Medical Accounting

- **Fee for Service vs Value Based Care Payment Models**
  Fee for Service vs Value Based Care Payment Models How HCC Coding Affects Risk Adjustment Scores DRGs and Their Role in Hospital Reimbursement Medicare Advantage and Risk Adjustment Strategies Addressing Disparities in Reimbursement Rates Understanding ESRD Risk Adjustment Models The Impact of Chronic Conditions on Reimbursement Optimizing Documentation for Risk Adjustment Challenges in Bundled Payment Models Auditing Risk Adjustment Coding Accuracy State Variations in Medicaid Reimbursement Future of Reimbursement in Telehealth Services
- **Improving Charge Capture Processes in Healthcare**
  Improving Charge Capture Processes in Healthcare Reducing Denial Rates Through Better Documentation Automating Claim Submission for Faster Payments Strategies for Efficient Payment Posting Managing Denials Due to Prior Authorization Using Analytics to Track Revenue Cycle Performance Training Teams for Revenue Cycle Efficiency Addressing Coding Errors in Claim Denials Streamlining Patient Registration Workflows The Role of Clearinghouses in Revenue Cycle Balancing Cost Control and Revenue Growth Case Studies in Revenue Cycle Turnaround
- **About Us**

The field of healthcare is continuously evolving, with technological advancements playing a crucial role in enhancing the efficiency and accuracy of various processes. One of the key areas where such improvements are evident is patient registration, a critical step in ensuring effective patient care and management. At the heart of streamlining patient registration workflows lies medical coding, an essential process that not only optimizes efficiency but also ensures accuracy and compliance with regulatory standards.

Healthcare facilities benefit from reduced hiring timelines with staffing services **us medical staffing** psychiatrist.

Medical coding involves translating complex medical information into standardized codes that can be easily understood, processed, and communicated across different healthcare systems. This practice plays a pivotal role in patient registration by facilitating the accurate capture and entry of patient data. When patients arrive at a healthcare facility, their demographic information, medical history, insurance details, and reason for visit need to be documented efficiently. By employing standardized codes during this process, administrative staff can minimize errors that may arise from manual data entry or misinterpretation.

One significant benefit of integrating medical coding into patient registration is the reduction in redundant tasks and paperwork. Traditional methods often require multiple forms to be filled out by hand, leading to delays and potential inaccuracies. With coded entries, information can be swiftly retrieved from electronic health records (EHRs), ensuring that all necessary data is available at the click of a button. This not only speeds up the registration process but also reduces waiting times for patients-an important factor in enhancing overall patient satisfaction.

Moreover, medical coding enhances communication between different departments within a healthcare facility. Since coded data provides a universal language that is understood across various platforms and systems, it allows seamless sharing of information between administrative staff, clinicians, billing departments, and other involved parties. This interoperability ensures that everyone has access to consistent and accurate information about each patient's needs and treatments.

Accuracy in billing processes is another area significantly impacted by efficient medical coding during patient registration. The correct assignment of codes ensures that claims submitted to insurance companies are precise and reflect the services rendered. This minimizes claim denials or delays due to incorrect or incomplete information-a common issue when relying on non-standardized input methods.

Furthermore, compliance with legal regulations such as HIPAA (Health Insurance Portability and Accountability Act) is paramount in today's healthcare environment. Medical coding helps ensure that sensitive patient data is handled according to these stringent guidelines by maintaining standardization throughout the documentation process.

In conclusion, medical coding serves as an indispensable tool in streamlining patient registration workflows within healthcare facilities. Its ability to simplify complex data into manageable codes leads to enhanced accuracy, efficiency, communication among departments, improved billing processes, and adherence to legal standards-all contributing factors toward providing high-quality care for patients while optimizing operational performance for healthcare providers. As technology continues to advance rapidly within this sector-and given its proven benefits-it stands poised as an integral part of modernizing how we manage health-related interactions from initial contact through treatment delivery stages seamlessly integrated into everyday practice settings around us today!

Key Differences Between Fee for Service and Value Based Care Payment Models —

In today's rapidly evolving healthcare landscape, streamlining patient registration workflows has become a top priority for many healthcare institutions. The traditional processes of patient registration are fraught with numerous challenges that not only hinder the efficiency of healthcare delivery but also affect patient satisfaction. As we delve into the intricacies of these challenges, it becomes evident that innovative solutions are essential to enhance the overall healthcare experience.

One of the primary challenges faced in current patient registration processes is the heavy reliance on manual data entry. This method is time-consuming and prone to human error, leading to inaccurate patient records. Inaccurate information can result in billing errors, miscommunication among healthcare providers, and potentially compromised patient care. Furthermore, manual processes often lead to long wait times during registration, contributing to patient frustration and dissatisfaction at a time when they need timely and compassionate care.

Another significant challenge is the lack of integration between various systems used within a healthcare facility. Many hospitals and clinics operate with disparate systems that do not communicate effectively with each other. As a result, patients may be required to repeatedly provide the same information at different points of contact within the same institution. This redundancy not only wastes time but also increases the likelihood of inconsistencies in patient data across different departments.

The security and privacy of patient information present another formidable challenge in current registration processes. With increasing concerns about data breaches and unauthorized access to sensitive health information, ensuring robust security measures during registration is crucial. However, balancing security with ease of use can be difficult; overly complex security protocols may deter efficient workflow or complicate staff training efforts.

Additionally, there are socio-economic barriers that influence patient registration efficiency. Language differences can pose obstacles in accurately capturing required information if multi-lingual support is lacking during the process. Similarly, patients who lack digital literacy skills or access to technology might find it challenging to engage with online pre-registration tools designed to expedite check-in procedures.

To address these challenges effectively requires adopting comprehensive strategies aimed at enhancing both technological infrastructure and user experience within healthcare settings. Implementing integrated electronic health record (EHR) systems can significantly reduce redundancies by allowing seamless communication between various departments while

minimizing manual input errors through automated data capture technologies such as scanning identification cards or utilizing biometric verification methods.

Moreover, offering patients multiple avenues for completing their registration - including online portals accessible from home - can help alleviate congestion at front desks while accommodating diverse needs depending on individual circumstances like digital proficiency levels or language preferences.

Training staff adequately so they become proficient users of new technologies introduced as part-and-parcel solution implementation will foster smoother transitions towards streamlined workflows without sacrificing personal interactions valued by many patients seeking comfort amidst clinical environments often perceived as impersonal due largely because inefficiencies previously discussed above plague them most acutely until addressed comprehensively thus far outlined herein this essay dedicated exploring ways overcoming those very same impediments improving future outcomes achievable now more than ever before given advancements already being made today shaping tomorrow's possibilities realized eventually through continued innovation combined commitment excellence shared widely stakeholders alike collaboratively pursuing common goal delivering optimal experiences everyone involved ultimately benefits thereof collectively achieved together harmoniously alongside advancing progresses society-at-large globally interconnected world increasingly reliant upon effective equitable accessible quality-driven services provided universally all people everywhere deserve receive consistently regardless geographic location economic status whatsoever else might otherwise impede potential realization fullest extent imaginable attainable beyond mere aspirations indeed practical realities lived everyday lives transformed betterment humankind wholly embraced embraced willingly eagerly anticipated bright prospects await future generations yet unborn whom legacy leaves behind enduring impact legacy lasting throughout ages timeless testament triumph spirit ingenuity resilience persisting against odds defying expectations surpassing limitations

Impact of Fee for Service on Medical Coding Practices

Streamlining patient registration workflows is a critical component in enhancing the efficiency and effectiveness of healthcare delivery. At the heart of this process lies the integration of

medical coding with registration workflows, a strategy that can significantly reduce administrative burdens and improve patient care outcomes.

Medical coding is a cornerstone of modern healthcare administration, translating complex medical information into standardized codes that are essential for billing, record-keeping, and data analysis. However, when medical coding is treated as a separate entity from patient registration, inefficiencies often arise. Disjointed processes can lead to errors in data entry, increased wait times for patients, and delays in billing cycles. Therefore, integrating medical coding seamlessly into registration workflows becomes imperative.

One effective strategy for achieving this integration is through the use of advanced health information technology systems. These systems can automate much of the coding process during patient check-in by capturing key information directly from electronic health records (EHRs) or through direct input by front-desk staff equipped with coding knowledge. By doing so, these technologies reduce the need for manual data entry and minimize human error, ensuring that accurate codes are generated at the point of registration.

Training plays an equally vital role in this integration effort. Front-line staff who handle patient registrations should be well-versed not only in using EHR systems but also in understanding basic principles of medical coding. This dual knowledge enables them to verify and cross-check information efficiently as it flows between registration forms and coding databases. Continuous education programs can keep staff updated on changes in coding standards or regulations, further streamlining their workflow.

