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The Model Rules of Professional Conduct provides an up-to-date resource for information on legal ethics. Federal, state and local courts in all jurisdictions look to the Rules for guidance in solving lawyer malpractice cases, disciplinary actions, disqualification issues, sanctions questions and much more. In this volume, black-letter Rules of Professional Conduct are followed by numbered Comments that explain each Rule's purpose and provide suggestions for its practical application. The Rules will help you identify proper conduct in a variety of given situations, review those instances where discretionary action is possible, and define the nature of the relationship between you and your clients, colleagues and the courts.

The Collier Guide to Chapter 11 is a one-volume publication that takes an in-depth look at the key topics involved in current chapter 11 practice and considers in detail the bankruptcy landscape in selected industries. Written by over 20 bankruptcy lawyers from leading firms, this new publication fills the gap between the Code-based coverage of Collier of Bankruptcy and the more general topical approach of the Collier Bankruptcy Practice Guide. Inside you'll find: ▯ Overview of Chapter 11 (Chapter 1) ▯ Current trends in debtor-in-possession financing (Chapter 2) ▯ § 363 asset sales and the use of Chapter 11 as a liquidation tool (Chapters 3 and 4) ▯ Key employee benefits issues in a 363 sale (Chapter 6) ▯ Prepackaged bankruptcy cases (Chapter 5) ▯ Federal income taxation issues (Chapter 7) ▯ Environmental issues in bankruptcy (Chapter 9) ▯ Intellectual property in bankruptcy (Chapter 10) ▯ Cross-border insolvencies (Chapter 11) ▯ Labor and employment issues (Chapter 12) ▯ Class action issues (Chapter 15) ▯ Fraudulent transfer action claims against the FDIC in bank holding company cases (Chapter 26) You'll also find key coverage of selected industries, including: ▯ Retail (Chapter 20) ▯ Real estate (Chapter 21) ▯ Hospitals and health care (Chapter 22) ▯ Automotive suppliers and customers (Chapter 23) ▯ Airlines (Chapter 24) ▯ Casinos (Chapter 25) ▯ Professional sports franchises (Chapter 28) Where appropriate, relevant practice aids have been included, such as sample forms and checklists.

This book is dedicated to improving healthcare through reducing delays experienced by patients. With an interdisciplinary approach, this new edition, divided into five sections, begins by examining healthcare as an integrated system. Chapter 1 provides a hierarchical model of healthcare, rising from departments, to centers, regions and the ▯macro system.▯ A new chapter demonstrates how to use simulation to assess the interaction of system components to achieve performance goals, and Chapter 3 provides hands-on methods for developing process models to identify and remove bottlenecks, and for developing facility plans. Section 2 addresses crowding and the consequences of delay. Two new chapters (4 and 5) focus on delays in emergency departments, and Chapter 6 then examines medical outcomes that result from waits for surgeries. Section 3 concentrates on management of demand. Chapter 7 presents breakthrough strategies that use real-time monitoring systems for continuous improvement. Chapter 8 looks at the patient appointment system, particularly through the approach of advanced access. Chapter 9 concentrates on managing waiting lists for surgeries, and Chapter 10 examines triage outside of emergency departments, with a focus on allied health programs Section 4 offers analytical tools and models to support analysis of patient flows. Chapter 11 offers techniques for scheduling staff to match patterns in patient demand. Chapter 12 surveys the literature on simulation modeling, which is widely used for both healthcare design and process improvement. Chapter 13 is new and demonstrates the use of process mapping to represent a complex regional trauma system. Chapter 14 provides methods for forecasting demand for healthcare on a region-wide basis. Chapter 15 presents queueing theory as a method for modeling waits in healthcare, and Chapter 16 focuses on rapid delivery of medication in the event of a catastrophic event. Section 5 focuses on achieving change. Chapter 17 provides a diagnostic for assessing the state of a hospital and using the state assessment to select improvement strategies. Chapter 18 demonstrates the importance of optimizing care as patients transition from one care setting to the next. Chapter 19 is new and shows how to implement programs that improve patient satisfaction while also improving flow. Chapter 20 illustrates how to evaluate the overall portfolio of patient diagnostic groups to guide system changes, and Chapter 21 provides project management tools to guide the execution of patient flow projects.

