

Creating Hospitals We Can Trust

Creating Hospitals We Can Trust

United States. Congress. House.
Committee on Ways and Means.
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Creating Hospitals We Can Trust:

Creating Hospitals We Can Trust Jane Lloyd,2002-04-09 Creating Hospitals We Can Trust is for anyone who wants to promote provide or receive good hospital care It describes the necessary components of quality care at the bedside and it explains how anyone can look beyond PR rhetoric and readily determine whether those conditions are present or absent in their community hospital Though it primarily addresses the public it explains what hospital professionals and executives can do both to take good care of their patients and to produce increasingly better economic outcomes It also describes how today s journalists can report more substantively about a health care system that has now become very powerful over everyday lives whether we are sick or well Exploring the Use of Technology and Innovation to Create Efficiencies and Higher Quality in Health Care United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 2017

Report of the Trustees of the Federal Hospital Insurance Trust Fund United States. Congress. House. Committee on Ways and Means, 1996 Hospital Cost Containment Act of 1979 United States. Congress. Senate. Committee on Labor and Human Resources. Subcommittee on Health and Scientific Research,1979 Federal Register, 2013-05 Relating to Medicare Hospital Payments United States. Congress. House. Committee on Ways and Means. Subcommittee on Creation of Federal Board of Hospitalization and Disposition of Veterans' Administration Hospital Health.1985 Sites United States, Congress, House, Committee on Veterans' Affairs, Subcommittee on Hospitals, 1954 Creating a Medicare Prescription Drug Benefit United States. Congress. House. Committee on Energy and Commerce. Subcommittee on Health, 2002 **Hospital Financial Practices** United States. Congress. House. Committee on Energy and Commerce. How to Make a Grand Success of the Christian Life John R. Subcommittee on Oversight and Investigations, 1994 Hospital Payment Under Medicare United States. Congress. House. Committee on Ways and Means. Rice,2000-08 Hospital Group Purchasing United States. Congress. Senate. Committee on the Subcommittee on Health, 1991 Judiciary. Subcommittee on Antitrust, Competition Policy, and Consumer Rights, 2005 **Cross-Cultural Training and Teamwork in Healthcare** Vasilache, Simona, 2013-07-31 This book explores the complex relationships between patients physicians and nurses with different cultural backgrounds integrating theoretical and empirical perspectives on medical How to Get out of a Mental Hospital Phillip Fragile, 2022-07-26 In How to Get Out of a Mental Hospital Phillip teamwork Fragile shares his life experience from far gone hopeless and out of control to well and managed This book covers all the thought processes and mindsets for getting from A to B Phillip Fragile was the worst of the worst He couldn t cope with treatment He couldn t relate with common sense He had a bad reputation They said he had lack of insight Phillip goes through every scenario He explains step by step the way out of the gutter and how to change one s reputation He went from being harmful to gentle He became himself again To all those people that had lost hope he returned This is the easiest fastest and simplest way to regain self control This book shows how anyone who can read can go from certified restrained and

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economies of scale without any obligation to share such volume gains Government in contrast has a fragmented approach and is not making use of its bulk buying power The Treasury is seeking further efficiency savings but achieving any savings on existing contracts will depend on voluntary agreements with investors and suppliers Department of Health Great Britain: Parliament: House of Commons: Committee of Public Accounts, 2013-03-22 The NHS has achieved its financial savings target but this has in large part come from freezing wages and there is concern that other savings are being achieved by rationing patients access to certain treatments These include cataract surgery and hip and knee replacements These procedures are described as being of low clinical value but they can make a real difference to a patient squality of life Furthermore the finances of some trusts are fragile and there is a risk they may resort to simple cost cutting rather than finding genuine efficiency savings The NHS must fundamentally change the way that healthcare is provided to secure the level of savings needed in the future for example by moving services out of hospitals and into the community The Committee is not satisfied that the Department and the NHS Commissioning Board is doing enough to help the NHS transform services Local people are understandably resistant when proposals are made to close their local hospital or reduce the range of services it provides It is down to the Department to make a clear case for change from the patient's point of view demonstrating the benefits in terms of the quality and safety of care as well as cost savings Although the Department reported that the NHS made savings in 2011 12 of 5 8 billion virtually all of that year s forecast of 5 9 billion that data is not fully reliable Only 60% of the savings it claimed to have made during 2011 12 could be substantiated using national data

consequences for their employment and professional status But disciplinary procedures professional conduct hearings and employment tribunals are not the proper place for honestly held concerns about patient safety and care quality to be aired constructively The NHS standard contract imposes a duty of candour on all NHS providers This is an essential principle but it is not adequately understood or applied It should mean that all providers create a culture which is routinely open both with their patients and their commissioners The same principle should apply to commissioners so that they are routinely open and accountable to local communities The Health Committee recommended this approach in 2011 and repeats that now It should be a prime role of the CQC to encourage the development of this culture within care providers and of NHS England to develop the same culture within commissioners The Health Committee will in future work closely with the Professional Standards Authority to develop the accountability process for professional regulators in healthcare

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