

## Hospital Based Emergency Care

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.

There's never been so much opportunity for your Emergency Department to shine. These are critical days for healthcare. We know more about optimizing quality and saving lives than at any point in history. At the same time, cost pressures have never been greater. Add in higher-than-ever patient expectations and the message is clear: Hospitals that can learn to do more with less will thrive. Those that can't may not even exist a few years from now. The Emergency Department plays a pivotal role in how your hospital adapts to our new reality. This book offers a wealth of tools and tactics aimed at helping you get results more efficiently, effectively, and collaboratively. Master them and you'll improve quality, exceed patient expectations, and ultimately, help the entire organization maintain and grow its profit margin. You'll learn how to: • Diagnose flow challenges and redesign systems to make them far more efficient; • Align ED goals with other key areas and weight them to drive performance; • Hardwire advanced communication tools that calm and reassure patients, reduce LWBS rates, and minimize preventable readmissions; • Engage physicians and collaborate with hospitalists for optimal patient safety; and • Drive collaboration within the ED, the larger hospital, and the community. World-class Emergency Departments don't follow. They lead. When you commit to building and sustaining an agile, high-performing ED, you'll not only fulfill your mission of serving patients and saving lives, you'll light the way for your entire hospital to prosper in the new era.

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. Hospital-based Emergency Departments (EDs) are required to stabilize patients with emergent conditions regardless of the patients' ability to pay as a requirement of the Emergency Medical Treatment and Active Labor Act (EMTALA). Given this requirement, EDs play an important part in the health care safety net by serving the uninsured, the underserved, and those enrolled in Medicaid. Open 24 hours a day, EDs provide emergency care, urgent care, primary care, and behavioral health care services in communities where these services are unavailable or unavailable after hours. EDs also play a key role during emergencies, such as natural disasters. Some EDs are challenged to provide effective care. For example, EDs provide a disproportionate amount of health care to the U.S. population, in general, and to the safety net population, in particular. Specifically, while 4% of all U.S. physicians are ED physicians, they are the treating physicians in 28% of all acute care visits. Some EDs face financial challenges. ED services are costly both to payers, because services provided in an ED are more costly than those provided in community-based settings, and to hospitals, because operating an ED has high fixed costs and because if patients enter with an emergent condition, hospitals are required by EMTALA to stabilize the patient regardless of the patient's ability to pay. As providers of uncompensated safety net care, some EDs are crowded, in part because hospitals lack staff or inpatient beds to transfer patients from the ED, and in part because of the large number of patients who seek care in the ED because care is unavailable or inaccessible in the community. Crowded conditions have resulted in some patients experiencing long wait times, which, at times, delays access to care and results in worse health outcomes. In addition, hospitals, particularly those in urban areas, are regularly diverting ambulances because they are too crowded to accept new patients. This report describes EDs and the role they play in the health care delivery system. It also discusses the federal role and interest in supporting emergency care. The federal government is the largest payer for overall health care, through the Medicare and Medicaid programs. Also, the federal government has made investments in emergency preparedness, programs and efforts that support the health care safety net, and health care access in general. Given these investments, Congress may be interested in EDs because a well-functioning ED system is necessary to provide surge capacity in an emergency. The function of the ED system, in turn, reflects its surrounding community's access to health care services; therefore, understanding the use of EDs, evaluating whether such use is appropriate, and examining strategies employed to reduce inappropriate use may all be of policy interest. This report discusses three commonly identified and interrelated challenges that EDs face: (1) crowding in EDs, (2) providing repeat care to a subset of patients who are frequent users, and (3) providing care to a large population who have behavioral health conditions when an ED lacks the appropriate resources to provide such treatment. Finally, this report concludes with some policy options that Congress might consider to improve ED functioning and reduce payer costs. This report focuses on EDs that are available to the general population; as such, it does not include EDs operated by the Departments of Defense or Veterans Affairs or those operated by the Indian Health Service.

