Medicare Annual Wellness Visit Checklist

Medicare Annual Wellness Visit Checklist: Your Guide to a Healthier Year

Are you enrolled in Medicare and feeling a little overwhelmed by the paperwork and appointments? Navigating the healthcare system can be tricky, but staying on top of your health shouldn't be. This comprehensive guide provides a detailed Medicare Annual Wellness Visit checklist, ensuring you get the most out of your yearly preventive care appointment. We'll break down everything you need to know, from preparing your questions to understanding your results, so you can focus on what matters most: your well-being.

Understanding the Medicare Annual Wellness Visit (AWV)

The Medicare Annual Wellness Visit (AWV) is a crucial preventive service offered to all Medicare beneficiaries. It's not just a simple check-up; it's a personalized assessment designed to help you stay healthy and manage potential health risks. Unlike a standard doctor's visit, the AWV focuses on preventive measures and creating a personalized health plan tailored to your specific needs. This free visit helps you proactively address potential health issues before they become serious problems.

Before Your Medicare Annual Wellness Visit: Your Preparation Checklist

Before you even step foot in your doctor's office, preparation is key to maximizing your AWV. This checklist will help you make the most of your time with your healthcare provider.

Gather your medical records: Compile a list of your current medications (including dosage and frequency), a record of any allergies, and any recent lab results or imaging reports. Having this information readily available streamlines the process.
Create a list of questions: Think about any concerns you have about your health. This could range from specific symptoms you've been experiencing to questions about preventative screenings relevant to your age and health history. Write these questions down to ensure you don't forget anything during your appointment.
Review your family history: Knowing your family's medical history is crucial for identifying potential genetic predispositions to certain diseases. Be prepared to discuss any significant health issues prevalent in your family.
Note down your lifestyle: Your lifestyle choices significantly impact your health. Be ready to discuss your diet, exercise habits, smoking status (if applicable), alcohol consumption, and sleep patterns. Honest self-assessment is vital here.
Choose the right provider: Ensure you schedule your AWV with a doctor or other qualified healthcare professional who participates in Medicare. This will ensure your visit is covered under your Medicare plan.

During Your Medicare Annual Wellness Visit: What to Expect

Your AWV will typically involve a thorough discussion of your health history, a physical examination (depending on your provider's assessment), and a personalized health risk assessment. Your doctor will likely:

Review your medical history and current medications: This helps them build a complete picture of your health status.
Conduct a comprehensive health risk assessment: This assessment will identify potential health risks based on your age, lifestyle, and family history.
Discuss preventative screenings: Your doctor will recommend appropriate screenings based on your individual risk factors. This might include screenings for common conditions like high blood pressure, high cholesterol, diabetes, and certain cancers.
Develop a personalized prevention plan: This plan will outline recommended steps to improve your health, such

as lifestyle changes, medication adjustments, or additional screenings.
Measure your height, weight, and blood pressure: These are standard measurements used to track overall health and identify potential issues.

After Your Medicare Annual Wellness Visit: Actionable Steps

Your AWV isn't just a one-time event. The personalized prevention plan you develop with your doctor needs to be actively implemented. After your visit, be sure to:

Follow up on recommended screenings: Schedule any necessary screenings as soon as possible. Don't delay; early detection is crucial for effective treatment.
Implement lifestyle changes: If your doctor recommended changes to your diet, exercise routine, or other lifestyle habits, start working on those changes gradually. Consistency is key.
Adjust medications as recommended: If medication adjustments were suggested, ensure you work closely with your pharmacist and your doctor to make these changes safely.
Schedule follow-up appointments: Regular check-ups are vital to monitor your progress and make any necessary adjustments to your treatment plan.
Keep a record of your visit: Retain a copy of your AWV documentation for your records and future reference.

Your Personalized Medicare Annual Wellness Visit Checklist (Downloadable)

[Insert Link to Downloadable Checklist Here - This could be a PDF checklist you create and host on your website.] This checklist will allow you to easily track your progress and ensure you don't miss any crucial steps in your preventative health journey.

