

Simple Clinic Hospital Building Paper Model.jpg

Laura Cullen

Best Care at Lower Cost Institute of Medicine, Committee on the Learning Health Care System in America, 2013-05-10 America's health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation's economic stability and global competitiveness. According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system's current inefficiency underscore the urgent need for a systemwide transformation. About 30 percent of health spending in 2009—roughly \$750 billion—was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This report states that the way health care providers currently train, practice, and learn new information cannot keep pace with the flood of research discoveries and technological advances. About 75 million Americans have more than one chronic condition, requiring coordination among multiple specialists and therapies, which can increase the potential for miscommunication, misdiagnosis, potentially conflicting interventions, and dangerous drug interactions. Best Care at Lower Cost emphasizes that a better use of data is a critical element of a continuously improving health system, such as mobile technologies and electronic health records that offer significant potential to capture and share health data better. In order for this to occur, the National Coordinator for Health Information Technology, IT developers, and standard-setting organizations should ensure that these systems are robust and interoperable. Clinicians and care organizations should fully adopt these technologies, and patients should be encouraged to use tools, such as personal health information portals, to actively engage in their care. This book is a call to action that will guide health care providers; administrators; caregivers; policy makers; health professionals; federal, state, and local government agencies; private and public health organizations; and educational institutions.

Evidence-based Practice in Action Laura Cullen, 2017 Cover -- Praise -- Title Page -- Copyright Page -- Acknowledgments -- About the Authors -- Table of Contents -- Foreword -- The Iowa Model Revised -- Overview -- Chapter 1_Identifying Triggering Issues/Opportunities -- Chapter 2_State the Question or Purpose -- Chapter 3_Is This Topic a Priority? -- Chapter 4_Form a Team -- Chapter 5_Assemble, Appraise, and Synthesize Body of Evidence -- Chapter 6_Is There Sufficient Evidence? -- Chapter 7_Design and Pilot the Practice Change -- Chapter 8_Implementation -- Chapter 9_Evaluation -- Chapter 10_Is Change Appropriate for Adoption in Practice? -- Chapter 11_Integrate and Sustain the Practice Change -- Chapter 12_Disseminate Results -- References -- Appendix A_The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care -- Appendix B_Implementation Strategies for Evidence-Based Practice -- Appendix C_UI Hospitals and Clinics Evidence-Based Practice Publications Reporting Use of the Iowa Model -- Appendix D_Select Evidence-Based Practice Process Models -- Appendix E_Glossary -- Index

The Cleveland Clinic Way: Lessons in Excellence from One of the World's Leading Health Care Organizations VIDEO ENHANCED EBOOK Toby Cosgrove, 2014-01-24 This is the future. Join the revolution. Transform your organization the Cleveland Clinic way. One of the best healthcare systems in the world. President Barack Obama American healthcare is in crisis. It doesn't have to be. There's a revolution going on right now. On the frontiers of medicine, some doctors have developed an approach for treating people that is more effective, more humane, and more affordable. It's an approach to healthcare that has captured the attention of the media and business elite--and the President of the United States. It's all happening at Cleveland Clinic, one of the most innovative, forward-looking medical institutions in the nation. In this groundbreaking book, the man who leads this global organization, Toby Cosgrove, MD, reveals how the Clinic works so well and argues persuasively for why it should be the model for the nation. He details how Cleveland Clinic focuses on the eight key trends that are shaping the future of medicine. Readers will learn: Why group practices provide not only better--but cheaper--care Why collaborative medicine is more effective How big data can be harnessed to improve the quality of care and lower costs How cooperative practices can be the wellspring of innovation Why empathy is crucial to better patient outcomes Why wellness of both mind and body depends on healthcare, not sickcare How care is best provided in different settings for greater comfort and value How tailor-made care treats a person instead of a disease This enhanced eBook includes 8 videos that include interviews with the doctors and executives who helped shape the Cleveland Clinic's successful strategy. It also includes visuals of patients/doctor interactions and the hospital's facilities. At its core is Cleveland Clinic's emphasis on patient care and patient experience. A refreshingly positive and practical vision of healthcare, The Cleveland Clinic Way is essential reading for healthcare and business executives, medical professionals, industry analysts, and policymakers. It gives leaders lessons they can apply to their own organizations to achieve results and empowers average Americans to make more informed healthcare decisions. PRAISE FOR THE CLEVELAND CLINIC WAY A brilliant doctor and leader lays out practical and thought-provoking prescriptions for America's healthcare future. A must-read. -- Jack Welch, former Chairman and CEO of General Electric Company The Cleveland Clinic Way is what the healthcare system in this country needs: honesty about the challenges, optimism about our ability to address them, and a focus on solutions. A must-read for healthcare leaders, it's written in clear, inclusive language that makes it just as valuable for the rest of us. -- John Chambers, Chairman and CEO of Cisco A pioneer in American healthcare, Toby Cosgrove shows just how the diligence and innovative thinking behind Cleveland Clinic has helped solve fundamental problems most other places barely touch. There are lessons here for everyone--patient, physician, and policymaker alike. -- Atul Gawande, MD, professor at Harvard Medical School and bestselling author of The Checklist Manifesto Toby Cosgrove frames the eight important trends that will transform the U.S. healthcare system. The Cleveland Clinic Way is a good road map for those who want to make the U.S. healthcare system better. -- Jeffrey Immelt, Chairman and CEO of General Electric Company