The Medical Staff Professional's Handbook The essential medical staff professional's job manual Let your experienced peers provide you with the guidance and training you need to tackle your toughest challenges."The Medical Staff Professional's Handbook" is a comprehensive job manual developed by medical staff professionals (MSPs) Anne Roberts, CPMSM, CPCS, and Maggie Palmer, MSA, CPMSM, CPCS. While providing much-needed education for new MSPs, this book and downloadable toolkit also offer veterans new ideas, tips, sample policies, customizable forms, and advice for improving medical staff and credentialing processes.After reading this book, you will be able to: Define the roles, tasks, and expectations for MSPs to clearly identify their priorities Manage FPPE and OPPE processes to effectively assess physician competency Streamline and improve credentialing and privileging processes with dozens of customizable forms and sample tools Comply with accreditation and regulatory standards by understanding the MSP's role in accreditation and the consequences of noncompliance Discover important tips to save time and increase efficiency on daily medical staff office tasks Support the medical staff and communicate with leadership Table of ContentsAbout the Authors Introduction Acronyms and Abbreviations Section I: The Successful Medical Staff Professional Chapter 1: Roles and Responsibilities of Medical Staff Professionals The Responsibilities of MSPs Who MSPs Support in the Organization Chapter 2: Managing External and Internal Relationships Navigating External Relationships Navigating Internal Relationships Chapter 3: Review of Credentialing, Privileging, and Medical Staff Standards History of Regulatory Agencies How the Standards Apply to MSPs Joint Commission Requirements What MSPs Should Expect During Accreditation Surveys Chapter 4: Legal and Regulatory Considerations for Medical Staff Professionals Managing Bylaws Rules and Regulations Corrective Action and Due Process Policies and Procedures HCQIA of 1986 NPDB Healthcare Integrity and Protection Data Bank Sharing Information Credentialing Interrogatories Attestation, Acknowledgments, and Release Forms Criminal Background Checks Disruptive and Impaired Practitioners Section II: Effective Credentialing and Privileging Chapter 5: The Credentialing Process Credentialing Basics Rules to Guide Your Credentialing Process Roles and Responsibilities During the Credentialing Process The Application Process Collecting and Verifying Information Review and Approval Process Chapter 6: Credentialing Responsibilities After the Initial Application Orientation for Patient Care Organizations Credentials Expiration Tracking and Ongoing Monitoring Tips for Avoiding Claims of Negligent Credentialing Chapter 7: The Privileging Process Implementing a Privileging Process Developing Clinical Privilege Delineations Granting Clinical Privileges Based on Competency Final Recommendations for Privileges Chapter 8: Reappointment Initiating the Reappointment Process Accepting the Application Performing Primary Source Verification Creating the Reappointment Profile Quality Review, Ongoing Evaluation, and Monitoring Review and Approval Chapter 9: Credentialing and Privileging Hurdles Low- and No-Volume Practitioners Allied Health Practitioners Telemedicine Practitioner Data and Document Confidentiality Leaves of Absence Paperless/Paper-Light Credentialing System Transition New Technology Privileging Chapter 10: Temporary, Emergency, and Disaster Privileges and Expedited Board Approval Temporary Privileges Emergency Privileges Disaster Privileges Fast-Track or Expedited Credentialing Section III: Measuring Practitioner Competency Chapter 11: Focused Professional Practice Evaluations Requirements for an FPPE Policy and Process Developing FPPE Criteria FPPE at Initial Granting of Privileges Tracking Completion of FPPE FPPE for Additional Privileges FPPE for Cause (Ongoing Professional Practice Evaluation, Peer Review, Leave of Absence Reinstatement) Chapter 12: Ongoing Professional Practice Evaluations Developing a Systematic Approach to OPPE Developing Quality Indicators Periodic Performance Feedback Reports Section IV: Sample Forms and Policies Credentialing Sample Forms Privileging Sample Forms Reappointment Sample Forms Competency Sample Form Continuing Education This book has been approved by the National Association Medical Staff Services for 5 continuing education units. Accreditation of this educational program in no way implies endorsement or sponsorship by NAMSS.

