

Potter & Perry: Fundamentals of Nursing, 7th Edition

Test Bank

Chapter 2: The Health Care Delivery System

MULTIPLE CHOICE

1. Regulatory interventions were initiated to reduce the rise in health care costs. These interventions include:
 1. Prospective payment systems
 2. State limits on health care fees
 3. Federal guidelines for treatment
 4. Court review of insurance coverage

ANS: 1

As a means to reduce health care costs, in 1983 Congress established the prospective payment system in which hospitals are reimbursed a set dollar amount for each diagnosis-related group, regardless of the length of stay or use of services in the hospital.

State limits on health care fees have not been used nationwide to reduce health care costs.

Federal guidelines for treatment have not been used to reduce the cost of health care.

Rather, the focus has been on financial reimbursement.

Court review of insurance coverage has not been a primary intervention to lower health care costs.

DIF: A REF: 16 OBJ: Comprehension

TOP: Nursing Process: Assessment

MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care

2. Levels of prevention are used by the nurse to provide a framework or guide for nursing interventions. Focus is based on the client's needs and the care or service that is provided. An example of a true health promotion service is a(n):
 1. Aerobic dance class
 2. Immunization clinic
 3. Diabetic support group
 4. Smoking cessation clinic

ANS: 1

Examples of health promotion activities include exercise classes, prenatal care, well-baby care, nutrition counseling, and family planning.

An immunization clinic is an example of an illness prevention service.

A diabetic support group may be an example of a rehabilitation service to adapt to a change in lifestyle.

A smoking cessation clinic may be a part of rehabilitation or offered as an illness prevention service.

DIF: A REF: 19 OBJ: Comprehension
TOP: Nursing Process: Assessment
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3. There are many types of health care delivery agencies. An example of a secondary level care agency is a:
1. School
 2. Nursing home
 3. Drug rehabilitation center
 4. State-owned psychiatric hospital

ANS: 4

A state-owned psychiatric hospital is an example of the secondary level of care in which clients who present with signs and symptoms of disease are diagnosed and treated.

A school is an example of preventive or primary care.

A nursing home is an example of continuing care.

A drug rehabilitation center is an example of restorative care.

DIF: A REF: 20 OBJ: Comprehension
TOP: Nursing Process: Assessment
MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care

4. Which of the following fits within the occupational safety and health categories?
1. Noise exposure
 2. Firearms' safety
 3. Swimming lessons
 4. Motorcycle helmets

ANS: 1

Exposure to environmental hazards within the workplace, such as noise exposure, is one aspect of occupational safety and health.

Firearms do not fit within the occupational safety and health category.

Swimming lessons do not fit within the occupational safety and health category.

Motorcycle helmets do not fit within the occupational safety and health category.

DIF: A REF: 20 OBJ: Comprehension
TOP: Nursing Process: Assessment
MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care

5. A contractual agreement between a hospital and a corporation to pay the health care expenses of the corporation's employees is an example of a(n):
1. PPO
 2. HMO
 3. Private insurance

4. Third-party payment

ANS: 1

A preferred provider organization (PPO) is characterized by a contractual agreement between a set of providers (e.g., hospitals, physicians, or clinics) and a purchaser (e.g., the corporation's insurance plan). Comprehensive health services are provided at a discount to the companies under contract. Enrollees are limited to a list of "preferred" hospitals, physicians, and providers. An enrollee pays more out-of-pocket expenses for using a provider not on the list.

A Medicare HMO is the same as a managed care organization (all care provided by a primary care physician) but designed to cover costs of senior citizens.

Private insurance is the traditional fee-for-service plan where payment is computed after services are provided based on the number of services used.

Third-party payment is when an entity (other than the client or health care provider) reimburses health care expenses. Third-party payers include insurance companies, governmental agencies, and employers.

DIF: A REF: 18 OBJ: Comprehension

TOP: Nursing Process: Assessment

MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care

6. The Medicaid insurance program is best described as:

1. Acute care hospital insurance for the older adult population
2. A funded health care program for older and disabled persons
3. A state-regulated health care program for persons of low income
4. A fee-for-service insurance plan that supports preventive health care

ANS: 3

Medicaid is a federally funded, state-operated program of medical assistance to people with low incomes. Individual states determine eligibility and benefits.

This option describes Medicare.

This option describes Medicare Part A.

This option does not describe Medicaid.

DIF: A REF: 18 OBJ: Comprehension

TOP: Nursing Process: Assessment

MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care

7. Quality health care is an innovative approach to delivering health care. The major factor for its success is that it:

1. Focuses on the nursing process
2. Uses outcomes to manage client care
3. Is used exclusively in the acute care setting
4. Allows a high degree of flexibility delivering the care

ANS: 2

Health care providers are defining and measuring quality in terms of outcomes. An outcome is a measure of what actually does or does not happen as a result of a process of care.

The focus in quality health care is on the outcome, not the process.

Quality health care is not used exclusively in the acute care setting. It may be used in various health care settings.

Because quality health care is based on achieving outcomes, it does not allow a high degree of flexibility for the nurse in delivering care.

DIF: A REF: 27 OBJ: Comprehension
TOP: Nursing Process: Assessment
MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care

8. Case management is one strategy for coordinating health care services. What best describes this caregiving approach?
1. Continuity of care is the primary concern.
 2. This focus of care may be more expensive.
 3. The physician is the coordinator of client care.
 4. It is designed to provide minimal to moderate levels of care.

ANS: 1

With the case management model of care, the case manager coordinates the efforts of all disciplines to achieve the most efficient and appropriate plan of care. Continuity of care is of primary importance.

If the efforts of all disciplines are well managed, repetition or delays may be avoided with a resultant shortened hospital stay. Therefore this focus of care may not be more expensive.

