

Chapter 1

Designing Health Systems for Better, Faster, and Less Expensive Treatment

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ABSTRACT

This chapter represents a discussion about potential service redesign measures, to create inter-organisational service system improvements and practice changes that enhanced the patient experience of transitions of care within and between the occupational therapy services by promoting “informational,” “management,” and “relational” continuity of care. Occupational therapists are expected to work within their present service structures while also reacting to new structures that have been developed as a consequence of the overhaul of services efforts. In light of this information, inferences may be drawn about the possible development of generative causal theories for redesigning service results by reviewing the literature data.

INTRODUCTION

This chapter aims to present the probable underlying processes of occupational therapists and their activation processes for better and faster care at a lower cost. We expect occupational therapists to work within their present service structures while also reacting to new structures developed because of the overhaul of services efforts (Pendleton & Schultz 2017). Considering this information, we may draw inferences

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about the development of generative causal theories for redesigning service results by reviewing the literature data (Koleros et al., 2020).

The concept of “informational continuity” is used in this chapter to deliver the best possible treatment to each patient and their family. It refers to using patient medical information, prior treatment, and personal circumstances (such as care preferences) (Ahmed et al. 2012). Consistent and adaptable management plans, approved by all healthcare practitioners and patients/families, are what we mean when discussing “management continuity,” specifically in health care. Relative continuity refers to continuous therapeutic interaction between the patient, having access to a clinician familiar with the patient/family, and one or more providers (World Health Organisation 2018). These interactions should improve inter-organizational improvements to the occupational therapy practice changes and service system. This measure also aimed to improve transitions, and the patient’s perception of occupational therapy services to ensure that occupational therapy treatments are provided consistently on the “relational, managerial and informational” levels are being pursued (Scott et al. 2017). To improve the patient experience when transitioning from one occupational therapy service to another and to ensure treatment continuity in occupational therapy services. Continuity may take several forms, including informational, administrative, and relational continuity (Zakrajsek et al., 2013). According to care, we gave some types of continuity more weight than others. This chapter’s primary focus was on occupational therapy services and transitions in inpatient care, which was written within a partnership approach for social care and health care (American Occupational Therapy Association 2020).

The service redesign should satisfy many of the objectives regarding continuity of care results (Morales et al., 2016). These goals include having care events that are “coherent and related,” whether based on direct descriptive statistical data or an assumption based on the action redesign’s predicted consequences (Arnold 2013). Previous findings called into question the success of the reform of services aims to increase the continuity of treatment in terms of time, whether they were in line with the needs of the patients (Goodwin et al. 2014).

Patients cannot know how effective the practice methods are in achieving both the informational and managerial aspects of continuity (Joseph et al., 2014). When no difficulties have occurred, we assume that communication and coordination are in place: patients with care management errors that have led to discontinuities are eligible for this program (Stacey et al. 2018). Patients are seldom exposed to the division of labor in the medical field and the interchange of complementary abilities (Stacey et al., 2018) and express dissatisfaction (Hemsley et al., 2013). Previous findings showed perspectives among various healthcare providers working to ensure the patient’s long-term health care needs are met (Elf et al. 2017). Again, the patient’s knowledge of discontinuity may only be presumed until shown differently when

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