

## Linton: Introduction to Medical-Surgical Nursing, 5<sup>th</sup> Edition

### Chapter 2: Patient Care Settings

#### Answers to Thinking Cap Questions

##### **Put on Your Thinking Cap!**

If you have a clinical experience in a long-term care facility, interview a resident there. Specifically, ask:

1. What circumstances brought you here to live?
2. What are the benefits and disadvantages of living in this type of facility?
3. What advice would you give to a new resident here?
4. What can nurses do to make it easier for you to adjust to living here?

Discuss the resident's responses in relation to the effects of institutionalization and implications for nurses.

*Did the resident's responses reflect depersonalization, indignity, redefinition of normal, regression, or social withdrawal? Share the resident's suggestions for adjusting to the new residence.*

##### **Put on Your Thinking Cap!**

Identify one thing you can do to achieve each of the following: (1) maintain autonomy, (2) maintain function, and (3) promote independence in:

a. The long-term care facility resident

1. *Autonomy: schedule baths at preferred resident times, have a late night TV room and late breakfast options, encourage residents to choose clothing*
2. *Function: structure the environment to support self-toileting, encourage walking and exercises*
3. *Independence: encourage residents to bathe, dress, and feed themselves as much as they are able*

b. The hospitalized patient

1. *Autonomy: respect patient choices, informed consent, no restraints*
2. *Function: range-of-motion exercises (passive or active as appropriate), pain management*
3. *Independence: encourage increasing self-care as able*

## Expanded Answer Key for Part III: Challenge Yourself! Getting Ready for NCLEX

### Chapter 1

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- ANS: 1, 2, 3  
The quality and safety education for nurses (QSEN) competencies (2007) are concerned with reshaping the professional roles of nurses to include commitment to quality and safety competencies. (1), (2), and (3) are related to quality and safety. Minimizing risk of patient harm, using technology to decrease error, and utilizing evidence-based care will improve quality and safety. Reducing wait times for patients, avoiding waste of equipment, and providing equitable care (4, 5, and 6) are related to another Institute of Medicine (IOM) report, *Crossing the Quality Chasm* (2007), that focuses on a broader view of quality health.
- ANS: 3  
The treatment of illness receives the most attention as health care treatment today, and hospital care accounts for 40% of health care expenditures. (1) and (2), health promotion and disease prevention, are promoted by managed health care. By increasing health promotion and disease prevention, the costs of health care expenditures will decrease. Home health care is increasing, as patients are released from hospitals sooner, but it does not receive the most attention.
- ANS: 1, 5, 6  
Decision-making by nurses to control spending; direct, comprehensive, and ongoing contact with patients; and streamlining care and providing quality care with limited resources (1, 5, and 6) all contribute the nurse's role in cost containment. Nursing emphasis on safe, effective care and patient-centered care (2, 3) are two aims of the Aims for the 21<sup>st</sup> Century Health Care Systems. Providing private nursing care (4) increases costs and is not related to cost-containment.
- ANS: 1  
Incentives to save costs (1) are a characteristic of managed care. The increased treatment of acute diseases (2) is not related to managed care. Increased hospital care (3) increases out-patient care and is not related to managed care. (4) Increased (not decreased) cost-sharing is another characteristic of managed care.
- ANS: 2, 5, 6  
Cardiovascular disease, depression, and pneumonia are among the five most frequent reasons for hospitalization. (1), (3), and (4) are not among the most frequent reasons for hospitalization.
- ANS: 4, 6  
Two reasons that the demand for professional home health services continues to increase for all age categories are the reduction of length of hospital stays (4) and early discharge with needs for special care (6). (1) is incorrect because ambulatory surgery center services are increasing, not decreasing. (2) is incorrect because health care costs are increasing, not decreasing. (3) is incorrect because managed health care is focused on comprehensive health care at affordable costs. (5) is not related to the demand for home health services.
- ANS: 4  
Increased focus on prevention (4) is an effect of managed care. (1) is incorrect because increased cost-sharing and decreased fee-for-service are effects. (2) Increased home health care, not decreased, is an effect of home health. (3) Increased focus on wellness, not decreased, is an effect of managed care.
- ANS: 1, 3, 5  
Adult care centers provide respite from constant caregiving (1); health promotion programs and nutritional needs (5); and day supervision for patients while they continue to live at home (3) are all advantages for a patient with dementia. Adult day care centers do not provide primary skilled nursing services (2); long-term care facilities do. Current illnesses (4) are treated and diagnosed in physicians' offices, clinics, and hospitals.

