Referral Guidelines For Specialty Care

Clinical Practice Guidelines for Midwifery & Women's Health, Fifth Edition is an accessible and easy-to-use quick reference guide for midwives and women’s healthcare providers. Completely updated and revised to reflect the changing clinical environment, it offers current evidence-based practice, updated approaches, and opportunities for midwifery leadership in every practice setting. Also included are integrative, alternative, and complementary therapies. The Fifth Edition examines the transition to the use of ICD-10 codes, women’s health policy and advocacy, risk assessment and decision-making in practice, and inspiring trust in midwifery care. New clinical practice guidelines include health promotion and primary care practice, such as promoting restorative sleep, optimizing oral health, promoting a healthy weight, and caring for the woman with a substance abuse disorder.
Edited by world-renowned bariatric surgeons, this comprehensive reference provides a clear overview of multidisciplinary approaches to bariatric surgery and clearly details the techniques and outcomes of commonly performed bariatric operations, potential complications associated with bariatric surgery, and practices in long-term follow-up and nutri
As of December 2012, Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) in Iraq have resulted in the deployment of about 2.2 million troops; there have been 2,222 US fatalities in OEF and Operation New Dawn (OND)1 and 4,422 in OIF. The numbers of wounded US troops exceed 16,000 in Afghanistan and 32,000 in Iraq. In addition to deaths and morbidity, the operations have unforeseen consequences that are yet to be fully understood. In contrast with previous conflicts, the all-volunteer military has experienced numerous deployments of individual service members; has seen increased deployments of women, parents of young children, and reserve and National Guard troops; and in some cases has been subject to longer deployments and shorter times at home between deployments. Numerous reports in the popular press have made the public aware of issues that have pointed to the difficulty of military personnel in readjusting after returning from Iraq and Afghanistan. Many of those who have served in OEF and OIF readjust with few difficulties, but others have problems in readjusting to home, reconnecting with family members, finding employment, and returning to school. In response to the return of large numbers of veterans from Iraq and Afghanistan with physical-health and mental-health problems and to the growing readjustment needs of active duty service members, veterans, and their family members, Congress included Section 1661 of the National Defense Authorization Act for fiscal year 2008. That section required the secretary of defense, in consultation with the secretary of veterans affairs, to enter into an agreement with the National Academies for a study of the physical-health, mental-health, and other readjustment needs of members and former members of the armed forces who were deployed in OIF or OEF, their families, and their communities as a result of such deployment. The study consisted of two phases. The Phase 1 task was to conduct a preliminary assessment. The Phase 2 task was to provide a comprehensive assessment of the physical, psychologic, social, and economic effects of deployment on and identification of gaps in care for members and former members, their families, and their communities. The Phase 1 report was completed in March 2010 and delivered to the Department of Defense (DOD), the Department of Veterans Affairs (VA), and the relevant committees of the House of Representatives and the Senate. The secretaries of DOD and VA responded to the Phase 1 report in September 2010. Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families fulfills the requirement for Phase 2.
Leading Change, Advancing Health
Assessment of Readjustment Needs of Veterans, Service Members, and Their Families
Clinical Referral Guidelines
Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations for 2003
Management of Access to Hong Kong Public Specialist Out-Patient Services
Hearing Before the Special Committee on Aging, United States Senate, One Hundred Fourth Congress, Second Session, Washington, DC, February 28, 1996
With 25 new chapters, Brain Injury Medicine: Principles and Practice, 2nd Edition is a clear and comprehensive guide to all aspects of the management of traumatic brain injury.
Provides a quick veterinary reference to all things practice management related, with fast access to pertinent details on human resources, financial management, communications, facilities, and more Blackwell's Five-Minute Veterinary Practice Management Consult, Third Edition provides quick access to practical information for managing a veterinary practice. It offers 320 easily referenced topics that present essential details for all things practice management—from managing clients and finances to information technology, legal issues, and planning. This fully updated Third Edition adds 26 new topics, with a further 78 topics significantly updated or expanded. It gives readers a look at the current state of the veterinary field, and teaches how to work in teams, communicate with staff and clients, manage money, market a practice, and more. It also provides professional insight into handling human resources in a veterinary practice, conducting staff performance evaluations, facility design and construction, and managing debt, among other topics. KEY FEATURES: Presents essential information on veterinary practice management in an easy-to-use format Offers a practical support tool for the business aspects of veterinary medicine Includes 26 brand-new topics and 78 significantly updated topics Provides models of veterinary practice, challenges to the profession, trends in companion practices, and more Features contributions from experts in veterinary practice, human resources, law, marketing, and more Supplies sample forms and other resources digitally on a companion website Blackwell's Five-Minute Veterinary Practice Management Consult offers a trusted, user-friendly resource for all aspects of business management, carefully tailored for the veterinary practice. It is a vital resource for any veterinarian or staff member involved in practice management.
Adolescence is a time of major transition, however, health care services in the United States today are not designed to help young people develop healthy routines, behaviors, and relationships that they can carry into their adult lives. While most adolescents at this stage of life are thriving, many of them have difficulty gaining access to necessary services; other engage in risky behaviors that can jeopardize their health during these formative years and also contribute to poor health outcomes in adulthood. Missed opportunities for disease prevention and health promotion are two major problematic features of our nation's health services system for adolescents. Recognizing that health care providers play an important role in fostering healthy behaviors among adolescents, Adolescent Health Services examines the health status of adolescents and reviews the separate and uncoordinated programs and services delivered in multiple public and private health care settings. The book provides guidance to administrators in public and private health care agencies, health care workers, guidance counselors, parents, school administrators, and policy makers on investing in, strengthening, and improving an integrated health system for adolescents.
Documentation Guidelines for Evaluation and Management Services
VA Health Care
Referral of Patients to Speciality Clinics : Medical Services
Missing Opportunities
Code of Federal Regulations
A Collaborative Practice
Familiarize yourself with the referral criteria submitted by your local maternity hospital. In unclear cases, consult an appropriate specialist (physician/midwife) either by telephone or in writing. If possible avoid an emergency referral, and make an appointment for the patient. This will ensure that adequate hospital staff and equipment will be available, and the hospital staff will have time to consult the appropriate literature should it be necessary. Send the patient as an emergency if the state of the mother or foetus requires immediate assessment or treatment. The problems of an emergency referral are many: waiting times at the hospital might be long, investigations and treatment may be carried out in haste, the referral may cause unnecessary worry for the patient and the credibility of the antenatal clinic might even be questioned. See also .
