

Clinical information technologies and inpatient outcomes: a multiple hospital study.

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Implementation of clinical information technology remains slow in both [ambulatory](#) and hospital settings, due to cost issues and [concern](#) that IT may not lead to improvements in patient care. Prior studies in this area have found [improvements](#) in clinical outcomes associated with [computerized provider order entry](#), but other high-profile [failures](#) have lessened enthusiasm for rapid IT implementation. This study, conducted at 41 Texas hospitals, provides support for IT's clinical benefits. Hospitals with electronic health records had lower overall mortality rates, and computerized order entry—particularly when combined with [decision support](#)—was associated with lower mortality rates in common inpatient conditions as well as lower rates of inpatient complications and costs. An accompanying editorial by David Bates discusses the policy implications of the study.