9. ANS: 1  
(1) is correct, because Medicare is available to persons older than 65. (2) is incorrect because Medicaid is available for needy, low-income, and disabled persons under 65. (3) Private insurance is used for persons under 65. (4) Social security is not a type of medical insurance.
10. ANS: 4  
Skilled nursing care (4) is the priority type of care for a 68-year-old patient in rehabilitation following a stroke. (1) Palliative care is related to hospice care. (2) Acute care focuses on treatment of illness. (3) Assisted living care is not focused on rehabilitation.
11. ANS: 2  
A 72-year-old patient with hypertension (2) is entitled to receive Medicare insurance, as the patient is older than 65. The other three patients (1, 3, and 4) are all younger than 65. The 55-year-old patient with brain injury (4) may be eligible for Medicaid.
12. ANS: 1  
(1) A 35-year-old, low-income patient with multiple sclerosis is eligible for Medicaid funding. (2) and (3) are eligible for Medicare, as they are older than 65. A 40-year-old patient with chronic allergies (4) is not eligible for Medicare or Medicaid.
13. ANS: 1, 2, 5  
Three requirements for hospice care include (1) a diagnosis of a terminal illness, (2) a prognosis of less than 12 months to live, and (5) informed consent by the physician to elect hospice care. (3), (4), and (6) are patients requiring treatment for their illnesses and not palliative care.
14. ANS: 4  
Enabling terminally ill patients to live as full a life as possible (4) is the purpose of hospice. (1) describes the purpose of home health care for a patient requiring palliative care. (2) is the purpose of a patient in a hospital, and (3) describes home health care.
15. ANS: 1, 2, 3  
Ways to reduce medication errors according to the IOM are better patient education (1), use of information technologies (2), and (3) better drug labeling and information sheets. (4) and (5) are related to general quality and safety issues.
16. ANS: 2, 3  
The majority of preventable medical errors are (2) system problems and (3) health care process problems. (1) Individual carelessness and (4) lack of concentration do not account for the majority of preventable medical errors.
17. ANS: 1, 2, 3  
(1) Maintenance of complete patient database, (2) use of electronic health records, and (3) rapid dissemination of best practices are characteristics of a national health information infrastructure that prevents errors. (4), (5), and (6) are related to general quality of care characteristics.
18. ANS: 1, 2, 3, 5  
Safe (1), effective (2), efficient (3) and patient-centered (5) are aims for the 21<sup>st</sup> Century Health Care System. (4) is related to managed care focus and (6) is related to health care financing and is a focus of managed health care.
19. ANS: 2, 3, 4, 5  
Evidence-based practice (2), quality improvement (3), teamwork and collaboration (4), and informatics (5) are all QSEN competencies. (1) is a type of health care and (6) is related to health care finance.
20. ANS: 2  
Quality improvement (2) monitors outcomes of care processes. (1) Teamwork does not evaluate outcomes of care. (3) Safety is used to monitor safety outcomes. (4) Informatics is the use of technology and is not a QSEN competency.
21. ANS: 3  
Tertiary prevention (3) aims to prevent disease recurrence or complications. (1) Primary care aims to promote health and prevent diseases and injuries. (2) Secondary prevention focuses on early detection and treatment of disease. (4) Comprehensive is not a type of preventive care.