Leadership and Management for Nurses, 3e (Finkelman) Chapter 2 Healthcare Policy, Legal Issues, and Ethics in Healthcare Delivery

- 1) Which option represents a situation exemplifying the need for nurses to become involved in healthcare policy development?
- 1. The nurse omitted documentation of a surgical dressing change.
- 2. The nurse must have a nursing license and be certified as APRN to prescribe medications.
- 3. The nurse administered oral medications to the patient in the home.
- 4. The nurse discussed do-not-resuscitate decisions with the patient and the family.

Answer: 2

Explanation: 1. This scenario represents a violation of standards and a potential malpractice issue, not an issue of healthcare planning.

- 2. Changes in legislation and regulation (which might be influenced by nurses involved in healthcare planning) affect nursing practice.
- 3. This scenario is unlikely to be altered by change in legislation or regulation.
- 4. This scenario is unlikely to be altered by change in legislation or regulation.

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 01. Explain why nurses should be involved in healthcare policy and the political process.

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- 2) Which strategy could the nurse use to avoid disparity in healthcare delivery?
- 1. Recognize the cultural issue related to patient care.
- 2. Request more health plan options.
- 3. Care for more patients even if quality suffers.
- 4. Campaign for fixed nurse-patient ratios.

Explanation: 1. Disparities often occur because the healthcare professional does not recognize cultural differences or has a cultural bias.

- 2. This is a consumer demand related to insurance. The nurse has little effect on this issue.
- 3. This is an unacceptable strategy to nursing.
- 4. This scenario is unlikely to have impact on health disparities.

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Cognitive Level: Applying

Client Need/Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 01. Explain why nurses should be involved in healthcare policy and the political process.

- 3) Which option best illustrates a positive outcome from managed care?
- 1. Reshaped current policy
- 2. Consumer involvement in the healthcare political process
- 3. Increase in quality care with reduced cost
- 4. Managed care is now the method used for reimbursement.

Answer: 2

Explanation: 1. This is not an outcome of managed care, but rather a part of the political process regarding legislation.

- 2. Managed care resulted in many consumers speaking out against managed care, and this led to more developed healthcare consumerism.
- 3. Quality is still a problem and costs have not been reduced due to managed care.
- 4. Managed care is not as strong as it was in the past.

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Evaluation Learning Outcome: LO 01. Explain why nurses should be involved in healthcare policy and the political process.

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- 4) The nursing assistant left a side rail down upon exiting the room of a patient who had just returned from the recovery room postoperatively. What does this scenario most closely illustrate?
- 1. Personal injury
- 2. Criminal intent
- 3. Malpractice
- 4. Negligence

Explanation: 1. It is not yet clear that any personal injury has occurred.

- 2. There is no indication that this nursing assistant had any criminal intent when leaving the side rail down.
- 3. Malpractice is the failure of a professional person to act in accordance with the prevailing professional standards or failure to foresee consequences that a professional person, having the necessary skill and education, should foresee.
- 4. Negligence is the failure to act as an ordinary prudent person would under similar circumstances, and is based upon that person's education and training.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 08. Explain how malpractice and negligence relate to nursing practice.

- 5) The risk manager is reviewing these events that occurred over the weekend. Which scenario should the risk manager be most concerned would represent malpractice?
- 1. The nurse did not obtain an apical pulse on a patient prior to administering Digoxin 0.25 mg orally.
- 2. The nurse did not raise the bed when changing the linens for a patient who was up in the chair.
- 3. A nurse did not obtain consent before drawing blood.
- 4. The nurse continued to assess the diabetic patient's blood sugar before each meal.

Explanation: 1. This action is not in accordance with professional standards in assessing an apical pulse prior to administering Digoxin.

- 2. This action is more likely to harm the nurse than it is to harm the patient.
- 3. This is more likely to be seen as battery than as malpractice.
- 4. This is an appropriate action expected from a professional nurse.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Evaluation Learning Outcome: LO 08. Explain how malpractice and negligence relate to nursing practice.

