

Chapter 01: The Health Care System

Linton: Introduction to Medical-Surgical Nursing, 6th Edition

MULTIPLE CHOICE

1. An 89-year-old man, who was recently discharged from a rehabilitation hospital because of an inability to concentrate and frequent memory lapses, cannot be left alone while his family works. What options should the discharge planning team suggest that will satisfy safety concerns and give the greatest quality of life to the patient?

- a. Placement in a day care center from 8 AM to 5 PM daily
- b. Placement in a long-term psychiatric facility
- c. Placement in a high-security nursing home
- d. Admission to a general hospital for evaluation

ANS: A

Day care centers provide supervision, safety, nutritious meals, and socialization while the caregiving family works.

DIF: Cognitive Level: Application REF: p. 7 OBJ: 5

TOP: Day Care Centers KEY: Nursing Process Step: Planning

MSC: NCLEX: Physiological Integrity: Reduction of Risk

2. A 66-year-old hospitalized patient is anxious about how the physician will be paid now that he is on Medicare Parts A and B, instead of his previous privately funded insurance plan. Who should the nurse explain is the payor to the physician on this plan?

- a. Previous privately funded insurance plan
- b. Medicare Part A
- c. Medicare Part B
- d. Patient or patient's family

ANS: C

Part A pays skilled care facilities. Part B pays for physician's services. The previously held insurance is no longer available because of the patient's age. The family or patient is not responsible because Part B is in effect.

DIF: Cognitive Level: Comprehension REF: p. 11 OBJ: 4

TOP: Health Care Funding KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

3. What health care plan is the best referral for an unemployed 42-year-old patient with renal failure who has lost his job-related private insurance?

- a. Medicare
- b. Medicaid
- c. Public health facility
- d. Community-based outpatient clinic

ANS: B

Medicaid is available to needy low-income persons younger than 65 years of age who have a permanent disability. Medicare is for persons 65 years and older. Public health services are involved with prevention more often than with chronic care.

DIF: Cognitive Level: Comprehension REF: p. 11 OBJ: 4

TOP: Health Care Funding KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

4. A patient with terminal lung cancer with extensive metastasis is requesting a hospice transfer. What criteria are included as requirements for this transfer?

- a. The patient requests and agrees to the guidelines of hospice care without requiring a physician's order.
- b. The physician confirms that the patient has 6 months or less of life remaining and has provided a written order for hospice care.
- c. Proof confirms that the family can no longer care for the patient at home.
- d. The patient's specific diagnosis is included on a list of accepted diseases that qualifies the patient for hospice care.

ANS: B

The four criteria for transfer to hospice care are (1) diagnosis of any terminal illness, (2) prognosis of less than 6 months of life, (3) informed consent of patient, and (4) written physician's order.

DIF: Cognitive Level: Comprehension REF: p. 7 OBJ: 5

TOP: Hospice Care KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity: Basic Care and Comfort

5. A patient admitted yesterday with a diagnosis-related group (DRG) diagnosis of abdominal pain of an unknown cause is being discharged this afternoon because all diagnostic test results have been negative. What does this scenario exemplify?

- a. Effective laboratory response
- b. Medicare guidelines limiting hospital stay
- c. Cost containment related to a DRG diagnosis
- d. Patient who should not have been admitted in the first place

ANS: C

Cost containment is a means by which the cost of hospitalization time is reduced when the need for acute hospital care is no longer necessary.

DIF: Cognitive Level: Comprehension REF: p. 11-12 OBJ: 6

TOP: Cost Containment per DRGs KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

6. A nurse is discussing discharge to a transitional subacute facility with a 72-year-old patient diagnosed with diabetes and bilateral leg amputation. What should the nurse inform the patient regarding the stay in the new facility?

- a. It will be limited to 25 days.
- b. It will be limited to 50 days.
- c. It will be limited to 75 days.
- d. It is totally unlimited.

ANS: D

Medicare limitations are waived for patients who have undergone amputations.

DIF: Cognitive Level: Comprehension REF: p. 8 OBJ: 4

TOP: Stay in a Skilled Care Facility KEY: Nursing Process Step: Planning

MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

7. A patient is applying for Medicaid. What does the receipt of benefits require?

- a. Following a supervised health maintenance plan
- b. Enrolling in the Medicare-Preferred Drug Plan
- c. Qualifying for the food stamp program
- d. Having an annual income of less than \$10,000

ANS: B

The Medicare-Preferred Drug Plan is a condition of Medicaid eligibility. Nonenrollment may cause the loss of all health care benefits.

