

What are health services?

- The full range of activities with primary aim at improving health directly.
- They extend from health promotion and disease prevention, through curative services, to long term care and rehabilitation.



Types of care

Lay care (Informal):

Care provided by *lay people* who have received no formal training and are not paid.

It includes self-care, care by relatives, friends and self-help groups.

Formal care:

Care provided by trained, paid professionals, typically in organized settings like hospitals or clinics.

Types of care (Formal)

Primary care: The first point of contact for people. It is usually general less specialized, and provided in the community (e.g. GPs)

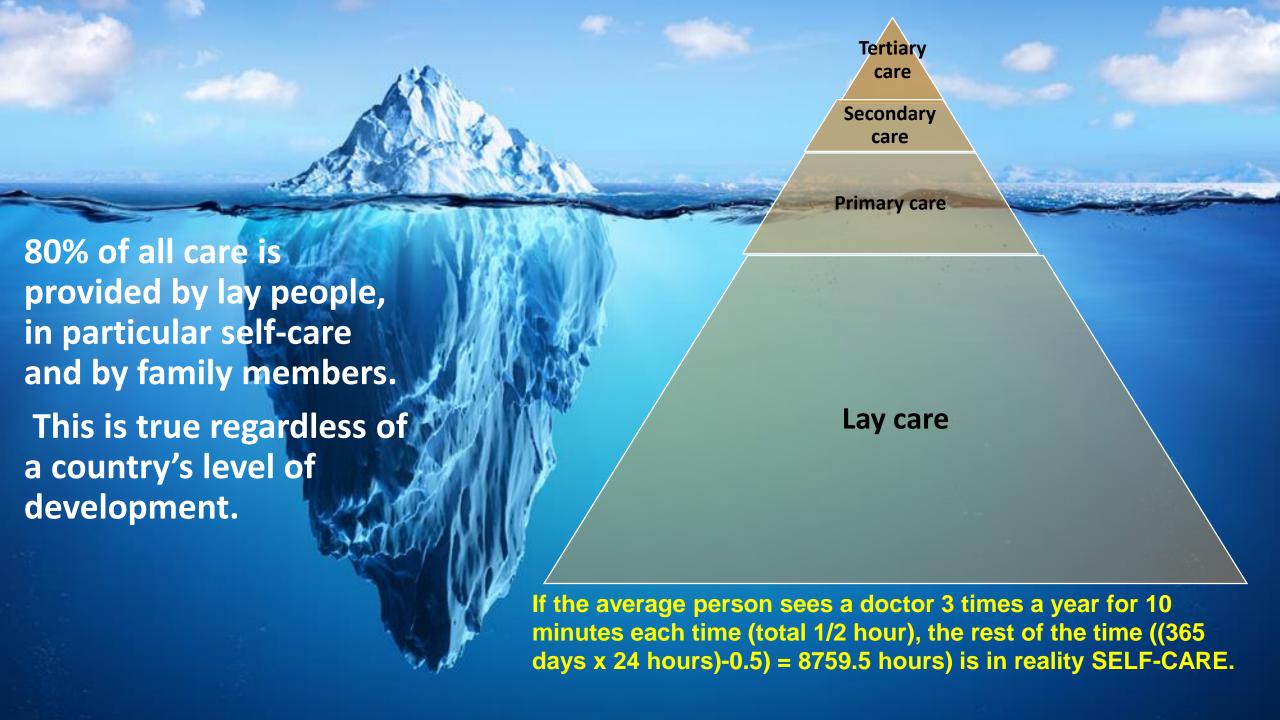
Include diagnosis and treatment of a health condition, and support in managing long-term healthcare (chronic conditions like diabetes.).

Secondary care: This is specialized care, often accessed through a referral from a primary care provider. It is typically provided in local hospitals or outpatient clinics (OPCs) by specialists (e.g. Orthopaedics, cardiologists, urologists, dermatologists and other specialists).

Tertiary care: Highly specialized care. Often accessed by referral from secondary care. It is usually provided in national or regional hospitals (cancer management, neurosurgery, cardiac surgery, plastic surgery, treatment for severe burns, advanced neonatology services, palliative, and other complex medical and surgical interventions).

Notes:

- Exceptions EXIST!
- Imbalances between levels and types of care occur.



The roles of lay carers

1.Providing information and advice

Guide individuals on what steps to take regarding their health. (e.g. encouraging or discouraging someone to contact formal services).

2.Emotional support

Involves helping to buffer adverse life events that affect someone's health, supporting change in behaviour (e.g. quit smoking), or assist in recovery and rehabilitation after illness.