The Medicare Handbook ,

If Disney Ran Your Hospital Fred Lee, 2004 Using examples from his work with Disney and as a senior-level hospital executive, author Fred Lee challenges the assumptions that have defined customer service in healthcare. In this unique book, he focuses on the similarities between Disney and hospitals--both provide an experience, not just a service. It shows how hospitals can emulate the strategies that earn Disney the trust and loyalty of their guests and employees. The book explains why standard service excellence initiatives in healthcare have not led to high patient satisfaction and loyalty, and it provides 9 1/2 principles that will help hospitals gain the competitive advantage that comes from being seen as the best by their own employees, consumers, and community.

Disease Control Priorities in Developing Countries Dean T. Jamison, Joel G. Breman, Anthony R. Measham, George Alleyne, Mariam Claeson, David B. Evans, Prabhat Jha, Anne Mills, Philip Musgrove, 2006-04-02 Based on careful analysis of burden of disease and the costs of interventions, this second edition of 'Disease Control Priorities in Developing Countries, 2nd edition' highlights achievable priorities; measures progress toward providing efficient, equitable care; promotes cost-effective interventions to targeted populations; and encourages integrated efforts to optimize health. Nearly 500 experts - scientists, epidemiologists, health economists, academicians, and public health practitioners - from around the world contributed to the data sources and methodologies, and identified challenges and priorities, resulting in this integrated, comprehensive reference volume on the state of health in developing countries.

Service Fanatics: How to Build Superior Patient Experience the Cleveland Clinic Way James Merlino, 2014-10-27 THE PROVEN MODEL FOR DRIVING POSITIVE ORGANIZATIONAL CHANGE Cleveland Clinic has long been recognized for driving some of the best clinical outcomes in the nation, but it was not always a leader in patient experience. There was a time when this revered organization

ranked among the lowest in the country in this area. Within ten years, however, it had climbed to among the highest and has emerged as the thought leader in the space. How did Cleveland Clinic turn itself around so effectively and so quickly? More important, how can you do the same with your organization? In gripping, visceral, on-the ground fashion, Service Fanatics reveals the strategies and tactics the Clinic applied to become one of today's leading patient-experience healthcare organizations--methods that seamlessly translate to any business seeking to improve its customer experience. This strategic guide covers: How the Clinic's leaders redefined the concept of patient experience and developed a strategy to improve it Critical lessons learned regarding organization, recruitment, training, and measuring service excellence Ways in which the Clinic aligned its entire workforce around its Patients First strategy How leaders improved the critical element of physician communication Rather than view patients simply as sick people who need treatment, Cleveland Clinic sees them also as important stakeholders in the organization's success. Patients are customers--who desire, pay for, and deserve the best possible care and experience during what is often a challenging time in their lives. Featuring customer service case studies, as well as invaluable insight from C-level executives at top corporations in various industries, Service Fanatics provides actionable lessons for any manager and business leader beyond healthcare. Whether you run a healthcare institution, nonprofit, or for-profit business, Service Fanatics will help you create the kind of customer experience that promises to transform your organization into an industry powerhouse.

Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers ,2004

Building a Better Delivery System Institute of Medicine,National Academy of Engineering,2005-10-20 In a joint effort between the National Academy of Engineering and the Institute of Medicine, this book attempts to bridge the knowledge/awareness divide separating health care professionals from their potential partners in systems engineering and related disciplines. The goal of this partnership is to transform the U.S. health care sector from an underperforming conglomerate of independent entities (individual practitioners, small group practices, clinics, hospitals, pharmacies, community health centers et. al.) into a high performance system in which every participating unit recognizes its dependence and influence on every other unit. By providing both a framework and action plan for a systems approach to health care delivery based on a partnership between engineers and health care professionals, *Building a Better Delivery System* describes opportunities and challenges to harness the power of systems-engineering tools, information technologies and complementary knowledge in social sciences, cognitive sciences and business/management to advance the U.S. health care system.