Named a 2013 Doody's Core Title! 2012 Second Place AJN Book of the Year Award Winner in Maternal and Child Health! This up-to-date handbook of narrative practice guidelines for use in obstetric triage and emergency settings provides speedy access to critical information needed by healthcare providers in obstetrics, midwifery, emergency medicine, and family care medicine. It includes narrative practice protocols that offer point of service management guidelines, diagnostic parameters, ultrasound imaging and other diagnostic modalities, and easy to follow algorithms and tables in each chapter. This information will enable practitioners to easily recognize and understand symptomatology, lab results, diagnostic imaging and clinical workings. Chapters address over 30 clinical conditions and are consistently organized to include presenting symptomatology, history and data collection, physical exam findings, lab and imaging studies, differential diagnosis and clinical management and follow up. The book disseminates the contributions of expert midwives, nurse practitioners, obstetricians, gynecologists, and radiologists who evaluate more than 30,000 obstetric visits each year. Key Features: Pocket-sized and easy-to-use Includes current guidelines for more than 30 clinical situations requiring obstetric triage or emergency care Offers plentiful diagnostic and imaging guidelines with accompanying figures and images Presents algorithms, diagnostic images, and best evidence for each condition "This open access book outlines the challenges of supporting the health and wellbeing of older adults around the world and offers examples of solutions designed by stakeholders, healthcare providers, and public, private and nonprofit organizations in the United States. The solutions presented address challenges including: providing person-centered long-term care, making palliative care accessible in all healthcare settings and the home, enabling aging-in-place, financing long-term care, improving care coordination and access to care, delivering hospital-level and emergency care in the home and retirement community settings, merging health and social care, supporting people living with dementia and their caregivers, creating communities and employment opportunities that are accessible and welcoming to those of all ages and abilities, and combating the stigma of aging. The innovative programs of support and care in Aging Well serve as models of excellence that, when put into action, move health spending toward a sustainable path and greatly contribute to the well-being of older adults."--Provided by publisher.

Catastrophic disasters occurring in 2011 in the United States and worldwide--from the tornado in Joplin, Missouri, to the earthquake and tsunami in Japan, to the earthquake in New Zealand--have demonstrated that even prepared communities can be overwhelmed. In 2009, at the height of the influenza A (H1N1) pandemic, the Assistant Secretary for Preparedness and Response at the Department of Health and Human Services, along with the Department of Veterans Affairs and the National Highway Traffic Safety Administration, asked the Institute of Medicine (IOM) to convene a committee of experts to develop national guidance for use by state and local public health officials and health-sector agencies and institutions in establishing and implementing standards of care that should apply in disaster situations--both naturally occurring and man-made--under conditions of scarce resources. Building on the work of phase one (which is described in IOM's 2009 letter report, Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations), the committee developed detailed templates enumerating the functions and tasks of the key stakeholder groups involved in crisis standards of care (CSC) planning, implementation, and public engagement--state and local governments, emergency medical services (EMS), hospitals and acute care facilities, and out-of-hospital and alternate care systems. Crisis Standards of Care provides a framework for a systems approach to the development and implementation of CSC plans, and addresses the legal issues and the ethical, palliative care, and mental health issues that agencies and organizations at each level of a disaster response should address. Please note: this report is not intended to be a detailed guide to emergency preparedness or disaster response. What is described in this report is an extrapolation of existing incident management practices and principles. Crisis Standards of Care is a seven-volume set: Volume 1 provides an overview; Volume 2 pertains to state and local governments; Volume 3 pertains to emergency medical services; Volume 4 pertains to hospitals and acute care facilities; Volume 5 pertains to out-of-hospital care and alternate care systems; Volume 6 contains a public engagement toolkit; and Volume 7 contains appendixes with additional resources.

Although trauma victims constitute around one-tenth to one-eighth of the total patient volume in hospital emergency departments, the burden of trauma on humankind is beyond these statistics. The twenty-first century is witnessing a growing threat on human beings imposed by many sources, namely natural disasters, terrorism and other conflicts, warfare, and transportation accidents; all of which ignite the rise of major trauma incidents worldwide. Physicians, therefore, get involved in trauma management more and more frequently in time. They need to evaluate, diagnose, treat, and stabilize victims and help them take part in active and productive life as soon as possible. Technological advances have provided many techniques to augment trauma care and resuscitation, fracture healing, wound care, casts and splints, sutures, and transfusions. However, the successful management of trauma warrants a collaboration of emergency medicine, surgical disciplines, intensive care medicine, and almost all the resources of a hospital. This work is an example of a multidisciplinary approach that is a must to maximize synergistic efforts to deliver contemporary care for trauma victims of all ages throughout the world.

