Chapter 1

INTRODUCTION TO HOSPITALS AND NURSING CENTERS
HOSPITALS

• Hospitals provide:
  – Emergency care, surgery, nursing care, x-ray procedures and treatments, and laboratory testing
  – Respiratory, physical, occupational, and speech therapies
  – Care to people of all ages
  – Care for people having babies, surgery, physical and mental health problems, and broken bones
  – Care to diagnose and treat medical problems
  – Care for persons who are dying
• Hospital patients have:
  – Acute illness (a sudden illness from which the person is expected to recover)
  – Chronic illness (an on-going illness that is slow or gradual in onset)
    • There is no known cure.
  – Terminal illness (an illness or injury from which the person will not likely recover)
• The person’s rights and expectations during hospital stays include:
  – High quality care
  – A clean and safe setting
  – Being involved in care
  – Having privacy protected
  – Being prepared to leave the hospital
  – Help understanding the hospital bill and filing insurance claims
LONG-TERM CARE CENTERS

• Long-term care centers are designed to meet the needs of persons who cannot care for themselves but do not need hospital care.
  – Medical, nursing, dietary, recreational, rehabilitative, and social services are provided.

• Persons in long-term care centers are residents.
  – The center is their temporary or permanent home.
• Long-term care centers meet the needs of:
  – Alert, oriented persons
  – Confused and disoriented persons
  – Persons needing complete care
  – Short-term residents
  – Persons needing respite care
  – Life-long residents
  – Mentally ill persons
  – Terminally ill persons
• Board and care homes provide a room, meals, laundry, and supervision.
  – A safe setting is provided but not 24-hour nursing care.

• Assisted-living residences (ALRs) provide housing, personal care, support services, health care, and social activities in a home-like setting.
  – Mobility is often required.
  – Stable health is required.
  – ALRs must follow state laws and rules.
• Nursing centers (nursing facilities, nursing homes) provide health care services to persons who need regular or continuous care.
  – Licensed nurses are required.
  – Skilled nursing facilities (SNFs) provide complex care for severe health problems.
  – Some nursing centers and hospitals provide subacute care.
• A hospice is an agency or program for persons who are dying.
  – The focus is on comfort, not cure.
• Alzheimer’s units (dementia care units) are designed for persons with Alzheimer’s disease and other dementias.
HOSPITAL AND NURSING CENTER ORGANIZATION

• A hospital has a governing body called the board of trustees or board of directors.
  – An administrator manages the agency.
  – Directors or department heads manage certain areas.

• Nursing centers are owned by an individual, a corporation, or a county health department.
  – Each center has an administrator.
  – Department directors report to the administrator.
The health team involves the many health care workers whose skills and knowledge focus on the person’s total care.

- In nursing centers, it is called the interdisciplinary health care team.
  - The goal is to provide quality care.
  - The person is the focus of care.
  - An RN leads this team.
• Nursing service
  – The director of nursing (DON) is responsible for the entire nursing staff and the care given.
    • The DON is a registered nurse (RN).
  – Nurse managers oversee a work shift, a nursing area, or a certain function.
  – Nursing areas may have charge nurses for each shift.
  – Staff RNs report to the charge nurse.
  – LPNs/LVNs report to staff RNs or to the charge nurse.
  – You report to the nurse supervising your work.
– Nursing education staff:
  • Plan and present educational programs (in-service programs) that meet federal and state requirements
  • Provide new and changing information
  • Instruct on the use of new equipment
  • Review key policies and procedures on a regular basis
  • Teach and train nursing assistants
  • Conduct new employee orientation programs
THE NURSING TEAM

• Registered nurses
  – Assess, make nursing diagnoses, plan, implement, and evaluate nursing care
  – Develop care plans, provide care, and delegate nursing care and tasks to the nursing team
  – Evaluate how the care plans and nursing care affect each person
  – Teach persons how to improve health and independence
  – Teach the family
  – Carry out the doctor’s orders or delegate them to other nursing team members
• Clinical nurse specialists or nurse practitioners
  – Have limited diagnosing and prescribing functions

