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Pocket Book of Hospital Care for Children Guidelines for Design and Construction of Hospitals and Outpatient Facilities 2014 Guidelines for Design and Construction of Residential Health, Care, and Support Facilities Guidelines for Health Services Research and Development: Common Data Set for Hospital Management Security Guidelines for Hospitals, a Manual Pocket Book of Hospital Care for Children Guidelines for Hospital Involvement in Comprehensive Health Delivery Systems Guidelines for Design and Construction of Hospital and Health Care Facilities Community Benefits Guidelines for Nonprofit Acute Care Hospitals Improving Healthcare Quality in Europe Characteristics, Effectiveness and Implementation of Different Strategies Guidelines Hospital Catering Guidelines for Operating Hospitals During Civil Disorders Disabled People Using Hospitals Medicare Examining the Relationship Between Clinical Practice Guidelines and Hospital Efficiency Conditions of Participation for Hospitals Guideline for Isolation Precautions in Hospitals Standards and Regulations for Hospitals in Kansas High Performance in Hospital Management Geriatric Units in hospitals, geriatric day hospital

Design Guidelines for Hospital Open Spaces Hospital Guidelines for Utilizing Physician's Assistants The Future of the Public's Health in the 21st Century Health Professions Education Clinical Practice Guidelines We Can Trust Review of Utilization in General Short Term Hospitals in 1966 and Guidelines for Community Action Addiction Services in Hospitals Guidelines for Prevention and Control of Nosocomial Infections Guidelines for Establishing Standards for Geriatric Services in Acute-care Hospitals Guidelines for the Development of Acute Hospital Services Finding What Works in Health Care Rules and Regulations for Hospitals and Related Institutions WHO Guidelines on Hand Hygiene in Health Care Price Setting and Price Regulation in Health Care Patient Safety and Quality Rules and Regulations for Maternity Hospitals and Homes Emergency Units in Hospitals Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations Dental Care Units Computed Tomography. Guidelines for Establishing Standards Forspecial Services in Hospitals

The influenza pandemic caused by the 2009 H1N1 virus underscores the immediate and critical need to prepare for a

public health emergency in which thousands, tens of thousands, or even hundreds of thousands of people suddenly seek and require medical care in communities across the United States. Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations draws from a broad spectrum of expertise-- including state and local public health, emergency medicine and response, primary care, nursing, palliative care, ethics, the law, behavioral health, and risk communication--to offer guidance toward establishing standards of care that should apply to disaster situations, both naturally occurring and man-made, under conditions in which resources are scarce. This book explores two case studies that illustrate the application of the guidance and principles laid out in the report. One scenario focuses on a gradual-onset pandemic flu. The other scenario focuses on an earthquake and the particular issues that would arise during a no-notice event. Outlining current concepts and offering guidance, this book will prove an asset to state and local public health officials, health care facilities, and professionals in the development of systematic and comprehensive policies and protocols for standards of care in disasters when resources are scarce. In addition, the

extensive operations section of the book provides guidance to clinicians, health care institutions, and state and local public health officials for how crisis standards of care should be implemented in a disaster situation. Standards to guide the design and construction of nursing homes, assisted living facilities, independent living settings, and related outbased service facilities, including adult day care Health care for the elderly American is among our nation's more pressing social issues. Our society wishes to ensure quality health care for all older people, but there is growing concern about our ability to maintain and improve quality in the face of efforts to contain health care costs. Medicare: A Strategy for Quality Assurance answers the U.S. Congress' call for the Institute of Medicine to design a strategic plan for assessing and assuring the quality of medical care for the elderly. This book presents a proposed strategic plan for improving quality assurance in the Medicare program, along with steps and timetables for implementing the plan by the year 2000 and the 10 recommendations for action by Congress. The book explores quality of care—how it is defined, measured, and improved—and reviews different types of quality problems. Major issues that affect approaches to assessing and assuring quality are examined. Medicare: A Strategy for Quality Assurance will be immediately useful to a wide audience, including policymakers, health

administrators, individual providers, specialists in issues of the older American, researchers, educators, and students. Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In Finding What Works in Health Care the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final

report that synthesizes what the evidence shows and where knowledge gaps remain. Finding What Works in Health Care also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research. This product of the Facility Guidelines Institute (FGI) provides minimum standards for design and construction of hospitals and outpatient facilities. The standards for long-term care facilities will appear in a new document for 2014; please see the entry for Guidelines for Design and Construction of Residential Health, Care, and Support Facilities. Included in the Guidelines for Hospitals and Outpatient Facilities is information on the planning, design, construction, and commissioning process and facility requirements for both hospitals and outpatient facilities. Included are general hospitals, psychiatric hospitals, and rehabilitation facilities as well as new chapters on children's and critical access hospitals. Outpatient facilities covered include primary care facilities; outpatient surgery facilities; birth centers; urgent care centers; mobile units; outpatient psychiatric and rehabilitation centers; facilities for endoscopy, dialysis, and cancer treatment; and a new chapter on dental facilities. In addition, the 2014 Guidelines includes new material on safety risk assessments and

