

CHAPTER ONE

INTRODUCTION TO

HEALTH CARE AGENCIES



TYPES OF HEALTH CARE FACILITIES

HOSPITAL

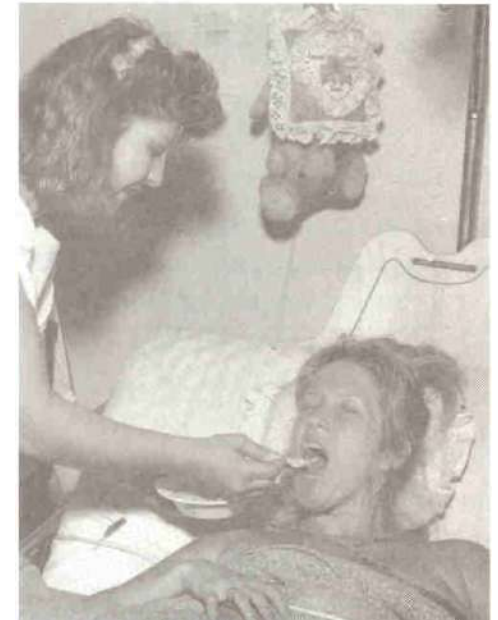
- ❖ TREATS A VARIETY OF PROBLEMS
- ❖ TREATMENT OF *ACUTE, CHRONIC, OR TERMINAL ILLNESS*
- ❖ ACUTE ILLNESS – BEGINS SUDDENLY . TREATMENT IS GIVEN AND THE PERSON RECOVERS.
- ❖ CHRONIC ILLNESS – AN ON-GOING ILLNESS THAT HAS NO CURE. DISEASE CAN BE CONTROLLED WITH TREATMENT
- ❖ TERMINAL ILLNESS – RESULTS IN DEATH

RIGHTS AND EXPECTATIONS DURING HOSPITAL STAY

- ❖ HIGH – QUALITY CARE
- ❖ A CLEAN AND SAFE SETTING
- ❖ BEING INVOLVED IN OWN CARE
- ❖ HAVING PRIVACY PROTECTED
- ❖ BEING PREPARED TO LEAVE THE HOSPITAL
- ❖ HELP WITH UNDERSTANDING THE HOSPITAL BILL
AND FILING INSURANCE CLAIMS

LONG-TERM CARE FACILITY

- ❖ ALSO CALLED NURSING HOME, EXTENDED CARE FACILITY, OR SKILLED NURSING FACILITY
- ❖ PROVIDE SERVICES TO PEOPLE WHO CAN NO LONGER CARE FOR THEMSELVES BUT DO NOT NEED HOSPITAL CARE
- ❖ PEOPLE IN LONG-TERM CARE FACILITIES ARE CALLED RESIDENTS NOT PATIENTS
- ❖ MAY BE PERMANENT OR TEMPORARY
- ❖ NOT ALL RESIDENTS ARE OLD



LONG-TERM CARE CENTERS MEET THE NEEDS OF:

- ❖ ALERT, ORIENTED PERSONS
- ❖ CONFUSED AND DISORIENTED PERSONS
- ❖ PERSONS NEEDING COMPLETE CARE (CUSTODIAL)
- ❖ SHORT – TERM RESIDENTS
- ❖ LIFE – LONG RESIDENTS
- ❖ MENTALLY ILL PERSONS
- ❖ TERMINALLY ILL PERSONS



BOARD AND CARE HOMES

- ❖ ALSO CALLED GROUP HOMES
- ❖ PROVIDE A ROOM, MEALS, LAUNDRY, AND SUPERVISION
- ❖ A SAFE SETTING IS PROVIDED BUT NOT 24- HOUR NURSING CARE
- ❖ RESIDENTS ARE USUALLY INDEPENDENT WITH ADLs OR NEED ONLY MINIMAL HELP
- ❖ MAY HOUSE PEOPLE THAT ARE ELDERLY, HAVE MENTAL HEALTH PROBLEMS OR DEVELOPMENTAL DISABILITIES



ASSISTED LIVING FACILITIES

- ❖ PROVIDE HOUSING, SUPPORT SERVICES, AND HEALTH CARE TO PERSONS NEEDING HELP WITH DAILY ACTIVITIES
- ❖ HOME LIKE SETTING
- ❖ PROVIDE SOCIAL ACTIVITIES
- ❖ RESIDENTS NEED HELP WITH SOME ADLs BUT CAN NOT REQUIRE TOTAL CARE
- ❖ RESIDENTS HAVE 24 – HOUR SUPERVISION



