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Example of negligence in hospital setting

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Grabowski, PhD Harvard Medical School June 2010 PDF Version: (20 PDF pages) U.S. Department of Health and Human Services National Invitational Conference on Home Care Quality: Issues and AccountabilityVolume I: Summary of Proceedings 1989 PDF Version: (88 PDF pages) U.S. Department of Health and Human Services U.S. Department of Health and Human Services Psychiatric Boarding Interview Summary David Bender, Nalini Pande and Michael Ludwig The Lewin Group January 9, 2009 PDF Version: (20 PDF pages) U.S. Department of Health and Human Services U.S. Department of Health and Human Services Caregiver Burden and Institutionalization, Hospital Use, and Stability of Care Baila Miller and Stephanie McFall University of Illinois at Chicago, College of Associated Health Professions November 1989 PDF Version (89 PDF pages) U.S. Department of Health and Human Services Assisted Living Policy and Regulation: State Survey Robert L. Mollica, Ed.D. National Academy for State Health Policy April 1995 PDF Version: (101 PDF pages) U.S. Department of Health and Human Services A Partial Listings of Problems Facing American Children, Youth and Families SysteMetrics/McGraw-Hill August 1989 PDF Version U.S. Department of Health and Human Services Variations in the Medicaid Safety Net for Children and Youth with High Medical Costs: A Comparison of Four States Brian Burwell, Elicia Herz and John Drabek SysteMetrics/McGraw-Hill, Inc. November 1990 PDF Version: (30 PDF p U.S. Department of Health and Human Services Reliability and Validity of the National Incidence of Child Abuse and Neglect Study Conducted by Westat Associates in 1988: Methodological Review Dr. Deborah Daro, Dr. Elizabeth D. Jones and Karen McCurdy National Committee for Prevention of Child Abuse August 1989 PDF Version: U.S. Department of Health and Human Services Literature Review and Synthesis of Physician Practices in Nursing Homes Carl Levy, MD, Anne Epstein, PhD, Lori-Ann Landry, MSW, and Andrea Kramer, MD University of Colorado, Health Sciences Center Jennie Harvell, MEd, and Charlene Liggings, MPH, MPAU.S. Department of Health and Huma U.S. Department of Health and Human Services Analysis of the Benefits and Costs of Channeling Craig Thornton and Shari Miller Dunstan Mathematica Policy Research, Inc. December 1985Revised May 1986 PDF Version: (142 PDF pages) U.S. Department of Health and Human Services Issues in Developing the Client Assessment Instrument for the National Long-Term Care Demonstration Barbara Phillips, Raymond J. Baxter and Susan A. Stephens Mathematica Policy Research, Inc. January 1981 PDF Version: (122 P U.S. Department of Health and Human Services Tables Comparing Channeling to Other Community Care Demonstrations Robert A. Applebaum, Margaret N. Harrigan and Peter Kemper Mathematica Policy Research May 1986 PDF Version U.S. Department of Health and Human Services AIDS Children and Child Welfare Stephen Margolis, Ph.D., Lela Baughman, M.S.W., J. William Flynt, M.D. and Martin Kotler Macro Systems, Inc. March 31, 1988 PDF Version U.S. Department of Health and Human Services Caring for Frail Elderly People: Policies in Evolution Chapter 14: United States Pamela Doty, Ph.D. 1996 PDF Version (38 PDF pages) U.S. Department of Health and Human Services Overview of Long-Term Care in Five Nations: Australia, Canada, the Netherlands, Norway, and the United States RESEARCH FROM THE INTERNATIONAL COLLABORATIVE EFFORT ON AGING U.S. Department of Health and Human Services RESEARCH AGENDA: Disability Data Nancy N. Eustis, Ph.D., Robert F. Clark, D.P.A., and Michele C. Adler, M.P.H. U.S. Department of Health and Human Services August 1995 PDF Version (80 PDF pages) Back to Previous Page [PDF-45.93 KB] Details: Infection concerns in long-term care facilities include endemic infections, outbreaks, and colonization and infection with antimicrobial-drug resistant microorganisms. Infection control programs are now used in most long-term care facilities, but their impact on infections has not been rigorously evaluated. Preventive strategies need to address the changing complexity of care in these facilities, e.g., the increased use of invasive devices. The anticipated increase in the elderly population in the next several decades makes prevention of infection in long-term care facilities a priority. Emerging Infectious Diseases urn:sha256:ccd2f9bde41387fd5745b24a5324d6978471327189ff6fc04989a3d6192f67bf text/plain Child psychologists working in hospitals are responsible for offering assessment, intervention and counseling services to children and adolescents with medical conditions. These services are offered as both outpatient and inpatient treatment, with focus on pain management and handling grief, anger and other emotions characteristic of enduring a medication condition. Child psychologists also must act as a liaison between the child's physician and medical care