medication safety zones; increased requirements for commissioning infrastructure systems; and updated requirements for surgery, imaging, endoscopy, and dialysis facilities as well as primary care facilities and freestanding emergency facilities. The WHO Guidelines on Hand Hygiene in Health Care provide health-care workers (HCWs), hospital administrators and health authorities with a thorough review of evidence on hand hygiene in health care and specific recommendations to improve practices and reduce transmission of pathogenic microorganisms to patients and HCWs. The present Guidelines are intended to be implemented in any situation in which health care is delivered either to a patient or to a specific group in a population. Therefore, this concept applies to all settings where health care is permanently or occasionally performed, such as home care by birth attendants. Definitions of health-care settings are proposed in Appendix 1. These Guidelines and the associated WHO Multimodal Hand Hygiene Improvement Strategy and an Implementation Toolkit (<http://www.who.int/gpsc/en/>) are designed to offer health-care facilities in Member States a conceptual framework and practical tools for the application of recommendations in practice at the bedside. While ensuring consistency with the Guidelines recommendations, individual adaptation according to local regulations, settings, needs,

and resources is desirable. This extensive review includes in one document sufficient technical information to support training materials and help plan implementation strategies. The document comprises six parts. This book provides a broad overview of what is needed to run hospitals and other health care facilities effectively and efficiently. All of the skills and tools required to achieve this aim are elucidated in the book, including business engineering and change management, strategic planning and the Balanced Scorecard, project management, integrative innovation management, social and ethical aspects of human resource management, communication and conflict management, staff development and leadership. The guidance offered is exceptional and applicable in both developed and developing countries. Furthermore, the relevant theoretical background is outlined and instructive case reports are included. Each chapter finishes with a summary and five reflective questions. Excellence can only be achieved when health care professionals show in addition to their medical skills a high level of managerial competence. High performance in Hospital Management assists managers of health care providers as well as doctors and nurses to engage in the successful management of a health care facility. Advances in medical, biomedical and health services research have reduced the level of uncertainty in clinical practice.

Clinical practice guidelines (CPGs) complement this progress by establishing standards of care backed by strong scientific evidence. CPGs are statements that include recommendations intended to optimize patient care. These statements are informed by a systematic review of evidence and an assessment of the benefits and costs of alternative care options. Clinical Practice Guidelines We Can Trust examines the current state of clinical practice guidelines and how they can be improved to enhance healthcare quality and patient outcomes. Clinical practice guidelines now are ubiquitous in our healthcare system. The Guidelines International Network (GIN) database currently lists more than 3,700 guidelines from 39 countries. Developing guidelines presents a number of challenges including lack of transparent methodological practices, difficulty reconciling conflicting guidelines, and conflicts of interest. Clinical Practice Guidelines We Can Trust explores questions surrounding the quality of CPG development processes and the establishment of standards. It proposes eight standards for developing trustworthy clinical practice guidelines emphasizing transparency; management of conflict of interest ; systematic review--guideline development intersection; establishing evidence foundations for and rating strength of guideline recommendations; articulation of recommendations; external review; and updating. Clinical

Practice Guidelines We Can Trust shows how clinical practice guidelines can enhance clinician and patient decision-making by translating complex scientific research findings into recommendations for clinical practice that are relevant to the individual patient encounter, instead of implementing a one size fits all approach to patient care. This book contains information directly related to the work of the Agency for Healthcare Research and Quality (AHRQ), as well as various Congressional staff and policymakers. It is a vital resource for medical specialty societies, disease advocacy groups, health professionals, private and international organizations that develop or use clinical practice guidelines, consumers, clinicians, and payers. This pocket book contains up-to-date clinical guidelines, based on available published evidence by subject experts, for both inpatient and outpatient care in small hospitals where basic laboratory facilities and essential drugs and inexpensive medicines are available. It is for use by doctors, senior nurses and other senior health workers who are responsible for the care of young children at the first referral level in developing countries. In some settings, these guidelines can be used in the larger health centres where a small number of sick children can be admitted for inpatient care. "Nurses play a vital role in improving the safety and quality of patient care -- not only in the hospital or ambulatory