• Licensed practical nurses and licensed vocational nurses
  – Are supervised by RNs, licensed doctors, and licensed dentists
  – Have fewer responsibilities and functions than RNs do
  – Need little supervision when the person’s condition is stable and care is simple
  – Assist RNs in caring for acutely ill persons and with complex procedures
• Nursing assistants
  – A nursing assistant has passed a nursing assistant training and competency evaluation program.
  – Nursing assistants perform delegated nursing tasks under the supervision of a licensed nurse.
NURSING CARE PATTERNS

• The pattern used depends on how many persons need care, the staff, and the cost.
  – Functional nursing focuses on tasks and jobs.
  – Team nursing involves a team of nursing staff led by an RN.
  – Primary nursing involves total care.
  – Case management is like primary nursing.
  – Patient-focused care involves moving services from departments to the bedside.
PAYING FOR HEALTH CARE

• Private insurance is bought by individuals and families.
• Group insurance is bought by groups or organizations for individuals.
• Medicare is a federal health insurance program for persons 65 years of age or older and some younger people with certain disabilities.
  – Part A pays for some hospital, SNF, hospice, and home care costs.
  – Part B helps pay for doctors’ services, out-patient hospital care, physical and occupational therapists, some home care, and many other services.
• Medicaid is a health care payment program sponsored by the federal government and operated by the states.

• Prospective payment systems limit the amount paid by insurers, Medicare, and Medicaid.
  – The amount paid for services is determined before giving care.
  – Diagnosis-related groups (DRGs) are for hospital costs.
  – Resource utilization groups (RUGs) are for SNF payments.
  – Case mix groups (CMGs) are used for rehabilitation centers.
• Managed care deals with health care delivery and payment.
  – Insurers contract with doctors and hospitals for reduced rates or discounts.
  – Managed care limits:
    • The choice of where to go for health care
    • The care that doctors provide
THE OMNIBUS BUDGET RECONCILIATION ACT OF 1987 (OBRA)

• OBRA is a federal law that requires:
  – Nursing centers to provide care in a manner and in a setting that maintains or improves each person’s quality of life, health, and safety
  – Nursing assistant training and competency evaluation
  – Promoting and protecting resident rights

• Residents have rights:
  – As United States citizens
  – Relating to their everyday lives and care in a nursing center
• Nursing centers must protect and promote resident rights.
• If a resident is not competent (not able) to exercise his or her rights, a responsible party or legal representative does so for the person.
• Nursing centers must inform residents of their rights:
  – Orally and in writing
  – Before or during admission to the center
  – In the language the person uses and understands
• Resident rights are posted throughout the center.
• These rights are protected. The right:
  – To information
  – To refuse treatment
  – To privacy and confidentiality
  – To personal choice
  – To voice disputes and grievances
  – Not to work
  – To take part in resident and family groups
  – To care and security of personal items
  – To freedom from abuse, mistreatment, and neglect
  – To freedom from restraint
  – To quality of life
MEETING STANDARDS

• Standards are set by the federal and state governments and accrediting agencies.
• A survey team will:
  – Review policies, procedures, and medical records
  – Interview staff, patients and residents, and families
  – Observe how care is given
  – Observe if dignity and privacy are promoted
  – Check for cleanliness and safety
  – Make sure the staff meets state requirements
• If problems (deficiencies) are found:
  – The agency is given time to correct the problem.
  – The agency can be fined for uncorrected or serious deficiencies.
  – The agency can lose its license, certification, or accreditation.
• Your role involves:
  – Providing quality care
  – Protecting the person’s rights
  – Providing for the person’s and your own safety
  – Helping keep the agency clean and safe
  – Conducting yourself in a professional manner
  – Having good work ethics
  – Following agency policies and procedures
  – Answering questions honestly and completely