[MOBI] The Hospital Emergency Department A Guide To Operational Excellence

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crowded emergency

Hospital-Based Emergency Care - Institute of Medicine - 2007-05-03
Today our emergency care system faces an epidemic of

departments, patients boarding in hallways waiting to be admitted, and daily ambulance diversions.
Hospital-Based Emergency Care addresses the difficulty of balancing the roles of
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providers, professional organizations, and policy makers looking to address the deficiencies in emergency care systems.

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**Emergency Services** - American Hospital Association - 1972

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**Emergency Department**

**Psychiatric Patient** - Susan Stefan - 2006-03-16
This text explores the pressures on emergency departments and identifies the burdens and conflicts that undermine their efforts to provide compassionate care to people in psychiatric crisis.

**Emergency Department Treatment of the Psychiatric Patient** - Susan Stefan - 2006-03-16
This text explores the pressures on emergency departments and identifies the burdens and conflicts that undermine their efforts to provide compassionate care to people in psychiatric crisis.

**Communicating in Hospital Emergency Departments** - Diana Slade - 2015-04-28
This book was conceived in response to the increasing recognition of the central role of communication in effective healthcare delivery, particularly in high-stress contexts. Over a three-year period, the research team investigated communication between patients and
Emergency Communication representative emergency departments (EDs). The book describes the communicative complexity and intensity of work in the ED and identifies the features of successful patient-clinician interactions. Drawing on authentic examples of communication within the ED, the book provides comprehensive communication strategies for healthcare professionals that can be readily integrated into everyday practice. ‘Professor Diana Slade and her colleagues have written an innovative and practical book on communication and relationships in emergency departments and their effects on the patient experience. Rarely does one find a book that so seamlessly translates research findings into practical action strategies. The book is an invaluable resource for the training of physicians, nurses, hospital administrators and others in healthcare.’ - Elizabeth A. Rider, MSW, MD, FAAP, Department of Pediatrics, Harvard Medical School ‘My participation in the UTS project provided extraordinary insights into the complexities and subtleties of communication encounters during a patient’s emergency department journey. This project has made a lasting impact on my daily work, and I hope will improve emergency patient care into the future.’ - Dr Nick Taylor, Emergency Medicine Specialist, The Canberra Hospital ‘The captured clinical conversations between doctors, nurses and patients are fascinating The discussion and conclusions provide a rare insight into an integral and critical component of Emergency Medicine practice. The team, led by Professor Slade, was truly unobtrusive, professional and personable.’ - Dr Marian Lee, Emergency Physician, Director of Emergency Medicine Training

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Of the estimated 119 million visits to U.S. emergency depts. (ED) in 2006, over 40% were paid for by federally-supported programs -- Medicare, Medicaid, and the State Children's Health Insur. Program. There have been reports of crowded conditions in ED often associated with adverse effects on patient quality of care. In 2003, it was reported that most ED in metropolitan areas experienced some degree of crowding. For ex., two out of every three metropolitan hospitals reported going on ambulance diversion -- asking ambulances to bypass their ED and instead transport patients to other facilities. This report examined three indicators of ED crowding -- ambulance diversion, wait times, and patient boarding -- and factors that contribute to crowding. Illus.
Across the country, ambulances are turned away from emergency departments (EDs) and patients are waiting hours and sometimes days to be admitted to a hospital room. Hospitals are finding it hard to get specialist physicians to come to treat emergency patients. Our EDs demand a new way of thinking. They are not at a tipping point; they are at a breaking point. Under current loads and trends they are going to begin to break and these breakdowns will be painful and ultimately dangerous to society. Recognizing that the ideal in health care is presently beyond our immediate grasp, providing health care leaders with the tools they can employ to optimize the performance of EDs and thereby improve service to patients, employees, and communities. Written by 20 of the most progressive and successful health care reformers in the country, the approaches described can be utilized to quantify improvements, enhance predictability of workflow, and improve staff scheduling. The data derived using these techniques can serve as powerful evidence in support of change. While a common discussion among ED professionals is the perception that many patients are not really emergency patients and could be treated in another setting at another time, that argument is not germane until we as a nation elect to reform the way we chose to deliver healthcare to the underserviced. In the meantime this book provides invaluable information to help individual hospitals to retool their ED’s. It offers new approaches that think outside of the box for all stakeholders.
health care is presently evidence that administrators need to make their cases for changes and added resources. It will help you forecast the demand for services and give your center an approach that will allow the ED to become a source of income rather than one that continues to hemorrhage needed limited health care funding.