Disease Control Priorities, Third Edition (Volume 9) Dean T. Jamison,Hellen Gelband,Susan Horton,Prabhat Jha,Charles N. Mock,Rachel Nugent,2017-12-06 As the culminating volume in the DCP3 series, volume 9 will provide an overview of DCP3 findings and methods, a summary of messages and substantive lessons to be taken from DCP3, and a further discussion of cross-cutting and synthesizing topics across the first eight volumes. The introductory chapters (1-3) in this volume take as their starting point the elements of the Essential Packages presented in the overview chapters of each volume. First, the chapter on intersectoral policy priorities for health includes fiscal and intersectoral policies and assembles a subset of the population policies and applies strict criteria for a low-income setting in order to propose a highest-priority essential package. Second, the chapter on packages of care and delivery platforms for universal health coverage (UHC) includes health sector interventions, primarily clinical and public health services, and uses the same approach to propose a highest priority package of interventions and policies that meet similar criteria, provides cost estimates, and describes a pathway to UHC.

The Checklist Manifesto Atul Gawande,2010-04-01 The New York Times bestselling author of *Being Mortal* and *Complications* reveals the surprising power of the ordinary checklist We live in a world of great and increasing complexity, where even the most expert professionals struggle to master the tasks they face. Longer training, ever more advanced technologies—neither seems to prevent grievous errors. But in a hopeful turn, acclaimed surgeon and writer Atul Gawande finds a remedy in the humblest and simplest of techniques: the checklist. First introduced decades ago by the U.S. Air Force, checklists have enabled pilots to fly aircraft of mind-boggling sophistication. Now innovative checklists are being adopted in hospitals around the world, helping doctors and nurses respond to everything from flu epidemics to avalanches. Even in the immensely complex world of surgery, a simple ninety-second variant has cut the rate of fatalities by more than a third. In riveting stories, Gawande takes us from Austria, where an emergency checklist saved a drowning victim who had spent half an hour underwater, to Michigan, where a cleanliness checklist in intensive care units virtually eliminated a type of deadly hospital infection. He explains how checklists actually work to prompt striking and immediate improvements. And he follows the checklist revolution into fields well beyond medicine, from disaster response to investment banking, skyscraper construction, and businesses of all kinds. An intellectual adventure in which lives are lost and saved and one simple idea makes a tremendous difference, *The Checklist Manifesto* is essential reading for anyone working to get things right.

Infinite Vision Pavithra K. Mehta,Suchitra Shenoy,2011 The Aravind Eye Hospital, based in India, is the world's largest provider of high-quality eye care. It is also one of the world's most incredible and revolutionary organizations - delivering surgical outcomes equal to or exceeding those in the developed world at less than one percent of the cost, treating more than half of its patients free of charge, and taking no grants or donations. Aravind's success is so perplexing it has been the subject of a popular Harvard Business School case study. This is the first book to explore Aravind's history and the distinctive philosophies, practices, and commitments that are the keys to its success. Mehta and Shenoy share incredible stories about how Aravind grew from humble beginnings--founded by a retired ophthalmologist with no money or prior entrepreneurial experience--to the world-class organization it is today. They explain the mysteries of a model that integrates innovation with empathy, service with business principles, and inner change with outer transformation. And they show how choices that seem foolish and unworkable can, when executed with compassion and integrity, yield powerful results - results that literally light the eyes of millions.--Provided by publisher.

Managing the Unexpected Karl E. Weick,Kathleen M. Sutcliffe,2015-09-15 Improve your company's ability to avoid or manage crises *Managing the Unexpected*, Third Edition is a thoroughly revised text that offers an updated look at the groundbreaking ideas explored in the first and second editions. Revised to reflect events emblematic of the unique challenges that organizations have faced in recent years, including bank failures, intelligence failures, quality failures, and other organizational misfortunes, often sparked by organizational actions, this critical book focuses on why some organizations are better able to sustain high performance in the face of unanticipated change. High reliability organizations (HROs), including commercial aviation, emergency rooms, aircraft carrier flight operations, and firefighting units, are looked to as models of exceptional organizational preparedness. This essential text explains the development of unexpected events and guides you in improving your organization for more reliable performance. Expect the unexpected is a popular mantra for a reason: it's rooted in experience. Since the dawn of civilization, organizations have been rocked by natural disasters, civil unrest, international conflict, and other unexpected crises that impact their ability to function. Understanding how to maintain function when catastrophe strikes is key to keeping your organization afloat. Explore the many different kinds of unexpected events that your organization may face Consider updated case studies and research Discuss how highly reliable organizations are able to maintain control during unexpected events Discover tactics that may bolster your organization's ability to face the unexpected with confidence *Managing the Unexpected*, Third Edition offers updated, valuable content to professionals who want to strengthen the preparedness of their organizations—and confidently face unexpected challenges.

