



# Textbook of **NURSING** **FOUNDATION**

*As per INC new syllabus*

**I Clement**

**3**<sup>rd</sup> Edition



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## CHAPTER

# 2

## Health Care Delivery System

### LEARNING OBJECTIVES

- Levels of illness prevention—primary (health promotion), secondary and tertiary
- Levels of care—primary, secondary and tertiary
- Types of health care agencies/services—hospitals, clinics, hospices, rehabilitation centers, extended care facilities
- Hospital types, organizations and functions
- Health care teams in hospitals—members and their roles

### TERMINOLOGY

- **Health services** consist of medical professionals, organizations, and ancillary health care workers who provide medical care to those in need. Health services serve patients, families, communities, and populations. They cover emergency, preventative, rehabilitative, long-term, hospital, diagnostic, primary, palliative, and home care.
- **Hospitals:** Hospitals are the ultimate “catch-all” healthcare facility. Their services can vary greatly depending on their size and location, but a hospital’s goal is to save lives. Hospitals typically have a wide range of units that can be loosely broken into intensive care and non-intensive care units.
- **Primary prevention** includes those measures that prevent the onset of illness before the disease process begins. Immunization against infectious disease is a good example.
- **Secondary prevention** includes those measures that lead to early diagnosis and prompt treatment of a disease. Breast self-examination is a good example of secondary prevention.
- **Tertiary prevention** involves the rehabilitation of people who have already been affected by a disease, or activities to prevent an established disease from becoming worse.
- **Hospice care** involves a core team of skilled experts and volunteers who provide medical, psychological, and spiritual care when cure is no longer possible. Hospice care is usually based at home so that families take part in the patient’s care.
- **Independent providers:** These are nurses, therapists, aides, homemakers, and companions who are privately employed by the people who need their services. The patient or family must recruit, hire, and supervise these providers.
- **Ambulatory surgical centers:** Ambulatory surgical centers, also called outpatient surgical facilities, allow patients to receive certain surgical procedures outside a hospital environment. These environments often offer surgeries at a lower cost than hospitals while also reducing the risk of exposure to infection—since patients are there for surgery, not to recover from sickness and disease.
- **Nursing homes:** Nursing homes offer a living situation for patients whose medical needs aren’t severe enough for hospitalization, but are too serious to manage at home. Some nursing homes offer services for heavier medical needs, such as speech and occupational therapy.
- **Tele-health** refers to the use of electronic communication technology to facilitate long-distance health care and health education.

### INTRODUCTION

Health Care Delivery System (HCDS) is a societal response to the determinants of health. The concept of health care system includes the involvement of the people, organizations, agencies, and resources that provide services to meet the health needs of the individual, community, and population. The fundamental premise of the HCDS is to value human life, promote, restore, and maintain the health of the population and that is focused and organized around the health needs and expectations of people. The effectiveness of health care system depends upon human, materials, finance, availability and accessibility of resources. The optimal HCDS integrates the different health services encompasses the management and delivery of quality and safe health services. Moreover, in the balanced health care system people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care

services, through the different levels and sites of care within the health system, and according to their needs throughout the life course.

### DEFINITION

Health care delivery system is defined as the aggregate of institutions, organizations and persons who enter, the health care system, who has responsibility that include the promotion of health, prevention of illness, detection and treatment of disease and rehabilitation.

### CONCEPT OF HEALTH FOR ALL

- The World Health Assembly in its 30th meeting in 1977 decided the goal of Health for All (HFA) and defined that “Main social targets of Governments and WHO in the coming decades should be the attainment of all citizens of the world by the year 2000 of a level of health that will permit them to lead socially and economically productive life.
- Attainment of a level of health that will enable every individual to lead a socially and economically productive life.

### Health for All Goals

- Realization of highest possible of health which includes physical, mental and social well-being.
- Attainment of minimum level of health that would enable to the economically productive and participate actively in social life of community in which they live.
- Removal of obstacles to health such as unemployment, ignorance, poor living conditions, standards and malnutrition, etc.
- Health care services are within the reach of all in the country.

### Strategies for Health for All

The Alma Ata declaration called for global strategy to provide guidelines for member countries to refer. In 1981, the WHO after consultations with member countries developed a global strategy for Health for All. The global strategy provides common broad framework which can be modified and adopted by countries according to their needs. The global strategy for HFA is based on the following principles.

- Health is a fundamental human right and a worldwide social goal and an integral part of social and economic development of the communities.
- People have right and the duty of participate individually and collectively in the planning and implementation of their health care.
- The existing gross inequality in the health strategies is of common concern of all countries and must be drastically reduced.

- Government has responsibility for the health of their people.
- Countries and people must become self-reliant in health matters.
- Governments and health professionals have the responsibility of providing health information to people.
- There should be equitable distribution of resources within and among the countries but should be allocated most to those who need most.
- Primary health care would be the key to the success of HPA and it has to be the integral part of the country's health system.
- Development and application of appropriate technology according to health care system of the nation.
- Research in the field of biomedical and health services must be conducted and findings should be applied soon.

The National Health Policy echoes the WHO a call for HFA and the Alma Ata declaration. It had laid down specific goals in respect of various health indicators by different dates such as 1990 and 2000 AD.

- Reduction of infant mortality from the level of 125 (1978) to below 60.
- To raise the expectation of life at birth from the level of 52 years to 64.
- To reduce the crude death rate from the level of 14 per 1000 population to 21.
- To reduce the crude birthrate from the level of 33 per 1000 population to 21.
- To achieve a net reproduction rate of one rural population.