Conclusion

Your Medicare Annual Wellness Visit is a valuable resource designed to help you maintain optimal health and prevent future health problems. By using this checklist and actively participating in your health, you can take control of your well-being and enjoy a healthier, happier life. Remember, proactive healthcare is the best healthcare.

FAQs

1. Is the Medicare Annual Wellness Visit covered by Medicare?

Yes, the AWV is a covered benefit under Medicare Part B, and there is typically no cost to you. However, you may have to pay your Part B deductible.

1. How often can I get a Medicare Annual Wellness Visit?

You can have a Medicare Annual Wellness Visit once every 12 months.

1. What if I miss my Annual Wellness Visit?

While there's no penalty for missing your AWV, you'll miss the opportunity to receive personalized preventive care and potentially identify early signs of health issues. Schedule one as soon as possible.

1. Can I choose any doctor for my AWV?

You need to choose a doctor or other qualified healthcare professional who participates in Medicare. Check with your Medicare provider to find participating physicians in your area.

1. What if I have questions after my AWV?

Don't hesitate to contact your doctor's office with any questions or concerns that arise after your visit. Your healthcare provider is there to support you throughout your health journey.

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medicare annual wellness visit checklist: Best Care at Lower Cost Institute of Medicine, Committee on the Learning Health Care System in America, 2013-05-10 America's health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation's economic stability and global competitiveness. According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system's current inefficiency underscore the urgent need for a systemwide transformation. About 30 percent of health spending in 2009-roughly $750 billion-was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This report states that the way health care providers currently train, practice, and learn new information cannot keep pace with the flood of research discoveries and technological advances. About 75 million Americans have more than one chronic condition, requiring coordination among multiple specialists and therapies, which can increase the potential for miscommunication, misdiagnosis, potentially conflicting interventions, and dangerous drug interactions. Best Care at Lower Cost emphasizes that a better use of data is a critical element of a continuously improving health system, such as mobile technologies and electronic health records that offer significant potential to capture and share health data better. In order for this to occur, the National Coordinator for Health Information Technology, IT developers, and standard-setting organizations should ensure that these systems are robust and interoperable. Clinicians and care organizations should fully adopt these technologies, and patients should be encouraged to use tools, such as personal health information portals, to actively engage in their care. This book is a call to action that will guide health care providers; administrators; caregivers; policy makers; health professionals; federal, state, and local government agencies; private and public health organizations; and educational institutions.

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provides useful and clinically relevant information for the busy practitioner, student, resident, or educator who wants to hone skills of physical diagnosis. It provides a tool to improve patient care by using the history and physical examination items that have the most reliability and efficiency.--Annals of Internal Medicine The evidence-based examination techniques put forth by Rational Clinical Examination is the sort that can be brought to bear on a daily basis – to save time, increase confidence in medical decisions, and help decrease unnecessary testing for conditions that do not require absolute diagnostic certainty. In the end, the whole of this book is greater than its parts and can serve as a worthy companion to a traditional manual of physical examination.--Baylor University Medical Center (BUMC)Proceedings 5 STAR DOODY'S REVIEW! Physical diagnosis has been taught to every medical student but this evidence-based approach now shows us why, presenting one of medicine's most basic tenets in a new and challenging light. The format is extraordinary, taking previously published material and updating the pertinent evidence since the initial publication, affirming or questioning or refining the conclusions drawn from the data. This is a book for everyone who has studied medicine and found themselves doubting what they have been taught over the years, not that they have been deluded, but that medical traditions have been unquestionably believed because there was no evidence to believe otherwise. The authors have uncovered the truth. This extraordinary, one-of-a-kind book is a valuable addition to every medical library.--Doody's Review Service Completely updated with new literature analyses, here is a uniquely practical, clinically relevant approach to the use of evidence in the content of physical examination. Going far beyond the scope of traditional physical examination texts, this invaluable resource compiles and presents the evidence-based meanings of signs, symptoms, and results from physical examination maneuvers and other diagnostic studies. Page after page, you'll find a focus on actual clinical questions and presentations, making it an incomparably practical resource that you'll turn to again and again. Importantly, the high-yield content of The Rational Clinical Examination is significantly expanded and updated from the original JAMA articles, much of it published here for the first time. It all adds up to a definitive, ready-to-use clinical exam sourcebook that no student or clinician should be without. FEATURES Packed with updated, new, and previously unpublished information from the original JAMA articles Standardized template for every issue covered, including: Case Presentation; Why the Issue Is Clinically Important; Research and Statistical Methods Used to Find the Evidence Presented; The Sensitivity and Specificity of Each Key Result; Resolution of the Case Presentation; and the Clinical Bottom Line Completely updated with all-new literature searches and appraisals supplementing each chapter Full-color format with dynamic clinical illustrations and images Real-world focus on a specific clinical question in each chapter, reflecting the way clinicians approach the practice of evidence-based medicine More than 50 complete chapters on common and challenging clinical questions and patient presentations Also available: JAMAevidence.com, a new interactive database for the best practice of evidence based medicine

