





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


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- 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)


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- 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.


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- 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

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- 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.

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- 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.

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- 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

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- 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


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- 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.


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- 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.

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- 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


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- 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.

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- 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

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- 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.

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- 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