



called biobanking. Biobanking systems are involved with two primary functions, 1) procure sufficient quantities of human biospecimens allowing researchers the materials required to answer scientific questions, and 2) capture relevant corresponding clinical and phenotypic information for eventual correlation with scientific results. This capture and manipulation of corresponding information (e.g. clinical, pathological, and environmental) are where the value of the biospecimens are maximized for research purposes. The complexity of biobanking requires informatics to integrate the biospecimen-related information with corresponding clinical and phenotypic data. In designing biobanking systems, informatics must be considered as they play a vital role in managing the samples and data in a timely fashion as well as reducing the costs associated with biobanking. Background: Biobanks are resources that play a key role in the procurement, processing, storage and dispersal of human biospecimens. Collections of human tissue have been a common place in hospitals and specialist clinics since the nineteenth century when preservation techniques were introduced. Governance concerning these human biobanks has evolved and is set by institutional, regional, national and international policy. They can be public (e.g. non-profit, academic, governmental), private (e.g. for-profit or pharmaceutical industry) or public-private partnerships. Regardless of the governance level or specific research focus of the biobank, the next generation of biobanking resources will require interdisciplinary collaborations and integrated informatics approaches to accelerate the procurement and use of the research biospecimens. Methods: A literature search was conducted to explore biobanking informatics configurations and architecture to determine the context and extent of the software applications utilized in current biobanking systems. There were a substantial number of publications describing informatics architecture and their export of data to a Virtual Data Warehouse or Centralized Research Data Repository. However, there was a lack of published literature specifically describing use of an enterprise-wide electronic health record (EHR) in the initial three upstream workflows (i.e. clinical, pathology and biobank) involved with most institutional biobanking systems. Patient data generated/utilized in these three workflows are manually double-entered into separate information applications as there is no direct data exchange/export between EHR and the Laboratory Information System (LIS) or the Biorepository Information Management System (BIMS) specifically to assist with biobank procurement. Therefore, an EHR integrated-access informatics model was designed that would maximize benefits created by the EHRs capabilities in the upstream workflows of an institutional biobanking system. The approach described in the thesis was designed and documented using a model driven UML tool and incorporates an EHR integrated-access approach along with inter-departmental workflow processes. Interoperability gaps were identified that could take advantage of institutional EHR software existing at most large academic healthcare institutions or teaching hospitals. This model synergistically integrates the EHR, LIS and BIMS to maximize information exchange during the upstream biospecimen procurement workflow. This informatics model for institutional biobanking is based on the premise that commercial software applications are already implemented at most large academic healthcare facilities and they can be utilized within their biobanking systems. Conclusion: This EHR integrated-access model would enhance sharing of key research data between three software applications (EHR, LIS, BIMS) that are available at most large academic medical centers that perform research biobanking. The informatics model would promote data exchange between processes of three primary biobanking steps in the clinic, pathology department and biobank improving efficiency and increasing biospecimen procurement. Large healthcare facilities who have EHR, LIS and BIMS applications available could utilize this EHR integrated-access model as a first-step in improving their biobanking informatics workflow to increase high-quality biospecimen collections. New methodologies that improve the success of biobanks can eventually lead to institutional biobanking systems playing a major role in a path to personalized medicine.

This text aims to give the student technical background necessary to be consumers of human resource (HR) products and services, to manage HR effectively, or to be a successful HR professional.

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A User's Guide

Using Intranets to Improve the Effectiveness of Your People

Matthew Prior

Basics, Applications, and Future Directions

The Meaningful Use of Certified Technology: Stage 1 A Manual for Medical Practices

Publisher's Note: Products purchased from Third Party sellers are not guaranteed by the publisher for quality, authenticity, or access to any online entitlements included with the product. This resource offers a concise, plain-language review of all the major technologies and applications of informatics in health care today, including essentials such as clinical databases, billing, electronic patient records, lab tests, electronic prescriptions, and much more.

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Human Resource Development: Talent Development

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Talent Management Systems

EHR Utilization in the Procurement of Research Biospecimens

This User's Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The User's Guide was created by researchers affiliated with AHRQ's Effective Health Care Program, particularly those who participated in AHRQ's DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

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