### LEVELS OF ILLNESS PREVENTION

The disease process, in many instances, is susceptible to interruption in order to limit its further progress or the speed of its progression. As disease involves interaction of host, agent and environment prevention can be achieved by altering one or more of these three elements so that interaction does not take place or is interrupted in favor of the host.

Effective preventive measure requires that the disease process be interrupted as early in its course as possible. The interaction between the agent and the host can be avoided either by the elimination of the agent in the environment or by converting the human host susceptible or immune to the attack of the agent. Those attempts to bring about changes in the three elements before the disease stimulus is produced are grouped under one type of prevention namely primary prevention. When the disease stimulus has already been practiced and the disease process has crossed over to the period of pathogenesis two types of prevention, namely secondary and tertiary prevention.

1. **Primary prevention:** Primary prevention can be defined as “action taken prior to the onset of disease which removes the possibility that a disease will ever occur”. It signifies intervention in the prepathogenesis

### The Levels of Prevention

	<b>Primary prevention</b>	<b>Secondary prevention</b>	<b>Tertiary prevention</b>
Definition	An intervention implemented before there is evidence of a disease or injury	An intervention implemented after a disease has begun, but before it is symptomatic	An intervention implemented after a disease or injury is established
Intent	Reduce or eliminate causative risk factors (risk reduction)	Early identification (through screening) and treatment	Prevent sequelae (stop bad things from getting worse)
Example	Encourage exercise and healthy eating to prevent individuals from becoming overweight	Check body mass index (BMI) at every well checkup to identify individuals who are overweight or obese	Help obese individuals lose weight to prevent progression to more severe consequences

phase of a disease or health problem or other departure from health.

Primary prevention is applied at the prepathogenic period; it includes health promotion and specific protection

- **Health promotion:** The first level of prevention is by promoting and maintaining the health of the host by nutrition, health education, good heredity and other health promotion activities.
- **Specific protection:** It may be directed towards the agent like disinfection of contaminated particles, materials, water, food, and other particles on the assumption that the agent has escaped into these vehicles or environment. Specific protection can also be achieved by immunizations to increase the resistance of the host so that the host will be able to withstand the onslaught of the agent. This is done by the active and passive immunizations.

2. **Secondary prevention:** Secondary prevention can be defined as "action which halts the progress of a disease at its incipient stage and prevents complications. The specific interventions are early diagnosis, e.g. screening tests, case finding programs) and adequate treatment. The secondary prevention done by early diagnosis and treatment. Early diagnosis and prompt treatment comes under secondary prevention. If primary prevention fails or when suitable measures are not available (as in cancer) the disease stimulus is bound to be produced. Early detection of the disease is possible by periodic examinations of population groups who are at special risks like antenatal mothers, growing children, industrial workers, etc.

Monitoring of persons middle age and above is one of the modern methods of early detection of cancer. In many instances, this detection of the diseases condition is

possible only after the onset of the signs and symptoms. Early detection of the disease ensures prompt treatment so that the disease will not progress further.

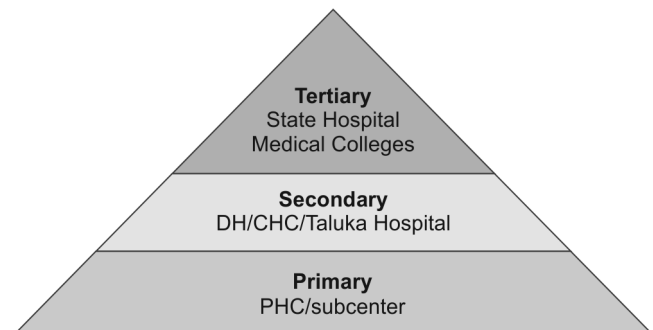
3. **Tertiary prevention:** When the disease process has advance beyond its early stages, it is still possible to accomplish prevention by what might be called "Tertiary prevention". It signifies intervention in the late pathogenesis phase. Tertiary prevention can be defined as "all measures available to reduce or limit impairment and disabilities, minimize suffering caused by existing departures and disabilities, minimize suffering caused by existing departures from good health and to promote the patient's adjustments to irremediable conditions". Tertiary prevention includes disability limitation and rehabilitation.

- **Disability limitation:** It is necessary that the disability that is caused by limited by active medical or surgical treatment so that there is no further deterioration of the disease process.
- **Rehabilitation:** Those with permanent disability as in the case of leprosy, tuberculosis, polio, mental retardation, etc. will not be able to lead an independent life unless they are rehabilitated. This level will be needed only when have failed in the application of previous levels of prevention.

### LEVELS OF HEALTH CARE (FIG. 2.1)

**Primary healthcare:** Primary healthcare denotes the first level of contact between individuals and families with the health system. According to Alma Ata Declaration of 1978, Primary Healthcare was to serve the community it served; it included care for mother and child which included family planning, immunization, prevention of locally endemic diseases, treatment of common diseases or injuries, provision of essential facilities, health education, provision of food and nutrition and adequate supply of safe drinking water.

