Frontiers Intermountain Healthcare Free

This innovative volume presents a cogent case for quality improvement (QI) in behavioral healthcare as ethical practice, solid science, and good business. Divided between foundational concepts, key QI tools and methods, and emerging applications, it offers guidelines for raising care standards while addressing ongoing issues of treatment validity, staffing and training, costs and funding, and integration with medical systems. Expert contributors review the implications and potential of QI in diverse areas such as treatment of entrenched mental disorders, in correctional facilities, and within the professional context of the American Psychological Association. The insights, examples, and strategies featured will increase in value as behavioral health becomes more prominent in integrated care and vital to large-scale health goals. Included in the coverage: Behavioral health conditions: direct treatment costs and indirect social costs. /liliQuality improvement and clinical psychological science. · Process mapping to improve quality in behavioral health service delivery. · Checklists for quality improvement and evaluation in behavioral health. · Creating a quality improvement system for an integrated care program: the why, what, and how to measure. · Feedback Informed Treatment (FIT): improving the outcome of psychotherapy one person at a time. Quality Improvement i n Behavioral Healthcare gives health psychologists, public health professionals,

and health administrators a real-world framework for maintaining quality services in a rapidly evolving health landscape.

In a joint effort between the National Academy of Engineering and the Institute of Medicine, this books attempts to bridge the knowledge/awareness divide separating health care professionals from their potential partners in systems engineering and related disciplines. The goal of this partnership is to transform the U.S. health care sector from an underperforming conglomerate of independent entities (individual practitioners, small group practices, clinics, hospitals, pharmacies, community health centers et. al.) into a high performance "system" in which every participating unit recognizes its dependence and influence on every other unit. By providing both a framework and action plan for a systems approach to health care delivery based on a partnership between engineers and health care professionals, Building a Better Delivery System describes opportunities and challenges to harness the power of systems-engineering tools, information technologies and complementary knowledge in social sciences, cognitive sciences and business/management to advance the U.S. health care system.

Healthcare Information Management Systems, 4th edition, is a comprehensive volume addressing the technical, organizational and management issues confronted by healthcare professionals in the selection, implementation and management of healthcare information systems. With contributions from experts in the field, this book focuses on topics such as strategic

planning, turning a plan into reality, implementation, patient-centered technologies, privacy, the new culture of patient safety and the future of technologies in progress. With the addition of many new chapters, the 4th Edition is also richly peppered with case studies of implementation. The case studies are evidence that information technology can be implemented efficiently to yield results, yet they do not overlook pitfalls, hurdles, and other challenges that are encountered. Designed for use by physicians, nurses, nursing and medical directors, department heads, CEOs, CFOs, CIOs, COOs, and healthcare informaticians, the book aims to be a indispensible reference.

America's health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation's economic stability and global competitiveness. According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system's current inefficiency underscore the urgent need for a systemwide transformation. About 30 percent of health spending in 2009--roughly $750 billion--was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This

report states that the way health care providers currently
train, practice, and learn new information cannot keep
pace with the flood of research discoveries and
technological advances. About 75 million Americans
have more than one chronic condition, requiring
coordination among multiple specialists and therapies,
which can increase the potential for miscommunication,
misdiagnosis, potentially conflicting interventions, and
dangerous drug interactions. Best Care at Lower Cost
emphasizes that a better use of data is a critical element
of a continuously improving health system, such as
mobile technologies and electronic health records that
offer significant potential to capture and share health
data better. In order for this to occur, the National
Coordinator for Health Information Technology, IT
developers, and standard-setting organizations should
ensure that these systems are robust and interoperable.
Clinicians and care organizations should fully adopt
these technologies, and patients should be encouraged
to use tools, such as personal health information portals,
to actively engage in their care. This book is a call to
action that will guide health care providers;
administrators; caregivers; policy makers; health
professionals; federal, state, and local government
agencies; private and public health organizations; and
educational institutions.
This book on Infectious Disease Informatics (IDI) and
biosurveillance is intended to provide an integrated view
of the current state of the art, identify technical and policy
challenges and opportunities, and promote cross-
disciplinary research that takes advantage of novel

