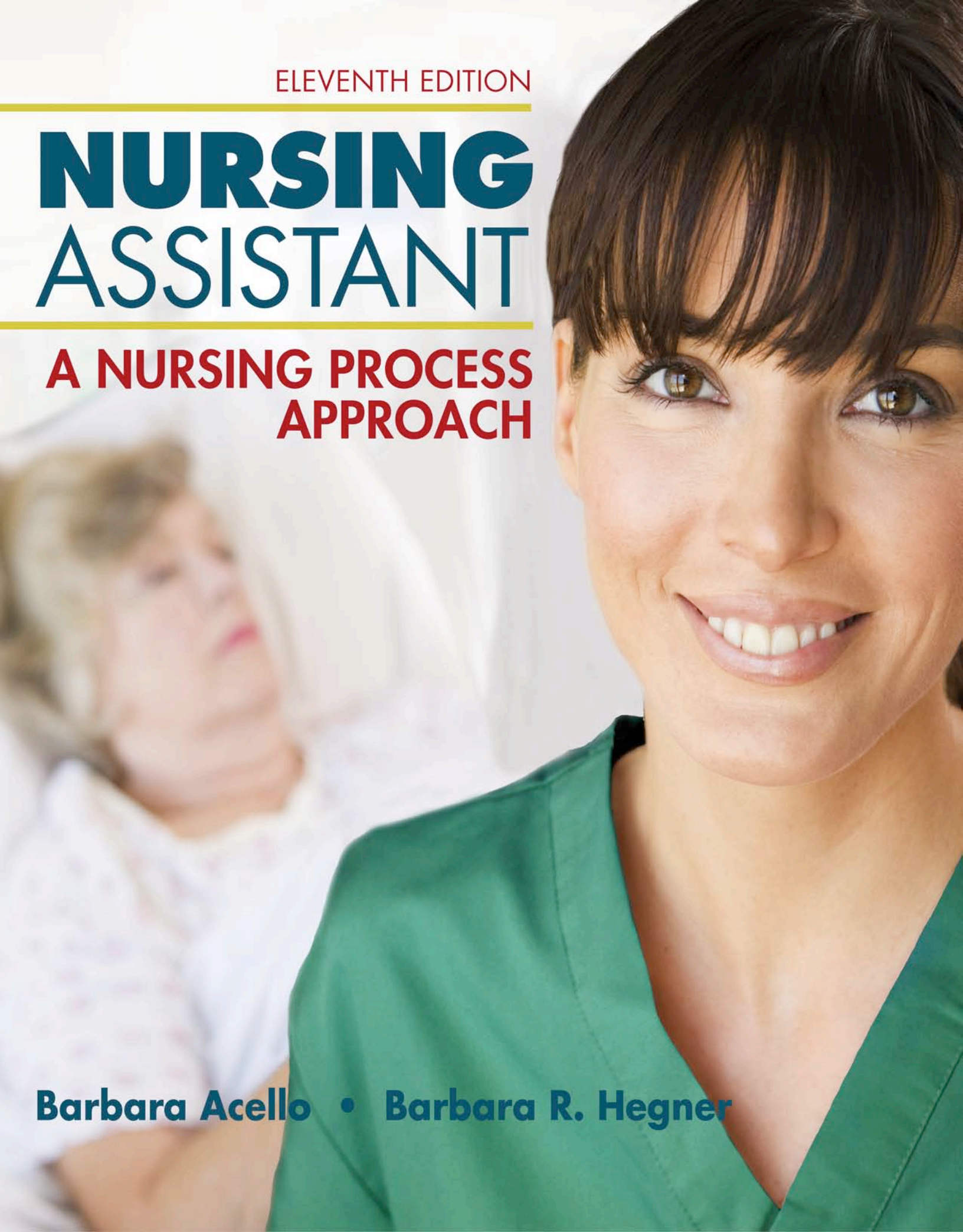


ELEVENTH EDITION

# **NURSING ASSISTANT**

**A NURSING PROCESS  
APPROACH**

**Barbara Acello • Barbara R. Hegner**



ELEVENTH EDITION

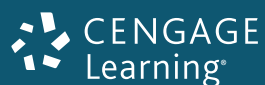
# NURSING ASSISTANT

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(Deceased)



Australia • Brazil • Mexico • Singapore • United Kingdom • United States

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## ICON KEY:

**OBRA** = OBRA **PPE** = PPE **VIDEO** = VIDEO

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## BARBARA HEGNER

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Barbara Robinson Hegner, RN, MSN, was a graduate of a three-year diploma nursing program where direct and total care was the focus. She earned a BSN at Boston College and an MS in nursing from Boston University, with a minor in biologic sciences. She was Professor Emerita of Nursing and Life Sciences at Long Beach City College, Long Beach (CA).

Throughout her professional career, she had a deep interest in both hospital-based and long-term care nursing. It was Ms. Hegner's belief that ensuring the rights and well-being of all patients and residents requires the care of competent, caring nursing assistants under the supervision of professional nurses. The nursing assistants who provide this care should be thoroughly trained and consistently encouraged, evaluated, and given the opportunity for continued learning. Providing the tools to prepare these health care providers in the most effective and efficient way has been the goal of *Nursing Assistant: A Nursing Process Approach*, through its many editions.

# Preface

During the 1940s, nurses' duties involved tasks such as giving massages; preparing dressing packs, cotton balls, and applicator sticks; washing and sterilizing surgical gloves, dressings, syringes, and catheters for reuse; and sharpening the needles used on glass syringes. Physician supervision was required for taking blood pressure. World War II caused a shortage of nurses. Summer polio epidemics strained resources. Necessity is the mother of invention, so nursing responsibilities expanded. A new caregiver called the *nurse aide* was born. By the end of 1945, 212,000 women had become nurse aides. Hospitals began to make distinctions between skilled and non-skilled nursing care. How far we have come in 70 years!

