

The environment within which every organization function is more stressful than it was in the past. Nursing, traditionally an occupation for women faces additional pressures from the changing opportunities and expectations for women. Nursing, as the largest health profession, has probably received the brunt of the rapid changes in health care services.

On the other hand, physicians delegate more responsibility to nurses. Nurses' responsibilities must be coordinated with many other professions. Organization management is much more aggressive in monitoring and controlling patient care practices.

One of the most persistent problems faced by nursing is that of defining what nursing is and what is distinctive about it. Although nurses understand nursing and perhaps most physicians understand nursing, the difficulty in translating nursing to hospital managers remains an enigma, and both nursing and patient care can suffer. This of course stems from the close historical relationship between medicine and nursing and their joint involvement in the clinical care of the patient. In trying to define the nurse's role in relation to the

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physician's role, some have suggested nurse's primary emphasis is concerned with care while medicine is concerned with cure.

Nursing care is not a series of tasks provided to, at, or for someone, but represents holistic care individually rendered and based on needs of the patient and family. Such nursing output is not easily measured. This lack of quantification can be a source of frustration for some managers. Long-term patient/family outcomes may be the ultimate evaluation of nursing care. But institutions are not directed to improve patient outcome; indeed the converse may be true; for example, under fee-for service reimbursement systems, there are additional financial rewards for complications, such as infection.

Another model suggested by nursing groups emphasizes a decision-making role for nurses. Although it designates a separate domain of expertise and practice, this approach views nursing interacting with the physicians and other health workers. It sees nursing separated into professional (decision-making and leadership and technical (cure and care services) activities. This approach stems from increased emphasis on the behavioral sciences. It also represents a determined effort by the profession to develop a science of nursing that will permit accurate prediction and control of the outcomes of nursing intervention.

Negligence

Negligence is the failure to exercise that a prudent (shrewd in the management of practical affairs) person usually exercises marked by a carelessly easy manner.

A nurse may be held liable under negligence in the following incidents:

- Failure to use aseptic technique where required
- Leaving a foreign body inside a patient's body during surgery (mistakes in sponge, instrument or needle count in surgical cases
- Failing to respond promptly on patient symptoms, in critically ill conditions
- Failing to protect an unstable patient from falling or sustaining injuries by any other means
- Disclosure of patient's information to unauthorized persons/agency
- Administering wrong medicine or over dosage of right medicine.

Do It Absolutely Right and Safe

- Right patient
- Right site
- Right drug
- Right dosage
- Right time
- Right route

Performance Appraisals

Trait rating scales: Rating is an individual against a set standard

Job dimension scales: Rating factors are taken from written job description.

Behaviorally anchored rating scales: A technique that requires a separate rating form developed for each job classification.

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Checklists: Composed of many behavior styles that indicate desirable behaviors. Score is based on behavior or attributes.

Essays: The appraiser describes the employee strengths and area where improvement or perfection is needed.

Problems

- Time management.
- Frequent change of nurses between service units.
- Medication orders by physicians over telephone.
- Too many instructions from many sides.
- Answering everybody.
- Distractions and forgetting instructions.
- Controlling visitors

INTERDEPARTMENTAL RELATIONSHIPS OF NURSING SERVICES

Being the largest department in any health care facility, they have relationship with each and every service unit of the hospital and they provide round the clock service to patients of all categories. Being the noblest profession of the world, their relationship starts right from the enquiry unit, labor-room medical records, A and E, wards, special care units, all outpatient clinics, operation theaters, laboratory, radiology CSSD, dietary, social service, laundry, pharmacy, engineering, transports, community health, public health, administrative and up to mortuary services in all levels with high tolerance, accuracy and neatness which is briefed below:

The nursing service is organized into patient care areas by services that include medicine, surgery, obstetrics and gynecology, pediatrics, psychiatry, operating room, outpatient and A and E services. In addition, there may be specialized areas such as cardiac unit, intensive care unit, and respiratory disease unit. The nurse acts as a coordinator of all patient care activities. She works closely with other professionals such as dietitians, medical social workers, pharmacists and others in supplying a comprehensive program of patient care. Good nursing service implies expert observations, which are recorded in the medical record, in medicolegal controversies, nurses' notes are of value as evidence of nursing care given and patient reactions to medical treatment.

