

# Health Index System

Agency for Healthcare Research and Quality/AHRQ

### Social and Health Indicators System Census Use Study (Organization),1973

**Toward Quality Measures for Population Health and the Leading Health Indicators** Institute of Medicine,Board on Population Health and Public Health Practice,Committee on Quality Measures for the Healthy People Leading Health Indicators,2013-10-04 The Institute of Medicine (IOM) Committee on Quality Measures for the Healthy People Leading Health Indicators was charged by the Office of the Assistant Secretary for Health to identify measures of quality for the 12 Leading Health Indicator (LHI) topics and 26 Leading Health Indicators in Healthy People 2020 (HP2020), the current version of the Department of Health and Human Services (HHS) 10-year agenda for improving the nation's health. The scope of work for this project is to use the nine aims for improvement of quality in public health (population-centered, equitable, proactive, health promoting, risk reducing, vigilant, transparent, effective, and efficient) as a framework to identify quality measures for the Healthy People Leading Health Indicators (LHIs). The committee reviewed existing literature on the 12 LHI topics and the 26 Leading Health Indicators. Quality measures for the LHIs that are aligned with the nine aims for improvement of quality in public health will be identified. When appropriate, alignments with the six Priority Areas for Improvement of Quality in Public Health will be noted in the Committee's report. **Toward Quality Measures for Population Health and the Leading Health Indicators** also address data reporting and analytical capacities that must be available to capture the measures and for demonstrating the value of the measures to improving population health. **Toward Quality Measures for Population Health and the Leading Health Indicators** provides recommendations for how the measures can be used across sectors of the public health and health care systems. The six priority areas (also known as drivers) are population health metrics and information technology; evidence-based practices, research, and evaluation; systems thinking; sustainability and stewardship; policy; and workforce and education.

*Quality of Life Assessment: Key Issues in the 1990s* S.R. Walker,Rachel M. Rosser,2012-12-06 It was over five years ago that the Centre for Medicines Research organized a workshop entitled *Quality of Life: Assessment and Application*. This workshop brought together a unique group of participants, some of whom had been involved in studies on quality of life for well over a decade, whilst others were meeting the subject for the first time. This blend of experienced researchers and enthusiastic newcomers was a great stimulus to the discussions which followed individual presentations as well as that resulting from the study groups. In the ensuing publication, a balance was sought between a consideration of the complex principles underlying the assessment of quality of life and the application of such assessments to specific clinical conditions which necessitated this approach. The organization in 1991 of a second workshop entitled *Quality of Life Assessment: Key Issues in the 1990s* resulted in a further consideration of the quality of life philosophy, concepts and key instruments together with an update on assessing quality of life in a number of major disease areas. Of particular importance was an examination of various viewpoints concerned with ethical questions and their implications, and quality of life from industry, regulatory and health care purchasers' perspectives. As a result of this second workshop, the editors of the original book referred to above decided to produce a second edition with a number of updates and additional chapters.

*State of the USA Health Indicators* Institute of Medicine,Board on Population Health and Public Health Practice,Committee on the State of the USA Health Indicators,2009-02-17 Researchers, policymakers, sociologists and doctors have long asked how to best measure the health of a nation, yet the challenge persists. The nonprofit State of the USA, Inc. (SUSA) is taking on this challenge, demonstrating how to measure the health of the United States. The organization is developing a new website intended to provide reliable and objective facts about the U.S. in a number of key areas, including health, and to provide an interactive tool with which individuals can track the progress made in each of these areas. In 2008, SUSA asked the Institute of Medicine's Committee on the State of the USA Health Indicators to provide guidance on 20 key indicators to be used on the organization's website that would be valuable in assessing health. Each indicator was required to demonstrate: a clear importance to health or health care, the availability of reliable, high quality data to measure change in the indicators over time, the potential to be measured with federally collected data, and the capability to be broken down by geography, populations subgroups including race and ethnicity, and socioeconomic status. Taken together, the selected indicators reflect the overall health of the nation and the efficiency and efficacy of U.S. health systems. The complete list of 20 can be found in the report brief and book.

