this book examines and discusses the decision of whether or not to admit specific patients to the hospital for over 85 diagnoses commonly seen in the emergency department each chapter covers the background and treatment of a particular admission and discharge decision making and recommendations are offered based on clinical consensus tables and bulleted lists clearly describe the protocol for each presentation comprehensive references are included to aid the reader in the decision making process boxes at the beginning of each chapter indicate clearly which patients to admit and which to discharge readers who want a quick reference can find what they need right away and those who want more in depth information can continue reading for background information and research to direct decision making bulleted lists provide easy to follow recommendations and considerations for treatment and follow up tables containing review of literature included so readers can make evidence based decisions derived from the national evidence base a fast book and facilitator friendly designed to timely discharge patients this challenging economic times with change and cost saving being predominant features in the nhs i offer you the reader a thought on the speed at which you travel the further ahead you need to looko 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 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public employment law this invaluable two volume resource is the only one of its kind to deal with all public employment disciplinary and discharge issues for federal state and municipal employees the fourth edition offers thorough analysis and in depth discussion of such essential topics as first amendment and whistleblowing public sector collective bargaining and arbitration due process in discipline and discharge administrative and judicial review title vii ada fmla and other discrimination laws sexual harassment under 1983 title ix and title vii drug testing invasion of privacy applicability of common law tort and contract principles of wrongful discharge summaries of federal and state cases also with public employee discharge and discipline you will also get a bonus cd rom containing over 30 easy access customizable forms as well as current surveys of state and federal cases public employee discharge and discipline has been updated with the latest developments including latest developments in the movement to limit or abrogate public employment collective bargaining gross v fbl financial services a supreme court decision requiring an employer to prove trade discrimination was the sole and but for cause of discharge under the aede a 2011 unanimous supreme court decision that retaliation against a fiancée for an employee s title vii claim was actionable discussion of staub v proctor another 2011 unanimous supreme court decision that a supervisor s bias may be a motivating factor for and a proximate cause of a discriminatory discharge if it played some role in contributing to it whether or not a non biased decisionmaker conducted an independent investigation evidentiary issues in discrimination litigation including sprint united management co v mendelson a supreme court holding that me too evidence of age discrimination comments against other employees by other supervisors may be admissible if relevant to the culture of the employer and reid v google inc a 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facilitate high quality evidence based effective care to those who suffer a fragility fracture. There is increasing evidence that such models make a difference. There is also a need to promote and improve the management of patients with fragility fracture across the world. The need for nursing for patients with fragility fracture is one of the foremost challenges for health care providers and the health care systems. Pharmacies, quality improvement, patient safety, survey committee, chief nursing, documentation, gather quality data, who will benefit from this helpful resource, hospitals, from physicians and directors, train staff in all areas, build an effective team approach, improve care, this book and bonus CD ROM, you will learn from the best practices of your peers, obtain buy in, address problem areas, comply with the latest joint commission and CAMH standards, with the help of this book and bonus CD ROM, you will learn from the best practices of your peers, obtain buy in, address problem areas, comply with the latest joint commission and CAMH standards.