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ACO? How does an ACO function? And what are the keys to creating a profitable ACO? Pathways to a Successful Accountable Care Organization will help guide you through the complicated process of establishing and running an ACO. Peter A. Gross, MD, who has firsthand experience as the chairman of a successful ACO, breaks down how he did it and describes the pitfalls he discovered along the way. In-depth essays by a group of expert authors touch on • the essential ingredients of a successful ACO • monitoring and submitting Group Practice Reporting Option quality measures • mastering your patients' responses to the Consumer Assessment of Health Plans Survey • how bundled payments and CPC+ can meld with your ACO • how MACRA and MIPS affect your ACO • the role of an ACO/CIN • the complexities of post-acute care • data analytics • engaging and integrating physician practices Dr. Gross and his colleagues are in a perfect position to guide other health care leaders through the ACO process while also providing excellent case studies for policy professionals who are interested in how their work influences health care delivery. Readers will come away with the necessary knowledge to thrive and be rewarded with cost savings. Contributors: Joshua Bennett, Allison Brennan, Glen Champlin, Kris Corwin, Guy D'Andrea, Joseph F. Damore, Mitchel Easton, Andy Edeburn, Seth Edwards, Jennifer Gasperini, Kris Gates, Shawn Griffin, Peter A. Gross, Brent Hardaway, Mark Hiller, Beth Ireton, Thomas Kloos, Jeremy Mathis, Miriam McKisic, Morey Menacker, Denise Patriaco, Elyse Pegler, John Pitsikoulis, Michael Schweitzer, Bryan F. Smith

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medicare annual wellness visit checklist: *Policy and Program Planning for Older Adults and People with Disabilities* Elaine T. Jurkowski, MSW, PhD, 2019-01-14 The second edition of this landmark textbook is distinguished by its pioneering approach to encompassing disability and aging policies under one umbrella, in response to the newly developed Administration on Aging and Disability. It addresses policy changes impacting health and disability services resulting from the Affordable Care Act (ACA) and other new legislation, and offers a pioneering approach to transforming policy into practice applications. New to the second edition is current census data and new legislative mandates from the ACA and other policy organizations impacting aging adults and/or disabled populations. Also included is new coverage on Social Media, Motivational Interviewing,

Health Literacy, Underrepresented Groups, LGBT, and Rural Communities. Podcasts, available as downloads, present the messages of advocates, lobbyists, policy experts, and consumers who address various aspects of relevant policies and policy development. Unlike other texts, the book focuses on triangulating skills, policies, and programs for graduate students in social work, public health, gerontology, and rehabilitation. It aims thus to enhance understanding of policy development through a critical analysis and review of policy framework, and promotes development of skills in shaping programs and implementing policy. The text lays out tools that facilitate policy and program development to include the media, coalition building, the use of an evidence base, and how each mandated policy addresses these programs and services. Chapters include learning objectives, case studies, review/discussion questions, and resources for additional information. An Instructors Manual, Test Bank, and PowerPoint slides facilitate the teaching process. New to the Second Edition: Addresses both disability and aging policies Includes updated census data Presents new legislation and mandates for the ACA, Veterans and the Military, Caregivers/Caregiver Support Act, Alzheimer Support, Health Lifestyles, Aging and Disability Resource Centers, Elder Justice Act, and Substance Use and Misuse Provides new coverage on Social Media, Motivational Interviewing, Health Literacy, Minorities, Incarcerated Individuals, Immigrants/Refugees, LGBT, and Rural Communities Offers podcasts of interviews with key consumers and policy experts Key Features: Lays out tools that facilitate policy and program development Examines major service areas for older adults Addresses philosophical, historical, and demographic challenges Enhances understanding of policy development through critical analysis Includes learning objectives, case studies, review questions, and instructor package

