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Responsive regulation involves listening to multiple

stakeholders and making a deliberative and flexible

(responsive) choice from regulatory strategies that can be

conceptually arranged in a pyramid. At the bottom of the

pyramid are more frequently used strategies of first choice

that are less coercive, less interventionist, and cheaper.

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Book Patient Safety First Responsive Regulation In Health Care Uploaded By Gilbert Patten, patient safety is now a major regulatory issue around the world and australia has been at its leading edge self regulation by professional and industry groups is now widely regarded as insufficient and government is stepping in in patient safety first

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Patient Safety First Responsive Regulation In Health Care Patient FIRST is based on five principles to support emergency care: Patients must come first and safety cannot be compromised. Emergency departments must focus on

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their core function of rapid assessment and emergency stabilisation of critically ill and injured patients.

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my british counterpart jeremy hunt and i

Each year more people die in health care accidents than in road accidents. Increasingly complex medical treatments and overstretched health systems create more opportunities for things to go wrong, and they do. Patient safety is now a major regulatory issue around the world, and Australia has been at its leading edge. Self-regulation by professional and industry groups is now widely regarded as insufficient, and government is stepping in. In *Patient Safety First* leading experts survey the governance of clinical care. Framed within a theory of responsive regulation, core regulatory approaches to patient safety are analysed for their effectiveness, including information systems, corporate and public institution governance models, the design of safe systems, the role of medical boards, open disclosure and public inquiries. *Patient Safety First* includes chapters by Bruce Barraclough, John Braithwaite, Stephen Duckett and Ian Freckleton SC. It is essential reading for all medical and legal professionals working in patient safety as well as readers in public health, health policy and governance.

With increasing recognition of the international market in health professionals and the impact of globalism on regulation, the governance of the health workforce is moving towards greater public engagement and increased transparency. This book discusses the challenges posed by these processes such as improved access to health services and how structures can be reformed so that good practice is upheld and quality of service and patient safety are ensured. With contributions from regulators, academics, lawyers and

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health professionals, this book presents arguments from multiple perspectives. Of global relevance, it brings together concerns about access, quality and safety within the framework of the health workforce governance continuum and will be of interest to policy makers, regulators, health professionals, academics legal practitioners, insurers, students and researchers.

This volume introduces readers to regulatory theory. Aimed at practitioners, postgraduate students and those interested in regulation as a cross-cutting theme in the social sciences, *Regulatory Theory* includes chapters on the social-psychological foundations of regulation as well as theories of regulation such as responsive regulation, smart regulation and nodal governance. It explores the key themes of compliance, legal pluralism, meta-regulation, the rule of law, risk, accountability, globalisation and regulatory capitalism. The environment, crime, health, human rights, investment, migration and tax are among the fields of regulation considered in this ground-breaking book. Each chapter introduces the reader to key concepts and ideas and contains suggestions for further reading. The contributors, who either are or have been connected to the Regulatory Institutions Network (RegNet) at The Australian National University, include John Braithwaite, Valerie Braithwaite, Peter Grabosky, Neil Gunningham, Fiona Haines, Terry Halliday, David Levi-Faur, Christine Parker, Colin Scott and Clifford Shearing.

In *Restorative and Responsive Human Services*, Gale Burford, John Braithwaite, and Valerie Braithwaite bring together a distinguished collection providing rich lessons on how regulation in human services can proceed in empowering ways that heal and are respectful of human

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relationships and legal obligations. The human services are in trouble: combining restorative justice with responsive regulation might redeem them, renewing their well-intended principles. Families provide glue that connects complex systems. What are the challenges in scaling up relational practices that put families and primary groups at the core of health, education, and other social services? This collection has a distinctive focus on the relational complexity of restorative practices. How do they enable more responsive ways of grappling with complexity than hierarchical and prescriptive human services? Lessons from responsive business regulation inform a re-imagining of the human services to advance wellbeing and reduce domination. Readers are challenged to re-examine the perverse incentives and contradictions buried in policies and practices. How do they undermine the capacities of families and communities to solve problems on their own terms? This book will interest those who harbor concerns about the creep of domination into the lives of vulnerable citizens. It will help policymakers and researchers to re-focus human services to fundamental outcomes at the foundation of sustainable democracies.