**Optimizing Emergency Department Throughput** - John M. Shiver - 2009-12-28
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**Violence in the Emergency Department** - Patricia B. Allen, MBA, BS, RN - 2009-07-13
"This book is a must for all emergency departments and a valuable resource for anyone scheduled to work there. It covers the history and evolution of violence in emergency departments and offers excellent exhibits for quick reference" --Doody's

Violence in the emergency department (ED) is a critical, even life-threatening problem facing ED nurses and physicians daily. Emergency room personnel have repeatedly reported being threatened, harassed, and seriously injured by hostile patients, including psychiatrically ill patients, substance abusers, and criminals, as well as by patients' families and friends. During this nursing shortage, it is imperative that hospital administrators take the necessary measures to create a violence-free emergency room. This book educates health care professionals and hospital administrators about all aspects of ED violence. The author provides all the essential tools and strategies for preventing violence before it starts, and managing it if it occurs. In this book, Allen provides practical guidelines for assessing the potential risk of violence in the ED and implementing a violence defense strategy and program. Key topics discussed: How to assess the potential risk of violence in individual patients How to identify the types of patients that are most likely to be violent in the ED and why they are violent How to plan and implement a violence defense program by increasing security, charging
facing ED nurses and announcing hospital-wide alerts, and more How to improve communication strategies with both colleagues and violent patients in the ED How to increase awareness of the the significant problem of lateral violence among healthcare personnel Violence in the Emergency Department will not only help safeguard physicians and nurses from injury, it will serve as one more step toward healing the critical nursing shortage, increasing job satisfaction, and improving patient care.

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**Your Inside Guide to the Emergency Department** - Dr. Fred Voon - 2021-06-28

This is the first book for the general public, written by a physician, to guide you through what really happens in the Emergency Department (ED). In Canada there are over 15 million Emergency visits a year. In the USA, over shocking 46 visits for every 100 persons! Learn what to expect if you, or a loved one, becomes one. - What happens and why from the ambulance to the trauma bay? - What and whom should you bring? - Why do you have to wait so long? Why did that person get seen before you? - Who gets seen faster? How can you get treated sooner? - Why do you have to tell the same story over again? - Who are all these people? - What should you do to prepare? Dr. Voon also busts some common myths and provides tons of practical tips and tricks to help you stay out of the ED: - What might not be an emergency after all? - What should everyone stock in their Home Medicine Cabinet? - What internet sites can we trust? As an in-depth and comprehensible resource, this non-fiction is a reference that belongs in every household and every waiting room. Find out more on the web at DrVoon.com.
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Excellence in the
Emergency Department -
Stephanie J. Baker -
2013-07-19

By implementing proven,
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By implementing proven, evidence-based tools and techniques, leaders can overcome the excuses and create an ED where employees and physicians want to work and patients want to receive care. That's true whether your ED is big or small, inner city or rural, or any combination of the above. Excellence in the Emergency Department explains how. Author Stephanie Baker, has created an outstanding resource book filled with proven, easy-to-implement, step-by-step instructions that will help you move your emergency department forward. These process-improvement tactics are based on research Studer Group.

**Emergency Department Leadership and Management** - Stephanie Kayden - 2014-11-27
Written for a global audience, by an international team, the book provides practical, case-based emergency department leadership skills.

