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2020-01-22

KANE LOGAN

Artificial Intelligence in Healthcare Guilford Publications

To access the video vignettes, please visit oup.com/RUBI Autism spectrum disorder (ASD) begins in early childhood and is characterized by impairments in social interaction and communication, restricted interests and repetitive behavior. As many as half of children with ASD between the ages of 3 and 8 also exhibit disruptive behaviors that interfere with their overall development and family functioning. This Therapist Guide, Parent Training for Disruptive Behavior, is designed for therapists to use with parents of children with ASD and challenging behaviors, such as tantrums, noncompliance, and aggression. Based on the principles of Applied Behavior Analysis and developed over more than a decade of research, the intervention consists of 11 core sessions as well as supplemental sessions, a home visit, and follow-up visits. Each session includes a therapist script, activity sheets, parent handouts, and checklists. Video vignettes are available online to illustrate concepts. The treatment manual is designed to be used in conjunction with the companion Workbook for parents. Each session is delivered individually in weekly outpatient visits. Homework assignments between sessions focus on implementing behavior change strategies collaboratively chosen by the therapist and parent.

Healthcare Disrupted BoD - Books on Demand

This dissertation consists of three essays Essay 1 In recent years, the physician practice landscape has been characterized by a shift away from small, single specialty physician practices and towards larger, more integrated providers. Responses to this trend have been mixed, with some hailing it as a cost saving cure-all and others warning about the dangers of increased market power and the potential for anti-competitive behavior. This trade-off has been debated by health care professionals, economists and government agencies in boardrooms, academia and courts. The discussion of integration has been impeded by a failure to carefully define terms and distinguish between two distinct components of integration: administrative and behavioral. Administrative, or financial, integration happens when providers merge, or hospitals purchase physician practices. This type of integration is associated with increased bargaining power and higher reimbursements. Furthermore, through profit sharing, financial integration can create an incentive for providers to refer patients to other specialists for more tests or more care, some of which may be unnecessary. In contrasts, behavioral integration refers to doctors working together and coordinating care. It has been associated with decreased waste and more efficient care. Previous work has often used measures of administrative integration, such as the share of physician practices owned by hospitals, to proxy for behavioral integration. Those modeling decisions are understandable as, up to this point, a metric which separately captures behavioral integration in a systematic way has not existed. The lack of a metric has been a hurdle to evaluating these two components separately. In this paper, I use Medicare data on physician patient sharing patterns to develop metrics that capture physician practice integration at the behavioral level. I compare these behavioral integration metrics to a more standard organizational level integration metric. The low correlation, only 0.30, demonstrates that these metrics are distinct. Using all these metrics, I examine the impact of these two types of physician integration on the utilization of medical care. With national data over time, I use changes in integration and utilization within regions to estimate how the different types of integration impact the ability to provide quality care at a low cost, which I refer to as efficiency. As a model of physician behavior predicts, I find that behavioral integration reduces cost while improving quality. In contrasts, financial integration appears to increase cost without having an impact on quality. These results are robust to different measures of behavioral integration and different identification strategies. Essay 2 When health care providers and managed care organizations (MCOs) bargain, the main tool providers have is the threat to refuse to be in the MCO's network. In fact, anecdotal evidence

indicates that a major mechanism that practices employ to maximize profits in the face of differing insurer reimbursements, limited capacity and stochastic demand is to choose insurers discriminately. Providers do not accept patients from every MCO, however, providers do not exclusively accept the most profitable MCO.