SUBACUTE AGENCIES

- ❖ FOCUS ON REHABILITATION
- ❖ MAY SPECIALIZE IN TREATING PATIENTS WITH CERTAIN HEALTH PROBLEMS
I.E. VENTILATOR CARE,
NEUROLOGICAL
REHABILITATION, ORTHOPEDIC
REHABILITATION



HOME HEALTH AGENCIES

- ❖ PROVIDE CARE TO PEOPLE IN THEIR HOMES
- ❖ MAY BE ASSOCIATED WITH A HOSPITAL OR PRIVATELY OWNED



HOSPICE

- ❖ TREATS PATIENTS WHO ARE DYING
- ❖ OFFERS SUPPORT SERVICES TO PATIENTS AND FAMILIES
- ❖ MAY CARE FOR PATIENTS AT HOME, IN A SECTION OF A HOSPITAL, OR IN ITS OWN BUILDING.

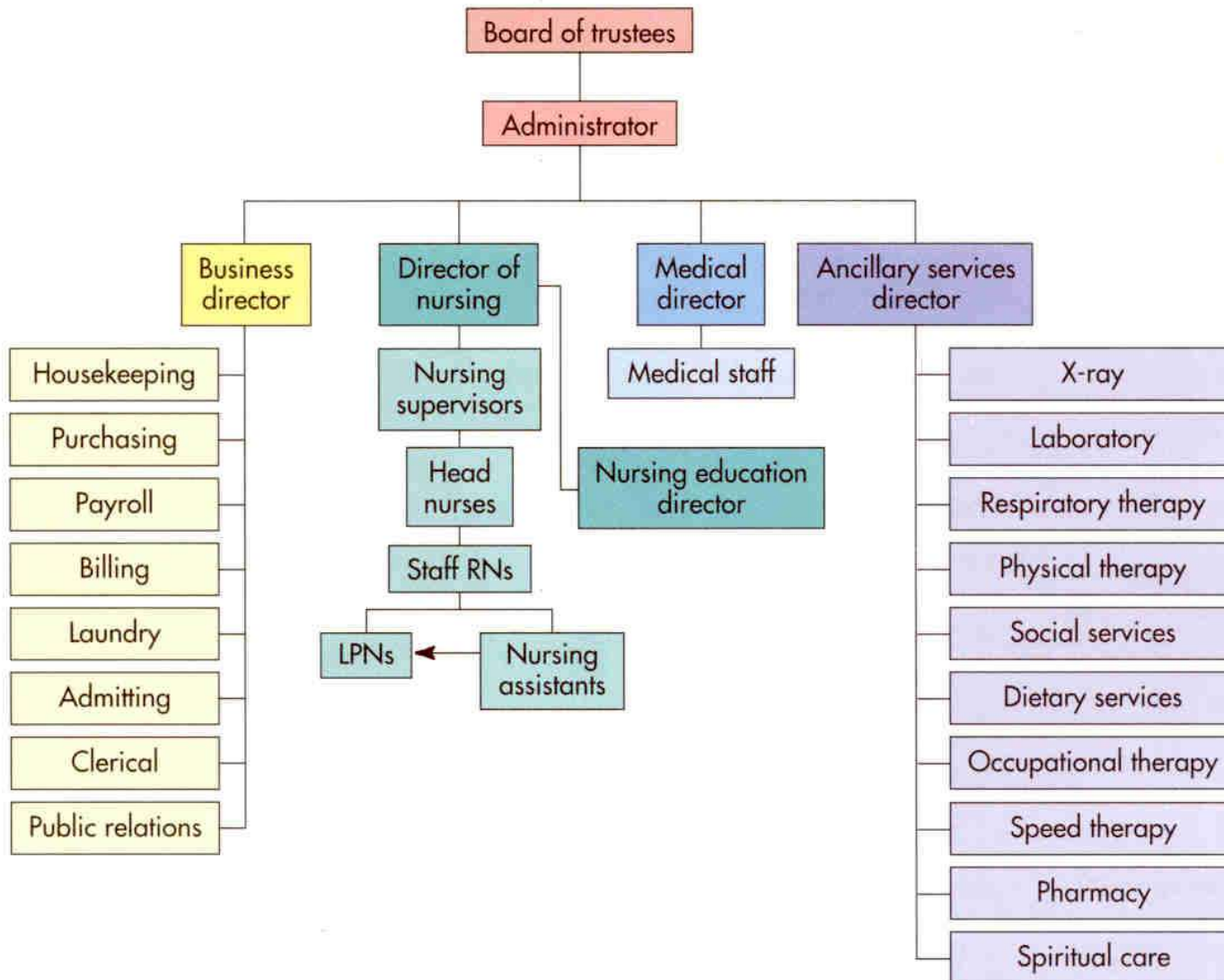


MENTAL HEALTH AGENCIES

- ❖ CARE FOR PEOPLE WITH MENTAL ILLNESSES
- ❖ MAY BE TREATED AS OUTPATIENT
- ❖ MAY BE LOCATED IN A HOSPITAL OR IN ITS OWN BUILDING.



