Origin: Chapter 3- Health Policy, Politics, and Reform, 1

1. The nurse is passionate about research for a cure for pediatric leukemia and has written the state representatives in Congress to urge them to expand federal funding for this research. This behavior is an example of involvement in:
   A)   Policy
   B)   Politics
   C)   Public health
   D)   Equity
   Ans: B
   **Feedback:**
   Politics is the process of influencing the allocation of scarce resources, including financial resources, human resources, and time. A policy is a guideline that directs individuals' behavior toward a specific goal or a deliberate course of action chosen by an individual or group to deal with a problem. Public health is what society does collectively to ensure that conditions exist in which people can be healthy. Equity in healthcare refers to care that does not vary in quality because of gender, race, ethnicity, geographic location, or socioeconomic status.

Origin: Chapter 3- Health Policy, Politics, and Reform, 2

2. Which statements regarding the relationship between politics and healthcare are true? (Select all that apply.)
   A)   Politics has a limited effect on healthcare.
   B)   The government should be interested in health matters when a problem affects a specific group or a whole population.
   C)   Politics has only negative effects on healthcare.
   D)   Republicans and Democrats generally agree on healthcare policies.
   E)   Political solutions can be achieved at both the federal and state levels.
   Ans: B, E
   **Feedback:**
   Politics interferes with every aspect of healthcare in the United States. In reference to a political issue, the government should be interested in problems that affect a specific group or a whole population. There are many examples of the positive role that governments play through policies and legislations, including providing equal opportunity through universal provision of education, healthcare, and often housing and nutrition programs. There is little agreement between the two major U.S. political parties (Democrats and Republicans) when it comes to whom, how, what, and when healthcare should be provided and who should pay for it. Solutions can be achieved by working at either the federal or the state level.

Origin: Chapter 3- Health Policy, Politics, and Reform, 3

3. The nurse is interested in taking on a role in the state's political decision-making process. Which political skills will the nurse need to be effective in this role? (Select all that apply.)
   A)    Ability to understand others' behaviors
   B)    Social skills
   C)    Diagnostic skills
   D)    Ability to network
   E)    Ability to lie convincingly
   Ans: A, B, D
   **Feedback:**
   Healthcare professionals have political skills and active roles in healthcare leadership. These skills include the following: social skills and the ability to understand, interpret, and represent one's own and others' behaviors; the ability, qualifications, and power to influence others and make changes; the ability to develop, connect, and use different social networks; and having a high level of integrity, sincerity, and genuineness.

Origin: Chapter 3- Health Policy, Politics, and Reform, 4

4. Which represents the correct order of events in the policy-making process?
   A)    1) Policy formulation, 2) policy assessment, 3) policy adoption, 4) policy implementation, 5) policy modification, 6) setting an agenda
   B)    1) Setting an agenda, 2) policy formulation, 3) policy assessment, 4) policy modification, 5) policy adoption, 6) policy implementation
   C)    1) Policy formulation, 2) setting an agenda, 3) policy implementation, 4) policy modification, 5) policy assessment, 6) policy adoption
   D)    1) Setting an agenda, 2) policy formulation, 3) policy adoption, 4) policy implementation, 5) policy assessment, 6) policy modification
   Ans: D
   **Feedback:**
   The correct order of events in the policy-making process is as follows: 1) setting an agenda, 2) policy formulation, 3) policy adoption, 4) policy implementation, 5) policy assessment, 6) policy modification. An agenda must be set before a policy is formulated; this phase involves considering the significance of the problem, the political support for addressing the problem, and the ability to perceive the viability of proposed alternative solutions for the problem. After the agenda is set, the policy can be formulated. Once formulated, the policy must be adopted or agreed upon before it can be implemented. Only after being implemented can the policy be assessed or evaluated in terms of its effectiveness. The final step is modifying the policy on the basis of the results of the assessment.

Origin:  Chapter 3- Health Policy, Politics, and Reform, 5

5. The nurse meets with a group of fellow nurses. They discuss the number of children who have died in hot cars and how likely they are to gain support from their state legislators to address the problem. The nurses are currently in which step of the policy-making process?
A)    Policy formulation
B)    Policy adoption
C)    Setting an agenda
D)    Policy assessment

Ans:  C

**Feedback:**
Setting an agenda, the first step in the policy-making process, involves considering the significance of the problem, the political support for addressing the problem, and the ability to perceive the viability of proposed alternative solutions for the problem. After the agenda is set, the policy can be formulated. Once formulated, the policy must be adopted or agreed upon before it can be implemented. Only after being implemented can the policy be assessed or evaluated in terms of its effectiveness. The final step is modifying the policy on the basis of the results of the assessment.