- 6) Which scenario is an example of informed consent?
- 1. The nurse omits diabetic education for a patient who has had diabetes for 10 years.
- 2. The nurse applies restraints to a patient who is trying to remove the nasogastric tube.
- 3. The patient understands the surgical procedure that will occur in the morning.
- 4. The patient asks the nurse for pain medication.

Answer: 3

Explanation: 1. This was a negligent action on the part of the nurse.

- 2. This could be construed as assault and battery.
- 3. This patient is able to make an informed decision about healthcare.
- 4. This is a routine nursing intervention and when the nurse brings the medication consent is implied.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 08. Explain how malpractice and negligence relate to nursing practice.

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- 7) On admission, the patient states, "My son can make healthcare decisions for me if it is necessary." What does this statement imply?
- 1. The patient has a living will.
- 2. The son has durable power of attorney.
- 3. This patient has violated the Patient Self-Determination Act.
- 4. The patient wishes a do-not-resuscitate status.

Explanation: 1. In a living will, there is no person appointed to make decisions. The living will is a statement of the patient's wishes in writing.

- 2. The son is a competent person who has been designated to make healthcare decisions for his parent. This is a durable power of attorney.
- 3. This act requires that all healthcare providers ask patients about living wills and durable powers of attorney. There is no indication that there is any violation.
- 4. There is no indication that this is true.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Planning Learning Outcome: LO 08. Explain how malpractice and negligence relate to nursing practice.

- 8) Which situation illustrates the ethical concept of autonomy?
- 1. The patient is instructed on the technique of insulin administration.
- 2. The patient is asked to choose from which arm to have blood drawn.
- 3. The patient's information can be used for research purposes.
- 4. The patient is informed of privacy rights.

Answer: 2

Explanation: 1. This is provision of patient education.

- 2. Autonomy means that the patient has the right to make decisions about healthcare.
- 3. This concerns the matter of patient privacy.
- 4. This concerns the matter of patient privacy, not autonomy.

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 10. Apply ethical decision making to management situations.

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- 9) Which nursing action best illustrates the ethical concept of beneficence?
- 1. Providing a walker for a patient prior to ambulating in the hall
- 2. Allowing the patient to choose what time to have a shower
- 3. Asking the patient about the existence of a living will or durable power of attorney
- 4. Continually communicating with the patient regarding procedures

Explanation: 1. This is the principle of doing good, inflicting no harm.

- 2. This is an example of patient autonomy.
- 3. This is required by the Patient Self-Determination Act.
- 4. This illustrates informed consent.

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 10. Apply ethical decision making to management situations.

- 10) Which action, taken by the nurse, best illustrates the ethical concept of justice?
- 1. The nurse witnesses consent prior to a surgical procedure for a patient.
- 2. The nurse advises the patient to take slow, deep breaths to try to relax before a urinary catheter is inserted.
- 3. The nurse provides discharge teaching to a postoperative patient and spends time with a patient who is depressed.
- 4. The nurse works with a physician to solve a patient problem.

Answer: 3

Explanation: 1. This is a standard role of the nurse and is associated with the legality of informed consent.

- 2. This illustrates the principle of beneficence.
- 3. This is an example of justice because the nurse is providing fair treatment and giving time to both patients.
- 4. This is an example of collaboration in healthcare.

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

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Learning Outcome: LO 10. Apply ethical decision making to management situations.

- 11) Which nursing action is the best example of the ethical principle of veracity?
- 1. Supporting the patient's right to refuse any part of planned nursing care
- 2. Informing the patient that the pain medication to be given is not the same as what was administered the previous day
- 3. Maintaining the privacy of the patient's personal medical information
- 4. Supporting the patient when ambulating and instructing the patient on the use of a walker Answer: 2

Explanation: 1. This is an example of autonomy.