Defusing Disruptive Behavior Jossey-Bass

Physicians and psychiatrists typically see themselves as true professionals. But in the past, some displayed behavior far beneath the confines of professionalism, including exploding at nurses, not returning calls, or conducting insensitive interactions with patients, that was usually tolerated and seldom disciplined. Today, the rise of professionalism in medicine in general and psychiatry in particular has prompted a quiet revolution in how doctors are trained and how they are expected to behave in the workplace. The Accreditation Council for Graduate Medical Education (ACGME) has now advanced professionalism to be one of the core competencies all emerging practitioners must have. While almost all physicians believe in professionalism, the movement toward making it a core competency has challenged doctors everywhere to accept the practice of monitoring, observing and assessing what is not always welcome in a field where autonomy is so highly valued. In *Professionalism in Psychiatry*, the authors identify and expand on professional behaviors, such as being a good team player, being accountable, pursuing improvement in an ongoing way, and behaving compassionately toward patients and families. The importance of treating all co-workers with respect and of being attuned to the management of healthcare resources in a way that reflects fairness and integrity is also thoroughly reviewed. Important features of this book are: Tailoring professionalism principles from medicine to the unique features of psychiatry in order to enhance educators' teaching and improve the behaviors of psychiatrists and residents in the work setting. Development of guidelines for professionalism in cyberspace to provide psychiatrists with an ethical framework for dealing with patients in the online realm. Discussion of the ethical principles that apply when academic departments approach donors. Focus on cultural competency and empathy in an effort to improve patient care through greater understanding and sensitivity to ethnic, racial, gender and sexual orientation issues encountered in clinical practice. Use of numerous clinical examples to articulate the new professionalism in psychiatry, which illustrates the importance of going beyond "one size fits all" thinking. *Professionalism in Psychiatry* is an important contribution toward beginning to characterize the ever-evolving professional behaviors and clinical strategies of the contemporary psychiatrist and place them in a systematic framework.

Strengthening the Connection Between Health Professions Education and Practice

Hcpro, a Division of Simplify Compliance

Ethical issues facing anesthesiologists are more far-reaching than those involving virtually any other medical specialty. In this clinical ethics textbook, authors from across the USA, Canada and Europe draw on ethical principles and practical knowledge to provide a realistic understanding of ethical anesthetic practice. The result is a compilation of expert opinion and international perspectives from clinical leaders in anesthesiology. Building on real-life, case-based problems, each chapter is clinically focused and addresses both practical and theoretical issues. Topics include general operating room care, pediatric and obstetrical patient care, the intensive care unit, pain practice, research and publication, as well as discussions of lethal injection, disclosure of errors, expert witness testimony, triage in disaster and conflicts of interest with industry. An important reference tool for any anesthesiologist, whether clinical or research-oriented, this book is especially valuable for physicians involved in teaching residents and students about the ethical aspects of anesthesia practice.

Handbook of Disruptive Behavior Disorders Springer

The purpose of this Handbook is to provide the researcher, clinician, teacher and student in all mental health fields with comprehensive coverage of Disruptive Behavior Disorders (Attention Deficit/Hyperactivity Disorder, Conduct Disorder and Oppositional Defiant Disorder). With over 50

contributors and 2600 references, this Handbook is the most complete resource available on this important topic.

Physicians and Professional Behavior Management Strategies: A Leadership Roadmap and Guide with Case Studies Guilford Publications

Get the knowledge needed to serve as an effective Medical Executive Committee Member and fulfill the role well. The MEC Essentials Handbook breaks down the medical executive committee role to facilitate understanding of the responsibilities and strategies for being an exemplary committee member. Oftentimes physicians end up in a leadership position without really knowing what the job entails and what they are meant to accomplish. This handbook can be used as a comprehensive guide for physician leaders throughout their appointment, providing them with the necessary skills and knowledge they may not have received as part of their medical school training and residency. Plus, to make staff training easy, this handbook includes a customizable PowerPoint(R) presentation highlighting key takeaways covered in the handbook. Benefits of The MEC Essentials Handbook: Earn CE and certification credits Assess, document, and comply with The Joint Commission's core competencies Verify the competence of advance practice professionals and allied health professionals Understand the role of physician leaders in focused professional practice evaluation (FPPE), ongoing professional practice evaluation (OPPE), and peer review Overcome challenges presented by low- and no-volume providers and legal issues such as negligent credentialing Avoid costly, time-consuming fair hearings Oversee professional conduct and confront disruptive behavior What's inside: Compare and contrast the roles and responsibilities of the medical staff, management, and board Describe the dimensions of physician performance Explain the role of MEC as oversight for the credentialing and privileging committee Explain the role of MEC as oversight for the peer review, quality, and patient safety committees Describe the MEC's role in overseeing disruptive physician behavior, according to the law and Joint Commission standards Identify the seven factors of successful medical staff development planning Derive strategies to streamline MEC meetings Table of Contents Chapter 1: Roles and responsibilities of the medical staff, management, and board Chapter 2: The Power of the Pyramid: How to achieve great physician performance Chapter 3: The MEC's role in credentialing and privileging Chapter 4: The MEC's role in peer review, quality, and patient safety Chapter 5: The MEC's role in managing professional conduct Chapter 6: The MEC's role in strategic collaboration with the hospital Chapter 7: Effective MEC meetings