In India, Primary Healthcare is provided through a network of subcenters and Primary Health Centres in rural areas, whereas in urban areas, it is provided through Health posts and Family Welfare Centres. The subcenter consists of one Auxiliary Nurse Midwife and Multipurpose Health Worker and serves a population of 5,000 in plains and 3,000



**Fig. 2.1:** Tier of health care in India. The health care services in India are organized at three levels, each level is supported by the higher level, to which the patient is referred.

persons in hilly and tribal areas. The Primary Health Center (PHC), staffed by Medical Officer and other paramedical staff serves every 30,000 population in the plains and 20,000 persons in hilly, tribal and backward areas. Each PHC is to supervise six subcenters.

**Secondary health care:** Secondary Healthcare refers to a second tier of health system, in which patients from primary health care are referred to specialists in higher hospitals for treatment. In India, the health centres for secondary health care include District hospitals and Community Health Centre at block level.

**Tertiary health care:** Tertiary Health care refers to a third level of health system, in which specialized consultative care is provided usually on referral from primary and secondary medical care. Specialized Intensive Care Units, advanced diagnostic support services and specialized medical personnel on the key features of tertiary health care. In India, under public health system, tertiary care service is provided by medical colleges and advanced medical research institutes.

## HEALTH CARE DELIVERY SYSTEM IN INDIA

Service delivery systems should also consider the whole spectrum of care from promotion and prevention to diagnostic, rehabilitation and palliative care, as well all levels of care including self-care, home care, community care, primary care, long-term care, hospital care, in order to provide integrated health services throughout the life course. WHO is supporting countries in moving towards universal health coverage through improving the efficiency and effectiveness of their health service delivery systems.

The health care system is intended to deliver the health care services. It constitutes the management sector and involves organizational matters. It operates in the context of the socioeconomic and political framework of the country. The health care delivery system in India has different components to it and **Figure 2.2** below explains the existing pattern.

### I. Health problems

- Communicable disease problem.
- Nutritional problems.

- Environmental and sanitation problem.
- Medical care problems.
- Population problems.

### II. Resources

- Health manpower.
- Money and material.

### III. Health care services

- Comprehensive care.
- Accessible care.
- Acceptable care.
- Provide scope for community participation.
- Available at a cost community and country can afford.

### IV. Health care system

- Public sector.
- Private sector.
- Indigenous system of medicine.
- Voluntary health agencies.
- National health programs.

### Public Sector

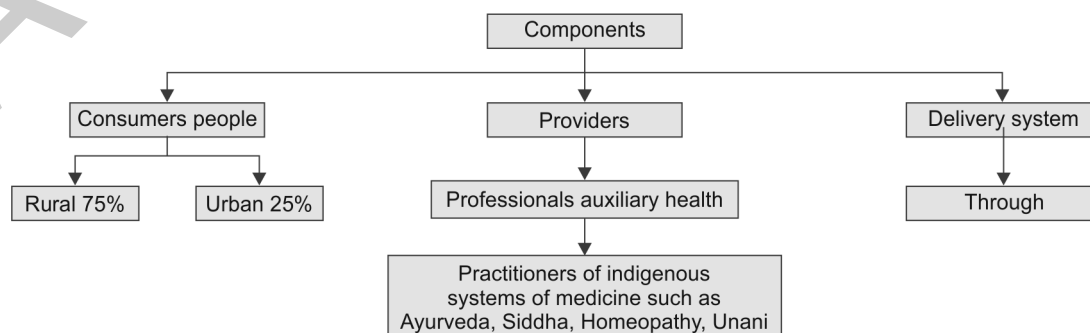
- Primary Health Center (PHC)
- Hospitals.
  - Community health center
  - Rural hospital
  - Strict hospital
  - Specialist hospital
  - Teaching hospitals.
- Health insurance schemes—ESI (1948), Central government schemes (1954).
- Other agencies—defensive and railways.

### Private Sector

- Private hospitals—polyclinics, nursing homes and dispensaries.
- General practitioners and clinics.

### Indigenous Systems of Medicine

- Ayurveda and Siddha.
- Unani and Tibbi.
- Homeopathy.
- Unregistered practitioner.



**Fig. 2.2:** Health care delivery system in India (existing).



## Voluntary Health Agencies

- Indian Red Cross Society (1920).
- Hindu Kush Nivaran Sangh (1950).
- Indian Council for Child Welfare (1952).
- Tuberculosis Association of India (1939).
- Bharat Sevak Samaj (1952).
- Central Social Welfare Board (Aug 1953).
- Kasturba Memorial Fund (1944).
- Family Planning Association of India (1949).
- All India Women Conference (1929).
- All India Blind Relief Society (1946).
- Professional Bodies (CMAI, TNAI).
- International Agencies.

## Health Programmes in India

- National Malaria Eradication.
- National Filaria Eradication.
- National Tuberculosis Programme.
- National Leprosy Eradication.
- Genua Worm Eradication.
- National Blind Control.
- National Diabetes Control.
- National Mental Illness Control.
- Iodine Deficiency Control.
- Diarrheal Disease Control.
- STD Control.
- Minimal Needs Program.
- MCH and Family Planning.
- Universal Immunization.
- Cancer Control Programme.

## HEALTH CARE SERVICES

Health service delivery systems that are safe, accessible, high quality, people-centered, and integrated are critical for moving towards universal health coverage. Service delivery systems are responsible for providing health services for patients, persons, families, communities and populations in general, and not only care for patients. While patient-centered care is commonly understood as focusing on the individual seeking care (the patient), people-centred care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.