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medicare annual wellness visit checklist: Families Caring for an Aging America National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Committee on Family Caregiving for Older Adults, 2016-12-08 Family caregiving affects millions of Americans every day, in all walks of life. At least 17.7 million individuals in the United States are caregivers of an older adult with a health or functional limitation. The nation's family caregivers provide the lion's share of long-term care for our older adult population. They are also central to older adults' access to and receipt of health care and community-based social services. Yet the need to recognize and support caregivers is among the least appreciated challenges facing the aging U.S. population. Families Caring for an Aging America examines the prevalence and nature of family caregiving of older adults and the available evidence on the effectiveness of programs, supports, and other interventions designed to support family caregivers. This report also assesses and recommends policies to address the needs of family caregivers and to minimize the barriers that they encounter in trying to meet the needs of older adults.

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focuses on patient well-being and health promotion. It is based on an analysis of current evidence, up-to-date guidelines, and best-practice recommendations. It underscores the evidence, acceptability, and clinical relevance behind physical assessment techniques. Evidence-Based Physical Examination offers the unique perspective of teaching both a holistic and a scientific approach to assessment. Chapters are consistently structured for ease of use and include anatomy and physiology, key history questions and considerations, physical examination, laboratory considerations, imaging considerations, evidence-based practice recommendations, and differential diagnoses related to normal and abnormal findings. Case studies, clinical pearls, and key takeaways aid retention, while abundant illustrations, photographic images, and videos demonstrate history-taking and assessment techniques. Instructor resources include PowerPoint slides, a test bank with multiple-choice questions and essay questions, and an image bank. This is the physical assessment text of the future. Key Features: Delivers the evidence, acceptability, and clinical relevance behind history-taking and assessment techniques Eschews “traditional” techniques that do not demonstrate evidence-based reliability Focuses on the most current clinical guidelines and recommendations from resources such as the U.S. Preventive Services Task Force Focuses on the use of modern technology for assessment Aids retention through case studies, clinical pearls, and key takeaways Demonstrates techniques with abundant illustrations, photographic images, and videos Includes robust instructor resources: PowerPoint slides, a test bank with multiple-choice questions and essay questions, and an image bank Purchase includes digital access for use on most mobile devices or computers

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medicare annual wellness visit checklist: Housecalls 101 Dr. Scharmaine L. Baker, 2015-10-30 The information in these pages will either excite you into beginning that house-call practice right away or scare you into keeping your day job. Either way, I'm glad you've chosen to learn about my happiness with beginning a house-call practice and to learn from my struggles to maintain a business in the nation's current health-care state. Are you looking for a step-by-step guide on how to start a house-call practice? Are you looking for a few examples from an expert in the fi eld of house calls to help guide your decision making? If you've answered yes to these questions, this is the book for you. Making medical house calls is an extremely rewarding and profi table niche practice that can be started with little or no overhead. If you already love or think you will love going into the home setting to provide primary care when health care is often scarce or unavailable, this is the fi eld for you. This book is written with nuances and scenarios of a house-call practice for an advanced practice nurse, but if you are a physician assistant, physician, or any other practitioner looking to begin a housecall practice, there is plenty of information here for you too!

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Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), designed Age-Friendly Health Systems to meet this challenge head on. Age-Friendly Health Systems aim to: Follow an essential set of evidence-based practices; Cause no harm; and Align with What Matters to the older adult and their family caregivers.