ORGANIZATIONAL CHART



HOSPITAL AND NURSING CENTER ORGANIZATION

- ❖ BOARD OF TRUSTEES – GROUP OF PERSONS THAT DECIDE ON THE POLICIES FOR THE INSTITUTION.
- ❖ ADMINISTRATOR – MANAGES THE INSTITUTION. HE REPORTS TO THE BOARD OF TRUSTEES.
- ❖ DIRECTORS OR HEADS OF DEPARTMENTS – MANAGE CERTAIN AREAS OF THE INSTITUTION.

NURSING SERVICE DEPARTMENT

DIRECTOR OF NURSING – IS RESPONSIBLE FOR THE ENTIRE NURSING STAFF AND THE CARE GIVEN TO THE PATIENTS.

❖ HE/SHE IS A REGISTERED NURSE

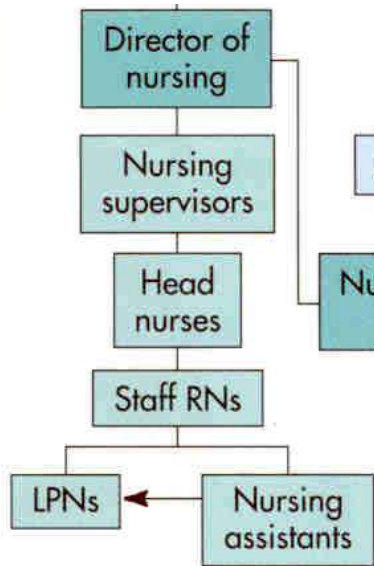
NURSING SUPERVISOR – RESPONSIBLE FOR ONE NURSING UNIT. MANAGES PERSONNEL FOR UNIT.

HEAD NURSE – RESPONSIBLE FOR PERSONNEL AND CARE GIVEN DURING HIS/HER SHIFT.

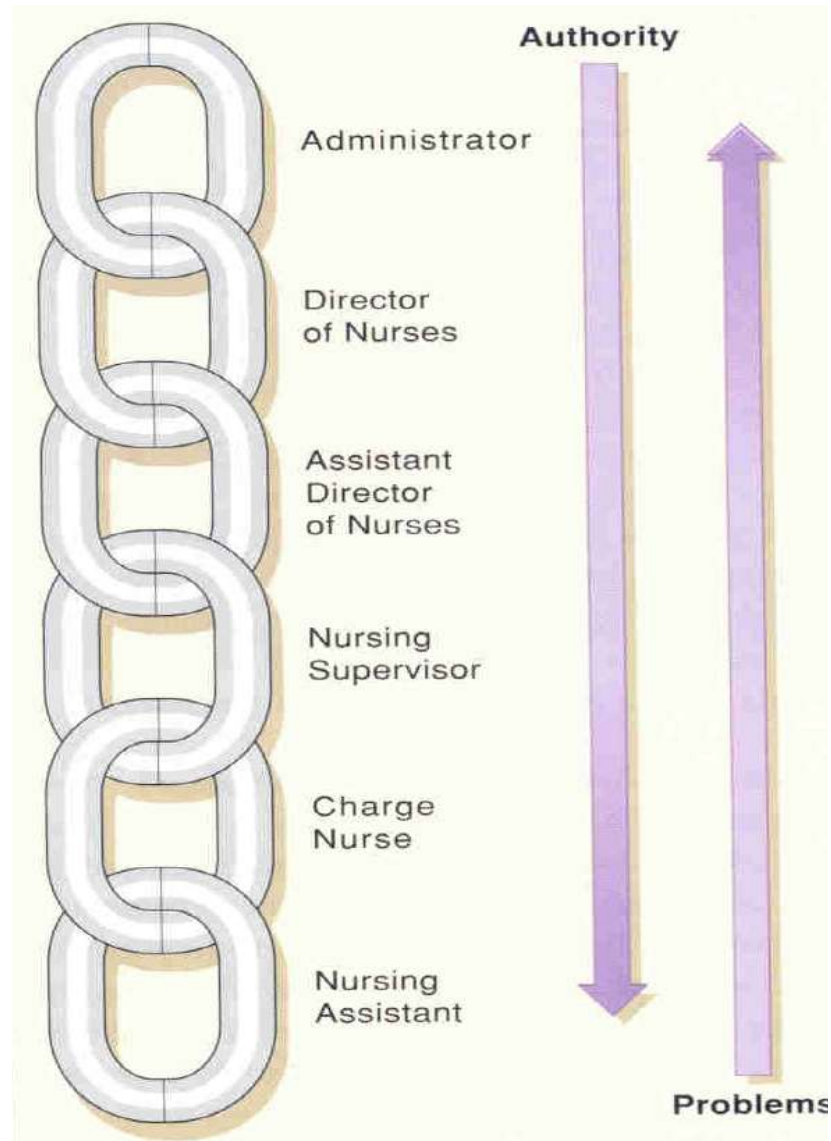
STAFF RN – PROVIDES CARE FOR PATIENTS AND RESIDENTS. SUPERVISES LPNs AND CNAs.