- **Health promotion**
  - Prenatal classes
  - Nutrition counseling
  - Family planning
  - Stress management
- **Illness prevention**
  - Screening programs (e.g. hypertension, breast cancer)
  - Immunization
  - Occupational health and safety measures

- Mental health counseling
- AIDS control program.
- **Primary care**
  - School health units
  - Routine physical examination
  - Follow up for chronic illnesses (e.g., diabetes, epilepsy)
- **Diagnosis**
  - Radiological procedure (e.g., CT scans, X-ray studies)
  - Physical examination
  - Laboratory investigations
- **Treatments**
  - Surgical intervention
  - Laser therapies
  - Pharmacological therapy
- **Rehabilitation**
  - Cardiovascular programs
  - Sports medicine
  - Mental illness program.

## HEALTH CARE TEAM

Healthcare is a team effort. Each healthcare provider is like a member of the team with a special role. Some team members are doctors or technicians who help diagnose disease. Others are experts who treat disease or care for patients' physical and emotional needs. Health team consists of a group of people who coordinate particular skills in order to assist a patient or his family. The personnel who comprise a particular team will depend upon the needs of the patient. **Figure 2.3** shows health care team members.

Sl. No.	Team	Description
1.	The physician	In hospital setting, the physician is responsible for the medical diagnosis and for determining the therapy required by the person who is ill or injured. A physician is a person who is legally authorized to practice medicine in particular jurisdiction.
2.	The nurse	A nursing team composed of personnel who provide nursing services to the patient and family. The team leader head nurse is responsible for delegation of duties to members of her team and care given to the patients.
3.	Dietitian	Dietitian designs special diets and they supervise the preparation of meals according to doctor's prescription.
4.	Physiotherapist	The physiotherapist provides assistance to a patient who has problem related to his musculoskeletal system.
5.	The social worker	The patient and his/her family are assisted by social worker with such problems as finances, rest home accommodation, counseling or marital problems, adaptation of children.

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Sl. No.	Team	Description
6.	The occupational therapist	The occupational therapist assists patients with some impairment of function to gain skills as they relate to activities of daily living (ADL) and helping with a skill that is therapeutic.
7.	Paramedical technologist	It includes laboratory technologist and radiologic technologists. <b>Laboratory technologist</b> examines and study specimen such as urine, faces, blood and discharges from wound. <b>Radiologic technologist</b> assists in wide variety of X-ray procedures, from simple chest radiography to more complex fluoroscopy. Through use of radio active materials, nuclear medicine technologists can provide diagnostic information about functioning of the patients liver, etc.
8.	The pharmacist	The pharmacist prepares and dispenses pharmaceuticals in hospital and community settings. The role of pharmacist in monitoring and evaluating the actions and side effects of medications on patients are becoming increasingly prominent.
9.	Respiratory therapist	Respiratory technologist is skilled in therapeutic measures used in care of patients with respiratory problems. These therapists are knowledgeable about oxygen therapy devices, intermittent positive pressure breathing respirators, artificial mechanical ventilators and accessory devices used for inhalation therapy.

## HEALTH CARE AGENCIES

**Types of health care agencies:** Health care is provided in various settings.

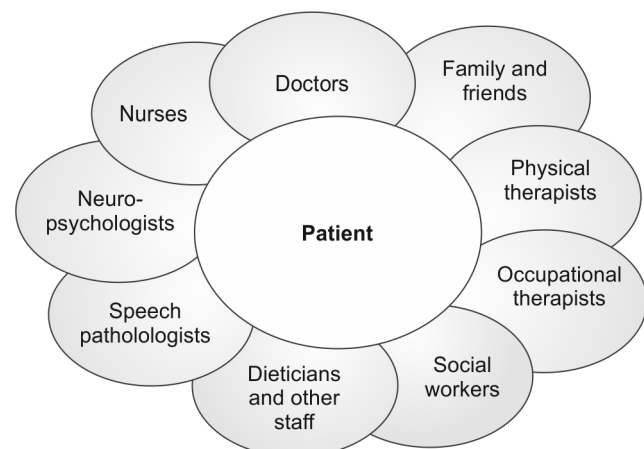
- **Outpatient services:** Patients who don't require hospitalization can receive health care in a clinic. An outpatient setting is designed to be convenient and easily accessible to the patient. Outpatient services are generally directed at primary and secondary health centers.
- **Clinics:** Clinics involve a department in a hospital where patients not requiring hospitalization, receive medical care.
- **Hospitals:** Hospitals have been the major agency of health care system. Hospitals are classified as i. Public, ii. Private, iii. Military

**A Public Hospitals** are financed and operated by the government agency at the local, state or national level. Hospitals provide services at free of cost.

**Private Hospitals** are owned and operated by churches, corporations, individuals and charitable organizations. Private hospitals are operated on a for-profit-basis.

**Military Hospitals** provide medical care for the armed forces and their families.

- **Hospice care:** Care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible. Aggressive methods of pain control may be used. Hospice programs generally are home-based, but they sometimes provide services away from home—in freestanding facilities, in nursing homes, or within hospitals. The philosophy of hospice is to provide support for the patient's emotional, social, and spiritual needs as well as medical symptoms as part of treating the whole person.
- **Rehabilitation care:** Rehabilitation is care that can help to get back, keep, or improve abilities that you need for daily life. These abilities may be physical, mental, and/or cognitive (thinking and learning).
  - Assistive, which are tools, equipment, and products that help people with disabilities move and function.
  - Cognitive rehabilitation therapy to help you relearn or improve skills such as thinking, learning, memory, planning, and decision making.
  - Mental health counseling
  - Music or art therapy to help you express your feelings, improve your thinking, and develop social connections.
  - Nutritional counseling.
  - Occupational therapy to help you with your daily activities.
  - Physical therapy to help your strength, mobility, and fitness.
  - Recreational therapy to improve your emotional well-being through arts and crafts, games, relaxation training, and animal-assisted therapy.
  - Speech-language therapy to help with speaking, understanding, reading, writing and swallowing.
  - Treatment for pain.
  - Vocational rehabilitation to help you build skills for going to school or working at a job.



