

# Chapter 2: The Health Care Environment

## Chapter 2: The Health Care Environment

### MULTIPLE CHOICE

1. Which of the following individuals observed that noise, food, rest, light, fresh air, and cleanliness were instrumental in health and illness patterns?

- |    |                      |    |                     |
|----|----------------------|----|---------------------|
| a. | W. Edwards Deming    | c. | Isabel Hampton Robb |
| b. | Florence Nightingale | d. | Dorothea Dix        |

ANS: B

Florence Nightingale was the first to observe that noise, food, rest, light, fresh air, and cleanliness were instrumental in health and illness patterns. W. Edwards Deming is known for his contribution to continuous performance improvement, and Isabel Hampton Robb was the first president of the ANA and a pioneer in nursing education. Dorothea Dix is best known for her patient advocacy, particularly in the areas of improved conditions for jails and mental asylums.

PTS: 1 DIF: Knowledge REF: HISTORY OF HEALTH CARE

2. A nursing instructor asks a student what discoveries are attributable to Florence Nightingale. The instructor determines that further teaching is needed if the student responds:

- |    |   |
|----|---|
| a. | the need to monitor health care practitioners.  |
| b. | the importance of structuring hospitals around care.                                  |
| c. | the importance of collecting and using data for quality assessment.                   |
| d. | the importance of being informed regarding the activities of government policymakers. |

ANS: B

Nightingale is credited with a variety of discoveries related to health care such as the importance of structuring hospitals around *nursing* care (not merely care), the need to monitor/be informed regarding health care practitioners and government policymakers, and the importance of collecting and using data for quality assessment.

PTS: 1 DIF: Application

REF: STRUCTURING HOSPITALS AROUND NURSING CARE

3. A new graduate wants to explore the three components of each health care system before applying for a position. The graduate would plan to explore which of the following?

- |    |                                    |    |                                 |
|----|------------------------------------|----|---------------------------------|
| a. | Strategy, outcome, and performance | c. | Structure, process, and outcome |
|----|------------------------------------|----|---------------------------------|

- 
- |    |                                    |    |                                   |
|----|------------------------------------|----|-----------------------------------|
| b. | Process, strategy, and opportunity | d. | Outcome, procedure, and structure |
|----|------------------------------------|----|-----------------------------------|

ANS: C

The three simple elements of health care systems are *structure* (resources or “structures” required to deliver health care), *process* (quality activities, procedures, and tasks performed to deliver quality health care), and *outcome* (the results of good health care delivery).

PTS: 1 DIF: Application REF: ORGANIZATION OF HEALTH CARE

4. Which of the following organizations has set forth three primary goals for good health care?

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- |    |  |
|----|--|
| a. | The Institute of Medicine                      |
| b. | The Centers for Disease Control and Prevention |
| c. | The Agency for Healthcare Research and Quality |
| d. | The World Health Organization                  |

ANS: D

The World Health Organization (WHO) has been a leading advocate of quality health care delivery, as evidenced by its three primary goals for what good health care should do. The Institute of Medicine (IOM) is best known for its quality data reports such as *To Err Is Human* (IOM, 1999), and the Centers for Disease Control and Prevention is a leading infection and disease agency in the United States. The Agency for Healthcare Research and Quality is another quality-based organization and produces reports such as the National Healthcare Disparities Report (NHDR).

PTS: 1 DIF: Comprehension

REF: ORGANIZATION OF HEALTH CARE

5. A nurse working on the unit budget would recognize that the resources needed to deliver quality health care such as nurses, practitioners, medical records, buildings, and pharmaceuticals are considered which aspects of health care?

- 
- |    |           |    |              |
|----|-----------|----|--------------|
| a. | Process   | c. | Organization |
| b. | Structure | d. | Practice     |

ANS: B

The health care structure is comprised of the resources or structures needed to produce quality health care. Some of these structures or resources are *human* (staff and personnel) or *physical* (buildings or facilities).