Computer Simulation in Management Science Michael Pidd,2006-04-14 The fifth edition of this book reflects its continued

popularity and standing in the field. It provides a clear guide to the role of modelling and the computer simulation methods used in management science. Readers will find an in-depth coverage of the modelling, computing and statistical aspects of discrete simulation and systems dynamics. Overall the book shows how practical simulation models are built and used, and provides the theory needed to do this. Revisions to this edition include a new chapter on Monte Carlo simulation using spreadsheets, a new look inside discrete simulation software and simulation models in Visual Basic, SIMUL8 and Micro Saint. Further information can be found at: <http://www.lancs.ac.uk/staff/smamp/mpsim.html>

Transforming the Workforce for Children Birth Through Age 8 National Research Council, Institute of Medicine, Board on Children, Youth, and Families, Committee on the Science of Children Birth to Age 8: Deepening and Broadening the Foundation for Success, 2015-07-23 Children are already learning at birth, and they develop and learn at a rapid pace in their early years. This provides a critical foundation for lifelong progress, and the adults who provide for the care and the education of young children bear a great responsibility for their health, development, and learning. Despite the fact that they share the same objective - to nurture young children and secure their future success - the various practitioners who contribute to the care and the education of children from birth through age 8 are not acknowledged as a workforce unified by the common knowledge and competencies needed to do their jobs well. *Transforming the Workforce for Children Birth Through Age 8* explores the science of child development, particularly looking at implications for the professionals who work with children. This report examines the current capacities and practices of the workforce, the settings in which they work, the policies and infrastructure that set qualifications and provide professional learning, and the government agencies and other funders who support and oversee these systems. This book then makes recommendations to improve the quality of professional practice and the practice environment for care and education professionals. These detailed recommendations create a blueprint for action that builds on a unifying foundation of child development and early learning, shared knowledge and competencies for care and education professionals, and principles for effective professional learning. Young children thrive and learn best when they have secure, positive relationships with adults who are knowledgeable about how to support their development and learning and are responsive to their individual progress. *Transforming the Workforce for Children Birth Through Age 8* offers guidance on system changes to improve the quality of professional practice, specific actions to improve professional learning systems and workforce development, and research to continue to build the knowledge base in ways that will directly advance and inform future actions. The recommendations of this book provide an opportunity to improve the quality of the care and the education that children receive, and ultimately improve outcomes for children.

Simulation Stewart Robinson, 2004 Simulation modelling involves the development of models that imitate real-world operations, and statistical analysis of their performance with a view to improving efficiency and effectiveness. This non-technical textbook is focused towards the needs of business, engineering and computer science students, and concentrates on discrete event simulations as it is used in operations management. Stewart Robinson of Warwick Business School offers guidance through the key stages in a simulation project in terms of both the technical requirements and the project management issues surrounding it. Readers will emerge able to develop appropriate valid conceptual models, perform simulation experiments, analyse the results and draw insightful conclusions.

Equity and excellence: Great Britain: Department of Health, 2010-07-12 *Equity and Excellence : Liberating the NHS*: Presented to Parliament by the Secretary of State for Health by Command of Her Majesty

Reinforced Concrete Design William Henry Mosley, J. H. Bungey, 1990

High Quality Care for All Secretary of State for Health, 2008 This review incorporates the views and visions of 2,000 clinicians and other health and social care professionals from every NHS region in England, and has been developed in discussion with patients, carers and the general public. The changes proposed are locally-led, patient-centred and clinically driven. Chapter 2 identifies the challenges facing the NHS in the 21st century: ever higher expectations; demand driven by demographics as people live longer; health in an age of information and connectivity; the changing nature of disease; advances in treatment; a changing health workplace. Chapter 3 outlines the proposals to deliver high quality care for patients and the public, with an emphasis on helping people to stay healthy, empowering patients, providing the most effective treatments, and keeping patients as safe as possible in healthcare environments. The importance of quality in all aspects of the NHS is reinforced in chapter 4, and must be understood from the perspective of the patient's safety, experience in care received and the effectiveness of that care. Best practice will be widely promoted, with a central role for the National Institute for Health and Clinical Excellence (NICE) in expanding national standards. This will bring clarity to the high standards expected and quality performance will be measured and published. The review outlines the need to put frontline staff in control of this drive for quality (chapter 5), with greater freedom to use their expertise and skill and decision-making to find innovative ways to improve care for patients. Clinical and managerial leadership skills at the local level need further development, and all levels of staff will receive support through education and training (chapter 6). The review recommends the introduction of an NHS Constitution (chapter 7). The final chapter sets out the means of implementation.