*Health Goals And Health Indicators* Jack Elinson,2019-03-04 This volume brings together the perspectives and expertise of both medical and social sciences. The major topics include criteria for the determination of health goals, the analysis of health policies, and the indicators of health status that may be used to judge the consequences of health practices and policies. Unmet health care needs, current national health policy and local planning, health data for policy and planning, and future directions in national health policy are also examined. These issues are then considered in light of the readiness of the sociomedical sciences to measure health status. Contributors discuss the behavioral measurement of health status, the measurement of psychological well-being, the assessment of dental health needs, and the possible impact of recently developed sociomedical health indicators on health policy.

Organization, 2019-10-17 This volume, developed by the Observatory together with OECD, provides an overall conceptual framework for understanding and applying strategies aimed at improving quality of care. Crucially, it summarizes available evidence on different quality strategies and provides recommendations for their implementation. This book is intended to help policy-makers to understand concepts of quality and to support them to evaluate single strategies and combinations of strategies.

Weekly Health Index, 1939-10

**Performance Management in Healthcare** Bryan P. Bergeron, 2017-12-01 Performance management, often referred to as process management, is a strategy that can be used to achieve an optimum mix of quality, safety, patient satisfaction and solvency. The basis of performance management is the effective use of resources, as measured by quantifying processes and outcomes using key performance indicators (KPIs) – core measures that gauge the performance of an organization in particular areas. There is more to performance management than selecting a few KPIs from a list and feeding them into a graphical dashboard system. It's about behavior change, leadership, and vision. Written for administrators, clinical staff, process improvement managers and information technology personnel of healthcare organizations, this second edition provides the knowledge necessary to provide the leadership and vision for a performance measurement initiative. This practical resource provides a high-level review of the quality/safety initiatives in healthcare, describes the implementation process from an IT perspective, and offers high-level clinical, financial and cultural details. It features an extensive listing of clinical and non-clinical KPIs: a glossary including financial, medical, and operational terms; and appendices of organizations and sources of indicators and benchmarks.

**Health at a Glance 2021** Oecd, 2021-11-23

*Health Planning Reports Corporate Author Index* United States. Bureau of Health Planning, 1981 Lists citations to the National Health Planning Information Center's collection of health planning literature, government reports, and studies from May 1975 to January 1980.

**To Err Is Human** Institute of Medicine, Committee on Quality of Health Care in America, 2000-03-01 Experts estimate that as many as 98,000 people die in any given year from medical errors that occur in hospitals. That's more than die from motor vehicle accidents, breast cancer, or AIDS – three causes that receive far more public attention. Indeed, more people die annually from medication errors than from workplace injuries. Add the financial cost to the human tragedy, and medical error easily rises to the top ranks of urgent, widespread public problems. *To Err Is Human* breaks the silence that has surrounded medical errors and their consequences – but not by pointing fingers at caring health care professionals who make honest mistakes. After all, to err is human. Instead, this book sets forth a national agenda – with state and local implications – for reducing medical errors and improving patient safety through the design of a safer health system. This volume reveals the often startling statistics of medical error and the disparity between the incidence of error and public perception of it, given many patients' expectations that the medical profession always performs perfectly. A careful examination is made of how the surrounding forces of legislation, regulation, and market activity influence the quality of care provided by health care organizations and then looks at their handling of medical mistakes. Using a detailed case study, the book reviews the current understanding of why these mistakes happen. A key theme is that legitimate liability concerns discourage reporting of errors – which begs the question, How can we learn from our mistakes? Balancing regulatory versus market-based initiatives and public versus private efforts, the Institute of Medicine presents wide-ranging recommendations for improving patient safety, in the areas of leadership, improved data collection and analysis, and development of effective systems at the level of direct patient care. *To Err Is Human* asserts that the problem is not bad people in health care – it is that good people are working in bad systems that need to be made safer. Comprehensive and straightforward, this book offers a clear prescription for raising the level of patient safety in American health care. It also explains how patients themselves can influence the quality of care that they receive once they check into the hospital. This book will be vitally important to federal, state, and local health policy makers and regulators, health professional licensing officials, hospital administrators, medical educators and students, health caregivers, health journalists, patient advocates – as well as patients themselves. First in a series of publications from the Quality of Health Care in America, a project initiated by the Institute of Medicine

