

**Short Report About the Inpatient Health Services Standards in Electronic Health Records**Morteza Izadi<sup>1</sup>, Ali Ayoubian<sup>2</sup>, Mohammadjavad Hoseinpoufard<sup>3</sup><sup>1</sup>. Health Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran<sup>2</sup>. Hospital Management Research Center, Iran University of Medical Sciences, Tehran, Iran<sup>3</sup>. Health Management Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran**Corresponding Author:**

Mohammadjavad Hoseinpoufard, Department of Research and Technology, Baqiyatallah University of Medical Sciences, Nosrati Street, Sheikhbahae Janubi Street, Molasadra Street, Vanak Square, Tehran, Iran. Tel: +98.9370265689, Fax: +98.2182483266, E-Mail: hpf.javad@gmail.com

**Keywords:** Health Services, Inpatient, Electronic Health Record**Additional Information for citing this article:**

Title of Journal: Electronic physician; Abbreviated title of journal: Electron. Physician  
doi: 10.14661/2013.637-638

**Editorial information:**

Type of article: Letter to editor

Published: May.01.2013

© 2013 The Authors. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

Dear editor,

One of the necessities in each health service provider is quality assurance. Accessibility to patients' information is one of the most important factors for this goal and Electronic Health Records (EHR) does that. In this short review letter we provide a minimum data set template for Medical Tourism EHR in developing countries because of needed infrastructure in these countries. The collected data were classified based on popular use included demographic and clinical data such as diagnosis, and treatment. Such records are capable documents to store, retrieve, and transfer through the computer application. In addition, EHR can use by physician far from their patients simultaneously. Of course this tool needs infrastructure, platform, and applications as well (1, 2, 3). According to the results of this short review, the standards of Electronic Health Records have divided into four subcategories: Lexicon, Structure-content, Exchange messages and Health care confidence (4). The original set of data elements by the national health department for collecting and reporting required at the national level agreed (5). The results of comparison showed that database designing based on the documentary belongs to Health Information Standards Organization (HISO) Version 1.2, is efficient for better integration between the Islamic-Countries (6, 7). According to our review, HISO provides comprehensive e-Standards for several projects in some countries such as New Zealand (8) where one of the key elements of promotion in this project is localization and customization of the original pattern on medical records, according to HL7 and DICOM standards (9, 10). It seems can be considered a good regional instrument for integration between health service providers.

**Conflict of Interest:**

There is no conflict of interest to be declared.

**References**

1. Rafati, H., Rashidi Jahan, H., Hoseinpoufard M., Tavakoli, H.R., Tofighi S, Study about the Pattern of Knowledge Management in (Glenview) Healthcare Service Provider. *World Appl Sci J* 2010; 8(9): 1116-21.
2. Eason, K., Dent, M., Waterson, P., Tutt, D., Hurd, P. and et al. Getting the benefit from electronic patient information that crosses organisational boundaries. Final report. NIHR Service Delivery and Organisation Programme, Department of Health, London, 2012.

3. Hosseinpourfard, M., Abbasi, S., Ayoubian, A., Izadi, M., Mahjob, M.P. Hospital Compliance with Clinical Documentation Standards: A Descriptive Study in two Iranian Teaching Hospitals. *Int J Hosp Res* 2012; 1(2): 121-5.
4. Byrd, J.B., et al., Data quality of an electronic health record tool to support VA cardiac catheterization laboratory quality improvement: The VA Clinical Assessment, Reporting, and Tracking System for Cath Labs (CART) program. *American Heart Journal*, 2013.
5. Castro, V.M., et al., QT interval and antidepressant use: a cross sectional study of electronic health records. *BMJ* 2013; 346: f288.
6. Hristidis, V. Challenges and communities of medical informatics research. *ACM SIGMOD Record*. 2013; 41(4): 51-4.
7. Djerejian, E.P. Changing minds, winning peace: A new strategic direction for US public diplomacy in the Arab & Muslim world. *The Advisory Group on Public Diplomacy in the Arab and Muslim World: USA*, 4 October 2003.
8. Blobel, B., K. Engel, and P. Pharow, HL7 Version 3 compared to advanced architecture standards. *Methods Inf Med*. 2006; 45: 343-53.
9. Andrade, R., A.v. Wangenheim, and M.K. Bortoluzzi, Wireless and PDA: a novel strategy to access DICOM-compliant medical data on mobile devices. *Intern J of Med Info*. 2003; 71(2): 157-64.
10. Wang, H.-Q., et al., Creating personalised clinical pathways by semantic interoperability with electronic health records. *Artificial Intelligence in Medicine*, 2013.