locale x, the joint commission, medication reconciliation, practical strategies and tools for joint commission compliance, second edition, gives you best practices, step by step guidance, forms and advice to help you to comply with the latest joint commission and CAMH standards.
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 this work describes and illustrates the strategies and tactics used by noted specialists in the field and analyzes the law of every jurisdiction with guidance for applying the new and emerging principles to particular fact situations a comprehensive guide including sample forms and letters including interrogatories and others george annas america s leading proponent of patient rights spells them out for you in this revised up to date edition of his groundbreaking classic thorough comprehensive and easy to follow using a question and answer format in much of the text the rights of patients explores all aspects of becoming an informed patient hospital organization hospital rules emergency treatment admission and discharge the patient rights movement informed consent surgery obstetrical care human experimentation and research privacy and confidentiality care of the dying death autopsy and organ donation medical malpractice v 1 research findings v 2 concepts and methodology v 3 implementation issues v 4 programs tools and products based on employer responses to a questionnaire survey the annual discharge rate in michigan in 1988 was 4 8 which is approximately the same as that reported by bls in recent years the discharge rate varied significantly by industry occupational group and employee earnings discharge from a previous job is a major handicap in finding a new job though employers tend to differentiate among reasons for discharge published arbitration decisions in discharge cases are not representative of unpublished decisions while a number of case characteristics appear to be related to awards in discharge decisions most significant was the finding that discharges of women were much more frequently reversed than those of men all independent variables combined in discharge cases explain only about 10 of the award indicating that the evidence presented is the primary determinant of the outcome in a particular case the model rules of professional conduct provides an up to date resource for information on legal ethics federal state and local courts in all jurisdictions look to the rules for guidance in solving lawyer malpractice cases disciplinary actions disqualification issues sanctions questions and much more in this volume black letter rules of professional conduct are followed by numbered comments that explain each rule s purpose and provide suggestions for its practical application the rules will help you identify proper conduct in a variety of given situations review those instances where discretionary action is possible and define the nature of the relationship between you and your clients colleagues and the courts discharge planning guide tools for compliance third edition jackie birmingham rn bsn ms turn to the third edition of a case management classic discharge planning guide tools for compliance for practical advice on ensuring patient centered compliant revenue cycle based discharge planning at your organization from the big picture to the small details jackie birmingham covers it all instead of pondering complicated regulatory language and requirements with discharge planning guide third edition you ll understand how to comply authored by renowned discharge planning expert jackie birmingham this book offers real strategies and best practices to move patients efficiently and safely and avoid noncompliance you ll get quick access guides for locating and citing federal standards as you write and revise discharge planning policies and procedures and support your decisions regarding continuity of care answers to commonly asked questions and self assessments on key content to help you identify learning gaps what s new a new chapter on documentation discusses the electronic health record required frequency of documentation patient refusal of discharge planning condition and disposition codes applicable to discharge planning and medical information sent to post acute providers plus you ll get expanded and detailed information about spaca patient protection and affordable care act of 2010 section on community based services revenue cycle information as it relates to each step in the discharge process levels of care readmission and repeat admission patient s choice rights and responsibilities after reading this book you will be able to develop an effective discharge planning process for your facility understand payment systems to better manage the revenue cycle identify patient education opportunities in the discharge planning process ensure thorough documentation monitor the progress of patients discharge plans determine the appropriate level of post acute care for patients important topics covered include discharge planning from a case management perspective discharge planning steps in the process the social security act the foundation of the discharge planning process patient s choice rights and privacy considerations medicare payment rules and audits discharges transfers and readmission special considerations description of levels of care documentation including the electronic health record a five question self assessment pretest at the beginning of each chapter helps you test your baseline knowledge in each area plus you ll get answers to common questions such as what categories should a patient s final discharge plan include how can discharge planners perform quality improvement efforts related to the discharge planning process in their hospitals how can discharge planners collect discharge planning data what type of software supports data collection how can discharge planners learn whether their hospital has a disclosable financial interest if a patient doesn t leave within a few hours upon being cleared and ready and the reason is the family s convenience what options exist for a late discharge what is a good source of information about coordination of benefits for medicare patients what is a good source of information about changes in healthcare regulations what is the role of physician advisors pa in discharge planning
Admission and Discharge Decisions in Emergency Medicine 2002

this book examines and discusses the decision of whether or not to admit specific patients to the hospital for over 85 diagnoses commonly seen in the emergency department each chapter covers the background evidence and treatment and admission recommendations based on current literature and clinical consensus tables and bulleted lists clearly describe the protocol for each presentation comprehensive references are included to aid the reader in the decision making process boxes at the beginning of each chapter indicate clearly which patients to admit and which to discharge readers who want a quick reference can find what they need right away and those who want more in depth information can continue reading for background information and research to direct decision making bulleted lists provide easy to follow recommendations and considerations for treatment and follow up tables containing review of literature included so readers can make evidence based decisions

Decision Making in Discharge Planning 1987

following on from the very popular first book ocynurse facilitated hospital dischargeocoocyn 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 ps 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

