Hospital Readmission Risk Assessment Tool

hospital readmission risk assessment tool: Advances in Patient Safety Kerm Henriksen, 2005 v. 1. Research findings -- v. 2. Concepts and methodology -- v. 3. Implementation issues -- v. 4. Programs, tools and products.

hospital readmission risk assessment tool: *Patient Safety and Quality* Ronda Hughes, 2008 Nurses play a vital role in improving the safety and quality of patient car -- 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/nurseshdbk/

hospital readmission risk assessment tool: Unequal Treatment Institute of Medicine, Board on Health Sciences Policy, Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, 2009-02-06 Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In Unequal Treatment, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? Unequal Treatment offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. Unequal Treatment will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

hospital readmission risk assessment tool: Improving Diagnosis in Health Care National Academies of Sciences, Engineering, and Medicine, Institute of Medicine, Board on Health Care Services, Committee on Diagnostic Error in Health Care, 2015-12-29 Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to Improving Diagnosis in Health Care, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. Improving Diagnosis in Health Care, a continuation of the landmark Institute of Medicine reports To Err Is Human (2000) and Crossing the Quality Chasm (2001), finds that diagnosis-and, in particular, the occurrence of diagnostic errorsâ€has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving

diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of Improving Diagnosis in Health Care contribute to the growing momentum for change in this crucial area of health care quality and safety.

hospital readmission risk assessment tool: Clinical Nurse Leader Certification Review Cynthia R. King, PhD, NP, MSN, RN, CNL, FAAN, Sally Gerard, DNP, RN, CDE, CNL, 2012-12-10 ìThe authors have done excellent work, reinforcing major skills and responsibilities of this advanced generalist role. This book will be most useful for students as they prepare for certification.î óFrom the Foreword by Linda Roussel, DSN, RN, NEA-BC, CNL Co-Author, Initiating and Sustaining the Clinical Nurse Leader Role: A Practical Guide The first and only resource of its kind, this review guide to the CNL certification exam stems directly from Dr. Kingís classroom, where she proposes students to take the exam and has achieved a 100% pass rate. The guide covers all aspects of the test, including basic test-taking skills, how to understand exam questions, multiple exam questions with answers and rationales, and content review of information derived from the AACN exam guide. The authors, who are noted CNL educators and practitioners, cover concepts of horizontal leadership, interdisciplinary communication and collaboration skills, and health care advocacy. They address care management, team coordination, illness/disease management, health promotion and disease prevention management, and advanced clinical assessment. The differences between health systems and the specific microsystems in which CNLs work are explored. The book also encompasses health care finance, economics, policy, informatics, ethics, and evidence-based practice as it is covered on the test. The material is presented in easily digestible sections that correspond to specific areas of the AACN exam guide. Multiple vignettes and unfolding case studies reinforce concepts. Also included is a sample test . Key Features: The first and only comprehensive review guide to the CNL certification exam Presents guidelines on question dissection and analysis Reflects changes and additions to new topics in the exam Presented in easily digestible sections that correspond to AACN exam guide

hospital readmission risk assessment tool: Mental Health Atlas 2017 World Health Organization, 2018-08-09 Collects together data compiled from 177 World Health Organization Member States/Countries on mental health care. Coverage includes policies, plans and laws for mental health, human and financial resources available, what types of facilities providing care, and mental health programmes for prevention and promotion.

hospital readmission risk assessment tool: Principles and Practice of Geriatric Surgery Ronnie Ann Rosenthal, Michael E. Zenilman, Mark R. Katlic, 2011-07-12 In the preface to this impressive and well-produced book, the editors state that their aim is not to describe a new surgical specialty, since most surgeons will soon need to be geriatric surgeons, but to assemble a comprehensive account that will allow all providers of healthcare to the elderly to understand the issues involved in choosing surgery as a treatment option for their patients. This is a useful book that deserves to do well. I hope that the editors and their publisher will have the stamina to make this the first of several editions, as it is clear that updated information about surgery in the elderly will be required to keep pace with this important field. NEJM Book Review

hospital readmission risk assessment tool: *Capturing Social and Behavioral Domains and Measures in Electronic Health Records* Institute of Medicine, Board on Population Health and Public Health Practice, Committee on the Recommended Social and Behavioral Domains and Measures for Electronic Health Records, 2015-01-08 Determinants of health - like physical activity levels and living conditions - have traditionally been the concern of public health and have not been linked closely to clinical practice. However, if standardized social and behavioral data can be incorporated into patient electronic health records (EHRs), those data can provide crucial information about factors that influence health and the effectiveness of treatment. Such information is useful for diagnosis, treatment choices, policy, health care system design, and innovations to improve health

outcomes and reduce health care costs. Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2 identifies domains and measures that capture the social determinants of health to inform the development of recommendations for the meaningful use of EHRs. This report is the second part of a two-part study. The Phase 1 report identified 17 domains for inclusion in EHRs. This report pinpoints 12 measures related to 11 of the initial domains and considers the implications of incorporating them into all EHRs. This book includes three chapters from the Phase 1 report in addition to the new Phase 2 material. Standardized use of EHRs that include social and behavioral domains could provide better patient care, improve population health, and enable more informative research. The recommendations of Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2 will provide valuable information on which to base problem identification, clinical diagnoses, patient treatment, outcomes assessment, and population health measurement.

