Leadership and Management for Nurses 4th edition Finkelman Test Bank

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Leadership and Management for Nurses, 4e **(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? Select all that apply.
    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, 4

Explanation:

1. This scenario represents a violation of standards and a potential malpractice issue, not an issue of healthcare policy.
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 changes in legislation or regulation.
4. This scenario might be altered by changes in legislation or regulation.

Page Ref: 42-44

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.

Answer: 1

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.

Page Ref: 46

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
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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.

Page Ref: 48

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
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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

Answer: 4

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.

Page Ref: 63

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 03. Explain the impact of legal issues on decision making in management and practice.

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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.

Answer: 1

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.

Page Ref: 63-64

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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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.

Page Ref: 64-65

Cognitive Level: Analyzing
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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 requests do-not-resuscitate status.

Answer: 2

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.

Page Ref: 65

Cognitive Level: Analyzing
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Learning Outcome: LO 03. Explain the impact of legal issues on decision making in management and practice.

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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.

Page Ref: 69

Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment
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Learning Outcome: LO 04. Explain the impact of ethics on decision making in management and practice.

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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

Answer: 1

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.

Page Ref: 69

Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment
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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.

Page Ref: 69

Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment
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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."

Page Ref: 69

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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.

Page Ref: 52-53

Cognitive Level: Understanding
Client Need/Sub: Safe and Effective Care Environment
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Learning Outcome: LO 01. Explain why nurses should be involved in healthcare policy and the political process.

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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.

Page Ref: 48-49

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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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: 69

Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment
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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.

Page Ref: 43-48

Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment
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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: 62

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 02. Critique the impact of healthcare legislation on healthcare delivery.

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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.

Page Ref: 50-52

Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment
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18) A 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.

Answer: 2

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.

Page Ref: 67

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 03. Explain the impact of legal issues on decision making in management and practice.

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19) The nurse closely follows hospital policy for recording patient charges. After attending a conference breakout 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.

Page Ref: 73-74

Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment
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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.

Page Ref: 64

Cognitive Level: Analyzing
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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 whistle-blower 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 whistle-blowing.
4. The nurse can "leak" the information to a news source first and still be protected by whistle-blowing laws.

Answer: 1

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.

Page Ref: 75

Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment
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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 topics 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.

Page Ref: 78

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 04. Explain the impact of ethics on decision making in management and practice.

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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.

Page Ref: 43

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 01. Explain why nurses should be involved in healthcare policy and the political process.

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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.

Page Ref: 62-63

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 03. Explain the impact of legal issues on decision making in management and practice.

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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.

Page Ref: 57

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 02. Critique the impact of healthcare legislation on healthcare delivery.

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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.

Answer: 2

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.

Page Ref: 43-48

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 01. Explain why nurses should be involved in healthcare policy and the political process.

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27) Which of the following include comments about and strategies related to healthcare disparity? Select all that apply.

1. Agency for Healthcare Research and Quality
2. Medicare reimbursement requirements
3. Institute of Medicine/National Academy of Medicine reports
4. National Quality Care Reports (annual)

Answer: 1, 3, 4

Explanation:

1. AHRQ has many services and resources on disparity.
2. This does not include disparities as a requirement.
3. The IOM/NAM reports on quality include disparities.
4. The quality reports include indicators directly related to disparities.

Page Ref: 46

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 01. Explain why nurses should be involved in healthcare policy and the political process.

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28) Healthcare in the United States would best be described by which of the following statements?

1. The United States has a national healthcare system.
2. The United States has universal health coverage insurance.
3. The United States has a local, state, and federal system of healthcare.
4. The United States focuses on a public system to provide care.

Answer: 3

Explanation:

1. The United States 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.

Page Ref: 45

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 01. Explain why nurses should be involved in healthcare policy and the political process.

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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.

Page Ref: 50-54

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. Critique the impact of healthcare legislation on healthcare delivery.

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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 in 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 no provision to focus on state-run clinics.

Page Ref: 58-59

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. Critique the impact of healthcare legislation on healthcare delivery.

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Chapter 2: Healthcare Policy, Legal Issues, and Ethics in Healthcare Delivery (4e)

LEARNING OUTCOMES AND SUGGESTED CLASSROOM AND CLINICAL ACTIVITIES

LEARNING OUTCOME 1

Explain why nurses should be involved in healthcare policy and the political process.