Another strategic approach involves redesigning workflow processes to eliminate redundancy and enhance communication between departments involved in patient intake and billing. Cross-functional teams can be established to identify bottlenecks where delays typically occur-often at points where information must be transferred manually from one system or department to another-and develop solutions to streamline these transitions.

Moreover, adopting standardized protocols across all touchpoints involved in patient registration-from initial appointment scheduling to final check-out-can provide consistency that aids both accuracy in medical coding and speedier processing times. Protocols might include simple checklists or more complex decision trees that guide staff through each step necessary for complete and correct code assignment.

Finally, feedback loops should be incorporated into these integrated systems so that any errors identified post-registration can inform future improvements in both training programs and technological solutions. Regular audits could highlight common problem areas while offering insights into potential enhancements that could further optimize workflow efficiency.

In conclusion, integrating medical coding with registration workflows represents a transformative strategy capable of revolutionizing how healthcare facilities manage their administrative tasks related to patient intake. Through leveraging technology advancements combined with robust training initiatives and streamlined processes tailored specifically toward unifying these functions seamlessly within daily operations-healthcare providers stand better positioned than ever before not only meet current demands but anticipate future challenges inherent within an evolving landscape focused around quality care delivery excellence without compromise on operational efficacy either financially nor administratively speaking alike altogether harmoniously aligned under unified overarching goals shared universally throughout such endeavors undertaken collectively therein thusly ultimately benefitting all stakeholders involved including most importantly patients themselves whose experiences remain central pivotal focus ongoing always thereafter indefinitely henceforth assuredly undoubtedly indeed!

How Value Based Care Influences Medical Coding and Documentation Requirements

In the evolving landscape of healthcare, the integration of technology solutions to enhance efficiency and accuracy has become paramount, particularly in streamlining patient registration workflows. The patient registration process is the gateway to healthcare services, setting the stage for subsequent care delivery. It encompasses gathering vital patient information, verifying insurance details, and ensuring compliance with regulatory requirements. Traditionally, this process has been fraught with inefficiencies and prone to human error. However, modern technology offers innovative solutions that are transforming how healthcare facilities manage this critical function.

One significant technological advancement in this area is the adoption of Electronic Health Records (EHR) systems. EHRs facilitate seamless data entry and retrieval by centralizing patient information in a digital format accessible across various departments within a healthcare facility. This eliminates the need for repetitive data entry and minimizes the risk of errors associated with manual record-keeping. By automating mundane tasks such as form filling and insurance verification, EHRs allow administrative staff to focus on more value-added activities, thereby enhancing overall operational efficiency.

Moreover, self-service kiosks have emerged as a game-changer in streamlining patient registration workflows. These user-friendly devices enable patients to enter their information directly into the system upon arrival at a healthcare facility. Not only do kiosks reduce wait times by expediting the check-in process, but they also empower patients by giving them control over their personal data. The ability to update or correct information independently reduces inaccuracies that might otherwise occur during manual data transcription.

Furthermore, mobile health applications are revolutionizing how patients interact with healthcare providers even before they set foot in a medical office. Many institutions now offer apps that allow patients to pre-register from their smartphones or tablets at their convenience. By uploading necessary documents and providing preliminary health information through secure platforms ahead of time, patients can significantly reduce delays when visiting a clinic or hospital.

In addition to these technologies, artificial intelligence (AI) plays an instrumental role in enhancing both accuracy and efficiency within patient registration workflows. AI algorithms can swiftly analyze vast amounts of data for pattern recognition purposes-such as detecting discrepancies between reported symptoms versus historical medical records-thereby aiding decision-making processes related to further treatments needed upon arrival at hospitals.

Lastly-and perhaps most crucially-ensuring interoperability among various technological systems remains essential for maximizing benefits derived from these innovations effectively integrated into existing infrastructure; thus facilitating smoother transitions across all stages involved throughout each patient's journey through any given institution's ecosystem without unnecessary duplication efforts leading potentially costly consequences down line if left unaddressed properly upfront!

In conclusion then: Technology solutions are undeniably transforming traditional methodologies surrounding initial intake procedures involved registering new arrivals seeking assistance within today's modernized settings globally speaking! By embracing cutting-edge tools like EHRs/self-service kiosks/mobile apps/AI-powered analysis capabilities alongside striving towards achieving optimal levels interoperability achieved simultaneously-not only will stakeholders realize significant improvements regarding streamlined workflow efficiencies experienced firsthand daily basis-but ultimately too shall benefit patients themselves receiving higher quality care tailored specifically catered meet individualized needs better than ever imagined possible previously thought attainable not long ago!

Challenges and Benefits of Transitioning from Fee for Service to Value Based Care in Medical Coding

In the ever-evolving landscape of healthcare, efficiency and precision are paramount. One area that has garnered significant attention is the patient registration process, which serves as the gateway to a patient's healthcare journey. Streamlining these workflows not only benefits healthcare providers but also enhances the experience for patients. The ripple effects of such improvements can be profound, leading to better outcomes and more satisfied stakeholders on both sides.

For healthcare providers, streamlined patient registration workflows translate into reduced administrative burdens and enhanced operational efficiency. By leveraging technology such as electronic health records (EHR) systems, automated data entry, and secure online portals, medical staff can minimize time spent on paperwork and data redundancy. This allows them to allocate more time toward direct patient care and less on administrative tasks. Consequently, reducing bottlenecks in the registration process leads to improved scheduling efficiency, shorter wait times, and optimized resource allocation within healthcare facilities.

Financially, streamlining workflows can contribute to cost savings by decreasing errors that arise from manual data entry and ensuring accurate billing information is captured from the onset. Improved accuracy in patient data collection reduces claim rejections and denials from insurance companies, enhancing revenue cycles for healthcare institutions. Furthermore, it enables a smoother flow of information across departments, fostering a collaborative environment where healthcare professionals can access necessary patient information swiftly and reliably.

Patients stand to gain significantly from streamlined registration processes as well. A simplified registration system minimizes wait times upon arrival at a healthcare facility-a critical factor in enhancing patient satisfaction levels. Moreover, when patients have access to pre-registration options through online platforms or mobile applications, they can input their information at their convenience before stepping foot into a medical office or hospital. This not only saves time but also reduces stress associated with filling out forms during appointments.

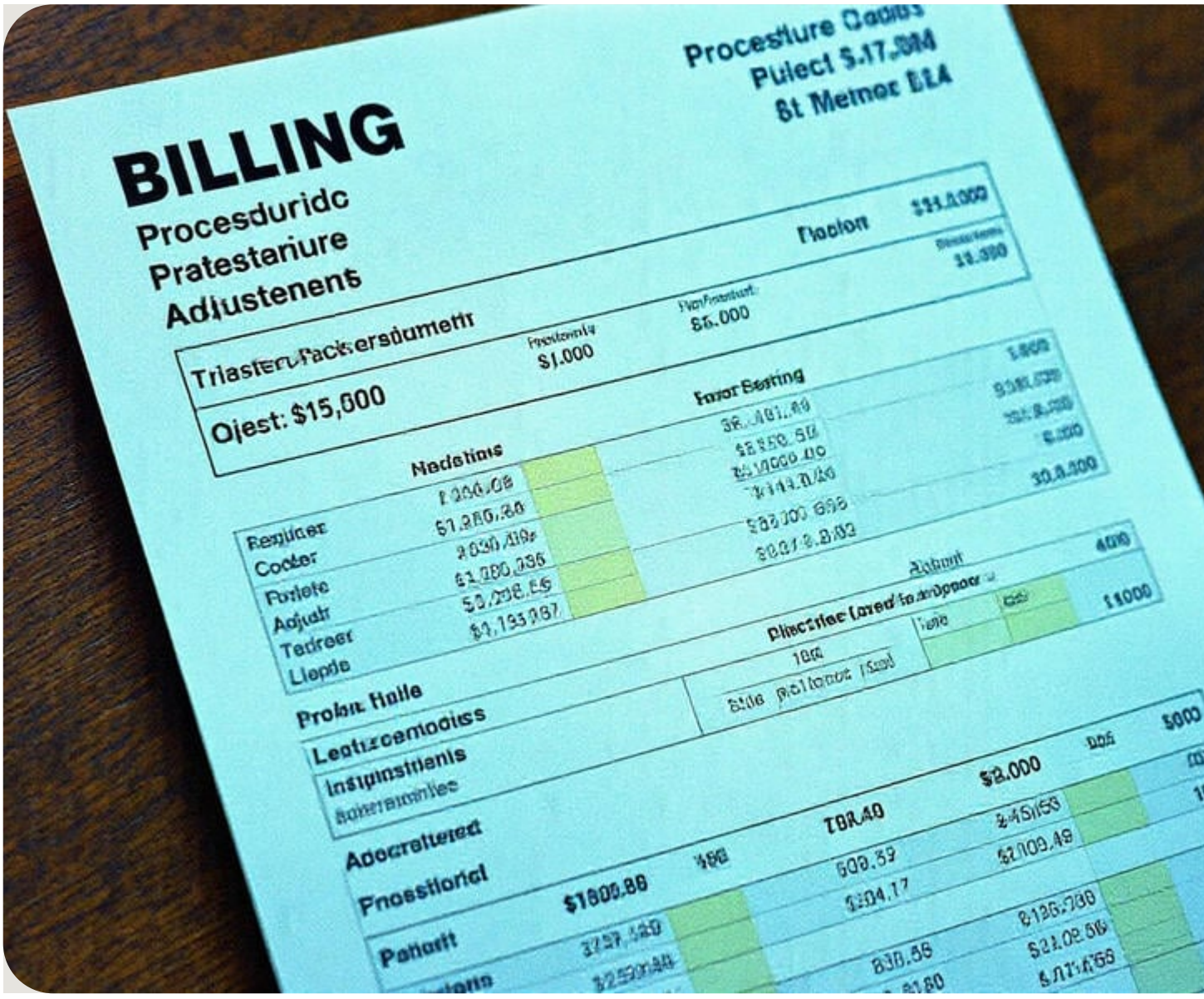
Additionally, streamlined workflows improve communication between patients and providers by ensuring that essential health information is captured accurately from the beginning of their interaction with the healthcare system. With complete and precise data readily available during consultations or emergencies, clinicians can make informed decisions quickly without unnecessary delays caused by missing or outdated information.