**Fig. 2.3:** Health care team members.



## Health Care Organizations

Sl. No.	Team	Description
1.	<b>World Health Organization (WHO)</b>	<p>The World Health Organization is a specialized agency of the United Nations. It was organized in 1948 to achieve the highest possible level of health for all people. More than 150 countries are members of WHO and help to finance the financial requirement the health care activities around the world. The WHO is also active in nursing education and practice in a number of ways in India:</p> <ul style="list-style-type: none"> <li>• It has offered guidance in setting up programme of nursing education</li> <li>• It has promoted training for auxiliary nursing personnel.</li> <li>• The WHO promotes public health in many ways around the world.</li> </ul>
2.	<b>The International Red Cross Society</b>	<p>The International League of Red Cross was formed in 1919 after World War I. It works closely with national societies during times of national disasters, providing expertise and conducting seminars to help these societies to improve their administrations and services. A super global body made up of the above League and national societies is the <b>International Conference of Red Cross's</b> activities. The body meets once in four years. It supports unity in the work of all of these organizations and promotes governmental support of the Red Cross Activities.</p>
3.	<b>The Indian Red Cross Society</b>	<p>The Indian Red Cross Society was established in 1920, with major aims of helping others from a neutral point. It gives relief to needy and suffering people at times of major disasters and in times of wars.</p> <p><b>Aims:</b> Prevention of disease, promotion of health and care of the sick in any kind of situation.</p> <p><b>Functions</b></p> <ol style="list-style-type: none"> <li>1. Gives financial aid to social welfare institutions.</li> <li>2. Operates blood banks throughout India.</li> <li>3. It teaches first aid.</li> </ol>
4.	<b>United Nations International Children's Educational Fund (UNICEF)</b>	<p><b>UNICEF</b> is an agency of the United Nations. It was founded in 1946 for the purpose of helping mothers and children in country affected by World War II. Now it offers services in all underdeveloped countries.</p> <p><b>UNICEF</b> in India has provided teaching equipments for nursing education, textbooks and visual aids for schools and colleges of nursing and training for personal to help with the health of mothers and children.</p>

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Sl. No.	Team	Description
5.	<b>USAID (United States Agency for International Development)</b>	<p><b>USAID was started in 1961.</b> It provides grants and loans for a number of projects designed to improve the health of the people. The US government presently extends aid to India through three agencies.</p> <p><b>Agencies of United States:</b> 1. United States agency for International Development (USAID), 2. The public law -food for peace programme, 3. The US export – import Bank.</p> <p><b>USAID on Health in India:</b> 1. Malaria eradication programme, 2. Medical education, 3. Nursing education 4. Health education, 5. Water supply and sanitation, 6. Control of communicable diseases, 7. Nutrition, 8. Family planning.</p>
6.	<b>UNDP (United Nations Development Programme)</b>	<p>The United Nations Development programme was established in 1966 contributes towards increasing the pace of development in the third world countries. It supports all phases of socioeconomic development including agriculture, industry, education, health and social welfare. It is the main source of funds for technical assistance. The basic objective of the UNDP is to help poorer nations develop their human and natural resources more fully.</p>

## HOSPITAL: TYPES, ORGANIZATION AND FUNCTIONS

The English word 'Hospital' originates from the Latin word "HOSPILE" and also some viewed that it comes from the French word 'Hospitale' as do the words 'Hostel' and 'Hotel'. The three words hospital, hostel, hotel, all are derived from same source, are used in different sense but basically the meaning of the word will be the same. For example, in hotel, hotel authorities take care of the clients, who wish to stay there and client will receive the hospitality according to their ability. In hostel also, the hostel authorities are expected to treat their clients by providing basic amenities and other facilities as needed by their clients. In the same, hospital authorities also receive their clients as their guests and are expected to show hospitality than those of hotel or hostel. Likewise, all these three institutions are meant treating their clients but style of treatment will be different. Now, the term 'Hospital' means an establishment temporary space occupied by the sick or injured. In other words, the hospital is an institution in which sick or injured persons are treated.

### Definition

- According to WHO, "The hospital is an integral part of a social and medical organizations, the function of which

is to provide for the population complete health care, both 'curative' and 'preventive' and whose outpatient services reach out to the family and its environment; the hospital is also a center for the training of health workers and biosocial research".

- **According to Steadman's Medical Dictionary**, "Hospital is an institution for the care, cure and treatment of the sick and wounded, for the study of diseases and for the training of doctors and nurses".
- **According to Blakiston's New Gould Medical Dictionary**, "Hospital is an institution for medical facility primarily intended, appropriately staffed, and equipped to provide diagnostic and therapeutic service in general medicine and surgery or in circumscribed field or fields of restorative medical care, together with bed care, nursing care and dietic service to the patients requiring such care and treatment".