**The Hospital Emergency Department** - American Hospital Association - 1960

**The Hospital Emergency Department** - American Hospital Association - 1960

**The Hospital Emergency Department** - James H. Spencer - 1972

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**The Definitive Guide to Emergency Department Operational Improvement** - Jody Crane, MD, MBA - 2011-04-22
In a unique and integrated approach, The Definitive
Guide to Emergency Department Operational Improvement: Employing Lean Principles with Current ED Best Practices to Create the "No Wait" Department exposes you to the academics behind managing the complex service environment that is the ED. The book combines applied management science and ED experience to create a model of how to improve your emergency department operations. After summarizing the current state of emergency medicine, the book offers an in-depth presentation of Lean tools used in the ED along with basic and advanced flow principles grounded in queuing theory and the theory of constraints. It then shows how these concepts are applied in the emergency department and why they work, supported by a comprehensive case study in which Lean principles were used to transform an underperforming ED into a world-class operation. The authors highlight three commonly referenced intervals in the ED: door to doc (input), doc to disposition (throughput), and disposition to departure (output). After reviewing best practices, the authors explain how to achieve excellence in your own environment by discussing change management, leadership, dealing with resistance, and other critical elements of creating a culture of change. Under any scenario realized by healthcare reform, this book provides the tools and concepts to improve your ED for patients, staff, the organization, and ultimately, society.

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**Maggie and the Emergency Room** - Martine Davison - 1992
When Maggie falls off her bike, her mother takes her to be examined, x-rayed, and stitched in the emergency room of a nearby hospital.

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**Hospital Emergency Departments** - United States. General Accounting Office - 2003

**Hospital Emergency Departments** - United States.
the hospital, at the beginning of 2003

**Hospital emergency departments crowded conditions vary among hospitals and communities**

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**Every Minute Is a Day**

Robert Meyer, MD - 2021-08-03

An urgent, on-the-scene account of chaos and compassion on the front lines of ground zero for Covid-19, from a senior doctor at New York City’s busiest emergency room “Remarkable and inspiring . . . We’re lucky to have this vivid firsthand account.”—A. J. Jacobs, bestselling author of The Year of Living Biblically When former New York Times journalist Dan Koeppel texted his cousin Robert Meyer, a twenty-year veteran of the emergency room at Montefiore Medical Center in the Covid-19 crisis in the United States, he expected to hear that things were hectic. On a scale of 1 to 10, 10 being overwhelmed, where do you think you are? Koeppel asked. Meyer’s grave reply—100—was merely the cusp of the crisis that would soon touch every part of the globe. In need of an outlet to process the trauma of his working life over the coming months, Meyer continued to update Koeppel with what he’d seen and whom he’d treated. The result is an intimate record of historic turmoil and grief from the perspective of a remarkably resilient ER doctor. Every Minute Is a Day takes us into a hospital ravaged by Covid-19 and is filled with the stories of promises made that may be impossible to keep, of life or death choices for patients and their families, and of selflessness on the part of medical professionals who put themselves at incalculable risk. As fast-paced and high-tempo as the ER in which it takes place, Every Minute Is a Day is at its core an
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**The Beauty in Breaking** -
a new city, in a new job, as a newly single woman. In the ensuing years, as Harper learned to become an effective ER physician, bringing insight and empathy to every patient encounter, she came to understand that each of us is broken—physically, emotionally, psychically. How we recognize those breaks, how we try to mend them, and where we go from there are all crucial parts of the healing process. The Beauty in Breaking is the poignant true story of Harper’s journey toward self-healing. Each of the patients Harper writes about taught her something important about recuperation and recovery. How to let go of fear even when the future is murky: How to tell the truth when it’s simpler to overlook it. How to understand that compassion isn’t the same as justice. As she shines a light on the systemic disenfranchisement of the patients she treats as they struggle to maintain their health and dignity, Harper comes to understand the importance of allowing...
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The Beauty in Breaking
Michele Harper - 2021-06-29
A NEW YORK TIMES BESTSELLER A New York Times Notable Book