Timely Discharge from Hospital 2012

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Factors Influencing Discharge Decisions in Dermatology Outpatients 2016

first published in 1998 this timely study of an american acute care hospital examines decision making by patients and their families along with a cost analysis of social work services the first part focuses on the patient experience of acute hospital care and the second part examines the factors which influence the use of social work resources in providing services to acute hospital patients patients were asked about the treatment and discharge decisions made the agreements that occurred and the problems they experienced while they were in the hospital and after discharge surprisingly the patients reported little difficulty with the decision making environment although it was evident that many experienced a high level of difficulty once discharged the second part focuses on the utilization of social work resources for these patients the study uses an activity based framework to examine the cost drivers for social work intervention it is the first example of the application of ideas from activity based costing to analysis of social work services in hospital settings patricia hansen s interviews enable us to listen to the voices of those using social work services and the influences on their decision making presenting a ground breaking analysis of social work drivers the findings question what can truly be achieved in such a brief period of time and hansen presents several sound suggestions to provide comprehensive and effective psychosocial services for patients and families her study serves as a gold standard for future social work research on this issue

Public Employee Discharge and Discipline 2021-02-11

the pocket book is for use by doctors nurses and other health workers who are responsible for the care of young children at the first level referral hospitals this second edition is based on evidence from several who updated and published clinical guidelines it is for use in both inpatient and outpatient care in small hospitals with basic laboratory facilities and essential medicines in some settings these guidelines can be used in any facilities where sick children are admitted for inpatient care the pocket book is one of a series of documents and tools that support the integrated management

Social Work Services and Patient Decision Making 2019-01-04

the roundtable on health literacy brings together leaders from academia industry government foundations and associations and representatives of patient and consumer interests who work to improve health literacy to achieve its mission the roundtable discusses challenges facing health literacy practice and research and identifies approaches to promote health literacy through mechanisms and partnerships in both the public and private sectors to explore the aspects of health literacy that impact the ability of patients to understand and follow discharge instructions and to learn from examples of how discharge instructions can be written to improve patient understanding of and hence compliance with discharge instructions the roundtable on health literacy held a public workshop the workshop featured presentations and discussions that examined the implications of health literacy for discharge instructions for both ambulatory and inpatient facilities facilitating patient understanding of discharge instructions summarizes the presentations and discussions of the workshop this report gives an overview of the impact of discharge instructions on outcomes and discusses the specifics of inpatient discharge summaries and outpatient after visit summaries the report also contains case studies illustrating different approaches to improving discharge instructions

Decision-making for Hospital Discharge Planning 1991

first published in 1992 routledge is an imprint of taylor francis an informa company

Pocket Book of Hospital Care for Children 2013

this study used a mixed method design to explore congruence about the discharge destination decision of hospitalized frail older adults their family members and health care team members hctm there was no common pattern of preferred level of participation lop in discharge destination decisions either among individuals or in the triad congruence in the discharge destination occurred in the triad regardless of whether or not individual participants obtained their preferred lop there was more congruence with discharge destination decisions a in those triads that demonstrated ongoing communication with one another b in which there was not a perceived safety issue for the older adult c when post hospital care was not medically complex and d when the older adults were returning to an environment of their choice

Impact of Technology on Patient Discharge Decision Making 2016

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
the interpretation of dreams dover thrift editions

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

Facilitating Patient Understanding of Discharge Instructions 2014-12-01

this first of its kind text provides a multidisciplinary overview of a significant problem in hospital based healthcare patients who decline inpatient medical care and leave the hospital against medical advice ama compared to standard hospital discharges ama discharges are associated with worse health and health services outcomes patients discharged ama have been found to have disproportionately higher rates of substance use psychiatric illness and report stigmatization and reduced access to care by providing a far reaching examination of ama discharges for a wide academic and clinical audience the book serves as a reference for clinical care research and the development of professional guidelines and institutional policy the book provides both a broad overview of ama discharges with chapters on the epidemiology ethical and legal aspects as well as social science perspectives for clinicians in the disciplines of hospital medicine pediatrics emergency medicine nursing and psychiatry the book also provides a patient centered analysis of the problem case based discussions and a discussion of best practices this comprehensive review of ama discharges and health care quality will interest physicians and other health care professionals social workers hospital administrators quality and risk managers clinician educators and health services researchers