Today's nursing assistants must possess critical thinking and technical skills. They have assumed more advanced responsibilities than ever before. Nursing assistants are important members of the nursing team, making valuable contributions to the nursing process. The nursing assistant of the 21st century must be prepared to use the nursing process to provide competent, patient-centered care in an advanced care setting. Selected advanced skills have been included in this revision to enhance nursing assistant knowledge and responsibilities. These skills are a routine part of the job description in many facilities.

*Nursing Assistant: A Nursing Process Approach, 11th Edition*, is written for today's nursing assistants, providing information to support successful mastery of critical thinking and technical skills with a focus on providing excellent patient-centered care. Continuing its mission to emphasize the importance of treating those entrusted to care as total individuals who possess dignity, have value, and deserve respect, the ongoing goal of this text and supplement package is to provide the tools that instructors can use to teach nursing assistants to meet high standards of personalized, patient-focused care. This will enable them to help patients achieve a desirable level of comfort, restoration, and wellness while protecting and respecting patients' rights as health care consumers.

## ORGANIZATION

Long respected as a leading textbook for nursing assisting education, this 11th edition of *Nursing Assistant* is organized to bring the reader from the foundational concepts through the detailed, step-by-step procedures for patient care. Section 1 is an introduction to nursing assisting, covering the role of the nursing assistant, rights and responsibilities in health care, and legal and ethical issues. Section 2 explores the foundational scientific concepts of medical terminology and body organization, as well as the classification of disease. Communication skills and the critical skills of observation, reporting, and documentation are covered in Section 3, along with meeting basic needs and important coverage of developing cultural sensitivity. Section 4 thoroughly covers infection and infection control, which are critical to effective patient care. Section 5 presents detailed



information on safety and mobility, including positioning, transfer skills, and ambulation. The important skills of measuring and recording vital signs, height, and weight are presented in Section 6. Admission, transfer, and discharge, as well as bedmaking, bathing, and general comfort measures, are covered in Section 7. Section 8 provides detailed but accessible information on nutrition and fluid balance. Section 9 covers a wide range of special care procedures that all nursing assistants will need to perform to provide quality patient care. Other health care settings, including the long-term care facility, home health care, and subacute care, are discussed in Section 10, which also contains a chapter on alternative, complementary, and integrative approaches. Section 11 provides comprehensive coverage of all body systems, common disorders, and related care procedures. The expanded role of the nursing assistant, including care of special populations, is presented in Section 12. Finally, Section 13 presents excellent resources for moving forward with professional practice, including employment opportunities and career growth.

## FEATURES

The features of *Nursing Assistant: A Nursing Process Approach* have been carefully honed through its many editions to provide readers with the most important information in an easily digestible format.

- Chapter objectives help focus the reader on key learning outcomes.
- Key terms can be used to improve reading comprehension and to support study and exam prep.
- The “Guidelines” feature highlights important steps and considerations for specific care situations.
- Alerts highlight urgent information on Infection Control, Safety, Culture, Difficult Situations, OSHA, Communication, Age-Appropriate Care, and Legal considerations.

- Clear, concise, step-by-step procedures are supported by full-color photographs and illustrations.
- Unit Review and Nursing Assistant Challenge questions test and reinforce understanding.

## New to This Edition

In addition to carefully updated content and numerous new, engaging, full-color photos, the following updated and enhanced content addresses the changing character of nursing assistant practice:

- Real on-the-job responsibilities
- Projecting a positive image
- Time management
- Managing and organizing assignments
- Handoff communication
- Career growth and advancement, and expanding the scope of nursing assistant practice
- Building relationships
- Professionalism
- Evidence-based practice
- Introduction to the Affordable Care Act (ACA)
- Social media
- Cell phones and other wireless handheld devices
- Electronic communication and documentation
- Differentiating between an electronic medical record (EMR), an electronic patient record (EPR), an electronic health record (EHR), and a personal health record (PHR)
- SBAR communication
- Transitional care
- Biofilms
- Worsening problems with drug-resistant organisms
- Intergenerational care
- Understanding trends in health care due to an aging population
- Observation and reporting alerts
- Assistive transfer devices
- Basic sterile technique
- Dressings and bandages
- Preventing skin tears
- Negative pressure wound therapy systems and pulsatile lavage
- Intellectual disabilities and developmental disabilities
- Expanded home health care content
- Implantable cardioverter defibrillator
- Removal of an indwelling catheter

## EXTENSIVE TEACHING AND LEARNING PACKAGE

Cengage Learning has provided a complete learning package to accompany *Nursing Assistant: A Nursing Process Approach*. Each supplement has been extensively revised to reflect the changes in the 11th edition of this textbook.

## Student Resources

The following resources were developed to help students learn and practice the information essential to becoming certified as a skilled nursing assistant:

### *MindTap for Nursing Assistant: A Nursing Process Approach*

ISBN: 978-1-305-26489-2 (electronic access code) / 978-1-305-26490-8 (printed access card)

MindTap is a fully online, interactive learning experience built upon authoritative Cengage Learning content. By combining readings, multimedia, activities, and assessments into a single learning path, MindTap elevates learning by providing real-world application to better engage students and improve student outcomes. MindTap is device agnostic, meaning that it will work with any platform or learning management system and will be accessible anytime, anywhere: on desktops, laptops, tablets, mobile phones, and other Internet-enabled devices.

*MindTap for Nursing Assistant: A Nursing Process Approach, 11th Edition* includes:

- An interactive eBook with highlighting, note-taking (integrated with Evernote), ReadSpeaker, and more
- Flashcards for practicing chapter terms
- Computer-graded activities and exercises:
  - Self-check and application activities, integrated with the eBook
  - Study guide with additional computer-graded activities and exercises
  - Video case studies

### *Workbook to Accompany Nursing Assistant: A Nursing Process Approach, 11th Edition*

ISBN: 978-1-133-13240-0

The student workbook has been updated with new content and directly correlates to the textbook. This competency-based supplement includes challenging items such as word

games, puzzles, and exercises to help students understand essential content and master the definition and spelling of key terms. A section on studying for the state written and competency examination is included in the workbook, to help students who will be taking a state certification exam.

### Student Companion Website

ISBN: 978-1-305-57779-4

Visit [www.cengagebrain.com](http://www.cengagebrain.com) for free online resources including additional nursing procedures, a Spanish-English Glossary, and chapter support.