This dissertation, "Management of Access to Hong Kong Public Specialist Out-patient Services" by Ming-yan, Sharon, Wong, ???, was obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to Creative Commons: Attribution 3.0 Hong Kong License. The content of this dissertation has not been altered in any way. We have altered the formatting in order to facilitate the ease of printing and reading of the dissertation. All rights not granted by the above license are retained by the author. Abstract: ?Introduction Accessibility to care is a key measure for quality health care. Waiting list resulted due to disequilibrium between demand and supply. Waiting time is a common issue in public health care services. Long waits and delays dissatisfy patients, affect clinical outcome and increase health care costs. Access management is therefore important to enhance patient safety, increase satisfaction and reduce service inefficiency. In Hong Kong, waiting lists for public specialist out-patient services have been increasing over the past years. Promotion of appropriate referrals and appropriate utilization between primary and secondary care was identified as one of the current strategies for service demand management. Referral guidelines were introduced to define the clinical conditions to be referred. Appropriate work up and trial of treatment was recommended before referral to specialist care. They were translated into standard referral letter templates and built into the existing electronic medical record system as an execution platform to facilitate workflow and enhance compliance. This electronic referral system was piloted since January 2010 in Department of Accident of Emergency and General Out-patient Clinic at one local public hospital in Hong Kong. Methods The objective of the study was to evaluate the effectiveness of current strategy in access management to public specialist out-patient services. All new case referrals to Medical and Surgical Specialist Out-patient Clinics (SOPC) of the pilot hospital from January 2010 to December 2010 were examined. While, the new case booking data from January 2009 to December 2009 in respective units of the same hospital was used as control group for comparison. Potential changes in number and distribution of new case bookings at medical and surgical SOPC as well as their corresponding waiting time were looked into. Comparison of referral pattern before and after the implementation of new referral system was performed. Results Changes in referral pattern in terms of distribution of triage categories have been observed. Number of semi-urgent cases was significantly increased in 2010 compared with 2009 in both Medical and Surgical SOPC (p=0.006 and p=0.048). Shortening of overall median waiting time was also seen in both Medical and Surgical SOPC of the pilot hospital in 2010. Consistent reduction with statistically significance was noted in all triage categories of both specialist clinics, except urgent cases in Surgical SOPC. Larger effect was seen in non-urgent cases, with 9 weeks and 4 weeks shortening of waiting time in Medical and Surgical SOPC respectively. For overall distribution of waiting time, persistent multimodal patterns were observed in both Medical and Surgical SOPC during the study period. Major peaks were identified within 2 and 8 weeks time of appointment, while scattered clustered bookings were seen along the timeline with waiting time up to years. Discussion The observed result was reinforcing the direction on current strategy, despite direct causal relationship could not be established at the moment. Changes in referral pattern could possibly be explained by the behavioral change of clinicians upon referral and triage of patients due to the introduction of the new referral system. Potential Hawthorne effect during the pilot period should therefore be considered. In view of the comp
The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses' scope of practice -- should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.
Disease Control Priorities in Developing Countries
Management of Morbid Obesity
108-2: Senate Report No. 108-265, Vol. 2, *
California Department of Corrections and Rehabilitation: Inmates Sentenced under the Three Strikes Law and a Small Number of Inmates Receiving Specialty Health Care Represent Significant Costs
A Guide for Primary Care Practitioners
Getting to Now
Clinical Practice Guidelines for Midwifery & Women's Health, Sixth Edition is an accessible and easy-to-use quick reference guide for midwives and women’s healthcare providers. Completely updated and revised to reflect the changing clinical environment, it offers current evidence-based practice, updated approaches, and opportunities for midwifery leadership in every practice setting. Also included are integrative, alternative, and complementary therapies.
Special edition of the Federal Register, containing a codification of documents of general applicability and future effect ... with ancillaries.
The first section leads us through the complicated and risky business of capitation and examines reimbursement in a managed care environment. The idiosyncrasies of managed care contracts are detailed and you will learn how to negotiate with managed care companies. There is a focus on practice profiling and the presentation of an expertise on referral guidelines. The final chapter explores the ethical issues of managed care. In section II you will find a description of outcome research and youseful information for the implementation of outcomes research in community-based office practices. The third section begins with two chapters on improving office efficiency and managing staff in a managed care environment. The next chapter leads us through the important and complicated software selection process for the individual practitioner's needs. A private practitioner offers his insight into managing a medical practice and the section completes with some helpful pointers to avoid malpractice claims. Section IV provides the physicians' response to managed care. The legal issues of mergers and networks are discussed. Several practicing physicians outline their personal experiences in the rapidly changing world of physician network development. The book's final chapter leaves us with an expertise on how physicians can take back healthcare
Principle-Based Stepped Care and Brief Psychotherapy for Integrated Care Settings
Making Healthcare Safe
Social Judgments
Returning Home from Iraq and Afghanistan
Quality in Managed Care : Hearing Before a Subcommittee of the Committee on Appropriations, United States Senate, One Hundred Fourth Congress, Second Session : Special Hearing, Department of Health and Human Services
Nondepartmental Witnesses
Oxford Textbook of Primary Medical Care
This book examines methods for selecting topics and setting priorities for clinical practice guideline development and implementation. Clinical practice guidelines are "systematically defined statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances." In its assessment of processes for setting priorities, the committee considers the principles of consistency with the organization's mission, implementation feasibility, efficiency, utility of the results to the organization, and openness and defensibility--a principle that is especially important to public agencies. The volume also examines the implications of health care restructuring for priority setting and topic selection, including the link between national and local approaches to guidelines development.
The Assistant Chief for Health Care operations (BUMED 01) asked CNA to develop a method that Navy medicine can use to determine whether it is meeting Tricare access standards, especially for scheduling appointments. The report found that the Composite Health Care System (CHCS) currently gives local military medicine providers the ability to track patient access to care, but that many providers are grappling with the same concerns and issues. To reduce redundancy, the report recommends that Navy medicine adopt standard guidelines for appointing and tracking access based on the experience of the facilities pioneering Tricare. It specifically recommends that Navy medicine develop system-wide appointing guidelines that increase the use of central appointing, standardize appointment types, make specialty referrals electronic, and develop specialty referral guidelines.