Prospective Payments and Hospital Discharge Planning with Older Adults 1991

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

Discharge Planning 1988

in the last few years us hospitals have faced severe challenges with bed capacity management that leads to capacity congestion delivering patients to the right bed at the right time is very important to patient care quality however the current process employs a self reporting system to receive bed availability from each unit this method does not provide consistent estimates nor does it provide a standardized proactive bed capacity management perspective in addition the department of medicine dom has a very complex patient population both clinically and non clinically various team structure and uneven distributed bed resources introduce additional challenge on patient discharges the project aims to develop a predictive analytics tool that consistently and reliably identifies potential patient discharges in the next 24 hours the prediction tool allows hospitals to incorporate a more proactive bed capacity management process every day a ranked list with each patient s likelihood to be discharged will be the output this list guides a more focused conversation within the care team to make patient discharge decisions in addition the prediction tool provides a comprehensive summary of barriers to discharge in this work we extended the model developed by zanger 9 for predicting surgical patients discharges to medicine inpatients discharge prediction by partitioning the training and validation set by the date on 12 31 2017 the current performance for the full model on january 2018 medicine inpatients has a prediction power of 0 74 area under curve of a receiver operating characteristic curve auc roc there onwards we further evaluated the model performance for specific patient populations with patients length of stay los up to 3 days the model s performance in terms of auc roc can reach 0 8 0 78 for model with patients los up to 5 days 0 77 for model with patients los up to 7 days and 0 72 for model with patients performance up to 12 days in addition the model can capture 57 8 discharges in the next 48 hours and 33 1 discharges in the next 24 hours

Hospital Discharge Destination Decisions 2007

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 oriented 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 2023-01-02

Facilitating Patient Understanding of Discharge Instructions 2014-12-01

this first of its kind text provides a multidisciplinary overview of a significant problem in hospital based healthcare patients who decline inpatient medical care and leave the hospital against medical advice ama compared to standard hospital discharges ama discharges are associated with worse health and health services outcomes patients discharged ama have been found to have disproportionately higher rates of substance use psychiatric illness and report stigmatization and reduced access to care by providing a far reaching examination of ama discharges for a wide academic and clinical audience the book serves as a reference for clinical care research and the development of professional guidelines and institutional policy the book provides both a broad overview of ama discharges with chapters on the epidemiology ethical and legal aspects as well as social science perspectives for clinicians in the disciplines of hospital medicine pediatrics emergency medicine nursing and psychiatry the book also provides a patient centered analysis of the problem case based discussions and a discussion of best practices this comprehensive review of ama discharges and health care quality will interest physicians and other health care professionals social workers hospital administrators quality and risk managers clinician educators and health services researchers

Prospective Payments and Hospital Discharge Planning with Older Adults 1991

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

Discharge Planning 1988

in the last few years us hospitals have faced severe challenges with bed capacity management that leads to capacity congestion delivering patients to the right bed at the right time is very important to patient care quality however the current process employs a self reporting system to receive bed availability from each unit this method does not provide consistent estimates nor does it provide a standardized proactive bed capacity management perspective in addition the department of medicine dom has a very complex patient population both clinically and non clinically various team structure and uneven distributed bed resources introduce additional challenge on patient discharges the project aims to develop a predictive analytics tool that consistently and reliably identifies potential patient discharges in the next 24 hours the prediction tool allows hospitals to incorporate a more proactive bed capacity management process every day a ranked list with each patient s likelihood to be discharged will be the output this list guides a more focused conversation within the care team to make patient discharge decisions in addition the prediction tool provides a comprehensive summary of barriers to discharge in this work we extended the model developed by zanger 9 for predicting surgical patients discharges to medicine inpatients discharge prediction by partitioning the training and validation set by the date on 12 31 2017 the current performance for the full model on january 2018 medicine inpatients has a prediction power of 0 74 area under curve of a receiver operating characteristic curve auc roc there onwards we further evaluated the model performance for specific patient populations with patients length of stay los up to 3 days the model s performance in terms of auc roc can reach 0 8 0 78 for model with patients los up to 5 days 0 77 for model with patients los up to 7 days and 0 72 for model with patients performance up to 12 days in addition the model can capture 57 8 discharges in the next 48 hours and 33 1 discharges in the next 24 hours