### On the Job: The Essentials of Nursing Assisting

ISBN: 978-1-133-13244-8

This on-the-job companion is a handy pocket reference designed to keep critical nursing care information at the fingertips of practicing nursing assistants. You are expected to have a vast amount of knowledge about many subjects. Some of this information may not be committed to memory. This book contains current, essential information to sustain you in your practice. The convenient size is designed to be carried to work to provide a resource that enables you to quickly find current, evidence-based information. Using this book, you can easily find suggested responses to common situations.

### Instructor Resources

#### Instructor Companion Website to Accompany *Nursing Assistant: A Nursing Process Approach, 11th edition*

The password-protected Instructor Resources Companion allows you to spend less time planning and more time teaching. The Instructor Resources Companion site can be accessed by going to [www.cengage.com/login](http://www.cengage.com/login) to create a unique user log-in. Once your instructor account has been activated, you will have access to a comprehensive selection of digital support materials, including:

- The *Instructor's Manual to Accompany Nursing Assistant: A Nursing Process Approach, 11th Edition*, with instructor support and syllabi, answers to unit reviews, answers to the workbook questions, additional evaluations and answer keys, procedure evaluation forms, transparency masters, and more.
- PowerPoint® presentations for each chapter, highlighting key concepts from each chapter.
- Cognition Testbank

### Delmar's Nursing Assistant Skills and Procedures, 1st Edition

ISBN: 978-1-305-10995-7 (electronic access code) / 978-1-305-10996-4 (printed access card) / 978-1-4390-5778-0 (DVD)

*Delmar's Nursing Assistant Skills and Procedures* is a video series that offers a key learning component to help you prepare students for a career in nursing assisting. This series, provided as online videos and on DVD, includes more than 65 basic skills that a nursing assistant may encounter, whether working in assisted living, long-term care, or acute care settings. Together, they offer 180 minutes of programmed material. These skills are step-by-step, real-time skills performed by actual nursing assistants, and some skills even involve real patients! Narration describes each step, and snippets of dialogue between the patient and nursing assistant are provided to emphasize the importance of patient communication. *Delmar's Nursing Assistant Skills and Procedures* video series is the perfect training tool to help you prepare students for an exciting career in nursing assisting.

For your convenience, a DVD icon appears in the text on every procedure that has a corresponding video clip.

### ACKNOWLEDGMENTS

Each new edition brings with it the pleasant task of acknowledging the contributions of a number of individuals who have believed in, supported, and contributed to this project.

First, my son Jon and grandson Chris have given greatly of themselves while I worked on this manuscript. I appreciate their assistance, love, and support.

### Contributors

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My dear friend and frequent writing partner Laura More, LCSW of More and More, LLC knows my strengths, weaknesses, likes, dislikes, and needs well. Although we did not collaborate on this book, I did not have to ask for help. She knows the process and jumped

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# How to Use This Textbook

The 11th edition of *Nursing Assistant: A Nursing Process Approach* has been carefully designed and updated to make the study of nursing assistant tasks and responsibilities easier and more productive. For best results, you may want to become familiar with the features incorporated into this text and accompanying learning tools.

## TABLE OF CONTENTS

For each unit, the table of contents lists the unit title, major topic headings, general guidelines for specific areas of care and topics of importance to the nursing assistant, and patient care procedures.

## UNIT OPENING PAGE

Each unit opening page contains objectives and vocabulary terms.

The **objectives** help you know what is expected of you as you read the text. Your success in mastering each objective is measured by the review questions at the end of each unit.

The **vocabulary** list alerts you to new terms presented in the unit. When each term is first used in the unit, it is highlighted in boldface and color. Each term is defined at this point in the unit. Read the definition of the term and note the context in which it is used so that you will feel comfortable in using the term. Note that the highlighted terms are also defined in the glossary at the back of the book.

## TEXT ALERTS

The alerts provide important content on infection control, OSHA, communication, age-appropriate care, legal considerations, safety, difficult situations, critical thinking, and clinical information related to patient care. These alerts make the learner aware of best practices in patient care; include practical tips based on experience; and highlight critical infection control, safety, and other regulatory guidelines.

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### UNIT 7

## Communication Skills

**OBJECTIVES**

After completing this unit, you will be able to:

- spell and define terms.
- Explain the types of verbal and nonverbal communication.
- Describe and demonstrate how to answer the telephone while on duty.
- Describe how to communicate with staff members.
- Describe the guidelines for communicating with patients with impaired hearing, important vision, aphasia, and disorientation.
- Save the guidelines for working with interpreters.

**VOCABULARY**

Learn the meaning and the correct spelling of the following words and phrases:

|                |                 |                         |                      |
|----------------|-----------------|-------------------------|----------------------|
| aphasia        | ethic           | range                   | high language        |
| body language  | feedback        | nonverbal communication | staff interpreter    |
| broiler        | inference       | paraphrasing            | verbal communication |
| disorientation | misheard client | receive                 |                      |
|                | message         | send                    |                      |

**Clinical Information ALERT**

Asthma is caused by narrowing and clogging of the bronchi, the small tubes that carry air into and out of the lungs (Figure 39-7). The bronchi normally narrow to air flow. People who do not have asthma probably will not notice the change. However, in asthmatics the change may be enough to bring on an asthma attack, whether the patient is awake or asleep.

**Age-Appropriate Care ALERT**

The incidence of asthma in children is increasing, and children living in inner cities experience higher morbidity and mortality due to asthma. Asthma accounts for at least 14 million lost school days annually. It is the third leading cause of hospitalization among children ages 15 and under. Currently, there are no preventive measures or cures for asthma; however, children and adolescents can control their asthma by taking medication and controlling their environmental triggers.

**Chronic Bronchitis**

Chronic bronchitis is prolonged inflammation in the airways and is characterized by coughing and sputum production. It is a type of chronic obstructive pulmonary disease (COPD). Swollen and red bronchial tissues, resulting in chronic bronchitis, are shown in Figure 39-8.

