Welcome to *The Culture of Healthcare, Healthcare Settings—The Places Where Care is Delivered*. This is Lecture (a).

The component, *The Culture of Healthcare*, addresses job expectations in healthcare settings. It discusses how care is organized within a practice setting, privacy laws, and professional and ethical issues encountered in the workplace.
The objectives for this unit, *Healthcare Settings—The Places Where Care is Delivered* are to:

- Differentiate the range of care delivery organizations, including primary care, specialty care, tertiary care, inpatient and outpatient facilities, long-term care hospitals, and long-term care facilities
- Analyze the organization of healthcare delivery from the perspective of a “continuum of care,” such as ambulatory services, in-patient care, long-term care, and end-of-life care
- Evaluate the similarities and differences of community hospitals, teaching hospitals, and community health clinics
Additional objectives for this unit are to:

• Describe the various departments and services offered by an outpatient clinic, community hospital, academic medical center, and long-term care facility
• Explain the ways in which these departments interact and the services relate
• Speculate on the data and information that are created and used by people in these departments
• Describe ways in which medical and/or information technology has improved interdepartmental communication and how that has improved the patient experience
This lecture will examine two aspects of healthcare settings—the range of care delivery organizations and the Continuum of Care they provide. It will also provide an overview of healthcare organizations, including examining the range of the levels of care that healthcare organizations can provide and the role that institutions have in providing a “Continuum of Care.” This refers to the care that an institution provides from entry into the system until care is no longer needed. Throughout this presentation, the unique functions of various healthcare organizations will be highlighted. The presentation will also provide examples of relationships between healthcare organizations.
The best way to get a broad picture of the types of care delivery organizations is to look at the range of services that they provide. Primary care organizations are usually the entry point for healthcare services. Secondary care is most often specialty care.

Tertiary care organizations offer diagnostic and treatment options that are not available at most healthcare organizations. The graphic shows that primary care organizations may refer patients to either secondary care or tertiary care (indicated by an arrow from the Primary Care Organization text to both the Secondary Care and Tertiary Care text boxes).

Secondary care organizations also may refer directly to tertiary care organizations (indicated by an arrow from the Secondary Care Organization text box to the Tertiary Care Organization text box).
This quote describes how primary care addresses the majority of personal healthcare needs. It is ideally easily accessible and sustained. It is often the entry point into healthcare and includes screening, prevention, diagnosis, and treatment for acute and chronic health problems.
Secondary Care Organizations represent more specialized care and are also called “Specialty Care Organizations.” These can provide many types of specialty care such as surgery, cardiology [kārd-ē-āl-a-jē], physical medicine, or burn care. The majority of secondary care is provided by community hospitals and academic hospitals. Much of secondary care can now be provided in free-standing ambulatory facilities such as surgery centers.
Tertiary Care Center

- “A tertiary care center is a medical facility that receives referrals from both primary and secondary care levels and usually offers tests, treatments, and procedures that are not available elsewhere. Most tertiary care centers offer a mixture of primary, secondary, and tertiary care services so that it is the specific level of service rendered rather than the facility that determines the designation of care in a given study.” (JAMA, 2011).

Tertiary provides care that is not available at other healthcare organizations. In many cases, a new procedure is perfected in only a few organizations, and that is the only place the procedure can be obtained. Examples might include complex facial reconstruction, many types of organ transplants, or specialized burn care. This quote also makes the point that bears repeating: Many organizations provide multiple levels of care.
Many organizations seek to provide this broad range of care by developing Integrated Healthcare Delivery structures. This can be as simple as an informal association between primary care providers and local hospitals or medical centers. There has also been a rapid development of more complex structures where primary, secondary, and tertiary services and facilities are managed by a single organization.

Integrated Health Care Delivery

- Provide a full range of care
- Informal association between practitioners, ambulatory facilities, hospitals, and academic medical center
- Formal organizations that provide facilities under a single management structure to manage primary, secondary and tertiary care services.
The “Continuum of Care”

- Definition
  - Entry
  - Care no longer needed
- Birth to death
- Diagnosis until “return to usual function”
- Organizations are often designed to provide services in a specific phase of this continuum