methodology and what we have learned from innovative applications. This book also fills a systemic gap in the literature by emphasizing informatics driven perspectives (e.g., information system design, data standards, computational aspects of biosurveillance algorithms, and system evaluation). Finally, this book attempts to reach policy makers and practitioners through the clear and effective communication of recent research findings in the context of case studies in IDI and biosurveillance, providing "hands-on" in-depth opportunities to practitioners to increase their understanding of value, applicability, and limitations of technical solutions. This book collects the state of the art research and modern perspectives of distinguished individuals and research groups on cutting-edge IDI technical and policy research and its application in biosurveillance. The contributed chapters are grouped into three units. Unit I provides an overview of recent biosurveillance research while highlighting the relevant legal and policy structures in the context of IDI and biosurveillance ongoing activities. It also identifies IDI data sources while addressing information collection, sharing, and dissemination issues as well as ethical considerations. Unit II contains survey chapters on the types of surveillance methods used to analyze IDI data in the context of public health and bioterrorism. Specific computational techniques covered include: text mining, time series analysis, multiple data streams methods, ensembles of surveillance methods, spatial analysis and visualization, social network analysis, and agent-based simulation. Unit III examines IT and decision support for public health event response

and bio-defense. Practical lessons learned in developing public health and biosurveillance systems, technology adoption, and syndromic surveillance for large events are discussed. The goal of this book is to provide an understandable interdisciplinary IDI and biosurveillance reference either used as a standalone textbook or reference for students, researchers, and practitioners in public health, veterinary medicine, biostatistics, information systems, computer science, and public administration and policy.

Health Care Management and the Law-2nd Edition is a comprehensive practical health law text relevant to students seeking the basic management skills required to work in health care organizations, as well as students currently working in health care organizations. This text is also relevant to those general health care consumers who are simply attempting to navigate the complex American health care system. Every attempt is made within the text to support health law and management theory with practical applications to current issues. "Atkinson and Jewell invite each of us to reimagine one's connection to the land while cultivating nature close to home. A must-read for anyone searching for inspired solutions for designing or refining a garden." —Emily Murphy, founder of Pass the Pistil From windswept deserts to misty seaside hills and verdant valleys, the natural landscapes of the American West offer an astounding variety of climates for gardens. Under Western Skies reveals thirty-six of the most innovative designs—all embracing and celebrating the very soul of the land on which they grow. For the

gardeners featured here, nature is the ultimate inspiration rather than something to be dominated, and Under Western Skies shows the strong connection each garden has with its place. Packed with Atkinson's stunning photographs and illuminated by Jewell's deep interest in the relationships between people and the spaces they inhabit, Under Western Skies offers page after page of encouraging ingenuity and inventive design for passionate gardeners who call the West home. Presents over thirty walking tours of Salt Lake City, Utah, providing maps and sites to see, including Temple Square, Capitol Hill, Ensign Peake, Universtiry of Utah and The Peace Gardens.

How can a smartwatch help patients with diabetes manage their disease? Why can't patients find out prices for surgeries and other procedures before they happen? How can researchers speed up the decade-long process of drug development? How will "Precision Medicine" impact patient care outside of cancer? What can doctors, hospitals, and health systems do to ensure they are maximizing high-value care? How can healthcare entrepreneurs find success in this data-driven market? A revolution is transforming the $10 trillion healthcare landscape, promising greater transparency, improved efficiency, and new ways of delivering care. This new landscape presents tremendous opportunity for those who are ready to embrace the data-driven reality. Having the right data and knowing how to use it will be the key to success in the healthcare market in the future. We are already starting to see the impacts in drug development, precision medicine, and how patients with

rare diseases are diagnosed and treated. Startups are launched every week to fill an unmet need and address the current problems in the healthcare system. Digital devices and artificial intelligence are helping doctors do their jobs faster and with more accuracy. MoneyBall Medicine: Thriving in the New Data-Driven Healthcare Market, which includes interviews with dozens of healthcare leaders, describes the business challenges and opportunities arising for those working in one of the most vibrant sectors of the world's economy. Doctors, hospital administrators, health information technology directors, and entrepreneurs need to adapt to the changes effecting healthcare today in order to succeed in the new, cost-conscious and value-based environment of the future. The authors map out many of the changes taking place, describe how they are impacting everyone from patients to researchers to insurers, and outline some predictions for the healthcare industry in the years to come.