[Growing Pains](#)

[Special Topics in Resuscitation](#)

[SimWars Simulation Case Book: Emergency Medicine](#)

[Hospital-Based Emergency Departments: Background and Policy Considerations](#)

[Disease Control Priorities, Third Edition \(Volume 1\)](#)

[Crisis Standards of Care](#)

[Pediatric Emergency Medicine](#)

[Evidence-Based Emergency Care](#)

[Future of Emergency Care Set](#)

[Diagnostic Testing and Clinical Decision Rules](#)

[Emergency Medical Services for Children](#)

Evidence-Based Imaging presents the radiologist with a user-friendly guide to the evidence-based science and the merit behind the diagnostic imaging studies performed in medicine. This book gives the reader a clinically relevant overview of epidemiology, selection of subjects for imaging, selection of imaging strategies, imaging test performance and cost, cost-effectiveness analysis, and applicability to children. Nine major areas of medical imaging are covered, with an emphasis on common diseases. These include Oncology, Neuroimaging, Gastroenterology, Pediatrics, Respiratory System, Musculoskeletal, Cardiovascular, Trauma, and Urologic. Radiologists, clinicians, residents, and others with an interest in medical imaging and a desire to keep current with the vast amount of evidence-based literature will find this text extremely useful.

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 time again, the best results 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.

During medical emergencies, hospital staff and emergency medical services (EMS) providers, can face barriers in delivering the fastest and best possible care. Overcrowded emergency rooms cannot care for patients as quickly as necessary, and some may divert ambulances and turn away new patients outright. In many states, ambulance staff lacks the means to determine which hospitals can provide the best care to a patient. Given this absence of knowledge, they bring patients to the closest hospital. In addition, because emergency service providers from different companies compete with each other for patients, and emergency care legislation varies from state to state, it is difficult to establish the necessary local, interstate, and national communication and collaboration to create a more efficient system. In 2006, the IOM recommended that the federal government implement a regionalized emergency care system to improve cooperation and overcome these challenges. In a regionalized system, local hospitals and EMS providers would coordinate their efforts so that patients would be brought to hospitals based on the hospitals' capacity and expertise to best meet patients' needs. In September 2009, three years after making these recommendations, the IOM held a workshop sponsored by the federal Emergency Care Coordination Center to assess the nation's progress toward regionalizing emergency care. The workshop brought together policymakers and stakeholders, including nurses, EMS personnel, hospital administrators, and others involved in emergency care. Participants identified successes and shortcomings in previous regionalization efforts; examined the many factors involved in successfully implementing regionalization; and discussed future challenges to regionalizing emergency care. This document summarizes the workshop.

Today our emergency care system faces an epidemic of crowded emergency 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 hospital-based emergency and trauma care, not simply urgent and lifesaving care, but also safety net care for uninsured patients, public health surveillance, disaster preparation, and adjunct care in the face of increasing patient volume and limited resources. This new book considers the multiple aspects to the emergency care system in the United States by exploring its strengths, limitations, and future challenges. The wide range of issues covered includes: • The role and impact of the emergency department within the larger hospital and health care system. • Patient flow and information technology. • Workforce issues across multiple disciplines. • Patient safety and the quality and efficiency of emergency care services. • Basic, clinical, and health services research relevant to emergency care. • Special challenges of emergency care in rural settings. Hospital-Based Emergency Care 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.

Over the past two decades, the healthcare community increasingly recognized the importance and the impact of medical errors on patient safety and clinical outcomes. Medical and surgical errors continue to contribute to unnecessary and potentially preventable morbidity and/or mortality, affecting both ambulatory and hospital settings. The spectrum of contributing variables-ranging from minor errors that subsequently escalate to poor communication to lapses in appropriate protocols and processes (just to name a few)-is extensive, and solutions are only recently being described. As such, there is a growing body of research and experiences that can help provide an organized framework-based upon the best practices and evidence-based medical principles-for hospitals and clinics to foster patient safety culture and to develop institutional patient safety champions. Based upon the tremendous interest in the first volume of our Vignettes in Patient Safety series, this second volume follows a similar vignette-based model. Each chapter outlines a realistic case scenario designed to closely approximate experiences and clinical patterns that medical and surgical practitioners can easily relate to. Vignette presentations are then followed by an evidence-based overview of pertinent patient safety literature, relevant clinical evidence, and the formulation of preventive strategies and potential solutions that may be applicable to each corresponding scenario. Throughout the Vignettes in Patient Safety cycle, emphasis is placed on the identification and remediation of team-based and organizational factors associated with patient safety events. The second volume of the Vignettes in Patient Safety begins with an overview of recent high-impact studies in the area of patient safety. Subsequent chapters discuss a broad range of topics, including retained surgical items, wrong site procedures, disruptive healthcare workers, interhospital transfers, risks of emergency department overcrowding, dangers of inadequate handoff communication, and the association between provider fatigue and medical errors. By outlining some of the current best practices, structured experiences, and evidence-based recommendations, the authors and editors hope to provide our readers with new and significant insights into making healthcare safer for patients around the world.