team. Children with acute medical conditions may experience anxiety or depression. The hospital child psychologist must meet with these children, assess their feelings and offer a treatment plan best suited to their needs. The psychologist may offer positive encouragement to children who resist attending school or caring for their condition. Some children experiencing severe pain may meet with the hospital psychologist in order to learn pain management techniques and relaxation training. Some children must remain in the hospital during their illness, and they may experience loneliness, depression, anxiety or sadness as a result of their condition. The hospital child psychologist meets with these children on a regular basis to discuss feelings and to offer an outlet to express emotions. An important part of the psychologist's role is focusing on a holistic approach to the child, including his cognitive, social and emotional functioning. Many children's hospitals offer neuropsychology services to children having experienced traumatic illness or injury affecting the central nervous system. These children may have lapses in memory, reasoning, language and attention, which can lead to anxiety, depression and anger. The psychologist assess the patient's cognitive, emotional and behavioral issues as they relate to the injury or illness. Child psychologists working in hospitals must be able to work as part of the child's entire medical team. This interdisciplinary approach is necessary to treat the child in a holistic manner, and the psychologist may be required to confer with the child's physicians about her emotional and behavioral changes and needs. This could include consultations with cardiology, oncology, pain services or any other medical team treating her condition. Some hospital child psychologists work with children and families experiencing cognitive or behavioral issues unrelated to any underlying medical condition. These psychologists work closely with the child and his family to diagnose and treat conditions like autism and attention-deficit/hyperactivity disorder. Medical assistants provide support to physicians and nurses in a variety of settings that include the medical office and -- in some states -- the hospital. Within the medical office, the MA may perform administrative, clinical or laboratory duties. As unlicensed medical workers, MAs must function under the supervision of a physician or registered nurse. Although MAs are not licensed, each state determines what tasks they are allowed to perform. In a medical office, the MA may be the secretary, biller and receptionist for the physician. She schedules patient appointments, helps patients fill out insurance forms, collects insurance copays and manages medical records. Some administrative MAs perform all billing duties for the office, which could mean submitting claims electronically on paper. She is likely to be the person who handles the mail, bank deposits and petty cash; pays office bills; and manages the office accounts. In some offices, the administrative MA may supervise other employees, act in the role of office manager and handle payroll. MAs who provide clinical support escort patients to an exam room; obtain vital signs, such as the blood pressure and pulse; and may collect information about the medical history. If a patient needs a medication or immunization, the clinical MA is the person who will perform that task. Clinical MAs also perform diagnostic tests, such as electrocardiograms, or screening tests, such as vision checks. They assist the physician with procedures and clean and restock the exam rooms. In some states, MAs may remove sutures. In addition to their clinical and administrative duties, MAs may draw blood to obtain specimens for laboratory tests and perform other office lab tests. They may obtain a blood specimen by inserting a needle into the patient's vein -- called phlebotomy -- or by performing a finger stick with a lancet. MAs collect specimens such as throat swabs, urine or stool. The MA may perform an in-office lab test, such as urinalysis, or prepare a specimen for the laboratory to handle. MAs must be familiar with normal laboratory readings so they can alert the physician to abnormal results or other problems. Although medical assistants may work in hospitals, the American Association of Medical Assistants notes in a June 2012 article on its website that MAs must meet the educational and testing requirements in their state to work in an inpatient setting. Medical assistants must have direct supervision from a physician, advanced practitioner or nurse in the outpatient setting. When they move into the inpatient setting, a different set of rules apply. In most cases, according to the AAMA, the MA must complete a separate course to become a nursing assistant or medication aide before she can perform clinical duties in a hospital. She can, however, perform administrative duties in a hospital without further training. MAs who work in hospitals usually perform the