**Culture/Infection Control ALERT**

Disinfectants for alcohol-based hand cleaners are usually available to anyone who wants to use them. Persons of the Muslim faith may object to alcohol-based hand cleaners because the use of alcohol for medicinal purposes, some individuals are not sensitive to the practice. Provide culturally sensitive care and make sure that practicing Muslims have another, acceptable means of handwashing available to them.

**Infection Control ALERT**

Always wash your hands with soap and water if a patient has infectious diarrhea or another condition spread by spores. Alcohol-based cleaners will not eliminate spores. The mechanical action of soap, water, and friction used during handwashing will remove spores from your hands and wash them down the drain.

**Standard Precautions**

Standard precautions (Figure 13-6) are the infection control actions used for all people receiving care, regardless of their condition or diagnosis. All health care workers follow specific procedures, called work practice controls, to prevent the spread of infections. Standard precautions apply to situations in which care providers may contact:

- Blood, body fluids (except sweat), secretions, and excretions
- Mucous membranes
- Nonintact skin

Some examples of secretions and excretions are:

- Respiratory mucus (phlegm)
- Sputum
- Cerebrospinal fluid
- Urine
- Feces
- Vaginal secretions
- Semen
- Vomitus

**PROTECTING YOURSELF**

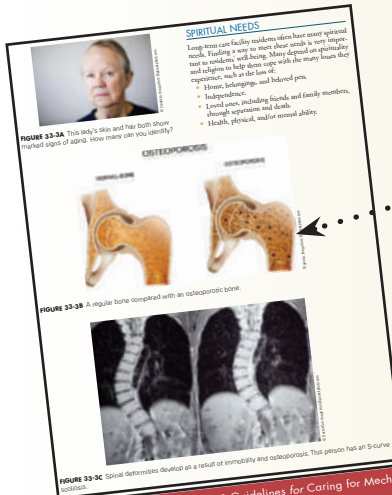
As you perform your duties, you may contact potentially infectious material such as blood or other body fluids. This is called occupational exposure. An exposure incident occurs when your eyes, nose, mouth, mucous membranes, or potentially infectious material. If this occurs, wash exposed skin well with soap and water. Rinse your eyes, nose, or mouth with clear water. Notify the nurse promptly.

**TRANSMISSION-BASED PRECAUTIONS**

Standard precautions do not eliminate the need for other isolation precautions. The goal is to interrupt the mode of transmission, which prevents the pathogen from spreading. A second set of precautions, called transmission-based precautions, is used with certain highly transmissible diseases. Standard precautions are always used in addition to transmission-based precautions.

**OSHA ALERT**

Using proper medical asepsis and following standard precautions are the best ways to prevent infection contact with a bloodborne pathogen. If you accidentally contact blood or body fluid, wash the area well and notify the nurse immediately. You will be treated according to the established exposure control plan, which describes actions to take for accidental contact with biohazardous substances.



**SPIRITUAL NEEDS**  
 Long-term care facility residents often have unmet spiritual needs. Finding a way to meet their needs is very important to residents, with being shown respect on spirituality and religious to help them cope with the many losses that experience, such as their sense of:  
 • Home, belonging, and beloved ones.  
 • Independence.  
 • Loved ones, including friends and family members, through separation and death.  
 • Health, physical, and/or mental ability.

## PHOTOGRAPHS AND ILLUSTRATIONS

Numerous color illustrations and photos help to clarify and reinforce the unit content. Many figures are used in the procedures to help you visualize critical step-by-step information. Full-color anatomy drawings help you to locate body components and understand body organization.

## GUIDELINES

“Guidelines for . . .” features highlight important points that you need to remember for specific situations or types of care. They are presented in an easy-to-use format that you can refer to repeatedly until you know the actions you must take when confronted with the situation.

**GUIDELINES 39-1 Guidelines for Caring for Mechanically Ventilated Patients**

- Monitor the patient frequently and anticipate his needs.
- Never turn the alarm off. Respond to alarms immediately. Remember: If an alarm sounds, check the patient first, not the machine.
- If an oral or nasal airway is used, keep the patient's head turned to the side to prevent aspiration.
- Monitor the patient's tolerance to the ventilator by checking pulse oximetry, vital signs, cardiac monitor, sensory ability to sleep, and mental status.
- If the person is breathing independently, observe for changes in respiratory rate and depth, shortness of breath, and use of accessory muscles in breathing.
- When monitoring the vital signs of patients using mechanical ventilation, cover spontaneous respirations as well as ventilator-delivered breaths.
- Visually inspect the chest when monitoring respiration. If both sides do not expand equally upon breathing, inform the nurse.
- Check for tube displacement each time you are in the room. The endotracheal tube is usually marked on the face, neck, or nose, so you can see if the tube has moved.
- Make sure the endotracheal tube is taped securely, reduce the noise if the tape is loose or comes off.
- Condensation in the ventilator tubing causes resistance to air flow and increases the risk of aspiration. Inform the nurse or RCP if condensation forms. Do not attempt to empty condensation in the ventilator tubing backward into the humidifier or in a way that causes you to get sprayed in the face with cool, moist fluid.
- Make sure that adequate sterility of lines are available in the room in case the care plan or nurse and restrict the room entry staff and on needed.
- Items needed for emergency care, such as a Kelly clamp, clean airway, or tracheostomy tray, may be stored in plain view in close proximity to the patient. Small items may be taped to the headboard or over the head of the bed. Leave them in pack, open so they do not collect dust or become otherwise contaminated. Do not store these items in a drawer or cupboard. Make sure everyone can see them.
- Monitor the patient for constipation; inform the nurse if the patient has not had a bowel movement in 3 days.
- Provide active and passive range of motion, according to the plan of care. Use positioning aids to

## PROCEDURES

The textbook sets out clinical procedures in a step-by-step format. Each procedure reminds you to perform both beginning and completion actions. Any notes or cautions about performing the procedure are given. The steps take you carefully through the procedure, emphasizing at all times the need to work safely and to protect the patient's privacy. Each procedure is marked with icons to help you easily identify procedures that contain key OBRA and PPE standards, as well as procedures for which a corresponding video is available on *Delmar's Basic Core Skills for Nursing Assistants* video series.