LPN – PROVIDES CARE FOR PATIENTS AND RESIDENTS. SUPERVISES CNAs.

CNA – PROVIDES DIRECT CARE TO THE PATIENTS AND RESIDENTS.



CHAIN OF COMMAND



THE NURSING TEAM

THE DIRECTOR OF NURSING AND NURSING SUPERVISORS ARE ALSO MEMBERS OF THE NURSING TEAM.



THE NURSING TEAM

The multi-skilled care giver is part of the nursing team. The nursing team is supervised by a **registered nurse (RN)** and can include registered nurses, **licensed practical nurses (LPN)**, and **nursing assistants**. Registered nurses receive the most training, nursing assistants the least. Multi-skilled care givers receive all the training of nursing assistants plus additional training in such nursing procedures as drawing blood, providing respiratory care, and administering EKG's. The nursing staff of a hospital is supervised by a **Director of Nursing (DON)**, who is also a registered nurse.

REGISTERED NURSE – HAS COMPLETED A 2, 3, OR 4 YEAR NURSING PROGRAM AND HAS PASSED A LICENSING EXAM. THEY ARE RESPONSIBLE FOR:

- ❖ ASSESSING THE PATIENT TO DETERMINE THE BEST PLAN OF CARE
- ❖ DEVELOPING CARE PLANS THAT THE STAFF FOLLOWS TO MEET THE NEEDS OF EACH INDIVIDUAL PATIENT
- ❖ EVALUATING THE CARE GIVEN TO SEE IF CHANGES IN THE CARE PLAN ARE NEEDED
- ❖ PROVIDE PATIENT AND FAMILY TEACHING
- ❖ CARRY OUT THE PHYSICIAN'S ORDERS
- ❖ DELEGATE CARE TO LPNs AND CNAs
- ❖ SUPERVISE LPNs AND CNAs

THE NURSING TEAM



THE NURSING TEAM

The multi-skilled care giver is part of the nursing team. The nursing team is supervised by a **registered nurse (RN)** and can include registered nurses, **licensed practical nurses (LPN)**, and **nursing assistants**. Registered nurses receive the most training, nursing assistants the least. Multi-skilled care givers receive all the training of nursing assistants plus additional training in such nursing procedures as drawing blood, providing respiratory care, and administering EKG's. The nursing staff of a hospital is supervised by a **Director of Nursing (DON)**, who is also a registered nurse.

LICENSED PRACTICAL NURSE – HAS COMPLETED A 1 TO 1 1/2 YEAR NURSING PROGRAM AND HAS PASSED A LICENSING EXAM.

- ❖ ARE SUPERVISED BY RNs
- ❖ CAN SUPERVISE CNAs
- ❖ HAVE FEWER RESPONSIBILITIES THAN AN RN
- ❖ ASSIST THE RN IN PROVIDING CARE FOR ACUTE, CHRONIC AND TERMINALLY ILL PERSONS