Hospital Discharge Destination Decisions 2007

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 oriented 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 2023-01-02
Continuity of Care 1985

the critical care unit manages patients with a vast range of disease and injuries affecting every organ system the unit can initially be a daunting environment with complex monitoring equipment providers need to be aware of clinical data core topics in critical care medicine is a practical comprehensive introductory level text for any clinician in their first few months in the critical care unit it guides clinicians in both the initial assessment and the clinical management of all ccu patients demystifying the critical care unit and providing key knowledge in a concise and accessible manner the full spectrum of disorders likely to be encountered in critical care are discussed with additional chapters on transfer and admission imaging in the ccu structure and organisation of the unit and ethical and legal issues written by critical care experts core topics in critical care medicine provides comprehensive concise and easily accessible information for all trainees

Hospital Discharge 2003

tired of medication reconciliation headaches your remedy is here inadequate reconciliation is a significant source of preventable medication errors nationwide most hospitals have implemented medication reconciliation plans but are still struggling with obstacles such as lack of communication resistance to change and evolving standards and regulations is medication reconciliation a headache for your organization it s been several years since the joint commission made medication reconciliation a national patient safety goal but it s not getting any easier as facilities adopt electronic forms and the npsg continues to evolve furthermore since that time they have made significant changes to the scoring and the goal itself medication reconciliation practical strategies and tools for joint commission compliance second edition gives you best practices step by step guidance forms and advice to reduce medication errors streamline the process boost compliance fine tune policies and tools address problem areas comply with the latest joint commission and camh standards with the help of this book and bonus cd rom you will learn from the best practices of your peers obtain buy in from physicians and directors train staff in all areas build an effective team approach improve documentation gather quality data who will benefit from this helpful resource hospitals healthcare systems pharmacies quality improvement patient safety committee chief nursing officer director vp of nursing quality manager director pharmacy staff director risk manager survey committee leader team member

Against-Medical-Advice Discharges from the Hospital 2018-05-17

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 2.65 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 multidisciplinary 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

Normal Accidents 2011-10-12

this work describes and illustrates the strategies and tactics used by noted specialists in the field and analyzes the law of every jurisdiction with guidance for applying the new and emerging principles to particular fact situations a complete series of model forms are provided including sample letters complaints proofs interrogatories and others

Predicting Department of Medicine Inpatients' Discharges at US Hospitals 2018

george annas america s leading proponent of patient rights spells them out for you in this revised up to date edition of his groundbreaking classic thorough comprehensive and easy to follow using a question and answer format in much of the text the rights of patients explores all aspects of becoming an informed patient hospital organization hospital rules emergency treatment admission and discharge the patient rights movement informed consent surgery obstetrical care
human experimentation and research privacy and confidentiality care of the dying death autopsy and organ donation medical malpractice

Oxford Textbook of Critical Care 2020-01-10

v 1 research findings v 2 concepts and methodology v 3 implementation issues v 4 programs tools and products

On the Follow-up to 2003 Discharge Decisions (Summary) - Council Recommendations 2005

based on employer responses to a questionnaire survey the annual discharge rate in Michigan in 1980 was 4.8 which is approximately the same as that reported by BLS in recent years the discharge rate varied significantly by industry occupational group and employee earnings discharge from a previous job is a major handicap in finding a new job though employers tend to differentiate among reasons for discharge published arbitration decisions in discharge cases are not representative of unpublished decisions while a number of case characteristics appear to be related to awards in discharge decisions most significant was the finding that discharges of women were much more frequently reversed than those of men all independent variables combined in discharge cases explain only about 10 of the award indicating that the evidence presented is the primary determinant of the outcome in a particular case