An emergency room physician explores how a life of service to others taught her how to heal herself. Michele Harper is a female, African American emergency room physician in a profession that is overwhelmingly male and white. Brought up in Washington, D.C., in a to Harvard, where she met her husband. They stayed together through medical school until two months before she was scheduled to join the staff of a hospital in central Philadelphia, when he told her he couldn’t move with her. Her marriage at an end, Harper began her new life in a new city, in a new job, as a newly single woman. In the ensuing years, as Harper learned to become an effective ER physician, bringing insight and empathy to every patient encounter, she came to understand that each of us is broken—physically, emotionally, psychically. How we recognize those breaks, how we try to mend them, and where we go from there are all crucial parts of the healing process. The Beauty in Breaking is the poignant true story of Harper’s journey toward self-healing. Each of the patients Harper writes about taught her something important about recuperation and recovery. How to let go of fear even when the future is murky: How to tell the truth
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The Evolving Role of Emergency Departments in the United States - Kristy Gonzalez Morganti - 2013-05-20
This report explores the evolving role that hospital emergency departments play in the U.S. health care system. EDs evaluate and manage complex and high-acuity patients, are the major point of entry to inpatient care, and serve as "the safety net of the safety net" for patients who cannot get care elsewhere. The report examines the role that EDs may come to play in either contributing to or reducing the rising costs of health care.

Risk Management and the Emergency Department - Shari Welch - 2011
The Emergency Department (ED) is not only the front door to your hospital; it's where your organization is most
The Emergency Department (ED) is not only the front door to your hospital; it's where your organization is most susceptible to inefficiencies and adverse outcomes. This handbook provides the knowledge and tools you need to address or avoid the problems inherent in ED healthcare. With an emphasis on the importance of leadership, the authors explore how executives can design systems that minimize risk at the front lines. Real-world examples illustrate strategies that led to a safer, more reliable healthcare environment. Topics covered include: Elements of the ED that can contribute to waits, delays, and errors The role of the board in risk-management strategies Standardization in the ED The power of apologies in emergency medicine Popular myths and misinformation surrounding EMTALA, HIPAA, Stark, and kickbacks Management of the twelve "deadly" clinical scenarios that lead to most ED lawsuits The basics of a lawsuit, including causation, breach, negligence, and damages Survival strategies when legal action is imminent Alignment of clinicians and administrators during legal proceedings and adverse outcomes. This handbook provides the knowledge and tools you need to address or avoid the problems inherent in ED healthcare. With an emphasis on the importance of leadership, the authors explore how executives can design systems that minimize risk at the front lines. Real-world examples illustrate strategies that led to a safer, more reliable healthcare environment. Topics covered include: Elements of the ED that can contribute to waits, delays, and errors The role of the board in risk-management strategies Standardization in the ED The power of apologies in emergency medicine Popular myths and misinformation surrounding EMTALA, HIPAA, Stark, and kickbacks Management of the
Injury Visits to Hospital scenarios that lead to most ED lawsuits The basics of a lawsuit, including causation, breach, negligence, and damages Survival strategies when legal action is imminent Alignment of clinicians and administrators during legal proceedings

Emergency Department - American Medical Association. Dept. of Hospitals and Medical Facilities - 1966

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The Hospital Emergency Department, by James H. Spencer. With a Foreword by Robert H. Kennedy - James H. Spencer - 1972

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Injury Visits to Hospital Emergency Departments - Catharine W. Burt - 1998

Emergency Departments - Catharine W. Burt - 1998

The Emergency Department in the Hospital - American Hospital Association. Council on Professional Practice. Committee on Hospital Outpatient Services - 1962

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Big Book of Emergency Department Psychiatry - Yener Balan - 2017-09-18
This book focuses on the operational and clinical strategies needed to improve care of Emergency Psychiatric patients. Boarding of psychiatric patients in ED’s is recognized as a national crisis. The American College of Emergency Physicians identified strategies to decrease boarding of psychiatric patients as one of their top strategic goals.
Currently, there are books on clinical care of psychiatric patients, but this is the first book that looks at both the clinical and operational aspects of caring for these patients in ED setting. This book discusses Lean methodology, the impact of long stay patients using queuing methodology, clinical guidelines and active treatment of psychiatric patients in the ED.