Behavioral health and substance use disorders affect approximately 20 percent of the U.S. population. Of those with a substance use disorder, approximately 60 percent also have a mental health disorder. Together, these disorders account for a substantial burden of disability, have been associated with an increased risk of morbidity and mortality from other chronic illnesses, and can be risk factors for incarceration, homelessness, and death by suicide. In addition, they can compromise a person's ability to seek out and afford health care and adhere to treatment recommendations. To explore data, policies, practices, and systems that affect the diagnosis

and provision of care for mental health and substance use disorders, the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine created the Forum on Mental Health and Substance Use Disorders. The forum activities are expected to advance the discussion and generate potential ideas on ways to address many of the most persistent problems in delivering mental health and substance use services. The inaugural workshop, held October 15-16, 2019, in Washington, DC, explored the key policy challenges that impede efforts to improve care for those individuals with mental health and substance use disorders. This publication summarizes the presentations and discussion of the workshop.

Manage a cost-effective lab and maintain quality patient care! Today's rapidly changing healthcare environment calls for strict, cost-effective lab management. Quality and appropriate testing are the keys to an efficient, successful operation. In this important resource, a variety of healthcare professionals consider the topics which are essential to the successful management of any size lab team. Coverage includes quality control; appropriate testing; effective communication and accuracy; computers today and in the lab of the future; point of care testing; and robotics. Readers will find useful guidance for making decisions in their own unique environments

For decades, the manufacturing industry has employed the Toyota Production System — the most powerful production method in the world — to reduce waste, improve quality, reduce defects and increase worker

productivity. In 2001, Virginia Mason Medical Center, an integrated healthcare delivery system in Seattle, Washington set out to achieve its compelling vision to become The Quality Leader and to fulfill that vision, adopted the Toyota Production System as its management method. Winner of a Shingo Research and Professional Publication Award! Transforming Health Care: Virginia Mason Medical Center's Pursuit of the Perfect Patient Experience takes you on the journey of of Virginia Mason Medical Center's pursuit of the perfect patient experience through the application of lean principles, tools, and methodology. The results speak for themselves, including: An innovative patient safety alert system Reduction in professional liability insurance expenses Foundational changes that make it possible for nurses to spend 90% of their time with patients A computerized module that sorts through electronic medical charts and automatically identifies when disease management and preventative testing due Over the last several years Virginia Mason has become internationally known for its journey towards perfection by applying the Toyota Production System to healthcare. The book takes readers step by step through Virginia Mason's journey as it seeks to provide perfection to its customer – the patient. This book shows you how you use this system to transform your own organization.

From the experts at the American Association of Critical-Care Nurses (AACN) comes the definitive resource for critical care certification and clinical practice. This new seventh edition has been thoroughly updated to reflect the current state of high acuity, progressive, and critical care nursing practice and

includes expanded coverage of pain management, palliative care, and end-of-life care; transplantation; and key AACN initiatives. It also reflects the most current literature, national and international guidelines, clinical studies, and of course, the newest content on the CCRN® exam. Authored by the experts at the American Association of Critical-Care Nurses (AACN), this is the definitive guide to critical care nursing certification and clinical practice. NEW! Significantly updated content corresponds to the most recent CCRN® examination blueprint and reflects the most current literature, national and international guidelines, clinical studies, AACN/ANA scope of practice, and ECCO 3.0. NEW! Expanded coverage of key content reflects the healthcare needs of today's patients, including pain management, palliative care, and end-of-life care; nutritional support; transplantation; and key AACN initiatives. Concise outline format is organized by body system to make information easy to digest. NEW! Clinical Pearls and Key Concepts boxes highlight key content and serve as a convenient quick reference. NEW! Improved navigation includes printed index tabs to help distinguish chapters and find information fast. Basic to advanced levels of coverage, with an emphasis on clinical nursing practice, prepare you for the full range of knowledge you will encounter on the CCRN exam and in practice. Coverage of the AACN Synergy Model is featured in the new opening chapter. Professional Care and Ethical Practice is integrated into the Core Curriculum series framework. A new chapter on Critical Care Patients with Special Needs includes bariatric and geriatric patients in critical care, as well as high-risk obstetric patients. Features new content on chest tubes, liver transplantation for acute liver failure, spirituality, and spiritual aspects of care. Integrates pain as the 5th vital sign and includes JCAHO, HCFA, and AHCPR guidelines relating to pain management. Features AHRQ evidence-based practice

guidelines as reference sources for practice interventions. New organization for Patient Care presents patient problems, needs, etc. in order of clinical priority. Expanded Nursing Interventions includes considerations related to patient/family education, patient transfer, and discharge planning. Web-based resources for CDC, AHA, NINR, National Guideline Clearinghouse, NIH Consensus Conference Proceedings, ADA.