Parent Training for Disruptive Behavior Bloomsbury Publishing USA

This book is to inform doctors and healthcare providers of what behavior can be classified as disruptive, and how easily a physician can be "labeled" and go down a path of doom! The problem is that many doctors don't even realize that by simply being themselves, with no intent to cause harm, they stumble into an accusation of being termed "Disruptive." An accusation can cause severe anguish. Many have gone down the road of being labeled a disruptive physician and have never even heard the term. Many have been afraid, angry, sad, incredulous and asked, "How could this happen?" As a physician, I began doing extensive research to educate myself and, after much work, was able to identify the causes and how to correct a situation. This book is designed to help you avoid exhibiting behavior that can be considered disruptive, and successfully navigate the process after an accusation has been made, or worse, if you have already been investigated and labeled disruptive. This book is for you, the healthcare provider, who is required to go through any type of licensing board for behavioral issues; a medical physician, an osteopathic physician, a nurse, a physician assistant, a pharmacist or veterinarian, and for all who want to learn more about what it means to be labeled a disruptive physician. This book is for the CEO, the medical staff office, and the Medical Executive Committee, to better understand physician behavior and how we are all affected. After you have read this book, you will have a thorough understanding of what it means to be a disruptive physician. In addition, if you find yourself or others going down this path, this will be a guidebook to traverse the journey. I provide all the tools, resources, and information

you need to succeed.

Early Career Physician Mental Health and Wellness HC Pro, Inc.

About HCPro HCPro, Inc., is the premier publisher of information and training resources for the healthcare community. Our line of products includes newsletters, books, audioconferences, training handbooks, videos, online learning courses, and professional consulting seminars for specialists in health information management, compliance, accreditation, quality and patient safety, nursing, pharmaceuticals, medical staff, credentialing, long-term care, physician practice, infection control, and safety, Visit the Healthcare Marketplace at www.hcmarketplace.com for information on any of our products, or to sign up for one or more of our free online e-zines.

[A Practical Guide to Managing Disruptive and Impaired Physicians](#) Springer Publishing Company
Looking for some positive news in the chaotic world of health care? Look no further. Positive Leadership in Health Care: Building on Strengths, Managing Around Weaknesses showcases some of the great strides being made by health care leaders working to make things better. The book opens with insights from Charles Dwyer, PhD, who presents the latest research in positive psychology. You'll learn techniques for becoming more positive yourself and spreading that attitude around your health care organization. Other chapters, written by doctors, nurses and other health care specialists, examine: Improvements in physician/nurse relationships Hospitals in Wisconsin working together and reducing competition in order to make their state the safest place to receive health care Collaborative teams working to create the best outcomes for patients How safety practices in the airline industry are being applied to health care.