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Emergency Care for Children - Institute of Medicine - 2007-05-08
Children represent a special challenge for emergency care providers, because they have unique medical needs in comparison to adults. For providers have recognized the special needs of children, but the system has been slow to develop an adequate response to their needs. This is in part due to inadequacies within the broader emergency care system. Emergency Care for Children examines the challenges associated with the provision of emergency services to children and families and evaluates progress since the publication of the Institute of Medicine report Emergency Medical Services for Children (1993), the first comprehensive look at pediatric emergency care in the United States. This new book offers an analysis of: • The role of pediatric emergency services as an integrated component of the overall health system. • System-wide pediatric emergency care planning, preparedness, coordination, and funding. • Pediatric training in professional education. • Research in pediatric emergency care. Emergency Care for Children is one of three books in the Future of Emergency Care
Emergency Care for Children - Institute of Medicine - 2007-05-08

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Emergency Care for Children is one of three books in the Future of Emergency Care series. This book will be of particular interest to emergency health care providers, professional organizations, and policy makers looking to address the pediatric deficiencies within their emergency care systems.

The Hospital Emergency Department in Illinois - Illinois Hospital Association Committee on Emergency Departments - 1968

The Hospital Emergency Department in Illinois -
Many hospital emergency departments are overcrowded and short-staffed, with a limited number of available hospital beds. It is increasingly hard for emergency departments and their staff to provide the necessary level of care for medical patients. Caring for people with psychiatric disabilities raises different issues and calls on different skills. In Emergency Department Treatment of the Psychiatric Patient, Dr. Stefan uses research, surveys, and statutory and litigation materials to examine problems with emergency department care for clients with psychiatric disorders. She relies on interviews with emergency department nurses, doctors and psychiatrists, as well as surveys of people with psychiatric disabilities to present the perspectives of both the individuals seeking treatment, and those providing it. This eye-opening book explores the structural pressures on emergency departments and identifies
undermine their efforts to provide compassionate care to people in psychiatric crisis. In addition to presenting a new analysis of the source of these problems, Dr. Stefan also suggests an array of alternatives to emergency department treatment for people in psychiatric crisis. Moreover, the author proposes standards for treatment of these individuals when they do inevitably end up in a hospital emergency department. Emergency Department Treatment of the Psychiatric Patient presents a thoughtful and thorough analysis of the difficulties faced by people with psychiatric disabilities when seeking emergency medical care. It is essential reading for anyone working in a hospital emergency department, as well as health care policy makers, and advocates and lawyers for people with psychiatric disabilities.

Emergency Department Treatment of the Psychiatric Patient - Susan

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Increasing Patient Satisfaction in a Rural Hospital Emergency

Improvement Project Using Failure Mode & Effects Analysis - Alejandra K. Gabriel - 2018
Abstract: Over 59 million US residents live in rural areas where they cannot easily access healthcare services. Well-documented disparities between rural and urban healthcare access led the federal government to certify and financially support Critical Access Hospitals (CAHs), which offer rural healthcare services and 24/7 emergency care. Many CAHs are in dire financial distress, and some are looking to increase their patient population volume to improve financial health and ensure continued operations. It is a well-known business truism that satisfied customers are return customers. Today many patients' first encounter with a hospital is with the emergency department (ED). Thus, it is likely that increasing patient satisfaction with their ED visits in a CAH can be expected to increase the chance that they will return for additional care.
FMEA, the team first improvement (QI) activities. Many papers outline efforts by QI teams to implement one or a few predetermined interventions with mixed results. Because patients in an ED are subject to a variety of processes in the ED and other hospital departments, improving patient satisfaction in the ED demands a comprehensive approach. This paper focuses on the QI processes and tools used by the QI team in a CAH that developed a comprehensive list of (56) short- and long-term interventions to take place over five years to improve patient satisfaction in the ED. For this hospital, two aspects of the project deserve mention:1. The use of Failure Mode and Effects Analysis (FMEA): The FMEA is a QI tool developed by the military to address complex problems. Although it has been adapted for use in healthcare QI, in the author's experience, it has not always been fully implemented. The QI team completed a traditional, full, two-part FMEA. In completing both parts of a traditional identified and individually analyzed each known or potential failure in the care of an ED patient and potential interventions that could prevent each failure. Then, after careful analysis of all potential interventions, the QI team chose those most likely to succeed and began implementing a sequenced schedule of interrelated interventions deemed most likely to improve care and patient satisfaction.2. Learner-Centered Teaching: QI projects typically use learner-centered teaching methods that, according to Social Cognitive Theory, improve participants' general self-efficacy, which is the likelihood of choosing difficult problems to solve and persisting when faced with challenges. The hospital's project team members' self-efficacy scores increased after participating on the team. Post-project interviews with team members indicate they feel better equipped to solve other problems and have begun to plan other QI projects because they
many patients' first encounter processes, they know who should participate on projects, and they better understand QI processes and tools.