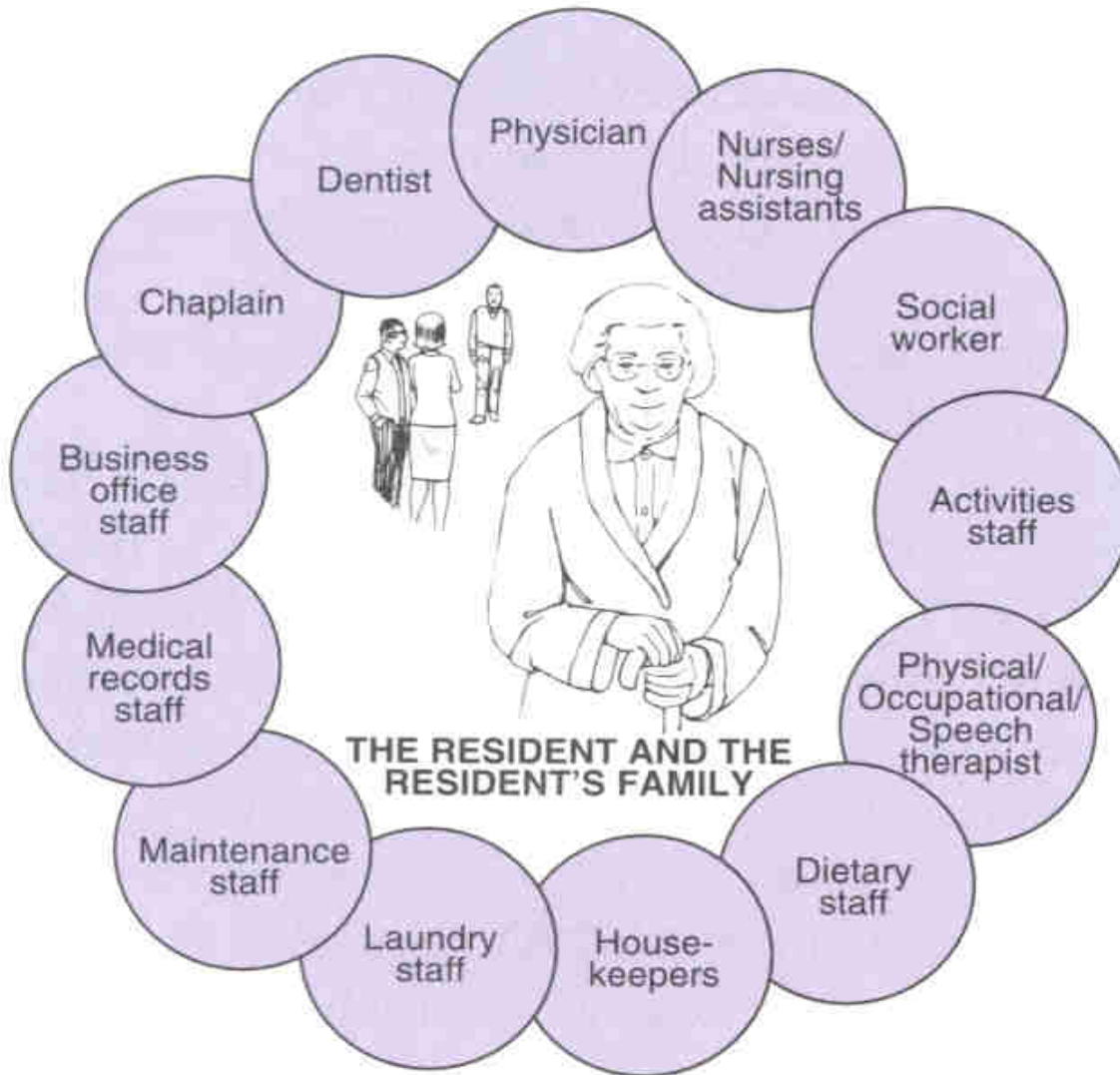
CERTIFIED NURSING ASSISTANT – HAS PASSED A NURSING ASSISTANT TRAINING PROGRAM AND HAS PASSED A COMPETENCY EXAM.

- ❖ ARE SUPERVISED BY RNs AND LPNs
- ❖ PROVIDE DIRECT PATIENT CARE PROCEDURES

HEALTH CARE TEAM

THE HEALTH CARE TEAM –

INCLUDES EVERYONE IN THE HEALTH CARE FACILITY THAT IS FOCUSED ON PROVIDING QUALITY CARE TO THE PATIENT.