hospital readmission risk assessment tool: Race, Ethnicity, and Language Data Institute of Medicine, Board on Health Care Services, Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement, 2009-12-30 The goal of eliminating disparities in health care in the United States remains elusive. Even as quality improves on specific measures, disparities often persist. Addressing these disparities must begin with the fundamental step of bringing the nature of the disparities and the groups at risk for those disparities to light by collecting health care quality information stratified by race, ethnicity and language data. Then attention can be focused on where interventions might be best applied, and on planning and evaluating those efforts to inform the development of policy and the application of resources. A lack of standardization of categories for race, ethnicity, and language data has been suggested as one obstacle to achieving more widespread collection and utilization of these data. Race, Ethnicity, and Language Data identifies current models for collecting and coding race, ethnicity, and language data; reviews challenges involved in obtaining these data, and makes recommendations for a nationally standardized approach for use in health care quality improvement.

hospital readmission risk assessment tool: Chronic Obstructive Pulmonary Disease Exacerbations Jadwiga A. Wedzicha, Fernando J. Martinez, 2008-09-22 Chronic Obstructive Pulmonary Disease Exacerbations covers the definition, diagnosis, epidemiology, mechanisms, and treatment associated with COPD exacerbations. This text also addresses imaging and how it plays a pivotal role in the diagnosis and study of exacerbations.Written by today's top experts, Chronic Obstructive Pulmonary Disease Exacerbat

hospital readmission risk assessment tool: Registries for Evaluating Patient Outcomes Agency for Healthcare Research and Quality/AHRQ, 2014-04-01 This User’s Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The User’s Guide was created by researchers affiliated with AHRQ’s Effective Health Care Program, particularly those who participated in AHRQ’s DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent

reviews.

hospital readmission risk assessment tool: *Access to Health Care in America* Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services, 1993-02-01 Americans are accustomed to anecdotal evidence of the health care crisis. Yet, personal or local stories do not provide a comprehensive nationwide picture of our access to health care. Now, this book offers the long-awaited health equivalent of national economic indicators. This useful volume defines a set of national objectives and identifies indicatorsâ€measures of utilization and outcomeâ€that can sense when and where problems occur in accessing specific health care services. Using the indicators, the committee presents significant conclusions about the situation today, examining the relationships between access to care and factors such as income, race, ethnic origin, and location. The committee offers recommendations to federal, state, and local agencies for improving data collection and monitoring. This highly readable and well-organized volume will be essential for policymakers, public health officials, insurance companies, hospitals, physicians and nurses, and interested individuals.

hospital readmission risk assessment tool: *Impact of Community Health Workers on Access, Use of Services, and Patient Knowledge and Behavior* , 1998

hospital readmission risk assessment tool: Delivering High-Quality Cancer Care Committee on Improving the Quality of Cancer Care: Addressing the Challenges of an Aging Population, Board on Health Care Services, Institute of Medicine, 2014-01-10 In the United States, approximately 14 million people have had cancer and more than 1.6 million new cases are diagnosed each year. However, more than a decade after the Institute of Medicine (IOM) first studied the quality of cancer care, the barriers to achieving excellent care for all cancer patients remain daunting. Care often is not patient-centered, many patients do not receive palliative care to manage their symptoms and side effects from treatment, and decisions about care often are not based on the latest scientific evidence. The cost of cancer care also is rising faster than many sectors of medicine--having increased to $125 billion in 2010 from $72 billion in 2004--and is projected to reach $173 billion by 2020. Rising costs are making cancer care less affordable for patients and their families and are creating disparities in patients' access to high-quality cancer care. There also are growing shortages of health professionals skilled in providing cancer care, and the number of adults age 65 and older--the group most susceptible to cancer--is expected to double by 2030, contributing to a 45 percent increase in the number of people developing cancer. The current care delivery system is poorly prepared to address the care needs of this population, which are complex due to altered physiology, functional and cognitive impairment, multiple coexisting diseases, increased side effects from treatment, and greater need for social support. Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis presents a conceptual framework for improving the quality of cancer care. This study proposes improvements to six interconnected components of care: (1) engaged patients; (2) an adequately staffed, trained, and coordinated workforce; (3) evidence-based care; (4) learning health care information technology (IT); (5) translation of evidence into clinical practice, quality measurement and performance improvement; and (6) accessible and affordable care. This report recommends changes across the board in these areas to improve the quality of care. Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis provides information for cancer care teams, patients and their families, researchers, quality metrics developers, and payers, as well as HHS, other federal agencies, and industry to reevaluate their current roles and responsibilities in cancer care and work together to develop a higher quality care delivery system. By working toward this shared goal, the cancer care community can improve the quality of life and outcomes for people facing a cancer diagnosis.