Origin:  Chapter 3- Health Policy, Politics, and Reform, 6

6. The hospital board is in the process of developing a policy regarding the use of cell phones within the hospital. At the current meeting, the board has decided to allow use of cell phones only within certain waiting areas within the hospital, and nowhere else. Which stage of policy-making does this action represent?
A)    Policy formulation
B)    Policy adoption
C)    Policy implementation
D)    Policy assessment

Ans:  B

**Feedback:**
Policy adoption is the process of selecting the policy that will be implemented. Policy formulation is the stage in which various policy options are identified and explored. Policy implementation is the stage in which the selected policy is carried out by using human and financial resources. Policy assessment is the stage in which the implemented policy is evaluated in terms of its compliance with statuary requirements and effectiveness.

7. The hospital board is in the process of developing a policy regarding the use of cell phones within the hospital. After 6 months of a policy being in place and weeks of ongoing evaluation of the policy by individual board members, the board decided to expand the areas where cell phone use is permitted to include all waiting rooms and some client rooms. Which stage of policy-making does this action represent?
A)    Policy modification
B)    Policy adoption
C)    Policy implementation
D)    Policy assessment
Ans:  A
**Feedback:**
Policy modification is the step in which a policy that has already been implemented is maintained, changed, or eliminated on the basis of results of policy assessment. Policy adoption is the process of selecting the policy that will be implemented. Policy implementation is the stage in which the selected policy is carried out by using human and financial resources. Policy assessment is the stage in which the implemented policy is evaluated in terms of its compliance with statuary requirements and effectiveness.

8. The nurse applies a cost–benefit analysis to the healthcare model. Which costs are the primary concerns of the client? (Select all that apply.)
A)    Total payment for the service
B)    Out-of-pocket payment
C)    Suffering and pain
D)    Actual and direct cost of providing a service
E)    Psychological costs
Ans:  B, C, E
**Feedback:**
Clients are interested in their own out-of-pocket payment, as well as the psychological costs, suffering, and pain, which are difficult to quantify yet have long-lasting negative effects. The total payment for the service is usually what matters to the payer. The providers are usually concerned with the actual and direct cost of providing a service.

Origin: Chapter 3- Health Policy, Politics, and Reform, 9

9. A client visits the office of an independent nurse practitioner to have routine blood work done. The client returns 1 week later for a follow-up visit to discuss the results and formulate a new treatment plan. On the basis of the client's insurance plan, the client is only obligated to pay $15 copay for this service. The total payment that the client's insurance company provides the practitioner is $180, which covers the $80 fee for a 15-minute visit and the $100 cost of laboratory services. On the basis of the nurse's current client load, $40 of the $80 fee for the visit covers overhead and the remaining $40 is profit. In terms of cost–benefit analysis, which is the actual financial cost to the nurse for providing this service?
A) $100
B) $15
C) $180
D) $140
Ans: D
**Feedback:**
Using cost–benefit analysis, the cost to the provider is the actual and direct cost of providing a service, which in this case would be $100 for the laboratory services plus $40 for office overhead, which equals $140. Clients are interested in their own out-of-pocket payment, which in this case would be $15. The actual total payment for the service is usually what matters to the payer or insurance company, which in this case is $180.

Origin: Chapter 3- Health Policy, Politics, and Reform, 10

10. A family member receives Medicaid. Which is most likely to limit access of this person to healthcare?
A) Inability to find a provider who accepts Medicaid
B) Pre-existing conditions
C) Lack of insurance
D) Large insurance premiums
Ans: A
**Feedback:**
Those covered by Medicaid have insurance but may experience problems accessing primary care due to their inability to find a private physician who accepts Medicaid clients. Out-of-pocket expenses may also be a factor in inability to access care. Preexisting conditions limited access to private insurance before the passage of the Patient Protection and Affordable Care Act of 2010 but should not limit access to healthcare in a client covered by Medicaid. Large insurance premiums would not pertain to Medicaid.

Origin:  Chapter 3- Health Policy, Politics, and Reform, 11

11. A client receives Medicare, has limited income, and lives in a large city. Which factors are likely to limit the client's ability to access healthcare? (Select all that apply.)
    A)    Inability to afford supplemental insurance
    B)    Living in an urban environment
    C)    High out-of-pocket expenses
    D)    Preexisting conditions
    E)    Lack of in-network providers in her region
    Ans:  A, C
    **Feedback:**
    The underinsured include older individuals who receive Medicare but cannot afford supplemental insurance or the out-of-pocket expenses associated with Medicare. Those living in a rural area, not an urban area, would be likely to have difficulty finding available healthcare providers. In-network providers would apply to private insurance, not to Medicare.

