02 Lesson Plan for
The Health Care Delivery System

OBJECTIVES

1. Explain the structure of the United States health system.
2. Compare the various methods for financing health care.
3. Discuss the types of settings that provide various health care services.
4. Discuss the role of nurses in different health care delivery settings.
5. Explain the impact of quality and safety initiatives on delivery of health care.
6. Discuss the implications that changes in the health care system have on nursing.
7. Discuss opportunities for nursing within the changing health care delivery system.
8. Explain the relationship between evidence-based practice and performance improvement.
9. Describe the components of a quality improvement program.

TEACHING FOCUS

- The U.S. health care system is complex and in a constant state of flux. Health care regulation and reform have attempted to increase access and contain costs.
- The development of new technologies and medication, which shorten length of stay, also contributes to the increased cost of health care services.
- Nursing continues to lead the way in changes that will retain values for patient care while meeting the challenges of new roles and responsibilities while grappling with quality and safety issues.
- Nurses provide care in a wide variety of health care settings and services.

KEY TERMS

Acute care, p. 18
Adult day care centers, p. 22
Assisted living, p. 21
Capitation, p. 15
Diagnosis-related groups (DRGs), p. 15
Discharge planning, p. 19
Extended care facility, p. 20
Globalization, p. 26
Home care, p. 20
Hospice, p. 22
Integrated delivery networks (IDNs), p. 17
Managed care, p. 15
Medicaid, p. 15
Medicare, p. 15
Minimum Data Set (MDS), p. 21
Nursing informatics, p. 25
Nursing-sensitive outcomes, p. 25

Patient-centered care, p. 24
Pay for performance, p. 24
Performance improvement (PI), p. 27
Primary health care, p. 17
Professional standards review organizations (PSROs), p. 15
Prospective payment system (PPS), p. 15
Quality improvement (QI), p. 27
Rehabilitation, p. 20
Resource utilization groups (RUGs), p. 15
Respite care, p. 22
Restorative care, p. 20
Skilled nursing facility, p. 20
Utilization review (UR) committees, p. 15
Vulnerable populations, p. 26
Work redesign, p. 18

Note: Audio glossary available on Evolve.

NURSING CURRICULUM STANDARDS

QSEN/NLN Competencies
- Patient-Centered Care/Human Flourishing
  - Patient Satisfaction, p. 24
  - Box 2-6 Evidence-Based Practice: End-of-Shift Reporting Practices and Patient Satisfaction, p. 23
  - Unno Box: QSEN: Building Competency in Patient-Centered Care, p. 24
- Evidence-Based Practice/Spirit of Inquiry
  - Box 2-6 Evidence-Based Practice: End-of-Shift Reporting Practices and Patient Satisfaction, p. 23
- Quality Improvement/Spirit of Inquiry
  - Quality and Safety in Health Care, p. 23
  - Magnet Recognition Program, p. 24
  - Quality and Performance Improvement, p. 26
  - Box 2-5 Ten Rules of Performance in a Redesigned Health Care System, p. 23
  - Box 2-7 Model and Forces of Magnetism, p. 25
  - Box 2-8 Nursing Quality Indicators, p. 25
- Safety/Nursing Judgment
  - Quality and Safety in Health Care, p. 23
  - Magnet Recognition Program, p. 24
  - Box 2-8 Nursing Quality Indicators, p. 25
- Informatics/Nursing Judgment
  - Nursing Informatics and Technological Advancements, p. 25

CONCEPTS

The following conceptual themes and specific concepts match those presented in Giddens, J. R. (2017). *Concepts for nursing practice.* St. Louis: Elsevier. The specific exemplars chosen and listed below for each concept have been tailored specifically to correspond to the Potter/Perry/Stockert/Hall: Fundamentals of Nursing, 9e, textbook.

A full *Concept-Based Curriculum Map* covering the entire book can be found <u>here</u>.