hospital readmission risk assessment tool: Improving Healthcare Quality in Europe Characteristics, Effectiveness and Implementation of Different Strategies OECD, World Health Organization, 2019-10-17 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.

hospital readmission risk assessment tool: Medical Emergency Teams Michael A. DeVita, Ken Hillman, Rinaldo Bellomo, 2007-07-03 Why Critical Care Evolved METs? In early 2004, when Dr. Michael DeVita informed me that he was cons- ering a textbook on the new concept of Medical Emergency Teams (METs), I was surprised. At Presbyterian-University Hospital in Pittsburgh we int- duced this idea some 15 years ago, but did not think it was revolutionary enough to publish. This, even though, our fellows in critical care medicine training were all involved and informed about the importance of "C- dition C (Crisis)," as it was called to distinguish it from "Condition A (Arrest). "We thought it absurd to intervene only after cardiac arrest had occurred,because most cases showed prior deterioration and cardiac arrest could be prevented with rapid team work to correct precluding problems. The above thoughts were logical in Pittsburgh, where the legendary Dr. Peter Safar had been working since the late 1950s on improving current resuscitation techniques, ?rst ventilation victims of apneic from drowning, treatment of smoke inhalation, and so on. This was followed by external cardiac compression upon demonstration of its ef?ciency in cases of unexpected sudden cardiac arrest. Dr. Safar devoted his entire professional life to improvement of cardiopulmonary resuscitation. He and many others emphasized the importance of getting the CPR team to o- of-hospital victims of cardiac arrest as quickly as possible.

hospital readmission risk assessment tool: EBOOK: Diagnosis-Related Groups in Europe: Moving towards transparency, efficiency and quality in hospitals Reinhard Busse, Alexander Geissler, Wilm Quentin, Miriam Wiley, 2011-11-16 Diagnosis Related Group (DRG) systems were introduced in Europe to increase the transparency of services provided by hospitals and to incentivise greater efficiency in the use of resources invested in acute hospitals. In many countries, these systems were also designed to contribute to improving – or at least protecting – the quality of care. After more than a decade of experience with using DRGs in Europe, this book considers whether the extensive use of DRGs has contributed towards achieving these objectives. Written by authors with extensive experience of these systems, this book is a product of the EuroDRG project and constitutes an important resource for health policy-makers and researchers from Europe and beyond. The book is intended to contribute to the emergence of a 'common language' that will facilitate communication between researchers and policy-makers interested in improving the functioning and resourcing of the acute hospital sector. The book includes: A clearly structured introduction to the main 'building blocks' of DRG systems An overview of key issues related to DRGs including their impact on efficiency, quality, unintended effects and technological innovation in health care 12 country chapters - Austria, England, Estonia, Finland, France, Germany, Ireland, the Netherlands, Poland, Portugal, Spain and Sweden Clearly structured and detailed information about the most important DRG system characteristics in each of these countries Useful insights for countries and regions in Europe and beyond interested in introducing, extending and/ or optimising DRG systems within the hospital sector

hospital readmission risk assessment tool: Social Isolation and Loneliness in Older Adults National Academies of Sciences, Engineering, and Medicine, Division of Behavioral and Social Sciences and Education, Health and Medicine Division, Board on Behavioral, Cognitive, and Sensory Sciences, Board on Health Sciences Policy, Committee on the Health and Medical Dimensions of Social Isolation and Loneliness in Older Adults, 2020-05-14 Social isolation and loneliness are serious yet underappreciated public health risks that affect a significant portion of the older adult population. Approximately one-quarter of community-dwelling Americans aged 65 and older are considered to be socially isolated, and a significant proportion of adults in the United States report feeling lonely. People who are 50 years of age or older are more likely to experience many of the risk factors that can cause or exacerbate social isolation or loneliness, such as living alone, the loss of family or friends, chronic illness, and sensory impairments. Over a life course, social isolation and loneliness may be episodic or chronic, depending upon an individual's