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developing trustworthy clinical practice guidelines emphasizing transparency; management of conflict of interest ; systematic review-guideline development intersection; establishing evidence foundations for and rating strength of guideline recommendations; articulation of recommendations; external review; and updating. Clinical Practice Guidelines We Can Trust shows how clinical practice guidelines can enhance clinician and patient decision-making by translating complex scientific research findings into recommendations for clinical practice that are relevant to the individual patient encounter, instead of implementing a one size fits all approach to patient care. This book contains information directly related to the work of the Agency for Healthcare Research and Quality (AHRQ), as well as various Congressional staff and policymakers. It is a vital resource for medical specialty societies, disease advocacy groups, health professionals, private and international organizations that develop or use clinical practice guidelines, consumers, clinicians, and payers.

medicare annual wellness visit checklist: Dying in America Institute of Medicine, Committee on Approaching Death: Addressing Key End-of-Life Issues, 2015-03-19 For patients and their loved ones, no care decisions are more profound than those made near the end of life. Unfortunately, the experience of dying in the United States is often characterized by fragmented care, inadequate treatment of distressing symptoms, frequent transitions among care settings, and enormous care responsibilities for families. According to this report, the current health care system of rendering more intensive services than are necessary and desired by patients, and the lack of coordination among programs increases risks to patients and creates avoidable burdens on them and their families. Dying in America is a study of the current state of health care for persons of all ages who are nearing the end of life. Death is not a strictly medical event. Ideally, health care for those nearing the end of life harmonizes with social, psychological, and spiritual support. All people with advanced illnesses who may be approaching the end of life are entitled to access to high-quality, compassionate, evidence-based care, consistent with their wishes. Dying in America evaluates strategies to integrate care into a person- and family-centered, team-based framework, and makes recommendations to create a system that coordinates care and supports and respects the choices of patients and their families. The findings and recommendations of this report will address the needs of patients and their families and assist policy makers, clinicians and their educational and credentialing bodies, leaders of health care delivery and financing organizations, researchers, public and private funders, religious and community leaders, advocates of better care, journalists, and the public to provide the best care possible for people nearing the end of life.

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medicare annual wellness visit checklist: Textbook of Adult-Gerontology Primary Care Nursing Debra J Hain, PhD, APRN, AGPCNP-BC, FAAN, FAANP, FNKF, Deb Bakerjian, PhD, APRN, FAAN, FAANP, FGSA, 2022-02-21 I was thrilled to see content that focuses on quality improvement, patient safety, interprofessional collaboration, care coordination, and other content that supports the role of the AGNP as a clinical leader and change agent. The authors give these topics the attention that they deserve, with clear, insightful guidance and importantly, the evidence base. The chapters that address roles (including during disasters!), settings of care, billing, and medication use address salient issues that will help the fledgling AGNP to hit the ground running and the seasoned AGNP to keep current. –Marie Boltz, PhD, GNP-BC, FGSA, FAAN Elouise Ross Eberly and Robert Eberly Endowed Professor Toss and Carol Nese College of Nursing, Penn State University From the Foreword Written for Adult-Gerontology Primary Care Nurse Practitioners, faculty, and students, this primary text encompasses the full scope of AGNP primary care practice across multiple healthcare settings including telehealth. The text emphasizes the best available evidence to promote person-centered care, quality improvement of care, interprofessional collaboration, and reducing healthcare costs. The text delivers timely information about current healthcare initiatives in the

U.S., including care coordination across the healthcare continuum, interprofessional collaboration, and accountable care organizations. Disease-focused chapters contain general and specific population-based assessment and interprofessional care strategies to both common and complex health issues. They offer consistent content on emergencies, relevant social determinants of health, and ethical dilemmas. The text also prepares students for the administrative aspects of practice with information on the physical exam, medications, billing, coding, and documentation. Concise, accessible information is supported by numerous illustrations, learning objectives, quality and safety alerts, clinical pearls, and case studies demonstrating best practice. A robust ancillary package includes an Instructor's Manual with case studies and teaching guides, a Test Bank reflective of clinical situations and patient conditions, PowerPoints covering key concepts, and an Image Bank of skin conditions and other figures. Key Features: Covers several key courses in the curriculum for ease of teaching/learning Embraces a broad population focus addressing specific care needs of adolescents through older adults Facilitates safe care coordination and reinforces best practices across various health care settings including telehealth Fosters understanding, diagnosis, and management of patients with multimorbid conditions Incorporates evidence-based practice information and guidelines throughout, to ensure optimal, informed patient care A robust ancillary package includes an Instructor's Manual, a Test Bank, PowerPoints, and an Image Bank.