THEME: Nursing Attributes and Roles
- Concept: Leadership
  - Magnet Recognition Program, p. 24
- Concept: Health Promotion
  - Emphasis on Population Wellness, p. 16
  - Preventive and Primary Care, p. 17
  - Table 2-2: Preventive and Primary Care Services, p. 18

THEME: Care Competencies
- Concept: Safety
  - Quality and Safety in Health Care, p. 23
  - Magnet Recognition Program, p. 24
  - Box 2-8 Nursing Quality Indicators, p. 25

- Concept: Technology and Informatics
  - Nursing Informatics and Technological Advancements, pp. 25
- Concept: Evidence
  - Box 2-6 Evidence-Based Practice: End-of-Shift Reporting Practices and Patient Satisfaction, p. 23
- Concept: Health Care Quality
  - Quality and Safety in Health Care, p. 23
  - Magnet Recognition Program, p. 24
  - Quality and Performance Improvement, p. 26
  - Box 2-5: Ten Rules of Performance in a Redesigned Health Care System, p. 23
  - Box 2-7: Model and Forces of Magnetism, p. 25
  - Box 2-8: Nursing Quality Indicators, p. 25

THEME: Health Care Delivery
- Concept: Care Coordination
  - Care Coordination, p. 22

THEME: Health Care Infrastructure
- Concept: Health Care Organizations
  - Health Care Settings and Services, p. 17
  - Box 2-1: Examples of Health Care Services, p. 17
  - Table 2-2: Preventive and Primary Care Services, p. 18
  - Figure 2-1: Health Care Services Pyramid, p. 17
- Concept: Health Care Economics
  - Table 2-1: Examples of Health Care Plans, p. 16
- Concept: Health Policy
  - Health Care Regulation and Reform, p. 15
- Concept: Health Law
  - Box 2-2 Major Regulatory Requirements Defined by the 1987 Omnibus Budget Reconciliation Act, p. 21

BSN Essentials
- Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice
  - Globalization of Health Care, p. 26
- Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety
  - Issues in Health Care Delivery, p. 22
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  - Box 2-4 Institute of Medicine Competencies for the Twenty-First Century, p. 23
  - Box 2-5 Ten Rules of Performance in a Redesigned Health Care System, p. 23
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- Essential III: Scholarship for Evidence-Based Practice
  - Box 2-6 Evidence-Based Practice: End-of-Shift Reporting Practices and Patient Satisfaction, p. 23
- Essential IV: Information Management and Application of Patient Care Technology

- o   Nursing Informatics and Technological Advancements, pp. 25
- Essential V: Healthcare Policy, Finance, and Regulatory Environments
  - o   Health Care Regulation and Reform, p. 15
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- Essential VII: Clinical Prevention and Population Health
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- Essential VIII: Professionalism and Professional Values
  - o   Magnet Recognition Program, p. 24
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STUDENT CHAPTER RESOURCES	
Chap. 2	**READ – Textbook (pp. 13-30)** **REVIEW – Evolve Resources** • Audio Glossary • Key Points – Print • Fundamentals NCLEX Quiz **ANSWER – Evolve Resources** • Chapter 2, Case Study with Questions • Chapter 2, QSEN Building Competency in Patient-Centered Care • Chapter 2, Clinical Application Questions • Chapter 2, Review Questions
SG	**ANSWER – Study Guide** • Chapter 2, The Health Care Delivery System, Questions 1-49
EAQ	**ANSWER – Elsevier's Adaptive Quizzing** • Chapter 2, The Health Care Delivery System
EAL	**REVIEW – Elsevier's Adaptive Learning** • Chapter 2, The Health Care Delivery System

INSTRUCTOR CHAPTER RESOURCES	
TB	**Test Bank** • To access the **ExamView** format, go to the <u>Downloads</u> section.
PPT	<u>**PowerPoint Presentations (Slides 1-32)**</u>
IC	<u>**Image Collection**</u> • Figure 2-1. Health services pyramid. • Figure 2-2. Providing nursing services in assisted living facilities promotes physical and psychosocial health.
ETC.	**Chapter 2: In-Class/Online Case Study** **Chapter 2: Answer Key to QSEN Activity (below)** **Chapter 2: Answer Key to Clinical Application Questions (below)** **Chapter 2: Answer Key to Review Questions (below)**