Suggestions and Strategies for Classroom Experience

- Provide students with an example of local healthcare policy (e.g., services offered, quality of care of services, reimbursement issues, access to care). Ask students to discuss why it is a health policy, factors relevant to the specific policy, and how it impacts care in their community.
- Ask students to provide examples of private and public policies that they know about. Discuss the relevance of these policies to the students and to healthcare (if relevant to healthcare). Students should analyze who developed the policies and possible purposes of the policies.
- Considering the examples identified for strategies under Learning Outcome 1, have students identify whether the situations are private or public policy and explain why.
- Students also can be asked to do the following: Identify a health policy from the newspapers, television news, radio news, internet, etc.. Describe the policy, whether private or public, and how it might impact care in the local community or state.
- Going back to examples students identified, have students discuss how the political process might have had an impact on the policy. If it is election time, identifying health policies in the campaigns is helpful. During class, access the American Nurses Association website (http://nursingworld.org) and follow a piece of health legislation. Note the current issues listed on the site.
- Students can attend a policy-making session of local or state government, allowing for time to discuss the experience. Students can be asked to critique their experience.
- If there are nurses in the local area who have testified at the local, state, or national level related to health policy, ask them to present to the class, discussing the experience and applying health policy.
- Ask students to write a draft letter they might send to local, state, or federal government representatives discussing their viewpoint on a health policy issue. They should be required to identify the appropriate elected representative. Topics might include health reimbursement, prescription drug coverage, end-of-life issues, and so on. Students should identify their own examples, and they will need to research information about the issue.

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Suggestions and Strategies for Clinical Experience

- Ask students to identify examples from clinical experience that support the need for nurses to be involved in health policy.
- In clinical conference, ask students to identify any private or public policy that might impact their current practice in clinical.
- Discuss the implications of private policy in the healthcare delivery system.
- Discuss how the policy-making process is used in the HCO setting.

LEARNING OUTCOME 2

Critique the impact of healthcare legislation on healthcare delivery.

Suggestions and Strategies for Classroom Experience

- Students can be assigned or can choose one of the legislative examples in this chapter and research the impact the law has on health care. This information can then be presented in class, or students can develop a poster that illustrates the impact of the law.

Suggestions and Strategies for Clinical Experience

- Are there any examples of legislation that would apply to clinical sites students have been in or are in at the time of this course? How would it apply?
- Identify issues in healthcare reform that would have a direct impact on patients and discuss. Students can do this from the perspective of their assigned patients.

LEARNING OUTCOME 3

Explain the impact of legal issues on decision making in management and practice.

Suggestions and Strategies for Classroom Experience

- Assign students to teams, and ask them to develop examples of negligence as it applies to nursing practice.
- Ask a nurse who has acted as an expert witness, engaged in legal consulting, or is a nurse attorney to present to the class, discussing the role of nursing in the legal arena and types of cases that have involved nursing care.
- Ask students to review the state nurse practice act and the ANA *Scope and Standards of Practice*. Discuss the content in teams or with the class as a whole. Consider the source, development, and relevance of this information.

Suggestions and Strategies for Clinical Experience

- In the clinical setting during conference, students can be asked to discuss issues that they think might be examples of concern related to malpractice. They might examine how the hospital protects itself from malpractice.
- In the clinical setting during conference, students can be asked to discuss how their practice during clinical experience relates to the scope of practice. Students

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will need to review the state nurse practice act, the ANA *Scope and Standards of Practice*, and any specialty standards that may be applicable.

LEARNING OUTCOME 4

Explain the impact of ethics on decision making in management and practice.

Suggestions and Strategies for Classroom Experience

- Ask students to create a list of situational examples that apply to the *Code for Nurses*.
- Discuss student responses to the examples of healthcare fraud found in this chapter. Students could be asked to research for additional information about these examples (literature, internet) and share it with the class.
- Discuss how healthcare fraud might have an impact on patient care.
- In small groups, ask students to discuss what they would do if presented with a situation where they were asked to change documentation to ensure reimbursement.