## Objectives of the Hospital

As stated in the definition and philosophy of the hospital, its main objective is to:

- Provide optimum health services to all people irrespective of race, color, caste and creed, and regardless of socioeconomical status.
- Provide care, cure, and preventive services to all people irrespective of race, color, caste, creed and economic and social status.
- Protect the human rights of clients while taking care in its jurisdiction in all areas of its services.
- Provide training for professional's, i.e. doctors, nurses, pharmacists, dentists and others technical personnel who are involving in health care services.
- Provide in-service/continuing education in all discipline professional/technical personnel involving health care. For updating their knowledge, skills, etc.
- Participate/conduct research and investigations in basic and applied biomedical, social and technological sciences that will benefit patient care, improve the community health status, the management of hospital services and the education of individual who perform the required service.
- Define its leadership role in the community and possibly the region depending upon its size, type and facilities in relation to regional area planning of hospital.

## Scope of Hospital

As stated in the objectives of the hospital, an optimum health care services have the basis of scientific method and should be applied in a personalized manner with full recognition and attention to personal dimensions in client, needs and are carried out within a framework of social responsibility. It should be available and accessible to everyone who needs it through his own community. **The optimum health services consist of following elements.**

- **Team approach:** The care of the needy person will be taken by the team of professional members (Doctors, Nurses, etc.) and paraprofessionals, technicians under the leadership of medically qualified persons with integration and coordination.
- **Contents of service:** A spectrum of services that includes diagnosis, specific treatment, rehabilitation, education and prevention.
- **Coordination:** Clients' care will cover the coordinated efforts of all agencies which have the required facilities at all levels.

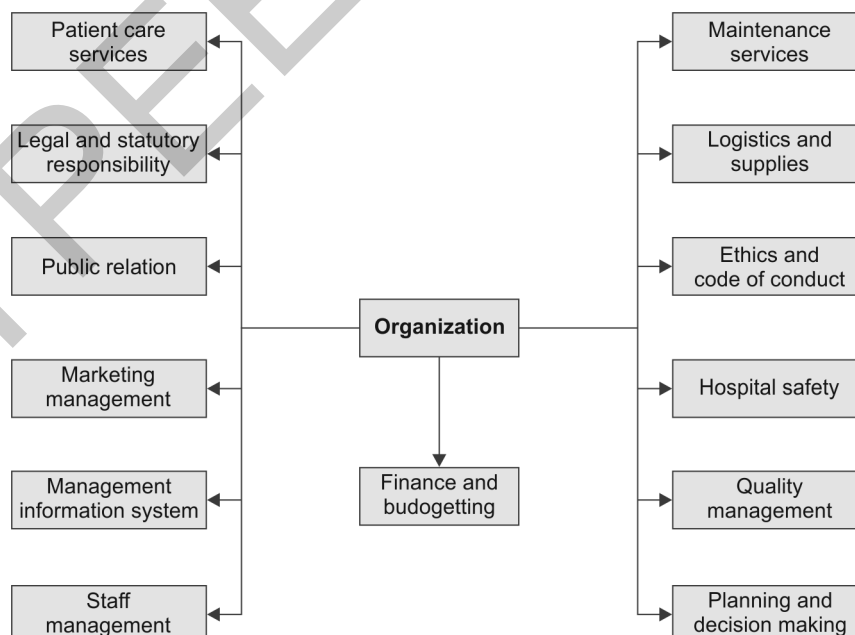


Fig. 2.4: The organization function.

- **Continuity of care:** Continuity of client care will be available and rendered by the particular agency with specific services whenever needed.
- **Integration:** Organization of the hospital care of both ambulatory and non-ambulatory patients into a continuum with common integrated services.
- **Evaluation and research:** Periodic evaluation programs and provision of conducting research included in the optimum health services for adequacy in meeting needs of the patients and the community.

## Functions of the Hospital

- **Patient care:** Care of the sick and injured, and restoration of the health of a diseased person without any discrimination.

### Functions of Hospitals

1. The main function of a hospital is treatment of patients	4. Large work is done by a hospital on examination of capacity for work
2. At the same time, a hospital provides preventive measures for health protection of people, prophylaxis of diseases, prevention of relapses and complication of diseases	5. Training of medium-level medical personnel and students
3. It carries out large work on medical and social rehabilitation of patients	6. Improvement of qualification of medical workers and research work is conducted in hospital

- **Diagnosis and treatment of disease:** There are diagnosis and treatment services to in-patients. Within this broad function there are many subdivisions of Medical, Surgical, Obstetrical, Gynecologic, Pediatric, Psychiatric and other forms of care and rehabilitation. Involved in the entire inpatient services are various modalities, including nursing, dietetics, pharmaceutical skills, laboratory and X-ray services and varying refinement of diagnosis and therapy.
- **Out-patient services:** There are services to out-patients with an equally wide range of specialties and technical modalities.
- **Medical education and training:** Hospital provides professional and technical education for many classes of health personnel. They must work in hospital to receive proper training of their choice, i.e. medical, nursing, pharmacy, dental, lab technicians, X-ray technicians etc.
- **Medical and nursing research:** Since accumulation of different types of patients, the hospital provides the basis for scientific investigation into causes, diagnosis, treatment and nursing management of diseases and hospital administration, ward/unit administration in hospitals.
- **Prevention of disease and promotion of health:** Hospital provides services to surrounding populations

that may be preventive care and promoting their health. There are many ways that hospitals as centers for technical skills can offer services to people before they are sick or can protect patients from the hazards of disease beyond that for which they have come to the hospital.