circumstances and perceptions. A substantial body of evidence demonstrates that social isolation presents a major risk for premature mortality, comparable to other risk factors such as high blood pressure, smoking, or obesity. As older adults are particularly high-volume and high-frequency users of the health care system, there is an opportunity for health care professionals to identify, prevent, and mitigate the adverse health impacts of social isolation and loneliness in older adults. Social Isolation and Loneliness in Older Adults summarizes the evidence base and explores how social isolation and loneliness affect health and quality of life in adults aged 50 and older, particularly among low income, underserved, and vulnerable populations. This report makes recommendations specifically for clinical settings of health care to identify those who suffer the resultant negative health impacts of social isolation and loneliness and target interventions to improve their social conditions. Social Isolation and Loneliness in Older Adults considers clinical tools and methodologies, better education and training for the health care workforce, and dissemination and implementation that will be important for translating research into practice, especially as the evidence base for effective interventions continues to flourish.

hospital readmission risk assessment tool: Advanced Design in Nursing Research Pamela J. Brink, 1998 This Second Edition of the bestselling Advanced Design in Nursing Research has been substantially revised and reorganized. Using the principle that the level of knowledge available on a research topic determines the level of

hospital readmission risk assessment tool: *Closing the Quality Gap* Kaveh G. Shojania, 2004

hospital readmission risk assessment tool: The Student-Physician Robert K. Merton, George G. Reader, Patricia Kendall, 2013-10-01

hospital readmission risk assessment tool: Diabetes and American Indians , 2007

hospital readmission risk assessment tool: Fragility Fracture Nursing Karen Hertz, Julie Santy-Tomlinson, 2018-06-15 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 billon USD in the United States. As the population of China ages, the cost of hip fracture care there is likely to reach 1.25 billion USD by 2020 and 265 billion by 2050 (International Osteoporosis Foundation 2016). Consequently, the need for nursing for patients with fragility fracture across the world is immense. Fragility fracture is one of the foremost challenges for health care providers, and the impact of each one of those expected 9 million hip fractures is significant pain, disability, reduced quality of life, loss of independence and decreased life expectancy. There is a need for coordinated, multi-disciplinary models of care for secondary fracture prevention based on the increasing evidence that such models make a difference. There is also a need to promote and facilitate high quality, evidence-based effective care to those who suffer a fragility fracture with a focus on the best outcomes for recovery, rehabilitation and secondary prevention of further fracture. The care community has to understand better the experience of fragility fracture from the perspective of the patient so that direct improvements in care can be based on the perspectives of the users. This book supports these needs by providing a comprehensive approach to nursing practice in fragility fracture care.

hospital readmission risk assessment tool: The CMS Hospital Conditions of Participation and Interpretive Guidelines , 2017-11-27 In addition to reprinting the PDF of the CMS CoPs and Interpretive Guidelines, we include key Survey and Certification memos that CMS has issued to announced changes to the emergency preparedness final rule, fire and smoke door annual testing requirements, survey team composition and investigation of complaints, infection control screenings, and legionella risk reduction.

hospital readmission risk assessment tool: Heart Failure Longjian Liu, 2017-09-14 Get a quick, expert overview of the many key facets of heart failure research with this concise, practical resource by Dr. Longjian Liu. This easy-to-read reference focuses on the incidence, distribution, and

possible control of this significant clinical and public health problem which is often associated with higher mortality and morbidity, as well as increased healthcare expenditures. This practical resource brings you up to date with what's new in the field and how it can benefit your patients. - Features a wealth of information on epidemiology and research methods related to heart failure. - Discusses pathophysiology and risk profile of heart failure, research and design, biostatistical basis of inference in heart failure study, advanced biostatistics and epidemiology applied in heart failure study, and precision medicine and areas of future research. - Consolidates today's available information and guidance in this timely area into one convenient resource.

hospital readmission risk assessment tool: *The Learning Healthcare System* Institute of Medicine, Roundtable on Evidence-Based Medicine, 2007-06-01 As our nation enters a new era of medical science that offers the real prospect of personalized health care, we will be confronted by an increasingly complex array of health care options and decisions. The Learning Healthcare System considers how health care is structured to develop and to apply evidence-from health profession training and infrastructure development to advances in research methodology, patient engagement, payment schemes, and measurement-and highlights opportunities for the creation of a sustainable learning health care system that gets the right care to people when they need it and then captures the results for improvement. This book will be of primary interest to hospital and insurance industry administrators, health care providers, those who train and educate health workers, researchers, and policymakers. The Learning Healthcare System is the first in a series that will focus on issues important to improving the development and application of evidence in health care decision making. The Roundtable on Evidence-Based Medicine serves as a neutral venue for cooperative work among key stakeholders on several dimensions: to help transform the availability and use of the best evidence for the collaborative health care choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and, ultimately, to ensure innovation, quality, safety, and value in health care.