3. Practical assistance

(This one is the closest to the services provided by formal care). A family member might help with daily tasks or administering medications to a sick relative or Learning how to operate medical devices (e.g., a CPAP machine for sleep apnea)

Most of lay care is provided by women (Universal phenomenon). (caring for sick relative, child,..etc)

Formal vs Lay care

	Formal care	Lay care
The setting	Usually takes place in formal setting (health center)	Usually takes place in an informal setting (person's home)
The training	Carers receive a formal training and receive certifications, licenses, or qualifications at the end.	Carers get no or only unstructured training
The rewards	Carers are paid	Carers are not paid

To what extent can lay care be utilized?



Recent changes in caring obligations in most modern societies (nuclear families).

With longer life expectancy, more elderly people are living alone, often without nearby family to care for them.

Greater geographical mobility separates family members. These factors have led to more need for formal care

Types of Health Care Facilities

Agencies providing health care can be classified:



By type of ownership



By the duration of care



By the type of health care services they provide

(there are facilities that provide multiple types of services).

By type of ownership

The health care facilities are two categories by ownership:

- **❖**For profit
- **❖** Not-for-profit

For-profit facilities: are owned and run by organizations with shareholders e.g. private health sectors.

Not-for-profit (nonprofit) facilities owned and run by the public (a public entity such as government, or an agency of the government, such as a military hospitals or a specialized group, such as a religious organization or community association.

By the duration of care

A health care facility also is categorized as either an *outpatient or inpatient* facility.

Outpatient facilities provide only health care services, not longer than twenty-four hours.

Inpatient facilities are those that provide health care treatments including medical treatments, procedures, room accommodations, meals, and essential services, for patients who need continuous, medically supervised care for at least 24 to 48 hours or more.

NOTE: In health care, there is a specific difference between date of service and twenty-four hours.

A date of service is a calendar day—12:00 a.m. to 11:59 p.m.— while twenty-four hours is exactly twenty-four consecutive hours.

In some cases, a patient may be kept in the facility for twenty-four hours and this actually represents two dates of service.

This is important for accurate documentation, billing, and care classification.





Acute care:

• immediate and short-term care in an *inpatient setting* for diagnostic and therapeutic care.

<u>Inpatient medical and surgical services</u> may be administered for conditions, diseases, and injuries that need various types of care around the clock (twenty-four hours a day).

Emergency Care:

are health care facilities that are open 24 hours a day/365 days a year to provide services to those who require immediate (unscheduled) medical attention based on a single situation or circumstance.

These facilities employ physicians and staff specially trained in emergency medicine or trauma medicine.

Emergency departments (ED) are more often a part of an acute care hospital OR Independent facilities known as urgent care centers

For example:

Acute medical conditions (e.g., heart attack, labor and delivery);

Trauma care (e.g., injuries from a car accident; fall);

Psychiatric emergency (e.g. emotional crisis, severe shock).

Community or regional hospitals:

are focused on providing services that are important to those in their patient population.

Whether large or small (measured by the number of beds), this facility will be licensed as an "acute care hospital," and it will always include an emergency department.

- Medical specialty focused on providing specialized care in a certain field (e.g., King Hussein Cancer Centre, Eye Specialty Hospital, AL-Amal Maternity Hospital, NCDEG etc.)
- <u>Teaching hospitals</u> are acute care facilities with a <u>specific</u> accreditation to provide medical education and training to the health care professionals of the future.
- Those are affiliated with an accredited medical school and are involved with the approved curriculum for these students (Jordan University Hospital (JUH) in Amman and King Abdullah Hospital (KAH) in Irbid).

- Military hospitals provide health care and medical services to those individuals from military service. These facilities can be inpatient and outpatient services, extended (long-term) care, and rehabilitation care (e.g. Royal Medical services RMS).
- <u>Ambulatory Surgical Centers (ASC)</u> are free-standing facilities that provide surgical procedures on an outpatient basis only. ASCs are also known as same day surgery centers. e.g. Minor emergency clinics, Outpatient dialysis units.



Research hospitals

Research hospitals are specialized facilities that focus on developing new medical treatments and technologies.

They can operate as independent institutions or be part of a larger teaching hospital.

In these hospitals, researchers study new vaccines, surgical methods, medications, and therapies to find better ways to treat or cure diseases.

Physicians' offices are outpatient facilities that exist in a various number of sizes: solo practice, small group practice, or large group practice.

Physicians' offices may offer general services or specialized health care services, such as an endocrinologist, orthopedist, or urologist.

Clinics also known as *walk-in clinics*, free clinics, or urgent care centers, are outpatient facilities that provide a *limited scope* of services. (i.e. assessment and referral when needed)





• Home health agencies Home health agencies are organizations that arrange for healthcare professionals, such as doctors, registered nurses, and licensed practical nurses, to provide medical services in a patient's home. These services are designed for individuals who need care but prefer to receive it in their own residence rather than in a hospital or clinic.