The fact that the patient records are in the hands of nursing service throughout a patient's hospitalization brings about the need for a close relationship between medical record and nursing personnel. Prompt preparation and delivery of the medical record by nursing service upon discharge of the patient assist the medical record department in carrying out its many functions. Medical record personnel must understand both the nurses' responsibility in recording nursing treatments and observations, and the duties of ward/unit clerks as they relate to chart arrangement and movement of records. Ward/unit clerks are usually considered to be members of the nursing service. However, in some hospitals, the ward/unit clerk is a member of the medical record department, and in some others, the ward/unit clerk is responsible to a unit manager directly responsible to administration rather than to nursing.

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THE MEDICAL RECORD DIRECTOR'S PARTICIPATION WITH NURSING RECORDS

Can be helpful to the nursing department in the development of general and special record forms required for recording nursing observations? He would also be involved in determining these forms are incorporated into the patient medical record. The medical record practitioner can assist the nursing department in the conduct of the nursing audit and in the orientation of new nursing personnel. Better understanding of the overall functions of the medical record department should result with cooperation between the medical record and nursing service departments. The nursing personnel deal with medical records in outpatient clinics, emergency service and in wards. In fact, the nursing personnel are the first to handle the records before the medical staff gets them. Proper maintenance of records in the outpatient clinics and emergency service rests mainly with the nursing staff. In case of missing records or reports are conveyed by the nursing staff, to the medical record staff for tracing and making available for patient care. In some hospitals, in the absence of medical record staff, nursing personnel take the responsibility of maintaining records. The nursing staff receives laboratory, X-ray and other reports and mounts them in the respective records and also X-rays are arranged and placed in the appropriate patient records. They take the responsibility of collecting and handing over the records to medical record department. During hospitalization of a patient, the in-charge nurse of the ward collects the investigation reports and mounts them in the concerned record. The X-rays of patients are also collected and kept safely and returned along with patient medical record to the M.R.D. after discharge of the patient. The ward nurse collects and maintains medical record forms in the ward; she takes the responsibility for preparation of birth, death, and stillbirth notifications. The nursing staff also informs if any case happens to be medico-legal one. She helps in getting consent from the patient. The admission and discharge register maintained in the ward helps in preparing 'Daily Ward Census' of patients and also help in tracing out old records of patients. The nursing staff is an instrument in getting records completed by the medical staff and always assists the doctors in completing operation notes, discharge summary, final diagnosis and so on. The nursing staff has close relationship with the admitting office, and informs regularly the bed status of the ward. The nursing staff fixes for follow-up care. The nursing staff also helps in recording correct identification data in all the forms of the record.

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Electronic NURSING Records

This book is mainly classified into three parts. The first part deals with health care delivery system including functions of primary, secondary and tertiary care hospitals including superspecialty services. The second part includes importance of nursing records, medical records and quality assurance standards, and legal aspects of electronic records. Designed prototype has been prepared for various nursing care services for the software company to develop appropriate digital screens as part of computerization of nursing records. The third part incorporates electronic nursing recording training program including syllabus for specially tailormade four-week nursing information technology database, and also the readymade slide presentation for the course for nursing educational institutions and supported by definitions of medical specialties and nursing formats, which will help in training adequate nursing personnel to be acquainted with the electronic nursing record system.

The book would be of immense use to all the nursing staff including junior, senior, academic, administrative, and those engaged in other nursing activities. This book will be and a boon for all the nursing educational institutions and other professionals, e.g. medical, paramedical including laboratory, radiology, pharmacy, nutritionists, biomedical, engineering and administrative, finance staff and will also be extremely valuable for the software companies developing hospital information system including electronic health and nursing records.

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During his four decades of career, he has received many distinguished awards. In 2004, the American Health Information Management Association (AHIMA) has awarded him as one of 2004 Triumph Award nominees for 'Honoring Those Who Make a Difference'. He is the first person to be HIM Fellow from UK and USA, and also the first person to be AHIMA Fellow outside USA. He traveled widely, participated and presented papers in almost all the International conferences held throughout the world since 1976. He is an active member of AHIMA (USA), IRHIM (UK), IFHIMA (World), IAMI and ICHA (India), and is also serving as the Academic Advisory Board to the educational institutions.

He is currently involved in health care management consultancy, research and has published 8 books. Seven books are under publication, and he has also published more than 110 scientific papers in International journals of repute.

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ISBN 978-93-85999-12-3