Origin:  Chapter 3- Health Policy, Politics, and Reform, 12

12. Which most accurately defines quality of care?
    A)    Degree to which health services increase the likelihood of desired outcomes and are consistent with current knowledge
    B)    Improvement of what is wrong or unsatisfactory
    C)    Economic approach or analysis tool used to evaluate the effectiveness of a treatment or intervention
    D)    Presence of a variety of ethnic, racial, and cultural backgrounds of the workers in a specific area such as the health sector
    Ans:  A
    **Feedback:**
    Quality of care is defined by the Institute of Medicine as the degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current knowledge. Reform is the improvement of what is wrong or unsatisfactory. Cost–benefit is an economic approach or analysis tool used to evaluate the effectiveness of a treatment or intervention. Workforce diversity is the presence of a variety of ethnic, racial, and cultural backgrounds of the workers in a specific area such as the health sector.

Origin: Chapter 3- Health Policy, Politics, and Reform, 13

13. A nurse has just finished providing teaching and care to a child with type 1 diabetes. On the basis of the five dimensions of healthcare identified by the Institute of Medicine, indicators of quality care include that the child: (Select all that apply.)
    A) Safely self-injected insulin in the office
    B) Has maintained an appropriate blood glucose level consistently for 6 months
    C) Was seen by the nurse 2 hours after arriving for a scheduled appointment
    D) Received care that was identical to that provided to six other clients of various racial backgrounds
    E) Received instructions directly from the nurse in the office, not via a parent
    Ans: A, B, D, E
    **Feedback:**
    The Institute of Medicine lists the following dimensions of healthcare systems that should be considered when quality, cost, and access are examined: 1) safety: avoiding injury and harm from care that is meant to aid clients; 2) effectiveness: assuring that "evidence-based" care is actually delivered, by avoiding overuse of medically unproven care and underuse of medically sound care; 3) client-centeredness: involving clients thoroughly in the decision-making process about their care, thereby respecting their culture, social circumstances, and needs; 4) timeliness: avoiding unwanted delays in treatment; and 5) equality: closing racial, ethnic, gender, and socioeconomic gaps in care and outcomes.


Origin: Chapter 3- Health Policy, Politics, and Reform, 14

14. Nurses are effective and influential shapers of healthcare policy because of their expertise in: (Select all that apply.)
    A) Clinical practice
    B) Administration
    C) Education
    D) Political science
    E) Research
    Ans: A, B, C, E
    **Feedback:**
    Nurses' expertise as clinicians, educators, researchers, and administrators lends them much power in public policy. Nurses, as a whole, do not typically have expertise in political science.

Origin: Chapter 3- Health Policy, Politics, and Reform, 15

15. Which represent ways nurses can actively engage in policy making? (Select all that apply.)
   A)   Testify at congressional hearings
   B)   Disseminate information on health issues in the media
   C)   Serve as members of governing boards
   D)   Document client symptoms following a physical examination
   E)   Review articles in recent nursing journals
   Ans: A, B, C
   **Feedback:**
   In terms of policy making, nurses can 1) provide vital evidence that either supports or opposes a policy, 2) be members of an organization or a group that introduces a specific problem into the national agenda and identifies the goals and tools needed to implement it, and 3) advocate for and disseminate information on health issues through the media. Nurses may also advocate for their clients by testifying at congressional hearings, healthcare summits, and regional forums regarding the need to eliminate disparities in healthcare access among various client demographics. The American Nurses Association works with coalitions and advocates for nurses to serve as members of governing boards in each state, to advance the role and recognition of nurses, to prevent potential declines in quality, and to communicate with the Congress in the prevention of harmful changes in Medicare. Documenting client symptoms and reviewing articles in nursing journals are tasks commonly performed by nurses but are not directly related to policy making.


Origin: Chapter 3- Health Policy, Politics, and Reform, 16

16. Which is the primary way that U.S. federal government has encouraged improved information management in the healthcare system?
   A)   Publishing of guidelines for increased efficiency in filing client records
   B)   Tax deductions for the installation of new telephone systems
   C)   Reimbursement and bonuses for physicians and hospitals for adopting electronic health records
   D)   Grants for hiring office managers trained in health information technology
   Ans: C
   **Feedback:**
   As established in the American Recovery and Reinvestment Act, physicians who adopt and use electronic health records (EHRs) meaningfully can be reimbursed for their services up to $44,000 over 5 years. Similarly, hospitals that effectively utilize EHRs earn an incentive of $2 million through a one-time bonus. The other answers are not true.

Origin: Chapter 3- Health Policy, Politics, and Reform, 17

17. Which programs are funded by the Community Transformation Grant program? (Select all that apply.)
A) Tobacco-free living
B) Physical activity
C) Autism awareness
D) Healthy eating
E) Managing attention-deficit disorder

Ans: A, B, D

**Feedback:**
The Community Transformation Grant program funds programs that promote tobacco-free living, physical activity, healthy eating, services to prevent and control high blood pressure and high cholesterol, social and emotional wellness, and healthy and safe environments. It does not specifically provide funds for autism awareness or managing attention-deficit disorder.