DIF: Cognitive Level: Knowledge REF: p. 11 OBJ: 4

TOP: Medicare-Preferred Drug Plan KEY: Nursing Process Step: Implementation

MSC: NCLEX: Health Promotion and Maintenance: Coordinated Care

8. Which is true concerning proprietary agencies?

- a. They are organized to be nonprofit operations.
- b. They are organized to make a profit on their operation.
- c. Any profit they make is immediately used to purchase better equipment and services.
- d. They must participate in Medicare.

ANS: B

These agencies are usually owned by large corporations and established for the purpose of making a profit. Although most such agencies do participate in Medicare, it is not required.

DIF: Cognitive Level: Comprehension REF: p. 6 OBJ: 6

TOP: Proprietary Agencies KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

9. Which patient should the nurse recognize as eligible for a referral to Medicaid?

- a. Military automobile mechanic with severe asthma
- b. Pregnant unmarried young woman employed at a discount retail store for 3 years
- c. College student on scholarship who works part-time at the college library and who needs medication for arthritis
- d. Unemployed young mother on welfare who needs diabetic medication for one of her children

ANS: D

Medicaid covers medication and health care services for welfare recipients for child health and long-term care.

DIF: Cognitive Level: Comprehension REF: p. 11 OBJ: 4

TOP: Medicaid Services Eligibility KEY: Nursing Process Step: Planning

MSC: NCLEX: Health Promotion and Maintenance: Coordinated Care

10. Why was the Balanced Budget Act of 1997 the cause of closures of many proprietary home health care agencies?

- a. It specified that all care be given by registered nurses (RNs).

- b. It listed specific diagnoses that could qualify a patient for home health care.
- c. It limited the amount of money that could be spent on a patient.
- d. It increased the criteria for patient eligibility for home care.

ANS: C

The Balanced Budget Act of 1997 placed a limit on the amount of money that could be spent on a patient's home health care regardless of diagnosis or needs.

DIF: Cognitive Level: Comprehension REF: p. 6 OBJ: 6

TOP: Balanced Budget Act of 1997 KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

11. Who is considered the forerunner of modern public health nursing in the United States?

- a. Vincent DePaul
- b. William Rathbone
- c. Florence Nightingale
- d. Lillian Wald

ANS: D

Lillian Wald is recognized as the forerunner of modern public health nursing.

DIF: Cognitive Level: Knowledge REF: p. 4 OBJ: 1

TOP: Leaders and Founders of Public Health Nursing KEY: Nursing Process Step: N/A

MSC: NCLEX: N/A

12. What is true about voluntary health care agencies?

- a. They are supported by tax dollars.
- b. They are governed by boards made up of community members.
- c. They receive no fee for services.
- d. They use volunteers as health care providers.

ANS: B

Voluntary agencies are governed by boards made up of community members and are supported by a variety of sources. They are not supported by tax dollars.

DIF: Cognitive Level: Comprehension REF: p. 5 OBJ: 5

TOP: Voluntary Agencies KEY: Nursing Process Step: N/A

MSC: NCLEX: Health Promotion and Maintenance: Coordinated Care

13. A client who is hospitalized for treatment after a stroke asks the nurse how long Medicare can be expected to cover his treatment. What is the nurse's most informative response?

- a. "Your Part B will cover your hospital care as long as is necessary."
- b. "Your health care provider will determine how long your Medicare coverage will be in effect."
- c. "You are allowed 50 days of inpatient care annually."
- d. "You can receive skilled care for up to 100 days."

ANS: D

Persons hospitalized for skilled nursing care receive 100 days of Medicare coverage.

DIF: Cognitive Level: Application REF: p. 11 OBJ: 4

TOP: Skilled Care Limitation KEY: Nursing Process Step: Implementation

MSC: NCLEX: Health Promotion and Maintenance: Coordinated Care

14. What statement exemplifies that health care benefits are supported by both federal and state funding?

- a. Cost-containment prospective funding
- b. Department of Health and Human Services (DHHS) Social Security benefits for dentures
- c. Centers for Disease Control and Prevention (CDC) surveillance of persons at risk for acquired immunodeficiency syndrome (AIDS)
- d. Medicaid provision for skilled care in the home

ANS: D

Federal and state cooperation are involved in home skilled care issues.

DIF: Cognitive Level: Comprehension REF: p. 11 OBJ: 4

TOP: Coordinating Medicaid/Medicare Benefits

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Health Promotion and Maintenance: Coordinated Care

15. A nurse is assessing a 65-year-old patient scheduled for outpatient cataract removal surgery in 10 days. What should the nurse stress this patient will need?

- a. Adequate insurance
- b. Adequate postoperative care at home
- c. Specialized glasses
- d. Preservation and protection of vision

ANS: B

Outpatient surgical patients are at great risk for postoperative complications in the absence of professional monitoring. This risk emphasizes the need for preoperative teaching and the provision of postoperative support in the home.

