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Autore	Snoddon Janet
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ISBN	1-282-68345-4 9786612683459 1-4443-1986-8 1-4443-1987-6
Descrizione fisica	1 online resource (226 p.)
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Soggetti	Chronic diseases - Nursing Chronically ill - Care Hospitals - Case management services
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Cover; Contents; Introduction; 1 Background to the Implementation of Case Management Models for Chronic Long-Term Conditions within the National Health Service; Introduction; Primary care management of long-term conditions; How management approaches have been developed; Developing and delivering care; Future of care; The impact and cost of chronic disease; Identifying patients who require case management; National guidelines and evidence-based practice; Embedding evidence in practice; Making progress in the management of chronic conditions; Modernizing care in the National Health Service Developing case management and care delivery Case management in the National Health Service; Promotion of self-management and self-care; Partnerships and expectations; Conclusion; References; 2 Case Management Models: Nationally and Internationally; Introduction; The context for case management in the NHS; Impact of managed care models; International models of care reviewed; The Alaskan Medical Service; Kaiser Permanente (North California); Group Health Cooperative (Seattle, Washington); HealthPartners (Minnesota); Touchpoint Health

Plan (Wisconsin)

Anthem Blue Cross and Blue Shield (Connecticut) United Health Europe
Ever care; Amsterdam Health Care System (the Netherlands); Outcome
intervention model (New Zealand); National model of chronic disease
prevention and control (Australia); Guided Care (United States); PACE
(United States); Veterans Affairs (United States); Improving Chronic
Illness Care (Seattle); Expanded Chronic Care Model (Canada); Pfizer
(United States); Green Ribbon Health: Medicare in health support
(Florida); What do these models provide?; Models in use in England;
Care management in social care

Case management models in the NHS Joint NHS and social care; Data for
case management; Evaluation; Conclusion; References; 3 Competencies
for Managing Long-Term Conditions; Introduction; Development of the
competency framework; What the competencies are expected to
deliver; The competencies: what are they?; Domain A: advanced clinical
nursing practice; Domain B: leading complex care co-ordination;
Domain C: proactively manage complex long-term conditions; Domain
D: managing cognitive impairment and mental well-being; Domain E:
supporting self-care, self-management and enabling independence
Domain F: professional practice and leadership Domain G: identifying
high-risk people, promoting health and preventing ill health; Domain
H: end-of-life care; Domain I: inter-agency and partnership working;
What the competencies aim to do; Developing educational models to
develop competencies; Conclusion; References; 4 Outcomes for
Patients - Managing Complex Care; Introduction; The areas of
competence and deliverables for patients: Leading complex care co-
ordination; Identifying high-risk patients, promoting health and
preventing ill health; Inter-agency and partnership working; Conclusion
References

Sommario/riassunto

The importance of appropriate and effective management of patient
with long term chronic conditions cannot be underestimated. Case
Management of Long-Term Conditions aims to provide all appropriate
practitioners (including nurses, pharmacists, physiotherapists, and
social care practitioners) who might be involved in delivery of proactive
case management with a practical understanding of how their
knowledge and skills can be utilized to improve outcomes for people
with chronic long-term conditions. The text contains some broad
reflections on care and service delivery based on reviews of