- 2. Veracity is truth telling, which is essential for effective communication and trust.
- 3. This illustrates confidentiality.
- 4. This illustrates beneficence or "do no harm."

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 10. Apply ethical decision making to management situations.

- 12) Why does the process of developing public health policy seem familiar to most nurses?
- 1. It is very similar to the nursing process.
- 2. It is taught in all nursing schools.
- 3. It is emphasized on NCLEX-RN.
- 4. It reflects common sense.

Answer: 1

Explanation: 1. The process whereby public health policy is developed closely replicates the nursing process.

- 2. This process is not taught in all schools.
- 3. This process is not emphasized on NCLEX-RN.
- 4. While much of the process does reflect common sense, the best answer is that it is similar to the nursing process.

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Cognitive Level: Understanding

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process:

Assessment

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Learning Outcome: LO 04. Apply the policy-making process, including implications of the political process.

- 13) Which statements correctly apply to the process of developing public policy? Select all that apply.
- 1. The two types of public policy are regulatory and allocative.
- 2. Since public policy supports the general population, decisions regarding policy are typically straightforward and easy to make.
- 3. Often, in order to pass a policy, deals have to be made.
- 4. Public policy may benefit some at the expense of others.
- 5. By law, political influence is separate from policy development.

Answer: 1, 3, 4

Explanation: 1. These are the two types of public policy.

- 2. It is difficult to develop public policy because there are often conflicts that must be considered. It is also impossible to meet the needs of all people.
- 3. Deals and compromises are a part of developing public policy.
- 4. Allocative policies provide benefits for some at the expense of others to ensure that certain public objectives are met.
- 5. Politics is deeply involved in developing public policy.

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 04. Apply the policy-making process, including implications of the political process.

- 14) Evaluate the following: The patient is labeled as a "complainer," and has not been informed of the treatment plan. The patient has no insurance, and the nursing staff is discussing the situation in the hallway. Choose the principles that have been violated. Select all that apply.
- 1. Justice
- 2. Confidentiality
- 3. Veracity
- 4. Autonomy
- 5. Beneficence

Answer: 2, 3, 4

Explanation: 1. There is nothing that indicates that justice is not being done for this patient. The patient is in the hospital for care.

- 2. The discussion in the hallway is not keeping the patient's medical information private.
- 3. The patient has not been informed of the treatment plan.
- 4. The patient has not been given information to make decisions regarding care.
- 5. There is nothing that indicates that harm has come to this patient yet.

Page Ref: 53

Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 10. Apply ethical decision making to management situations.

- 15) What is different about today's healthcare environment that makes it crucial that nurses are involved in the development of healthcare policy? Select all that apply.
- 1. The focus of this new environment is on one-to-one nursing care.
- 2. There has been a shift from curing patients to prevention of illness.
- 3. Care must be cost-effective.
- 4. There is a need to reinvent nursing's professional culture.
- 5. High quality care will again be provided primarily in acute care settings.

Answer: 2, 3, 4

Explanation: 1. The focus is on care of populations.

- 2. Prevention is now becoming the focus of much of healthcare.
- 3. Cost-effectiveness is a primary issue in healthcare.
- 4. Nursing must reinvent its culture in light of the new healthcare environment.
- 5. There is a call for high quality care in all types of settings and by all providers.

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 05. Discuss how nurses can be involved in the policy-making process.

- 16) What was the American Nurses Association's stance on the healthcare reform plan supported by the Obama administration? Select all that apply.
- 1. This law is a significant victory for patients.
- 2. The debate over healthcare reform is finally over.
- 3. There is need to help nurses understand the significance of this law.
- 4. Access to primary care will be more difficult for most Americans.
- 5. There will be greater protection against being denied health insurance.

Answer: 1, 3, 5

Explanation: 1. "The ANA strongly believes that this law is a significant victory for the patients we serve."

