

# Hospitalization and Post-Acute and Long-Term Care Medicine

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## INTRODUCTION

There is overwhelming scientific proof that the systems supported a robust medical care area unit superior. Additionally, medical care plays a key role in rising hospital potency (leading coordination and post-acute care, and avoiding excess hospital admissions because of probably mobile conditions), and in leadership of aid integration. medical care provides price for (a) accessibility, (b) continuity of care and longitudinality, and (c) resolutiveness and comprehensiveness. that just about 1/2 the population look forward to a consultation with their general practitioner for quite 5 days could be a real downside of access. Temporary contracts of short length area unit a significant downside for longitudinality, and a good supply of unskillfulness. Restrictions on the family doctor's request for diagnostic tests and procedures scale back their resolutiveness.

Just because every a part of a full works well doesn't essentially mean that the complete will too. It will happen that a lot of Just because every a part of an entire works well doesn't essentially mean that the total will too. It will happen that a lot of tiny successes area unit other during a huge failure, as a result of typically, "your order is my chaos" and "your innovation is my aggravation", as a result of native innovations will block the combination of the total. quite Associate in Nursing island, medical care should be a necessary a part of the care chain

A strong medical care that fulfills its mission is that the best counterpoison to the rhetorician siren chants towards a MUFACE-style modification for the whole population. That "model" is characterised by ignoring the first care and therefore the central role of the general practitioner as health employment of his/her patients. in contrast to country model wherever cash follows the

patient and therefore the general practitioner buys specialised services, this theoretic MUFACE model would enable users to directly access any specialist consultation during a health mall with an enormous potential risk of over-diagnosis and over-treatment.

Primary care challenges embrace to assume leadership among medical care and towards the remainder of the health system and to society. This essentially implies people renewal and a shock conceive to increase skilled status, with determined policies and clear signs of positive discrimination. medical care should be swap on the agenda. Lost expertise ought to be recovered, with a vigorous role in new structure experiences. Spain could be a wealthy structure laboratory, though it lacks some visibility and analysis. analysis analysis could be a unfinished challenge within which medical care has a crucial role to play. The key question is the way to create singly enticing what's socially necessary. alternative challenges area unit to achieve resolute capability, to reorganize the work of doctors and nurses, to rent and retain stable and actuated human resources, to enhance incentives to sensible follow, to link retributions to health outcomes, to regain visibility with benchmarking and excellence awards, to enhance the tutorial and analysis status by making chairs in universities and prioritizing analysis comes on medical care publicly calls.

There is additionally space for improvement within the clinic and within the health centers, if leadership and management autonomy area unit reconditioned, within the organization of labor centered on the patient, redefining the health center's team and therefore the role of nursing; focusing attention on the time of care, from cradle to grave, and on managing advanced cases with well-defined methods. In short, programmes should be reviewed and prioritized within the lightweight of the worth they carry..

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