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While the financial benefits of all this work are apparent, there are issues around staffing all these deals, with some firms saying they have had to pass on business because they didn't feel ...

Deal Watch: 11 Billion-Plus Deals, Lots of IPOs as M&A Continues Extraordinary Run DALLAS (AP) □ Texas is transferring inmates from a state prison to make room for migrants detained by state authorities, a prison system spokesman said Thursday. The prison system began moving ...

Migrants will replace inmates in a South Texas prison

Let me tell you about this drink, which is perhaps the best cocktail I've had in, oh, I don't know ... are worth loyalty and the chap handling these bottles is manager Maxim Schulte, who I've known ...

This principal source for company identification is indexed by Standard Industrial Classification Code, geographical location, and by executive and directors' names.

The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses' scope of practice -- should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

Long-term care services include a broad range of services that meet the needs of frail older people and other adults with functional limitations. Long-Term care services provided by paid, regulated providers are a significant component of personal health care spending in the United States. This report presents descriptive results from the first wave of the National Study of Long-Term Care Providers (NSLTCP), which was conducted by the Centers for Disease Control and Preventions National Center for Health Statistics (NCHS). This report provides information on the supply, organizational characteristics, staffing, and services offered by providers of long-term care services; and the demographic, health, and functional composition of users of these services. Service users include residents of nursing homes and residential care communities, patients of home health agencies and hospices, and participants of adult day services centers.

Building on the revolutionary Institute of Medicine reports *To Err is Human* and *Crossing the Quality Chasm, Keeping Patients Safe* lays out guidelines for improving patient safety by changing nurses' working conditions and demands. Licensed nurses and unlicensed nursing assistants are critical participants in our national effort to protect patients from health care errors. The nature of the activities nurses typically perform -- monitoring patients, educating home caretakers, performing treatments, and rescuing patients who are in crisis -- provides an indispensable resource in detecting and remedying error-producing defects in the U.S. health care system. During the past two decades, substantial changes have been made in the organization and delivery of health care -- and consequently in the job description and work environment of nurses. As patients are increasingly cared for as outpatients, nurses in hospitals and nursing homes deal with greater severity of illness. Problems in management practices, employee deployment, work and workspace design, and the basic safety culture of health care organizations place patients at further risk. This newest edition in the groundbreaking Institute of Medicine *Quality Chasm* series discusses the key aspects of the

work environment for nurses and reviews the potential improvements in working conditions that are likely to have an impact on patient safety.

Since the publication of the Institute of Medicine (IOM) report *Clinical Practice Guidelines We Can Trust* in 2011, there has been an increasing emphasis on assuring that clinical practice guidelines are trustworthy, developed in a transparent fashion, and based on a systematic review of the available research evidence. To align with the IOM recommendations and to meet the new requirements for inclusion of a guideline in the National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ), American Psychiatric Association (APA) has adopted a new process for practice guideline development. Under this new process APA's practice guidelines also seek to provide better clinical utility and usability. Rather than a broad overview of treatment for a disorder, new practice guidelines focus on a set of discrete clinical questions of relevance to an overarching subject area. A systematic review of evidence is conducted to address these clinical questions and involves a detailed assessment of individual studies. The quality of the overall body of evidence is also rated and is summarized in the practice guideline. With the new process, recommendations are determined by weighing potential benefits and harms of an intervention in a specific clinical context. Clear, concise, and actionable recommendation statements help clinicians to incorporate recommendations into clinical practice, with the goal of improving quality of care. The new practice guideline format is also designed to be more user friendly by dividing information into modules on specific clinical questions. Each module has a consistent organization, which will assist users in finding clinically useful and relevant information quickly and easily. This new edition of the practice guidelines on psychiatric evaluation for adults is the first set of the APA's guidelines developed under the new guideline development process. These guidelines address the following nine topics, in the context of an initial psychiatric evaluation: review of psychiatric symptoms, trauma history, and treatment history; substance use assessment; assessment of suicide risk; assessment for risk of aggressive behaviors; assessment of cultural factors; assessment of medical health; quantitative assessment; involvement of the patient in treatment decision making; and documentation of the psychiatric evaluation. Each guideline recommends or suggests topics to include during an initial psychiatric evaluation. Findings from an expert opinion survey have also been taken into consideration in making recommendations or suggestions. In addition to reviewing the available evidence on psychiatry evaluation, each guideline also provides guidance to clinicians on implementing these recommendations to enhance patient care.

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