- 2. "...we recognize that the debate over reform is not over."
- 3. "We are committed to helping nurses and the public understand how this change affects their lives."
- 4. "...they'll have better access to primary care."
- 5. "They'll have greater protection against losing or being denied health insurance coverage..." Page Ref: 46

Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process:

Assessment

Learning Outcome: LO 07. Critique the Affordable Care Act of 2010 and the provisions relevant to nursing.

- 17) A staff nurse in a small, rural hospital is concerned about the future of healthcare in the rural environment. How can this nurse be involved in healthcare policy development? Select all that apply.
- 1. Join local and national nursing organizations.
- 2. Contact elected representatives regarding nursing and healthcare.
- 3. Act as a patient advocate.
- 4. Use the Internet to keep current on healthcare policy issues.
- 5. Serve on the Infection Control committee of the local hospital.

Answer: 1, 2, 3, 4

Explanation: 1. Joining nursing organizations, contacting legislators, acting as a patient advocate, and using the Internet are all ways the nurse can be involved in healthcare policy development.

- 2. Joining nursing organizations, contacting legislators, acting as a patient advocate, and using the Internet are all ways the nurse can be involved in healthcare policy development.
- 3. Joining nursing organizations, contacting legislators, acting as a patient advocate, and using the Internet are all ways the nurse can be involved in healthcare policy development.
- 4. Joining nursing organizations, contacting legislators, acting as a patient advocate, and using the Internet are all ways the nurse can be involved in healthcare policy development.
- 5. While this is considered service to the institution, it is not as likely to impact healthcare policy on a state or national level.

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 05. Discuss how nurses can be involved in the policy-making process.

- 18) The patient is angry about the nursing care delivered on the past two shifts and demands to see his medical record. What should the nurse consider prior to granting this request?
- 1. The patient always has the right to view his medical record.
- 2. In some cases, the patient does not have the right to view his medical record.
- 3. The patient does not have the right to view his medical record.
- 4. The patient must have permission from the physician prior to viewing the medical record.

Explanation: 1. This is not true in every case.

- 2. In most cases, the patient does have the right to view the medical record, but there are some exceptions to this rule. The nurse should review the policy and procedure manual for these exceptions.
- 3. In most cases, the patient does have this right.
- 4. There is no requirement for approval of the physician.

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Cognitive Level: Applying

Client Need/Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Evaluation Learning Outcome: LO 06. Explain how federal and state laws can affect healthcare.

- 19) The nurse closely follows hospital policy for recording patient charges. After attending a conference break out session on reimbursement, the nurse realizes that the hospital policy is in violation of Medicare rules. Is this nurse guilty of fraud?
- 1. Yes, but since the nurse was following hospital policy no charges can be filed.
- 2. Yes, this is a clear example of fraud.
- 3. No, but the hospital is clearly guilty of fraud.
- 4. No, fraud requires intention to do wrong.

Answer: 4

Explanation: 1. Fraud requires intent.

- 2. Fraud requires intent.
- 3. It would have to be proved that the hospital intended to violate this policy.
- 4. In order to be guilty of fraud, the nurse would have to have intention of doing wrong. That is not present in this case.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Evaluation

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Learning Outcome: LO 11. Analyze the impact of healthcare fraud on the healthcare system.

20) Which question, asked of a patient, reflects the observance of the Patient Self-Determination Act of 1990?

- 1. Have you recently changed physicians?
- 2. Why did you come to the hospital today?
- 3. Do you have a durable power of attorney?
- 4. Would you sign this release of information form?

Answer: 3

Explanation: 1. This is an assessment question, but has no relationship to the Patient Self-Determination Act.

- 2. This is an assessment question, but has no relationship to the Patient Self-Determination Act.
- 3. As a result of this act, healthcare providers are required to ask about living wills and durable powers of attorney.
- 4. This question reflects patient privacy concerns.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: OSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: LO 06. Explain how federal and state laws can affect healthcare.