Thoroughly updated for its Fourth Edition, this volume is the most authoritative clinical reference on the pharmacologic treatment of psychiatric disorders in elderly patients. This edition provides complete information on new psychotropic drugs, new uses for established drugs, and clinically relevant advances in the neurosciences. Four new chapters cover genes, pharmacokinetics, and their impact on prescribing; new cognitive-enhancing strategies and drugs; late-life depression and physical illness; and depression and cardiac disease in late life. The book offers detailed guidelines—including drug names, dosages, and prescribing recommendations—for pharmacologic treatment of specific disorders. Chapters include clinical vignettes and tables presenting current clinical trial data. Appendices provide succinct information on prescribing and drug interactions.
Clinical Practice Guidelines for Midwifery & Women's Health
More National Action Needed to Reduce Waiting Times, But Some Clincis Have Made Progress : Report to the Committee on Veterans' Affairs, House of Representatives
The Future of Nursing
Code of Federal Regulations, Title 32, National Defense, Pt. 191-399, Revised as of July 1 2010
Principles and Practice
Adolescent Health Services
This timely volume provides the practitioner with evidence based treatments for many of the clinical problems encountered in integrated care. It applies the core concepts of stepped care to integrating brief mental health interventions as a way to address ongoing problems in the modern healthcare landscape. It sets out in depth the state of the healthcare crisis in terms of costs, staffing and training issues, integration logistics and management, system culture, and a variety of clinical considerations. Central to the book is a best-practice template for providing behavioral stepped care in medical settings, including screening and assessment, levels of intervention and treatment, referrals, and collaboration with primary care and other specialties. Using this format, contributors detail specific challenges of and science-based interventions for a diverse range of common conditions and issues, including: Depression. Anxiety disorders. Adherence to chronic obstructive pulmonary disorder management. Alcohol and other substance misuse. Attention deficit hyperactivity disorder. Chronic pain. Neurocognitive disorders. Paraphilias: problematic sexual interests.[WU3] Sexual abuse and PTSD in children. A solid roadmap for widescale reform, Principle-Based Stepped Care and Brief Psychotherapy for Integrated Care Settings is deeply informative reading for health psychologists, social workers, psychiatrists, and clinical psychologists. It also clarifies the research agenda for those seeking improvements in healthcare quality and delivery and patient satisfaction.
According to Transforming Health Care Scheduling and Access, long waits for treatment are a function of the disjointed manner in which most health systems have evolved to accommodate the needs and the desires of doctors and administrators, rather than those of patients. The result is a health care system that deploys its most valuable resource--highly trained personnel--inefficiently, leading to an unnecessary imbalance between the demand for appointments and the supply of open appointments. This study makes the case that by using the techniques of systems engineering, new approaches to management, and increased patient and family involvement, the current health care system can move forward to one with greater focus on the preferences of patients to provide convenient, efficient, and excellent health care without the need for costly investment. Transforming Health Care Scheduling and Access identifies best practices for making significant improvements in access and system-level change. This report makes recommendations for principles and practices to improve access by promoting efficient scheduling. This study will be a valuable resource for practitioners to progress toward a more patient-focused "How can we help you today?" culture.
This case-based book offers primary care practitioners support in managing older people with difficulties due to mental health problems, emphasising the importance of integrating health and social care. The full range of disorders is covered, including anxiety and depression, delirium, psychosis and the dementias. The discussion of anxiety and depression encompasses diagnosis and management, assessment of risk, evidence for both pharmacological and non-pharmacological interventions, and models of care. Clear guidance is provided on the identification and management of symptoms of delirium and different forms of psychosis in older people. The coverage of the dementias includes presentation, initial management, risks to self and others, referral to specialist care and care of older people in residential and nursing homes. Each chapter is co-written by authors from different professional backgrounds and draws on up-to-date national and international research and guidelines. The book will assist greatly in the commissioning and delivery of evidence-based practice.
Mental Health and Older People
Transforming Health Care Scheduling and Access
Blackwell's Five-Minute Veterinary Practice Management Consult
Implementing the Federal Agenda for Change
A Practical Guide
Walter Reed Army Medical Center (WRAMC): Referral Guidelines for Nephrology
In an effort to provide basic health care to the poor and uninsured, the Department of Health and Human Services funds a network of "Safety-Net" Community Health Centers (CHC) throughout the United States. This funding covers basic health care and does not generally provide CHC's mostly uninsured population with access to specialty care. In 2009, The California HealthCare Foundation awarded a grant to the Center for Connected Health Policy (CCHP), a non-profit organization whose mission is to influence policy to improve healthcare delivery through Telehealth, to develop a laboratory environment to identify practice patterns, policy, regulatory and statutory barriers to long-term sustainability of Telehealth in the safety net. With this funding, the Specialty Care Safety Net Initiative (SCSNI) was established which associated the University of California Medical Centers at Davis, Irvine, Los Angeles, San Diego and San Francisco with Safety-Net Clinics throughout the State of California. With the completion of the deployment of 38 sites, statistics show that, with the exception of psychiatry and adult endocrinology specialties, the referral rates from the sites are reflecting substantial shortfalls. The objective of this research is to obtain the comprehension and the evidence needed to determine the reasons behind the slow adoption and lackluster utilization of a technology that is essential to the patients of the California safety-net clinics. Literature reviews related to the adoption of Telehealth identify many obstacles to the use of the medium. One of the most prevalent barriers, especially in the field of medicine, is the ingrained resistance to changing well-established and efficient clinical workflows. Starting with this premise, it was hypothesized that the following issues were all possible roadblocks to the ability to refer patients and needed investigation: changes in clinics' practice patterns - Hypothesis 1 ; lack of uniformity and complexity of the referral process - Hypothesis 2 ; absence of established incentives and long-term goals - Hypothesis 3 ; personnel in need of training - Hypothesis 4. An interactive survey was chosen as the most expedient method to elicit feedback on the reasons behind the shortfall of referrals to specialists. In partnership with CCHP, a questionnaire was e-mailed to 100 clinic administrators, physicians and coordinators directly affiliated with the SCSNI sites. The questionnaire comprised of 22 general