Suggestions and Strategies for Clinical Experience

- If a healthcare organization used for clinical has an ethics committee, have students attend a session. Provide for follow-up discussion so that students have the opportunity to apply content to their observations. If students cannot attend, ask if a nurse who participates in the committee can present to the class.
- Ask students in clinical conference if they have experienced ethical issues in clinical. If so, what were they, and how were they resolved? Discuss how using the team can help staff to work through ethical issues and gain support. *Remind students about privacy and confidentiality and making respectful, constructive comments. Names should not be used.*
- In post-conference, examine if staff nurses would have access to information that would put them in a position to recognize that healthcare fraud had occurred.

KEY CHAPTER CONCEPTS

1. Nurses practice in the healthcare arena, which is affected by healthcare policy. There is an impact on nursing practice, education, staffing, roles, and responsibilities. Legislation and regulations affect nursing, too.
2. Healthcare policy determines what healthcare services are provided, who provides the services, who receives services, reimbursement, quality of care, improvement, and requirements. Many issues in the healthcare environment affect policy; the key issues are the increasing cost of health care, the disparity in healthcare delivery, the commercialization of health care, and consumers. (See Figure 2-1.)
3. See Box 2-1 for factors related to healthcare policy and legal and ethical issues.

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4. Private policy is policy that is developed by either healthcare organizations or a profession, such as nursing. Public policy is policy that reflects the needs of the public and is developed by public organizations or government. (See Box 2-2, Box 2-3, and Figure 2-2.) The policy-making process is similar to the problem-solving process and the nursing process. It includes the following steps (see Table 2-1): A policy issue develops, data are gathered about the issue, a coalition focused on a particular issue builds, possible solutions are identified, a solution is selected, the policy is implemented, outcomes are observed, and an evaluation plan is created.
5. See Figure 2-3 for the types of public policy.
6. Arriving at the best solution/policy requires careful assessment of the issues. Typical criteria used in this process are cost-benefit analysis, efficiency, and equity. A critical issue is the question of the greatest good for the greatest number of people.
7. The political process has an impact on making policies. Most policy comes through legislation, influenced by interest groups and organizations. As changes occur in the healthcare environment, healthcare policy, legislation, and regulation, it is important for nurses to understand and participate in the legislative process and consider how policy may affect ethical decision making (e.g., managed care in healthcare reimbursement).
8. Healthcare policy has an impact on services, providers, who receives care, reimbursement, and quality improvement.
9. The Patient Protection and Affordable Care Act (ACA) of 2010 continues to have an impact on the number of uninsured, even though there is a possibility it will change or be cancelled due to political considerations.
10. Nurses need to be leaders in providing direction for data collection since data about their patients and settings affect their practice.
11. Healthcare reform legislation of 2010 also addressed prescription coverage (Part D of Medicare) by further reducing the cost to Medicare beneficiaries over time.
12. Nurses can participate in a variety of ways. Active participation in professional organizations is one method. Nurses can provide testimony or serve on policy-making committees. Some lobbyists are nurses. Nurses can contact their governmental representatives (via letters, email, or telephone) to express their opinions or provide information. Nurses can collaborate with other healthcare professionals on issues that affect them.
13. Federal and state legislation have a major impact on nursing practice and healthcare. Legislation offers many opportunities to pilot new programs in education and delivery.
14. States play an active role in healthcare policy, legislation, and regulation. They are involved in financing, delivery of services, and oversight of insurance. There are five typical healthcare areas in which the states have major input: Public health and safety, provision of indigent care, purchase care, regulation, and resource allocation.

