

umentation Of Hospice Related Terminal Diagnosis

YEAH, REVIEWING A BOOKS **UMENTATION OF HOSPICE RELATED TERMINAL DIAGNOSIS** COULD ENSUE YOUR NEAR LINKS LISTINGS. THIS IS JUST ONE OF THE SOLUTIONS FOR YOU TO BE SUCCESSFUL. AS UNDERSTOOD, CAPABILITY DOES NOT SUGGEST THAT YOU HAVE ASTOUNDING POINTS.

COMPREHENDING AS WITHOUT DIFFICULTY AS UNION EVEN MORE THAN OTHER WILL MANAGE TO PAY FOR EACH SUCCESS. NEXT-DOOR TO, THE REVELATION AS COMPETENTLY AS KEENNESS OF THIS UMENTATION OF HOSPICE RELATED TERMINAL DIAGNOSIS CAN BE TAKEN AS WITH EASE AS PICKED TO ACT.

DOCUMENTATION IN ACTION LIPPINCOTT WILLIAMS & WILKINS 2005-03-23 DESIGNED FOR RAPID ON-THE-JOB REFERENCE, DOCUMENTATION IN ACTION OFFERS COMPREHENSIVE, AUTHORITATIVE, PRACTICE-ORIENTED, UP-TO-THE-MINUTE GUIDELINES FOR DOCUMENTING EVERY SITUATION IN EVERY NURSING PRACTICE SETTING AND IMPORTANT NURSING SPECIALTIES. NEED-TO-KNOW INFORMATION IS PRESENTED IN BULLETED LISTS, CHARTS, FLOW SHEETS, SIDEBARS, AND BOXES, WITH ICONS AND ILLUSTRATIVE FILLED-IN SAMPLES. COVERAGE INCLUDES DOCUMENTATION FOR CARE OF PATIENTS WITH VARIOUS DISEASES, COMPLICATIONS, EMERGENCIES, COMPLEX PROCEDURES, AND DIFFICULTIES INVOLVING PATIENTS, FAMILIES, AND OTHER HEALTH CARE PROFESSIONALS. SUGGESTIONS ARE GIVEN FOR AVOIDING LEGAL PITFALLS INVOLVING TELEPHONE ORDERS, MEDICATION REACTIONS, PATIENTS WHO REFUSE CARE, AND MUCH MORE. A SECTION ADDRESSES COMPUTERIZED DOCUMENTATION, HIPAA CONFIDENTIALITY RULES, USE OF PDAs, NURSING INFORMATICS, AND ELECTRONIC INNOVATIONS THAT WILL SOON BE UNIVERSAL.

CODE OF FEDERAL REGULATIONS 2009

COMPARATIVE HEALTH INFORMATION MANAGEMENT ANN PEDEN 2015-10-01 FIND YOUR NEXT CAREER WITH COMPARATIVE HEALTH INFORMATION MANAGEMENT, 4E. UPDATED FOR THE FOURTH EDITION, THIS BOOK EXPLORES A VARIETY OF PROFESSIONAL SETTINGS WHERE OPPORTUNITIES ABOUND, INCLUDING HOSPITALS, AMBULATORY CLINICS AND MEDICAL OFFICES, VETERINARY PRACTICES, HOME HEALTH, LONG-TERM CARE, AND CORRECTIONAL FACILITIES, AS WELL AS EMERGING PRACTICE AREAS IN CONSULTING AND CANCER REGISTRY. FOCUSED ON THE CHALLENGES OF MANAGING AND PROTECTING THE FLOW OF INFORMATION ACROSS SITES, CHAPTERS INTRODUCE THE HEALTH CARE SYSTEM TODAY, AND THEN DELVE INTO SPECIFICS OF THE MANY HIM ROLES AVAILABLE TO YOU, ENHANCING DISCUSSIONS WITH KEY TERMS, SELF-TEST QUESTIONS, WEB LINKS, AND MORE TO ADD MEANING TO CONCEPTS. ADDITIONAL FEATURES INCLUDE REALISTIC CASE STUDIES TO HELP YOU SOLVE PROBLEMS, AND NEW "PROFESSIONAL SPOTLIGHT" VIGNETTES FOR AN INSIDE VIEW OF ACTUAL PROFESSIONALS IN THEIR HIM CAREERS. IMPORTANT NOTICE: MEDIA

CONTENT REFERENCED WITHIN THE PRODUCT DESCRIPTION OR THE PRODUCT TEXT MAY NOT BE AVAILABLE IN THE EBOOK VERSION.

CHRONIC KIDNEY DISEASE, DIALYSIS, AND TRANSPLANTATION E-BOOK JONATHAN HIMMELFARB 2018-11-06 CONTAINS EXPANDED CONTENT ON ECONOMICS AND OUTCOMES OF TREATMENT, AS WELL AS ACUTE KIDNEY INJURY. COVERS HOT TOPICS SUCH AS THE GENETIC CAUSES OF CHRONIC KIDNEY DISEASE, ETHICAL CHALLENGES AND PALLIATIVE CARE, AND HOME HEMODIALYSIS. DISCUSSES THE LATEST ADVANCES IN HYPERTENSIVE KIDNEY DISEASE, VITAMIN D DEFICIENCY, DIABETES MANAGEMENT, TRANSPLANTATION, AND MORE. PROVIDES A CLEAR VISUAL UNDERSTANDING OF COMPLEX INFORMATION WITH HIGH-QUALITY LINE DRAWINGS, PHOTOGRAPHS, AND DIAGNOSTIC AND TREATMENT ALGORITHMS.

ONCOLOGY NURSING IN THE AMBULATORY SETTING PATRICIA CORCORAN BUCHSEL 2005 THIS BOOK PROVIDES THE VERY LATEST IN POSITION STATEMENTS, AND NEW, FORWARD-THINKING IN ADMINISTRATIVE STRATEGIES. ADDRESSES FISCAL MANAGEMENT OF OUTPATIENT CANCER CENTERS, INCLUDING FINANCIAL SYSTEMS MODELS, USE OF CPT CODES, COST EFFECTIVENESS AND CLINICAL APPLICATIONS OF EVIDENCE-BASED PRACTICE GUIDELINES. *A FIELD MANUAL FOR PALLIATIVE CARE IN HUMANITARIAN CRISES* ELISHA WALDMAN 2019-12-09 AS HUMANITARIAN AID ORGANIZATIONS HAVE EVOLVED, THERE IS A GROWING RECOGNITION THAT INCORPORATING PALLIATIVE CARE INTO AID EFFORTS IS AN ESSENTIAL PART OF PROVIDING THE BEST CARE POSSIBLE. A FIELD MANUAL FOR PALLIATIVE CARE IN HUMANITARIAN CRISES REPRESENTS THE FIRST-EVER EFFORT AT EDUCATING AND PROVIDING GUIDANCE FOR CLINICIANS NOT FORMALLY TRAINED IN PALLIATIVE CARE IN HOW TO INCORPORATE ITS PRINCIPLES INTO THEIR WORK IN CRISIS SITUATIONS. WRITTEN BY A TEAM OF INTERNATIONAL EXPERTS, THIS POCKET-SIZED MANUAL IDENTIFIES THE NEEDS OF PEOPLE AFFECTED BY NATURAL HAZARDS, POLITICAL OR ETHNIC CONFLICT, EPIDEMICS OF LIFE-THREATENING INFECTIONS, AND OTHER HUMANITARIAN CRISES. LATER CHAPTERS EXPLORE TOPICS INCLUDING PAIN MANAGEMENT, SKIN CONDITIONS, NON-COMMUNICABLE DISEASES, PALLIATIVE CARE EMERGENCIES, THE LAW AND ETHICS OF END OF LIFE CARE, AND MORE. CONCISE AND HIGHLY ACCESSIBLE, THIS MANUAL IS AN IDEAL EDUCATIONAL TOOL PRE-

DEPLOYMENT OR DURING FIELDWORK FOR CLINICIANS INVOLVED IN PLANNING AND PROVIDING HUMANITARIAN AID, LOCAL CARE PROVIDERS, AND MEDICAL TRAINEES.