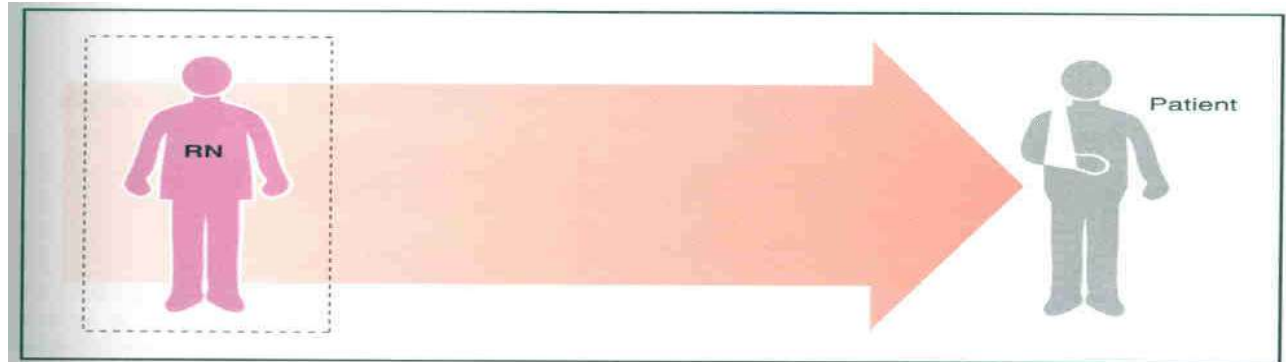
THE PATIENT

The patient is the central member of the health care team. Patients can assist in their own care through cooperation and taking an active role. In addition, the patient's family plays an important role and needs to be considered along with the patient.

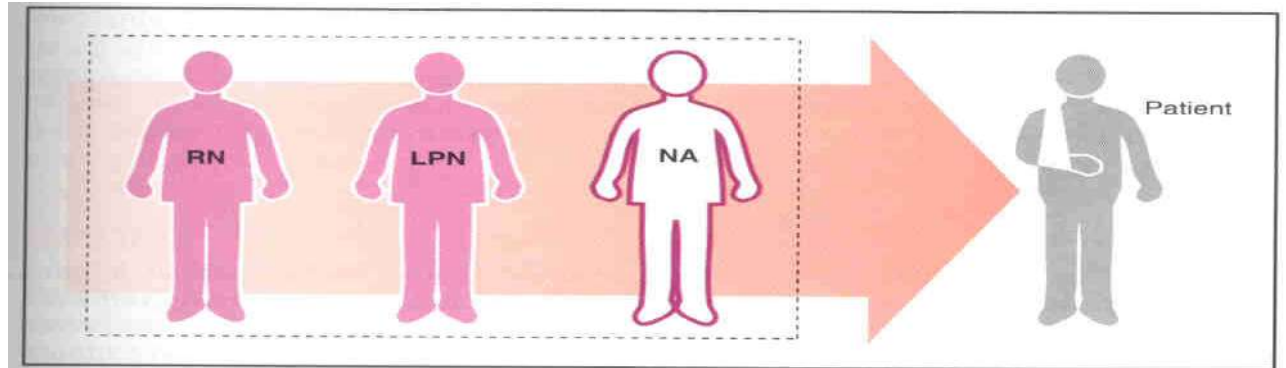
THE PATIENT IS THE MOST
IMPORTANT PERSON ON THE
HEALTH CARE TEAM.

ORGANIZATION OF NURSING CARE

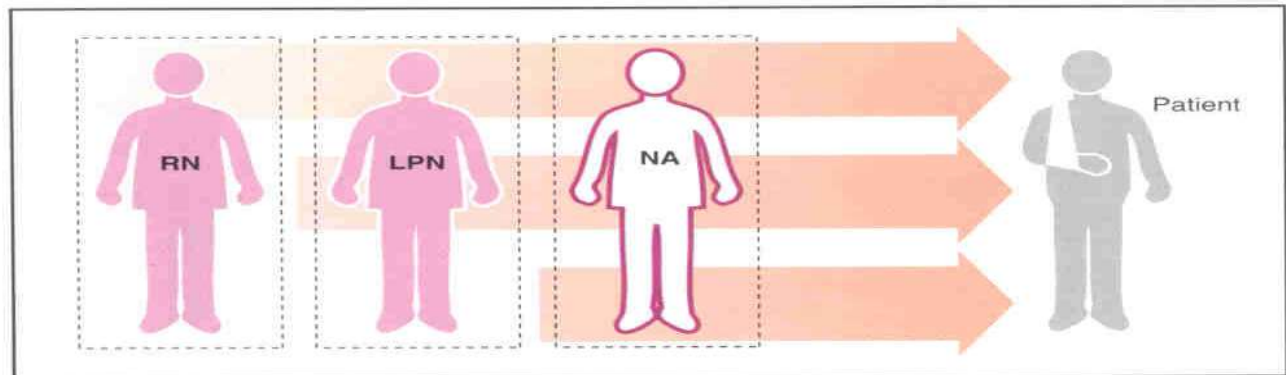
PRIMARY
NURSING



TEAM
NURSING



FUNCTIONAL
NURSING



METHODS OF HEALTHCARE REIMBURSEMENT

MEDICARE

- ❖ FEDERALLY FUNDED AND ADMINISTERED
- ❖ PREMIUMS TAKEN FROM SOCIAL SECURITY CHECK
- ❖ BENEFITS ARE FOR INDIVIDUALS OVER AGE 65 OR DISABLED OR HANDICAPPED PEOPLE REGARDLESS OF AGE