**Increasing Patient Satisfaction in a Rural Hospital Emergency Department: A Quality Improvement Project Using Failure Mode & Effects Analysis** - Alejandra K. Gabriel - 2018

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Although it has been adapted for use in healthcare QI, in the author's experience, it has not always been fully implemented. The QI team completed a traditional, full, two-part FMEA. In completing both parts of a traditional FMEA, the team first identified and individually analyzed each known or potential failure in the care of an ED patient and potential interventions that could prevent each failure. Then, after careful analysis of all potential interventions, the QI team chose those most likely to succeed and began implementing a sequenced schedule of interrelated interventions deemed most likely to improve care and patient satisfaction.

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Emergency Department Design - Jon Huddy - 2002
A new book from ACEP that will help you participate effectively or lead the way in the successful design of your emergency department. Emergency Department Design will teach you the design and planning process so that you and other caregivers can make decisions about what's best for your department. Whether you're building a new department, remodeling an existing one, expanding, or simply adding a new service, the critical decisions you'll make must be based on an understanding of the design process. Time and
president of ACEP, served as are achieved when caregivers drive this process, working with design professionals to plan not just for today's patients, but also for those of the future. Read this book and learn how to: Assess your space needs Set physical design goals that meet operational outcomes Define the scope of your project Select a design professional Evaluate the "workability" of proposed design solutions and much more. You'll minimize the complexity of the challenge, reduce wasted time, and focus on creating a design that fulfills your vision of how emergency care should be provided. The author is Jon Huddy, AIA, with FreemanWhite, Inc., a nationally renowned architectural firm specializing in emergency department design. Mr. Huddy brings a passion for emergency department design, a commitment to include caregivers in the design process, and an entertaining, energetic presentation style to this book. Michael T. Rapp, MD, JD, FACEP, past editor and contributed his insights in a special introductory chapter, "The Emergency Physician's Perspective." Plus, more than 20 other emergency care professionals and architects have contributed case studies and "pearls and pitfalls" from their own personal experiences with emergency department design projects.

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are achieved when caregivers drive this process, working with design professionals to plan not just for today's patients, but also for those of the future. Read this book and learn how to: Assess your space needs Set physical design goals that meet operational outcomes Define the scope of your project Select a design professional Evaluate the "workability" of proposed design solutions and much more. You'll minimize the complexity of the challenge, reduce wasted time, and focus on creating a design that fulfills your vision of how emergency care should be provided. The author is Jon Huddy, AIA, with FreemanWhite, Inc., a nationally renowned architectural firm specializing in emergency department design. Mr. Huddy brings a passion for emergency department design, a commitment to include caregivers in the design process, and an entertaining, energetic presentation style to this book. Michael T. Rapp, MD, JD, FACEP, past president of ACEP, served as editor and contributed his insights in a special introductory chapter, "The Emergency Physician's Perspective." Plus, more than 20 other emergency care professionals and architects have contributed case studies and "pearls and pitfalls" from their own personal experiences with emergency department design projects.

Vignettes in Patient Safety
- Michael S. Firstenberg - 2017-09-13
It is clearly recognized that medical errors represent a significant source of preventable healthcare-related morbidity and mortality. Furthermore, evidence shows that such complications are often the result of a series of smaller errors, missed opportunities, poor communication, breakdowns in established guidelines or protocols, or system-based deficiencies. While such events often start with the misadventures of an individual, it is how such events are managed that can determine outcomes and hopefully prevent future
adverse events. The goal of Vignettes in Patient Safety is to illustrate and discuss, in a clinically relevant format, examples in which evidence-based approaches to patient care, using established methodologies to develop highly functional multidisciplinary teams, can help foster an institutional culture of patient safety and high-quality care delivery.

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**No Appointment Necessary**  
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