NURSING CARE AT THE END OF LIFE SUSAN. LOWEY 2019

FEDERAL REGISTER 2013-08

DOCUMENTATION 2007 THIS FULL-COLOR HANDBOOK IS A QUICK-REFERENCE GUIDE TO ALL ASPECTS OF DOCUMENTATION FOR EVERY NURSING CARE SITUATION. IT COVERS CURRENT DOCUMENTATION SYSTEMS AND FORMATS, INCLUDING COMPUTERIZED DOCUMENTATION, AND FEATURES SCORES OF SAMPLE FILLED-IN FORMS AND IN-TEXT NARRATIVE NOTES ILLUSTRATING EVERYTHING FROM EVERYDAY OCCURRENCES TO EMERGENCY SITUATIONS.

COVERAGE INCLUDES TIMESAVING STRATEGIES FOR ADMISSION-TO-DISCHARGE DOCUMENTATION IN ACUTE, OUTPATIENT, REHABILITATION, LONG-TERM, AND HOME CARE ENVIRONMENTS AND SPECIAL DOCUMENTATION PRACTICES FOR SELECTED CLINICAL SPECIALTIES: CRITICAL CARE, EMERGENCY, PERIOPERATIVE, MATERNAL-NEONATAL, AND PSYCHIATRIC. THE BOOK INCLUDES ADVICE ON LEGAL SAFEGUARDS, DANGEROUS ABBREVIATIONS, AND COMPLIANCE WITH HIPAA GUIDELINES AND JCAHO REQUIREMENTS.

GUIDE TO CLINICAL DOCUMENTATION DEBRA D SULLIVAN 2018-07-25 UNDERSTAND THE WHEN, WHY, AND HOW! HERE'S YOUR GUIDE TO DEVELOPING THE SKILLS YOU NEED TO MASTER THE INCREASING COMPLEX CHALLENGES OF DOCUMENTING PATIENT CARE. STEP BY STEP, A STRAIGHTFORWARD 'HOW-TO' APPROACH TEACHES YOU HOW TO WRITE SOAP NOTES, DOCUMENT PATIENT CARE IN OFFICE AND HOSPITAL SETTINGS, AND WRITE PRESCRIPTIONS. YOU'LL FIND A WEALTH OF EXAMPLES, EXERCISES, AND INSTRUCTIONS THAT MAKE EVERY POINT CLEAR AND EASY TO UNDERSTAND.

THE FOUR THINGS THAT MATTER MOST - 10TH ANNIVERSARY EDITION IRA BYOCK 2014-06-10 UPDATED WITH STORIES FROM PEOPLE WHO HAVE BEEN INSPIRED BY THE ORIGINAL TEXT, A GUIDE TO CONNECTING WITH WHAT MATTERS MOST IDENTIFIES FOUR PHRASES FOR HONORING RELATIONSHIPS, LETTING GO OF UNHEALTHY EMOTIONS, AND LIVING LIFE FULLY.

MEDICARE HOSPICE BENEFITS UNITED STATES. HEALTH CARE FINANCING ADMINISTRATION 1993

IMPACT OF BUDGET PROPOSALS ON HEALTH ENTITLEMENT PROGRAMS, MEDICARE UNITED STATES. CONGRESS. HOUSE. COMMITTEE ON THE BUDGET 1985

HANDBOOK OF HOSPICE POLICIES AND PROCEDURES MARILYN D. HARRIS 1999 PART OF THE NEW JONES & BARTLETT LEARNING INFORMATION SYSTEMS SECURITY & ASSURANCE SERIES! SECURITY STRATEGIES IN LINUX PLATFORMS AND APPLICATIONS COVERS EVERY MAJOR ASPECT OF SECURITY ON A LINUX SYSTEM. WRITTEN BY AN INDUSTRY EXPERT, THIS BOOK IS DIVIDED INTO THREE NATURAL PARTS TO ILLUSTRATE KEY CONCEPTS IN THE FIELD. IT OPENS WITH A DISCUSSION ON THE RISKS, THREATS, AND VULNERABILITIES ASSOCIATED WITH LINUX AS AN OPERATING SYSTEM USING EXAMPLES FROM RED HAT ENTERPRISE LINUX AND UBUNTU. PART 2 DISCUSSES HOW TO TAKE ADVANTAGE OF THE LAYERS OF SECURITY AVAILABLE TO LINUX--USER AND GROUP OPTIONS, FILESYSTEMS, AND

SECURITY OPTIONS FOR IMPORTANT SERVICES, AS WELL AS THE SECURITY MODULES ASSOCIATED WITH APPARMOR AND SELINUX. THE BOOK CLOSES WITH A LOOK AT THE USE OF BOTH OPEN SOURCE AND PROPRIETARY TOOLS WHEN BUILDING A LAYERED SECURITY STRATEGY FOR LINUX OPERATING SYSTEM ENVIRONMENTS. USING REAL-WORLD EXAMPLES AND EXERCISES, THIS USEFUL RESOURCE INCORPORATES HANDS-ON ACTIVITIES TO WALK STUDENTS THROUGH THE FUNDAMENTALS OF SECURITY STRATEGIES RELATED TO THE LINUX SYSTEM.

EXCERPTA MEDICA 1990

IMPROVING PALLIATIVE CARE FOR CANCER NATIONAL RESEARCH COUNCIL 2001-10-19 IN OUR SOCIETY? €? S AGGRESSIVE PURSUIT OF CURES FOR CANCER, WE HAVE NEGLECTED SYMPTOM CONTROL AND COMFORT CARE. LESS THAN ONE PERCENT OF THE NATIONAL CANCER INSTITUTE? €? S BUDGET IS SPENT ON ANY ASPECT OF PALLIATIVE CARE RESEARCH OR EDUCATION, DESPITE THE HALF MILLION PEOPLE WHO DIE OF CANCER EACH YEAR AND THE LARGER NUMBER LIVING WITH CANCER AND ITS SYMPTOMS. **IMPROVING PALLIATIVE CARE FOR CANCER EXAMINES THE BARRIERS? €"SCIENTIFIC, POLICY, AND SOCIAL? €"THAT KEEP THOSE IN NEED FROM GETTING GOOD PALLIATIVE CARE.** IT GOES ON TO RECOMMEND PUBLIC- AND PRIVATE-SECTOR ACTIONS THAT WOULD LEAD TO THE DEVELOPMENT OF MORE EFFECTIVE PALLIATIVE INTERVENTIONS; BETTER INFORMATION ABOUT CURRENTLY USED INTERVENTIONS; AND GREATER KNOWLEDGE ABOUT, AND ACCESS TO, PALLIATIVE CARE FOR ALL THOSE WITH CANCER WHO WOULD BENEFIT FROM IT.

