

Discharge From Hospital Pathway Process And Practice

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Normal Accidents Oxford University Press, USA

Inefficient and inappropriate discharges of patients from hospitals is a major problem for hospitals, social services and primary care. This clear and concise guide examines the reasons for difficulties of hospital discharge and considers the possible solutions. It provides a comprehensive overview of policy frameworks, practice issues and research findings, highlighting the range of problematic hospital discharges that can occur. Current health and social policies are evaluated, and typical individual, organisational and structural barriers are examined. It is invaluable for all those who have to make informed decisions regarding hospital discharge, including doctors, nursing managers and healthcare managers throughout primary and secondary care, as well as social care managers and staff, and policy makers and shapers.

Discharge Planning Guide Oxford University Press

v. 1. Research findings -- v. 2. Concepts and methodology -- v. 3. Implementation issues -- v. 4. Programs, tools and products.

Clinical Pathways in Stroke Rehabilitation Saunders

This book describes numerous projects which shed light on some of the most persistent issues of the day in health and social care. The work demonstrates the importance of embedding the concept of flow into everyday health and social care thinking and creates insights into patient journeys through different conditions and treatments. It suggests that improving throughput across agencies is the key way to improving the performance of health treatment, whereas increasing capacity is the key way to improving the performance of social care by retaining independent living. The authors conclude that for state-provided care, balancing health and social care provision can eliminate the many stressful fire-fighting strategies hospitals have to undertake when faced with high demands, and this is a win-win scenario in terms of patients, staff and costs. Further, that there is a need for better understanding of the dynamics of population ageing, the dynamics of health conditions and the provision of better, integrated information systems. The book will be a valuable resource for practitioners, clinicians, managers and academics in health, social work, public health and public policy in many countries. In this important book Eric Wolstenholme and Douglas McKelvie bring two lifetimes of award-winning experience in applying system dynamics to improving our very clinically advanced but often dysfunctional care systems.- David F. Andersen, O'Leary Distinguished Service Professor, Emeritus, State University of New York, Albany, USA. Health and social care suffer from some persistent and serious problems which not only undermine well intended care but also impose considerable costs in many societies. This very welcome and exceptional book offers the hope of sound and sustainable solutions to many of these issues. - Kim Warren, Strategy Dynamics, London, UK

Post-Intensive Care Syndrome Charles C. Thomas Publisher

Transition out of the hospital is a vulnerable time for patients. Approximately 20% of patients experience an adverse event or re-hospitalization within 30 days of discharge. The lack of continuity of care at the time of hospital discharge negatively impacts clinical care, the patient experience and health care costs. Standardization of hospital discharge through systematic change is pivotal to individual patient success. A process improvement tool for discharging patients in a University Health System setting was designed. Entitled the Continuity of Care Checklist (CCC), its development was based on clinical and professional experience as well as a review of the literature. The checklist was subjected to review and input from a panel of seven experts, a convenience sample of key informants from varied medical and nursing backgrounds. The experts were provided a copy of the CCC and filled out a questionnaire on the design, content and practical implications of

the CCC. A follow up debriefing was carried out with each of the key informants; field notes were taken. The data sources were reviewed for key themes; this input was incorporated into a revised final version of the CCC. The seven key informants agreed upon the need for such a checklist and concluded that the CCC could enhance transitions of care at the time of hospital discharge. Changes to the design and content of the seven sections of the checklist were made. Suggestions to enhance practical application were incorporated into the final revised version. Further study using the revised CCC as standardized proforma for hospital discharge and transitioning the patient to the next health care setting is indicated. Further study should include: incorporating the CCC into the current workflow, operationalizing it as part of the EHR, assigning responsibility for the CCC to a member of the hospital based team, and assigning responsibility for post acute care follow up to a member of the patient care team.

Leaving the Hospital Springer

Recovery from pneumonia can be a lengthy process, and subsequent hospital readmissions, as well as complications arising from multiple comorbidities, should also be considered when estimating the cost.

Care of the Dying Linköping University Electronic Press

Normal Accidents analyzes the social side of technological risk. Charles Perrow argues that the conventional engineering approach to ensuring safety--building in more warnings and safeguards--fails because systems complexity makes failures inevitable. He asserts that typical precautions, by adding to complexity, may help create new categories of accidents. (At Chernobyl, tests of a new safety system helped produce the meltdown and subsequent fire.) By recognizing two dimensions of risk--complex versus linear interactions, and tight versus loose coupling--this book provides a powerful framework for analyzing risks and the organizations that insist we run them. The first edition fulfilled one reviewer's prediction that it "may mark the beginning of accident research." In the new afterword to this edition Perrow reviews the extensive work on the major accidents of the last fifteen years, including Bhopal, Chernobyl, and the Challenger disaster. The new postscript probes what the author considers to be the "quintessential 'Normal Accident'" of our time: the Y2K computer problem.