Incorporating digital solutions into patient registration also promotes greater engagement by empowering patients to actively participate in managing their own health records through secure portals where they can update personal details or view appointment schedules effortlessly-enhancing transparency throughout their care journey.

Ultimately-and perhaps most importantly-streamlined registration workflows foster trust between patients and providers by demonstrating an organization's commitment towards delivering quality care efficiently while respecting individuals' time needs/preferences whenever possible; this mutual respect strengthens relationships built upon

compassion/empathy rather than transactional interactions alone.

In conclusion: As we continue advancing technologically within our society today particularly amidst ongoing global challenges like pandemics etcetera optimizing foundational processes such as those involved during initial encounters between caregivers/recipients will prove crucial not only sustaining/improving overall quality delivery standards but elevating experiences enjoyed/shared collectively across entire spectrum stakeholders involved therein too!



Case Studies Highlighting the Effects of Different Payment Models on Medical Coding Efficiency

In the ever-evolving landscape of healthcare, one of the most critical yet often overlooked aspects is patient registration. The efficiency of this process can significantly impact both patient satisfaction and operational effectiveness. As healthcare facilities seek to enhance their service delivery, optimizing registration systems has emerged as a crucial objective. This essay delves into several case studies highlighting successful implementations of optimized registration systems and their profound impact on streamlining patient workflows.

One exemplary case is that of a large urban hospital that faced challenges with long wait times and patient dissatisfaction due to cumbersome manual registration processes. To address these issues, the hospital implemented an electronic health record (EHR) system integrated with self-service kiosks. Patients could now check in, update personal information, and verify insurance details independently. This transition not only reduced wait times but also freed up staff to focus on more critical tasks. The result was a noticeable increase in patient satisfaction scores and overall workflow efficiency.

Similarly, a community clinic in a rural area faced unique challenges due to its limited resources and high patient-to-staff ratio. By adopting a cloud-based registration solution, the clinic leveraged technology to streamline operations without significant capital investment. The new system allowed for pre-registration through an online portal, enabling patients to complete necessary paperwork before arriving at the facility. This innovation drastically reduced bottlenecks during peak hours and improved staff productivity by minimizing administrative burdens.

Another compelling example can be found in an outpatient care network specializing in chronic disease management. Recognizing the need for personalized care plans, they utilized advanced data analytics within their registration system to capture detailed patient histories efficiently. By integrating this data with clinical decision support tools, healthcare providers were equipped with comprehensive insights at the point of care. Consequently, this led to more informed decision-making, improved treatment outcomes, and enhanced continuity of care for patients with complex medical needs.

These case studies underscore the transformative potential of optimized registration systems across diverse healthcare settings. While each facility had its unique challenges and objectives, common themes emerged: embracing technological innovations tailored to specific organizational needs significantly enhances workflow efficiencies and elevates patient experiences.

As healthcare continues its trajectory towards digital transformation amid rising demands for quality care services globally; these success stories serve as valuable blueprints for others seeking similar improvements within their organizations' operational frameworks-highlighting how thoughtful implementation strategies coupled with cutting-edge technologies hold promise not just for streamlining processes but ultimately advancing holistic health outcomes universally desired today.

Future Trends: The Evolving Role of Medical Coders in a Value-Based Healthcare Environment

In recent years, the healthcare industry has been undergoing a digital transformation that aims to improve efficiency, accuracy, and patient experience. One area that stands to benefit significantly from this shift is patient registration, particularly through the integration of medical coding. Streamlining patient registration workflows by leveraging advanced technologies and innovative practices can lead to more efficient processes, reduced errors, and ultimately better care for patients.

Traditionally, patient registration has been a labor-intensive process involving multiple steps such as collecting personal information, verifying insurance details, and assigning medical codes for billing purposes. Each step is prone to human error and can result in delays or inaccuracies that affect both healthcare providers and patients. However, with the advent of new technologies such as artificial intelligence (AI) and machine learning (ML), there is an opportunity to automate many of these tasks.

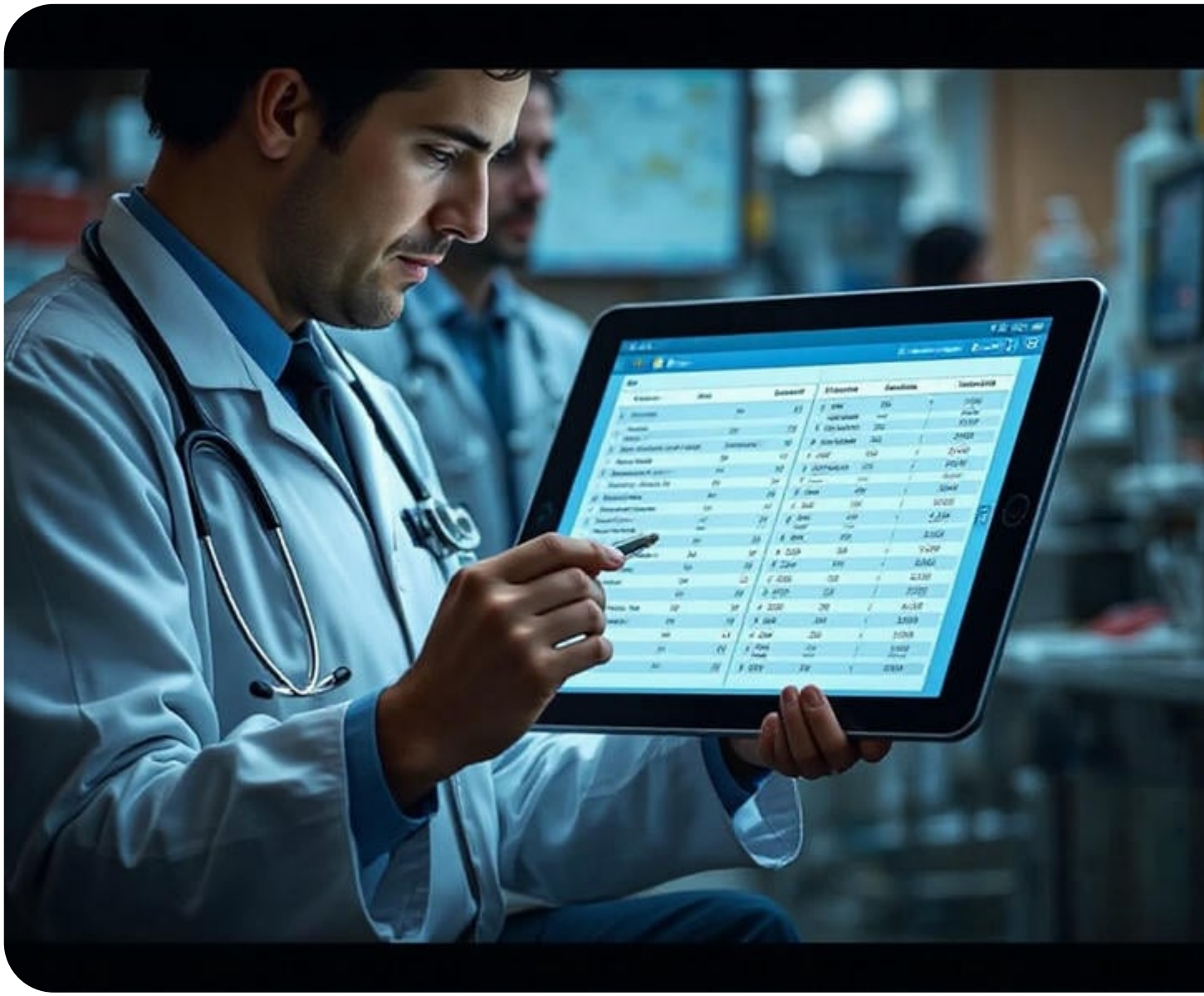
One promising trend in streamlining patient registration is the use of AI-powered systems that can automatically capture and verify patient data. These systems can quickly extract information from driver's licenses or insurance cards using optical character recognition (OCR) technology. By doing so, they reduce the need for manual data entry, minimizing errors and speeding up the registration process. Furthermore, integrating real-time verification with insurance companies ensures that coverage details are up-to-date before any medical services are provided.