PEDIATRIC PALLIATIVE CARE HOSPICE AND PALLIATIVE NURSES ASSOCIATION 2015-08-31 PEDIATRIC PALLIATIVE CARE IS A FIELD OF SIGNIFICANT GROWTH AS HEALTH CARE SYSTEMS RECOGNIZE THE BENEFITS OF PALLIATIVE CARE IN AREAS SUCH AS NEONATAL INTENSIVE CARE, PEDIATRIC ICU, AND CHRONIC PEDIATRIC ILLNESSES. PEDIATRIC PALLIATIVE CARE, THE FOURTH VOLUME IN THE HPNA PALLIATIVE NURSING MANUALS SERIES, HIGHLIGHTS KEY ISSUES RELATED TO THE FIELD. CHAPTERS ADDRESS PEDIATRIC HOSPICE, SYMPTOM MANAGEMENT, PEDIATRIC PAIN, THE NEONATAL INTENSIVE CARE UNIT, TRANSITIONING GOALS OF CARE BETWEEN THE EMERGENCY DEPARTMENT AND INTENSIVE CARE UNIT, AND GRIEF AND BEREAVEMENT IN PEDIATRIC PALLIATIVE CARE. THE CONTENT OF THE CONCISE, CLINICALLY FOCUSED VOLUMES IN THE HPNA PALLIATIVE NURSING MANUALS SERIES IS ONE RESOURCE FOR NURSES PREPARING FOR SPECIALTY CERTIFICATION EXAMS AND PROVIDES A QUICK-REFERENCE IN DAILY PRACTICE. PLENTIFUL TABLES AND PATIENT TEACHING POINTS MAKE THESE VOLUMES USEFUL RESOURCES FOR NURSES.

APPROACHING DEATH COMMITTEE ON CARE AT THE END OF LIFE 1997-10-30 WHEN THE END OF LIFE MAKES ITS INEVITABLE APPEARANCE, PEOPLE SHOULD BE ABLE TO EXPECT RELIABLE, HUMANE, AND EFFECTIVE CAREGIVING. YET TOO MANY DYING PEOPLE SUFFER UNNECESSARILY. WHILE AN "OVERTREATED" DYING IS FEARED, UNTREATED PAIN OR EMOTIONAL ABANDONMENT ARE EQUALLY FRIGHTENING. **APPROACHING DEATH** REFLECTS A WIDE-RANGING EFFORT TO UNDERSTAND WHAT WE KNOW ABOUT CARE AT THE END OF LIFE, WHAT WE HAVE YET TO LEARN, AND WHAT WE KNOW BUT DO NOT ADEQUATELY APPLY. IT

SEEKS TO BUILD UNDERSTANDING OF WHAT CONSTITUTES GOOD CARE FOR THE DYING AND OFFERS RECOMMENDATIONS TO DECISIONMAKERS THAT ADDRESS SPECIFIC BARRIERS TO ACHIEVING GOOD CARE. THIS VOLUME OFFERS A PROFILE OF WHEN, WHERE, AND HOW AMERICANS DIE. IT EXAMINES THE DIMENSIONS OF CARING AT THE END OF LIFE: DETERMINING DIAGNOSIS AND PROGNOSIS AND COMMUNICATING THESE TO PATIENT AND FAMILY. ESTABLISHING CLINICAL AND PERSONAL GOALS. MATCHING PHYSICAL, PSYCHOLOGICAL, SPIRITUAL, AND PRACTICAL CARE STRATEGIES TO THE PATIENT'S VALUES AND CIRCUMSTANCES. APPROACHING DEATH CONSIDERS THE DYING EXPERIENCE IN HOSPITALS, NURSING HOMES, AND OTHER SETTINGS AND THE ROLE OF INTERDISCIPLINARY TEAMS AND MANAGED CARE. IT OFFERS PERSPECTIVES ON QUALITY MEASUREMENT AND IMPROVEMENT, THE ROLE OF PRACTICE GUIDELINES, COST CONCERNS, AND LEGAL ISSUES SUCH AS ASSISTED SUICIDE. THE BOOK PROPOSES HOW HEALTH PROFESSIONALS CAN BECOME BETTER PREPARED TO CARE WELL FOR THOSE WHO ARE DYING AND TO UNDERSTAND THAT THESE ARE NOT PATIENTS FOR WHOM "NOTHING CAN BE DONE."

ADVANCED PRACTICE PALLIATIVE NURSING CONSTANCE DAHLIN 2016-03-03 ADVANCED PRACTICE PALLIATIVE NURSING IS THE FIRST TEXT DEVOTED TO ADVANCED PRACTICE NURSING CARE OF THE SERIOUSLY ILL AND DYING. THIS COMPREHENSIVE WORK ADDRESSES ALL ASPECTS OF PALLIATIVE CARE INCLUDING PHYSICAL, PSYCHOLOGICAL, SOCIAL, AND SPIRITUAL NEEDS. CHAPTERS INCLUDE: SYMPTOMS COMMON IN SERIOUS ILLNESS, PEDIATRIC PALLIATIVE CARE, SPIRITUAL AND EXISTENTIAL ISSUES, ISSUES AROUND THE ROLE AND FUNCTION OF THE ADVANCED PRACTICE NURSE (APN), REIMBURSEMENT, AND NURSING LEADERSHIP ON PALLIATIVE CARE TEAMS. EACH CHAPTER CONTAINS CASE EXAMPLES AND A STRONG EVIDENCE BASE TO SUPPORT THE HIGHEST QUALITY OF CARE. THE TEXT IS WRITTEN BY LEADERS IN THE FIELD AND INCLUDES AUTHORS WHO HAVE PIONEERED THE ROLE OF THE ADVANCED PRACTICE NURSE IN PALLIATIVE CARE. THIS VOLUME OFFERS ADVANCED PRACTICE CONTENT AND PRACTICAL RESOURCES FOR CLINICAL PRACTICE ACROSS ALL SETTINGS OF CARE AND ENCOMPASSING ALL AGES, FROM PEDIATRICS TO GERIATRICS.