demographics, Likert-type and open-ended questions. The survey asked respondents to evaluate their level of satisfaction with both Store & Forward and Telehealth Live; the benefits realized by using the technology; and their personal and clinic's commitment to the long-term use of the modalities. The open-ended questions concentrated on identifying the reasons behind positive or negative responses and on extracting suggestions and candid comments which could improve the referral rates and ensure the sustainability of the Initiative. The survey yielded a 37% return, a low response rate which by necessity introduces a bias in the results as the opinion of 63% of the population could not be evaluated. The results showed that the respondents did not support Hypothesis 1 which inferred that adaptation to a new technology together with unfamiliar operational workflows would reduce staff's ability to use Telehealth effectively. Adapting to the new technology for both Store & Forward and Telehealth Live were not identified as matter of consequence and respondents did not report much difficulty with using the medium. The modalities, with very few exceptions, were considered simple to use and reliable. A little over half of the respondents supported Hypothesis 2's conjuncture which stated that disparate Telehealth policies would add undue complexity to the referral process. Respondents showed that streamlining the referral process would be welcomed. Preliminary tests and pre-visit preparations for certain specialties needed review as these were too invasive and, in certain cases, just could not even be accommodated by the clinics. Hypothesis 3's assertion that the absence of incentives and unidentified Telehealth benefits would not entice clinics to participate in the Initiative was not supported. The individual respondents and the clinics were very cognizant of the benefits realized by Telehealth and grateful for the service provided to their patients and their community. Respondents unanimously supported Hypothesis 4 which speculated that lack of sustained Telehealth dedicated support would impede the clinic's familiarization with Telehealth. The main issues identified by the respondents were that the lack of dedicated resources and on-site experts hindered the use of Telehealth. Training on both the technology and the Initiative guidelines were also needed. Respondents remarked that dedicated commitment by everyone within their clinics, especially clinical management was necessary to ensure the Telehealth program longevity. In summary, the main issues identified to improve referral rates were: Ensuring that the safety-net clinics and their entire workforce are fully committed to the on-going utilization of Telehealth resources ; Formulating a strategic long-term Telehealth plan supported by management and clinicians ; Providing more timely scheduling with specialists ; Adding a dedicated full-time Telehealth Coordinator to the clinic staff ; Arranging for on-site dedicated support to be available until such time as Telehealth processes are fully assimilated in the process flow of the clinics ; Expanding the use of Telehealth to other services. These are neither insurmountable nor unexpected issues. The last two-year's efforts have met the objective of promoting the use of Telehealth in California and have introduced the benefits and efficiencies of Telehealth to physicians and patients. More importantly, it has provided the California Safety-Net Clinics with a solid platform on which to build a long-term strategic plan to gain full autonomy.