TEACHING STRATEGIES				
LEARNING OUTCOME	**CONTENT FOCUS/ CONTENT HIGHLIGHTS**	**LEARNING ACTIVITIES**	**ASSESSMENT METHODS**	**RESOURCES**
1. Explain the structure of the United States health system.	Discuss the current status of health care in the United States, including regulatory agencies, professional standards review organizations, and payment systems.	• **Discussion Topic:** How has the Patient Protection and Affordable Care Act affected the U.S. health system?	• **Online Activity:** Have students scan the US Department of Health and Human Services (www.hhs.gov) for a topic of their choice and report on it to class (in three or four paragraphs or a 2-minute presentation). • **Activity:** Have students define which populations are served by Medicare vs. Medicaid.	PPTs 1-8
2. Compare the various methods for financing health care.	Describe examples of health care plans and how payment occurs under each. Review how health promotion is cost effective.	• **Online Activity:** Have students search for medical insurance online and discuss the benefits and drawbacks to at least two plans they reviewed. Or have them interview other people and contrast the types of plans available (e.g., deductible, co-pays, coverage).	• **Activity:** Have students review their own insurance or lack of it and describe how a provider is paid and what is involved for the patient. • **Health Promotion Activity:** Have students research the dollar amount saved by an individual who chooses a positive health behavior, such as exercising regularly or not smoking. What are the immediate and long-term costs or savings to the individual and to the health care system?	Table 2-1 PPT 7
3. Discuss the types of settings that provide various health care services.	Discuss various health care settings and services, and the difference between disease prevention and health promotion.	• **Health Promotion Discussion Topic:** Ask the class what the difference is between managing health and managing illness. How does this shift in philosophy affect nursing?	• **Activity:** Ask the class to describe (in writing or orally) their experience with primary care providers and referrals to secondary providers. Have them compare the advantages and disadvantages with the "tiered" or "gatekeeper" system.	Figure 2-1 Box 2-1 Table 2-2 Box 2-2 Box 2-3 PPTs 10-24
4. Discuss the role of nurses in different health	Discuss how caring as a nurse's role is translated into daily	• **Discussion Topic:** How does the public's awareness of wellness	• **Small Group/Partner Activity:** Ask students to work in pairs or threes to	Figure 2-2 PPTs 13, 15-20, 23, 25

care delivery settings.	patient contact in different settings. Discuss the steps involved and the nurse's role in discharge planning.	care affect a nurse's tasks? Discuss the role of the nurse as an educator, example setter, and resource for information. • **Discussion Topic:** Ask students to tell one aspect of health care they would change if they were "in charge."	create a patient health scenario and have each student tell how care would be altered in a different delivery setting for the same patient with the same condition.	
5. Explain the impact of quality and safety initiatives on delivery of health care.	Discuss how patient-centered care changes the nurse's tasks and improves safety and quality of care.	• **Discuss:** Ask students, "What factors affect patient satisfaction?" and "How is patient satisfaction related to quality and safety?"	• **Activity:** Ask students to write a paragraph about one quality or safety initiative and how it will affect their delivery of health care.	Box 2-4 Box 2-5 PPTs 2-8, 28, 30, 31
6. Discuss the implications that changes in the health care system have on nursing.	Emphasize that the population has increased life expectancy and decreased adult and childhood death rates. Reinforce the concept that change may be perceived as threatening but also presents opportunities for improvement in the health care system. Review changes from technology and informatics.	• **Discussion Topic:** How does the nursing shortage affect daily nursing tasks? Discuss delegation and time management.	• **Large Group Activity:** Divide the class into groups of seven to 10 students. Have them role play (physician, specialist, nurse, patient, patient family member, insurance contact) as members of the health care team for a specific diagnosis now and then repeat the scenario as they expect it to be handled in 10 years. Have them present what they think the changes will be to the rest of the class.	PPTs 28-30, 32
7. Discuss opportunities for nursing within the changing health care delivery system.	Review new roles for nurses that are expanding, such as nurse practitioner and advanced practice nursing. Include a discussion on ethics, cultural diversity, advocacy, and the multidisciplinary team.	• **Discussion Topic:** How does the nursing shortage affect daily nursing tasks? Discuss delegation and time management.	• **Discussion Topic:** Ask students how changes in the health care delivery system affected their decision to study nursing.	PPTs 28-30, 32
8. Explain the relationship between evidence-based practice and	Explain evidence-based practice and how this issue has improved health care.	• **Discuss:** Ask students what factors affect patient satisfaction. How does patient-centered care change	• **Activity:** Have students choose and research an evidence-based health promotion activity.	Box 2-6 QSEN box PPTs 28, 29, 31

performance improvement.		the nurse's tasks?		
9. Describe the components of a quality improvement program.	Explain that quality improvement is an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of patients and others and inform health care policy. Review the PDSA cycle.	• **Discussion:** Ask students what specific differences they would expect to notice in patients, procedures, and to experience as a nurse at a hospital with and without a Magnet Recognition Program.	• **Online Activity:** Have students research the Magnet Recognition Program at www.nursecredentialing. org. Have them write a paragraph about how their individual actions as a nurse would influence acquisition of this credential at their hospital.	Box 2-7 Box 2-8 PPT 31