ADVANCE CARE PLANNING LAURA CHARLOTTE PRATER 2018 ADVANCE CARE PLANNING (ACP) REFERS TO THE COMMUNICATION OF DECISIONS REGARDING END-OF-LIFE TREATMENT DECISIONS PRIOR TO INCAPACITATION. ACP HAS BEEN ASSOCIATED WITH BETTER HEALTH OUTCOMES AT THE END OF LIFE SUCH AS LESS AGGRESSIVE CARE PRIOR TO DEATH, IMPROVED BEREAVEMENT OUTCOMES, EARLIER ACCEPTANCE OF A TERMINAL CONDITION AND EARLIER ACCEPTANCE OF PALLIATIVE CARE AND HOSPICE. THE COMPLETION AND DOCUMENTATION OF ACP IN THE ELECTRONIC HEALTH RECORD (EHR) IS IMPORTANT SO THAT END-OF-LIFE TREATMENT DECISIONS CAN BE HONORED WHEN PATIENTS ARE UNABLE TO SPEAK FOR THEMSELVES. THIS PROCESS IS MULTI-FACETED AND BURDENED WITH INCONSISTENCIES. THROUGH THREE RELATED STUDIES, THIS DISSERTATION USED DONABEDIAN'S STRUCTURE, PROCESS, AND OUTCOME MODEL AS A FRAMEWORK FOR UNDERSTANDING THE PROBLEM. STUDY ONE FOCUSED ON THE STRUCTURAL COMPONENT OF THE EHR AS IT RELATES TO THE FUNCTIONALITY AND DOCUMENTATION OF ACP. RESULTS FROM A SURVEY OF OVER 400

END-OF-LIFE PHYSICIANS INDICATED A MUTUAL UNDERSTANDING OF THE IMPORTANCE OF ACP DOCUMENTATION IN THE EHR COUPLED WITH CRITICAL CHALLENGES. SPECIFIC CHALLENGES INCLUDED A LACK OF TIME AND TRAINING. HAVING A CONSISTENT TAB OR AREA WITHIN THE EHR WAS CITED AS A SPECIFIC OPPORTUNITY FOR FACILITATING THE COMPLETION OF ACP IN THE EHR. STUDY TWO ANALYZED THE ASSOCIATION BETWEEN SEVERAL PROCESS-RELATED PREDICTORS AND THE COMPLETION OF ACP DOCUMENTATION IN THE EHR. FINDINGS INDICATED THAT OLDER ADULTS (OVER AGE 70) WERE LESS LIKELY TO HAVE SEVERAL PROCESS-RELATED COMPONENTS OF ACP AND MORE LIKELY TO OPERATIONALIZED ELEMENTS OF ACP SUCH AS A VERIFIED DO NOT RESUSCITATE (DNR) ORDER. THESE FINDINGS INDICATE THAT THERE MAY BE A GAP IN COMPREHENSIVE COMMUNICATION WITH OLDER ADULTS, AND THEY ARE MORE LIKELY TO HAVE A DNR WITHOUT DOCUMENTATION OF A PRIOR CONVERSATION OR A SCANNED DOCUMENT IN THE MEDICAL RECORD. STUDY THREE EXAMINED THE ASSOCIATION BETWEEN OUTCOMES AND THE DOCUMENTATION OF ACP IN THE EHR. FINDINGS INDICATE THAT HAVING A DNR DOCUMENTED IN THE EHR AND HAVING AN ACP NOTE IN THE PROBLEM LIST ARE ASSOCIATED WITH REDUCED ODDS OF AN ADMISSION IN THE LAST 30 DAYS OF LIFE. HAVING ACP DOCUMENTATION IN THE EHR WAS NOT ASSOCIATED WITH REDUCED CHARGES AT THE END OF LIFE. THE RESULTS OF THIS DISSERTATION MAY BE USED TO STRENGTHEN THE CASE THAT IMPROVEMENT IN THE DOCUMENTATION AND FUNCTIONALITY OF ACP IN THE EHR IS REQUIRED. THERE ARE SEVERAL KEY PRACTICAL CONSIDERATIONS RESULTING FROM THESE STUDIES THAT COULD BE APPLIED IN THE FORM OF LOCAL QUALITY IMPROVEMENT INITIATIVES AIMED AT IMPROVING CONSISTENCY IN DOCUMENTATION. OTHER IMPLICATIONS FROM THESE STUDIES POINT TOWARD CONTINUING TO SUPPORT EFFORTS TO REIMBURSE PHYSICIANS FOR ACP CONVERSATIONS AND IMPROVING STANDARDIZED END-OF-LIFE COMMUNICATION TRAINING REQUIREMENTS FOR ALL CLINICIANS.

DELIVERING HIGH-QUALITY CANCER CARE COMMITTEE ON IMPROVING THE QUALITY OF CANCER CARE: ADDRESSING THE CHALLENGES OF AN AGING POPULATION 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.

HEALTH CARE TRANSITION ALBERT C. HERGENROEDER 2018-05-03 THIS COMPREHENSIVE BOOK THOROUGHLY ADDRESSES ALL ASPECTS OF HEALTH CARE TRANSITION OF ADOLESCENTS AND YOUNG ADULTS WITH CHRONIC ILLNESS OR DISABILITY; AND INCLUDES THE FRAMEWORK, TOOLS AND CASE-BASED EXAMPLES NEEDED TO DEVELOP AND EVALUATE A HEALTH CARE TRANSITION (HCT) PLANNING PROGRAM THAT CAN BE IMPLEMENTED REGARDLESS OF A PATIENT'S DISEASE OR DISABILITY. HEALTH CARE TRANSITION: BUILDING A PROGRAM FOR ADOLESCENTS AND YOUNG ADULTS WITH CHRONIC ILLNESS AND DISABILITY IS A UNIQUELY INCLUSIVE RESOURCE, INCORPORATING YOUTH/YOUNG ADULT, CAREGIVER, AND PEDIATRIC AND ADULT PROVIDER VOICES AND PERSPECTIVES. PART I OF THE BOOK OPENS BY DEFINING HEALTH CARE TRANSITION, DESCRIBING THE URGENT NEED FOR COMPREHENSIVE TRANSITION PLANNING, BARRIERS TO HCT AND THEN OFFERING A FRAMEWORK FOR DEVELOPING AND EVALUATING HEALTH CARE TRANSITION PROGRAMS. PART II FOCUSES ON THE ANATOMIC AND NEURO-CHEMICAL CHANGES THAT OCCUR IN THE BRAIN DURING ADOLESCENCE AND YOUNG ADULTHOOD, AND HOW THEY AFFECT FUNCTION AND BEHAVIOR. PART III COVERS THE PERSPECTIVES OF IMPORTANT PARTICIPANTS IN THE HCT TRANSITION PROCESS - YOUTH AND YOUNG ADULTS, CAREGIVERS, AND BOTH PEDIATRIC AND ADULT PROVIDERS. EACH CHAPTER IN PART IV ADDRESSES A UNIQUE ASPECT OF DEVELOPING HCT PROGRAMS. PART V EXPLORES VARIOUS EXAMPLES OF SUCCESSFUL TRANSITION FROM THE PERSPECTIVE OF FIVE KEY PARTICIPANTS IN THE TRANSITION PROCESS - PATIENTS, CAREGIVERS, PEDIATRIC PROVIDERS, ADULT PROVIDERS AND THIRD PARTY PAYERS. RELATED

FINANCIAL MATTERS ARE COVERED IN PART VI, WHILE PART VII EXPLORES SPECIAL ISSUES SUCH AS HCT AND THE MEDICAL HOME, INTERNATIONAL PERSPECTIVES, AND POTENTIAL LEGAL ISSUES. MODELS OF HCT PROGRAMS ARE PRESENTED IN PART VIII, UTILIZING AN EXAMPLE CASE STUDY. REPRESENTING PERSPECTIVES FROM OVER 75 AUTHORS AND MORE THAN 100 MEDICAL CENTERS IN NORTH AMERICA AND EUROPE, HEALTH CARE TRANSITION: BUILDING A PROGRAM FOR ADOLESCENTS AND YOUNG ADULTS WITH CHRONIC ILLNESS AND DISABILITY IS AN IDEAL RESOURCE FOR ANY CLINICIAN, POLICY MAKER, CAREGIVER, OR HOSPITALIST WORKING WITH YOUTH IN TRANSITION.