hospital readmission risk assessment tool: Report to the Congress, Medicare Payment Policy Medicare Payment Advisory Commission (U.S.), 1998

hospital readmission risk assessment tool: Acute Care for Elders Michael L. Malone, Elizabeth A. Capezuti, Robert M. Palmer, 2014-07-21 Acute Care for Elders (ACE) is a model of care designed to improve functional outcomes and to improve the processes for the care of older patients. This model includes: an environment of care designed to promote improved function for older patients; an interdisciplinary team that works together to identify/address the vulnerabilities of the older patients; nursing care plans for prevention of disability; early planning to help prepare the patient to return home and a review of medical care to prevent iatrogenic illness. Acute Care for Elders: A Model for Interdisciplinary Care is an essential new resource aimed at assisting providers in developing and sustaining an ACE program. The interdisciplinary approach provides an introduction to the key vulnerabilities of older adults and defines the lessons learned from the Acute Care for Elders model. Expertly written chapters describe critical aspects of ACE: the interdisciplinary approach and the focus on function. The fundamental principles of ACE described in this book will further assist hospital leaders to develop, implement, sustain and disseminate the Acute Care for Elders model of care. Acute Care for Elders: A Model for Interdisciplinary Care is of great value to geriatricians, hospitalists, advance practice nurses, social workers and all others who provide high quality care to older patients.

hospital readmission risk assessment tool: Health Care and Gender Charlotte Muller, 1990-09-27 Health and medical services should meet individuals' needs regardless of gender, but in both subtle and overt ways this is very often not the case. Gender biases result not only in flawed access to care but also in insufficient medical research, uninformed diagnoses, and gaps in covering critical needs. In Health Care and Gender, Charlotte Muller provides a contemporary assessment of the forces that sustain gender biases in the health and medical professions. Beginning with an analysis of gender comparisons in health care usage and adequacy of treatment, Muller discusses the experiences of many different women: working women with insurance coverage, the poor

dependent on Medicaid, and the elderly. She also focuses on the issues facing women of reproductive age and shows how poverty or extremely volatile political and ethical controversy may impede their search for basic maternity and family planning services. Drawing on a large body of evidence from medical, health, and behavioral literature and from national statistics, Health Care and Gender probes a timely and crucial topic. For scholars, analysts, and policy makers interested in women's studies, health and medical care, gerontology, consumer and labor economics, and social justice. Muller's thorough analysis looks to the future by presenting agendas for reform, research, and evaluation.

hospital readmission risk assessment tool: Springer Handbook of Computational Intelligence Janusz Kacprzyk, Witold Pedrycz, 2015-05-28 The Springer Handbook for Computational Intelligence is the first book covering the basics, the state-of-the-art and important applications of the dynamic and rapidly expanding discipline of computational intelligence. This comprehensive handbook makes readers familiar with a broad spectrum of approaches to solve various problems in science and technology. Possible approaches include, for example, those being inspired by biology, living organisms and animate systems. Content is organized in seven parts: foundations; fuzzy logic; rough sets; evolutionary computation; neural networks; swarm intelligence and hybrid computational intelligence systems. Each Part is supervised by its own Part Editor(s) so that high-quality content as well as completeness are assured.

hospital readmission risk assessment tool: *The Clozapine Handbook* Jonathan M. Meyer, Stephen M. Stahl, 2019-05-16 Real-world and clinical trial data support that clozapine is the only effective antipsychotic for treatment resistant schizophrenia and other severe mental illnesses. Clozapine also reduces rates of suicidality, psychiatric hospitalization and all-cause mortality. However, clozapine is underutilized for two reasons: misunderstandings of its efficacy benefits and misapprehension of, limited knowledge or misinformation about the management of treatment related risks and adverse effects. In response to worldwide efforts to promote clozapine use, this user-friendly Handbook provides clinicians with evidence-based approaches for patient management, as well as logical approaches to the management of clinical situations and adverse effects. It outlines clearly the rationale for specific management decisions and prioritises the options based on this logic. This Handbook is designed for use by clinicians worldwide and is essential reading for all mental health care professionals.

hospital readmission risk assessment tool: *Initiating and Sustaining the Clinical Nurse Leader Role* James Leonard Harris, Linda Roussel, 2010

hospital readmission risk assessment tool: Heart Failure Management Norman Sharpe, 1999-09-03 The 19 chapters which comprise this text cover all aspects of heart failure, and are extremely readable and well-organized. The references selected for each chapter are highly sufficient and there is excellent coverage of all the pharmaceutical treatments, which have proven effective in the management of heart failure; moreover, there are chapters on the non-pharmacological management as well. The book instructs the physician in how to use the newer drugs, either singly or in combination and the clinical trials chapter gives the reader a balanced view of what is happening in research.