This compendium of 17 articles addresses the goals set forth by the President's New Freedom Commission on Mental Health in its 2003 report, Achieving the Promise: Transforming Mental Health Care in America. The report represents the first time since the Carter Administration that such a high-level group evaluated U.S. mental health care. The report painted a dismal picture of the nation's mental health system, saying the system was so broken that it was "beyond simple repair." The Commission said that current services focused on "managing disabilities" rather than helping patients achieve a meaningful life in their communities. It also stated that mental health service providers ignored the preferences of consumers and their families. The articles in Transforming Mental Health Services: Implementing the Federal Agenda for Change, originally published between 2006 and 2009 in Psychiatric Services (journal of the American Psychiatric Association), offer recommendations to assist adults with serious mental illness and children with serious emotional disturbances. They include a series of reforms in which the emphasis is on recovery as an achievable goal, and the need for a person-centered orientation in service delivery. There is also discussion of the reasons many service providers resist using a recovery orientation and how this can be remedied. Transforming Mental Health Services: Implementing the Federal Agenda for Change consists of updates of papers written by the Commission's subcommittees addressing issues fundamental to those living with mental illness. It is organized into four sections: The first focuses on the interface between mental health and general health, and on employment, housing, and Medicaid financing. The second continues addressing financing and Medicaid as well as issues related to school mental health, recovery, transformation of data systems, and acceleration of research. The third includes reports from four states with transformation initiatives designed to ensure that consumers have a strong voice in the development of recovery-oriented services. The final section describes progress five years after the President's Commission Report and concludes with a proposal by the current director of the Center for Mental Health Services for a public health model of mental health care for the 21st century. This compilation of well-researched and well-written articles offers an excellent resource for frontline care providers, facility administrators and advocates. It serves as an equally valuable resource for state policy makers who wish to present a convincing case that change is happening and that the recommendations can be translated into effective policies. Although consumers and their families will receive support for their perception that service providers ignore their needs, they will also be encouraged that change for the better is coming to the U.S. mental health care system.