Another vital aspect of streamlining workflows is integrating medical coding directly into the registration process. Medical coding involves translating diagnoses and procedures into standardized codes used for billing and record-keeping. Traditionally done after patient encounters, this task can be time-consuming if not handled efficiently. By incorporating automated coding solutions during registration, healthcare providers can ensure that accurate codes are assigned immediately based on initial assessments or pre-visit questionnaires.

Moreover, interoperability between electronic health record (EHR) systems plays a crucial role in seamless integration efforts. EHRs should be capable of communicating with various departments within a healthcare facility as well as external entities like insurers or other healthcare providers involved in care coordination efforts-facilitating smooth data exchange without requiring redundant entries across platforms.

The future also holds potential innovations such as blockchain technology applications which could revolutionize how sensitive health-related information gets securely stored/shared among stakeholders while maintaining privacy standards set forth by regulatory bodies like HIPAA (Health Insurance Portability & Accountability Act). Blockchain's immutable nature ensures transparency throughout all transactions made within its network-a feature particularly useful when dealing with complex claims processing scenarios where fraudulent activities might otherwise go unnoticed until much later stages post-service delivery dates occur!

In conclusion: The integration between streamlined patient registrations alongside efficient medical coding practices promises significant improvements over traditional methods currently employed across today's modern-day clinical settings worldwide! Embracing technological advancements will not only drive operational efficiencies but also enhance overall quality standards experienced firsthand by those receiving necessary treatments upon entering facilities poised towards future success stories beyond expectations previously imaginable just years ago alone...



About accountant

This article **needs additional citations for verification**. Please help **improve this article** by **adding citations to reliable sources**. Unsourced material may be challenged and removed.
Find sources: **"Accountant"** – **news** · **newspapers** · **books** · **scholar** · **JSTOR** *(September 2015) (**Learn how and when to remove this message**)*

Occupation	
Names	Certified Public Accountant (Accounts Officer), Chartered Certified Accountants, Chartered Accountant, Chartered Management Accountant, Cost and Management Accountants, Certified Management Accountants, etc.
Occupation type	**Profession**
Activity sectors	**Business**
Description	
Competencies	Corporate law, taxation, audit, finance, insolvency, management, **mathematics**, **analytical skills** and **critical thinking** skills
Education required	In some countries **bachelor's degree** or **master's degree** is needed, see **professional requirements**
Fields of employment	Private corporations, financial industry, government
Related jobs	**Bookkeeper**

- **v**
- **t**
- **e**

Part of **a series** on

Accounting

Early 19th-century German ledger

Image not found or type unknown

- **Constant purchasing power**
- **Historical cost**
- **Management**
- **Tax**

Major types

- **Audit**
- **Budget**
- **Cost**
- **Forensic**
- **Financial**
- **Fund**
- **Governmental**
- **Management**
- **Social**
- **Tax**

Key concepts

- **Accounting period**
- **Accrual**
- **Constant purchasing power**
- **Economic entity**
- **Fair value**
- **Going concern**
- **Historical cost**
- **Matching principle**
- **Materiality**
- **Revenue recognition**
- **Unit of account**

Selected accounts

- **Assets**
- **Cash**
- **Cost of goods sold**
- **Depreciation** / **Amortization (business)**
- **Equity**
- **Expenses**
- **Goodwill**
- **Liabilities**
- **Profit**
- **Revenue**

- **Accounting standards**
  - **Generally-accepted principles**
  - **Generally-accepted auditing standards**
  - **Convergence**
  - **International Financial Reporting Standards**
  - **International Standards on Auditing**
  - **Management Accounting Principles**
- **Financial statements**
  - **Annual report**
  - **Balance sheet**
  - **Cash-flow**
  - **Equity**
  - **Income**
  - **Management discussion**
  - **Notes to the financial statements**
- **Bookkeeping**
  - **Bank reconciliation**
  - **Debits and credits**
  - **Double-entry system**
  - **FIFO and LIFO**
  - **Journal**
  - **Ledger** / **General ledger**
  - **Trial balance**
- **Auditing**
  - **Financial**
  - **Internal**
  - **Firms**
  - **Report**
  - **Sarbanes–Oxley Act**

People and organizations

- **Accountants**
  - **Accounting organizations**
  - **Luca Pacioli**

Development

- **History**
  - **Research**
  - **Positive accounting**
  - **Sarbanes–Oxley Act**

Misconduct

- **Creative**
- **Earnings management**
- **Error account**
- **Hollywood**
- **Off-balance-sheet**
- **Two sets of books**

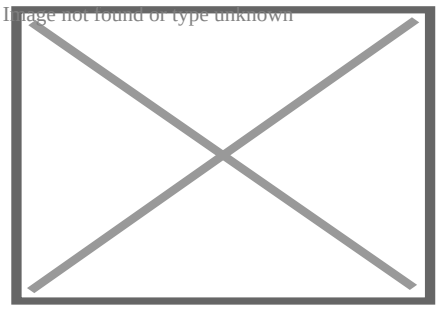
An **accountant** is a practitioner of **accounting** or accountancy. Accountants who have demonstrated competency through their professional associations' certification exams are certified to use titles such as **Chartered Accountant**, **Chartered Certified Accountant** or **Certified Public Accountant**, or Registered Public Accountant. Such professionals are granted certain responsibilities by statute, such as the ability to certify an organization's **financial statements**, and may be held liable for professional misconduct. Non-qualified accountants may be employed by a qualified accountant, or may work independently without statutory privileges and obligations.

Cahan & Sun (2015)**[1]** used archival study to find out that accountants' personal characteristics may exert a very significant impact during the audit process and further influence audit fees and audit quality. Practitioners have been portrayed in popular culture by the stereotype of the humorless, introspective bean-counter.**[2][3]** It has been suggested that the stereotype has an influence on those attracted to the profession with many new entrants underestimating the importance of communication skills and overestimating the importance of numeracy in the role.**[4]**

An accountant may either be hired for a firm that requires accounting services on a continuous basis, or may belong to an accounting firm that provides accounting consulting services to other firms. The **Big Four auditors** are the largest employers of accountants worldwide. However, most accountants are employed in commerce, industry, and the **public sector**.**[5]**

Commonwealth of Nations

[**edit**]



Accountant at work

In the **Commonwealth of Nations**, which include the **United Kingdom**, **Canada**, **Australia**, **New Zealand**, **Hong Kong** pre-1997, and several other states, commonly recognised accounting qualifications are **Chartered Certified Accountant** (**ACCA**), **Chartered Accountant** (CA or ACA), **Certified Management Accountant** (**Institute of Certified Management Accountants**) (CMA), Chartered Management Accountant (ACMA) and International Accountant (AAIA). Other qualifications in particular countries include Certified Public Accountant (CPA – Ireland and CPA – Hong Kong), **Chartered Professional Accountant** (CPA – Canada), Certified Management Accountant (Institute of Certified Management Accountants|CMA – Australia) (**CMA – Sri Lanka**), Certified Practising Accountant (CPA – Australia) and members of the **Institute of Public Accountants** (Australia), and Certified Public Practising Accountant (CPPA – New Zealand).