IN-CLASS/ONLINE CASE STUDY

Linda Butler is a 60-year-old white woman who works full time as a receptionist for a major hotel chain. She has worked for the company for the past 25 years. She and her husband have health insurance through the company for which she works. Linda is in the hospital after having surgery to repair a ruptured disc in her lower back. She had an uneventful surgery and is now in her room. Joyce Parker is a student nurse who is caring for Mrs. Butler. Joyce is in her last semester of nursing school. Joyce is 45 years old and had been a stay-at-home mom until her children were both in high school. Mrs. Butler is concerned about each item that is charged on her hospital bill. Because Mrs. Butler is so concerned, Joyce reviews Mrs. Butler's payment method. The medical record indicates that her insurance is through a managed care organization (MCO).

1. Joyce tells Mrs. Butler that she is a member of an MCO through her company. Which of the following statements is true about an MCO?

A. It is based on a fee-for-service payment structure.
B. Payment is made by the government for a predetermined amount for a diagnosis-related group.
C. It receives a predetermined capitated amount for each member and then provides prevention and treatment to the members.
D. Payment is based on the financial status of the patient.

Answer: C
Rationale: An MCO uses techniques or provides health care services to other organizations. It describes systems of financing and delivering health care to enrollees organized around managed care techniques and concepts.

2. Mrs. Butler's surgery for treatment of the ruptured disc is an example of which type of health care service?

A. Health promotion
B. Preventive care
C. Acute care
D. Restorative care

Answer: C
Rationale: Acute care is short-term treatment of a medical-surgical problem. It may include emergency care or urgent care.

3. Joyce notices that Mrs. Butler is overweight and asks Mrs. Butler about her diet and activity level. Mrs. Butler tells Joyce that she doesn't take time to fix many meals at home and doesn't exercise. Joyce gives Mrs. Butler information about a weight-loss group that is part of her MCO. This is an example of what type of health care?

A. Health promotion
B. Preventive care
C. Restorative care
D. Continuing care

Answer: A
Rationale: Health promotion involves activities that develop human attitudes and behaviors to maintain or enhance well-being, such as good nutrition and weight-loss techniques.

CHAPTER 2: ANSWER KEY TO QSEN: BUILDING COMPETENCY IN PATIENT-CENTERED CARE

Answer: Nathan knows meeting patient expectations is part of delivering patient-centered care. He first asks the patient about his expectations. He also discusses to what extent the patient wants to be involved in decision-making. Nathan recognizes the cultural diversity of the patient and is respectful of the patient's religious beliefs and practices. Since the patient is experiencing pain, Nathan uses both the prescribed pain medication and nonpharmacological pain approaches to make him comfortable.

CHAPTER 2: ANSWER KEY TO TEXT CLINICAL APPLICATION QUESTIONS

1. Multiple factors in the environment of the nursing unit contribute to a culture of safety. Work with the nurse manager to develop a culture on the unit that empowers the nurses so that they are involved in decision making on the unit. Participate in a workgroup that focuses on identifying patient safety issues and developing strategies to solve the problems. Become involved in decision making for strategies to solve identified patient safety problems. Identify quality and safety indicators that are appropriate to measure for the nursing unit. Obtain further education on safety issues and patient care. Obtain certifications in specialty areas.

2. Patient- and family-centered care is one of the QSEN competencies. Examples of strategies that are part of the knowledge, skills and attitudes of the competency include the following. Respect for patient's values, preferences, cultural beliefs and values, and expressed needs: make sure that patients are treated with dignity and respect. Provide care that is culturally sensitive and culturally appropriate. Determine what the patient expectations and needs are. Coordination and integration of care: make sure that staff are competent and caring. Provide information to patients on who to contact if they have problems. Information communication and education: make sure to provide patient teaching to patients and families on all aspects of care. Use language that the patient will understand when explaining tests, medications, and healthcare information. Physical comfort: respond promptly to patients issues with pain. Determine what a tolerable level of pain is for the patient. Ensure that the clinic environment is clean and comfortable. Provide privacy for the patients. Emotional support and alleviations of fear and anxiety: answer questions from patients and families. Allow them time to ask questions and express concerns and fears. Patient involvement in decision-making: respect the needs of the patient. Discuss with the patient the extent to which they wish to be involved in decision making related to their care.

