

Chapter 03

Test Bank For Health Promotion Throughout the Life Span 8th Edition

MULTIPLE CHOICE

1. Which addition to a community best demonstrates the concept of the *Healthy People 2020* report?
 - a. New cardiothoracic intensive care unit at a major hospital
 - b. New rehabilitation center
 - c. New recreational health center
 - d. New children's hospital

ANS: C

The *Healthy People 2020* report promotes health care, not illness care. A hospital, ICU, and rehabilitation center emphasize episodic care after an illness. The recreation health center serves to preserve health in the community and helps meet the goals of the *Healthy People 2020* report.

DIF: Cognitive Level: Apply (Application)
(Box 3-1)

REF: p. 47 | p. 47

2. Which nurse is at risk of making a medical error?
 - a. Working overtime
 - b. Works in a hospital that advocates multidisciplinary care
 - c. Caring for four clients during the shift
 - d. Attends regular continuing education programs

ANS: A

Health care systems are the basic cause of medical errors. Organizational and workforce management, work design, and organizational culture are problem areas that contribute to medical errors. Poor management leads to increased nurse turnover, the need for increased client-to-nurse ratios, increased need for overtime, and decreased number of nurses, all of which can lead to medical errors. A nurse working overtime is at risk of making a medical error.

DIF: Cognitive Level: Apply (Application)

REF: p. 50

3. What is the most effective policy a staff nurse can implement to help decrease medical errors on the unit?
 - a. Forgo opportunities for continuing education so the unit is never understaffed.
 - b. Foster a collaborative working environment on the unit.
 - c. Check all medications a minimum of three times before administering them.
 - d. Develop a policy that mandates the firing of any nurse who commits an error.

ANS: B

Health care systems are the basic cause of medical errors. Organizational and workforce management, work design, and organizational culture are problem areas that contribute to medical errors. Creating a collaborative working environment helps improve organizational culture, thereby reducing the chance of medical errors.

DIF: Cognitive Level: Apply (Application)

REF: p. 50

4. The person known as the father of British and American public health is:
 - a. Lillian Wald.
 - b. Edwin Chadwick.
 - c. Lemuel Shattuck.
 - d. Paul Ehrlich.

ANS: B

Edwin Chadwick is known as the father of British and American public health.

DIF: Cognitive Level: Remember (Knowledge)

REF: p. 51

5. A community health nurse most effectively preserves the health of a person with tuberculosis (TB) and the community by:
- administering and reading the purified protein derivative (PPD) of all close contacts
 - providing direct observed therapy (DOT) for the individual with TB
 - isolating the person because it is likely drug resistant
 - telling the person to wear a mask when leaving the home

ANS: B

Community health nursing practice promotes, preserves, and maintains the health of populations and the effect of their health status on that of the community as a whole through care provided to individuals, families, and groups. Thus, the most effective strategy of treating the individual and preventing the spread of TB is to provide DOT.

DIF: Cognitive Level: Analyze (Analysis)

REF: p. 52

6. A community planning committee is working on the development of a community nursing center. Which of the following essential components should be included in this center?
- Physician as medical director
 - Interdisciplinary staff
 - Nurse as chief manager
 - Partnership with an academic institution

ANS: C

The essential components of a community nursing center include a nurse as chief manager, a nursing staff that is accountable and responsible for care and professional practice, and nurses as the primary providers of care.

DIF: Cognitive Level: Apply (Application)

REF: p. 54

7. Considering the provider and client perspective, which of the following is the most autonomous form of insurance?
- Fee-for-service plan
 - Health maintenance organization (HMO)
 - Preferred provider organization (PPO)
 - Independent practice association (IPA)

ANS: A

In the fee-for-service plan, a provider provides a service and bills the individual's insurance company. The individual is also allowed to choose his or her provider.

DIF: Cognitive Level: Apply (Application)

REF: p. 55

8. Which could result in a change in a nurse practitioner's practice?
- Holding a master's degree or higher
 - Moving to another state when she gets married
 - Caring for Medicare clients
 - Changing to another office within the same practice

ANS: B

Nurse practitioners generally hold master's degrees or higher. The nurse practice act within their states may be more comprehensive than the institutions for which they work. Legislation exists for reimbursement of nurse practitioners by Medicare. However, practice acts and prescriptive authority vary from state to state and thus influence practice patterns.

