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There are several entities in nursing facilities including healthcare providers, hospitals, ambulance companies, home health agencies. The primary duty of these entities is to ensure the patient safety is maintained. Physicians, surgeons and nurses (individuals) are professionals who practices medicine concerned with maintaining, promoting and restoring human health through diagnosing and treating of diseases and injuries. They also ensure that the sick receive the required care and treatment needed. Different health care organizations work together in ensuring that the patients arrive at a medical facility at the short time possible and also houses the patients so as to safe live. They also organize or arrange for the Medicaid, Medicare and paying for the medical expenses.   
The four levels model of proximities and their influences on the nursing facilities. Level one proximity; most proximal influence around a clinic, are other same facilities that provide exact services that indirectly or directly compete with the organizations. In this case, there are substitute services that are long-term care (LTC) options that clients can choose. For example, institutional care can be substituted with home care because they provide the same services as the nursing facility. Mostly competition is viewed as a threat. The same way, a nursing home can be expanded into a home care hence enhancing a facility competitive advantage (Troyer & Sause, 2011). In level two proximity, it includes broad and different complimentary services that are not rendered directly by the facility where the patient resides although they address the needs of the sick. Clinical professionals take care of all the cases arising in the facility, and if referrals are appropriate then, an outside provider will be necessary.   
According to Hawes et al. (2007), level three proximity are influenced by environmental factors operating in the facility’s primary proximity, civil and community service indirectly associated with the delivery of health care. Examples include local jobs, demographic shifts in the country, the local economy and ordinance, and fire protection services and level of police. At level, four proximity national and state levels are affected by level 4 environmental factors. Thus, in several cases these changes also affect local nursing home. Changes in rules and regulations, payments method for the patients, major industry trends, and report on nursing home by state media are examples and may be localized. This influence will shape decisions administrators have to take.   
In conclusion, it is clear that the first three levels of proximity primary affirm establishing community involvement and exchange so as to adapt facility service to fulfill local needs. The four proximity mostly requires active participation and changes in internal operations so as to respond to a wider issues.

## Reference

Hawes, C., Fries, B. E., James, M. L., & Guihan, M. (2007). Prospects and Pitfalls: Use of the RAI-HC Assessment by the Department of Veterans Affairs for Home Care Clients. Gerontologist, 47(3), 378-387.   
Troyer, J. L., & Sause, W. L. (2011). Complaints Against Nursing Homes: Comparing Two Sources of Complaint Information and Predictors of Complaints. Gerontologist, 51(4), 516-529.