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15. The chapter provides definitions of “law” and “ethics” and discusses the differences between them.
16. Nurses may be involved in malpractice, which focuses on a professional standard of care that is not met; the failure of a professional healthcare provider, such as a nurse, to act in accordance with expected standards of care; or failure to see consequences that would be expected of the healthcare professional.
17. Negligence is different from malpractice. Negligence is a failure to do what an ordinary, prudent person would do under similar circumstances based on the person’s education and training. Negligence can be unintentional (when no harm was intended) or intentional.
18. The elements that must be met for malpractice are the same as those for negligence, with the emphasis on what would be expected from a professional. Some of the examples of potential risks for nurses include failure to adequately assess, monitor, and communicate; failure to act as the patient’s advocate (e.g., not providing patient education to a patient who has diabetes); or failure to protect a patient when the patient is suicidal or at risk for falls. (See Box 2-4.)
19. Basic legal terminology is provided in the chapter.
20. Ethical decision making in healthcare focuses on the right and just thing to do, guided by four principles: Autonomy, beneficence, justice, and veracity. Nurses are guided in their ethical decision making by the *Code for Nurses*. (See Figure 2-5.)
21. Interprofessional ethics committees are used in many organizations to assist staff with difficult ethical dilemmas. Some of the typical complex dilemmas addressed by these groups are cost containment; end-of-life decisions; informed consent; incompetent, unethical, or illegal professional behavior; and access to care.
22. Professional ethics applies to both nursing management and clinical issues.
23. Each state board of nursing has the responsibility to protect the public health in its state. Nurses who are licensed in a state can and should make complaints to the board when they are concerned about patient health and safety.
24. Healthcare fraud has been increasing, and this fraud and abuse have affected nursing. Corporate healthcare fraud has grown as health corporations have grown. Two examples of broad healthcare fraud and abuse have occurred in psychiatric care and in care for the elderly through Medicare fraud. Both of these have been addressed with legal actions, improved surveys and monitoring, and stricter enforcement of laws, as well as greater emphasis on corporate ethics and staff education about ethics.
25. Nurses need to be knowledgeable about and use the *Code for Nurses*, recognize their own personal values, understand the decision-making process and how it applies to practice, recognize and understand the importance of policy and legal issues, and be assertive.
26. There are protections for nurses and all employees who act as whistleblowers (those that reveal wrongdoing within an organization) to help cope with ethical dilemmas. If the employee is fired, demoted, or discriminated against for these actions, he or she can bring a claim against the employer for unlawful retaliation.

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27. The Health Insurance Portability and Accountability Act of 1996 (H I P P A) established a program to identify and prosecute healthcare fraud. This program is called Health Care Fraud and Abuse Control Program (HCFAC).

APPLYING LEADERSHIP AND MANAGEMENT

BSN and Master's Essentials: Application to Content

This chapter identifies which *Essentials* apply to the chapter content. This information is primarily for the instructor, but students should understand how these nursing education standards apply to the chapter content and the nursing profession.

My Hospital Unit: An Evolving Case Experience

See the overview of the My Hospital Unit feature found in the front of the textbook. Refer students to the specific My Hospital Unit scenario found in the chapter.
This chapter feature can be used in a variety of ways within a course. Students can be asked to complete it after reading each chapter and submit it in writing, or it can be used in team discussions in the classroom or online. This is an evolving case that provides students with the opportunity to apply content and be creative in how they accomplish this. Students should maintain a record of their work per chapter and build on previous responses from one chapter of My Hospital Unit experience to the next.

Applying AONE Competencies

The AONE competencies for nurse leaders and managers are found in Appendices A and B. Ask students to identify which of the AONE competencies apply to the content in the chapter.

Engaging in the Content: Critical Thinking and Clinical Reasoning and Judgment

See Discussion Questions and Application Exercises at the end of the chapter. Online options are noted.

Chapter Features: Case Studies, Applying Evidence-Based Practice, and Observational Experiences

Case Studies and Applying Evidence-Based Practice sections may be used in both classroom and online formats. The last slides in the PPT include the questions related to each of these chapter features. They may be integrated into the lecture or deleted. Students should be asked to review the case and the EBP feature information in order to respond to the questions. This may be done as an individual student written activity, team discussion in the classroom, team discussion in an online course, or as a classroom discussion. Students should be encouraged to obtain the reference for the EBP feature to complete the learning activity.

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ADDITIONAL CASE

This case is not found in the textbook. It may be used for individual or team assignments, as a written assignment, or as classroom or online team discussions. It may also be used as an essay question for exams.

Case:

The hospital where you work has established a compliance committee. A memo was sent to all staff announcing this new committee. You are sitting at lunch with other staff nurses you know. One nurse says, “This is just one more committee!” Another one adds, “And it is very unclear why the hospital needs this committee. What is the purpose?” One of the unit nurse managers joins the group and hears the conversation. He was at the nurse manager meeting where the new hospital committee was described. How might he respond to the following questions?

Questions:

1. Why would a hospital establish such a committee?
2. What is the purpose of this committee?
3. Why should nurses care about this committee?

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