The **Institute of Chartered Accountants of Scotland** (ICAS) received its **Royal Charter** in 1854 and is the world's first **professional body** of accountants.**[6]**

United Kingdom and Ireland

[**edit**]
Main article: **British qualified accountants**

- A **Chartered Accountant** must be a member of one of the following:
  - the **Institute of Chartered Accountants in England and Wales** (ICAEW) (designatory letters ACA or FCA)
  - the **Institute of Chartered Accountants of Scotland** (ICAS) (designatory letters CA)
  - **Chartered Accountants Ireland** (CAI)
  - a recognised equivalent body from another Commonwealth country (designatory letters being CA (name of country) e.g. CA (Australia))
- A **Chartered Certified Accountant** must be a member of the **Association of Chartered Certified Accountants** (designatory letters ACCA or FCCA).
- A **Chartered Management Accountant** must be a member of the **Chartered Institute of Management Accountants** (designatory letters ACMA or FCMA).
- A **Chartered Public Finance Accountant** must be a member of the **Chartered Institute of Public Finance and Accountancy** (designatory letters CPFA).
- An **International Accountant** is a member of the **Association of International Accountants** (designatory letters AAIA or FAIA).
- An **Incorporated Financial Accountant** is a member of the **Institute of Financial Accountants** (designatory letters IFA, AFA or FFA).

- A **Certified Public Accountant** may be a member of the **American Institute of Certified Public Accountants** (designatory letters AICPA) or its equivalent in another country, and is usually designated as such after passing the **Uniform Certified Public Accountant Examination**. (designatory letters CPA)
- A **Public Accountant** may be a member of the **Institute of Public Accountants** (designatory letters AIPA, MIPA or FIPA).
- **Registered Qualified Accountant** may be a member of **Accountants Institute** (designatory letters **RQA**, and **FQA** for Fellow Members),**[7][8]**[*importance?*] based in Slovenia

Excepting the Association of Certified Public Accountants, each of the above bodies admits members only after passing examinations and undergoing a period of relevant work experience. Once admitted, members are expected to comply with ethical guidelines and gain appropriate professional experience.

Chartered, Chartered Certified, Chartered Public Finance, and International Accountants engaging in practice (i.e. selling services to the public rather than acting as an employee) must gain a "practising certificate" by meeting further requirements such as purchasing adequate insurance and undergoing inspections.

The ICAEW, ICAS, ICAI, ACCA and AAPA are five Recognised Supervisory Bodies (**RSB**) in the UK. A member of one of them may also become a *Statutory Auditor* in accordance with the Companies Act, providing they can demonstrate the necessary professional ability in that area and submit to regular inspection. It is illegal for any individual or firm that is not a Statutory Auditor to perform a company audit.**[9][10]**

The ICAEW, ICAS, ICAI, ACCA, AIA and CIPFA are six recognised qualifying bodies statutory (**RQB**) in the UK. A member of one of them may also become a *Statutory Auditor* in accordance with the Companies Act, providing they are a member of one of the five Recognised Supervisory Bodies **RSB** mentioned above.

All six RQBs are listed under EU mutual recognition directives to practise in 27 EU member states and individually entered into agreement with the Hong Kong Institute of Certified Public Accountants (HKICPA).

Further restrictions apply to accountants who carry out insolvency work.

In addition to the bodies above, technical qualifications are offered by the **Association of Accounting Technicians**, ACCA and AIA, which are respectively called AAT Technician, CAT (**Certified Accounting Technician**) and IAT (International Accounting Technician).

United States

[edit]
Further information: **Legal liability of certified public accountants**

In the United States, licensed accountants are **Certified Public Accountants** (CPAs), and in certain states, Public Accountants (PAs). Unlicensed accountants may be **Certified Internal Auditors** (CIAs) and **Certified Management Accountants** (CMAs). The difference between these certifications is primarily the legal status and the types of services provided, although individuals may earn more than one certification. Additionally, much accounting work is performed by uncertified individuals, who may be working under the supervision of a certified accountant. As noted above, the majority of accountants work in the private sector or may offer their services without the need for certification.

The training time required for accountancy certification in the US requires specific guidelines:

- Certificate: Several months to a year
- Associate degree: One–two years
- Bachelor's degree: Three–four years
- CPA: Five years of education (150 semester college credits) plus one–two years of work experience (length of work experience requirement depends on which state is granting the license)
- Master's degree: One–two years
- Doctoral degree: Three–five years

A CPA is licensed by a state to provide auditing services to the public. Many CPA firms also offer accounting, tax, litigation support, and other financial advisory services. The requirements for receiving the CPA license vary from state to state, although the passage of the **Uniform Certified Public Accountant Examination** is required by all states. This examination is designed and graded by the **American Institute of Certified Public Accountants** (AICPA).

A PA (sometimes referred to as LPA—Licensed Public Accountant) is licensed by the state to practice accountancy to the same extent as are CPAs, although in some states PAs are not permitted to perform audits or reviews (notably Iowa, Minnesota, Oregon, & South Carolina). A PA's ability to practice out of state is very limited due to most states having phased out the PA designation. While most states no longer accept new PA license applicants, four states still accept PA applicants for practice privileges within the state. As with the CPA, the requirements for receiving the PA license vary from state to state. Most states require a passage of either two or three (out of four) sections of the CPA exam or passage of the Comprehensive Examination for Accreditation in Accounting which is administered and graded by the Accreditation Council for Accountancy and Taxation (ACAT).

A certified internal auditor (CIA) is granted a certificate from the Institute of Internal Auditors (IIA), provided that the candidate has passed a four-part examination. One of the four parts is waived if the candidate has already passed the CPA Exam. A CIA typically provides services directly to an employer rather than to the public.

A person holding the Certificate in Management Accounting (CMA) is granted the certificate by the Institute of Management Accountants (IMA), provided that the candidate has passed an examination of two parts and has met the practical experience requirement of the IMA. A CMA provides services directly to employers rather than to the public. A CMA can also provide services to the public, but to an extent much lesser than that of a CPA.

An **Enrolled Agent** (EA) is a federally authorized tax practitioner empowered by the U.S. Department of the Treasury to represent taxpayers before the **Internal Revenue Service** (IRS). Enrolled agent status is the highest credential awarded by the IRS, unlimited rights of representation.**[11]** The EA credential is recognized across all 50 **U.S. states**. Candidates must pass a three-part exam (called the **Special Enrollment Examination**) covering the subjects of individual tax, business tax, and client representation, or must have worked at the IRS for five consecutive years in a position which regularly engaged in these areas.

The **United States Department of Labor**'s **Bureau of Labor Statistics** estimates that there are about one million persons**[12]** employed as accountants and auditors in the U.S.

U.S. tax laws grant CPAs and EAs a form of **accountant–client privilege**.

Non-certified accountants

[**edit**]
Main article: **List of accounting roles**

Australia

[**edit**]

In Australia, there are three legally recognised local professional accounting bodies which all enjoy the same recognition and can be considered as "qualified accountant": the **Institute of Public Accountants** (IPA), **CPA Australia** (CPA) and the **Chartered Accountants Australia and New Zealand** (CAANZ). Other international bodies such as **ACCA** (The Association of Chartered Certified Accountants) and

Institute of Chartered Accountants in England and Wales (ICAEW) enjoy recognition for the purposes of supporting their members in their careers. For instance, ACCA has achieved recognition by the Tax Practitioner Board, as Tax and BAS agents, in 2010.

Canada

[edit]

In Canada, a **Chartered Professional Accountant** **(CPA)** must be a member of the Chartered Professional Accountants of Canada (designatory letters CPA).

Up to 2013, there were three nationally recognized accounting designations in Canada: Chartered Accountant (CA), **Certified General Accountant** (CGA), and Certified Management Accountants (CMA). The national CA and CGA bodies were created by Acts of Parliament in 1902 and 1913 respectively, The national CMA organization was established under the Canada Corporations Act in 1920.

In January 2012, following eight months of member and stakeholder consultation, the Canadian Institute of Chartered Accountants (CICA), the Society of Management Accountants of Canada (CMA Canada) and Certified General Accountants of Canada (CGA-Canada) issued *A Framework for Uniting the Canadian Accounting Profession* under a new Canadian Chartered Professional Accountant (CPA) designation. Chartered Professional Accountants of Canada (**CPA Canada**) was established by CICA and CMA Canada on January 1, 2013, under the Canada Not-for-profit Corporations Act, to support Canadian provincial accounting bodies that were unifying under the CPA banner. CGA-Canada integrated with CPA Canada on October 1, 2014, completing the unification of Canada's accounting profession at the national level.

All recognized national and provincial accounting bodies in Canada have now unified under the CPA banner. The Canadian CPA designation is held by more than 200,000 members in Canada and around the world.