"The purpose of this book is to present relevant questions on diagnostic testing that arise in everyday emergency medicine practice and to comment on the best available evidence"--Provided by publisher.

Annotation This volume discusses health system policies (including financing global health, quality of care, and strengthening regulatory systems in low- and middle-income countries), as well as the methods and resources used throughout all DCP3 volumes. The SimWars Simulation Case Book: Emergency Medicine enables novice simulation operators to quickly and effectively run simulation cases, which have been established at national SimWars events, for their respective programs and departments. The use of simulation to gain and maintain skills in healthcare has become critical to the delivery of the curricula in medical schools, nursing schools, residency programs, and hospital-based practice. Specialty boards, such as the American Board of Anesthesiology, now require simulation training as part of the Maintenance of Certification. Studies have shown that one of the main barriers to implementing simulation is the lack of trained simulation instructors and instructor time. Developed by leading emergency medicine simulation experts, this definitive collection of 46 cases includes topics intended to supplement UME and GME training, meet ACGME core competency requirements, and challenge the expert emergency physician in critical decision-making, procedural skills, ethical issues, teamwork and communication skills.

[Quality Standards for Emergency Departments and Other Hospital-based Emergency Care Services](#)

[Leading in a New Era](#)

[Dissemination Workshop Summaries](#)

[Disease Control Priorities in Developing Countries](#)

[The ECG in Prehospital Emergency Care](#)

[Future of Emergency Care](#)

[Workshop Summary](#)

[Regionalizing Emergency Care](#)

[Emergency Department Design](#)

[The Evolving Role of Emergency Departments in the United States](#)

[Guidelines for Essential Trauma Care](#)

This book, published by "IntechOpen," highlights some interesting topics of resuscitation. Divided into two sections, the book emphasizes details about the role of the Emergency Medical Services Physician in prehospital resuscitation as well as special circumstances, such as resuscitation in the delivery room and possible future applications in the field, like the use of transthoracic impedance signal. The authors offer the reader not only a "vigorous" review of the current literature but also a research path for further advancement.

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, this book instead focuses on 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 underserved. 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. It also provides the statistical 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.

This authoritative reference equips you with the essential knowledge to provide comprehensive and effective care to children in an emergency setting. From age-specific diagnoses and chief complaints through developmental considerations and psychosocial issues, this text guides you through the full range of medical and surgical conditions commonly encountered when treating pediatric emergencies. The use of full color throughout, diagnostic algorithms, text boxes, charts, clinical pearls and pitfalls, and other visual features ensure the book will make crucial clinical information easy to find and apply. Tap into expert guidance on all aspects of pediatric emergency medicine, from the physical exam and usual and unusual presentations through to disposition criteria and transfer issues. Access step-by-step guidance on administering critical life support interventions and providing effective diagnostic and therapeutic ambulatory care. Quickly review specific treatment protocols for various emergency settings, including general emergency departments, community hospitals, tertiary care centers, EMS and transport, and triage. Find information fast with or without a known diagnosis, with content organized both by chief complaints and by specific diagnoses. Better understand how problems present differently in infants, children, and adolescents with age-specific diagnoses. Identify and manage the psychosocial issues surrounding pediatric patients, including major depression and suicidality, sexual and physical abuse, child neglect, and violence. Easily absorb key information with the aid of text boxes, algorithms, clinical pearls, and pitfalls. Retrieve information easily with a consistent templated format.