The “Continuum of Care” can be defined as the provision of care from the entry of the patient into the system until care is no longer needed. The simplest way to envision this concept is “care from birth to death.” Another way to picture it is for a specific medical problem. Imagine the number of organizations that are involved in a severe injury from a motor vehicle accident. It could include emergency care to stabilize the patient, surgery to repair the injuries, and rehabilitation to return the patient to normal function. There are some specialized organizations such as rehabilitation institutions that provide care only in a specific phase of this continuum.
Ambulatory [am-bye-lə-tör-ē] services (also known as outpatient care) are provided to non-hospitalized patients. There are a wide range of services that can be offered in ambulatory care organizations. This includes primary care that is often provided in a doctor’s office or a clinic. Increasingly, specialty medicine is being provided in ambulatory settings such as outpatient surgery, sports medicine, and rehabilitation; X-rays; and other imaging such as Magnetic Resonance [rez-ən(t)s] Imaging and Computerized Tomography [tō-māg-rā-fē].
Community Health Clinics are usually community-based health centers where patients have input into management. Most community clinics provide care to underserved populations. Federally Qualified Health Centers meet certain qualifications and receive federal funding. They include Community Health Centers, Migrant Health Centers, Healthcare for the Homeless Programs, and Public Health Primary Care Programs. “Look Alikes” do not receive the same grant funding but have been certified as meeting the definition of a health center. Those operated by tribal organization usually receive funding from the Indian Health Services. There also many community health centers run by non-profit organizations, health departments, and cities or counties.
School-Based Health Centers are located in schools and offer a wide range of services depending on state and local policy. They often provide screening, preventive care, and some acute care (minor injuries, colds, etc). They may also offer behavioral and other forms of counseling. They often have a linkage with other local healthcare organizations so that they may refer patients in need of additional or more specialized care.
Employer-based health clinics have expanded their roles in the last few decades. The original focus was more on occupational health and injury prevention. These clinics have expanded into preventive care, screening, wellness, and chronic disease management. They may be located in an office at the facility or have a mobile clinic that can serve several facilities. For the employer, these clinics have the advantage of providing control over healthcare cost including an emphasis on prevention and wellness. For the employee, it allows them to receive healthcare without having to take time off. It is estimated that by 2015, employer-based health clinics will serve 10% of the US population under 65 years old.
Inpatient Care is healthcare that requires admission to a hospital for greater than 24 hours. There are broad ranges of services provided including care for acute problems (heart attacks or appendicitis [ə-, pen-de-sīt-əs]); for chronic problems such as diabetes [dī-e-bēt-ēz] or heart failure); and for mental health issues.
There are two general types of hospitals. Community hospitals are non-federally funded hospitals but may be non-profit or for profit. They consist of local hospitals that provide short term, general care but may also include specialty hospitals that focus on obstetrics [ob-stē-triks]; gynecology [gīn-ə-kāl-ə-jē]; orthopedic [or-the-pēd-ik]; or rehabilitation. Teaching hospitals are usually associated with a university or medical school. Also termed academic hospitals, they have a major role in training health professions. The range of clinical care provided by community and teaching hospitals may be the same.
Long-term care facilities are healthcare organizations that provide assistance to aging adults or those with chronic illness. There are a variety of types of institutions that serve different needs. Adult day care provides meals and activities during the day. Independent living situations are typically retirement communities that have separate condos or apartments. Residents can typically purchase options individually, such as meals or housekeeping services. Assisted living can be an apartment or individual room where a number of services like personal care, medication administration, meals, and housekeeping are part of the package.
Skilled Nursing Facilities provide full medical care; they also provide assistance with activities of daily living such as meals, personal care, housekeeping, and laundry. Long-Term care hospitals are a special category in which the facility manages the transition of acute illness or injury to return to home. Many community hospitals have long-term care units that serve that purpose. The average patient’s stay in long-term care units or hospitals is greater than 25 days.
A hospice is a facility designed to serve patients who are dying from a fatal disease. This includes managing side effects of treatment, pain control, and loss of abilities. Families are typically very involved, and services are often provided to them including grief counseling and help with managing the patient’s final affairs. The services are designed to be the most comforting for the patient and family and may include assistance through home hospice care, day hospice facilities, or admission to hospice homes or centers.
There are three main federally funded healthcare institutions in the United States: the Veterans Health Administration, Military Medicine, and the Indian Health Services.
The Veterans Health Administration (VA) is the largest integrated health system in the United States, consisting of 153 medical centers and 1400 community-based outpatient facilities. The VA also includes community living centers; Vet Centers (for outreach); and Domiciliaries [dom-uh-sil-eer-ees] to care with patients with long-term medical conditions in a home-like atmosphere. As with any integrated health system, the VA provides primary, secondary, and tertiary care.
The Military Health System is part of the US Department of Defense. It provides services to service members, retirees, and their families. Each branch of the armed forces has its own network of hospitals and healthcare facilities. TRICARE is a healthcare program that ensures care worldwide. This includes military facilities and is supplemented by civilian healthcare providers, organizations, and pharmacies.
The Indian Health Services is an agency that is part of Health and Human Services. It provides healthcare to American Indians and Alaskan natives. The main goals are to provide access to care and to reduce health disparities.
The Indian Health Service consists of a federal system and healthcare organizations managed independently by American Indian tribes and Alaska Native corporations. There are additional services that are provided by contract with private providers. The system includes 28 hospitals, 63 health centers, 31 health stations, and 34 urban projects. American Indian tribes and Alaska Native corporations independently administer 17 additional hospitals, 263 health centers, 92 health stations, and 166 Alaska village clinics. Additional services are contracted through private providers.
Healthcare Settings—The Places Where Care is Delivered
Summary – Lecture a

• Discussed the range of health care organizations: primary care, secondary care, and tertiary care
• Defined organizations by type of services that they provide in the “Continuum of Care”: the care a patient receives from entry into the system until care is no longer needed.
• Described some of the unique health care organizations and relationships between organizations.

This concludes Lecture (a) of Healthcare Settings-The Places Where Care is Delivered. This lecture discussed the range of healthcare organizations include those that provide primary care, secondary care, and tertiary care. The lecture defined the type of services that are provided in the “Continuum of Care”: the care a patient receives from entry into the system until care is no longer needed. This lecture also described some the unique healthcare organizations and relationships between different types of healthcare organizations.
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References – Lecture a

References


References slide. No audio.
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References – Lecture a

References

- Kame RL. (2001). Finding the right level of posthospital care. "We didn’t realize there was any other option". The Journal of the American Medical Association, 305(3), 284-293.

Charts, Tables; Figures

- 3.1 Figure: Hickman (2012). Represents the range of care delivery and the referral patterns between the types of care of delivery organizations. (CC BY-NC-SA 3.0)