Responding to the public concern caused by recent hospital scandals and accounts of unintended harm to patients, this author draws on her experience of analysing the health care systems of over a dozen countries and examines whether greater regulation has increased patient safety and health care quality. The book adopts a new approach to mapping developments in health care systems in Europe, North America and Australia and pieces together evidence of which regulatory strategies and mechanisms work well to ensure safer patient care. It identifies the regulatory bodies, the regulatory principles and the implementation strategies

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adopted to improve governance in health care systems and suggests a conceptual framework for responsive regulation. The book will be of interest to government actors, health care professionals and medico-legal scholars.

Second in a series of publications from the Institute of Medicine's Quality of Health Care in America project Today's health care providers have more research findings and more technology available to them than ever before. Yet recent reports have raised serious doubts about the quality of health care in America. Crossing the Quality Chasm makes an urgent call for fundamental change to close the quality gap. This book recommends a sweeping redesign of the American health care system and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. In this comprehensive volume the committee offers: A set of performance expectations for the 21st century health care system. A set of 10 new rules to guide patient-clinician relationships. A suggested organizing framework to better align the incentives inherent in payment and accountability with improvements in quality. Key steps to promote evidence-based practice and strengthen clinical information systems. Analyzing health care organizations as complex systems, Crossing the Quality Chasm also documents the causes of the quality gap, identifies current practices that impede quality care, and explores how systems approaches can be used to implement change.

There are significant variations in how healthcare systems and health professionals are regulated globally. One feature that they increasingly have in common is an emphasis on the value of including members of the public in quality assurance processes. While many argue that this will help

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better serve the public interest, others question how far the changing regulatory reform agenda is still dominated by medical interests. Bringing together leading academics worldwide, this collection compares and critically examines the ways in which different countries are regulating healthcare in general, and health professions in particular, in the interest of users and the wider public. It is the first book in the Sociology of Health Professions series.

Building on the revolutionary Institute of Medicine reports *To Err is Human* and *Crossing the Quality Chasm, Keeping Patients Safe* lays out guidelines for improving patient safety by changing nurses' working conditions and demands. Licensed nurses and unlicensed nursing assistants are critical participants in our national effort to protect patients from health care errors. The nature of the activities nurses typically perform — monitoring patients, educating home caretakers, performing treatments, and rescuing patients who are in crisis — provides an indispensable resource in detecting and remedying error-producing defects in the U.S. health care system. During the past two decades, substantial changes have been made in the organization and delivery of health care and consequently in the job description and work environment of nurses. As patients are increasingly cared for as outpatients, nurses in hospitals and nursing homes deal with greater severity of illness. Problems in management practices, employee deployment, work and workspace design, and the basic safety culture of health care organizations place patients at further risk. This newest edition in the groundbreaking Institute of Medicine *Quality Chasm* series discusses the key aspects of the work environment for nurses and reviews the potential improvements in working conditions that are likely to have

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an impact on patient safety.

Americans are accustomed to anecdotal evidence of the health care crisis. Yet, personal or local stories do not provide a comprehensive nationwide picture of our access to health care. Now, this book offers the long-awaited health equivalent of national economic indicators. This useful volume defines a set of national objectives and identifies indicators--measures of utilization and outcome--that can "sense" when and where problems occur in accessing specific health care services. Using the indicators, the committee presents significant conclusions about the situation today, examining the relationships between access to care and factors such as income, race, ethnic origin, and location. The committee offers recommendations to federal, state, and local agencies for improving data collection and monitoring. This highly readable and well-organized volume will be essential for policymakers, public health officials, insurance companies, hospitals, physicians and nurses, and interested individuals.

The empirical study of law, legal systems and legal institutions is widely viewed as one of the most exciting and important intellectual developments in the modern history of legal research. Motivated by a conviction that legal phenomena can and should be understood not only in normative terms but also as social practices of political, economic and ethical significance, empirical legal researchers have used quantitative and qualitative methods to illuminate many aspects of law's meaning, operation and impact. In the 43 chapters of *The Oxford Handbook of Empirical Legal Research* leading scholars provide accessible and original discussions of the history, aims and methods of empirical research about law, as well as its achievements

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and potential. The Handbook has three parts. The first deals with the development and institutional context of empirical legal research. The second - and largest - part consists of critical accounts of empirical research on many aspects of the legal world - on criminal law, civil law, public law, regulatory law and international law; on lawyers, judicial institutions, legal procedures and evidence; and on legal pluralism and the public understanding of law. The third part introduces readers to the methods of empirical research, and its place in the law school curriculum.

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