Based on a true story from Archbishop Desmond Tutu's childhood in South Africa, Desmond and the Very Mean Word reveals the power of words and the secret of forgiveness. Features an audio read-along read by Archbishop Desmond Tutu. When Desmond takes his new bicycle out for a ride through his neighborhood, his pride and joy turn to hurt and anger when a group of boys shout a very mean word at him. He first responds by shouting an insult, but soon discovers that fighting back with mean words doesn't make him feel any better. With the help of kindly Father Trevor, Desmond comes to understand his conflicted feelings and see that all people deserve compassion, whether or not they say they are sorry. Brought to vivid life in A. G. Ford's energetic illustrations, this heartfelt, relatable story conveys timeless wisdom about how to handle bullying and angry feelings, while seeing the good in everyone.

Recognizing patterns of disease can be the first step to successful management of the child with a neurological problem; this is emphasized by the authors throughout the book. Their concise, precise account reflects the remarkable recent advances in pediatric neurology and related disciplines, while stressing the fundamentals of clinical examination and history taking in reaching an accurate diagnosis. The book begins with a detailed discussion of neurological examination techniques and the basic formulation of differential diagnoses and management, using

neuroradiology, electrophysiology, cerebrospinal fluids, genetic and metabolic testing. The second section of the book follows a problem-based approach, just as diseases present in the real world. It employs practical, symptom- and sign-based strategies for virtually all conditions encountered by the practitioner. The final section on neurological emergencies recognizes that such conditions present first to someone other than a pediatric neurologist. This new color handbook is illustrated throughout by a wealth of top-quality clinical photos and imaging, and is of interest to pediatric neurologists, general pediatricians, primary care physicians and emergency physicians, in training and practice. High-quality primary care is the foundation of the health care system. It provides continuous, person-centered, relationship-based care that considers the needs and preferences of individuals, families, and communities. Without access to high-quality primary care, minor health problems can spiral into chronic disease, chronic disease management becomes difficult and uncoordinated, visits to emergency departments increase, preventive care lags, and health care spending soars to unsustainable levels. Unequal access to primary care remains a concern, and the COVID-19 pandemic amplified pervasive economic, mental health, and social health disparities that ubiquitous, high-quality primary care might have reduced. Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes. For this reason, primary care is a common good, which makes the strength and quality of the country's primary care services a public concern. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care puts forth an evidence-based plan with actionable objectives and recommendations for implementing high-quality primary care in the United States. The implementation plan of this report

balances national needs for scalable solutions while allowing for adaptations to meet local needs.

The development of intracranial metastatic disease (IMD) complicates the course of 20% of patients with cancer. Despite improvements in patient survival with more aggressive treatment options as compared to the prior standard of palliative whole brain radiation, outcomes for patients who develop IMD remain dispiriting. There is need to celebrate our advances; but a major collaborative multidisciplinary effort is needed to push the field to achieve more meaningful survival benefits for our patients with IMD. In this Research Topic collection, we have assembled work detailing the latest innovations in brain metastases imaging and management, spanning from minimally invasive surgery to immunotherapy. We hope that you find it a valuable resource.

Most doctors will tell you that there isn't much you can do to treat atrial fibrillation, aside from taking medications for the rest of your life. Cardiologists and a-fib specialists John D. Day and T. Jared Bunch disagree. Atrial fibrillation strikes one in four American adults. Not only do people suffering from this condition suffer from shortness of breath, fatigue, chest discomfort, decreased ability to exercise and do activities of daily living, arrhythmia, and palpitations, but their risk of a stroke, cognitive decline and dementia, heart failure, or premature death also shoots way up. Today, a whole new body of research—one most physicians are unaware of—shows that biomarker and lifestyle optimization may put half the cases of atrial fibrillation into remission without drugs or procedures. And for those in whom these remedies are insufficient or not tolerated, new procedures, in combination with biomarker and lifestyle optimization, may offer lifetime remission from atrial fibrillation and its devastating consequences. In clear, accessible, patient-centric language,

Drs. Day and Bunch share their revolutionary approach to treating atrial fibrillation, developed through a combined 53 years working with a-fib patients. The effectiveness of their plan has been proven through countless medical studies. And now, in The AFib Cure: Get Off Your Medications, Take Control of Your Health, and Add Years to Your Life, they share that plan with you. If you're looking for a drug-free solution to your atrial fibrillation, or have a family history of atrial fibrillation and don't want to suffer the same fate, The AFib Cure is for you. Let The AFib Cure show you how to live longer, healthier, free from medications, and free from the fear of atrial fibrillation overshadowing your life.

