

Clinical Handover Policy Newcastle Hospitals

"Many people believe that healthcare is the example par excellence of a complex adaptive system (CAS). It has a daunting range of diverse stakeholders (citizens, taxpayers, politicians, policymakers, providers, managers, clinicians, patients and patient groups), spans the public and private sectors and delivers care across many settings and through varied types of organisations (public health settings, community centres, hospitals, aged-care facilities, and family or general practices, for example). The individuals delivering care, and the groups, teams, networks, bodies and organisations through which they provide services, interact in intricate configurations, longitudinally. Said that way, certain consequences arise. The system, of necessity, will be adapting to circumstances over time, behaviours won't necessarily be predictable, the sum of the parts will be greater and different from the individual elements making up the system, and the inputs and outputs will not match because relationships within the system are not straightforward-they are non-linear. The complexity science approach to understanding, acting on, and researching health systems is becoming increasingly popular. It is therefore timely to release an analysis of complexity and its characteristics, and apply them to healthcare."--Website.

This issue is a dedicated supplement published in addition to the regular issues of 'Cerebrovascular

Read Free Clinical Handover Policy Newcastle Hospitals

Diseases' focussing on one specific topic.

'Cerebrovascular Diseases' is a well-respected, international peer-reviewed journal in Neurology.

Supplement issues are included in the subscription.

This paper focuses on the experiences of older people with multiple health problems and particularly on their experiences inside hospital. Continuity is fundamental to high-quality care and the authors outline practical models and methods for improving continuity of care and make recommendations for frontline and senior executives.

The Rapids are a series of reference and revision pocket books that cover key facts in a simple and memorable way. Each book contains the common conditions that students and newly qualified nurses encounter on the wards, in the community, and on placements. Only the basic core relevant facts are provided to ensure that these books are perfect and concise rapid refreshers.

Rapid Infection Control Nursing is an essential read for all frontline nursing staff working in hospitals or community settings. Designed for quick reference, it explores the essential principles of infection control before moving on to an A-Z of the most commonly found infections. Each entry covers how the infection is spread, duration of the infectious period, key infection-control precautions, staff considerations, visitor information, and patient transfer advice. Covering all the key topics in infection prevention and control, this concise and easy-to-read title is the perfect quick-reference book for the wards. This title is also available as a mobile App from MedHand Mobile Libraries. Buy it now from iTunes, Google Play or the MedHand Store.

Read Free Clinical Handover Policy Newcastle Hospitals

A team of world-leading policy experts and clinicians analyse the changing role of the hospital across Europe. This report provides a definition of polypharmacy, considers the evidence around medicines management and concludes that there is a need for guidelines on the treatment of multi-morbidity and that clinicians need to work alongside patients to empower them to make informed decisions about their medication.

Examines the post-mortem journeys of bodies, body-parts, organs, and brains in modern British medical research. This title is also available as Open Access. This volume, developed by the Observatory together with OECD, provides an overall conceptual framework for understanding and applying strategies aimed at improving quality of care. Crucially, it summarizes available evidence on different quality strategies and provides recommendations for their implementation. This book is intended to help policy-makers to understand concepts of quality and to support them to evaluate single strategies and combinations of strategies.

This innovative, practical guide introduces researchers to the use of the video reflexive ethnography in health and health services research. This methodology has enjoyed increasing popularity among researchers internationally and has been inspired by developments across a range of disciplines: ethnography, visual and applied

Read Free Clinical Handover Policy Newcastle Hospitals

anthropology, medical sociology, health services research, medical and nursing education, adult education, community development, and qualitative research ethics.

On-call in Oral and Maxillofacial Surgery is aimed at junior trainees working in Oral and Maxillofacial Surgery. This book is written as a 'survival guide', covering common presentations in the emergency, ward and clinic setting, with detailed descriptions of simple surgical procedures. It is unique in its attention to hands-on practical advice, with full-color pictures and easy-to-follow procedure storyboards. What's new in the 2nd edition? The 2nd edition sees an entirely new chapter dedicated to the 'Operating Theatre', with details of how to prep and scrub for theatre and common maxillofacial surgical instruments. There are also added procedures in the final chapter, together with additional content throughout the book and even more full-colour pictures. On-call in Oral and Maxillofacial Surgery continues to be the only handbook that no junior trainee should be without. What's inside:

- * Essentials - From teeth to anatomy to drug dosing, it's all there.
- * Emergency Department - Facial trauma, orofacial infections, and much more.
- * Operating Theatre - Everything you need to know about how to scrub, drape patients and the names of surgical instruments.
- * Ward - Feel like you need to know more about IV fluids or Warfarin dosing? Look no