3. Nursing-sensitive outcomes are patient outcomes and nursing workforce characteristics that are directly related to nursing care. The National Database of Nursing Quality Indicators (NDNQI) measures and evaluates nursing-sensitive outcomes with the purpose of improving patient safety and quality care. As a nurse on your unit, you assume accountability and responsibility for achieving and accepting the consequences of these outcomes. It is important for your unit to have their unit-specific results because your unit can use its specific unit level results to improve outcomes-related nurses' workloads, enhance patient safety, and develop sound policies related to nursing practice and health care on their unit and in their health care agency. The results will help generate quality improvement projects.

ANSWER KEY TO TEXT REVIEW QUESTIONS

1. Answer: 2. This is an incorrect statement because with the Patient Protection and Affordable Care Act, dependents can remain on health plans until the age of 26 regardless of their status in school. They are not required to be full-time students to be eligible for the benefit. All other options are correct.

2. Answer: 4. Maintaining ongoing competency is a nurse's responsibility. Earn certification in a specialty area is one mechanism that demonstrates competency. Specialty certification has been shown to be positively related to patient safety.

3. Answer: 3. PPO plans limit the enrollee's choice to a list of preferred providers such as hospitals and physicians. A participant pays more to using a provider not on the preferred list. PPO plans focus on health maintenance.

4. Answer: 1, 2, 5. Primary care activities are focused on health promotion. Health promotion programs contribute to quality health care by helping patients acquire healthier lifestyles. Health promotion activities help keep people healthy through exercise, good nutrition, rest, and adopting positive health attitudes and practices.

5. Answer: 1. Nursing work groups or councils who had a commitment to patient safety were a positive characteristic of the patient safety climate on the nursing unit. Open communication and nurses involved in problem solving related to errors were other factors contributing to patient safety.

6. Answer: 4. Magnet status is a process and review that hospitals go through that shows achievement of excellence in nursing practice. The designation is given by the American Nurses Credentialing Center and focuses on demonstration of quality patient care, nursing excellence, and innovations in professional practice.

7. Answer: 3. RIEs are very intense, usually week-long events, in which a group gets together to evaluate a problem with the intent of making radical changes to current processes. Changes are made within a very short time. The effects of the changes are measured quickly, results are evaluated, and further changes are made when necessary. An RIE is appropriate to use when a serious problem, such as the increased occurrence of medication errors, exists that greatly affects patient safety and needs to be solved quickly.

8. Answer: 1, 4, 5. Managed care programs have administrative control over primary health care services for a defined patient population. The provider or health care system receives a predetermined capitated payment for each patient enrolled in the program. In this case the managed care organization assumes financial risk in addition to providing patient care. The organization's focus of care shifts from individual illness care to prevention, early intervention, and outpatient care. If people stay healthy, the cost of medical care declines. Systems of managed care focus on containing or reducing costs, increasing patient satisfaction, and improving the health or functional status of the individual.

9. Answer: 3, 4. In secondary care the diagnosis and treatment of illnesses are traditionally the most commons services. Secondary services are usually provided in an acute care facility. Critical care units and inpatient medical-surgical units provide secondary and tertiary care.

10. Answer: 3, 1, 2, 4. This sequences the step in the PDSA process.

11. Answer: 1, 2, 4. Physical restraint use, pain management, and RN education and certification are among the reportable nursing-sensitive indicators for NDNQI. The other options are not nursing sensitive-indicators.

12. Answer: 1. Restorative interventions focus on returning patients to their previous level of function or to reach a new level of function limited by their illness or disability. The goal of restorative care is to help individuals regain maximal functional status and to enhance quality of life through promotion of independence.

13. Answer: 2. Pay for performance programs and public reporting of hospital quality data are designed to promote quality, effective, and safe patient care by physicians and health care organizations. These programs are quality improvement strategies that reward excellence through financial incentives to motivate change to achieve measurable improvements.

14. Answer: 1. Quality data are the outcome of both quality improvement (QI) initiatives. QI is an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of patients and others and inform health care policy. The QI program of an institution focuses on improvement of health care–related processes such as fall prevention.

15. Answer: 4. The PDSA cycle is a model for quality and performance improvement. The model is: Plan—review available data to understand existing practice conditions or problems to identify the need for change; Do—select an intervention on the basis of the data reviewed and implement the change; Study—study (evaluate) the results of the change; and Act—if the process change is successful with positive outcomes, act on the practices by incorporating them into daily unit performance.