Toward a 21st Century Health System is a collection of thoughtful analyses that explore a key element of the health care delivery system-physician group practices. Edited by policy experts Alain Enthoven and Laura Tollen, and written by a blue ribbon panel of health policy scholars and leaders including Stephen Shortell, Hal Luft, Donald Berwick, James Robinson, and Helen Darling, this resource addresses a variety of topics, including Organized delivery systems Quality of care in prepaid group practice versus other types of managed care The role of physician leadership and culture in group practice Prepaid group practice and the formation of national health policy This comprehensive resource also covers such topics as pharmacy benefit management, technology assessment, health services research, and employer purchasing of benefits– all as they relate to prepaid group practice.

This book provides a balanced assessment of pay for performance (P4P), addressing both its promise and its shortcomings. P4P programs have become widespread in health care in just the past decade and have generated a great deal of enthusiasm in health policy circles and among legislators, despite limited evidence of their effectiveness. On

a positive note, this movement has developed and tested many new types of health care payment systems and has stimulated much new thinking about how to improve quality of care and reduce the costs of health care. The current interest in P4P echoes earlier enthusiasms in health policy—such as those for capitation and managed care in the 1990s—that failed to live up to their early promise. The fate of P4P is not yet certain, but we can learn a number of lessons from experiences with P4P to date, and ways to improve the designs of P4P programs are becoming apparent. We anticipate that a "second generation" of P4P programs can now be developed that can have greater impact and be better integrated with other interventions to improve the quality of care and reduce costs.

Revised by the American Medical Association (AMA), Graduate Medical Education Directory, 2012-2013 (Green Book) contains comprehensive information on 9,000 Accreditation Council for Graduate Medical Education-accredited programs (GME) in the United States, including Residency, Fellowship, and Combined programs, plus residency application and career-planning resources. Revisions and updates: specialty/subspecialty information, Match data, 215 new programs, and 3,000 teaching institutions.

Geographical listing of almost 18,000 programs and facilities dealing with prevention and treatment in alcohol, drug, and behavioral addictions. Intended as comprehensive source for professionals and interested general public. Entries give program name, address, telephone number, contact person, hotline telephone, addictions treated, program setting, number of clients served, type of ownership, and sources of financial information. Covers the United States and territories.

The complex challenges facing healthcare require innovative solutions that can make patient care more effective, easily

available, and affordable. One such solution is the digital reconstruction of medicine that transitions much of patient care from hospitals, clinics, and offices to a variety of virtual settings. This reconstruction involves telemedicine, hospital-at-home services, mobile apps, remote sensing devices, clinical data analytics, and other cutting-edge technologies. The Digital Reconstruction of Healthcare: Transitioning from Brick and Mortar to Virtual Care takes a deep dive into these tools and how they can transform medicine to meet the unique needs of patients across the globe. This book enables readers to peer into the very near future and prepare them for the opportunities afforded by the digital shift in healthcare. It is also a wake-up call to readers who are less than enthusiastic about these digital tools and helps them to realize the cost of ignoring these tools. It is written for a wide range of medical professionals including: Physicians, nurses, and entrepreneurs who want to understand how to use or develop digital products and services IT managers who need to fold these tools into existing computer networks at hospitals, clinics, and medical offices Healthcare executives who decide how to invest in these platforms and products Insurers who need to stay current on the latest trends and the evidence to support their cost effectiveness Filled with insights from international experts, this book also features Dr. John Halamka's lessons learned from years of international consulting with government officials on digital health. It also taps into senior research analyst Paul Cerrato's expertise in AI, data analytics, and machine learning. Combining these lessons learned with an in-depth analysis of clinical informatics research, this book aims to separate hyped AI "solutions" from evidence-based digital tools. Together, these two pillars support the contention that these technologies can, in fact, help solve many of the seemingly intractable problems facing healthcare providers and patients.