hospital readmission risk assessment tool: Total Knee Arthroplasty James Alan Rand, 1993 This comprehensive reference on total knee arthroplasty describes all surgical techniques and prosthetic designs for primary and revision arthroplasty, discusses every aspect of patient selection, preoperative planning, and intraoperative and postoperative care.

hospital readmission risk assessment tool: Johns Hopkins Evidence-Based Practice for Nurses and Healthcare Professionals, Fourth Edition: Model and Guidelines Deborah Dang, Sandra L. Dearholt, Kim Bissett, 2021-06-15 Johns Hopkins Evidence-Based Practice for Nurses and Healthcare Professionals has proven to be one of the most foundational books on EBP in nursing and healthcare.

hospital readmission risk assessment tool: Cardiac Rehabilitation Nursing Carol Rossman Jillings, 1988

hospital readmission risk assessment tool: *Procuring Interoperability* National Academy of Medicine, The Learning Health System Series, 2023-09-03 Realizing the promise of digital technology will depend on the ability to share information across time and space from multiple devices, sources, systems, and organizations. The major barrier to progress is not technical; rather, it is in the failure of organizational demand and purchasing requirements. In contrast to many other industries, the purchasers of health care technologies have not marshaled their purchasing power to drive interoperability as a key requirement. Better procurement practices, supported by compatible interoperability platforms and architecture, will allow for better, safer patient care; reduced administrative workload for clinicians; protection from cybersecurity attacks; and significant financial savings across multiple markets. With funding support from the Gordon and Betty Moore Foundation, this National Academy of Medicine Special Publication represents a multi-stakeholder exploration of the path toward achieving large-scale interoperability through strategic acquisition of health information technology solutions and devices. In this publication, data exchanges over three environments are identified as critical to achieving interoperability: facility-to-facility (macro-tier); intra-facility (meso-tier); and at point-of-care (micro-tier). The publication further identifies the key characteristics of information exchange involved in health and health care, the nature of the requirements for functional interoperability in care processes, the mapping of those requirements into prevailing contracting practices, the specification of the steps necessary to achieve system-wide interoperability, and the proposal of a roadmap for using procurement specifications to engage those steps. The publication concludes with a series of checklists to be used by health care organizations and other stakeholders to accelerate progress in achieving system-wide interoperability.

hospital readmission risk assessment tool: Caring is Sharing — Exploiting the Value in Data for Health and Innovation M. Hägglund, M. Blusi, S. Bonacina, 2023-06-22 Modern information and communication technologies make it easier for individuals to be involved in their own health and social care. They also facilitate contact between individuals and service providers and deliver more efficient tools for healthcare staff. Artificial Intelligence (AI) promises to bring even more benefits in the future, with more effectiveness and the provision of decision support. This book presents the proceedings of the 33rd Medical Informatics Europe Conference, MIE2023, held in Gothenburg, Sweden, from 22 to 25 May 2023. The theme of MIE2023 was 'Caring is Sharing – Exploiting Value in Data for Health and Innovation', stressing the increasing importance of sharing digital-health data and the related challenges. The sharing of health data is developing rapidly, both in Europe and beyond, so the focus of the conference was on the enabling of trustworthy sharing of data to improve health. Topics covered include healthcare, community care, self-care, public health, and the innovation and development of future-proof digital-health solutions, and the almost 300 papers divided into 10 chapters also cover important advances in the sub domains of biomedical informatics: decision support systems, clinical information systems, clinical research informatics, knowledge management and representation, consumer health informatics, natural language processing, public health informatics, privacy, ethical and societal aspects among them. Describing innovative approaches to the collection, organization, analysis, and data-sharing related to health and wellbeing, the book contributes to the expertise required to take medical informatics to the next level, and will be of interest to all those working in the field.

hospital readmission risk assessment tool: *Volume 3, Issue 1, an issue of Hospital Medicine Clinics, E-Book* David Wooldridge, 2014-01-01 This online Clinics series provides evidence-based answers to clinical questions the practicing hospitalist faces daily. The ninth issue in our growing online database, edited by David Wooldridge, covers essential updates in the following topics: tuberculosis, urinary tract infections, delirium, anemia, and more.

hospital readmission risk assessment tool: *HCR-20* Christopher D. Webster, Forensic Psychiatric Services Commission of British Columbia, Simon Fraser University. Mental Health, Law, and Policy Institute, 1997

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Comprehensive Geriatric Assessment (CGA), clinical, anthropometric and biochemical evaluations. ... may oer a valid tool to identify the most fragile patients with clinical and functional impairment enhancing their risk of unplanned early and late readmission. Keywords Hospital readmissions · Readmission risk · Predictors · Comprehensive ...