A Faculty Guide to Addressing Disruptive and Dangerous Behavior National Academies Press
Address fitness-to-practice concerns with confidence! Managing Problem Practitioners: A Leadership Guide to Dealing With Impaired, Disruptive, Aging, and Burned-Out Clinicians is the medical staff's answer for developing policies and procedures that address physician impairment, disruptive behavior, and problems associated with aging. Expert Todd Sagin, MD, JD, provides the guidance the medical staff office needs to develop and implement a process for assessing and resolving legally compromising situations. Don't get caught unprepared--reduce your lawsuit risk and keep your patients and clinicians out of harm's way. This book will help you: Develop an aging physician policy that protects physicians and the organization Train medical staff leaders on how to deal with a disruptive physician Take the proper steps when physicians fail to correct their behavior Design a physician wellness committee that is supportive of the medical staff Set and communicate clear expectations of physician behavior and competency Table of contents Section I: Addressing Practitioners Who Engage in Unprofessional Conduct The Parameters of the Problem Professionalism: We Know It When We See It What Constitutes "Unprofessional Conduct" or "Disruptive Behavior"? Unprofessional Conduct: The Elephant in the Room The Prevalence of Unprofessional Conduct Why Is Unprofessional Conduct So Prevalent? Changing Expectations: The Move to Zero Tolerance Connection Between Disruptive Behavior, Patient Safety, and Quality Healthcare Setting Expectations for Professional Behavior Communicating the Code of Conduct and/or Behavioral Expectations Medical Staff and Group Practice Credentialing: Holding the Gates Against Disruptive Practitioners Medical Staff Bylaws and Disruptive Physicians: Issues to Be Addressed Confronting Unprofessional Behavior and Disruptive Conduct Preparing Leaders to Manage Disruptive Practitioners Gathering Data on Misconduct Incidents Intervening With Disruptive Practitioners: Who, When, Where? Holding the Conversation With Disruptive Practitioners Utilizing Progressive Steps to Address Unprofessional Behavior Managing Disruptive Conduct: A Series of Escalating Interventions Establishing a Plan of Action: Options to Assist in the Remediation of Disruptive Practitioners Sharing Information About Unprofessional Conduct With Third Parties Managing Disruptive Conduct Performed by Employed Physicians or Practitioners Legal Challenges Brought From Disruptive Practitioners Section II: Managing the Impaired Practitioner Managing Practitioners Whose Delivery of Care Is Impacted by Issues of Health, Aging, or Substance Abuse Managing Practitioners With Substance Abuse Problems Identification and Reporting of Physicians With Addictions Confronting Practitioners Who Are Abusing Substances Treatment and Monitoring of Physicians Who Are Substance Abusers Additional Issues Relating to Substance Abuse by Physicians: Drug Testing, Responding to Third-Party Inquiries, and Covering the Expense of Treatment Physicians Impaired by Health Concerns Reporting Suspected Physical and Mental Impairments Physician Health and Wellness Committees The Assessment of Physically and/or Mentally Impaired Physicians The Use of a Leave of Absence When Evaluating or Treating Impaired Practitioners The Americans With Disabilities Act (ADA) and the Impaired Physician The Aging Physician: A Growing Healthcare Challenge Connection Between Experience and

Competence Aging Physicians With Cognitive Deficits Aging Physicians and Physical Conditions That Cause Impairment Identifying and Managing Declining Competence in the Older Practitioner Adopting Credentialing Policies Regarding Aging Practitioners Impact of the Federal Age Discrimination in Employment Act (ADEA) Addressing Physician Stress and Burnout: A Growing Problem Selected Resources Selected Legal Cases