CARE OF THE DYING PATIENT DAVID A. FLEMING 2010-04-15 ENCOMPASSES DIVERSE ASPECTS OF END-OF-LIFE CARE ACROSS MULTIPLE DISCIPLINES, OFFERING A BROAD PERSPECTIVE ON SUCH CENTRAL ISSUES AS CONTROL OF PAIN AND OTHER SYMPTOMS, SPIRITUALITY, THE NEEDS OF CAREGIVERS, SPECIAL CONCERNS REGARDING THE ELDERLY, PALLIATIVE CARE AND HOSPICE AND MUCH MORE.

PSYCHOSOCIAL ISSUES IN PALLIATIVE CARE MARI LLOYD-WILLIAMS 2008-05-08 "PSYCHOSOCIAL ISSUES IN PALLIATIVE CARE IS FOR ANYONE WORKING THE FIELD OF PALLIATIVE CARE, BOTH IN THE COMMUNITY AND IN HOSPITALS; THIS INCLUDES THOSE IN MEDICINE, NURSING, SOCIAL WORK, CHAPLAINCY, COUNSELING, PRIMARY CARE, AND MENTAL HEALTH."--JACKET.

GERIATRIC EMERGENCY MEDICINE JOSEPH H. KAHN 2014-01-16 THIS COMPREHENSIVE VOLUME PROVIDES A PRACTICAL FRAMEWORK FOR EVALUATION, MANAGEMENT AND DISPOSITION OF THIS GROWING VULNERABLE PATIENT POPULATION.

POST-ACUTE AND LONG-TERM MEDICINE PAMELA A. FENSTEMACHER 2015-12-12 THIS BOOK ADDRESSES CURRENT ISSUES SURROUNDING HOSPITAL READMISSIONS AND THE PRACTICE OF POST-ACUTE AND LONG-TERM CARE (LTC). THOROUGHLY UPDATED, THE SECOND EDITION OF THIS PRACTICAL POCKET GUIDE PRESENTS NEW REGULATIONS GOVERNING THESE SERVICES AND LESSENS THE UNCERTAINTY INVOLVED IN CARING FOR PATIENTS IN A LONG-TERM CARE FACILITY. THE BOOK IS DIVIDED INTO FOUR SECTIONS THAT COVER: TYPES OF CARE, WHICH INCLUDE COMMUNITY CARE, NURSING FACILITY CARE, AND TEAMWORK; CLINICAL MEDICINE, WITH SUGGESTED APPROACHES TO COMMON CONDITIONS AND WOUND CARE; PSYCHOSOCIAL ASPECTS OF CARE, WHICH INCLUDE ETHICAL AND LEGAL ISSUES AND CARING FOR FAMILIES; AND SPECIAL ISSUES, WITH CHAPTERS ON DOCUMENTATION, CODING, AND MEDICATION MANAGEMENT. AS COMMUNITY-BASED CARE IS AN AREA OF RAPID GROWTH WHERE THE ELDERLY ARE INCREASINGLY SEEKING THEIR MEDICAL CARE, NEW CHAPTERS HAVE ALSO BEEN ADDED THAT DESCRIBE THESE PROGRAMS. WRITTEN BY EXPERT CONTRIBUTORS, MANY OF WHOM HAVE WORKED WITHIN THE AMERICAN MEDICAL DIRECTORS ASSOCIATION TO CREATE AND DISSEMINATE A KNOWLEDGE BASE FOR POST-ACUTE AND LTC, THIS IS A VALUABLE RESOURCE FOR CLINICIANS AND EDUCATORS SEEKING TO MAXIMIZE THE CARE AND LIVING EXPERIENCE OF RESIDENTS IN POST-ACUTE AND LONG-TERM CARE SETTINGS.

SURGICAL PALLIATIVE CARE ANNE C. MOSENTHAL 2019-11-12 PALLIATIVE CARE HAS BECOME INCREASINGLY IMPORTANT ACROSS THE SPECTRUM OF HEALTHCARE, AND WITH IT,

THE NEED FOR EDUCATION AND TRAINING OF A BROAD RANGE OF MEDICAL PRACTITIONERS NOT PREVIOUSLY ASSOCIATED WITH THIS FIELD OF CARE. PART OF THE INTEGRATING PALLIATIVE CARE SERIES, THIS VOLUME ON SURGICAL PALLIATIVE CARE GUIDES READERS THROUGH THE CORE PALLIATIVE SKILLS AND KNOWLEDGE NEEDED TO DELIVER HIGH VALUE CARE FOR PATIENTS WITH LIFE-LIMITING, CRITICAL, AND TERMINAL ILLNESS UNDER SURGICAL CARE. CHAPTERS EXPLORE THE HISTORICAL, PHILOSOPHICAL, AND SPIRITUAL PRINCIPLES OF SURGICAL PALLIATIVE CARE, AND FOLLOW THE PROGRESSION OF THE SERIOUSLY ILL SURGICAL PATIENT'S JOURNEY FROM THE PRE-OPERATIVE ENCOUNTER, TO THE INVASIVE PROCEDURE, TO THE POST-OPERATIVE SETTING, AND ON TO SURVIVORSHIP. AN OVERVIEW OF THE FUTURE OF SURGICAL PALLIATIVE CARE EDUCATION AND RESEARCH ROUNDS OUT THE TEXT. SURGICAL PALLIATIVE CARE IS AN IDEAL RESOURCE FOR SURGEONS, SURGICAL NURSES, INTENSIVISTS, AND OTHER PRACTITIONERS WHO WISH TO LEARN MORE ABOUT INTEGRATING PALLIATIVE CARE INTO THE SURGICAL FIELD.