Read Free Clinical Handover Policy Newcastle Hospitals

further. * Clinic - 'What tests do I order pre-operatively? How do I consent for this procedure?' We provide all the answers. * Procedures - Step-by-step guides that make procedures like splinting a tooth or bridle-wiring a mandibular fracture easy. The only text in the market written specifically for Diploma of Nursing students in Australia and New Zealand. Written by Gabrielle Koutoukidis, Kate Stainton and Jodie Hughson, Tabbner's Nursing Care: Theory and Practice, 7th edition, provides a solid foundation of theoretical knowledge and skills for nursing students embarking on an Enrolled Nurse career. Reflecting the current issues and scope of practice for Enrolled Nurses in Australia, this new edition focuses on the delivery of person-centred care, emphasises critical thinking throughout and demonstrates the application of the decision-making framework across multiple scenarios. Visit evolve.elsevier.com/AU/Koutoukidis/Tabbner: eBook on VitalSource Teaching resources Image collection – all figures and tables from the textbook Test banks Student resources Answer guides to: o Case studies o Critical thinking exercises o Decision-making framework exercises o Review questions Australian Clinical Skills videos demonstrating core skills to help you link the theory to practice Weblinks Two new chapters: o Nursing informatics and technology in healthcare o Quality and safety in healthcare 83 Clinical Skills aligned with the new 2016 Nursing and Midwifery Board of Australia Enrolled Nurse (EN) Standards for Practice to help you understand the skill and translate it into effective clinical practice Exercises on the decision-making framework for the EN Examples of progress notes and nursing care plan documentation Aligned with the HLT Health Training Package Supported by a NEW companion skills workbook: Essential Enrolled Nursing Skills for Person-Centred Care Includes

Read Free Clinical Handover Policy Newcastle Hospitals

eBook on VitalSource

Implementing safety practices in healthcare saves lives and improves the quality of care: it is therefore vital to apply good clinical practices, such as the WHO surgical checklist, to adopt the most appropriate measures for the prevention of assistance-related risks, and to identify the potential ones using tools such as reporting & learning systems. The culture of safety in the care environment and of human factors influencing it should be developed from the beginning of medical studies and in the first years of professional practice, in order to have the maximum impact on clinicians' and nurses' behavior. Medical errors tend to vary with the level of proficiency and experience, and this must be taken into account in adverse events prevention. Human factors assume a decisive importance in resilient organizations, and an understanding of risk control and containment is fundamental for all medical and surgical specialties. This open access book offers recommendations and examples of how to improve patient safety by changing practices, introducing organizational and technological innovations, and creating effective, patient-centered, timely, efficient, and equitable care systems, in order to spread the quality and patient safety culture among the new generation of healthcare professionals, and is intended for residents and young professionals in different clinical specialties.

A vital member of the health care team, the contemporary enrolled nurse faces increasing challenges and an increasing level of responsibility. Written specifically for Australian and New Zealand enrolled nurse students, this long awaited new edition reflects the changes and challenges in contemporary enrolled nurse practice as well as the additions and modifications that are occurring in nursing curricula.

Tabbner's Nursing Care: Theory and Practice 5th edition has been written, reviewed and edited by the people who educate

Read Free Clinical Handover Policy Newcastle Hospitals

the enrolled nurse and continues to provide enrolled nurse students with the most comprehensive resource available. The WHO World report on ageing and health is not for the book shelf it is a living breathing testament to all older people who have fought for their voice to be heard at all levels of government across disciplines and sectors. - Mr Bjarne Hastrup President International Federation on Ageing and CEO DaneAge This report outlines a framework for action to foster Healthy Ageing built around the new concept of functional ability. This will require a transformation of health systems away from disease based curative models and towards the provision of older-person-centred and integrated care. It will require the development sometimes from nothing of comprehensive systems of long term care. It will require a coordinated response from many other sectors and multiple levels of government. And it will need to draw on better ways of measuring and monitoring the health and functioning of older populations. These actions are likely to be a sound investment in society's future. A future that gives older people the freedom to live lives that previous generations might never have imagined. The World report on ageing and health responds to these challenges by recommending equally profound changes in the way health policies for ageing populations are formulated and services are provided. As the foundation for its recommendations the report looks at what the latest evidence has to say about the ageing process noting that many common perceptions and assumptions about older people are based on outdated stereotypes. The report's recommendations are anchored in the evidence comprehensive and forward-looking yet eminently practical. Throughout examples of experiences from different countries are used to illustrate how specific problems can be addressed through innovation solutions. Topics explored range from strategies to deliver comprehensive and person-centred

Read Free Clinical Handover Policy Newcastle Hospitals

services to older populations to policies that enable older people to live in comfort and safety to ways to correct the problems and injustices inherent in current systems for long-term care.