Presents referral guidelines for admittance as a patient to the Nephrology Service at Walter Reed Army Medical Center (WRAMC), located in Washington, D.C. Includes information about the evaluation, management, and indications for a specialty care referral for asymptomatic microscopic hematuria in adults, acute renal failure, chronic renal failure, diabetic nephropathy, proteinuria, and recurrent urinary tract infections (UTIs) in women. Links to the home page of the Nephrology Service.

Hearings Before a Subcommittee of the Committee on Appropriations, House of Representatives, One Hundred Seventh Congress, Second Session

Managed Care, Outcomes, and Quality

Aging issues related GAO products in calendar years 2001 and 2002.

A Report of the Special Committee on Aging, United States Senate

Research Activities

Transforming Health Care Scheduling and AccessGetting to NowNational Academies Press

Based on careful analysis of burden of disease and the costs ofinterventions, this second edition of 'Disease Control Priorities in Developing Countries, 2nd edition' highlights achievable priorities; measures progresstoward providing efficient, equitable care; promotes cost-effectiveinterventions to targeted populations; and encourages integrated effortsto optimize health. Nearly 500 experts - scientists, epidemiologists, health economists,academicians, and public health practitioners - from around the worldcontributed to the data sources and methodologies, and identifiedchallenges and priorities, resulting in this integrated, comprehensivereference volume on the state of health in developing countries.