MEDICAID

- ❖ FEDERALLY FUNDED, STATE ADMINISTERED
- ❖ ELIGIBILITY REQUIREMENTS VARY FROM STATE TO STATE
- ❖ BENEFITS ARE FOR LOW INCOME INDIVIDUALS
- ❖ THERE ARE NO PREMIUMS TO PAY

PRIVATE INSURANCE PLANS

- ❖ PURCHASED BY INDIVIDUALS OR FAMILIES
- ❖ PREMIUMS VERY EXPENSIVE
- ❖ COVERED EXPENSES VARY WITH PLANS

GROUP INSURANCE PLANS

- ❖ EMPLOYERS PAY PORTION OR ALL OF PREMIUM
- ❖ TYPE OF COVERAGE VARIES WITH THE PLAN

HEALTH MAINTENANCE ORGANIZATION – HMO

- ❖ A GROUP OF DOCTORS JOIN TOGETHER TO CARE FOR MEMBERS(PATIENTS). THE COST OF SERVICE IS REDUCED FOR MEMBERS AS LONG AS THEY USE A DOCTOR IN THEIR GROUP. HMOs EMPHASIZE PREVENTING DISEASE AND MAINTAINING HEALTH. (IT COSTS LESS TO KEEP SOMEONE HEALTHY THAN TREATING AN ILLNESS)

PREFERRED PROVIDER ORGANIZATION – PPO

- ❖ HAVE MORE CHOICE THAN IN HMOS. USUALLY MORE THAN ONE GROUP OF DOCTORS TO CHOOSE FROM.
- ❖ COSTS ARE REDUCED WHEN YOU VISIT A DOCTOR INCLUDED IN YOUR PLAN.

MANAGED CARE

- ❖ INCLUDES HMOS AND PPOS
- ❖ MAY NEED PREAPPROVAL FOR SERVICES
- ❖ PURPOSE IS TO REDUCE UNNEEDED MEDICAL AND SURGICAL SERVICES

DIAGNOSTIC RELATED GROUPS

- ❖ HELP REDUCE HOSPITAL COSTS
- ❖ PAYMENT IS DETERMINED *BEFORE* HOSPITALIZATION
- ❖ LENGTH OF STAY AND TREATMENT COSTS HAVE BEEN PREDETERMINED FOR EACH DIAGNOSIS OR DISEASE
- ❖ HOSPITAL IS PAID THE PRESET AMOUNT
- ❖ IF TREATMENTS COSTS ARE LESS THAN THE PAYMENT THE HOSPITAL KEEPS THE EXTRA MONEY
- ❖ IF THE TREATMENTS COSTS ARE MORE THAN THE PAYMENT THE HOSPITAL TAKES THE LOSS

OMNIBUS RECONCILIATION ACT (OBRA)

❖ PASSED BY CONGRESS IN 1987

❖ PASSED TO IMPROVE THE QUALITY OF LIFE FOR
NURSING HOME RESIDENTS

❖ MANY LAWS REGARDING CARE OF NURSING HOME
RESIDENTS

❖ LAWS REGARDING TRAINING AND COMPETENCY
EVALUATION REQUIREMENTS FOR NURSING
ASSISTANTS (ENFORCED BY STATES)

RESIDENT RIGHTS

RESIDENTS HAVE RIGHTS RELATING TO THEIR EVERYDAY LIFE AND CARE

- ❖ NURSING CENTERS MUST PROTECT AND PROMOTE RESIDENT RIGHTS
- ❖ NURSING CENTERS MUST INFORM RESIDENTS OF THEIR RIGHTS

THE RIGHT TO INFORMATION

- ❖ THE PERSON HAS THE RIGHT TO ALL OF HIS RECORDS
- ❖ THE PERSON HAS THE RIGHT TO BE FULLY INFORMED OF HIS/HER MEDICAL CONDITION
- ❖ THE PERSON MUST UNDERSTAND WHAT IS BEING EXPLAINED TO HIM/HER. DO NOT USE MEDICAL TERMS THE PERSON DOES NOT UNDERSTAND. IF THE PERSON DOES NOT SPEAK ENGLISH AN INTERPRETER MUST BE PROVIDED.
- ❖ THE PERSON HAS THE RIGHT TO KNOW WHAT DOCTOR WILL BE TREATING HIM/HER AND THE DOCTORS CONTACT INFORMATION