PRINCIPLES AND PRACTICE OF GERIATRIC PSYCHIATRY MARC E. AGRONIN 2006 WRITTEN BY NOTED AUTHORITIES IN GERIATRIC PSYCHIATRY, THIS VOLUME IS A CLINICALLY ORIENTED GUIDE TO THE DIAGNOSTIC WORKUP AND TREATMENT OF PSYCHIATRIC AND NEUROPSYCHIATRIC DISORDERS IN ELDERLY PATIENTS. THE BOOK DESCRIBES IN DETAIL THE NEUROLOGIC AND NEUROPSYCHIATRIC PATIENT ASSESSMENT AND THE USE OF ALL TREATMENT MODALITIES, BOTH PSYCHOTHERAPEUTIC AND PHARMACOLOGIC, IN ELDERLY PATIENTS. CHAPTERS DISCUSS THE TREATMENT OF DISORDERS IN ALL CLINICAL SETTINGS—INPATIENT, OUTPATIENT, EMERGENCY, PRIMARY CARE, ASSISTED LIVING, AND LONG-TERM CARE. ALGORITHMS FOR WORKUP AND TREATMENT ARE INCLUDED, AS WELL AS CASE STUDIES AND PERSONAL ACCOUNTS BY PATIENTS AND CARE PROVIDERS. APPENDICES PROVIDE DRUG INFORMATION AND ADDITIONAL RESOURCES.

THE HOSPICE HANDBOOK JULIANNE HAYDEL

FAST FACTS FOR THE HOSPICE NURSE PATRICIA MOYLE WRIGHT, PhD, CRNP, ACNS-BC 2017-01-28 AN ON-THE-GO REFERENCE FOR HOSPICE NURSES AND THOSE INTERESTED IN END-OF-LIFE CARE, THIS PRACTICAL GUIDE COVERS THE ESSENTIAL ELEMENTS IN THE COMPASSIONATE AND HOLISTIC CARE OF TERMINALLY ILL PATIENTS AND THEIR FAMILIES. NURSES CARE FOR PATIENTS FACING END-OF-LIFE ISSUES IN EVERY PRACTICE SPECIALTY AND, AS THE U.S. POPULATION CONTINUES TO AGE, THE NEED FOR PROFICIENCY IN END-OF-LIFE SKILLS WILL BECOME INCREASINGLY IMPORTANT. FAST FACTS FOR THE HOSPICE NURSE: A CONCISE GUIDE TO END-OF-LIFE CARE IS AN INVALUABLE RESOURCE THAT PROVIDES EMOTIONAL, ADMINISTRATIVE, AND PALLIATIVE SUPPORT, WHETHER IN A HOSPICE, LONG-TERM CARE FACILITY, OR ACUTE CARE SETTING. THIS VITAL GO-TO TEXT CLEARLY AND CONCISELY LAYS OUT NOT ONLY HOW TO CARE FOR PATIENTS FACING END-OF-LIFE ISSUES, BUT ALSO HOW TO ENGAGE IN SELF-CARE AND COPE WITH OCCUPATIONAL STRESS. BEGINNING WITH AN OVERVIEW OF HOSPICE CARE, INCLUDING ITS HISTORY AND PHILOSOPHY, THIS BOOK OFFERS A TIMELINE OF THE GROWTH OF THE HOSPICE MOVEMENT IN THE UNITED STATES. SUBSEQUENT SECTIONS INCLUDE UP-TO-DATE INFORMATION ON THE CLINICAL

RESPONSIBILITIES OF THE HOSPICE NURSE IN ADDRESSING THE PHYSICAL, PSYCHOLOGICAL, AND SPIRITUAL NEEDS OF TERMINALLY ILL PATIENTS AND THEIR FAMILIES IN A CULTURALLY SENSITIVE WAY. THIS BOOK ALSO OUTLINES THE ADMINISTRATIVE DUTIES OF THE HOSPICE NURSE, INCLUDING HOSPICE DOCUMENTATION, A REVIEW OF HOSPICE REGULATIONS, AND QUALITY MANAGEMENT. THE CLOSING SECTION FOCUSES ON OCCUPATIONAL STRESS IN HOSPICE NURSING AND HOW TO ENGAGE IN SELF-CARE. THIS TEXT CAN SERVE AS A USEFUL CLINICAL RESOURCE AND ALSO AS A REFERENCE FOR NURSES SEEKING HOSPICE CERTIFICATION FROM THE HOSPICE AND PALLIATIVE CREDENTIALING CENTER. KEY FEATURES ORGANIZED WITHIN THE CONTEXT OF THE SCOPE AND STANDARDS OF PRACTICE OF THE HOSPICE AND PALLIATIVE NURSES ASSOCIATION. ADDRESSES KEY POINTS ABOUT ISSUES UNIQUE TO HOSPICE NURSING AND HIGHLIGHTS EVIDENCE-BASED INTERVENTIONS ADDRESSES IMPORTANT MEDICARE REGULATIONS AND REIMBURSEMENT OFFERS NUMEROUS CLINICAL RESOURCES TO ASSIST WITH HOSPICE NURSING PRACTICE SERVES AS A CONCISE STUDY RESOURCE FOR HOSPICE NURSING CERTIFICATION

MEDICARE PROGRAM - HOSPICE CARE AMENDMENTS (US CENTERS FOR MEDICARE AND MEDICAID SERVICES REGULATION) (CMS) (2018 EDITION) THE LAW THE LAW LIBRARY 2018-07-04 MEDICARE PROGRAM - HOSPICE CARE AMENDMENTS (US CENTERS FOR MEDICARE AND MEDICAID SERVICES REGULATION) (CMS) (2018 EDITION) THE LAW LIBRARY PRESENTS THE COMPLETE TEXT OF THE MEDICARE PROGRAM - HOSPICE CARE AMENDMENTS (US CENTERS FOR MEDICARE AND MEDICAID SERVICES REGULATION) (CMS) (2018 EDITION). UPDATED AS OF MAY 29, 2018 THIS FINAL RULE REVISES EXISTING REGULATIONS THAT GOVERN COVERAGE AND PAYMENT FOR HOSPICE CARE UNDER THE MEDICARE PROGRAM. THESE REVISIONS REFLECT THE STATUTORY CHANGES REQUIRED BY THE BALANCED BUDGET ACT OF 1997 (BBA), THE MEDICARE, MEDICAID, AND SCHIP BALANCED BUDGET REFINEMENT ACT OF 1999 (BBRA), AND THE MEDICARE, MEDICAID, AND SCHIP BENEFITS IMPROVEMENT AND PROTECTION ACT OF 2000 (BIPA). ADDITIONALLY, THESE REVISIONS REFLECT CURRENT POLICY ON THE DOCUMENTATION NEEDED TO SUPPORT A CERTIFICATION OF TERMINAL ILLNESS, ADMISSION TO MEDICARE HOSPICE, AND A NEW REQUIREMENT THAT ALLOWS FOR DISCHARGES FROM HOSPICE FOR CAUSE UNDER VERY LIMITED CIRCUMSTANCES. THIS BOOK CONTAINS: - THE COMPLETE TEXT OF THE MEDICARE PROGRAM - HOSPICE CARE AMENDMENTS (US CENTERS FOR MEDICARE AND MEDICAID SERVICES REGULATION) (CMS) (2018 EDITION) - A TABLE OF CONTENTS WITH THE PAGE NUMBER OF EACH SECTION