• E.g. Al Hussein Cancer Center's Home Care Program

Rehabilitation hospitals/centers

Rehabilitation hospitals or centers provide specialized care for patients who have experienced physical or mental disabilities.

These facilities aim to help patients regain function and independence through services such as physical therapy, occupational therapy, and speech therapy.

Rehabilitation centers can operate on an inpatient or outpatient basis and are often connected to acute care hospitals, teaching hospitals, or skilled nursing facilities.

e.g. The Jordanian Royal Medical Services Rehabilitation Center





Domiciliaries:

Facilities that provide housing and supervision for individuals who are largely independent but may need some level of healthcare support, such as help with managing medications.

Residents may live in a private room within a group home or in an individual apartment, depending on the facility.

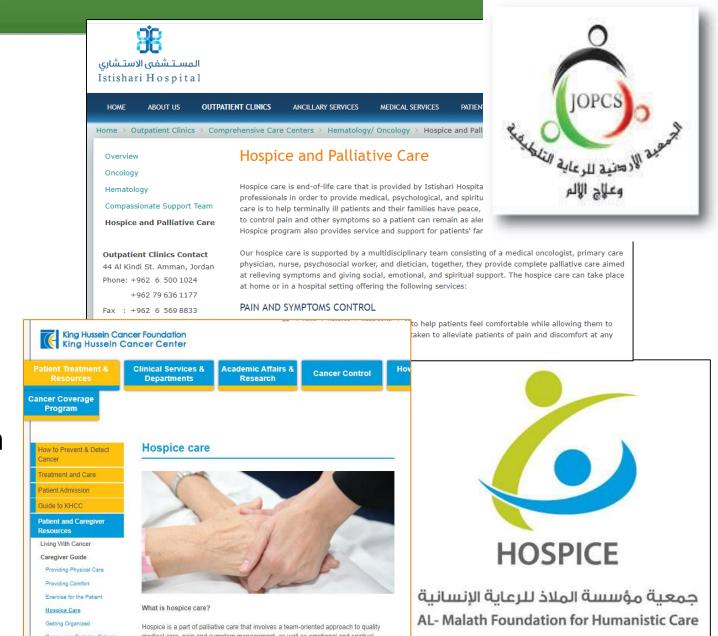
These settings offer a balance of independence and care, ensuring residents have a safe living environment with access to limited medical assistance.. ...نار، مسكن





Hospice

- a type of healthcare service that provides end-of-life care, also known as palliative care, to terminally ill patients.
- This care focuses on comfort and quality of life rather than curative treatment.
- Hospice services can be delivered in the patient's own home or in a dedicated inpatient hospice facility, depending on the patient's needs and preferences.



<u>Utilization of Health care services</u>

- The need for health care services has actually expanded over recent decades and even centuries.
- Health care utilization: the way individuals use the resources of the health care industry.

Factors that affect Overall Health care utilization

1) factors that may decrease health services utilization

- Decreased supply (e.g., hospital closures, large numbers of physicians retiring)
- Public health and sanitation advances (e.g. quality standards for food and water distribution; reduced length of hospital stay)
- Better understanding of the risk factors of diseases and prevention initiatives (e.g., smoking prevention programs, cholesterol lowering drugs, encouraging self-care and healthy lifestyles)
- Discovery or use of treatments that cure or eliminate diseases
- Changes in consumer preferences (e.g. home birthing, more self-care, alternative medicine)

2. Factors that may increase health services utilization

- Increased supply (e.g., ambulatory surgery centers, assisted living residences)
- Growing population (e.g. more elderly population: more functional limitations associated with aging, more illness associated with aging)
- New procedures and technologies (e.g. hip replacement, stent insertion, MRI)
- New disease entities (e.g., HIV/AIDS, bioterrorism)
- New drugs, expanded use of existing drugs
- Increased health insurance coverage
- Changes in practice patterns (e.g. more effective services of the elderly)
- Changes in consumer preferences and demand (e.g. cosmetic surgery, hip and knee replacements, direct marketing of drugs)

Administration role!

- One of the responsibilities of healthcare administrator is to determine what types of services the population needs and will need.
- The first step is to look at the population for the given area.
- It is important to evaluate the population of the facility's *primary and* secondary service areas:
- A health care facility's *primary service* area is that geographical area from which the facility will attract 75 percent of its patients.
- The other 25 percent of the geographic region are the *secondary* service area.
- Understand Demographics (age, gender, culture) and Economics (Income, employment, education) of the primary service area to decide which health service is more suitable to provide.

THANK YOU

You cannot buy your health; you must earn it through healthy living.

- JOEL FUHRMAN