Sample Text

Primary Care - E-Book

Antenatal clinics and specialist care: consultations, referrals, treatment guidelines

Setting Priorities for Clinical Practice Guidelines

United States Congressional Serial Set, Serial No. 14874, Senate Reports Nos. 260-265

Clinical Geriatric Psychopharmacology

Patient Access Study

Prepare for success in today's fast-paced, collaborative healthcare environment! Offering expert perspectives from a variety of primary care and nurse practitioners, Primary Care: A Collaborative Practice, 5th Edition helps you diagnose, treat, and manage hundreds of adult disorders. Care recommendations indicate when to consult with physicians or specialists, and when to refer patients to an emergency facility. This edition includes six new chapters, a fresh new design, the latest evidence-based guidelines, and a new emphasis on clinical reasoning. Combining academic and clinical expertise, an author team led by Terry Mahan Buttaro shows NPs how to provide effective, truly interdisciplinary health care. UNIQUE! A collaborative perspective promotes seamless continuity of care, with chapters written by NPs, physicians, PAs, and other primary care providers. Comprehensive, evidence-based content covers every major disorder of adults seen in the outpatient office setting, reflects today's best practices, and includes the knowledge you need for the NP/DNP level of practice. A consistent format in each chapter is used to describe disorders, facilitating easier learning and quick clinical reference. Diagnostics and Differential Diagnosis boxes provide a quick reference for diagnosing disorders and making care management decisions. Complementary and alternative therapies are addressed where supported by solid research evidence. Referral icons highlight situations calling for specialist referral or emergency referral. NEW chapters cover topics including transitional care, risk management, LGBTQ patient care, bullous pemphigoid, pulmonary embolism, and dysphagia. NEW! An emphasis on clinical reasoning helps you develop skills in diagnosis and treatment, with coverage moving away from pathophysiology and toward diagnostic reasoning and disease management — including pharmacologic management. NEW focus on interdisciplinary care underscores the importance of interprofessional education and practice, and includes Interdisciplinary Management features. UPDATED chapters reflect the latest literature and evidence-based treatment guidelines, including new content on the Affordable Care Act as well as new coverage of patient satisfaction metrics, quality metrics, value-based purchasing, pharmacogenetics/genomics, and teen pregnancy and abnormal pregnancy. NEW quick-reference features make it easier to locate important information, through colorful section tabs, bulleted summaries, additional algorithms, a more logical table of contents, an Index to Standardized Treatment Guidelines, and a Reference to Common Laboratory Values.

This unique and engaging open access title provides a compelling and ground-breaking account of the patient safety movement in the United States, told from the perspective of one of its most prominent leaders, and arguably the movement’s founder, Lucian L. Leape, MD. Covering the growth of the field from the late 1980s to 2015, Dr. Leape details the developments, actors, organizations, research, and policy-making activities that marked the evolution and major advances of patient safety in this time span. In addition, and perhaps most importantly, this book not only comprehensively details how and why human and systems errors too often occur in the process of providing health care, it also promotes an in-depth understanding of the principles and practices of patient safety, including how they were influenced by today’s modern safety sciences and systems theory and design. Indeed, the book emphasizes how the growing awareness of systems-design thinking and the self-education and commitment to improving patient safety, by not only Dr. Leape but a wide range of other clinicians and health executives from both the private and public sectors, all converged to drive forward the patient safety movement in the US. Making Healthcare Safe is divided into four parts: I. In the Beginning describes the research and theory that defined patient safety and the early initiatives to enhance it. II. Institutional Responses tells the stories of the efforts of the major organizations that began to apply the new concepts and make patient safety a reality. Most of these stories have not been previously told, so this account becomes their histories as well. III. Getting to Work provides in-depth analyses of four key issues that cut across disciplinary lines impacting patient safety which required special attention. IV. Creating a Culture of Safety looks to the future, marshalling the best thinking about what it will take to achieve the safe care we all deserve. Captivatingly written with an “insider’s” tone and a major contribution to the clinical literature, this title will be of immense value to health care professionals, to students in a range of academic disciplines, to medical trainees, to health administrators, to policymakers and even to lay readers with an interest in patient safety and in the critical quest to create safe care.

Developments in Aging

The Story of the Patient Safety Movement

Hearing on Mental Illness Among the Elderly

2000-

Investigation Into the Determinants Behind the Slow Adoption and Utilization of Telehealth Specialty Care Within the Center for Connected Health Policy Specialty Care Safety Net Initiative

"Brain Injury Medicine, 2nd Edition"