Process Mining in Healthcare Springer Nature

This title provides professionals who care for the dying with a user-friendly guide on how to render the best possible treatment.

Oxford Textbook of Critical Care Universal-Publishers

Following on from the very popular first book OCyNurse Facilitated Hospital DischargeOCOOCyIn these challenging economic times, with change and cost saving being predominant features in the NHS, I offer you, the reader, a thought: OC The faster the speed at which you travel, the further ahead you need to lookOCO, to adapt current practice, and align it to future needs, to deliver value for money.OCOLiz LeesTimely Discharge From Hospital is aimed at practitioners working in acute, community, intermediate and ambulatory care settings; all areas of practice are featured. Each section is arranged in themes but written to stand alone, allowing the reader to dip in and out. The book is further enhanced by a comprehensive selection of case studies.Part 1: Fundamental perspectives of practice OCo there are 3 leading chapters which set the scene for the discharge of patients from hospital.Part 2: The UK perspective OCo there are 4 chapters which demonstrate policy, practice and progress regarding discharge planning in England, Ireland, Scotland and Wales. Part 3: Education and training OCo there are 3 chapters which interface theory with practice providing a sense of direction in education to lead and support practitioners wishing to develop mechanisms for training.Part 4: Multi professional considerations of patient discharge in practice OCo there are 7 chapters which explore the contribution of different professionals to timely discharge practice. The Nursing coordination & complex discharge issues, Pharmacy, PALs, Medicine,

Occupational Therapy and Bed management are all featured. Part 5: Case examples in practice OCo There are 14 pragmatic cases which illuminate practice points from a clinical perspective."

Fragility Fracture Nursing Springer Nature

Updated in its 3rd edition, *Basic Methods of Policy Analysis and Planning* presents quickly applied methods for analyzing and resolving planning and policy issues at state, regional, and urban levels. Divided into two parts, *Methods* which presents quick methods in nine chapters and is organized around the steps in the policy analysis process, and *Cases* which presents seven policy cases, ranging in degree of complexity, the text provides readers with the resources they need for effective policy planning and analysis. Quantitative and qualitative methods are systematically combined to address policy dilemmas and urban planning problems. Readers and analysts utilizing this text gain comprehensive skills and background needed to impact public policy.

Discharge from Hospital Routledge

This open access book focuses on practical clinical problems that are frequently encountered in stroke rehabilitation. Consequences of diseases, e.g. impairments and activity limitations, are addressed in rehabilitation with the overall goal to reduce disability and promote participation. Based on the available best external evidence, clinical pathways are described for stroke rehabilitation bridging the gap between clinical evidence and clinical decision-making. The clinical pathways answer the questions which rehabilitation treatment options are beneficial to overcome specific impairment constellations and activity limitations and are well acceptable to stroke survivors, as well as when and in which settings to provide rehabilitation over the course of recovery post stroke. Each chapter starts with a description of the clinical problem encountered. This is followed by a systematic, but concise review of the evidence (RCTs, systematic reviews and meta-analyses) that is relevant for clinical decision-making, and comments on assessment, therapy (training, technology, medication), and the use of technical aids as appropriate. Based on these summaries, clinical algorithms / pathways are provided and the main clinical-decision situations are portrayed. The book is invaluable for all neurorehabilitation team members, clinicians, nurses, and therapists in neurology, physical medicine and rehabilitation, and related fields. It is a World Federation for NeuroRehabilitation (WFNR) educational initiative, bridging the gap between the rapidly expanding clinical research in stroke rehabilitation and clinical practice across societies and continents. It can be used for both clinical decision-making for individuals and as well as clinical background knowledge for stroke rehabilitation service development initiatives.

National Hospital Discharge Survey Springer Nature

This book is a tribute to nursing practices based on theoretical nursing and literature review. It presents important knowledge-building ideas in preparing patients for hospital discharge. Chapter I introduces the overview of hospital discharge. Chapter II discusses the Transitions' Theory based on Meleis Middle Range Theory that can be used as the basic framework to guide the discharge transition concept which is relevant to the main concept of hospital discharge. Chapter III illustrates Self-Care Nursing Theory by Dorothea Elizabeth Orem and it's an application in surgical care. Chapter IV has shown how the discharge planning process is going. Chapter V and VI discuss the discharge teaching process and how to develop a mini-teaching plan using METHOD. Chapter VII describes the discharge readiness for hospital discharge. Chapter VIII discuss the follow-up care program during the postdischarge phase.