## CLASSIFICATION OF HOSPITALS

Hospitals have been classified in many ways. Each hospital is distinct in its characteristic as it differs in structure, functions, performance and the community it serves. However, we can classify the hospitals into different types, depending upon different criteria (**Fig. 2.5**). The most commonly accepted criteria for classification of the modern hospital are according to:

- Length of stay of patient (long-term and short-term)
- Clinical basis
- Ownership/control basis
- Objectives
- Size
- Management
- System of medicine.

**Classification according to length of stay of patient:** A patient stays for a short-term in a hospital for treatment of disease that is acute in nature, such as pneumonia, peptic ulcer, gastroenteritis, etc. A patient may stay for a long-term in a hospital for treatment of diseases that are chronic in nature, such as tuberculosis, leprosy, cancer, psychosis. The hospital according to long-term and short-term also known as chronic-care hospital and acute care hospitals respectively.

**Classification according to clinical bases:** These are hospitals licensed as general hospital; treat all kinds of diseases but major focus on treating speed disease or conditions such as heart disease, or cancer, or ophthalmic or maternity, etc.

**Classification according to ownership control:** On the basis of ownership or control, hospitals can be divided into four categories:

- Public hospitals.
- Voluntary hospitals.
- Private/charitable/nursing homes.
- Corporate hospitals.

**Public hospitals:** Public hospitals are those run by the central or state governments or local bodies on noncommercial lines. These may be general hospital or specialized hospitals or both.

**Voluntary hospitals:** Voluntary hospitals are those which are established and incorporated under the Societies Registration Act 1860; or Public Trust Act 1882 or any other appropriate act of central or state governments. They are run with public or private funds on a noncommercial basis.

**Private nursing hospitals/Nursing homes:** Private nursing hospitals/nursing homes are generally owned by

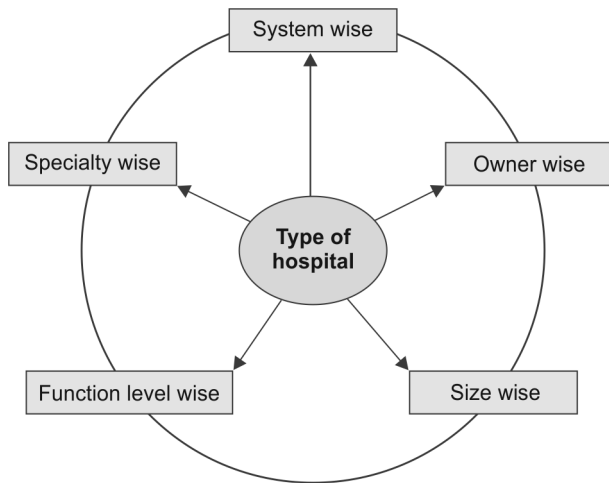


Fig. 2.5: Classification of hospital.

an individual doctor or a group of doctors. They run the hospital or nursing home on a commercial basis. They accept patient suffering from infirmity, advanced age, illness, injury, chronic, disability, etc. But do not admit patient suffering from communicable disease, alcoholism, drug addiction or mental illness. Usually they prefer patient from wealthy families.

**Corporate hospitals:** Corporate hospitals are hospitals which are public limited companies formed under the companies act. They are normally run on commercial lines. They can be either general or specialized or both (e.g. Hinduja Hospital, Mallya Hospital, Apollo Group of Hospitals).

**Classification According to the Objectives:** According to the objectives, hospitals can be classified into three categories:

1. Teaching-cum-research hospitals.
2. General hospitals.
3. Specialized hospitals.

### Teaching-cum-Research Hospital

Teaching cum research hospital is a hospital to which a college is attached for medical Nursing/dental/ pharmacy education. The main objective of these hospitals is teaching based on research and the provision of health care is secondary, e.g. AIIMS, New Delhi, PGIMERI, Chandigarh, JIPMER, Pondicherry, KR Hospital, Mysore, Victoria hospital, Bangalore belong to this type.

### General Hospitals

General hospitals are those which provide treatment for common diseases and conditions. All establishments permanently staffed by at least two or more doctors which can offer inpatient accommodation and provide active medical and nursing care for more than one category of medical discipline such as general medicine, general surgery, obstetrics and gynecology, pediatrics etc. The

main objective of these hospitals is to provide medical care to the people. While teaching and research is secondary and incidental, e.g. all district and taluks or PHC or rural hospitals belong to this type.

### Specialized Hospitals

Specialized hospitals are hospitals providing medical and nursing care primarily for only one discipline or a specific disease or condition of one system. In other words, these hospitals concentrate on a particular aspect or organ of the body and provide medical and nursing care in that field, e.g. tuberculosis, ENT, ophthalmology, leprosy, orthopedics, pediatrics, cardiology, mental health psychiatric, oncology, STDs, maternal, etc. The specialized department, administration attached to a general hospital will not be considered as specialized hospital.

**Isolation Hospitals:** Isolation hospital is a hospital in which the persons are suffering from infections/communicable diseases requiring isolation of the patients, e.g. Epidemic Diseases Hospital, Bengaluru.

**Classification According to Size:** On the basis of health committee report, it is recommended that the following pattern of development of hospitals to be adopted according to size, i.e. bed strength.