HOSPICE & PALLIATIVE CARE HANDBOOK, THIRD EDITION TINA M. MARRELLI 2018-01-18 *HOSPICE & PALLIATIVE CARE HANDBOOK, THIRD EDITION*, OFFERS CONCISE, FOCUSED COVERAGE OF ALL ASPECTS OF HOSPICE AND PALLIATIVE CARE FOR CLINICIANS, MANAGERS, AND OTHER TEAM MEMBERS WHO PROVIDE IMPORTANT CARE WHILE MEETING DIFFICULT MULTILEVEL REGULATIONS. AUTHOR TINA M. MARRELLI, DIRECTOR OF THE FIRST U.S. HOSPICE PROGRAM TO ATTAIN JOINT COMMISSION ACCREDITATION FOR HOSPICE SERVICES, HELPS CAREGIVERS MEET QUALITY, COVERAGE, AND REIMBURSEMENT REQUIREMENTS IN DAILY

PRACTICE AND DOCUMENTATION. FILLED WITH KEY TOPICS SUCH AS PROFESSIONAL STANDARDS AND GUIDELINES, BEREAVEMENT SERVICES CONSIDERATIONS, OUTCOMES, AND GOALS, AND QUALITY CONTROL, THIS COMPREHENSIBLE BOOK PROVIDES THE TOOLS HOSPICE CAREGIVERS NEED FOR SUCCESS. 2ND PLACE 2018 AJN BOOK OF THE YEAR
COMPLETE GUIDE TO DOCUMENTATION LIPPINCOTT WILLIAMS & WILKINS 2008
THOROUGHLY UPDATED FOR ITS SECOND EDITION, THIS COMPREHENSIVE REFERENCE PROVIDES CLEAR, PRACTICAL GUIDELINES ON DOCUMENTING PATIENT CARE IN ALL NURSING PRACTICE SETTINGS, THE LEADING CLINICAL SPECIALTIES, AND CURRENT DOCUMENTATION SYSTEMS. THIS EDITION FEATURES GREATLY EXPANDED COVERAGE OF COMPUTERIZED CHARTING AND ELECTRONIC MEDICAL RECORDS (EMRs), COMPLETE GUIDELINES FOR DOCUMENTING JCAHO SAFETY GOALS, AND NEW INFORMATION ON CHARTING PAIN MANAGEMENT. HUNDREDS OF FILLED-IN SAMPLE FORMS SHOW SPECIFIC CONTENT AND WORDING. ICONS HIGHLIGHT TIPS AND TIMESAVERS, CRITICAL CASE LAW AND LEGAL SAFEGUARDS, AND ADVICE FOR SPECIAL SITUATIONS. APPENDICES INCLUDE NANDA TAXONOMY, JCAHO DOCUMENTATION STANDARDS, AND DOCUMENTING OUTCOMES AND INTERVENTIONS FOR KEY NURSING DIAGNOSES.

GERIATRIC PALLIATIVE CARE R. SEAN MORRISON 2003-05-08 GERIATRIC PALLIATIVE CARE COVERS A BROAD SPECTRUM OF ISSUES CHARACTERIZING CARE NEAR THE END OF LIFE FOR OLDER ADULTS. BEGINNING WITH THE SOCIAL AND CULTURAL CONTEXT OF OLD AGE AND FRAILTY, THIS VOLUME DETAILS SPECIFIC ASPECTS OF PALLIATIVE CARE RELEVANT TO PARTICULAR DISORDERS (E.G. CANCER, STROKES, DEMENTIA, ETC.) AS WELL AS INDIVIDUAL SYMPTOMS (E.G., PAIN, FATIGUE, ANXIETY, ETC.). COMMUNICATION BETWEEN CARE-GIVERS AND PATIENTS, IN A VARIETY OF SETTINGS, IS ALSO DISCUSSED. THE THEME OF THIS BOOK IS THAT PALLIATIVE CARE IS THE BEST APPROACH TO THE CARE OF CHRONICALLY ILL AND FRAIL ELDERLY BECAUSE OF ITS FOCUS ON: QUALITY OF LIFE; SUPPORT FOR FUNCTIONAL INDEPENDENCE; AND THE CENTRALITY OF THE PATIENT'S VALUES AND EXPERIENCES IN DETERMINING THE GOALS OF MEDICAL CARE. INDEED, GERIATRIC PALLIATIVE CARE PROVIDES A COMPREHENSIVE MEDICAL REFERENCE FOR ALL CLINICIANS WHO CARE FOR OLDER ADULTS.
PATIENT SAFETY AND QUALITY 2008 "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 TO 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](http://www.ahrq.gov/qual/nursesfdbk).
DYING IN AMERICA INSTITUTE OF MEDICINE 2015-03-19 FOR PATIENTS AND THEIR LOVED ONES, NO CARE DECISIONS ARE MORE PROFOUND THAN THOSE MADE NEAR THE END OF LIFE.

UNFORTUNATELY, THE EXPERIENCE OF DYING IN THE UNITED STATES IS OFTEN CHARACTERIZED BY FRAGMENTED CARE, INADEQUATE TREATMENT OF DISTRESSING SYMPTOMS, FREQUENT TRANSITIONS AMONG CARE SETTINGS, AND ENORMOUS CARE RESPONSIBILITIES FOR FAMILIES. ACCORDING TO THIS REPORT, THE CURRENT HEALTH CARE SYSTEM OF RENDERING MORE INTENSIVE SERVICES THAN ARE NECESSARY AND DESIRED BY PATIENTS, AND THE LACK OF COORDINATION AMONG PROGRAMS INCREASES RISKS TO PATIENTS AND CREATES AVOIDABLE BURDENS ON THEM AND THEIR FAMILIES. DYING IN AMERICA IS A STUDY OF THE CURRENT STATE OF HEALTH CARE FOR PERSONS OF ALL AGES WHO ARE NEARING THE END OF LIFE. DEATH IS NOT A STRICTLY MEDICAL EVENT. IDEALLY, HEALTH CARE FOR THOSE NEARING THE END OF LIFE HARMONIZES WITH SOCIAL, PSYCHOLOGICAL, AND SPIRITUAL SUPPORT. ALL PEOPLE WITH ADVANCED ILLNESSES WHO MAY BE APPROACHING THE END OF LIFE ARE ENTITLED TO ACCESS TO HIGH-QUALITY, COMPASSIONATE, EVIDENCE-BASED CARE, CONSISTENT WITH THEIR WISHES. DYING IN AMERICA EVALUATES STRATEGIES TO INTEGRATE CARE INTO A PERSON- AND FAMILY-CENTERED, TEAM-BASED FRAMEWORK, AND MAKES RECOMMENDATIONS TO CREATE A SYSTEM THAT COORDINATES CARE AND SUPPORTS AND RESPECTS THE CHOICES OF PATIENTS AND THEIR FAMILIES. THE FINDINGS AND RECOMMENDATIONS OF THIS REPORT WILL ADDRESS THE NEEDS OF PATIENTS AND THEIR FAMILIES AND ASSIST POLICY MAKERS, CLINICIANS AND THEIR EDUCATIONAL AND CREDENTIALING BODIES, LEADERS OF HEALTH CARE DELIVERY AND FINANCING ORGANIZATIONS, RESEARCHERS, PUBLIC AND PRIVATE FUNDERS, RELIGIOUS AND COMMUNITY LEADERS, ADVOCATES OF BETTER CARE, JOURNALISTS, AND THE PUBLIC TO PROVIDE THE BEST CARE POSSIBLE FOR PEOPLE NEARING THE END OF LIFE.