**The Health Utilities Index (HUI) System for Assessing Health-related Quality of Life in Clinical Studies** [electronic Resource] Furlong, William J, McMaster University. Centre for Health Economics and Policy Analysis, 2001

**A System of Health Accounts 2011 Revised edition** OECD, Eurostat, World Health Organization, 2017-03-16 A System of Health Accounts 2011: Revised Edition provides an updated and systematic description of the financial flows related to the consumption of health care goods and services.

**Health at a Glance 2017 OECD Indicators** OECD, 2017-11-10 This new edition of *Health at a Glance* presents the most recent comparable data on the health status of populations and health system performance in OECD countries.

**Leading Health Indicators 2030** National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Informing the Selection of Leading Health Indicators for Healthy People 2030, 2020-03-05 Beginning in

1979 and in each subsequent decades, the U.S. Department of Health and Human Services (HHS) has overseen the Healthy People initiative to set national goals and objectives for health promotion and disease prevention. At the request of HHS, this study presents a slate of Leading Health Indicators (LHIs) that will serve as options for the Healthy People Federal Interagency Workgroup to consider as they develop the final criteria and set of LHIs for Healthy People 2030.

Health Care Systems Around the World Sarah E. Boslaugh, 2013-06-24 This concise reference provides a one-stop point of research that examines major aspects of health care systems for over 190 countries worldwide. In a consistent format, ten major health care categories are systematically examined for each country: 1. Emergency Health Services; 2. Costs of Hospitalization; 3. Costs of Drugs; 4. Major Health Issues; 5. Government Role in Health Care; 6. Insurance; 7. Access to Health Care; 8. Health Care Facilities; 9. Health Care Personnel (doctor level of training, etc.); and 10. Public Health Programs. The volume is organized in alphabetical order of country names. Each country is presented on a two- or three-page spread with the same descriptive and statistical content, allowing readers to compare health care systems from country to country. For example, a reader may compare costs of drugs in France versus the United States versus Canada. Each country spread will feature short entries on the ten health care categories accompanied by charts, table, and photos as appropriate. The work culminates as a unique and essential resource for pre-med and medical students, as well as researchers in sociology, economics, and the health management fields.

**Outcomes Conference 1-11: Methodology of Identifying, Measuring and Evaluating Outcomes of Health Service Programs, Systems, and Sub-systems, California Center for Health Services Research, University of California, Los Angeles, ... 24-27 May 1969, Pacific Grove, California, 1-3 December 1969, Universal City, California National Center for Health Services Research and Development, 1970**

*Conceptual Problems in Developing an Index of Health* Daniel F. Sullivan, 1966

Registries for Evaluating Patient Outcomes Agency for Healthcare Research and Quality/AHRQ, 2014-04-01 This User's Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The User's Guide was created by researchers affiliated with AHRQ's Effective Health Care Program, particularly those who participated in AHRQ's DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

**Criteria for Selecting the Leading Health Indicators for Healthy People 2030** National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Informing the Selection of Leading Health Indicators for Healthy People 2030, 2020-01-17 Every ten years, the Department of Health and Human Service's Healthy People Initiative develops a new set of science-based, national objectives with the goal of improving the health of all Americans. Defining balanced and comprehensive criteria for healthy people enables the public, programs, and policymakers to gauge our progress and reevaluate efforts towards a healthier society. Criteria for Selecting the Leading Health Indicators for Healthy People 2030 makes recommendations for the development of Leading Health Indicators for the initiative's Healthy People 2030 framework. The authoring committee's assessments inform their recommendations for the Healthy People Federal Interagency Workgroup in their endeavor to develop the latest Leading Health Indicators. The finalized Leading Health Indicators will establish the criteria for healthy Americans and help update policies that will guide decision-making throughout the next decade. This report also reviews and reflects upon current and past Healthy People materials to identify gaps and new objectives.

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