Accountable Systems of Behavioral Health Care American Psychiatric Pub

The rapid pace of change in the healthcare industry is creating turbulence for just about everyone. For consumers, affordable access to quality healthcare is an issue of primary importance. For employers, health benefits have grown to be an alarmingly large component of their compensation packages. For physicians and other healthcare providers, practice management has become increasingly demanding. Each of this set's three volumes untangles the complexity, provides answers to knotty questions, and points the way toward better healthcare for all. Features include commentary, prescriptions, and insights from leaders in the healthcare industry, including physicians, attorneys, administrators, educators, and business consultants. The result: a landmark set filled with provocative analysis and practical recommendations destined to improve the delivery of healthcare. The rapid pace of change in the healthcare industry is creating turbulence for just about everyone. For consumers, affordable access to quality healthcare is an issue of primary importance. For employers, health benefits have grown to be an alarmingly large component of their compensation packages. For physicians and other healthcare providers, practice management has become increasingly demanding. Complexity is the rule, thanks to government regulations and insurer requirements, the expansion of technology in everything from diagnosis to records, and the desire of policymakers and others to have a say in how healthcare is delivered and to whom. The Business of Healthcare provides Rx to these and other challenges in three volumes: Volume 1: Practice Management Volume 2: Leading Healthcare Organizations Volume 3: Improving Systems of Care. Each volume features commentary and insights from leaders in the healthcare industry, including physicians, attorneys, administrators, educators, and business consultants. The result: a landmark set filled with provocative analysis and practical recommendations destined to improve the delivery of healthcare. The Business of Healthcare presents ideas and information that until now have been sequestered in a variety of professional journals and books, in isolation from each other. For the first time, healthcare professionals, consumers, scholars, students, and policymakers alike will have access to the same body of information about a critical sector of the economy-one that represents 15 percent of the U.S. national GDP, consumes 10 percent of federal government spending, and employs twelve million people. This three-volume set will address the current debates that are determining the future course of the industry. Volume 1: Practice Management: Physicians are beginning to realize that, in addition to providing health care, they are owners and managers of multi-million dollar enterprises. Unfortunately, most have not received formal training in the skills needed to operate such a business. In this volume, experts will present practical advice for physicians (as well as their practice managers and staff) to improve operations. Topics include: *The opportunities and challenges of solo practice. *The logistics of joining and leaving a physician practice. *Performance management in physician practices. *Creating a culture of accountability in physician practices. *Managing difficult and disruptive physicians. *Developing and promoting a physician practice. *Internet marketing of physician practices. *The potential benefits and implementation roadblocks of pay for performance. *Accounts receivable management in hospital and physician practices. *The future of the physician practice. Volume 2: Leading Healthcare Organizations: Whether running their own practice or working as a part of a larger organization, health professionals are being called upon to provide leadership—something more important than ever in health care, where some sectors of the industry are in turmoil, while others are being transformed entirely. This volume will offer insights into the changing role of leadership throughout an organization, and describe how health professionals can exert their influence to effect positive change. Topics covered include: *Perspectives on leading complex healthcare delivery systems. *Mending the gap between practicing physicians and hospital executives. *The physician's role on the hospital board, and a blueprint for success. *The impact of biotechnology advances on healthcare delivery. *The impact of informatics on healthcare delivery. *The next frontier in addressing clinical hospital supply costs. *Liability risk management: Saving money and relationships. *Pastoral medicine: The impact of pastoral care. *The role of complementary and alternative medicine in healthcare today. Volume 3: Improving Systems of Care : This volume explores the current state of health care, and it describes the critical issues that must be resolved in the short run and the long run to ensure

that the industry provides the value that the public both demands and deserves. Topics include:

*Quality in healthcare: concepts and practice. *Adapting proven aviation safety tools to healthcare: Improving healthcare by changing the safety culture. *Introduction to healthcare information technology. *Market dynamics and financing strategies in the development of medical technologies. *An innovative service delivery model for specialized care. *The impact of healthcare on the US economy. *Improving systems of care: a patient's perspective. *The cost of end-of-life care. *Building the bridge between business and medicine. Better, more efficient healthcare is not just possible but needed more than ever. The Business of Health Care will help lead the way toward a healthier, happier society.

Improving Patient Safety St. Martin's Press

Clinical Case Studies for the Family Nurse Practitioner is a key resource for advanced practice nurses and graduate students seeking to test their skills in assessing, diagnosing, and managing cases in family and primary care. Composed of more than 70 cases ranging from common to unique, the book compiles years of experience from experts in the field. It is organized chronologically, presenting cases from neonatal to geriatric care in a standard approach built on the SOAP format. This includes differential diagnosis and a series of critical thinking questions ideal for self-assessment or classroom use.

Ethical Challenges in Health Care CRC Press

This book explores a rapidly growing area of discussion in the health care industry, disruptive behavior in medical providers. The presence of disruptive behavior adversely impacts the providers of all disciplines: paraprofessional personnel, nurses, physicians and administrators. But more importantly, there may be a greater detrimental effect on quality and patient safety. This has led to mandated regulatory requirements that assist healthcare institutions in developing programs to address the problem. The book presents an evidence-based analysis of the disruptive provider behavior that defines the incidence, demographics, and profile of the behavior; discusses the specialties and work locations predisposed, as well as the interface with residents and nurses. The importance of patient safety, economic, and legal issues are addressed by a comprehensive, management strategy to effect positive, sustainable culture change in healthcare.