DIF: Cognitive Level: Apply (Application)

REF: p. 55 | p. 70

9. Which health care provider represents a primary care provider?
- Psychiatric advanced practice nurse
 - Clinical nurse specialist
 - Pediatric nurse practitioner
 - Acute care nurse practitioner

ANS: C

A primary care provider serves as a gatekeeper, coordinating care of individuals by determining the need for referrals and procedures. A primary care provider can be a physician, physician's assistant, or advanced practice nurse in a primary care setting. The primary care provider provides basic and routine care usually in an office or a clinic. A pediatric nurse practitioner is an example of a primary care provider.

DIF: Cognitive Level: Apply (Application)
(Box 3-5)

REF: p. 55 | p. 56

10. Which form of managed care restricts providers to caring for individuals who are members of their organization?
- Fee-for-service plan
 - Health maintenance organization (HMO)
 - Preferred provider organization (PPO)
 - Independent practice association (IPA)

ANS: B

The traditional HMO was a group or staff model in which a group of physicians and some specialty services provided care to its members. Providers generally spent all their time serving members of the HMO. Fee-for-service, IPAs, and PPOs are not restricted to serving clients for any one organization.

DIF: Cognitive Level: Remember (Knowledge)

REF: p. 55

11. A Medicare client reports to the home care nurse that he is receiving care through an accountable care organization (ACO). Which of the following considerations should be made when delivering care to this individual?
- The individual must see a primary care provider before being referred to a specialist.
 - The focus of care is prevention and management of individuals with chronic disease.
 - The individual has paid a membership fee to be part of this organization.
 - The focus of care is to conserve money in a health savings account.

ANS: B

The focus of care of accountable care organizations (ACOs) is to focus on prevention and management of individuals with chronic disease out of the hospital. In an ACO, physicians accept the responsibility for the quality of care provided and overall costs of delivering care to a defined population of patients. Accountable care organizations are composed of physicians, specialists, and hospitals, so a specialist will be able to be seen within the ACO. Individuals who are part of concierge care pay a membership fee in return for enhanced health care services or amenities. Health savings accounts are used in conjunction with high deductible health insurance plans and are not related to the use of ACOs.

DIF: Cognitive Level: Apply (Application)

REF: pp. 56-57

12. An individual states that his family has insurance, but that paying for routine medical costs is very expensive because most routine services are paid for out of pocket. Which type of insurance plan does this individual most likely have?
- High deductible health insurance plan (HDHP)
 - Point-of-service plan (POS)
 - Health maintenance organization (HMO)
 - Preferred provider organization (PPO)

ANS: A

High deductible health insurance plans (HDHPs) are structured in a way similar to traditional managed care plans and fee-for-service plans but have a very high annual out-of-pocket deductible. Thus, a family with this type of insurance will pay out-of-pocket until they reach the deductible, which may make receiving health services expensive for them. Point-of-service plans allow members, for an additional fee and higher copayment, to use providers outside of the HMO network. Health maintenance organizations (HMOs) deliver comprehensive health maintenance and treatment services for a group of enrolled individuals who prepay a fixed fee. Preferred provider organizations (PPOs) have a preselected list of providers who have agreed to provide health services for those enrolled in the plan.

DIF: Cognitive Level: Apply (Application)

REF: p. 58

13. Which of the following is a health plan consisting of hospitals and physician providers providing health care services to plan members (usually at discounted rates) in return for expedited claims payment?
- Health maintenance organization (HMO)
 - Health savings account (HSA)
 - Preferred provider organization (PPO)
 - Independent practice association (IPA)

ANS: C

A health plan consisting of hospitals and physician providers providing health care services to plan members (usually at discounted rates) in return for expedited claims payment is known as a preferred provider organization (PPO).

DIF: Cognitive Level: Remember (Knowledge)
(Box 3-5)

REF: p. 58 | p. 56

14. Two working adults do not have access to health insurance for their family from their employers and do not meet the financial criteria for Medicaid. For which of the following federal programs may the children in this family be eligible?
- Medicare
 - Civilian Health Medical Program for Uniformed Services (CHAMPUS)
 - State Children's Health Insurance Program (SCHIP)
 - Veteran's Administration Program

ANS: C

The State Children's Health Insurance Program is a public state insurance program established to provide insurance to uninsured children whose family is typically described as the working poor and do not meet Medicaid requirements. In this case, both parents work but do not have access to insurance through their employers. Additionally, they do not meet the financial Medicaid requirement.