This public inquiry report into serious failings in healthcare that took place at the Mid Staffordshire NHS Foundation Trust builds on the first independent report published in February 2010 (ISBN 9780102964394). It further examines the suffering of patients caused by failures by the Trust: there was a failure to listen to its patients and staff or ensure correction of deficiencies. There was also a failure to tackle the insidious negative culture involving poor standards and a disengagement from managerial and leadership responsibilities. These failures are in part a consequence of allowing a focus on reaching national access targets, achieving financial balance and seeking foundation trust status at the cost of delivering acceptable care standards. Further, the checks and balances that operate within the NHS system should have prevented the serious systemic failure that developed at Mid Staffs. The system failed in its primary duty to protect patients and maintain confidence in the healthcare system. This report identifies numerous warning signs that could and should have alerted the system to problems developing at the Trust. It also sets out 290 recommendations grouped around: (i) putting the patient first; (ii) developing a set of fundamental standards, easily understood and accepted by patients; (iii) providing professionally endorsed and evidence-based means of compliance of standards that are understood and adopted by staff; (iv) ensuring openness, transparency and candour throughout system; (v) policing of these standards by the healthcare regulator; (vi) making all those who provide care for patients , properly accountable; (vii) enhancing recruitment, education, training and support of all key

Read Free Clinical Handover Policy Newcastle Hospitals

contributors to the provision of healthcare; (viii) developing and sharing ever improving means of measuring and understanding the performance of individual professionals, teams, units and provider organisations for the patients, the public, and other stakeholders.

Changes in the focus of neurological practice worldwide have led to the need for new standard texts that reflect the current state of this expanding area of clinical expertise. The second edition of the Handbook of Neurological Rehabilitation is a major reference source that fulfils this need, providing an invaluable resource for all professions that work with patients suffering from neurological disorders. It brings restorative neurology to the bedside and shows how a reiterative, goal-oriented, problem-solving training programme can benefit patients, sometimes on a scale not achieved by pharmacological or surgical interventions. The book is divided into three sections all of which have been updated. Section One explores the clinical and biological principles underpinning rehabilitation practice in the context of neurological disablement. Section Two describes the assessment, treatment, and management of the major physical, cognitive and behavioural impairments, and the resulting functional deficits that may follow or accompany neurological disease. The final section explores in more detail these problems and their management in relation to the more common specific disorders of the nervous system. The text emphasises the fact that rehabilitation is an ongoing process involving multidisciplinary problem-solving, goal-setting and education; in which organised care is more effective than unorganised care; and the

Read Free Clinical Handover Policy Newcastle Hospitals

breakdown of professional barriers within rehabilitation, to facilitate the use of combined treatment techniques, improves outcome. It describes the contribution made by neural reorganisation and compensatory mechanisms to recovery of function, focuses on the avoidance of secondary deficit, and explores the physical, cognitive, affective and behavioural problems that may occur after neurological damage. At a time when new medical technologies threaten to fragment the integrity of medical care at individual and societal levels, it is crucial that all those involved in the management of chronic neurological disease have a working knowledge of the contents of this book. Their perspective on clinical practice will then be truly integrated and holistic and their patients will benefit accordingly.

This is the second report by the National Audit Office on the Programme: the first (HC 1173, session 2005-06, ISBN 9780102938289) was followed by the Committee of Public Accounts report (HC 390 session 2006-07, ISBN 9780215033628) and Government response (in Cm. 7152, ISBN 9780101715225). This further study reviews the response to the Committee's conclusions and recommendations and examines more generally the progress being made in delivering the Programme. While some parts of the Programme are complete or well advanced, the original timescales for the Care Records Service - one of the key components of the Programme - have not been met. Currently it seems likely to take four years more than planned - until 2014-15 - before every NHS Trust has fully deployed the care records systems. The estimated cost of the Programme is currently £12.7

Read Free Clinical Handover Policy Newcastle Hospitals

billion (at 2004-05 prices), which is broadly unchanged. It remains difficult to produce a reliable estimate of local costs. Some benefits from the Programme, including financial savings, are starting to emerge. Suppliers have largely met the targets for service availability and performance deductions have been applied where there have been service failures. The challenges to be managed for the successful delivery of the Programme are: achieving strong leadership and governance; maintaining the confidence of patients that their records will be secure; securing the support and involvement of NHS staff; managing suppliers effectively; deploying and using the systems effectively at local level. Overall, all elements of the Programme are advancing and some are complete. For the Care Records Service, the original timescales proved to be unachievable, raised unrealistic expectations and put confidence in the Programme at risk. While the Programme costs have largely held, the timetable for the Care Records Service has slipped. The original vision for the Programme nevertheless remains intact and still appears feasible.

Exploring the factors that drive the significant variation in the use of hospital beds by patients over the age of 65 who are admitted as an emergency, this book considers the factors which contribute to the length of stay and rate of admission.