The Business of Healthcare [3 volumes] Hcpro, a Division of Simplify Compliance

Disruptive behavior among health care providers has an undisputed link to negative patient outcomes. High-stress areas, including the perioperative setting, are especially prone to this behavior. In July 2008, The Joint Commission (TJC) issued a Sentinel Event Alert, Behaviors that Undermine a Culture of Safety, and introduced a new leadership standard mandating that all accredited organizations develop processes for managing disruptive behavior, including a surveillance of the problem and training in communication skills and conflict resolution. To address this standard, the overall purpose of this study was to develop, implement and evaluate an educational communication skills intervention, Nurses Addressing Disruptive Behavior (NADB), aimed at increasing the self-efficacy of perioperative nurses to address disruptive physician behavior. To achieve this overall purpose, three studies were conducted. The first study determined that the incidence of disruptive physician behavior in the perioperative setting of a midwestern medical center was alarmingly high. Ninety-five percent of the perioperative nurses surveyed reported having witnessed and/or experienced disruptive behavior. The second study developed the communication skills intervention based on the Crucial Conversations® Training Healthcare Track, the pattern of interaction component of Humanizing Nursing Communication Theory, and the self-efficacy component of Social Cognitive Theory. To evaluate the effectiveness of the intervention, a 10 item Likert-type instrument, the Self-Efficacy to Address Disruptive Behavior Scale (SADBS), was developed, tested, and determined to be a valid, reliable and sensitive instrument to measure nurse self-efficacy to address disruptive physician behavior. The third study implemented and evaluated the intervention. Seventeen perioperative nurses participated in a two-day communication skills program presented by a certified Crucial Conversations® trainer. The SADBS was used to collect study data. Using paired t-test analysis, there was a statistically significant increase in total mean self-efficacy scores immediately after the intervention and four weeks following the intervention. In addition, participants were able to address disruptive physician behavior 71% of the time, four weeks after the intervention. The results of these studies strongly suggest that one possible intervention strategy to address the serious threat of disruptive physician behavior to patient safety is to educate nurses in communication skills.

[The Innovator's Prescription: A Disruptive Solution for Health Care](#) Misner and Monroe Publishing

A groundbreaking prescription for health care reform—from a legendary leader in innovation . . . Our health care system is in critical condition. Each year, fewer Americans can afford it, fewer businesses can provide it, and fewer government programs can promise it for future generations. We need a cure, and we need it now. Harvard Business School's Clayton M. Christensen—whose bestselling *The Innovator's Dilemma* revolutionized the business world—presents *The Innovator's Prescription*, a comprehensive analysis of the strategies that will improve health care and make it affordable. Christensen applies the principles of disruptive innovation to the broken health care system with two pioneers in the field—Dr. Jerome Grossman and Dr. Jason Hwang. Together, they examine a range of symptoms and offer proven solutions. YOU'LL DISCOVER HOW "Precision medicine" reduces costs and makes good on the promise of personalized care Disruptive business models improve quality, accessibility, and affordability by changing the way hospitals and doctors work Patient networks enable better treatment of chronic diseases Employers can change the roles they play in health care to compete effectively in the era of globalization Insurance and regulatory reforms stimulate disruption in health care

Taming Disruptive Behavior Springer

According to the National Patient Safety Foundation, about 440,000 deaths from hospital mistakes are expected in 2018. These mistakes are preventable, but the number of deaths has been increasing for the last two decades instead of decreasing. This book describes how to prevent deaths at very low cost and get very high return on investment (ROI). The unique feature of this book is that it teaches the tools of innovation that anyone can master. It teaches healthcare staff how to manage innovation efficiently and quickly, because each patient life is critical. This second edition points out why the present methods are ineffective and shows how to find elegant solutions that are simple, comprehensive, and produce high return on investments. The second edition contains all updated material with the addition of a new chapter on systems engineering for robust improvements, a practice that has been applied in most high-risk industries, such as aerospace, defense, and NASA, for years. It aims at redesigning systems to make sure right things, right coordination and right integration happens in healthcare systems.