PTS: 1 DIF: Application REF: ORGANIZATION OF HEALTH CARE

6. The human resource manager understands that an example of a quality performance outcome measure involves which of the following?

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- |                           |                           |
|---------------------------|---------------------------|
| a. Patient satisfaction   | c. Staff satisfaction     |
| b. Return on assets (ROI) | d. Organizational climate |
- 

ANS: C

An outcome for a quality performance measure related to human resources is staff satisfaction. Patient satisfaction is a *clinical care* outcome, and return on assets (ROI) is a financial management outcome. The organizational climate is a human resource process, as opposed to the outcome.

PTS: 1 DIF: Application

REF: TABLE 2-1 EXAMPLES OF PERFORMANCE MEASURES BY CATEGORY

7. A nurse is on vacation visiting a number of countries. If the nurse becomes ill, in which country will the nurse most likely be hospitalized in a government hospital, with the government paying the bills.

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- |                |            |
|----------------|------------|
| a. Canada      | c. Taiwan  |
| b. New Zealand | d. Germany |
- 

ANS: B

If the nurse became ill in New Zealand health care would be provided in a government hospital with the government paying the bills. Canada and Taiwan rely on private-sector providers, paid for by government-run insurance. Germany, the Netherlands, Japan, and Switzerland provide universal coverage using private doctors, private hospitals, and private insurance plans.

PTS: 1 DIF: Analysis

REF: HEALTH CARE PAYMENT IN OTHER COUNTRIES

8. An instructor wants to determine if a group of nursing students know the important features related to the benefits of primary care. Which of the following responses by the students would indicate that further teaching is necessary?

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- |  |
|--|
| a. Care that is continuous                           |
| b. Care that began at first contact with the patient |
| c. Care that is integral                             |
| d. Care that is community orientated                 |
- 

ANS: C

The seven important features of primary care are care that is continuous, community oriented, comprehensive (not integral), coordinated, family centered, culturally competent, and begun at the first contact with the patient.

PTS: 1 DIF: Application REF: NEED FOR PRIMARY HEALTH CARE

9. A group of nursing students are given a test on Starfield's (1998) foundations of primary care. Which of the following responses by the students describing the foundations of primary care would indicate that further teaching is necessary?

- |                      |                  |
|----------------------|------------------|
| a. Comprehensiveness | c. First contact |
| b. Organization      | d. Coordination  |

ANS: B

According to Starfield (1998), both clinicians and patients need to work together to appropriately utilize services based upon these four foundations of primary care: *first contact* (conduct the initial evaluation and the plan for the dysfunction, treatment options, and health goals), *longitudinality* (maintaining the clinician-patient relationship continuously over time), *comprehensiveness* (managing the wide range of needs for each patient), and *coordination* (care is organized and integrated, thus eliminating duplication of services).

PTS: 1 DIF: Application REF: NEED FOR PRIMARY HEALTH CARE

10. Which agency/division is not a part of the U.S. Department of Health and Human Services?

- |   |
|---|
| a. Food and Drug Administration (FDA)               |
| b. Centers for Disease Control and Prevention (CDC) |
| c. Institute of Medicine (IOM)                      |
| d. Indian Health Service (HIS)                      |

ANS: C

Some of the major divisions and agencies that comprise the U.S. Department of Health and Human Services are Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), Indian Health Service (HIS), Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare and Medicaid (CMS), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA). The Institute of Medicine (IOM) is not under the auspices of the U.S. Department of Health and Human Services.

PTS: 1 DIF: Knowledge REF: THE FEDERAL GOVERNMENT

11. Which of the following was not identified as an area of health care disparities according to the 2008 National Healthcare Disparities Report?