This User▯s Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The User▯s Guide was created by researchers affiliated with AHRQ▯s Effective Health Care Program, particularly those who participated in AHRQ▯s DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

THE COMPREHENSIVE GUIDE TO PARKINSON'S DISEASE, which is fully referenced throughout, is by far the most comprehensive and extensive book concerning Parkinson's Disease. SECTION 1 HISTORY OF PARKINSON'S DISEASE : Chapter 1 (The history of Parkinson's Disease), Chapter 2 (Famous people with Parkinson's Disease) SECTION 2 PREVALENCE OF PARKINSON'S DISEASE : Chapter 3 (Prevalence of Parkinson's Disease) SECTION 3 BIOCHEMISTRY OF PARKINSON'S DISEASE : Chapter 4 (Dopamine biosynthesis), Chapter 5 (Coenzyme biosynthesis), Chapter 6 (Iron metabolism), Chapter 7 (Zinc metabolism), Chapter 8 (Manganese metabolism), Chapter 9 (Dopamine receptors), Chapter 10 (G proteins), Chapter 11 (Dopamine receptor phosphoprotein) SECTION 4 CYTOLOGY OF PARKINSON'S DISEASE : Chapter 12 (Dopaminergic neurons), Chapter 13 (Cytological effects) SECTION 5 ANATOMY OF PARKINSON'S DISEASE : Chapter 14 (Dopaminergic neuronal groups), Chapter 15 (Anatomical effects) SECTION 6 PHYSIOLOGY OF PARKINSON'S DISEASE : Chapter 16 (Dopaminergic pathways), Chapter 17 (Physiological effects) SECTION 7 SYMPTOMS OF PARKINSON'S DISEASE (symptoms, prevalence, causes of symptoms) : Chapter 18 (Primary symptoms), Chapter 19 (Symptom progression), Chapter 20 (Muscular system), Chapter 21 (Nervous system), Chapter 22 (Alimentary system), Chapter 23 (Urinary system), Chapter 24 (Cardiovascular system), Chapter 25 (Respiratory system), Chapter 26 (Skeletal system), Chapter 27 (Integumentary system), Chapter 28 (Sensory system), Chapter 29 (Endocrine system), Chapter 30 (Reproductive system), Chapter 31 (Immune system) SECTION 8 DIAGNOSIS OF PARKINSON'S DISEASE : Chapter 32 (Observational methods), Chapter 33 (Technological methods), Chapter 34 (Chemical methods) SECTION 9 CAUSES OF PARKINSON'S DISEASE : Chapter 35 (Biochemical causes), Chapter 36 (Toxic causes), Chapter 37 (Causes of the 40 known genetic causes), Chapter 38 (Pharmacological causes), Chapter 39 (Medical causes - the pathophysiology, symptoms, causes of symptoms of all the medical disorders that can cause Parkinson's Disease symptoms) SECTION 10 TREATMENTS OF PARKINSON'S DISEASE (their pharmacology, biochemistry, symptoms, causes of symptoms) : Chapter 40 (Biochemical treatment), Chapter 41 (L-dopa), Chapter 42 (Dopamine agonists), Chapter 43 (MAO inhibitors), Chapter 44 (COMT inhibitors), Chapter 45 (Anti-cholinergics), Chapter 46 (Non-dopaminergic), Chapter 47 (Surgical treatments), Chapter 48 (Natural treatments), Chapter 49 (Exercise methods), Chapter 50 (Technological methods) APPENDIX : Appendix 1 (Parkinson's Disease organisations), Appendix 2 (Parkinson's Disease web sites), Appendix 3 (Parkinson's Disease nursing books)

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