DIF: Cognitive Level: Apply (Application)

REF: p. 60

15. A nurse complies with the Patient Self-Determination Act when asking:
- a person upon admission to the hospital if he or she has an advanced directive
 - the family in the recovery room if the client has an advanced directive
 - a person before discharge from the hospital if he or she has an advance directive
 - the family about an advanced directive after the person has been intubated

ANS: A

The Patient Self-Determination Act is designed to increase individual involvement in decisions about life-sustaining treatments. The nurse must ensure that advanced directives are available to physicians at the time the medical decision is being made. Therefore, the nurse complies with the act when she asks a person upon admission to the hospital if he or she has an advanced directive.

DIF: Cognitive Level: Apply (Application)

REF: p. 64

16. A nurse discussing the care of a person on the surgical unit following gastric bypass surgery with a friend is in violation of the:
- Patient Self-Determination Act
 - Health Insurance Portability and Accountability Act of 1996

- c. Americans with Disabilities Act
- d. Civil Rights Act

ANS: B

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal privacy standard that requires safeguards to protect the security and confidentiality of health information. Disclosures without individual authorization are allowed only to public health authorities authorized by law to collect and receive information for the purpose of preventing or controlling disease, injury, or disability.

DIF: Cognitive Level: Apply (Application)

REF: p. 64

17. Which is a violation of the Health Insurance Portability and Accountability Act of 1996?
- a. Nurse reporting a case of TB to the health department
 - b. Nurse reporting a case of child abuse to the Department of Human Services
 - c. Nurse discussing the person's case with his or her physician
 - d. Nurse discussing the person's case with his or her school nurse

ANS: D

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal privacy standard that requires safeguards to protect the security and confidentiality of health information. Disclosures without individual authorization are allowed only to public health authorities authorized by law to collect and receive information for the purpose of preventing or controlling disease, injury, or disability. Before speaking to the school nurse, the nurse must obtain authorization from the client's parents.

DIF: Cognitive Level: Apply (Application)

REF: p. 64

18. Which nurse is functioning as a care manager?
- a. Nurse working with a family to coordinate care after their child experiences a second hospitalization for an asthma exacerbation
 - b. Nurse providing asthma education in the office setting to a child with moderate, persistent asthma
 - c. Nurse administering the appropriate antiinflammatory medication to a child admitted to the hospital with an asthma exacerbation
 - d. Nurse making a home visit for a respiratory assessment to a child

following an admission for an asthma exacerbation

ANS: A

Care managers help determine what medical care is necessary, monitor care, and arrange for individuals to receive the most cost-effective care in the most appropriate settings. They must collaborate with providers and with the client/family. Care managers are especially helpful following a client after discharge and clients with complex needs. A nurse working with a family to coordinate service after a hospitalization is a good example of services provided by a care manager.

DIF: Cognitive Level: Apply (Application)

REF: p. 71

19. A pregnant woman with two toddlers living at less than 135% of the federal poverty level would be eligible for:
- Medicare Part A
 - Medicare Part B
 - Medicaid
 - State Children's Health Insurance Program (SCHIP)

ANS: C

State Medicaid programs must cover all pregnant women and children up to 6 years of age with a family income of less than 133% of the federal poverty level. States Children's Health Insurance Program provides insurance coverage to children whose family income is below 200% of the federal poverty level or whose income is 50% higher than the state's Medicaid eligibility threshold. In this case, the woman is pregnant, her children are under the age of 6, and they meet the financial criteria for Medicaid but not SCHIP.

DIF: Cognitive Level: Apply (Application)

REF: pp. 74-75

20. Which of the following is a major factor limiting health care services in the United States?
- Lack of nurses
 - Lack of health care facilities
 - Lack of funding
 - Lack of client interest in health promotion

ANS: C

The lack of nurses may prevent health care providers from offering health promotional education activities. The cost of health care and prescription drugs is a major limitation to health care services. The United States has the highest proportion of population with no health insurance, thereby limiting health care services available to Americans.