RESIDENT RIGHTS

RIGHT TO REFUSE TREATMENT

- ❖ THE PERSON HAS THE RIGHT TO REFUSE MEDICAL TREATMENT
- ❖ THE PERSON MUST UNDERSTAND THE RISKS INVOLVED IN REFUSING TREATMENT

RIGHT TO PRIVACY AND CONFIDENTIALITY

- ❖ THE PERSON HAS THE RIGHT TO PERSONAL PRIVACY (PRIVACY OF THEIR BODY)
- ❖ THE PERSON HAS THE RIGHT TO VISIT WITH OTHERS IN PRIVATE (INCLUDING PHONE CALLS)
- ❖ THE PERSON'S MAIL IS CONSIDERED PRIVATE
- ❖ INFORMATION ABOUT THE PERSON'S CARE IS CONSIDERED PRIVATE
- ❖ THE RIGHT TO PRIVACY IS STILL PROTECTED AFTER A PERSON'S DEATH
- ❖ HIPPA – HEALTHCARE LEGISLATION PROTECTING A PERSON'S HEALTH INFORMATION

RESIDENTS RIGHTS

RIGHT TO VOICE DISPUTES AND GRIEVANCES

- ❖ PERSONS HAVE THE RIGHT TO VOICE COMPLAINTS OR QUESTIONS REGARDING CARE
- ❖ OMBUDSMAN – EACH STATE HAS A REPRESENTATIVE THAT WORKS TO SUPPORT, PROMOTE, AND PROTECT THE RIGHTS OF NURSING HOME RESIDENTS

RIGHT TO BE FREE FROM BEING FORCED TO WORK FOR SERVICES

- ❖ A PERSON CAN NOT BE FORCED TO WORK TO COMPENSATE FOR SERVICES HE/SHE RECEIVES
- ❖ A PERSON MAY CHOOSE TO PERFORM SERVICES IF THEY WISH

RIGHT TO PERSONAL CHOICE

- ❖ RESIDENTS CAN CHOOSE THEIR DOCTORS, HELP DECIDE THEIR PLAN OF CARE, THEIR ACTIVITIES, SCHEDULES, AND MEALS.

RESIDENT RIGHTS

RIGHT TO BE FREE FROM ABUSE, MISTREATMENT, AND NEGLECT

- ❖ PERSON HAS THE RIGHT TO BE FREE FROM ALL TYPES OF ABUSE

RIGHT TO BE FREE FROM RESTRAINT

- ❖ PERSON HAS THE RIGHT NOT TO HAVE BODY MOVEMENTS RESTRICTED

QUALITY OF LIFE



NURSING CENTERS MUST PROVIDE CARE THAT PROMOTES A PERSON'S DIGNITY AND SELF-ESTEEM.

NURSING CENTERS MUST PROVIDE ACTIVITIES THAT PROMOTE PHYSICAL, INTELLECTUAL, SOCIAL, SPIRITUAL, AND EMOTIONAL WELL-BEING.

THE CENTER'S ENVIRONMENT MUST BE CLEAN, SAFE, COMFORTABLE, AND AS HOME-LIKE AS POSSIBLE.

MEETING STANDARDS

HEALTH CARE AGENCIES MUST MEET CERTAIN STANDARDS SET BY THE FEDERAL AND STATE GOVERNMENTS.

SURVEYS ARE DONE TO ASSURE THAT THE AGENCY MEETS ALL EXPECTED STANDARDS.

THE SURVEY TEAM MAY:

- ❖ REVIEW POLICIES AND MEDICAL RECORDS
- ❖ OBSERVE STAFF AS THEY PERFORM CARE
- ❖ CHECK TO ASSURE PRIVACY IS MAINTAINED DURING CARE PROCEDURES
- ❖ CHECK FOR CLEANLINESS AND SAFETY
- ❖ CHECK STAFF QUALIFICATIONS

IF PROBLEMS ARE FOUND THE AGENCY IS GIVEN A *DEFICIENCY, OR TAG*

THE AGENCY WILL HAVE 60 DAYS TO CORRECT THE DEFICIENCY

IF NOT CORRECTED A FINE OR LOSS OF OPERATING LICENSE MAY RESULT.