On the Follow-up to 2004 Discharge Decisions (Summary) 2006

the model rules of professional conduct provides an up to date resource for information on legal ethics federal state and local courts in all jurisdictions look to the rules for guidance in solving lawyer malpractice cases disciplinary actions disqualification issues sanctions questions and much more in this volume black letter rules of professional conduct are followed by numbered comments that explain each rule s purpose and provide suggestions for its practical application the rules will help you identify proper conduct in a variety of given situations review those instances where discretionary action is possible and define the nature of the relationship between you and your clients colleagues and the courts

More Than We Have Ever Known about Discipline and Discharge in Labor Arbitration: An Empirical Study 2015-05

discharge planning guide tools for compliance third edition jackie birmingham RN BSN MS turn to the third edition of a case management classic discharge planning guide tools for compliance for practical advice on ensuring patient centered compliant revenue cycle based discharge planning at your organization from the big picture to the small details Jackie Birmingham covers it all instead of pondering complicated regulatory language and requirements with discharge planning guide third edition you ll understand how to comply authored by renowned discharge planning expert Jackie Birmingham this book offers real strategies and best practices to move patients efficiently and safely and avoid noncompliance you ll get quick access guides for locating and citing federal standards as you write and revise discharge planning policies and procedures and support your decisions regarding continuity of care answers to commonly asked questions and self assessments on key content to help you identify learning gaps what s new a new chapter on documentation discusses the electronic health record required frequency of documentation patient refusal of discharge planning condition and disposition codes applicable to discharge planning and medical information sent to post acute providers plus you ll get expanded and detailed information about PPACA patient protection and affordable care act of 2010 section on community based services revenue cycle information as it relates to each step in the discharge process levels of care readmission and repeat admission patient s choice rights and responsibilities after reading this book you will be able to develop an effective discharge planning process for your facility understand payment systems to better manage the revenue cycle identify patient education opportunities in the discharge planning process ensure thorough documentation monitor the progress of patients discharge plans determine the appropriate level of post acute care for patients important topics covered include discharge planning from a case management perspective discharge planning steps in the process the social security act the foundation of the discharge planning process patient s choice rights and privacy considerations medicare payment rules and the model rules of professional conduct provides an up to date resource for information on legal ethics federal state and local courts in all jurisdictions look to the rules for guidance in solving lawyer malpractice cases disciplinary actions disqualification issues sanctions questions and much more in this volume black letter rules of professional conduct are followed by numbered comments that explain each rule s purpose and provide suggestions for its practical application the rules will help you identify proper conduct in a variety of given situations review those instances where discretionary action is possible and define the nature of the relationship between you and your clients colleagues and the courts

Recommendations

On the Follow-up to 2003 Discharge Decisions (Summary) - Council Recommendations 2005

On the Follow-up to 2004 Discharge Decisions (Summary) 2006
Core Topics in Critical Care Medicine 2010-04-22

Medication Reconciliation 2008

Fragility Fracture Nursing 2018-06-15

Punitive Damages in Wrongful Discharge Cases 1985

The Rights of Patients 1992-04-27

Staff Attitudes, Patient Improvement, and Decisions Regarding Discharge 1967

On the Process of Discharge Decision Making for Elderly Patients 1994

Clinical Decision Making for Discharge Planning in Psychiatric Settings 1993

Advances in Patient Safety 2005


Discharged Workers and the Labor Market 2005

On the Follow-up to 2003 Discharge Decisions(Summary)-European Parliament Resolutions 2007

Model Rules of Professional Conduct 2010

Discharge Planning Guide 1994

Visionary Benchmarking of Group Decision-making in Discharge Planning for Elderly Hospital Patients 1976

National Pollutant Discharge Elimination System Adjudicatory Hearing Proceedings 2000

The Decision-making Processes Underpinning Patient Discharge from a Community-based Palliative Care Team 1994

Geriatric Decision-making