Positive Leadership in Health Care BoD - Books on Demand

A Practical Guide to Managing Disruptive and Impaired Physicians, Second Edition R. Dean White, DDS, MS Real-world solutions to problem physician behavior Don't let disruptive physician behavior

negatively affect your hospital's operations or put your patients, staff, and colleagues at risk. This resource will help you implement a sound program to manage impairment and prevent disruptive physician behavior. Stop disruptive physician behavior at the door through good credentialing Set and communicate clear expectations of behavior Create policies and procedures using customizable samples Provide feedback to physicians regarding their behavior Identify when disruptive behavior is an indicator of impairment Collaborate with physicians to successfully eliminate undesirable behavior Learn when it is appropriate to take corrective action that limits a physician's membership and/or privileges Comply with Joint Commission requirements Take a look at what's covered in this edition: Additional insight into physician impairment More than 30 new forms and policies Real-world case studies that put theory into practice Innovative solutions and insight provided by an in-the-trenches medical staff advisor The table of contents includes: Disruptive behavior: What it is, and what it is not The power of the pyramid: A common sense approach to physician behavior and performance Credentialing: Stopping disruptive behavior at the door Setting and communicating behavior expectations Measuring problem behavior Master the art of providing feedback Managing poor performance: How to intervene to stop disruptive physician behavior Managing the disruption of impairment Taking corrective action: What to do when you reach the top of the pyramid The critical role of the CEO and the board of trustees The medical staff advisor Laying down the law: Annotated legal cases of disruptive physician behavior Who will benefit? Medical director Quality director/manager Chief executive officer Chief operations officer Chief medical officer VPMA Medical staff coordinator Department chair Wellness, peer review, and credentials committee chairs

Disruptive Behavior Disorders Hcpro, a Division of Simplify Compliance

Based on the IOM's estimate of 44,000 deaths annually, medical errors rank as the eighth leading cause of death in the U.S. Clearly medical errors are an epidemic that needs to be contained. Despite these numbers, patient safety and medical errors remain an issue for physicians and other clinicians. This book bridges the issues related to patient safety by providing clinically relevant, vignette-based description of the areas where most problems occur. Each vignette highlights a particular issue such as communication, human factors, E.H.R., etc. and provides tools and strategies for improving quality in these areas and creating a safer environment for patients.

Disruptive Cooperation in Digital Health Springer Science & Business Media

This clear-sighted volume introduces the concept of "disruptive cooperation"—transformative partnerships between the health and technology sectors to eliminate widespread healthcare problems such as inequities, waste, and inappropriate care. Emphasizing the most pressing issues of a world growing older with long-term chronic illness, it unveils a new framework for personalized, integrative service based in mobile technologies. Coverage analyzes social aspects of illness and health, clinically robust uses of health data, and wireless and wearable applications in intervention, prevention, and health promotion. And case studies from digital health innovators illustrate opportunities for coordinating the service delivery, business, research/science, and policy sectors to promote healthier aging worldwide. Included among the topics: Cooperation in aging services technologies The quantified self, wearables, and the tracking revolution Smart healthy cities: public-private partnerships Beyond silos to data analytics for population health Cooperation for building secure standards for health data Peer-to-peer platforms for physicians in underserved areas: a human rights approach to social media in medicine Disruptive Cooperation in Digital Health will energize digital health and healthcare professionals in both non-profit and for-profit settings. Policymakers and public health professionals with an interest in innovation policy should find it an inspiring ideabook.

Managing Problem Practitioners John Wiley & Sons

Artificial Intelligence (AI) in Healthcare is more than a comprehensive introduction to artificial intelligence as a tool in the generation and analysis of healthcare data. The book is split into two sections where the first section describes the current healthcare challenges and the rise of AI in this arena. The ten following chapters are written by specialists in each area, covering the whole healthcare ecosystem. First, the AI applications in drug design and drug development are presented followed by its applications in the field of cancer diagnostics, treatment and medical imaging. Subsequently, the application of AI in medical devices and surgery are covered as well as remote patient monitoring. Finally, the book dives into the topics of security, privacy, information sharing, health insurances and legal aspects of AI in healthcare. Highlights different data techniques in healthcare data analysis, including machine learning and data mining Illustrates different applications and challenges across the design, implementation and management of intelligent systems and healthcare data networks Includes applications and case studies across all areas of AI in healthcare data