**PROCEDURE 46 ADMITTING THE PATIENT**

1. Wash hands.
2. Assemble equipment:
  - Equipment for urine specimen collection
  - Equipment for taking temperature
  - Pad and pencil
  - Patient's chart or worksheet
  - Stethoscope
  - Admission kit
    - water pitcher
    - glass
    - liquid soap
    - washcloth
    - towel
    - basin
    - lotion
    - mouthwash
  - Scale
  - Blood pressure cuff and manometer
  - Watch with second hand
  - Disposable gloves (if urine specimen is required)
3. Prepare the unit for the patient by:
  - a. Making sure that all necessary equipment and furniture are in their proper places and in good working order (Figure 22-5).
  - b. Checking the unit for adequate lighting.
4. Identify the patient both by asking the name and checking the identification bracelet.
  - a. Introduce yourself.
  - b. Take the patient and the patient's family to the unit.
  - c. Do not appear to rush the patient.
  - d. Be courteous and helpful to the patient and the family.
5. Ask the patient to be seated, if ambulatory.
  - a. Ask the family to go to the lounge or lobby while the patient is being admitted.
  - b. Introduce the patient to roommates, if any.
  - c. As permitted, explain what will happen in the next hour.
6. Screen the unit by closing window curtains and privacy curtains to provide privacy (Figure 22-6).
7. Help the patient to undress and put on a hospital gown or night clothes from home.
8. Check the patient's vital signs, weight, and height.
9. Help the patient get into bed. Adjust the side rails as needed.
10. If the patient is wearing any jewelry or has valuables:
  - a. Make a list of them and ask the patient to sign it. This protects the facility and the patient.

## UNIT REVIEWS AND TESTING MATERIAL

A variety of review questions at the end of each unit test your understanding of the unit content. This content has been expanded as a result of instructor requests. Each review contains a Nursing Assistant Challenge that presents a typical clinical situation and asks questions about your response to the situation. These questions help you master critical thinking skills and require you to integrate what you have learned to arrive at an appropriate solution or set of actions.

**REVIEW**

**A. True/False**  
 Mark the following true or false by circling T or F.

1. T F Approximately 25 percent of adults in the United States are overweight.
2. T F Genetics and environment affect a person's weight.
3. T F Persons with mild to moderate obesity qualify for bariatric surgery if they have one comorbidity.
4. T F Comorbidities are genetic problems that cause or contribute to obesity.
5. T F Obesity places a great strain on the heart and lungs.
6. T F Bariatric patients are just larger versions of the normal-size adult.
7. T F When taking the blood pressure of a bariatric patient, a large, extra-large, or thigh-size cuff may be necessary.
8. T F Bariatric patients cannot develop an eating disorder.
9. T F Wall-mounted toilets should not be used for patients who weigh more than 500 pounds.
10. T F Obese patients do not develop malnutrition.

**B. Matching**  
 Choose the correct phrase from Column II to match the words in Column I.

**Column I**

11. \_\_\_\_\_ minimally invasive surgery

**Column II**

- a. a condition in which a person weighs more than his or her should, considering his or her height and bone size
- b. breathing abnormally fast and deep
- c. surgical procedure that is done through a scope and does not require a large incision
- d. mathematical formula related to lifespan or longevity and health
- e. backflow of stomach juices and food into the stomach into the esophagus and mouth
- f. field of medicine that treats obesity and discusses associated obesity
- g. a large, hanging flap of abdominal skin
- h. a person who speaks on behalf of the patient

**C. Multiple Choice**  
 Select the one best answer for each of the following.

21. Early signs of dehydration in the bariatric patient include:
  - a. fever, high blood pressure, and edema.
  - b. bradycardia and increased urination.
  - c. decreased urinary output and tachycardia.
  - d. diarrhea, edema, and tachycardia.
22. Bariatric patients who complain of feeling hot may obtain relief from:
  - a. removing the patient's clothes and top sheet, and then closing the door.
  - b. an electric fan that the patient can position and control.
  - c. folding a newspaper to create a handheld fan.

ELEVENTH EDITION

# NURSING ASSISTANT



# SECTION 1

## Introduction to Nursing Assisting

### UNIT 1

Community Health Care

### UNIT 2

On the Job: Being a Nursing Assistant

### UNIT 3

Consumer Rights and Responsibilities in Health Care

### UNIT 4

Ethical and Legal Issues Affecting the Nursing Assistant

# UNIT 1

## Community Health Care

### OBJECTIVES

---

After completing this unit, you will be able to:

- Spell and define terms.
- List the five basic functions of health care facilities.
- Describe four changes that have taken place in health care in the past few decades.
- State the functions of hospitals, long-term care facilities, home health care, hospice, and other types of health care facilities.
- Name the departments within a hospital and describe their functions.
- List at least five ways by which health care costs are paid.
- State the purpose of health care facility surveys.
- Describe patient-focused care.
- Explain why transitional care is important.

### VOCABULARY

---

Learn the meaning and the correct spelling of the following words and phrases:

|                                       |   |  |                        |
|---------------------------------------|---|--|------------------------|
| accreditation                         | hospice   | Occupational Safety and Health Administration (OSHA) | psychiatric            |
| acute illness                         | hospital  | occupational therapy                                 | quality assurance (QA) |
| certification                         | license   | orthopedic   | rehabilitation         |
| chronic illness                       | long-term acute care hospital (LTACH)             | pathology  | resident               |
| citation                              | long-term care facility                           | patient  | respiratory therapy    |
| client                                | Magnet Program for Excellence in Nursing Services | patient-focused care                                 | speech therapy         |
| community                             | managed care                                      | pediatric  | survey                 |
| cross-trained                         | Medicaid  | physical therapy                                     | surveyor               |
| diagnosis related groups (DRG)        | Medicare  | postanesthesia recovery (PAR)                        | transition             |
| facility                              | multiskilled worker                               | postpartum   | transitional care      |
| health care consumer                  | obstetric   | prenatal   |                        |
| health maintenance organization (HMO) |   |  |                        |

## INTRODUCTION

Nursing assistants play an important role in the care of people who are ill or injured. You will care for these persons under the direction and supervision of licensed, professional health care workers, such as physicians and nurses. A **facility** is a place in which care is given. A **hospital** is a complex organization that provides a full range of health care services. Some hospitals provide highly technical care. Others provide general care for patients with many conditions. Some provide only specialized services, such as treatment for cancer or rehabilitation care. A **long-term care facility** provides care to persons whose conditions are stable but who need monitoring, nursing care, and treatments.