Computer Vision in Medical Imaging C H Chen, 2013-11-18 The major progress in computer vision allows us to make extensive use of medical imaging data to provide us better diagnosis, treatment and predication of diseases. Computer vision can exploit texture, shape, contour and prior knowledge along with contextual information from image sequence and provide 3D and 4D information that helps with better human understanding. Many powerful tools have been available through image segmentation, machine learning, pattern classification, tracking, reconstruction to bring much needed quantitative information not easily available by trained human specialists. The aim of the book is for both medical imaging professionals to acquire and interpret the data, and computer vision professionals to provide enhanced medical information by using computer vision techniques. The final objective is to benefit the patients without adding to the already high medical costs. Contents: An Introduction to Computer Vision in Medical Imaging (Chi Hau Chen) Theory and Methodologies: Distribution Matching Approaches to Medical Image Segmentation (Ismail Ben Ayed) Digital Pathology in Medical Imaging (Bikash Sabata, Chukka Srinivas, Pascal Bamford and Gerardo Fernandez) Adaptive Shape Prior Modeling via Online Dictionary Learning (Shaoting Zhang, Yiqiang Zhan, Yan Zhou and Dimitris Metaxas) Feature-Centric Lesion Detection and Retrieval in Thoracic Images (Yang Song, Weidong Cai, Stefan Eberl, Michael J Fulham and David Dagan Feng) A Novel Paradigm for Quantitation from MR Phase (Joseph Dagher) A Multi-Resolution Active Contour Framework for Ultrasound Image Segmentation (Weiming Wang, Jing Qin, Pheng-Ann Heng, Yim-Pan Chui, Liang Li and Bing Nan Li) 2D, 3D Reconstructions/Imaging Algorithms, Systems & Sensor Fusion: Model-Based Image Reconstruction in Optoacoustic Tomography (Amir Rosenthal, Daniel Razansky and Vasilis Ntziachristos) The Fusion of Three-Dimensional Quantitative Coronary Angiography and Intracoronary Imaging for Coronary Interventions (Shengxian Tu, Niels R Holm, Johannes P Janssen and Johan H C Reiber) Three-Dimensional Reconstruction Methods in Near-Field Coded Aperture for SPECT Imaging System (Stephen Baoming Hong) Ultrasound Volume Reconstruction based on Direct Frame Interpolation (Sergei Koptenko, Rachel Remlinger, Martin Lachaine, Tony Falco and Ulrich Scheipers) Deconvolution Technique for Enhancing and Classifying the Retinal Images (Uvais A Qidwai and Umair A Qidwai) Medical Ultrasound Digital Signal Processing in the GPU Computing Era (Marcin Lewandowski) Developing Medical Image Processing Algorithms for GPU Assisted Parallel Computation (Mathias Broxvall and Marios Daotis) Specific Image Processing and Computer Vision Methods for Different Imaging Modalities Including IVUS, MRI, etc.: Computer Vision in Interventional Cardiology (Kendall R Waters) Pattern Classification of Brain Diffusion MRI: Application to Schizophrenia Diagnosis (Ali Tabesh, Matthew J Hoptman, Debra D'Angelo and Babak A

Ardekani)On Compressed Sensing Reconstruction for Magnetic Resonance Imaging (Benjamin Paul Berman, Sagar Mandava and Ali Bilgin)On Hierarchical Statistical Shape Models with Application to Brain MRI (Juan J Cerrolaza, Arantxa Villanueva and Rafael Cabeza)Advanced PDE-based Methods for Automatic Quantification of Cardiac Function and Scar from Magnetic Resonance Imaging (Durco Turco and Cristiana Corsi)Automated IVUS Segmentation Using Deformable Template Model with Feature Tracking (Prakash Manandhar and Chi Hau Chen) Readership: Researchers, professionals and academics in machine perception/computer vision, pattern recognition/image analysis, nuclear medicine, bioengineering & cardiology. Keywords:Medical Imaging;Computer Vision;Image Segmentation;Machine Learning;3D InformationKey Features:Uses computer vision techniques for medical imaging dataCovers image processing and segmentation algorithms in intravascular ultrasound, PETscan data, MRI dataEmphasises 3D information extraction from medical imaging data

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