Hospital Discharge Planning Radcliffe Publishing

Hidden opportunities to improve profits in the healthcare industry abound in the area of discharge planning. The *Discharge Planning Handbook for Healthcare: Top Ten Secrets to Unlocking a New Revenue Pipeline* provides innovative new solutions that will show hospital administrators how to turn one of the most antiquated aspects of healthcare into on

Managing Nursing Work Syiah Kuala University Press

What are the possibilities for process mining in hospitals? In this book the authors provide an answer to this question by presenting a healthcare reference model that outlines all the different classes of data that are potentially available for process mining in healthcare and the relationships between them. Subsequently, based on this reference model, they explain the application opportunities for process mining in this domain and discuss the various kinds of analyses that can be performed. They focus on organizational healthcare processes rather than medical treatment processes. The combination of event data and process mining techniques allows them to analyze the operational processes within a hospital based on facts, thus providing a solid basis for managing and improving processes within hospitals. To this end, they also explicitly elaborate on data quality issues that are relevant for the data aspects of the healthcare reference model. This book mainly targets advanced professionals involved in areas related to business process management, business intelligence, data mining, and business process redesign for healthcare systems as well as graduate students specializing in healthcare information systems and process analysis.

Is Your Patient Ready to Go Home?: A Discharge Guideline for Surgical Care Princeton University Press

Now in paperback, the second edition of the *Oxford Textbook of Critical Care* is a comprehensive multi-disciplinary text covering all aspects of adult intensive care management. Uniquely this text takes a problem-orientated approach providing a key resource for daily clinical issues in the intensive care unit. The text is organized into short topics allowing readers to rapidly access authoritative information on specific clinical problems. Each topic refers to basic physiological principles and provides up-to-date treatment advice supported by references to the most vital literature. Where international differences exist in clinical practice, authors cover alternative views. Key messages summarise each topic in order to aid quick review and decision making. Edited and written by an international group of recognized experts from many disciplines, the second edition of the *Oxford Textbook of Critical Care* provides an up-to-date reference that is relevant for intensive care units and emergency departments globally. This volume is the definitive text for all health care providers, including physicians, nurses, respiratory therapists, and other allied health professionals who take care of critically ill patients.

Discharge Planning Handbook for Healthcare CRC Press

This open access book aims to provide a comprehensive but practical overview of the knowledge required for the assessment and management of the older adult with or at risk of fragility fracture. It considers this from the perspectives of all of the settings in which this group of patients receive nursing care. Globally, a fragility fracture is estimated to occur every 3 seconds. This amounts to 25 000 fractures per day or 9 million per year. The financial costs are reported to be: 32 billion EUR per year in Europe and 20 billion USD in the United States. As the population of China ages, the cost of hip fracture care there is likely to reach 1.25 billion USD by 2020 and 265 billion by 2050 (International Osteoporosis Foundation 2016). Consequently, the need for nursing for patients with fragility fracture across the world is immense. Fragility fracture is one of the foremost challenges for health care providers, and the impact of each one of those expected 9 million hip fractures is significant pain, disability, reduced quality of life, loss of independence and decreased life expectancy. There is a need for coordinated, multi-disciplinary models of care for secondary fracture prevention based on the increasing evidence that such models make a difference. There is also a need to promote and facilitate high quality, evidence-based effective care to those who suffer a

fragility fracture with a focus on the best outcomes for recovery, rehabilitation and secondary prevention of further fracture. The care community has to understand better the experience of fragility fracture from the perspective of the patient so that direct improvements in care can be based on the perspectives of the users. This book supports these needs by providing a comprehensive approach to nursing practice in fragility fracture care.

Planning for Hospital Discharge HC Pro, Inc.

In addition to reprinting the PDF of the CMS CoPs and Interpretive Guidelines, we include key Survey and Certification memos that CMS has issued to announced changes to the emergency preparedness final rule, fire and smoke door annual testing requirements, survey team composition and investigation of complaints, infection control screenings, and legionella risk reduction.