Determining the validity of the Outpatient Arthroplasty Risk …
tions, and hospital readmissions. Few studies to date have focused on medical criteria for safely selecting patients for outpatient arthroplasty.15,19,26,42 The Outpatient Arthroplasty Risk Assessment (OARA) tool, a medically based and computerized risk-assessment calculator, was developed to help determine a patient’s

A validated, risk assessment tool for predicting readmission …
A validated, risk assessment tool for predicting readmission ... Although hospital readmission may expedite care and prevent serious sequelae in the majority of cases with

Readmission Risk Assessment Tool (Download Only)
Readmission Risk Assessment Tool National Academies of Sciences, Engineering, and Medicine,Division of Behavioral and Social Sciences and ... Implementing Risk Tools to Prevent Hospital Readmission Tara O'Connor,2017 Implementing Risk Tools to Prevent Hospital Readmission

Tara O Connor Abstract Background Readmission reduction is one of the ...

Open Access Protocol PReventing early unplanned hOspital ...
readmission; develop a risk model to identify intensive care unit (ICU) survivors at highest readmission risk; understand the modifiable and non-modifiable readmission drivers; and develop a risk assessment tool for identifying patients and areas for early intervention. Methods and analysis: We will use mixed methods with concurrent data ...

Readmission Risk Assessment Tool
Readmission Risk Assessment Tool Cynthia R. King, PhD, NP, MSN, RN, CNL, FAAN,Sally Gerard, DNP, RN, CDE, CNL. Readmission Risk Assessment Tool: Implementing Risk Tools to Prevent Hospital Readmission Tara O'Connor,2017 Implementing Risk Tools to Prevent

Readmission Risk Assessment Tool - dev.mabts.edu
Readmission Risk Assessment Tool Health Informatics Meets EHealth Evidence-Based Medicine, An Issue of Orthopedic Clinics, E-Book ... Hospital Medicine The Respiratory Therapist as Disease Manager Patient Safety and Quality Acute Heart Failure Digital Health Innovation for Consumers, Clinicians, Connectivity and Community ...

Reducing Readmission Risk Through Whole-Person Design
Oct 31, 2024 · personalized prediction of patient readmission risk and deployment of a meaningful intervention that would prevent readmission. At Corewell Health in West Michigan, a traditional readmission prediction tool, the LACE+ index, an assessment that scores on the parameters of Length of stay in hospital, Acuity of admission,

Interventions to Improve Care Transitions and Reduce …
The 8P Screening Tool. Identifying Your Patient’s Risk for ... the hospital can be emotionally and physically difficult for residents, can result in numerous complications of hospitalization, and are costly. ... SBAR (situation, background, assessment, recommendation)

Derivation and Internal Validation of a Novel Risk ...
were at risk for 90-day post-discharge mortality in rural Mozambique.7 Neither risk assessment tool has yet been externally validated or implemented, making their impact on identifying children at risk for post-discharge mortality unclear. Furthermore, both risk assessment tools were developed in single countries,

Readmission Risk Assessment Tool (2024)
Readmission Risk Assessment Tool Implementing Risk Tools to Prevent Hospital Readmission Tara O'Connor,2017 Implementing Risk Tools to Prevent Hospital Readmission Tara O Connor Abstract Background Readmission reduction is one of the most important opportunities for reducing cost in today s health care system Global Aim To operationalize risk ...

Skilled Nursing Facility Readmission Measure (SNFRM) ...
30-DAY RISK WINDOW ENDS (Prior proximal hospital discharge + 30 days) Index SNF claim Readmission to an acute care hospital Readmission is counted as long as it occurs within 30 days of discharge from the prior proximal hospital. The readmission may end the SNF stay or it may occur after the patient is discharged from the SNF.

Hospital Guide to Reducing Medicaid Readmissions: Toolbox

This section offers three new tools pertinent to Medicaid readmissions: a readmission risk tool, a whole-person assessment tool that takes into account social determinants of …

LACE Index Scoring Tool for Risk Assessment of Death and Read…
Note that there are other risk assessments in the environment and this is just one example. ta Hospital Research Institute LAC Index Scoring Tool ˛r Ris˚Assessment o˛Death and …

Readmissions Self-Assessment - HQIN
Use this tool to assess your organizational systems and processes to identify areas for improvement in preventing readmissions and preventable ED visits. Each item relates to …

Skilled Nursing Facility (SNF) Rehospitalization Risk Assessm…
The SNF Rehospitalization Risk Assessment Tool provides a framework for interdisciplinary review, discussion, and individualized care planning for all admissions to a skilled …

Reducing Avoidable Readmissions Gap Assessment …
Purpose: Use this tool to conduct an annual assessment to identify process gaps for reducing readmissions at your facility. Once gaps are identified, use the provided or …

Hospital Guide to Reducing Medicaid Readmissions: Toolbox
This section offers three new tools pertinent to Medicaid readmissions: a readmission risk tool, a whole-person assessment tool that takes into account social determinants of health, and a checklist of information that should be communicated between providers, based on the Centers for Medicare & Medicaid Services (CMS) Conditions of Participation.