DIF: Cognitive Level: Remember (Knowledge)

REF: pp. 75-76

21. Which person is at highest risk for being uninsured?
- 68-year-old retired mailman
 - 48-year-old on renal dialysis
 - 2-year-old whose parents work but do not have benefits through their employers
 - 27-year-old who attends college and works part time in a small pizza parlor

ANS: D

Young adults (27 years of age or older) are not eligible to be covered under their parents' insurance. Medicare is available for those over the age of 65 and for people who require dialysis. Medicaid and SCHIP are available for children whose families meet the financial requirements. This child would likely meet criteria for either Medicaid or SCHIP because the parents are considered working poor. Because health care insurance is so expensive, it would be difficult for a 27-year-old to afford his or her own plan. Young adults often go without insurance because of the high costs.

DIF: Cognitive Level: Apply (Application)

REF: pp. 75-76

22. Adoption of a Canadian-style health care system in the United States has the potential to:
- decrease waiting times for tests and procedures.
 - create further health disparities.
 - increase the number of HMOs.
 - increase the amount of funding available for health care.

ANS: B

Canadians with private health insurance and higher incomes have access to greater health care services and more expedient health care. This translates to a two-tier system of health care, which can contribute to health disparities in health care access and quality.

DIF: Cognitive Level: Analyze (Analysis)

REF: p. 77

23. A system used to evaluate the necessity, appropriateness, and efficiency of the use of the health care system, the purpose of which is to lower costs by discouraging unnecessary treatments, is known as:
- managed care
 - gate keeping
 - utilization review
 - capitation

ANS: C

A system used to evaluate the necessity, appropriateness, and efficiency of the use of the health care system, the purpose of which is to lower costs by discouraging unnecessary treatments, is known as utilization review.

DIF: Cognitive Level: Remember (Knowledge)

REF: p. 56 (Box 3-5)

24. The country with the lowest infant mortality rate in 2011 was:
- Canada
 - Mexico
 - Sweden
 - the United States

ANS: C

Sweden had the lowest infant mortality in 2011 with a mortality rate of 2.74 per 1000 live births.

DIF: Cognitive Level: Remember (Knowledge)
3-1)

REF: p. 48 (Table

25. The country with the highest life expectancy for women in 2011 was:
- France
 - Germany
 - Sweden
 - the United States

ANS: A

France was the country with the highest life expectancy for women (85 years of age) in 2011.

DIF: Cognitive Level: Remember (Knowledge)
3-1)

REF: p. 48 (Table 3-1)

MULTIPLE RESPONSE

1. A community health nurse is presenting information about the current health of the nation to a local political action group in 2011. Which of the following information would be included in this presentation? (select all that apply)
 - a. Funding of public health programs has improved the health of the nation.
 - b. Provision of health care has improved the health of the nation.
 - c. Advances in technology have improved the health of the nation.
 - d. Consumer education has improved the health of the nation.

ANS: A, B, D

According to the 2010 Report of Health, the health of the nation has improved in many areas as a result of substantial funding of public health programs, research, provision of health care, and initiatives to support consumer education.

DIF: Cognitive Level: Apply (Application)

REF: p. 42

2. Which of the following statements about the financing of health care in the United States is accurate? (select all that apply)
 - a. Employee-sponsored health insurance premiums experienced minimal increases from 2001 to 2011.
 - b. State tax dollars must fund at least 50% of a state's Medicaid cost.
 - c. The largest percentage of health care dollars is spent on hospital care.
 - d. Most workers who have an employer-sponsored health insurance plan are enrolled in preferred provider organizations (PPOs).

ANS: C, D

In 2010, almost one third (31%) of health care dollars was spent on hospital care. The majority of employee-covered workers were enrolled in PPOs (55%). Employee-sponsored health insurance premiums rose dramatically from 2001 to 2011 by 113%. Federal dollars must fund a minimum of 50% of a state's Medicaid cost; the state is responsible for contributing whatever percentage is not funded by the federal government.

DIF: Cognitive Level: Understand (Comprehension) REF: p. 67

3. Which of the following would be considered part of a vulnerable population? (select all that apply)
- a. Deaf man
 - b. Cocaine-addicted teenage girl
 - c. Handicapped child
 - d. College graduate

ANS: A, B, C

Those who are physically disabled or handicapped, substance abusers, and those with communication difficulties are considered part of the vulnerable population in the United States.

DIF: Cognitive Level: Apply (Application)

REF: p. 47 (Box 3-2)