- Teaching hospital 500 (bed to be increased according to the number of students).
- District hospital 200 (may be raised up to 300 beds depending upon population).
- Taluks hospital 50 (may be raised depending upon population to be served).
- Primary health centers 6 (may be increased up to 10 depending upon needs).

### Classification According to Management

- Union government/government of India: All hospitals administered by the government of India, e.g. hospital run by the railways, military/defense, or public sector undertakings of the central Government.
- State governments: All hospitals administered by the state/union territory. Government authorities and public sector undertaking operated by the state/union territories including the police, prison, irrigation department and etc.
- Local bodies: All hospitals administered by local bodies, i.e. municipal corporation, municipality, zila parishad, panchayat, e.g. corporation maternity homes.
- Autonomous bodies: All hospitals established under special act of parliament or state legislation and founded by the central/state government/union territory, e.g. AIIMS, New Delhi, PGI, Chandigarh, NIMHANS, Bengaluru.
- Private: All private hospitals owned by an individual or by a private organization, e.g. MAHE, Manipal, Manipal Hospital, Bengaluru, Hinduja hospital, Mumbai.



- Voluntary agencies: All hospitals operated by a voluntary body/a trust/charitable society registered or recognized by the appropriate authority under central/state government laws. This includes hospitals run by missionary bodies and cooperatives.

**Classification According to System:** According to the system of medicine, we can classify the hospital as follows:

- Allopathic hospitals.
- Ayurvedic hospitals.
- Homeopathic hospitals.
- Unani hospitals.
- Hospitals of other systems of medicine.

## CONCLUSION

Health of an individual or group affects its work output and efficiency, good health is not only essential for a normal life and activities, but it is the basic factor for a happy life. Nurses care for individuals who are healthy and ill, of all ages and cultural backgrounds, and who have physical, emotional, psychological, intellectual, social and spiritual needs. The profession combines physical science, social science, nursing theory, and technology in caring for those individuals. Health promotion concerns are those activities directed towards maintaining or enhancing the health and well-being of individuals and their families. The student learns the role of patient advocate as he/she provides information needed to make health care decisions and then supports the patient in that decision. The student learns and teaches health practices that promote and enhance optimum functional levels of wellness. Such practices include, but are not limited to, nutrition, diet, exercise, drug therapy and complementary therapies.

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## REVIEW QUESTIONS

### Long Essays

1. Define health care delivery system, discuss in detail about health care delivery system in India.
2. Define hospital; explain the types and functions of hospital.

## Short Essays

1. Levels of illness prevention.
2. Levels of health care.
3. Health care services.
4. Health care team.
5. Health care agencies.
6. Objectives and scope of hospital.

## Short Answers

1. Tertiary hospital.
2. Health promotion.
3. Rehabilitation care.
4. Hospice care.
5. Teaching hospitals.

## MULTIPLE CHOICE QUESTIONS

1. The concept of health care system includes the involvement of:
  - a. People
  - b. Organizations and agencies
  - c. Resources that provide services
  - d. All of the above
2. The World Health Assembly in its 30th meeting held in the year \_\_\_\_\_ decided the goal of Health for All (HFA).
  - a. 1976
  - b. 1977
  - c. 1978
  - d. 1979
3. Health promotion is a first level of prevention is by promoting and maintaining the health of the host by:
  - a. Nutrition
  - b. Health education
  - c. Good heredity and other health promotion activities
  - d. All of the above
4. Service delivery systems should also consider the whole spectrum of care from promotion and prevention to:
  - a. Diagnostic
  - b. Rehabilitation
  - c. Palliative care
  - d. All of the above
5. Hospice care is designed to give supportive care to people in the final phase of:
  - a. Terminal illness
  - b. Acute illness
  - c. Chronic illness
  - d. Systemic illness
6. Classification hospital according to the system of medicine, we can classify the hospital as follows:
  - a. Allopathic hospitals
  - b. Ayurvedic hospitals
  - c. Homeopathic hospitals and unani hospitals
  - d. All of the above
7. Classification of hospitals according to the objectives is the following, except:
  - a. Teaching-cum-research hospitals
  - b. General hospitals
  - c. Private hospitals
  - d. Specialized hospitals

## ANSWERS

1. d      2. b      3. d      4. d      5. a      6. d      7. c



# Textbook of NURSING FOUNDATION

## Salient Features

- Basic nursing is the base and pillar for any skilful nurse
- Acquires the background knowledge for a neophyte nurse
- Providing all basic information based on his established knowledge and practice packed by sound scientific principles
- Covers entire syllabus as mentioned Indian Nursing Council (INC) meets the requirements for basic nursing, provides the strong base for nursing foundations. Revised INC syllabus includes Nursing Foundation I & II including First Aid
- Content is illustrated in simple and clear english where the student gain better understanding about the subject and help to excel in acquire knowledge about foundations of nursing
- Helps the students to gain the theoretical knowledge about the nursing foundation and also help as a guide to practice the psychomotor skills in nursing and develop positive attitude toward the nursing profession
- Curriculum based presentation based on latest information, research finding and evidenced-based approach
- 32 chapters cover both nursing foundation I & II includes review question with multiple choice questions (MCQs)
- Student teacher friendly presentation—simple, concise and well organized presentation
- Comprehensive approach to integrate theory into practice and ready reference tool for examination point of view
- Adequate diagrams, table, images, flowchart, mnemonic and research highlights are well presented for best learning experiences.

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