How can we meet the special needs of children for emergency medical services (EMS) when today's EMS systems are often unprepared for the challenge? This comprehensive overview of EMS for children (EMS-C) provides an answer by presenting a vision for tomorrow's EMS-C system and practical recommendations for attaining it. Drawing on many studies and examples, the volume explores why emergency care for children--from infants through adolescents--must differ from that for adults and describes what seriously ill or injured children generally experience in today's EMS systems. The book points the way to integrating EMS-C into current emergency programs and into broader aspects of health care for children. It gives recommendations for ensuring access to emergency care through the 9-1-1 system; training health professionals, from paramedics to physicians; educating the public; providing proper equipment, protocols, and referral systems; improving communications among EMS-C providers; enhancing data resources and expanding research efforts; and stimulating and supporting leadership in EMS-C at the federal and state levels. For those already deeply involved in EMS efforts, this volume is a convenient, up-to-date, and comprehensive source of information and ideas. More importantly, for anyone interested in improving the emergency services available to children--emergency care professionals from emergency medical technicians to nurses to physicians, hospital and EMS administrators, public officials, health educators, children's advocacy groups, concerned parents and other responsible adults--this timely volume provides a realistic plan for action to link EMS-C system components into a workable structure that will better serve all of the nation's children.

A NEW YORK TIMES BESTSELLER A New York Times Notable Book LOS ANGELES TIMES BOOK CLUB PICK "Riveting, heartbreaking, sometimes difficult, always inspiring." --The New York Times Book Review As seen/heard on Fresh Air, The Daily Show with Trevor Noah, NBC Nightly News, MSNBC, Weekend Edition, and more 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 complicated family, she went 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 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 ourselves to make peace with the past as we draw support from the present. In this hopeful, moving, and beautiful book, she passes along the precious, necessary lessons that she has learned as a daughter, a woman, and a physician.

Children represent a special challenge for emergency care providers, because they have unique medical needs in comparison to adults. For decades, policy makers and 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 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.

"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 penalties and fines, 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.

In June 2006, the Institute of Medicine (IOM) Committee on the Future of Emergency Care in the U.S. Health System released a series of reports on the state of emergency care. The reports, Emergency Medical Services at the Crossroads; Hospital-Based Emergency Care: At the Breaking Point; and Emergency Care for Children: Growing Pains, identified a number of disturbing problems including overcrowded emergency departments, a lack of coordination among emergency providers, variability in the quality of care provided to patients, workforce shortages, lack of disaster preparedness, a limited research base, and shortcomings in the systems' ability to care for pediatric patients. These problems, while apparent to those who work in the field, are largely hidden from public view, in part because popular fictional television programs frequently depict the emergency care system in fine shape. Despite the lifesaving feats performed every day by emergency departments and ambulance services, the nation's emergency medical system as a whole is overburdened, underfunded, and highly fragmented. The IOM received funding from 14 organizations to conduct a series of dissemination workshops associated with the release of the 2006 reports on the future of emergency care. Three one-day regional dissemination workshops were conducted in Salt Lake City, Utah (September 7, 2006), Chicago, Illinois (October 27, 2006), and New Orleans, Louisiana (November 2, 2006). Each of the workshops featured focused discussions in two issue areas. The meeting in Salt Lake City focused on pediatric emergency care and care in rural areas; in Chicago it was workforce issues and hospital efficiency; and in New Orleans it was EMS issues and disaster preparedness. A fourth capstone workshop, held in Washington, D.C., provided an opportunity to engage congressional and other federal policy leaders in a discussion of emergency care issue. Future of Emergency Care summarizes the proceedings of the workshops. Each regional workshop began with an overview of the findings and recommendations from the three reports on the future of emergency care. Findings and recommendations from those three reports are also summarized in this report.

[The Beauty in Breaking](#)

[Disease Control Priorities, Third Edition](#)

[Operations Management Solutions for Health Care Decision Makers](#)

[Basic Emergency Care: Approach to the Acutely Ill and Injured](#)

[At the Crossroads](#)

[Military and Operational Out-of-hospital Medicine](#)

[Essential Surgery](#)

[Optimizing Imaging in Patient Care](#)

[How to Get Results](#)

[A Systems Framework for Catastrophic Disaster Response: Volume 1: Introduction and CSC Framework](#)

[Hospital-based Emergency Care](#)

Essential Surgery is part of a nine volume series for Disease Control Priorities which focuses on health interventions intended to reduce morbidity and mortality. The Essential Surgery volume focuses on four key aspects including global financial responsibility, emergency procedures, essential services organization and cost analysis.