- |                         |                                  |
|-------------------------|----------------------------------|
| a. Age groups           | c. Geographic areas              |
| b. Socioeconomic groups | d. Racial and ethnic populations |

ANS: A

The 2008 National Healthcare Disparities Report found that health care disparities often persist across socioeconomic groups, racial and ethnic populations, and geographic areas. The report also noted that across the process of care measures tracked, patients received the recommended care less than sixty percent of the time.

PTS: 1 DIF: Analysis REF: HEALTH CARE DISPARITIES

12. Which of the following is not one of the three key pieces of legislation that established national standards that states use to regulate health insurance?

- |          |          |
|----------|----------|
| a. ELISA | c. HIPAA |
| b. COBRA | d. ERISA |

ANS: A

Three integral pieces of federal legislation that states use to regulate health insurance through the development of national standards are *COBRA* (Consolidated Omnibus Budget Reconciliation Act), *HIPAA* (Health Insurance Portability and Accountability Act), and *ERISA* (Employee Retirement Income Security Act). *ELISA* (Enzyme-Linked ImmunoSorbent Assay) is a biochemical test used to determine certain serum antibody concentrations such as HIV.

PTS: 1 DIF: Knowledge

REF: STATE REGULATION OF HEALTH INSURANCE

13. Thorpe, Woodruff, and Ginsburg (2005) have noted a variety of key elements that have contributed to the rising costs of health care. Which of these elements does not belong?

- |                                      |                          |
|--------------------------------------|--------------------------|
| a. Aging of the population           | c. Practitioner behavior |
| b. Increased use of new technologies | d. Nursing shortage      |

ANS: D

Thorpe, Woodruff, and Ginsburg's (2005) key factors that contribute to the rising costs of health care are an aging population with the resultant growth in the demand for health care, increased use of expensive new technologies, pharmaceuticals, practitioner behavior, rising hospital care costs, cost shifting, and administrative costs. The nursing shortage is not a key factor contributing to rising costs of health care.

PTS: 1 DIF: Knowledge

REF: FACTORS CONTRIBUTING TO RISING HEALTH CARE COST

14. A staff nurse has volunteered to work on the hospital's Quality Insurance Committee. As part of the training, the nurse would be taught that tracking the rate of medication errors is a clinical:

- |              |               |
|--------------|---------------|
| a. outcome.  | c. structure. |
| b. practice. | d. process.   |

ANS: D

Tracking the rate of medication errors as a performance measure is considered a clinical process. An example of a clinical structure is the percentage of nurses and pharmacists who are certified or licensed, and an example of a clinical outcome is the number of deaths from medical errors.

PTS: 1 DIF: Application

REF: TABLE 2-1 EXAMPLES OF PERFORMANCE MEASURE BY CATEGORY

15. The hospital pharmacist explains to a group of nursing students that the use of generic drugs and drug formulary are which type of performance measures?

- |    |                                |    |                              |
|----|--------------------------------|----|------------------------------|
| a. | Clinical care measure          | c. | Financial management process |
| b. | Financial management structure | d. | Clinical care structure      |

ANS: C

Using generic drugs and drug formulary as a quality performance measure is an example of a financial management process. An example of a financial management structure is the use of preadmission criteria, and a clinical care structure for performance measurement is the presence of magnet recognition.

PTS: 1 DIF: Application

REF: EXAMPLES OF PERFORMANCE MEASURES BY CATEGORY

16. There are numerous factors that contribute to the rising number of uninsured in the United States. Which is not necessarily a contributing factor?

- |    |   |    |   |
|----|---|----|---|
| a. | People being eligible for public programs | c. | People between jobs or unemployed       |
| b. | Higher premiums                           | d. | Employers not offering health insurance |

ANS: A

Some of the factors that contribute to the large volume of uninsured in the United States are people being between jobs or unemployed, *not* being eligible for public programs, higher premiums, and employers not offering health insurance options.