The physician may or may not be the coordinator of client care. The case manager typically is a nurse or social worker.

Case management is not entirely based on the level of care required.

DIF: A REF: 21 OBJ: Comprehension
TOP: Nursing Process: Assessment
MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care/Case Management

9. The payment mechanism that Medicare uses within its health care financing is:
1. Capitation
 2. Fixed payments
 3. Direct contracting
 4. Prospective payment

ANS: 2

Inpatient hospital services for Medicare clients are reimbursed a set amount for each DRG, regardless of the client's length of stay or use of services in the hospital.

Capitation is the payment mechanism in which providers receive a fixed amount per enrollee of a health care plan.

The payment mechanism that Medicare uses is not direct contracting.

Medicare is not based on fixed payments, but rather on a set dollar amount according to the DRG.

DIF: A REF: 27 OBJ: Comprehension
TOP: Nursing Process: Assessment
MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care

10. A student nurse visiting a nurse-managed clinic should expect to see which of the following services offered?
1. Physical therapy
 2. Same-day surgery
 3. Family support services
 4. Ongoing psychiatric therapy

ANS: 3

Nurse-managed clinics focus on health promotion and health education, disease prevention, chronic disease management, and support for self-care and caregivers.

Physical therapy is not typically offered in a nurse-managed clinic.

Same-day surgery is not offered in a nurse-managed clinic.

Psychiatric therapy is not offered in a nurse-managed clinic.

DIF: A REF: 21 OBJ: Comprehension
TOP: Nursing Process: Assessment
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11. A disabled client requiring restorative care should be referred to a(n):
1. Nursing home
 2. Subacute care unit
 3. Home health care agency
 4. Ambulatory health center

ANS: 3

A home health care agency provides health services to individuals and families in their home to promote, maintain, or restore health, or to maximize the level of independence while minimizing the effects of disability and illness.

A nursing home is a long-term care setting in which clients receive 24-hour intermediate and custodial care.

A subacute care unit is not the best referral for restorative care.

An ambulatory health center is not the best referral for restorative care.

DIF: A REF: 16 OBJ: Comprehension
TOP: Nursing Process: Assessment

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12. Which of the following is an appropriate referral for an older client who requires some assistance with daily activities within a partially protective environment?
1. Respite care
 2. Extended care
 3. Assisted living
 4. Rehabilitative care

ANS: 3

The appropriate response is assisted living. A group of residents live together, each resident having his or her own room, yet sharing dining and social activity areas.

Respite care is a service that provides short-term relief for persons providing home care to the ill or disabled.

An extended care facility provides intermediate medical, nursing, or custodial care for clients recovering from acute or chronic illness or disabilities.

Rehabilitative care includes physical, occupational and speech therapy, and social services to help restore clients to their fullest ability.

DIF: A REF: 20 OBJ: Comprehension

TOP: Nursing Process: Assessment

MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care

13. Discharge planning for clients begins:
1. After a diagnosis has been established
 2. Once the long-term needs are identified
 3. Upon admission to a health care facility
 4. When the acute care therapies are completed

ANS: 3

Discharge planning should begin at the time of admission to the hospital, using the strengths and resources of the client, providing resources to meet the client's limitations, and focusing on improving the client's long-term outcomes.

The client's diagnosis does not have to be established before discharge planning can begin.

Discharge planning should include preparation for long-term needs of the client.

Acute care therapies may impact a client's discharge and should be a part of the plan from the beginning.

DIF: A REF: 23 OBJ: Comprehension

TOP: Nursing Process: Assessment

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14. A client states that she does not understand managed care organization (MCO) health insurance. The nurse responds most appropriately by explaining that the MCO:
1. Reimburses nursing home funding
 2. Focuses on health maintenance and primary care
 3. Allows the individual to go to any physician that he desires
 4. Requires a contractual agreement between the health provider and client's employer

ANS: 2

In a managed care organization (MCO), a primary care physician provides all care and the focus is on health maintenance and primary care.

Medicaid reimburses nursing home funding.

In a managed care organization, referral by the primary care physician is necessary for access to specialists and for hospitalization.

A PPO is limited to a contractual agreement between a set of providers and one or more purchasers.

DIF: A REF: 25 OBJ: Comprehension

TOP: Nursing Process: Assessment

MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care

15. Which form of health care is of primary importance when dealing with managed care?
1. Health promotion
 2. Disease prevention
 3. Tertiary treatment
 4. Secondary treatment

ANS: 1

If people stay healthy, the cost of medical care declines. Systems of managed care focus on containing or reducing costs, increasing client satisfaction, and improving the health or functional status of the individual (Sultz and Young, 2004). Health promotion:

Activities that develop human attitudes and behaviors to maintain or enhance well-being.

Disease prevention: Activities that protect people from becoming ill because of actual or potential health threats.

Tertiary prevention: Care that prevents further progression of disease.

Secondary prevention: Early diagnosis and treatment of illness (e.g., screening for hypertension).

DIF: C REF: 21 OBJ: Analysis

TOP: Nursing Process: Assessment

MSC: NCLEX® test plan designation: Safe, Effective Care Environment/Management of Care

16. A nurse is consulting with a homeless family who has a 12-year-old disabled child. The nurse suggests which of the following services to best assist with the child's health care needs?

1. Medicare
2. Medicaid
3. Long-term care insurance
4. An extended care facility

ANS: 2

Medicaid is a federally funded, state-operated program that provides (1) health insurance to low-income families and (2) health assistance to low-income people with long-term care (LTC) disabilities.

Medicare is a financially funded national health insurance program in the United States for people 65 years and older.

DIF: C REF: 18 OBJ: Analysis

TOP: Nursing Process: Assessment

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