A vital member of the health care team, the contemporary enrolled nurse faces increasing challenges and an increasing level of responsibility. Written specifically for Australian and New Zealand enrolled nurse students, this long awaited new edition reflects the

Read Free Clinical Handover Policy Newcastle Hospitals

changes and challenges in contemporary enrolled nurse practice as well as the additions and modifications that are occurring in nursing curricula. Tabbner's Nursing Care: Theory and Practice 5th edition has been written, reviewed and edited by the people who educate the enrolled nurse and continues to provide enrolled nurse students with the most comprehensive resource available.

Patient-Provider Communication: Roles for Speech-Language Pathologists and Other Health Care Professionals presents timely information regarding effective patient-centered communication across a variety of health care settings. Speech-language pathologists, who serve the communication needs of children and adults, as well as professionals from medical and allied health fields will benefit from this valuable resource. This text is particularly relevant because of changes in health care law and policy. It focuses on value-based care, patient engagement, and positive patient experiences that produce better outcomes. Authors describe evidence-based strategies that support communication vulnerable patients, including individuals who have difficulty speaking, hearing, understanding, seeing, reading, and writing, as well as patients whose challenges reflect limited health literacy, and/or differences in language, culture, religion, sexual orientation, and so on. Topics addressed include patient-provider communication in medical education, emergency and disaster scenarios, doctor's offices and clinics, adult and pediatric acute care settings, rehabilitation, long-term residential care, and

Read Free Clinical Handover Policy Newcastle Hospitals

hospice/palliative care situations. The editors are recognized internationally for their work in the field of communication disorders and have been active in the area of patient-provider communication for many years. Patient-Provider Communication is a must-have resource for speech-language pathologists and other health care providers at the forefront of quality patient-centered care.

This book is concerned with the complexities of achieving quality in care transitions. The organization and accomplishment of high quality care transitions relies upon the coordination of multiple professionals, working within and across multiple care processes, settings and organizations, each with their own distinct ways of working, profile of resources, and modes of organizing. In short, care transitions might easily be regarded as complex activities that take place within complex systems, which can make accomplishing high quality care challenging. As a subject of enquiry, care transitions are approached from many research, improvement and policy perspectives: from group psychology and human factors to social and political theory; from applied process re-engineering projects to exploratory ethnographic studies; from large-scale policy innovations to local improvements initiatives. This collection will provide a unique cross-disciplinary and multi-level analysis, where each chapter presents a particular depth of insight and analysis, and together offer a holistic and detail understand of care transitions.

Essence of Care was first introduced in 2001, designed to support and address the fundamentals of care. Essence of Care 2010 is a tool to help healthcare professionals take a patient-focused and structured approach to sharing and comparing practice, which is at the heart of the 12 revised

Read Free Clinical Handover Policy Newcastle Hospitals

benchmarks contained in the publication. The updated Essence of Care 2010 supports and reflects a number of the themes in "Equity and excellence: liberating the NHS" (Cm. 7881, ISBN 9780101788120) and provides a suite of benchmarks to drive forward best practice in delivering the fundamentals of care and improving the experiences of people who use the services. Essence of care is essential for all front line staff in health and social care settings. This title is a complete set of all 12 benchmarks along with "How to use Essence of care 2010", which includes a description of the benchmarking tool and explains how to use the 12 benchmarks. The benchmarks and "How to use" are all available separately

This guideline has been developed to advise on the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. The guideline recommendations have been developed by a multidisciplinary group of healthcare professionals, patients and their representatives, and researchers after careful consideration of the best available evidence. It is intended that the guideline will be useful to clinicians and service commissioners in providing and planning high quality care for those people who self-harm while also emphasising the importance of the experience of care for service users and carers.

Examines how commercial medicine operated before the foundation of the NHS, and how this could be compatible with a system based on charity. It challenges the assumptions of historians, politicians and the public.

This book explores the current wider political, social and economic context of hospitals in the public and private sector globally and identifies the push and pull tension between the demands of the quality regulator and the requirements of health care commissioning processes. This book draws on

Read Free Clinical Handover Policy Newcastle Hospitals

the evidence of what works to improve the quality of hospital services in the development of medical and clinical leadership models. The book seeks to develop a specific paradigm shift in understanding the development of medical leaders by promoting a culture of engagement through participation and one that is defined by the experiences of medical leaders. The editors examine new and emergent models of leadership and their contribution to explain effective and sustainable change and suggest that theoretical models of leadership are often unable to explain many of the practice led challenges presented in hospitals. It will be useful reading for specialists seeking to develop their own learning as a leader and who identify their learning needs.

[Copyright: ac3334909fe19ac2ad8c7bf0f3275847](https://www.researchgate.net/publication/33334909fe19ac2ad8c7bf0f3275847)