treatment facility, but also of community-based care and the care performed by family members. Nurses need know what proven techniques and interventions they can use to enhance patient outcomes. To address this need, the Agency for Healthcare Research and Quality (AHRQ), with additional funding from the Robert Wood Johnson Foundation, has prepared this comprehensive, 1,400-page, handbook for nurses on patient safety and quality -- Patient Safety and Quality: An Evidence-Based Handbook for Nurses. (AHRQ Publication No. 08-0043)." - online AHRQ blurb, <http://www.ahrq.gov/qual/nurse/shdbk/> The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public's Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The

status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists. This volume, developed by the Observatory together with OECD, provides an overall conceptual framework for understanding and applying strategies aimed at improving quality of care. Crucially, it summarizes available evidence on different quality strategies and provides recommendations for their implementation. This book is intended to help policy-makers to understand concepts of quality and to support them to evaluate single strategies and combinations of strategies. Efficiency of care is an important topic in Canadian health care. One common measure of efficiency is length of stay (LOS) (Murphy & Noetscher, 1999; Needham et al., 2003; Brownell & Roos, 1995). Clinical practice guidelines (CPGs)--- "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances" (Field & Lohr, 1990 p.38)---are an intervention used to reduce

LOS. The current research addresses the question, what is the overall relationship between the use of CPGs and hospital efficiency, as measured by LOS? This thesis includes three chapters that explore this relationship. Chapter 2 discusses a systematic review that the researcher conducted to test the nature of the CPG-LOS relationship. One hundred seventy-three studies were included in the review and encompassed a wide array of disease states. The review found a statistically significant association between the use of CPGs and reduced LOS. However, the quality rating of the studies found that, for the most part, they had limitations, regardless of year of publication. A limited number of the studies included were conducted on more than one CPG, in more than one hospital, or in Canada. Therefore, Chapter 3 of this thesis adds to the literature by addressing all those issues. Chapter 3 discusses a secondary data analysis including data on more than 80 hospitals in numerous medical and surgical clinical areas. Only two significant relationships were discovered, one involving pneumonia and one involving prostatectomy. On the whole, there were no significant differences between CPG usage or efficiency over the two-year period. Possible reasons for these results are provided in the discussion. Considering the contradictory results found in Chapters 2 and 3, the researcher conducted qualitative interviews in a sample of Ontario hospitals to

explore factors that could influence the relationship between the use of CPGs and LOS. Nine interviews were conducted, and five main factors---outlined in Chapter 4--were found, including the purpose of the implementation and the clinicians' response. Finally, Chapter 5 discusses the findings of the three research chapters, develops potential implications, and provides directions for future research. The Institute of Medicine study Crossing the Quality Chasm (2001) recommended that an interdisciplinary summit be held to further reform of health professions education in order to enhance quality and patient safety. Health Professions Education: A Bridge to Quality is the follow up to that summit, held in June 2002, where 150 participants across disciplines and occupations developed ideas about how to integrate a core set of competencies into health professions education. These core competencies include patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics. This book recommends a mix of approaches to health education improvement, including those related to oversight processes, the training environment, research, public reporting, and leadership. Educators, administrators, and health professionals can use this book to help achieve an approach to education that better prepares clinicians to meet both the needs of patients and the requirements of a changing

health care system. The effective management of alcoholism and other drug induced problems requires an individualized approach, a variety of professional disciplines and a wide range of therapeutic modalities and facilities. In some parts of the country concerted action has been taken to implement the required programs. The key to this was the recognition that a comprehensive approach was necessary, involving the provision of a broad continuum of services provided by a variety of community resources which should include the following: 1. Detoxification Services 2. Residential (In-Patient) Treatment Services 3. Out-Patient Services 4. Aftercare Services 5. Education and Health Promotion Services. This manual will offer guidelines for the planning of such services. Reflecting the most current thinking about infection control and the environment of care, this new edition also explores functional, space, and equipment requirements for acute care and psychiatric hospitals; nursing, outpatient, and rehabilitation facilities; mobile health care units; and facilities for hospice care, adult day care, and assisted living. [Editor, p. 4 cov.] 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. As experience has shown that CT changes patterns of medical practice, careful planning for distribution must involve local expertise and understanding. The placing of new units calls for close local cooperation between hospitals and health professionals. There is urgent need for clear policy formulation regarding acquisition and distribution of units and subsequent practice. In order to ensure the effective provision of services to patients, policies must be realistic and relate to other diagnostic imaging technologies, and to sound clinical practice. The objectives of this study are to describe experiences in price setting and how pricing has been used to attain better coverage, quality, financial protection, and health outcomes. It builds on newly commissioned case studies and lessons learned in calculating prices, negotiating with providers, and monitoring changes. Recognising that no single model is applicable to all settings, the study aimed to generate best practices and identify areas for future research, particularly in low- and middle-income settings. The report and the case studies were jointly developed by the OECD and the WHO Centre for

Health Development in Kobe (Japan).

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