### Functions of Health Care Facilities

All health care facilities have five basic functions:

1. Providing services for the ill and injured (Figure 1-1)
2. Preventing disease (Figure 1-2)



**FIGURE 1-1** Health care facilities provide routine, emergency, and surgical services to many different types of patients.

3. Promoting individual and community health
4. Educating health care workers (Figure 1-3)
5. Promoting research in medicine and nursing

## OVERVIEW OF HEALTH CARE

Health care today emphasizes **patient-focused care**. This care focuses on the unique needs of each person. It includes several general areas of care:

- Good communication
- Making the patient a partner in his or her own care
- Respecting the patient's needs, values, beliefs, and decisions even if you disagree
- Promoting good health and a healthy lifestyle
- Providing physical care and comfort
- Supporting the patient's mental and emotional needs
- Coordinating care with others



Courtesy of CDC/Judy Schmidt. Photo by James Gathany.

**FIGURE 1-2** Vaccines are an important means of staying healthy. Unvaccinated health care workers can spread diseases to patients. You cannot get a disease from the vaccine.



U.S. Navy photo.

**FIGURE 1-3** Health care changes regularly. Attending classes to learn new information helps you grow personally and professionally, and enhances your knowledge and value as an employee.

- Limiting the number of people involved in patient care so workers are more familiar with the patient, and the patient knows who his or her caregivers are
- Meeting the patient's needs efficiently
- Containing costs
- Paying attention to the aspects of care that will help the person lead a fulfilling and satisfying life

Staff members may become **multiskilled workers** by cross-training to perform additional skills. Multiskilled workers can perform many functions, enabling them to do more than one kind of work. They usually learn skills from more than one discipline. For example, a multiskilled nursing assistant may be **cross-trained** to draw blood and obtain electrocardiograms (Figure 1-4). He or she may also be taught to perform certain clerical duties. This type of cross-training avoids the need to transfer the patient to another department for care and reduces the waiting time for necessary tests and other services.

Quality of life has become an important concern in health care delivery. Some decisions are made with the patient's future quality of life in mind. Quality-of-life policies focus on providing care in an environment that humanizes and individualizes each patient. Care is personalized to the person's needs. In some situations, preserving the quality of the patient's life is more important than increasing the length of life.

Many changes have occurred in health care within the past few decades. There are several reasons for this:

- People are living longer. As people age, they need more services. Employment of nursing assistants is expected to grow by 20 percent from 2010 to 2020 because of a large increase in the elderly population. This is much faster than the average for all occupations (Figure 1-5).
- Advanced technology means that more lives are saved. However, some patients need continuing health care.
- The cost of health care has increased because of the demand for services and advances in technology.
- Advances in science have created many ethical (moral) questions that must be answered.

Patients are discharged earlier from hospitals to reduce the cost of care. These patients may still require health care. This care can be given more economically in long-term care facilities and in the person's home. Diagnostic tests and procedures are provided in outpatient facilities to further decrease costs. It is less expensive, for example, to receive treatment for a throat infection in an urgent care center than in a hospital emergency room. Surgicenters, urgent care centers, and clinics are examples of such facilities.

Most health care is paid for with insurance. **Managed care** was popular in the 1990s. The goal was to provide health care services efficiently at the lowest cost. Briefly, this means that the insurance company will:

- Preapprove some procedures or diagnostic tests.
- Negotiate with some facilities and professionals to provide care and services at a lower cost to the company's members.



Courtesy of CDC/Amanda Mills.

**FIGURE 1-4** This multiskilled nursing assistant was cross-trained so she can draw blood when needed.



Courtesy of Laura More.

**FIGURE 1-5** An aging population needs more health care services.



### Infection Control **ALERT**

The development of infection is dangerous for the patient and is very costly to insurance companies and the hospital. One person can spread the infection to many others, including staff, family members, and visitors. Prevention of infection is a major nursing assistant function.

- Approve only a certain number of days of hospitalization for specific diagnoses. If the patient must stay longer, the hospital must get approval from the insurer, or payment may be denied.
- Require that specific procedures be done on an outpatient basis rather than having the patient admitted to the hospital.

Although managed care is alive and well, costs are increasing rather than decreasing. Consumers were not satisfied with the restrictive coverage. Today, managed care plans are offering more choices than they did in the past. However, this has increased the out-of-pocket cost to consumers.

## NEEDS OF THE COMMUNITY

People who live in a common area and share common health needs form a **community**. The community may provide waste disposal, safe drinking water, services to ensure that food in stores and restaurants is healthy, and some health services. Public health laws regulate these services and are enforced by government agencies.

Health care is needed throughout life. The care may be short term or long term and includes:

- Preventive care to maintain good health
- **Prenatal** care (care of the mother during pregnancy) (Figure 1-6A)
- Well-baby checkups and immunizations (Figure 1-6B)
- Health education to teach individuals how to avoid disease and injury
- Physical examinations throughout life
- Emergency care for sudden illness or injury
- Surgery to repair an injured body part or remove a diseased organ
- Rehabilitation to help a person to regain abilities lost due to illness or injury (Figure 1-7)
- Long-term care for persons with chronic or incurable conditions
- **Hospice** care for patients who are dying, and their families



**FIGURE 1-6A** Prenatal care is essential for a healthy mother and infant.



**FIGURE 1-6B** This infant will be scheduled for well-baby checkups and regular immunizations.



**FIGURE 1-7** This amputee is performing abdominal training with a medicine ball during routine therapy.

Persons receiving health care are called **health care consumers**. They are also identified by the type of care they need:

- **Patient** is a person who receives care in acute care facilities such as hospitals.
- **Client** is a person who receives care in his or her home.
- **Resident** is the recipient of care in a long-term care facility.