Based on careful analysis of burden of disease and the costs of interventions, this second edition of 'Disease Control Priorities in Developing Countries, 2nd edition' highlights achievable priorities; measures progress toward providing efficient, equitable care; promotes cost-effective interventions to targeted populations; and encourages integrated efforts to optimize health. Nearly 500 experts - scientists, epidemiologists, health economists, academicians, and public health practitioners - from around the world contributed to the data sources and methodologies, and identified challenges and priorities, resulting in this integrated, comprehensive reference volume on the state of health in developing countries.

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.

The Institute of Medicine (IOM) introduces the Future of Emergency Care series set, a three-book series that examines the future of emergency care in the United States health system. Each volume in the series provides an in-depth analysis of emergency care and explores broad system-wide concerns. Recommendations for addressing pediatric and pre-hospital emergency medical services (EMS) matters, as well as hospital-based emergency department issues, are addressed in each respective volume.

The Future of Emergency Care series focuses on three key areas in emergency care and offers recommendations on: 1) pre-hospital emergency care, hospital-based emergency care, pediatric emergency and trauma care. The IOM's Committee on the Future of Emergency Care in the United States Health System was tasked with examining the state of emergency care in the United States. Their findings and recommendations are found in this three-book series that offers a vision for the future of emergency and trauma care. The scope of the IOM study addresses the full range of emergency care services, including: 9-1-1 and medical dispatch, pre-hospital EMS including ground and air medical services, hospital-based emergency, and trauma care for both adults and children

Injury is an increasingly significant health problem throughout the world, accounting for 16 per cent of the global burden of disease. The public health burden of death and disability from injury is particularly notable in low and middle income countries. These guidelines seek to establish practical and affordable standards applicable to injury or trauma care worldwide, whether in rural health posts, small hospitals, hospitals staffed by specialists or tertiary care centres. It sets out a list of key trauma treatment services designed to be achievable in all settings, and defines the various human and physical resources required. It also includes a number of recommendations for methods to promote such standards including training, performance improvement, trauma team organisation and hospital inspection.

Prehospital Emergency Care, Tenth Edition, meets the National EMS Education Standards and is the most complete resource for EMT-B training. This best-selling, student-friendly book contains clear, step-by-step explanations with comprehensive, stimulating, and challenging material that prepares users for real on-the-job situations. Featuring case studies, state-of-the-art scans, algorithms, protocols, and the inclusion of areas above and beyond the DOT protocols, the tenth edition effectively prepares students for success. The assessment and emergency care sections provide the most up-to-date strategies for providing competent care; and the enrichment sections further enhance students' ability to assess and manage ill and injured patients in prehospital environments. The text's table of contents is organized to follow the National EMS Educational Standards.

Now that state of the art equipment can be carried in ambulances, prehospital emergency staff are able to perform an ECG soon after arrival on scene, enabling the EMS provider to gather important diagnostic information that can not only guide prehospital therapy but also direct hospital-based treatment. This book exclusively addresses ECGs for prehospital agencies, ranging from basic rhythm diagnosis to critical care applications of the electrocardiogram and advanced 12-lead ECG interpretation in the ACS patient. It provides self testing traces covering all these conditions seen in prehospital and hospital-based environments. It includes 200 randomly presented cases mirroring real life situations, with the answers set out separately together with additional invaluable information. Written by highly experienced emergency physicians with EMS qualifications and experience, this text is an ideal learning tool for trainees and fully qualified staff alike, including ground EMS advanced life support providers, aeromedical staff, and inter-facility critical care transport personnel.

Emergency physicians assess and manage a wide variety of problems from patients presenting with a diversity of severities, ranging from mild to severe and life-threatening. They are expected to maintain their competency and expertise in areas where there is rapid knowledge change. Evidence-based Emergency Medicine is the first book of its kind in emergency medicine to tackle the problems practicing physicians encounter in the emergency setting using an evidence-based approach. It summarizes the published evidence available for the diagnosis and treatment of common emergency health care problems in adults. Each chapter contextualizes a topic area using a clinical vignette and generates a series of key clinically important diagnostic and treatment questions. By completing detailed reviews of diagnostic and treatment research, using evidence from systematic reviews, RCTs, and prospective observational studies, the authors provide conclusions and practical recommendations. Focusing primarily on diagnosis in areas where evidence for treatment is well accepted (e.g. DVTs), and treatment in other diseases where diagnosis is not complex (e.g. asthma), this text is written by leading emergency physicians at the forefront of evidence-based medicine.