Japan

[edit]

In Japan, a certified public accountant must be a member of the Japanese Institute of Certified Public Accountants (JICPA). It is the sole professional accountancy organization in Japan.

India

[edit]

Chartered accountancy is offered in India by the **Institute of Chartered Accountants of India** (ICAI), the second largest accounting body in the world. This Institute was established in 1949 under the Chartered Accountants Act, 1949 for the regulation of the profession of chartered accountants in India.

The ICAI set up the Accountancy Museum of India in 2009, the third museum of accounting in the world. It is located at ICAI's office in **Noida**.A Cost and Management Accountant is registered as a member under **the Institute of Cost Accountants of India(ICMAI)** previously known as (ICWAI) which is a statutory body constituted under the Cost and Works Accountants Act 1959 enacted by the Parliament of India, it is also the second largest Management Accountancy body in the world. The members of the Institute are widely recognized as Cost and Management Accountants (FCMA, ACMA).**[13]**

Indonesia

[**edit**]

Under Public Accountants Law (UU 5/2011), the Institute of Certified Public Accountants of Indonesia (IAPI) is the professional organization having the authority to issue CPA designation which is the statutory requirements for obtaining public accountant license from the government.

Pakistan

[**edit**]

The **Institute of Chartered Accountants of Pakistan** (ICAP) offers chartered accountant studies in Pakistan. ICAP was established under The Chartered Accountants Ordinance, 1961 as a self-regulatory body.

The **Institute of Cost and Management Accountants of Pakistan** (ICMAP) offers accountant studies in Pakistan. ICMAP was established under The Cost and Management Accountants Act, 1966.

Pakistan Institute of Public Finance Accountants (PIPFA) is an autonomous body recognized mainly in the government sector and established under license from the Securities and Exchange Commission of Pakistan by the authority given under section

42 of the Companies Ordinance, 1984.

The body is co-sponsored by the Institute of Chartered Accountants of Pakistan, the Institute of Cost and Management Accountants of Pakistan and the Auditor General of Pakistan.PIPFA has more than 5,000 members and a number of them are members of ICAP and ICMAP.

The institute was established to produce a second tier of accounting professionals in Pakistan

Bangladesh

[edit]
Main article: **Accountancy profession in Bangladesh**

Chartered accountancy is governed in Bangladesh by the **Institute of Chartered Accountants of Bangladesh** (ICAB).

And The Institute of Cost and Management Accountants of Bangladesh (ICMAB) offers management accountant studies in Bangladesh.

New Zealand

[edit]

This section **does not cite any sources**. Please help **improve this section** by **adding citations to reliable sources**. Unsourced material may be challenged and **removed**. *(August 2017) (**Learn how and when to remove this message**)*

In New Zealand, there are two local accountancy bodies the **Chartered Accountants Australia and New Zealand** (CAANZ) and the New Zealand Association of Certified Public Accountants (NZACPA) the operating name of New Zealand Association of Accountants Inc (NZAA).

To audit public companies an individual must be a member of either the CAANZ or an otherwise gazetted body. Chartered Certified Accountant (Association of Chartered Certified Accountants or FCCA) qualification has also been gazetted under. An ACCA member can practice as long as they hold an ACCA public practice certificate (with audit qualification) in their country of origin.

Singapore

[edit]

In **Singapore**, a public accountant must be a member of any professional accountancy body in Singapore.**[14] Institute of Singapore Chartered Accountants** (ISCA) is the sole local accountancy body, therefore the public accountant must be a member of the ISCA.**[15]**

Sri Lanka

[**edit**]

In Sri Lanka, a chartered accountant must be a member of the **Institute of Chartered Accountants of Sri Lanka** (designatory letters ACA or FCA). It is the sole local accountancy body, therefore to audit public companies an individual must be a member of the ICASL. A Certified management account also must be a member of the **Institute of Management Accountants of Sri Lanka** (designatory letters ACMA or FCMA).

Austria

[**edit**]

In Austria, the accountancy profession is regulated by the Bilanzbuchhaltungsgesetz 2006 (BibuG – Management Accountancy Law).[***citation needed***]

Hong Kong

[**edit**]
Main article: **Accountancy in Hong Kong**
For the functional constituency, see **Accountancy (constituency)**.

In **Hong Kong**, the accountancy industry is regulated by **Hong Kong Institute of Certified Public Accountants**(**HKICPA**) under the Professional Accountants Ordinance (Chapter 50, Laws of **Hong Kong**). The auditing industry for limited companies is regulated under the Companies Ordinance (Chapter 32, Laws of **Hong Kong**), and other ordinances such as the securities and futures ordinance, the listing rules, etc.

HKICPA terminated all recognition of overshare bodies in 2005 for *accreditation* under professional accountants ordinance. In general, all British RQBs except for CIPFA were re-accredited. Please refer to **HKICPA** for latest recognition.

Portugal

[**edit**]

In Portugal, there are two accountancy qualifications: the *Contabilistas Certificados* (CC), responsible for producing accounting and tax information, and the *Revisor Oficial de Contas* (ROC), more related to auditing practices. The CC certification is exclusively awarded by the professional organization ***Ordem dos Contabilistas Certificados*** (OCC), and the certification to become an auditor is awarded by another professional organization, the *Ordem dos Revisores Oficiais de Contas* (OROC).**[16]** In general, accountants or auditors accredited by OTOC or OROC are individuals with **university** graduation diplomas in business management, economics, mathematics or law who, after further studies, applied for an exam and received the certification to be a CC or ROC. That certification is only received after a one-year (CC) or three-year (ROC) internship. Any citizen having a **polytechnic** degree as a **bookkeeper** is also entitled to apply for the exam and certification at the OCC.**[17]**

See also

[**edit**]

Image not found or type unknown

Look up ***accountant*** in Wiktionary, the free dictionary.

- **Bookkeeper**
- **Credit manager**
- **Journal entries**

References

[**edit**]

1. **^** *Cahan, Steven F.; Sun, Jerry (2014-08-11). "The Effect of Audit Experience on Audit Fees and Audit Quality". Journal of Accounting, Auditing & Finance.* ***30*** *(1): 78–100.* ***doi****:****10.1177/0148558x14544503****.* ***S2CID 154369246****.*
2. **^** Friedman, A. L., & Lyne, S. R. (2001). The beancounter stereotype: towards a general model of stereotype generation. Critical perspectives on accounting, 12(4), 423-451.
3. **^** Jeacle, I., Miley, F., & Read, A. (2012). Jokes in popular culture: the characterisation of the accountant. Accounting, Auditing & Accountability Journal.
4. **^** ***"Written Communication Apprehension Experienced by First-Year Undergraduate Accounting Students"****. INTED2023 Proceedings. 17th Annual International Technology, Education and Development Conference. Vol. 1. Valencia, Spain. March 2023. pp. 1082–1091.* ***doi****:****10.21125/inted.2023.0322****.*
5. **^** For example, in 2009 in Ontario, Canada, national firms employ 4,425 **Chartered Accountants**, which is less than 50% of the members in public practice.(**Chartered Accountants in National Firms in Ontario, Canada Archived** July 6, 2011, at the **Wayback Machine**) As total membership is 33,146, the national firms employ about 13% of all Chartered Accountants in

Ontario. (**Ontario Chartered Accountants demographics Archived** July 6, 2011, at the **Wayback Machine**) Most of the members are employed in industry, with the majority in small and medium sized enterprises.

6. **^** Perks, R.W.(1993): *Accounting and Society*. Chapman & Hall (London); **ISBN 0-412-47330-5**. p.16
7. **^** ***"Accountants Institute"***. ***Archived*** *from the original on 2021-02-24. Retrieved 2019-03-30.*
8. **^** *United Kingdom, Intellectual Property Office, Concept House, Cardiff Road, Newport, NP10 8QQ.* ***"Intellectual Property Office"***. *www.ipo.gov.uk.* ***Archived*** *from the original on 2023-07-01. Retrieved 2016-04-11.***cite web**: CS1 maint: multiple names: authors list (**link**) CS1 maint: numeric names: authors list (**link**)
9. **^** ***"Recognised Supervisory Body List"***. *www.AuditRegister.org.uk.* ***Archived*** *from the original on 26 September 2014. Retrieved 2 August 2017.*
10. **^** *team, FRC web.* ***"FRC"***. *www.FRC.org.uk.* ***Archived*** *from the original on 3 August 2017. Retrieved 2 August 2017.*
11. **^** Enrolled Agent Information, Internal Revenue Service, U.S. Dep't of the Treasury, at **[1] Archived** 2022-09-26 at the **Wayback Machine**.
12. **^** ***"Accountants and Auditors"***. *www.BLS.gov.* ***Archived*** *from the original on 14 July 2017. Retrieved 2 August 2017.*
13. **^** ***"ICWAI Act on MCA website"*** *(PDF).* ***Archived*** *(PDF) from the original on 2012-04-25. Retrieved 2012-07-30.*
14. **^** ***"Registering as a Public Accountant : Chapters – ACRA"***. *www.ACRA.gov.sg. Archived from* ***the original*** *on 3 August 2017. Retrieved 2 August 2017.*
15. **^** ***"Professional Requirements for Registration as Public Accountants : Chapters – ACRA"***. *www.ACRA.gov.sg. Archived from* ***the original*** *on 3 August 2017. Retrieved 2 August 2017.*
16. **^** *Seara.com.* ***"Ordem dos Revisores Oficiais de Contas"***. *www.OROC.pt.* ***Archived*** *from the original on 17 September 2009. Retrieved 2 August 2017.*
17. **^** ***"OCC official site"***. ***Archived*** *from the original on 2023-06-01. Retrieved 2021-08-31.*

Authority control databases Image not found or type unknown **Edit this at Wikidata**

National	○ **Germany** ○ **United States** ○ **France** ○ **BnF data** ○ **Japan** ○ **Israel**

Other ○ **NARA**

About patient

For the state of being, see Patience. For other uses, see Patient (disambiguation).