- 21) The nurse is considering "blowing the whistle" on a potential Medicare fraud situation occurring in a physician's office. The nurse has worked at this office for 12 years and has many friends among the staff and patients. What incentive does this nurse have for assuming the whistleblower role?
- 1. The nurse is entitled to a percentage of any money recovered.
- 2. After the nurse exposes the potential fraud, the nurse's responsibility in the case is complete.
- 3. By law, the nurse can be subject to no negative actions related to whistleblowing.
- 4. The nurse can "leak" the information to a news source first and still be protected by whistleblowing laws.

Explanation: 1. The nurse will be entitled to a percentage of any money recovered as a result of this disclosure.

- 2. The nurse will have to testify.
- 3. While there is a law against overt punishment for disclosure, covert punishment may still exist.
- 4. The information must come from the nurse, not from a secondary source.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 11. Analyze the impact of healthcare fraud on the healthcare system.

- 22) The nurse has been invited to join the healthcare facility's interprofessional ethics committee. What factors should the nurse consider when making a decision about this invitation? Select all that apply.
- 1. The decisions made by these committees are advisory in nature.
- 2. Most of the cases discussed by these committees are related to financial considerations.
- 3. Nurses are generally active members in these committees and talk freely about ethical issues in nursing.
- 4. It might be best for the nurse to gain experience on a nursing ethics committee before joining an interprofessional committee.
- 5. The nurse can expect to be well compensated for work done on the committee.

Answer: 1, 4

Explanation: 1. These are advisory bodies.

- 2. Although financial considerations are becoming more frequent, the primary topic considered are patient care issues.
- 3. Nurses are often hesitant to discuss the ethical issues in nursing.
- 4. If the nurse has no experience in working on ethics committees, the experience may be uncomfortable and the nurse may not be a viable member of the committee.
- 5. These committees are generally seen as service to the facility with little or no additional compensation offered.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Evaluation Learning Outcome: LO 12. Examine how nurses can become involved in reducing healthcare fraud and coping with ethical dilemmas presented by fraud.

- 23) Consumer advocacy is more common today in healthcare policy. What are the common concerns that consumers have? Select all that apply.
- 1. Increasing costs of care
- 2. Impersonal care
- 3. Decreased communication
- 4. Provider competence
- 5. Decreasing quality of care

Answer: 1, 2, 3, 4, 5

Explanation: 1. This is a consumer concern.

- 2. This is a consumer concern.
- 3. This is a consumer concern.
- 4. This is a consumer concern.
- 5. This is a consumer concern.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process:

Assessment

Learning Outcome: LO 02. Examine examples of key healthcare policy issues.

- 24) Identify strategies that will help the nurse prevent malpractice lawsuits. Select all that apply.
- 1. Effective communication
- 2. Establishing security rules
- 3. Effective leadership
- 4. Caring attitude
- 5. Following the rules

Answer: 1, 3, 4

Explanation: 1. This is true of effective communication with other healthcare providers, as well as with staff and patients. Clear communication is essential to understanding.

- 2. This has little to do with malpractice.
- 3. Effective leaders have a good understanding of legal and ethical principles that guide healthcare.
- 4. When patients and people on the healthcare team believe that the nurse is genuinely interested in them and in quality care, the risk for lawsuits diminishes.
- 5. While it is good to follow policy and procedures, the expert nurse will learn when it is best for the patient for the rules to be modified.

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO 08. Explain how malpractice and negligence relate to nursing practice.

- 25) Identify typical healthcare areas in which the states have input. Select all that apply.
- 1. Public health and safety
- 2. Provision of indigent care
- 3. Purchase care
- 4. Regulation
- 5. Resource allocation

Answer: 1, 2, 3, 4, 5

Explanation: 1. These are all areas in which states have input into healthcare policy, legislation, and regulation.

- 2. These are all areas in which states have input into healthcare policy, legislation, and regulation.
- 3. These are all areas in which states have input into healthcare policy, legislation, and regulation.
- 4. These are all areas in which states have input into healthcare policy, legislation, and regulation.
- 5. These are all areas in which states have input into healthcare policy, legislation, and regulation.