same functions as a nursing assistant; the focus is on daily living activities, according to the Bureau of Labor Statistics. They give baths, serve meals, help patients eat or feed patients who cannot feed themselves. MAs also help patients use the toilet or get dressed. They may turn and reposition patients, or help them transfer from a bed to a wheelchair and back again. An MA in a hospital may perform tasks similar to those of a clinical MA in an office, such as taking a blood pressure. I was at a loss for topics to write about this morning, so I decided to go through some of my old drafts piling up and see if anything sparked my interest. And what do you know! I found a link I'd saved over a year and a half ago just waiting to come out > (I literally have 70+ partially written posts just sitting there waiting to be resuscitated back to life. If I put something in there and don't finish it within 2 days, it usually stays there for good - which is why it's always best to write when things are fresh on your mind! But I digress...) What I liked about this post was that it shows just how NOT perfect us personal finance bloggers really are. We do stupid stuff and blow our money too, just like you! Even when we very well know it's not financially smart to do so. In fact, if you look around you'll notice most bloggers are blogging BECAUSE they're in debt! They've got awesome war stories, unlike myself. But these are pretty close... So. While the wife and I have gone from \$0 net worth to \$150k in a little over 3 years, I am not a perfect angel. This ones' for you Kristy from Master Your Card! Why I Can Suck at Personal Finance ... I eat out Monday through Friday. Every single work day. I used to make pb&js 4 times a week but I seemed to have forgotten this trick 1.2 years ago. I'll buy milk at 7-Eleven. I know I can save \$0.75 if I drive another 1/2 a mile, but then you have to find parking, walk to the very end of the grocery store, walk all the way back, and then wait in line for 7 minutes to pay. I consider this \$0.75 a "convenience fee." I spent \$1,600 at GoDaddy.com last year. \$1,600! I went back to see what, exactly, I bought, and besides the necessary items like hosting for this blog and other sites of mine, it was all domain names. I'm afraid to tell you how many I have. We spend \$185 on Cable every month. Internet and home phone service is included, but still. We could surely work on this. If I forget my 20% coupon, I'll still buy something at Bed, Bath, and Beyond. You know how you sometimes realize you totally forgot to bring one from that stack in your kitchen drawer? I do that all the time. Every now and then I'll come back later, but usually I'm just too lazy. I'll spend 3 hours looking for the cheapest flight, but then blow \$50 checking in a bag (\$25 each way). Being a guy I could probably fit everything into a carry on, but I like having room and not playing Tetris to make all my stuff fit properly. Plus, you can't bring a giant bottle of hairspray on the plane with you (I have a 'hawk, remember?) I'll leave a balance on my credit card, even though I have the cash. Granted, I do this purposefully to make me work harder to pay it off (like when we plopped \$2,000 on it for Eurotrip), but it's still wasting \$20-\$30. I go looking for apartments and end up buying a house. We went searching for an apartment one day, got lost, found a lake, saw a house on this lake, and made an offer the very next day. 3 days later it was accepted, and we went from from renting a 1 bedroom apartment to owning a 3-level townhouse in a blink of an eye. We only negotiated \$5,000 off said house. Looking back this was pretty stupid. Especially since it was the month the housing bubble burst! We bought a house the month the housing bubble burst! (!!!) I have no problem spending \$4.00 on coffee or movie candy. If I'm hungry/thirsty, and something tasty is in front of me, I will buy it. I'll be buying a \$30k Benz soon! It may not be today, or even next month, but you can bet your sweet ass I'll be riding around in one of these sooner than later. And of course I'll buy it used, I'm not *that* crazy ;) See, your boy J. Money isn't all roses and pockets of sunshine. He does stupid stuff with his money too! And the older he gets, the more stubborn he is becoming - believe you, me. It's a damn good thing I figured out this whole savings and retirement stuff when I did! I might be wasting hundreds and hundreds dollars over the years, but as long as I'm saving THOUSANDS and thousands of dollars I'm okay with that. Who want's to be perfect anyways? Perfect is boring. ----- Runners-up: Spending \$400 on a blinged out watch, and \$40 on Bling Water. And did I mention \$1,600 at GoDaddy? (Photo by my friend Suburban Dollar) Jay loves talking about money, collecting coins, blasting hip-hop, and hanging out with his three beautiful boys. You can check out all of his online projects at jmoney.biz. Thanks for reading the blog!

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