PTS: 1 DIF: Comprehension REF: HEALTH CARE COSTS

17. Raising prices to offset lower monies paid from Medicaid and Medicare is called:

- |    |                |    |                   |
|----|----------------|----|-------------------|
| a. | price fixing.  | c. | capitation.       |
| b. | cost shifting. | d. | cost containment. |

ANS: B

The practice of raising prices for the privately insured to offset the lower health care payments received from Medicare and Medicaid and nonpayment from the uninsured is called *cost shifting* (shifting the cost for services from one payer to another).

PTS: 1 DIF: Comprehension REF: COST SHIFTING

18. In an effort to control health care costs, measures were taken to restrict the amount of monies paid to a predetermined fixed amount for Medicare Part A services. This measure is called:

- |           |         |
|-----------|---------|
| a. DRG.   | c. PPS. |
| b. RBRVS. | d. PPD. |

ANS: C

The Tax Equity and Fiscal Responsibility Act, passed in 1982, mandated the Prospective Payment System (PPS) to control health care costs. PPS is a method of reimbursement based upon a predetermined fixed amount. DRGs are diagnosis-related groups. The RBRVS (Resource-Based Relative Value Scale) is a cost containment measure to determine payments made for Medicare Part B services. PPD is a tuberculosis skin test.

PTS: 1 DIF: Comprehension REF: PROSPECTIVE PAYMENT

19. Supplementing clinical expertise with judicious implementation of the most current evidence along with patient preferences and values is called:

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|-------------------------------------|--------------------------|
| a. evidence-based nursing practice. | c. disease optimization. |
| b. evidence-based practice.         | d. evidence-based care.  |

ANS: B

The use of clinical expertise with conscientious and judicious implementation of the most current and best evidence along with patient values and preferences to guide health care decision making is called evidence-based practice. Evidence-based nursing practice refers only to nursing care.

PTS: 1 DIF: Comprehension

REF: EVIDENCE-BASED PRACTICE

20. According to Starfield (1998) one of the four foundations of primary care is coordination.

Which of the following best describes coordination?

- |   |
|---|
| a. Build upon longitudinality by following and integrating care received through referrals and other providers, thus averting unnecessary services and duplication of services. |
| b. Conduct the initial evaluation and define the health dysfunction, treatment options, and health goals.   |
| c. Sustain a patient-clinical relationship continuously over time throughout the patient's illness, acute need, and disease   |

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management..

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- d. Manage the wide range of health care needs across health care settings and among health care professionals.

ANS: A

According to Starfield, coordination involves building upon longitudinality and care received through referrals and other providers is followed and integrated, averting unnecessary services and duplication of services. Option b refers to the “First Contact,” option c refers to “Longitudinality,” and option d refers to “Comprehensiveness.”

PTS: 1 DIF: Comprehension

REF: NEED FOR PRIMARY HEALTH CARE

21. When a health care organization manages the wide range of health care needs across health care settings and among different health care professionals, the organization is performing which of Starfield’s (1988) four foundations of primary care?

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- |                      |                    |
|----------------------|--------------------|
| a. First Contact     | c. Longitudinality |
| b. Comprehensiveness | d. Coordination    |
- 

ANS: B

According to Starfield (1998), “Comprehensiveness involves managing the wide range of health care needs, across health care settings and among different health care professionals.” First Contact involves conducting the initial evaluation and defining the health dysfunction, treatment options, and health needs. Longitudinality involves sustaining a patient-clinician relationship continuously over time, and coordination involves building upon longitudinality.

PTS: 1 DIF: Comprehension

REF: NEED FOR PRIMARY HEALTH CARE

22. Which federal agency funds health services research on the effectiveness of health care services and outcomes?

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- |  |
|--|
| a. Health Resources and Services Administration (HRSA) |
| b. Centers for Medicare and Medicaid Services (CMS)    |
| c. Agency for Health Care Research and Quality (AHRQ)  |
| d. National Institutes of Health (NIH)                 |
- 

ANS: C

The Agency for Health Care Research and Quality (AHRQ) funds health services research on the effectiveness of health care services and outcomes.

