Palliative Care Nursing Quality Care to the End of Life 5th edition Matzo Test Bank

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CHAPTER 2: Palliative Care: Responsive to the Need for Healthcare Reform in the United States

Multiple Choice

1. Which statement describes palliative care for a patient recently diagnosed with pancreatic cancer?
   A. Patients with a rapidly progressing cancer benefit little from palliative care.
   B. Palliative care is offered in the last 6 months of life.
   C. Palliative care focuses primarily on disease management
   D. Palliative care can be provided along with curative treatments.

Answer: D
Rationale: Palliative care can be provided in the context of curative treatments, concurrently with symptom alleviation of the disease or its treatment, as well as offering psychological and spiritual support during the illness experience. Palliative care begins at the time of the patient's diagnosis and continues until the patient's death, and into the bereavement period for families.

2. The rising cost of healthcare has caused which of the following effects?
   A. Palliative care is becoming a structured system of care within mainstream healthcare.
   B. The number of patient consultations to palliative care is decreasing.
   C. Palliative care is increasing medical expenses.
   D. The need to limit the number of treatment options offered.

Answer: A
Rationale: Palliative care is moving into the mainstream of healthcare as a highly structured and organized system of care. Because of the increase in the number of people age 65 and older, more patients are seeking palliative care. Palliative care promotes quality health outcomes, providing added value while lowering health care costs. Palliative care which is comfort and supportive care can be offered along with curative therapies.

3. A patient has just received a diagnosis of rheumatoid arthritis. If the patient receives a palliative care consultation, which outcome is most likely?
   A. Care will be shifted from home to hospital.
   B. Comprehensive, coordinated care will occur
   C. Quality of life for family will be unchanged.
   D. Laboratory and pharmaceutical costs will increase.

Answer: B
Rationale: Palliative care results in fewer hospital days, fewer emergency department or physician office visits, and fewer days in a skilled nursing facility. As more patients wish to remain at home during an illness and to die at home, palliative care allows the shift of care from hospital to home, while providing comprehensive coordinated care across settings. Palliative care increases the quality of life for patients and their families, and reduces the total costs of ICU admissions, lowers the cost per day, lowers the direct costs per admission, and also reduces laboratory costs.

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4. Which patient is most likely to have access to quality hospice or palliative care?
   A. Jason, who receives outpatient services in rural Tennessee
   B. Carmine, who has been admitted to a small community hospital in Arizona
   C. Nancy, who has been admitted to an academic medical center in Massachusetts
   D. Adele, who receives outpatient services at the VA hospital in Georgia

Answer: C
Rationale: There is state-to-state and region-to-region variability in accessibility and availability of palliative care. Issues may be due to a shortage of trained professionals in PC, particularly in public and community provider hospitals, which serve Americans who are without healthcare insurance or those who live in geographically isolated areas. PC has grown rapidly in the U.S. healthcare system, with 90% of large hospitals with 300 or more beds now having a PC team. The number of palliative care programs is highest in the New England (88% of hospitals), Pacific (77% of hospitals), and mid-Atlantic (77% of hospitals) areas and lowest in the west south central (43%) and east south central (42%) states. In contrast, only 26% of for-profit hospitals, 37% of community hospitals, and 54% of public hospitals offer PC. Most veterans receive hospice care (71%), while 52% received palliative care.

5. In which way does voluntary certification in palliative care support healthcare reform?
   A. Increases the number of palliative care programs supervised by physicians
   B. Links palliative care with hospice care in the minds of patients
   C. Insures that palliative care programs meet the criteria for quality palliative care
   D. Maintains current reimbursement standards for palliative care

Answer: C
Rationale: The current voluntary certification in PC, as recommended by the Joint Commission, as well as the expectation for hospitals to achieve Magnet status, supports the mandate for healthcare reform in America and the provision of PC for patients and families. Certification insures that a palliative care program meets the criteria for quality palliative care as identified in the National Quality Forum Consensus Guidelines for Quality Palliative Care.

6. The family of a patient with Alzheimer's disease requests an appointment with a palliative care specialist. Which of the four "As" of Maryland's Blueprint for Success does this demonstrate?
   A. Awareness
   B. Acknowledgment
   C. Action
   D. Access

Answer: D
Rationale: Access is the right, privilege, or ability to make use of resources and information related to palliative and hospice care.

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7. Which statement describes palliative care on a global level?
   A. Most countries are starting to consider palliative care to be a human right.
   B. Palliative care has been well integrated into the healthcare systems of most countries.
   C. Funding for palliative care is highly reimbursed in most countries.
   D. Palliative care occurs primarily in the home across most countries.

Answer: A
Rationale: In many countries, access to PC is being considered a human right, as it ensures the relief of pain and suffering from cruel, inhumane, and degrading treatment. The integration of palliative care into global health care settings is moving forward in many countries but not all countries. The reimbursement of palliative care remains a challenge.

