

Substandard patient care of health care delivery

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Substandard Patient Care of Health Care Delivery Substandard patient care is a term often used to describe health care agencies failure to meeting in an appropriate manner the health care needs of the community served.

Substandard patient care of health care delivery may include a poor organizational behavior style, which can interfere with compliance requirements and regulations that govern the health care practice and services delivery. A country's public health system has as a main function to provide health services to all its population.

The American health system has evolved differently compare to the other rich industrialized countries' health systems. The United States' lack of a system of health insurance that covers the entire population makes the health care system; a system of privilege for some and disadvantage for others. Patients who cannot afford buying a private health insurance policy have to rely on volunteer organizations for preventive care. In the worst of the cases patients may end up in an emergency room and occasionally become a victim of discrimination because they have no resources to pay for the services.

In regard to these facts, the following information aims to describe hospital emergency rooms compliance with standards of services. Discuss the emergency health care delivery component's role in providing services in compliance with standardized requirements and how it contributes to the management of health care delivery. Professional Experience with Substandard Patient Care Three months ago, I was working as a volunteer in a hospital emergency room providing medical interpretation services. During

this particular occasion, I noticed that a patient arrived to the emergency room with a referral from other hospital's emergency room.

One can expect a patient coming to an emergency room with a referral from a private practitioner who may not have the needed equipment to treat a patient on site. However, a referral from other emergency room makes one speculate why a hospital would refer the patient if emergency rooms within most hospitals can provide the same types of services. One of the nurses on duty explained that for some hospital, referring patients to other emergency rooms is not an uncommon practice for some hospitals in Chicago, IL.

Besides, the nurse said: " such practice doesnot meet standards of care. " The worst part she continued is that " there is a well-known law that prevents patients dumping practices. " I recalled a recent article published in the Chicago Tribune in April 2009. According to the Chicago Tribune article, some not for profit hospitals provide patients who arrive to their emergency rooms with discharge slips, prescriptions, and even Yahoo andGooglemaps to arrive to Stroger, Jr. Hospital, former Cook County Hospital.

The Tribune staff interviewed the hospitals' officials; they denied that they sent patients to Stroger's ER. Hospital staff said that they offer the patients a choice what hospital to go to complete their treatment. However, the Tribune obtained a discharge slip from a patient with a broken jaw that said " Go to Cook County Hospitals immediately. " Another discharged slip from a man with a tumor " Go to Cook County ER to be evaluated for admission. " A third referral slip from a woman said " Follow up at Cook County Hospital for uterine tumor surgery. Rejecting patients in emergency rooms present serious ethical issues for the institution and for the physicians who work in <https://assignbuster.com/substandard-patient-care-of-health-care-delivery/>

the hospitals. Some advocates argue that nonprofit organizations are not doing enough to provide services to the medically needy (Japsen & Grotto, 2009). The Nurse I met at the emergency room mentioned a law that prevent hospitals rejecting patients, she was speaking of the Emergency Medical Treatment and Active Labor Act of 1986 (EMTALA). My research about EMTALA laws confirmed what the nurse in the emergency room stated.

The Emergency Medical Treatment and Active Labor Act (EMTALA) regulations have been in existence since 1986, last amended in 2000-2003. EMTALA governs the process of providing medical attention and the denial and transfer of a patient to another hospital if the patient is still in an unstable condition (Legal Information Institute, 2009). The Emergency Medical Treatment and Active Labor Act of 1986 (EMTALA) prevents hospitals from denying services to uninsured patients who arrive to an emergency room. The law is also known as the Patient Anti-Dumping Act.

EMTALA is a federal law that imposes the duty to all hospitals emergency staff to provide the appropriate screening and treatment to any patient who may arrive to a hospital emergency room requesting emergency care. EMTALA applies only to hospitals that have a contractual agreement and payments come from the Department of Health and Human Services and Centers for Medicare and Medicaid Services under the Medicare program. Care must be accessible to patients even though the patient's primary insurance may be through Medicare or Medicaid.

The medical screening must be sufficient for all patients regardless of their ability to pay (Legal Information Institute, 2009). How Substandard Care Relates to Quality Care For hospitals, failing to provide emergency services
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place the institutions in the line of substandard patient care of health care delivery. Denying health emergency services is a discriminatory practice, which disqualify hospitals for meeting high standards of care. In health care services delivery, discrimination goes beyond racial and ethnic issues.

A person seeking emergency care services or medical attention can be a victim of discrimination and services denied simply because he or she lacks resources to pay for services. Rejecting to treat a patient in an emergency room relates to an institution's standards of quality of care but not in the good term. In fact, denying health services to a patient regardless of the reasons meets the criteria to define poor quality of care or substandard care because fails the main purpose of health care delivery. Furthermore, a health services consumer who does not received appropriate care services cannot experience patient's satisfaction.

Parrington, Haeuser, & Barto (2005) stated about patients satisfaction: "Patient satisfaction is identified as an important quality outcome indicator of health care in the hospital setting" (P. 23). Conclusion Health care is a rapidly evolving field and it has gone through many significant challenges to provide effective health services to all patients across all levels of health care The costs of health care have undeniably been increased, affecting accessibility and affordability of services to some sectors of the population.

Mostly everyone within the United States is affected by healthcare costs including individuals, businesses, healthcare workers, and facilities. Healthcare costs are rising faster than the rate of inflation, leaving many people in society no other choice but to discontinue coverage and refrain from doctor visits and medical checkups needed throughout a lifetime. The <https://assignbuster.com/substandard-patient-care-of-health-care-delivery/>

wealth of a country should be shown by the health of its citizens, but the opposite is happening. In a changing economy, the U. S. ealthcare system is less able to assist in the health needs of its people. Healthcare institution should play a better role within the community and adopt better ethical practices. References Frew, S. (2009, May). Federal Court allows case to proceed on Physician claim of EMTALA Retaliation. Retrieved October 11, 2009, from <http://www.medlaw.com/healthlaw/EMTALA/courtcases/federal-court-allows-case-to-proceed-on-physician-.shtml> Japsen, B. & Grotto, J. (2009). Are hospitals passing off their low-profit patients?

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