DIF: Cognitive Level: Application REF: p. 4 OBJ: 6

TOP: Postoperative Care for Outpatients KEY: Nursing Process Step: Assessment

MSC: NCLEX: Health Promotion and Maintenance: Coordinated Care

16. With what type of professionals are skilled nursing facilities mandated to staff facilities?

- a. Licensed health professionals around the clock
- b. RN in charge on each shift
- c. RNs to supervise the patient care given by aides
- d. Only RNs to provide complex care

ANS: A

A skilled facility must have licensed health care professionals around the clock. Licensed practical nurses (LPNs) may supervise nursing assistants (NAs), who are the major caregivers. LPNs can provide wound care and ostomy care and monitor intravenous therapies.

DIF: Cognitive Level: Knowledge REF: p. 9 OBJ: 5

TOP: Skilled Nursing Facilities Staffing Requirements

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

17. What is the purpose of a long-term care facility?

- a. Rehabilitation of patients to their former level of functioning
- b. Restoration of patients to their optimal level of independence
- c. To offer care to patients who do not need hospitalization but cannot care for themselves
- d. Exclusive care for patients with dementia

ANS: C

Long-term care facilities care for patients who do not need to be hospitalized but who cannot care for themselves. Although many patients with dementia are residents in a long-term care facility, the purpose of such facilities is not to provide their care exclusively.

DIF: Cognitive Level: Comprehension REF: p. 9 OBJ: 5

TOP: Long-Term Care Facilities KEY: Nursing Process Step: N/A

MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

18. A resident in a long-term care facility has difficulty swallowing and frequently chokes on food and liquids. The nurse identifies an increased risk of aspiration. To whom should the nurse initiate a referral for a swallowing evaluation?

- a. Physician who specializes in throat disorders
- b. Dietitian
- c. Nutritionist
- d. Speech therapist

ANS: D

Speech therapists are qualified to evaluate swallowing disorders.

DIF: Cognitive Level: Comprehension REF: p. 6 OBJ: 5

TOP: Swallowing Difficulties KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity: Coordinated Care

19. What did the 2003 report from the Institute of Medicine (IOM), "Health Professions Education: A Bridge to Quality," outline?

- a. Specific software technology to increase efficiency in health care
- b. Evaluation tool to evaluate the quality of health care
- c. Recommendations for curriculum changes in professional health care schools
- d. Five core competencies for health care professionals

ANS: D

The 2003 IOM report "Health Professions Education: A Bridge to Quality" stressed the need for health professionals to be proficient in five areas: (1) providing patient-centered care, (2) working as a member of a team, (3) using evidence-based medicine, (4) focusing on quality improvement, and (5) using information technology.

DIF: Cognitive Level: Knowledge REF: p. 12 OBJ: 8

TOP: IOM Report KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

MULTIPLE RESPONSE

20. What is the difference between a health maintenance organization (HMO) and a fee-for-service plan? (Select all that apply.)

- a. An HMO requires a set fee from each client.
- b. An HMO allows clients to select their own health care providers.
- c. An HMO permits admission to any inpatient facility.
- d. An HMO offers limited referral options.
- e. An HMO provides both inpatient and outpatient care.

ANS: A, E

HMOs require a set fee from each client to use health care providers specified or hired by each HMO. Inpatient and outpatient care are provided in specified facilities. HMOs have a large group of specialists to whom it refers clients. Fee-for-service plans are more expensive, but they allow clients to choose the health care provider and facility.

DIF: Cognitive Level: Comprehension REF: p. 5 | p. 7 | p. 10

OBJ: 4 TOP: Comparison of HMO to Fee-for-Service

KEY: Nursing Process Step: Implementation

MSC: NCLEX: Health Promotion and Maintenance: Coordinated Care

21. What should a nurse assure the parents of a newborn with a congenital heart defect that will ease and support the home care for their child? (Select all that apply.)

- a. Availability of smaller and more compact equipment
- b. Specialized DRGs for home care of children
- c. Medicaid-funded home care services
- d. Home care services funded by private insurance
- e. Grants and stipends from various drug manufacturers

ANS: A, B, C, D

Medicaid funds home care for children, specialized DRGs, and home-sized equipment make home care for children more easily accomplished.

DIF: Cognitive Level: Comprehension REF: p. 11-12 OBJ: 4

TOP: Home Health Care for Children KEY: Nursing Process Step: Planning

MSC: NCLEX: Health Promotion and Maintenance: Coordinated Care

22. A nurse outlines the benefits of using a home health aide to a homebound patient. With what should the home health aide assist this patient? (Select all that apply.)