Behavioral health conditions, which include mental health and substance use disorders, affect approximately 20 percent of Americans. Of those with a substance use disorder, approximately 60 percent also have a mental health disorder. As many as 80 percent of patients with behavioral health conditions seek treatment in emergency rooms and primary care clinics, and between 60 and 70 percent of them are discharged without receiving behavioral health care services. More than two-thirds of primary care providers report that they are unable to connect patients with behavioral health providers because of a shortage of mental health providers and health insurance barriers. Part of the explanation for the lack of access to care lies in a historical legacy of discrimination and stigma that makes people reluctant to seek help and also led to segregated and inhumane services for those facing mental health and substance use disorders. In an effort to understanding the challenges and opportunities of providing essential components of care for people with mental health and substance use disorders in primary care settings, the National Academies of Sciences, Engineering, and Medicine's Forum on Mental Health and Substance Use Disorders convened three webinars held on June 3, July 29, and August 26, 2020. The webinars addressed efforts to define essential components of care for people with mental health and substance use disorders in the primary care setting for depression, alcohol use disorders, and opioid use disorders; opportunities to build the health care workforce and delivery models that incorporate those essential components of care; and financial incentives and payment structures to support the implementation of those care models, including value-based payment strategies and practice-level incentives. This publication summarizes the presentations and discussion of the webinars.

Linear mixed-effects models (LMMs) are an important class of statistical models that can be used to analyze correlated data. Such data are encountered in a variety of fields including biostatistics, public health, psychometrics, educational measurement, and sociology. This book aims to support a wide range of uses for the models by applied researchers in those and other fields by providing state-of-the-art descriptions of the implementation of LMMs in R. To help readers to get familiar with the features of the models and the details of carrying them out in R, the book includes a review of the most important theoretical concepts of the models. The presentation connects theory, software and applications. It is built up incrementally, starting with a summary of the concepts underlying simpler classes of linear models like the classical regression model, and carrying them forward to LMMs. A similar step-by-step approach is used to describe the R tools for LMMs. All the classes of linear models presented in the book are illustrated using real-life data. The book also introduces several novel R tools for LMMs, including new class of variance-covariance structure for random-effects, methods for influence diagnostics and for power calculations. They are included into an R package that should assist the readers in applying these and other methods presented in this text.

Organizations around the world are using Lean to redesign care and improve processes in a way that achieves and sustains meaningful results for patients, staff, physicians, and health systems. This book systematically describes how NHS Highland uses Lean

principles and mindsets to improve safety, quality, access, and morale while reducing costs, and increasing capacity. Existing books often describe the gains obtained by using Lean methods, but often do not describe the underlying concepts and methods in details. Other books describe continuous improvement work, or specific techniques such as daily management in detail. This book seeks to occupy a middle space by providing an overview of the range of Lean ideas applicable to healthcare with sufficient examples and cases studies from NHS Highland and partner organizations so readers can see them in use and practice.

As a field, education has largely failed to learn from experience. Time after time, promising education reforms fall short of their goals and are abandoned as other promising ideas take their place. In Learning to Improve, the authors argue for a new approach. Rather than "implementing fast and learning slow," they believe educators should adopt a more rigorous approach to improvement that allows the field to "learn fast to implement well." Using ideas borrowed from improvement science, the authors show how a process of disciplined inquiry can be combined with the use of networks to identify, adapt, and successfully scale up promising interventions in education. Organized around six core principles, the book shows how "networked improvement communities" can bring together researchers and practitioners to accelerate learning in key areas of education. Examples include efforts to address the high rates of failure among students in community college remedial math courses and strategies

for improving feedback to novice teachers. Learning to Improve offers a new paradigm for research and development in education that promises to be a powerful driver of improvement for the nation's schools and colleges.

Emergency Medical Services (EMS) is a critical component of our nation's emergency and trauma care system, providing response and medical transport to millions of sick and injured Americans each year. At its best, EMS is a crucial link to survival in the chain of care, but within the last several years, complex problems facing the emergency care system have emerged. Press coverage has highlighted instances of slow EMS response times, ambulance diversions, trauma center closures, and ground and air medical crashes. This heightened public awareness of problems that have been building over time has underscored the need for a review of the U.S. emergency care system. Emergency Medical Services provides the first comprehensive study on this topic. This new book examines the operational structure of EMS by presenting an in-depth analysis of the current organization, delivery, and financing of these types of services and systems. By addressing its strengths, limitations, and future challenges this book draws upon a range of concerns: • The evolving role of EMS as an integral component of the overall health care system. • EMS system planning, preparedness, and coordination at the federal, state, and local levels. • EMS funding and infrastructure investments. • EMS workforce trends and professional education. • EMS research priorities and funding. Emergency Medical Services is

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

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