Origin: Chapter 3- Health Policy, Politics, and Reform, 18

18. The nurse is working through an ethical dilemma using a decision-making process developed by the Ohio Nurses Association. After identifying the existence of the ethical dilemma, the next step in this process is to:
A) Clarify personal values and moral position
B) Determine options on the basis of consideration of benefits and risks
C) Make a responsible decision about actions or recommendations
D) Gather and analyze relevant information

Ans: D

**Feedback:**
The Ohio Nurses Association (2006) developed a process to guide nurses in working through ethical dilemmas. This process includes the following steps, in order: 1) Identifying the existence of the ethical dilemma (conflict in values); 2) gathering and analyzing relevant information—including identification of stakeholders, interdisciplinary team members, and other sources of relevant information; 3) clarifying personal values and moral position, including the moral perspectives of other "players" in the scenario; 4) determining options on the basis of careful consideration of alternatives' benefits and risks; 5) making responsible decisions about actions or recommendations, in collaboration with other interested parties; and 6) evaluating the impact of the action and outcomes.

Origin:  Chapter 3- Health Policy, Politics, and Reform, 19
19. Select the nursing ethical principles established by the American Nurses Association's (ANA) Code of Ethics for Nurses? (Select all that apply.)
    A)   Compassion and respect for the dignity, worth, and uniqueness of every individual
    B)   Primary commitment to the physician
    C)   Promotion and advocacy to protect the client's health, safety, and rights
    D)   Participation in establishing, maintaining, and improving healthcare environments and conditions
    E)   Self-sufficiency and lack of dependence on other healthcare professionals in caring for the client
    Ans:  A, C, D
    **Feedback:**
    Nursing ethical principles established by the ANA's Code of Ethics for Nurses include the following: 1) compassion and respect for the dignity, worth, and uniqueness of every individual; 2) primary commitment to the client (individual, family, group, or community), not to the physician; 3) promotion and advocacy to protect the client's health, safety, and rights; 4) responsibility and accountability for individual nursing practice by appropriate delegation of tasks to provide optimum care; 5) responsibility to preserve integrity and safety, maintain competence, and continue personal/professional growth; 6) participation in establishing, maintaining, and improving healthcare environments and conditions; 7) participation in the advancement of the profession through contributions to practice, education, administration, and research; 8) collaboration with other healthcare professionals and the public in promoting community, national, and international efforts to meet health needs; and 9) responsibility for articulating values, maintaining integrity, and shaping social policy.

20. Which goals are part of the Patient Protection and Affordable Care Act (ACA), which was passed in 2010? (Select all that apply.)
    A)  Shifting the focus of the healthcare delivery system from prevention to treatment
    B)  Reducing the costs and improving the efficiency of healthcare
    C)  Allowing insurers to deny healthcare coverage on the basis of preexisting conditions
    D)  Expanding health insurance coverage
    E)  Expanding healthcare access to children
    Ans: B, D, E
    **Feedback:**
    Through the Patient Protection and Affordable Care Act (ACA), the Obama administration's goals in improving the overall healthcare system and the quality of care include but are not limited to the following: 1) expanding health insurance coverage, 2) shifting the focus of the healthcare delivery system from treatment to prevention (not from prevention to treatment), and 3) reducing the costs and improving the efficiency of healthcare. Additionally, the ACA expanded healthcare access to children. Through the ACA, youth are allowed to remain on their parents' healthcare plan to the age of 26, insurers are no longer allowed to exclude children from coverage because of preexisting conditions, and access has been expanded through state-based health insurance exchanges for uninsured families.

21. Which steps must take place to improve the U.S. healthcare system, according to Porter? (Select all that apply.)
    A)  Measurement and dissemination of health outcomes must be shared.
    B)  The existing system of delivery of prevention, wellness, screening, and routine health maintenance services must be preserved.
    C)  Care delivery must be reorganized around the availability of physicians.
    D)  Providers must compete for nurses on the basis of the quality of the care provided.
    E)  Clients' involvement in their health must improve and incentives for client involvement should be considered.
    Ans: A, E
    **Feedback:**
    Porter lists the following steps that must take place to improve the U.S. healthcare system: 1) measurement and dissemination of health outcomes must be shared; 2) the delivery of prevention, wellness, screening, and routine health maintenance services must be fundamentally restructured (not preserved); 3) care delivery must be reorganized around medical conditions (not around the availability of physicians); 4) a reimbursement program for healthcare professionals as incentives to achieve better outcomes for clients must be established; 5) providers must compete for clients (not nurses) on the basis of the quality of the care provided; 6) all providers must establish electronic medical records; and 7) clients' involvement in their health must improve and incentives for client involvement should be considered.