Evidence-based Emergency Medicine is ideal for emergency physicians and trainees, emergency department staff, and family physicians specialising in the acute care of medical and injured patients.

[A Practical Guide to Planning for the Future](#)

[Emergency Care for Children](#)

[Trauma Surgery](#)

[Evidence-Based Emergency Medicine](#)

[Violence in the Emergency Department](#)

[Breakthroughs in Research and Practice](#)

[Hospital Management and Emergency Medicine: Breakthroughs in Research and Practice](#)

[Emergency Medical Services](#)

[At the Breaking Point](#)

[Tools & Strategies to Create a Violence-Free ED](#)

[A Memoir](#)

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.

Improvements in hospital management and emergency medical and critical care services require continual attention and dedication to ensure efficient and proper care for citizens. To support this endeavor, professionals rely more and more on the application of information systems and technologies to promote the overall quality of modern healthcare. Implementing effective technologies and strategies ensures proper quality and instruction for both the patient and medical practitioners. Hospital Management and Emergency Medicine: Breakthroughs in Research and Practice examines the latest scholarly material on emerging strategies and methods for delivering optimal emergency medical care and examines the latest technologies and tools that support the development of efficient emergency departments and hospital staff. While highlighting the challenges medical practitioners and healthcare professionals face when treating patients and striving to optimize their processes, the book shows how revolutionary technologies and methods are vastly improving how healthcare is implemented globally. Highlighting a range of topics such as overcrowding, decision support systems, and patient safety, this publication is an ideal reference source for hospital directors, hospital staff, emergency medical services, paramedics, medical administrators, managers and employees of health units, physicians, medical students, academicians, and researchers seeking current research on providing optimal care in emergency medicine.

Today our emergency care system faces an epidemic of crowded emergency departments, patients boarding in hallways waiting to be admitted, and daily ambulance diversions. [This title] addresses the difficulty of balancing the roles of hospital-based emergency and trauma care not simply urgent and lifesaving care, but also safety net care for uninsured patients, public health surveillance, disaster preparation, and adjunct care in the face of increasing patient volume and limited resources. This new book considers the multiple aspects to the emergency care system in the United States ...

Tactical Emergency Care explores the new and rapidly developing area of tactical EMS. Tactical emergency services is a special blend of prehospital care and military-style tactical operations, encompassing field and wilderness medicine under austere and often hostile conditions. Focusing on the unique problems facing all tactical EMTs, the text covers wounds from conventional weapons as well as nuclear, biological, and chemical weapons.

Developed by WHO and the International Committee of the Red Cross in collaboration with the International Federation for Emergency Medicine Basic Emergency Care (BEC): Approach to the acutely ill and injured is an open-access training course for frontline healthcare providers who manage acute illness and injury with limited resources. BEC teaches a systematic approach to the initial assessment and management of time-sensitive conditions where early intervention saves lives. It includes modules on: the ABCDE and SAMPLE history approach trauma difficulty in breathing shock and altered mental status. The practical skills section covers the essential time-sensitive interventions for these key acute presentations. The BEC package includes a Participant Workbook and electronic slide decks for each module. BEC integrates the guidance from WHO Emergency Triage Assessment and Treatment (ETAT) for children WHO Pocket Book of Hospital Care for Children WHO Integrated Management of Pregnancy and Childbirth and the Integrated Management of Adult/Adolescent Illness (IMAI).

[Current Emergency Diagnosis & Treatment](#)

[Tactical Emergency Care](#)

[Excellence in the Emergency Department](#)

[Vignettes in Patient Safety](#)

[Evidence-Based Imaging](#)

[Prehospital Emergency Care](#)

[Hospital-Based Emergency Care](#)

[Obstetric Triage and Emergency Care Protocols](#)

[Advance Your Emergency Department](#)

[Aging Well](#)

[Optimizing Emergency Department Throughput](#)