

Download File PDF Franklin Health Associates Case And Solution

#Jenny



Finally I get this ebook, thanks for all these I can get now!

#Rio



Cool! I'am really happy

#Markus Jensen



I did not think that this would work, my best friend showed me this website, and it does! I get my most wanted eBook

#Hun Tsu



wtf this great ebook for free?!

#Che Salsa



My friends are so mad that they do not know how I have all the high quality ebook which they do not!

#Diego Butler



so many fake sites. this is the first one which worked! Many thanks

Community Medical Associates Case Study

Community Medical Associates (CMA) is a large health care system with two hospitals, 25 satellite health centers, and 56 outpatient clinics. CMA had 1.5 million outpatient visits and 60,000 inpatient admissions the previous year. Just a few years ago, CMA's health care delivery system was having significant problems with quality of care. Long patient waiting times, uncoordinated clinical and patient information, and medical errors plagued the system. Doctors, nurses, lab technicians, managers, and medical students in training were very aggravated with the labyrinth of forms, databases, and communication links. Accounting and billing were in a situation of constant confusion and constantly correcting medical bills and insurance payments. The complexity of the CMA information and communication system overwhelmed its people.

Prior to redesigning its systems, physicians were faced with a complex array of appointments and schedules in order to see patients in the hospital, centers, and clinics. For example, an elderly patient with shoulder pain would get an X-ray at the clinic but have to set up an appointment for a CAT scan in the hospital. Furthermore, the patient's blood was sent to an off-site lab, and physician notes were transcribed from tape recorders. Radiology would read and interpret the X-rays and body scans in a consultant report. Past and present medication records were kept in the hospital and off-site pharmacies. Physicians would write paper prescriptions for each patient. Billing and patient insurance

information was maintained in a separate database. The patient's medical chart was part paper based and part electronic. The paper medical file would be stored at the hospital, centers, or clinics. Nurses handwrite their notes on each patient, but their notes were seldom input into the patient's medical records or chart.

"We must access one database for lab results, then log off and access another system for radiology, then log off and access the CMA pharmacy system to gain an



Today, CMA uses an integrated operating system that consolidates over 50 CMA databases into one.

integrated view of the patient's health. If I can't find the patient's records within five minutes or so, I have to abandon my search and tell the patient to wait or make another appointment," said one doctor. The doctor continued, "You have to abandon the patient because you have to move on to patients you truly can diagnose and help. If you don't abandon the patient, you might make clinical decisions about the patient's health without having a complete set of information. Not having all the medical information fast has a direct impact on quality of care and patient satisfaction."

Today, CMA uses an integrated operating system that consolidates over 50 CMA databases into one. Health care providers in the CMA system now have access to these records through 7,000 computer terminals. Using many levels of security and some restricted databases, all patient information is accessible in less than two minutes. For example, sensitive categories of patient

[Download PDF version of :](#)
Franklin Health Associates Case And Solution