Comprehensive Pediatric Hospital Medicine Springer

One of the central challenges for the healthcare system today is how to manage care for patients with complex needs. This patient group is not well-defined but covers patients with serious diseases and comorbidities, or with a limited ability to perform basic daily functions due to physical, mental or psychosocial challenges. This group has a high service and resource utilisation resulting in high costs for the healthcare system and, typically, poor health outcomes. To improve care for these patients, it is necessary to implement strategies to manage the differentiated care needs, the additional support needs, the uncertainty in care delivery, and the coordination needs of the involved providers and the patient. Care pathways are increasingly used internationally to make care more patient-centred and to structure and design care processes for individual patient groups. Important elements in care pathways include structuring care activities, by defining their content and sequence; coordinating between providers and professionals; and involving patients in their care process. In this thesis, care pathways are proposed as the overall strategy for managing care for patients with complex care needs. The purpose of this thesis is thus to contribute with knowledge on how care pathways can be managed for patients with complex care needs. This is achieved by analysing how the practices coordination, standardisation, customisation and personalisation can support management of care pathways and by discussing how these practices influence quality of care. The quality of care dimensions discussed are accessible, timely, equitable, and patient-centred care. The empirical context in this thesis is the Standardised Cancer Care Pathways (CCPs) which were implemented in Sweden from 2015 to 2018. CCPs is the umbrella term for the national initiative to shorten waiting times, decrease regional differences and reduce fragmentation in care processes. CCPs include elements such as diagnosis-specific pathways and guidelines, introduction of CPP coordinators, and mandatory reporting of waiting times. Focus has been on implementing care pathways for 31 cancer diagnoses in all Swedish healthcare regions. Both qualitative and quantitative research methods have been used. A case study was conducted to examine standardised and customised care pathways, and coordination and multidisciplinary work in care pathways. A document study of regional reports on CCPs was analysed to study effects of care pathways on accessibility, timeliness and equitability. Finally, a national survey was conducted to deepen the understanding of the role of coordination, as performed by coordinators, in care pathways. This thesis argues that standardised and customised care pathways should be combined to manage care for patients with complex care needs. The customised pathway in particular benefits patients with serious unspecific symptoms, unknown primary tumour or more complex care needs, while patients with care needs that can be treated independently of the main diagnosis benefit from following a standardised care pathway. Coordinators are an important means to manage coordination, customisation and personalisation in the care pathway. The coordinators' role is twofold: the first role is to manage care pathways by customising the care pathway and coordinating involved providers; the second role is to support and guide patients through the care pathway. This can be achieved by adapting interpersonal communication with patients through personalisation. This thesis further argues that care pathways have most potential to positively influence accessibility, timeliness, equitability, and patient-centredness. Accessibility has been positively influenced, especially for patients with ambiguous symptoms where symptoms indicating cancer have improved their chances of accessing cancer diagnostics. A negative aspect of prioritising patients who follow CCPs has been the potentially longer waiting times for other patient groups in equal need of urgent care. Notwithstanding, prioritised access to care is perceived to positively influence timeliness for patients following CCPs. Care pathways are perceived to have positively influenced patient-centredness by shifting the focus from what to deliver to how to deliver it.

Essentials of Nursing Research Elsevier Health Sciences

This new, comprehensive reference not only brings readers the most up-to-date, evidence-based approaches to hospital-based pediatric care, but also covers issues related to staffing a unit; financial, legal, and ethical practices; and how to maintain effective communication between referring providers and consulting staff.

Discharge Planning Guide for Nurses National Academies Press

Cardiac arrest can strike a seemingly healthy individual of any age, race, ethnicity, or gender at any time in any location, often without warning. Cardiac arrest is the third leading cause of death in the United States, following cancer and heart disease. Four out of five cardiac arrests occur in the home, and more than 90 percent of individuals with cardiac arrest die before reaching the hospital. First and foremost, cardiac arrest treatment is a community issue - local resources and personnel must provide appropriate, high-quality care to save the life of a community member. Time between onset of arrest and provision of care is fundamental, and shortening this time is one of the best ways to reduce the risk of death and disability from cardiac arrest. Specific actions can be implemented now to decrease this time, and recent advances in science could lead to new discoveries in the causes of, and treatments for, cardiac arrest. However, specific barriers must first be addressed. *Strategies to Improve Cardiac Arrest Survival* examines the complete system of response to cardiac arrest in the United States and identifies opportunities within existing and new treatments, strategies, and research that promise to improve the survival and recovery of patients. The recommendations of *Strategies to Improve Cardiac Arrest Survival* provide high-priority actions to advance the field as a whole. This report will help citizens, government agencies, and private industry to improve health outcomes from sudden cardiac arrest across the United States.

Elderly Patients and Family Members Satisfaction with Discharge Planning Jones & Bartlett Learning

This eighth edition of *Essentials of Nursing Research*, written by AJN award-winning authors, along with its accompanying Study Guide for *Essentials of Nursing Research*, student learning ancillaries, and instructor teaching materials present a unique learningteaching package that is designed to teach students how to read and critique research reports, and to appreciate the application of research findings to nursing practice. New to this edition: New text organization with separate sections on quantitative and qualitative research offer greater continuity of ideas to better meet the needs of students and faculty. New online chapter supplements for every chapter expand student's knowledge of research topics. New chapter on mixed methods research, which involves the blending of qualitative and quantitative data in a single inquiry, responds to the surge of interest in this type of research. Increased emphasis on evidencebased practice (EBP) especially in the areas of asking wellworded questions for EBP and searching for such evidence guides the reader from theory to application. Enhanced assistance for instructors with numerous suggestions on how to make learning aboutand teachingresearch methods more rewarding.

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