8. Which action by the nurse most empowers the patient?
   A. Consulting with the attending physician
   B. Explaining risks and benefits of treatments
   C. Discussing the prognosis with family members
   D. Choosing a plan of care based on research evidence

Answer: B
Rationale: Explaining risks and benefits of treatments most empowers the patient because the patient is informed of and can make decisions about his or her healthcare accordingly.

9. What role in the nursing profession develops new palliative care knowledge?
   A. Nurse researchers
   B. Nurse educators
   C. Doctors of Nursing Practice
   D. Clinical Nurse Leaders

Answer: A
Rationale: Nurse researchers have the skill to conduct nursing studies and add to the development of knowledge related to palliative care. Doctors of Nursing Practice translate knowledge into practice. Nurse educators and Clinical Nurse Leaders educate nurses and promote the advancement of quality palliative care.

10. Which action by nurses will best integrate palliative care into mainstream healthcare?
   A. Establish networks of palliative care providers
   B. Increase public knowledge of palliative care
   C. Ensure the funding of palliative care
   D. Participate in social and political activism for palliative care

Answer: B
Rationale: Modification of public perceptions of palliative care is central to improving knowledge of, and access to, services, empowering individuals and involving communities in end-of-life care. Nurses, as educators, must focus on achieving a comprehensive knowledge of the public regarding palliative care.

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Short Answer

1. Describe the 3-year palliative care/hospice demonstration project implemented by the Centers for Medicare & Medicaid Services under the requirements of the Affordable Care Act of 2010.

   Model Answer: This project is designed to allow patients to receive aggressive treatment and palliative/hospice care concurrently. It requires an evaluation of the current hospice eligibility criteria, with the expectation that the current prognosis of 6 months or less to live for patients with advanced illness will be relaxed. Additional project outcomes measured are the cost saving of palliative home healthcare programs and an evaluation of patients' and families' quality of life. The project hypothesizes that, compared to usual care, there will be improved survival rates when palliative care is performed along with life-sustaining treatments.

2. What are four positive health outcomes of palliative care?

   Model Answer: Studies conclude that palliative care reduces the overuse of marginally effective, ineffective, and unnecessary treatments, and results in fewer hospital readmissions, allowing greater continuity of care and the development of safe transition plans upon initial discharge. Other positive health outcomes of palliative care include better management of pain and other symptoms; emotional, spiritual, and social support of patients and families; better quality of life for patients and families; increased patient/family satisfaction; efficient handling of time-intensive family/patient/team meetings; better coordination of care; increased specialty-level assistance to attending physicians; support for discharge planning staff; and nurse and physician satisfaction.

3. What roles do healthcare professionals have in promoting healthcare reform, especially in palliative care?

   Model Answer: According to Maryland's Action Plan, healthcare professionals play major roles in the education of patients, families, and communities regarding palliative and hospice care, including advanced care planning. They should develop and implement educational programs (formal and informal) related to palliative and hospice care, and communicate these programs to patients through conversations, healthcare publications, and media/marketing. In addition, healthcare professionals must be educated to ensure adequate staffing of PC programs, particularly given the increase in the number of programs. Medical, nursing, and social work schools are not only integrating PC into their curriculum, but are also creating graduate programs with a focus on PC. In addition, several interprofessional fellowship programs in PC are offered across the country, which reinforce the importance of interprofessional collaboration and teamwork. Healthcare professionals should also actively participate in palliative education and palliative care initiatives by attending national conferences, increase certification and credentialing rates, and make referrals to palliative care services and hospice care. Lastly, healthcare professionals should incorporate the National Quality Forum Preferred Practices of Palliative Care as a standard of care within the institution.

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4. What are the most optimal and efficient methods for implementing palliative care on an international level?

   Model Answer: To direct the international future of PC, a meeting of clinicians, health economists, researchers, policy makers, and advocates was convened with the identification of seven recommendations. These include sharing definitions of PC; recognizing the strengths and weaknesses of different payment systems; identifying country-specific and international research priorities; determining appropriate economic evaluation methods; evaluating PC costs; supporting interprofessional PC education and training programs; and developing national standards to regulate and determine PC planning and development.

5. What responsibilities do advanced practice nurses have in implementing a palliative care program?

   Model Answer: Advanced practice nurses make the case to hospital administration to implement a palliative program and develop the business plan that includes interprofessional resources, feasibility and accessibility, cost control, revenue generation, integration and leveraging of existing services, and decisions regarding the structure and model of the programs. They design the operational plan for the implementation of PC programs, such as space needs, staffing roles and requirements, basic policies and procedures, and projections of patient volumes and program capacity, as well as consideration of financial and strategic planning issues. The hospital's financial viability, including the value of the program regarding the length of stay at the hospital, daily census, hospital billing revenues, estimated cost savings, and potential contributions by philanthropy, are outlined. Given their advanced clinical knowledge and expertise related to healthcare systems, advanced practice nurses provide the perspective as to how PC can meet the expectations of quality care within the context of cost effectiveness and reform.

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