THE EVERYTHING GUIDE TO CARING FOR AGING PARENTS KATHY QUAN 2009-01-17
THERE ARE A LOT OF ISSUES TO CONSIDER AS OUR LOVED ONES GET OLDER. FROM IN-HOME CARE TO ASSISTED LIVING FACILITIES, THERE ARE MYRIAD OPTIONS AVAILABLE - AND EACH PERSON'S NEEDS ARE UNIQUE. FAMILY MEMBERS NEED A RESOURCE THAT WILL ANSWER ALL OF THEIR QUESTIONS AND EASE THEM THROUGH THIS OFTEN COMPLICATED TRANSITION. THIS HELPFUL HANDBOOK GUIDES CONCERNED CHILDREN AS THEY: DECIDE WHICH LEVEL OF CARE IS BEST FOR THEIR PARENT; MAINTAIN COMMUNICATION AND DISCUSS DIFFICULT TOPICS; HANDLE HOME SAFETY ISSUES; MANAGE TRANSPORTATION; FIND AND WORK WITH A PRIMARY-CARE PHYSICIAN; NAVIGATE INSURANCE PAPERWORK; HANDLE LEGAL ISSUES AND QUESTIONS; AND OTHER SENSITIVE ISSUES. FROM SETTING UP A SUPPORT NETWORK TO AVOIDING SCAMS, THIS INFORMATIVE GUIDE WILL HELP A FAMILY DECIDE ON - AND IMPLEMENT - THE BEST CARE OPTIONS FOR THEIR LOVED ONES.

DIGNITY THERAPY HARVEY MAX CHOCHINOV 2012-01-04 MAINTAINING DIGNITY FOR PATIENTS APPROACHING DEATH IS A CORE PRINCIPLE OF PALLIATIVE CARE. DIGNITY THERAPY, A PSYCHOLOGICAL INTERVENTION DEVELOPED BY DR. HARVEY MAX CHOCHINOV AND HIS INTERNATIONALLY LAUDED RESEARCH GROUP, HAS BEEN DESIGNED SPECIFICALLY TO ADDRESS MANY OF THE PSYCHOLOGICAL, EXISTENTIAL, AND SPIRITUAL CHALLENGES THAT PATIENTS AND THEIR FAMILIES FACE AS THEY GRAPPLE WITH THE REALITY OF LIFE DRAWING TO A CLOSE. IN THE FIRST BOOK TO LAY OUT THE BLUEPRINT FOR THIS UNIQUE AND MEANINGFUL

INTERVENTION, CHOCHINOV ADDRESSES ONE OF THE MOST IMPORTANT DIMENSIONS OF BEING HUMAN. BEING ALIVE MEANS BEING VULNERABLE AND MORTAL; HE ARGUES THAT DIGNITY THERAPY OFFERS A WAY TO PRESERVE MEANING AND HOPE FOR PATIENTS APPROACHING DEATH. WITH HISTORY AND FOUNDATIONS OF DIGNITY IN CARE, AND STEP BY STEP GUIDANCE FOR READERS INTERESTED IN IMPLEMENTING THE PROGRAM, THIS VOLUME ILLUMINATES HOW DIGNITY THERAPY CAN CHANGE END-OF-LIFE EXPERIENCE FOR THOSE ABOUT TO DIE - AND FOR THOSE WHO WILL GRIEVE THEIR PASSING.

HOSPICE PALLIATIVE HOME CARE AND BEREAVEMENT SUPPORT LORRAINE HOLTSLANDER
2019-07-17 THIS BOOK PROVIDES AN UNIQUE RESOURCE FOR REGISTERED NURSES WORKING IN HOSPICE PALLIATIVE CARE AT HOME AND FOR THE COMMUNITY, OUTSIDE OF ACUTE CARE SETTINGS AND ALSO INCORPORATES LITERATURE RELATED TO PALLIATIVE CARE IN ACUTE HEALTH CARE SETTINGS, AS PART OF THE OVERALL SERVICES AND SUPPORTS REQUIRED. VERY FEW RESOURCES EXIST WHICH SPECIFICALLY ADDRESS HOSPICE PALLIATIVE CARE IN THE HOME SETTING, DESPITE THE FACT THAT MOST PALLIATIVE CARE OCCURS OUTSIDE ACUTE CARE SETTINGS AND IS PRIMARILY SUPPORTED BY UNPAID FAMILY CAREGIVERS. AN OVERVIEW OF THE CONCERNS FOR INDIVIDUALS AND FAMILIES, AS WELL AS SPECIFIC NURSING INTERVENTIONS, FROM ALL AGES WOULD BE AN EXCELLENT SUPPORT FOR NURSING STUDENTS AND PRACTICING REGISTERED NURSES ALIKE. THE BOOK STRUCTURE BEGINS

WITH A DESCRIPTION OF THE GOALS AND OBJECTIVES OF HOSPICE PALLIATIVE CARE AND THE NURSING ROLE IN PROVIDING EXCELLENT SUPPORTIVE CARE. CHAPTERS INCLUDE RESEARCH FINDINGS AND SPECIFICALLY RESEARCH COMPLETED BY THE AUTHORS IN THE AREAS OF PEDIATRIC PALLIATIVE CARE, PALLIATIVE CARE FOR THOSE WITH DEMENTIA, AND THE NEEDS OF FAMILY CAREGIVERS IN BEREAVEMENT. INTERVENTIONS DEVELOPED BY THE EDITORS ARE PROVIDED IN THIS BOOK, SUCH AS THE "FINDING BALANCE INTERVENTION" FOR BEREAVED CAREGIVERS; THE "RECLAIMING YOURSELF" TOOL FOR BEREAVED SPOUSES OF PARTNERS WITH DEMENTIA; AND THE KEEPING HOPE POSSIBLE TOOLKIT FOR FAMILIES OF CHILDREN WITH LIFE THREATENING AND LIFE LIMITING ILLNESSES. THE DEVELOPMENT AND APPLICATION OF THESE THEORY-BASED INTERVENTIONS ARE ALSO HIGHLIGHTED. VIDEOS AND VIGNETTES WRITTEN BY FAMILY CAREGIVERS ABOUT WHAT WAS HELPFUL FOR THEM, PROVIDE A PATIENT-AND FAMILY-CENTERED APPROACH./DIV THE BOOK WILL BENEFIT NURSING STUDENTS, EDUCATORS AND PRACTICING REGISTERED NURSES BY PROVIDING INFORMATION, THEORY, AND EVIDENCE FROM RESEARCH.

THE MEDICALIZATION OF BIRTH AND DEATH LAUREN K. HALL 2019-12-17 THE MEDICALIZATION OF BIRTH AND DEATH IS REQUIRED READING FOR ACADEMICS, PATIENTS, PROVIDERS, POLICYMAKERS, AND ANYONE ELSE INTERESTED IN HOW POLICY SHAPES HEALTHCARE OPTIONS AND LIMITS PATIENTS AND PROVIDERS DURING LIFE'S MOST PROFOUND MOMENTS.