PTS: 1 DIF: Comprehension

REF: THE FEDERAL GOVERNMENT



23. A nurse is seeking funding to continue with education as a Nurse Practitioner. Which federal agency would most likely be an appropriate funding source for the nurse's continuing education?

- |         |           |
|---------|-----------|
| a. NIH  | c. SAMHSA |
| b. AHRQ | d. HRSA   |

ANS: D

Health Resources and Services Administration (HRSA) would most likely be a possible source of funds for the nurse's continuing education. HRSA administers training programs for health care clinicians. HRSA also provides Funding for pregnant women and children, programs for persons with HIV/AIDS, and programs serving low-income, underserved, and rural populations.

PTS: 1 DIF: Application REF: THE FEDERAL GOVERNMENT

24. As a result of financial problems, a hospital had to terminate several nurses. These nurses would be eligible to retain their insurance for up to 18 months as a result of which of the following?

- |          |            |
|----------|------------|
| a. COBRA | c. HIPAA   |
| b. ERISA | d. CHAMPUS |

ANS: A

Once terminated, the nurses would be eligible to retain their insurance for up to 18 months through COBRA.

PTS: 1 DIF: Analysis

REF: STATE REGULATION OF HEALTH INSURANCE

### **MULTIPLE RESPONSE**

1. A group of faculty members is overhauling the curriculum for the nursing program based on recommendations set forth by the Institute of Medicine. The nursing program would most likely include which of the following in the outcomes for students attending the program? Select all that apply.

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|--|
| a. Ability to provide patient-centered care  |
| b. Ability to work effectively with teams  |
| c. Understanding evidence-based practice   |
| d. Understanding that only medial diagnoses are important                          |
| e. Ability to use health information technology                                    |
| f. understanding that nursing is more important than other health care professions |

ANS: A, B, C, E

Recommendations set forth by IOM include the ability to provide patient-centered care, ability to work effectively with teams, understand evidence-based practice, and the ability to use health information technology. There was no mention of any one profession being more important than another, nor was there any mention of the fact that only medical diagnoses are important. Nursing diagnoses are important to nurses because they identify areas of patient need that are addressed by nurses.

PTS: 1 DIF: Comprehension

REF: IMPROVING QUALITY THROUGH HEALTH PROFESSIONS EDUCATION

2. Which of the following may increase health services utilization? Select all that apply.

- a. Expanded use of existing drugs
- b. Growth in national population
- c. Better understanding of risk factors for disease
- d. Increase in chronic conditions
- e. Quality standards for food and water distribution
- f. More functional limitations associated with aging

ANS: A, B, D, F

Health services utilization increases with the expanded use of existing drugs, growth in national population, increase in chronic conditions, and more functional limitations associated with aging. Other factors that would increase utilization include consumer documents and guidelines that recommend increased utilization, new procedures and technologies, as well as changes in clinician practice. If risk factors for disease were better understood, there would be a decreased use of services. Improved quality for food and water distribution would also cause reduced utilization.

PTS: 1 DIF: Analysis

REF: TABLE 2-5 FACTORS THAT AFFECT OVERALL HEALTH CARE UTILIZATION

3. Which of the following are foundations of primary care? Select all that apply.

- a. Longitudinality
- b. Comprehensiveness
- c. First contact
- d. Second contact
- e. Consensus building
- f. Coordination

ANS: A, B, C, F

Foundations of primary care include first contact, longitudinality, comprehensiveness, and coordination. First contact involves the initial evaluation of the client, when the health dysfunction, treatment, and goals are defined. Longitudinality refers to sustaining a clinician-

patient relationship over time. Comprehensiveness refers to managing a wide variety of health care needs across health settings and among different health professionals. Coordination involves referrals and follow-up. Second contact and consensus building are not related to the foundations of primary care.

PTS: 1 DIF: Comprehension

REF: NEED FOR PRIMARY HEALTH CARE