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Cognitive Level: Remembering

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process:

Assessment

Learning Outcome: LO 03. Compare and contrast private and public policy.

- 26) Healthcare delivery has experienced many changes and problems. Based on an examination of these changes and problems what would you consider a major concern today?
- 1. Cost is not related to quality.
- 2. Healthcare is complex.
- 3. Quality care is improving rapidly.
- 4. A functional system is more costly.

Explanation: 1. Cost is related to quality, and cost and quality are major concerns.

- 2. Healthcare is complex, a major concern today, and this makes it difficult to adjust to changes and improve.
- 3. Quality care is not improving rapidly.
- 4. A dysfunctional system is more costly.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process:

Assessment

Learning Outcome: LO 02. Examine examples of key healthcare policy issues.

- 27) *Nursing: Scope and Standards of Practice* (ANA, 2010) describes the model of professional nursing practice regulation. What is the base on which this model stands?
- 1. Nursing practice acts and rules and regulations
- 2. Scope of practice, standards of practice, code of ethics, specialty certification
- 3. Healthcare policies and procedures
- 4. Self-determination

Answer: 2

Explanation: 1. In the pyramid model, this is level 2

- 2. In the pyramid model, this is the base.
- 3. In the pyramid model, this is level 3.
- 4. In the pyramid model, this is level 4.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process:

Assessment

Learning Outcome: LO 09. Discuss the implications of scope of practice.

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- 28) Healthcare in the U.S. would best be described by which of the following statements?
- 1. The U.S. has a national healthcare system.
- 2. The U.S has universal health coverage insurance.
- 3. The U.S. has a local, state, and federal system of healthcare.
- 4. The U.S. focuses on a public system to provide care.

Explanation: 1. The U.S. does not have a national healthcare system.

- 2. There is no universal healthcare coverage.
- 3. The U.S. system is a mix of local, state, and federal services.
- 4. The system is a combination of private and public, with private as the major focus.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: LO 03. Compare and contrast private and public policy.

- 29) You are serving on a state committee to develop a state health policy. Which of the following strategies should be done early in the process?
- 1. Coalition building
- 2. Select the solution
- 3. Monitor the outcomes
- 4. Implement the policy

Answer: 1

Explanation: 1. Coalition building should be done very early to ensure that you understand the stakeholders and begin to build support.

- 2. Solutions are selected after the problem is understood and possible solution options identified.
- 3. This is the last step in the process.
- 4. Implementation occurs after the problem is described, solution understood and policy developed.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process:

Assessment

Learning Outcome: LO 04. Apply the policy-making process, including implications of the political process.

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- 30) What changes in the organization of healthcare delivery services does the Affordable Care Act of 2010 support? Select all that apply.
- 1. Nurse-managed health centers
- 2. Accountable Care Organizations
- 3. Increase number of acute care hospitals
- 4. Medical homes
- 5. Focus on state run clinics

Answer: 1, 2, 3

Explanation: 1. Nurse-managed health centers are mentioned.

- 2. Accountable Care Organizations are mentioned.
- 3. Medical homes are mentioned.
- 4. The ACA does not include provisions to increase acute care hospitals; had greater emphasis on primary care.
- 5. There is not provision to focus on state run clinics.

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Cognitive Level: Analyzing

Client Need/Sub: Safe and Effective Care Environment

Standards: QSEN Competencies: Patient-centered care; Teamwork and collaboration; quality improvement, safety | AACN Essential Competencies: II. Basic organizational and systems leadership for quality care and patient safety; VI. Interprofessional communication and collaboration for improving patient health outcomes; V. Healthcare policy, finance, and regulatory environments | NLN Competencies: Personal and professional development; relationship centered care; teamwork | Nursing/Integrated Concepts: Nursing Process:

Assessment

Learning Outcome: LO 07. Critique the Patient Protection and Affordable Care Act of 2010 and the provisions relevant to nursing.

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