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| Nota di contenuto | Intro -- Preface -- Acknowledgments -- Abbreviations -- Contents -- About the Author -- Chapter 1: What Is PI? (and What It Is Not) -- Why PI? -- Definitions of Process Improvement and Patient Safety -- What Is "Ego-Based" Medicine? -- Science of Safety -- Differentiating PI from the Discussion and Peer Review -- References -- Chapter 2: Philosophy of PI -- Avoiding Bias and Ageism -- Triage of Issues -- Frequent Versus Rare, Significant Harm Versus Trivial Harm -- Chapter 3: PI Techniques and Tools -- PDSA -- Brent James and Intermountain Health [2] -- Six Sigma [3] -- Lean [4] -- TOPIC [5] -- References -- Chapter 4: Program Personnel and Regulatory Requirements -- Leadership -- Data Collection -- Meetings -- Chapter 5: Program Setup -- What Is Reviewed? -- Deaths -- Audit Filters -- Performance Measures and Benchmarking Tools -- Reference -- Chapter 6: Trauma Registries and Other Data Sources -- Purpose of the Registry -- Registry Leadership -- Routine Activities -- Special Activities -- Research Versus PI -- Chapter 7: Event Identification -- Safety Reporting (Hospital and Trauma Program) -- Sentinel Events -- |