## COMMUNITY HEALTH CARE SERVICES

There are two main types of health care facilities: those that provide short-term care and those that provide long-term care (Table 1-1). Short-term care is given to persons with routine or minor problems, such as a urinary tract infection. The care may be given in the physician's office, an outpatient clinic, or an urgent care center. Uncomplicated surgeries, such as hernia repair, require only short-term care and may be done in a surgicenter or outpatient surgery department. General hospitals provide short-term care for acute illnesses. An **acute illness** or injury comes on suddenly and requires intense, immediate treatment. Heart attacks, severe burns, strokes, and uncontrolled diabetes are examples of acute conditions.

Long-term care is necessary for some persons who have chronic conditions. A **chronic illness** is one that is treatable but not curable and is expected to require life-long care. This care may be given in a long-term care facility, adult day-care setting, respite care facility, assisted living facility, or the person's home (Figure 1-8). Alzheimer's disease, multiple sclerosis, Parkinson's disease, and diabetes are examples of chronic illnesses. Refer to Section 10 for additional information.

### Hospitals

Most hospitals care for patients of all ages with a variety of problems. Some take care of patients with special conditions or care for specific age groups:

- **Pediatric** hospitals care only for children from birth to age 18.
- **Psychiatric** hospitals provide care for persons with mental illness.
- **Rehabilitation** hospitals provide rehabilitative and restorative services to patients following disease, illness, or injury. If complete restoration is not possible, the goal is to restore the patient to his or her highest possible level of function.
- **Long-term acute care hospitals (LTACH)** are a rapidly growing segment of the health care market in the United States. The facility is licensed as a hospital but is designed for patients who are expected to stay 25 days or more. To be accepted in an

**TABLE 1-1** Types of Health Care Facilities

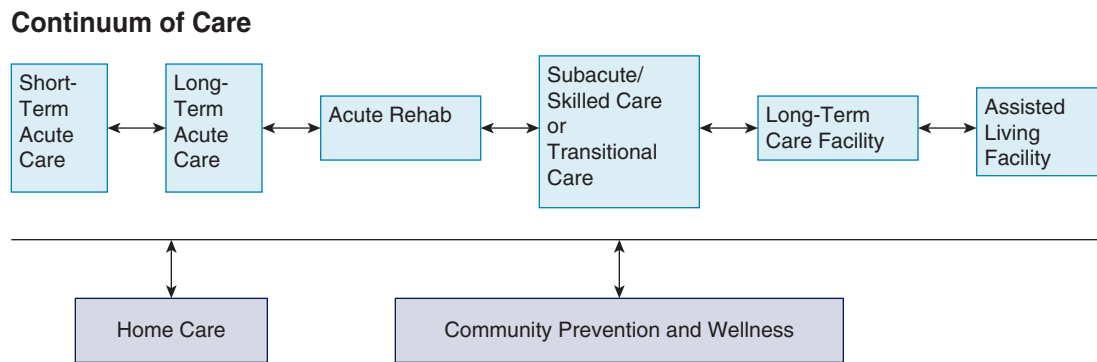
| Short-Term Care        | Long-Term Care   |
|------------------------|--|
| Hospitals              | Long-term acute care hospitals<br>Subacute and transitional care facilities<br>Long-term care facilities (LTCF); these consist of skilled nursing facilities (SNF) and nursing facilities (NF)   |
| Urgent care facilities | Adult day care   |
| Surgicenters           | Assisted living facilities (ALF)<br>(A type of long-term care facility for people who can move about, but who may need help with some activities of daily living. Most care is given by personal care assistants. Nursing staff is on call. Licensed nurses are not on duty 24 hours a day.)<br>Rehabilitation centers |
| Outpatient clinics     | Respite care (temporary care to allow a family caregiver time off)   |
| Psychiatric hospitals  | Group homes and highly specialized long-term care facilities, homes for the mentally ill, intellectually and/or developmentally disabled, and psychiatric hospitals  |
| Physicians' offices    | Home care  |



Courtesy of the Bureau of Labor Statistics for the U.S. Department of Labor.

**FIGURE 1-8** Home health care services are given in the client's home, eliminating the need for facility admission and reducing the cost of care.

LTACH, the patient must have a medically complex condition, need acute care services, and have a good chance of improvement. The level of care is higher than provided in long-term care facilities (nursing homes) or subacute care facilities.



**FIGURE 1-9** Patients move back and forth from one level of care to another as their needs change.

## TRANSITIONS

A **transition** is the movement of a patient between various locations in which care is given as the patient's needs change. This may involve moving to different levels of care within the same facility or moving to a completely different location (such as a long-term care facility or home; Figure 1-9). Transitional care includes:

- Education of the patient and family
- Coordination of health care services that will be needed after discharge
- Phone calls and visits in the patient's new location
- Ensuring that the transition is safe and satisfying to the patient
- Providing important information to the patient's next care provider or setting to coordinate care and reduce the risk of errors

Each transition increases the risk of poor communication, lack of coordination, and the potential for errors across settings. Ensuring smooth transitions is part of patient-focused care. The safest transitions are carefully planned and patient-centered.

## HOSPITAL ORGANIZATION

Hospitals are set up to provide efficient delivery of service. Major departments in each facility meet the needs of patients with specific conditions (Figure 1-10). These units provide nursing care 24 hours a day, 7 days a week.

- **Medical department:** cares for patients with medical conditions such as pneumonia or heart disease.
- **Surgical department:** cares for patients before, during, and after surgery. The **postanesthesia recovery (PAR)** area is where patients are closely monitored after surgery. They remain in this area until they are stable enough to leave the surgical department.
- **Pediatric department:** cares for sick or injured children.



**FIGURE 1-10** There are approximately 2700 hospitals in the United States. The largest has 2292 beds. The smallest has 19 beds.