medicare annual wellness visit checklist: Telehealth, An Issue of Primary Care: Clinics in Office Practice, E-Book Kathryn M. Harmes, Robert J. Heizelman, Joel J. Heidelbaugh, 2022-11-10 In this issue of Primary Care: Clinics in Office Practice, guest editors Kathryn M. Harmes, Robert J. Heizelman, and Joel Heidelbaugh bring their considerable expertise to the topic of Telehealth. - Provides in-depth reviews on the latest updates in Telehealth, providing actionable insights for clinical practice. - Presents the latest information on this timely, focused topic under the leadership of experienced editors in the field; Authors synthesize and distill the latest research and practice guidelines to create these timely topic-based reviews.

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medicare annual wellness visit checklist: CPT 2021 Professional Edition American Medical Association, 2020-09-17 CPT® 2021 Professional Edition is the definitive AMA-authored resource to help health care professionals correctly report and bill medical procedures and services. Providers want accurate reimbursement. Payers want efficient claims processing. Since the CPT® code set is a dynamic, everchanging standard, an outdated codebook does not suffice. Correct reporting and billing of medical procedures and services begins with CPT® 2021 Professional Edition. Only the AMA, with the help of physicians and other experts in the health care community, creates and maintains the CPT code set. No other publisher can claim that. No other codebook can provide the official guidelines to code medical services and procedures properly. FEATURES AND BENEFITS The CPT® 2021 Professional Edition codebook covers hundreds of code, guideline and text changes and features: CPT® Changes, CPT® Assistant, and Clinical Examples in Radiology citations -- provides cross-referenced information in popular AMA resources that can enhance your understanding of the CPT code set E/M 2021 code changes - gives guidelines on the updated codes for office or other outpatient and prolonged services section incorporated A comprehensive index -- aids you in locating codes related to a specific procedure, service, anatomic site, condition, synonym,

eponym or abbreviation to allow for a clearer, quicker search Anatomical and procedural illustrations -- help improve coding accuracy and understanding of the anatomy and procedures being discussed Coding tips throughout each section -- improve your understanding of the nuances of the code set Enhanced codebook table of contents -- allows users to perform a quick search of the codebook's entire content without being in a specific section Section-specific table of contents -- provides users with a tool to navigate more effectively through each section's codes Summary of additions, deletions and revisions -- provides a quick reference to 2020 changes without having to refer to previous editions Multiple appendices -- offer quick reference to additional information and resources that cover such topics as modifiers, clinical examples, add-on codes, vascular families, multianalyte assays and telemedicine services Comprehensive E/M code selection tables -- aid physicians and coders in assigning the most appropriate evaluation and management codes Adhesive section tabs -- allow you to flag those sections and pages most relevant to your work More full color procedural illustrations Notes pages at the end of every code set section and subsection

medicare annual wellness visit checklist: Patient Safety and Quality Ronda Hughes, 2008 Nurses play a vital role in improving the safety and quality of patient car -- not only in the hospital or ambulatory treatment facility, but also of community-based care and the care performed by family members. Nurses need know what proven techniques and interventions they can use to enhance patient outcomes. To address this need, the Agency for Healthcare Research and Quality (AHRQ), with additional funding from the Robert Wood Johnson Foundation, has prepared this comprehensive, 1,400-page, handbook for nurses on patient safety and quality -- Patient Safety and Quality: An Evidence-Based Handbook for Nurses. (AHRQ Publication No. 08-0043). - online AHRQ blurb, http://www.ahrq.gov/qual/nurseshdbk/

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