LACE Index Scoring Tool for Risk Assessment of Death and …
Note that there are other risk assessments in the environment and this is just one example. ta Hospital Research Institute LAC Index Scoring Tool ˛r Ris˚Assessment o˛Death and Read˜ ssion Shared with permission from Carl van Walraven (lead author) on July 3, …

Readmissions Self-Assessment - HQIN
Use this tool to assess your organizational systems and processes to identify areas for improvement in preventing readmissions and preventable ED visits. Each item relates to prevention elements that should be in place for a successful readmissions program.

Skilled Nursing Facility (SNF) Rehospitalization Risk …
The SNF Rehospitalization Risk Assessment Tool provides a framework for interdisciplinary review, discussion, and individualized care planning for all admissions to a skilled nursing facility. The tool . proactively identifies and implements mitigation strategies . to reduce readmission risk. Tips for using this tool:

Reducing Avoidable Readmissions Gap Assessment Tool
Purpose: Use this tool to conduct an annual assessment to identify process gaps for reducing readmissions at your facility. Once gaps are identified, use the provided or other resources to address needs.

Readmission Risk Stratification Tool Compendium
Risk assessment tool intended for use at admission to identify patients at increased risk of adverse events post-hospitalization. Tool includes risk-specific interventions. hospitalization to mitigate post-discharge risk. Tool description available here.

Process for assessment to determine if patient is high risk for ...
High Risk Screening Criteria for Potential Readmission Patients who fall into any of these categories should be reviewed to have a targeted comprehensive assessment completed

LACE Score Risk of Readmission: > 10 High Risk - MetroCare ...
LACE Index Scoring Tool for Risk Assessment of Hospital Readmission Step 1. Length of Stay Length of stay (including day of admission and discharge): _____ days Length of stay (days) Score (circle as appropriate) 11 22 33 4-64 7-135 14 or more 7 Step 2. Acuity of Admission Was the patient admitted to hospital via the emergency department?

Hospitalization Admission Risk Monitoring System ...
Many of the validated tools on which the HARMS 8 is based are designed to produce an overall "risk score" to help identify those at highest risk for future utilization.

Private-Sector Hospital Discharge Tools - American Hospital ...
Case studies of hospital discharge planning tools that strive to improve transitions to post-acute care and reduce readmissions.

Implementing Risk Tools to Prevent Hospital Readmission
integrated healthcare organization has built a tool that calculates each patient's individual risk score of rehospitalization or death with-in 30 days of discharge, in real-time using the electronic

Designing and Delivering Whole-Person Transitional Care: ...
Analyze hospital administrative data to evaluate readmission patterns. Understanding readmission patterns is critical to designing an effective readmission reduction strategy.

Readmission Prevention Tools - HSAG
Collaboration across the healthcare continuum plays a vital role in improving care and reducing avoidable hospital readmissions. This section provides best-practice tools that can be adopted to aid readmission reduction efforts and improve effectiveness and ...

Goal: Prevention of 30-day Readmissions - HSAG
SNF Re-Hospitalization Risk Assessment • HH Partner Assessment Tool 72 hour/7-day

Implementation Guide to Reduce Avoidable Readmissions
Use a risk of readmission assessment tool and validate it using your own data. Adopt an enhanced admission assessment. Make readmission risk assessments easy for all to see and address. Find out who the primary caregiver is (if it is not the patient).

The Roadmap to Success: Hospital Readmissions - HSAG
Use an embedded electronic health record (EHR) risk assessment that evaluates social determinants of health to comprehensively coordinate care for high-risk patients. Refer patients to pertinent community organizations based on their individual social determinant needs.

Thousands of hospitals are penalized for excessive ...
Socioeconomic Health Score - Readmission Risk Score can be a valuable tool in reducing preventable readmission rates. It delivers actionable intelligence, giving providers a more holistic view of the patients and presenting opportunities to intervene for better outcomes.

Risk Prediction Models for Hospital Readmission: A ...
An increasing body of literature attempts to describe and validate hospital readmission risk

prediction tools. Interest in such models has grown for two reasons.

Interventions to Improve Care Transitions and Reduce ...
Use the following strategies on select interventions to help your organization reduce readmissions and improve the transition process.

Risk Prediction Models for Hospital Readmission: A ...
Predicting hospital readmission risk is of great interest to identify which patients would benefit most from care transition interventions, as well as to risk-standardize readmission rates for purposes of hospital comparison.