- **Obstetric department:** cares for newborns and their mothers. This department includes the labor and delivery unit, the **postpartum** unit (for mothers who have given birth), and the nursery for care of newborns.
- **Emergency department:** cares for victims of trauma, natural disasters (tornadoes, for example), or medical emergencies.
- **Critical care department:** cares for seriously ill patients who require constant monitoring and care.

Larger hospitals have many specialized units to care for persons with problems such as cancer, cardiovascular disease, or kidney disease, or for those requiring **orthopedic** (bones and muscles) surgery. Specialized health care workers provide services to the patients in these units. Specialized services include:

- **Dietary services.** A registered dietitian plans the meals for all patients and provides educational services to patients on special diets. The hospital's food service department prepares meals and delivers them to patients.



U.S. Navy photo.

**FIGURE 1-11** The technician is using a gamma camera to check for a hidden ankle fracture.



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**FIGURE 1-12** The social worker writes an assessment that will help the patient and the health care team make treatment plans.

- Pharmacy services. Registered pharmacists prepare and provide all medications and intravenous therapy solutions.
- Diagnostic services.
  - **Pathology** (study of disease). Diagnostic tests are done on specimens taken from body tissue to help the physician make a diagnosis.
  - Diagnostic imaging and radiology. X-rays and other specialized procedures are done to help make a diagnosis (Figure 1-11).
  - Laboratory. A department that is equipped to perform diagnostic tests and investigative procedures. Various specimens are sent to the laboratory for analysis. The results of the tests are used by physicians and others in the diagnosis and care of patients.
- Transitional care. The **transitional care** coordinator or department is responsible for ensuring continuity of care when a patient transitions from one location or facility to another.
- Rehabilitation services.
  - **Physical therapy**. Assists patients to regain mobility skills.
  - **Occupational therapy**. Helps patients to regain self-care skills.
  - **Speech therapy**. Helps patients to regain the ability to communicate and works with patients who have swallowing disorders.
  - **Respiratory therapy**. Provides care for patients who have disorders of the cardiopulmonary system, respirations, and sleep disorders that affect the patient's breathing.
- Social services. Staff members provide counseling for patients and their families, help needy families get financial assistance, plan for patient discharge, and arrange for patient transfers from one facility to another (Figure 1-12).

- Environmental services.
  - Housekeeping is responsible for the overall cleaning of the hospital (Figure 1-13).
  - Maintenance cares for and repairs the building and equipment.
  - Laundry services provide and clean all hospital linens.
- Business services. Responsible for patient billing, employee payroll, and other financial matters.
- Medical records. The department that transcribes and catalogs all patient records.
- Volunteers. Persons who provide services free of charge and perform tasks such as delivering mail and flowers, running the gift shop, directing visitors, assisting in the surgery waiting area, and raising funds for the facility (Figure 1-14).
- Pastoral care helps meet patients' religious and spiritual needs and provides counseling.

Patients may also transition from one unit to another within a hospital. For example, a patient having surgery will go from the operating room to the PAR room and then to the surgical nursing unit.

## FINANCING HEALTH CARE

Health care is paid for by:

- Insurance. Employers may offer a group insurance plan, or persons may buy individual insurance. Premiums are expensive, although an employer may pay all or a portion of the cost of a group insurance plan. **Health maintenance organizations (HMOs)** are one type of prepaid insurance. The HMO is a group of health care providers and hospitals. HMO members must see only certain doctors and go only to designated hospitals, except in emergencies.



**FIGURE 1-13** Housekeeping is responsible for the overall cleaning of the hospital.



**FIGURE 1-14** This independent older adult maintains her self-esteem and provides a valuable service by volunteering at the hospital.

- Out-of-pocket payments by the health care consumer who has no insurance or for expenses not covered by insurance.
- The federal government. The U.S. government pays for health care services for approximately 37 percent of the population of the United States.

## Government Programs for Health Care Payments

### Medicare

**Medicare** (Figure 1-15) is a federal government program that pays a portion of health care costs for persons aged 65 years and over and for younger persons who are permanently disabled and who qualify for the benefit.

A number of Medicare payment options are available. These vary depending on the person's eligibility, medical needs, and area of residence. Some procedures or treatments require prior approval and may have time limitations. Plans are available to pay inpatient and outpatient costs, home health care, physician services, therapy, diagnostic tests, some medical supplies and equipment, and prescription drugs.

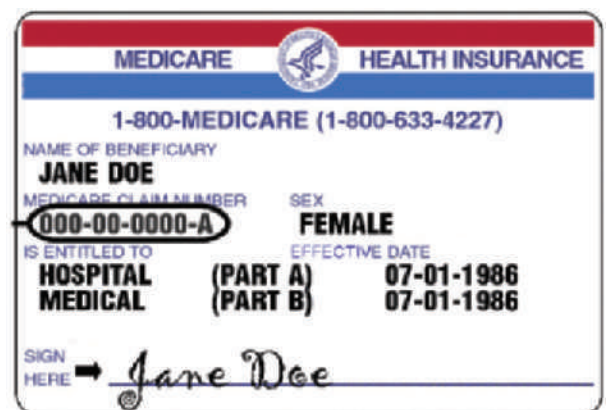
Medicare payment to hospitals is based on **diagnosis related groups (DRGs)**. The actual cost of care is not considered. Rather, payment is based on studies that were done to determine the average length of stay required for various medical diagnoses, procedures, and treatments. Medicare set the payment rates based on these data. Although a hospital may charge variable rates for patient care, Medicare pays only the fixed amount that it has determined is fair for care based on the DRG.

Medicare does not pay for care of avoidable complications that began in the hospital, such as pressure ulcers, surgical infections, catheter infection, and fractures that occur due to falls. If certain preventable events occur, the hospital must provide care for them free of charge.

### Medicaid

**Medicaid** is a state and federal government program that pays health care costs for:

- Pregnant women
- Children and teenagers



Courtesy of the Center for Medicare and Medicaid Services.

**FIGURE 1-15** Medicare pays the health care costs for 50 million elderly and disabled Americans. In 2012, Medicare spending accounted for 15 percent of the federal budget.