- a. Bathing
- b. Doing laundry
- c. Shopping for groceries
- d. Administering medications
- e. Ambulating

ANS: A, E

Home health aides may assist with bathing, ambulation, skin care, and minor homemaking chores. They are not qualified to administer medications. Tasks of laundry, heavy house cleaning, and grocery shopping are inappropriate for home health aides and are more appropriately assigned to a homemaker serviceperson.

DIF: Cognitive Level: Comprehension REF: p. 6 OBJ: 5

TOP: Home Health Aid Utilization KEY: Nursing Process Step: Planning

MSC: NCLEX: Health Promotion and Maintenance: Coordinated Care

23. A patient inquires about eligibility for home health care. What should the nurse explain is the criteria for skilled home health care? (Select all that apply.)

- a. Annual income less than \$20,000
- b. Need for physical or speech therapy
- c. Nonavailability of transportation
- d. Must be homebound
- e. Need for wound dressing changes

ANS: B, D, E

Eligibility for skilled care from a home health care aide includes the need for nursing care for IV therapies, respirators, wound dressing changes, and physical or speech therapy. No requirement relative to low income or the lack of transportation exists, but the patient must be homebound.

DIF: Cognitive Level: Comprehension REF: p. 5-6 OBJ: 5

TOP: Home Health Care KEY: Nursing Process Step: Planning

MSC: NCLEX: Physiological Integrity: Basic Care and Comfort

24. What is the mission of the Public Health Service (PHS)? (Select all that apply.)

- a. Ensure safety of foods and cosmetics.
- b. Provide access to health care services for low-income individuals.
- c. Conduct medical research.
- d. Support substance abuse prevention and treatment.
- e. Monitor and prevent disease outbreaks.
- f. Provide insurance coverage for low-income individuals.

ANS: A, B, C, D, E

The PHS focus is on all levels of ensuring community health, both in providing treatment and supporting prevention. The PHS also supports medical research.

DIF: Cognitive Level: Knowledge REF: p. 2 OBJ: 3

TOP: Public Health Service KEY: Nursing Process Step: Implementation

MSC: NCLEX: Health Promotion and Maintenance: Prevention and Early Detection of Disease

25. What is true regarding the Medicare Prescription Drug Plan? (Select all that apply.)

- a. It is included in Medicare Part A.
- b. There is a \$250 deductible.
- c. Approximately 25% of prescription drug expenses are covered.
- d. Only prescriptions written by a medical physician are covered.
- e. It reimburses 95% of out-of-pocket expenses over \$3600.

ANS: B, E

Medicare Prescription Plan (Medicare Part D) requires a separate enrollment, pays 50% of drug expenses after the \$250 deductible is satisfied, honors all prescriptions written by licensed medical personnel who have prescriptive power, and covers 95% of out-of-pocket expenses up to \$3600.

DIF: Cognitive Level: Comprehension REF: p. 10-11 OBJ: 4

TOP: Medicare Prescription Plan KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe, Effective Care Environment: Coordinated Care

26. Why do physicians prefer to use e-prescription systems? (Select all that apply.)

- a. Drug requests are processed more efficiently.
- b. Drug duplications are prevented.
- c. Less expensive drugs are used.
- d. Contraindications for a drug are identified.
- e. Both the generic and trade names are labeled.

ANS: A, B, D

E-prescription systems that expedite the request also generate drug information related to contraindications and side effects and can identify duplication of drugs.

DIF: Cognitive Level: Knowledge REF: p. 12 OBJ: 8

TOP: Topic: E-prescriptions KEY: Nursing Process Step: Implementation

MSC: NCLEX: Physiological Integrity: Reduction of Risk

27. What services are considered to be under the administration of the U.S. Department of Health and Human Services (HHS)? (Select all that apply.)

- a. Public Health Service (PHS)
- b. Administration for Children and Families
- c. Administration on Aging
- d. American Medical Association
- e. Centers for Medicare and Medicaid

ANS: A, B, C, E

The Public Health Service (PHS), Administration for Children and Families, Administration on Aging, and Centers for Medicare and Medicaid all share the administration of the Department of Health and Human Services (HHS).

DIF: Cognitive Level: Knowledge REF: p. 2 OBJ: 5

TOP: DHHS KEY: Nursing Process Step: N/A MSC: NCLEX: N/A

COMPLETION

28. The nurse clarifies that the insurance plan that pays the physician in advance each month for each enrolled patient, whether or not the patient is treated by the physician, is a strategy known as ____.

ANS:

capitation

Capitation is the system of payment that collects monthly “fees” from enrollees and pays the physician whether the patient has been treated or not. It is rather like a salary that assures the attention of a physician in the event of an illness.

DIF: Cognitive Level: Knowledge REF: p. 10 OBJ: 4

TOP: Capitation KEY: Nursing Process Step: Implementation

MSC: NCLEX: Safe, Effective Care Environment