- ○ v
- ○ t
- ○ e

Part of a series on Patients

Patients

Concepts

- ○ Doctor-patient relationship
- ○ Medical ethics
- ○ Patient participation
- ○ Patient-reported outcome
- ○ Patient safety

Consent

- ○ Informed consent
- ○ Adherence
- ○ Informal coercion
- ○ Motivational interviewing
- ○ Involuntary treatment

Rights

- ○ Patients' rights
- ○ Pregnant patients' rights
- ○ Disability rights movement
- ○ Patient's Charter
- ○ Medical law

Approaches

- ○ Patient advocacy
- ○ Patient-centered care
- ○ Patient and public involvement

Abuse

- ○ Patient abuse
- ○ Elder abuse

Medical sociology

- ○ Sick role

A **patient** is any recipient of health care services that are performed by healthcare professionals. The patient is most often ill or injured and in need of treatment by a physician, nurse, optometrist, dentist, veterinarian, or other health care provider.

Etymology

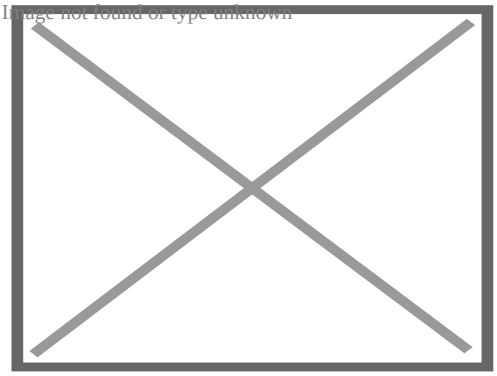
[edit]

The word patient originally meant 'one who suffers'. This English noun comes from the Latin word *patiens*, the present participle of the deponent verb, *patior*, meaning 'I am suffering', and akin to the Greek verb ?ÃŽÂ¬????? (*paskhein* 'to suffer') and its cognate noun ?ÃŽÂ¬??? (*pathos*).

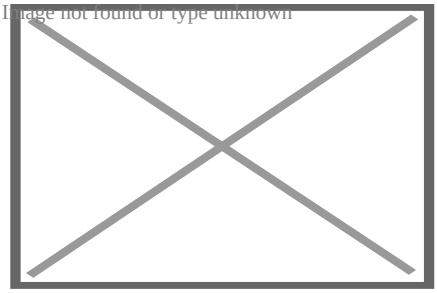
This language has been construed as meaning that the role of patients is to passively accept and tolerate the suffering and treatments prescribed by the healthcare providers, without engaging in shared decision-making about their care.[1]

Outpatients and inpatients

[edit]

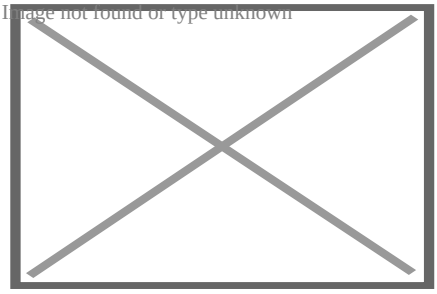


Patients at the Red Cross Hospital in Tampere, Finland during the 1918 Finnish Civil War



Receptionist in Kenya attending to an outpatient

An **outpatient** (or **out-patient**) is a patient who attends an outpatient clinic with no plan to stay beyond the duration of the visit. Even if the patient will not be formally admitted with a note as an outpatient, their attendance is still registered, and the provider will usually give a note explaining the reason for the visit, tests, or procedure/surgery, which should include the names and titles of the participating personnel, the patient's name and date of birth, signature of informed consent, estimated pre-and post-service time for history and exam (before and after), any anesthesia, medications or future treatment plans needed, and estimated time of discharge absent any (further) complications. Treatment provided in this fashion is called ambulatory care. Sometimes surgery is performed without the need for a formal hospital admission or an overnight stay, and this is called outpatient surgery or day surgery, which has many benefits including lowered healthcare cost, reducing the amount of medication prescribed, and using the physician's or surgeon's time more efficiently. Outpatient surgery is suited best for more healthy patients undergoing minor or intermediate procedures (limited urinary-tract, eye, or ear, nose, and throat procedures and procedures involving superficial skin and the extremities). More procedures are being performed in a surgeon's office, termed *office-based surgery*, rather than in a hospital-based operating room.



A mother spends days sitting with her son, a hospital patient in Mali

An **inpatient** (or **in-patient**), on the other hand, is "admitted" to stay in a hospital overnight or for an indeterminate time, usually, several days or weeks, though in some extreme cases, such as with coma or persistent vegetative state, patients can stay in hospitals for years, sometimes until death. Treatment provided in this fashion is called inpatient care. The admission to the hospital involves the production of an admission note. The leaving of the hospital is officially termed *discharge*, and involves a corresponding discharge note, and sometimes an assessment process to consider ongoing needs. In the English National Health Service this may take the form of "Discharge to Assess" - where the assessment takes place after the patient has gone home.[2]

Misdiagnosis is the leading cause of medical error in outpatient facilities. When the U.S. Institute of Medicine's groundbreaking 1999 report, *To Err Is Human*, found up to 98,000 hospital patients die from preventable medical errors in the U.S. each year,[3] early efforts focused on inpatient safety.[4] While patient safety efforts have focused on

inpatient hospital settings for more than a decade, medical errors are even more likely to happen in a doctor's office or outpatient clinic or center.[*citation needed*]

Day patient

[edit]

A **day patient** (or **day-patient**) is a patient who is using the full range of services of a hospital or clinic but is not expected to stay the night. The term was originally used by psychiatric hospital services using of this patient type to care for people needing support to make the transition from in-patient to out-patient care. However, the term is now also heavily used for people attending hospitals for day surgery.

Alternative terminology

[edit]

Because of concerns such as dignity, human rights and political correctness, the term "patient" is not always used to refer to a person receiving health care. Other terms that are sometimes used include **health consumer**, **healthcare consumer**, **customer** or **client**. However, such terminology may be offensive to those receiving public health care, as it implies a business relationship.

In veterinary medicine, the **client** is the owner or guardian of the patient. These may be used by governmental agencies, insurance companies, patient groups, or health care facilities. Individuals who use or have used psychiatric services may alternatively refer to themselves as consumers, users, or survivors.

In nursing homes and assisted living facilities, the term **resident** is generally used in lieu of *patient*.[5] Similarly, those receiving home health care are called *clients*.

Patient-centered healthcare

[edit]
See also: Patient participation

The doctor–patient relationship has sometimes been characterized as silencing the voice of patients.[6] It is now widely agreed that putting patients at the centre of healthcare[7] by trying to provide a consistent, informative and respectful service to patients will improve both outcomes and patient satisfaction.[8]

When patients are not at the centre of healthcare, when institutional procedures and targets eclipse local concerns, then patient neglect is possible.[9] Incidents, such as the Stafford Hospital scandal, Winterbourne View hospital abuse scandal and the Veterans

Health Administration controversy of 2014 have shown the dangers of prioritizing cost control over the patient experience.[10] Investigations into these and other scandals have recommended that healthcare systems put patient experience at the center, and especially that patients themselves are heard loud and clear within health services.[11]

There are many reasons for why health services should listen more to patients. Patients spend more time in healthcare services than regulators or quality controllers, and can recognize problems such as service delays, poor hygiene, and poor conduct.[12] Patients are particularly good at identifying soft problems, such as attitudes, communication, and 'caring neglect',[9] that are difficult to capture with institutional monitoring.[13]

One important way in which patients can be placed at the centre of healthcare is for health services to be more open about patient complaints.[14] Each year many hundreds of thousands of patients complain about the care they have received, and these complaints contain valuable information for any health services which want to learn about and improve patient experience.[15]

See also

[edit]

- Casualty
- e-Patient
- Mature minor doctrine
- Nurse-client relationship
- Patient abuse
- Patient advocacy
- Patient empowerment
- Patients' Bill of Rights
- Radiological protection of patients
- Therapeutic inertia
- Virtual patient
- Patient UK

References

[edit]

1. **^** *Neuberger, J. (1999-06-26). "Do we need a new word for patients?". BMJ: British Medical Journal.* ***318*** *(7200): 1756–1758. doi:10.1136/bmj.318.7200.1756. ISSN 0959-8138. PMC 1116090. PMID 10381717.*
2. **^** *"Unpaid carers' rights are overlooked in hospital discharge". Health Service Journal. 8 September 2021. Retrieved 16 October 2021.*
3. **^** *Institute of Medicine (US) Committee on Quality of Health Care in America; Kohn, L. T.; Corrigan, J. M.; Donaldson, M. S. (2000). Kohn, Linda T.; Corrigan, Janet M.; Donaldson, Molla S. (eds.). To Err Is Human: Building a Safer Health System.*

Washington D.C.: National Academy Press. doi:10.17226/9728. ISBN 0-309-06837-1. PMID 25077248.

4. **^** *Bates, David W.; Singh, Hardeep (November 2018). "Two Decades Since: An Assessment Of Progress And Emerging Priorities In Patient Safety". Health Affairs.* ***37*** *(11): 1736–1743. doi:10.1377/hlthaff.2018.0738. PMID 30395508.*
5. **^** *American Red Cross (1993). Foundations for Caregiving. St. Louis: Mosby Lifeline. ISBN 978-0801665158.*
6. **^** *Clark, Jack A.; Mishler, Elliot G. (September 1992). "Attending to patients' stories: reframing the clinical task". Sociology of Health and Illness.* ***14*** *(3): 344–372. doi:10.1111/1467-9566.ep11357498.*
7. **^** *Stewart, M (24 February 2001). "Towards a Global Definition of Patient Centred Care". BMJ.* ***322*** *(7284): 444–5. doi:10.1136/bmj.322.7284.444. PMC 1119673. PMID 11222407.*
8. **^** *Frampton, Susan B.; Guastello, Sara; Hoy, Libby; Naylor, Mary; Sheridan, Sue; Johnston-Fleece, Michelle (31 January 2017). "Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care". NAM Perspectives.* ***7*** *(1). doi:10.31478/201701f.*
9. ^ ***a b*** *Reader, TW; Gillespie, A (30 April 2013). "Patient Neglect in Healthcare Institutions: A Systematic Review and Conceptual Model". BMC Health Serv Res.* ***13****: 156. doi:10.1186/1472-6963-13-156. PMC 3660245. PMID 23631468.*
10. **^** *Bloche, MG (17 March 2016). "Scandal as a Sentinel Event--Recognizing Hidden Cost-Quality Trade-offs". N Engl J Med.* ***374*** *(11): 1001–3. doi:10.1056/NEJMp1502629. PMID 26981930.*
11. **^** *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary. London: Stationery Office. 6 February 2013. ISBN 9780102981476. Retrieved 23 June 2020.*
12. **^** *Weingart, SN; Pagovich, O; Sands, DZ; Li, JM; Aronson, MD; Davis, RB; Phillips, RS; Bates, DW (April 2006). "Patient-reported Service Quality on a Medicine Unit". Int J Qual Health Care.* ***18*** *(2): 95–101. doi:10.1093/intqhc/mzi087. PMID 16282334.*
13. **^** *Levtzion-Korach, O; Frankel, A; Alcalai, H; Keohane, C; Orav, J; Graydon-Baker, E; Barnes, J; Gordon, K; Puopulo, AL; Tomov, EI; Sato, L; Bates, DW (September 2010). "Integrating Incident Data From Five Reporting Systems to Assess Patient Safety: Making Sense of the Elephant". Jt Comm J Qual Patient Saf.* ***36*** *(9): 402–10. doi:10.1016/s1553-7250(10)36059-4. PMID 20873673.*
14. **^** *Berwick, Donald M. (January 2009). "What 'Patient-Centered' Should Mean: Confessions Of An Extremist". Health Affairs.* ***28*** *(Supplement 1): w555 – w565. doi:10.1377/hlthaff.28.4.w555. PMID 19454528.*
15. **^** *Reader, TW; Gillespie, A; Roberts, J (August 2014). "Patient Complaints in Healthcare Systems: A Systematic Review and Coding Taxonomy". BMJ Qual Saf.* ***23*** *(8): 678–89. doi:10.1136/bmjqs-2013-002437. PMC 4112446. PMID 24876289.*

External links

[edit]

Image not found or type unknown

Wikimedia Commons has media related to ***Patients***.

Image not found or type unknown

Look up ***patient*** in Wiktionary, the free dictionary.

- *Jadad AR, Rizo CA, Enkin MW (June 2003). "I am a good patient, believe it or not". BMJ. **326** (7402): 1293–5. doi:10.1136/bmj.326.7402.1293. PMC 1126181. PMID 12805157.*
  a peer-reviewed article published in the British Medical Journal's (BMJ) first issue dedicated to patients in its 160-year history
- *Sokol DK (21 February 2004). "How (not) to be a good patient". BMJ. **328** (7437): 471. doi:10.1136/bmj.328.7437.471. PMC 344286.*
  review article with views on the meaning of the words "good doctor" vs. "good patient"
- "Time Magazine's Dr. Scott Haig Proves that Patients Need to Be Googlers!" – Mary Shomons response to the Time Magazine article "When the Patient is a Googler"

- v
- t
- e

Articles about hospitals

History of hospitals, Hospital network, Category:Hospitals

Common hospital components	○ Accreditation ○ Bed ○ Coronary care unit ○ Emergency department ○ Emergency codes ○ Hospital administrators ○ Hospital information system ○ Hospital medicine ○ Hospital museum ○ Hospitalist ○ Intensive care unit ○ Nocturnist ○ On-call room ○ Operating theater ○ Orderly ○ Patients ○ Pharmacy ○ Wards

Archaic forms	○ Almshouse ○ Asclepeion (Greece) ○ Bimaristan (Islamic) ○ Cottage hospital (England) ○ Hôtel-Dieu (France) ○ Valetudinaria (Roman) ○ Vaishya lying in houses (India) ○ Xenodochium (Middle Ages)
Geographic service area	○ Base hospital (Australia) ○ Community hospital ○ General hospital ○ Regional hospital or District hospital ○ Municipal hospital
Complexity of services	○ Day hospital ○ Secondary hospital ○ Tertiary referral hospital ○ Teaching hospital ○ Specialty hospital
Unique physical traits	○ Hospital ship ○ Hospital train ○ Mobile hospital ○ Underground hospital ○ Virtual Hospital
Limited class of patients	○ Military hospital ○ Combat support hospital ○ Field hospital ○ Prison hospital ○ Veterans medical facilities ○ Women's hospital
Funding	○ Charitable hospital ○ For-profit hospital ○ Non-profit hospital ○ State hospital ○ Private hospital ○ Public hospital ○ Voluntary hospital ○ Defunct

Condition treated	○ Cancer ○ Children's hospital ○ Eye hospital ○ Fever hospital ○ Leper colony ○ Lock hospital ○ Maternity hospital ○ Psychiatric hospital ○ Rehabilitation hospital ○ Trauma center ○ Verterinary hospital
Century established	○ 5th ○ 6th ○ 7th ○ 8th ○ 9th ○ 10th ○ 11th ○ 12th ○ 13th ○ 14th ○ 15th ○ 16th ○ 17th ○ 18th ○ 19th ○ 20th ○ 21st

Lists of hospitals in: Africa, Asia, Europe, North America, Oceania, South America

Authority control databases: National	○ Germany ○ United States ○ Japan ○ Czech Republic ○ 2 ○ Latvia ○ Israel

Image not found or type unknown **Edit this at Wikidata**

City : Clearwater

State : FL

Zip : 33765

Address : 3000 Gulf to Bay Blvd Suite 313

Company Website : **https://altrustservices.com/**

USEFUL LINKS

medical staffing

medical staffing agencies

american medical staffing

consolidated medical staffing

Sitemap

Privacy Policy

About Us

Follow us