Chapter 1: Core Competencies for Safe and Quality Nursing Care

Multiple Choice
Identify the choice that best completes the statement or answers the question.

_____ 1. The nurse admits a patient to the nursing unit for treatment of pneumonia. Prior to completing the nursing care plan, the nurse discusses the planned nursing interventions and requests the patient's input into the plan. This patient-nurse interaction represents utilization of which Quality and Safety Education for Nurses (QSEN) competency?

 1. Apply quality improvement
 2. Use informatics
 3. Provide patient-centered care
 4. Employ evidence-based practice

_____ 2. According to the Institute of Medicine, which health profession has been directly linked to patient safety?

 1. Nurses
 2. Physicians
 3. Social workers
 4. Physical therapists

_____ 3. The nurse is caring for a patient who is currently hospitalized for the third time with diabetic ketoacidosis. The nurse notes the patient does not eat any food from the hospital tray and will only eat food from fast food restaurants that is brought in by family members. The nurse is aware that this patient's diet may be directly related to what major barrier to patient-centered care?

 1. Cultural competence
 2. Health literacy
 3. Self-management
 4. Optimal healing environment

_____ 4. The nurse manager is utilizing the QSEN competencies to ensure quality care for patients on a busy surgical unit. Which element of the QSEN competency of teamwork and collaboration is essential to ensure implementation?

 1. Time management
 2. Assessment of group dynamics
 3. Conflict resolution
 4. Care coordination

_____ 5. What quality would the nurse manager strive to achieve in ensuring a culture of safety on the maternal-child unit?

 1. Fairness
 2. Preoccupation with success
 3. Transparency
 4. Discouragement of interprofessional collaboration

_____ 6. The 2003 Institute of Medicine (IOM) report, *Health Professions Education: A Bridge to Quality*, led to what initiative?

1. The three domains of quality
2. The 10 rules for the redesign of health-care delivery
3. The five quality and safety competencies
4. The six aims for health-care improvement

_____ 7. The nurse is aware that which one of the six aims of the IOM report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, is also one of the health-care education competencies found in the 2003 IOM report, *Health Professions Education: A Bridge to Quality*?

1. Patient-centered
2. Teamwork and collaboration
3. Informatics
4. Evidence-based

_____ 8. What was the intention of the six aims found in the 2001 IOM report, *Crossing the Quality Chasm: A New Health System for the 21st Century*?

1. Reduction of the time patients have to wait to receive quality health   care
2. Provision of health care that was based on the most recent scientific knowledge
3. Avoidance of waste of health-care dollars
4. Narrowing of the quality gap in health care

_____ 9. What competency did the QSEN project add to the competencies set forth by the IOM 2003 report, *Health Professions Education: A Bridge to Quality*?

1. Informatics
2. Safety
3. Teamwork and Collaboration
4. Evidence-Based Practice

_____ 10. The nurse is aware that the 2003 Institute of Medicine report that led to the QSEN competencies, had what impact on the nurse-patient relationship?

1. Nurses must avoid having the patient wait for care to be provided.
2. Nurses must share power with the patient.
3. Nurses must provide equitable care to all patients.
4. Nurses must provide respectful care to all patients.

Multiple Response
Identify one or more choices that best complete the statement or answer the question.

_____ 11. The nurse educator is aware that which of the following are the skills identified by the IOM for the competency of Patient-Centered Care? *Select all that apply.*

1. Share power and responsibility with patients and caregivers.
2. Take into account patients' individuality, emotional needs, values, and life issues.
3. Ensure that accurate and timely information reaches those who need it at the appropriate time.
4. Formulate clear clinical questions.

5. Enhance prevention and health promotion.

_____ 12. The nurse is aware that QSEN has indicated that which of the following are the fundamental elements of the quality improvement competency? *Select all that apply.*

1. Care process
2. Advocacy
3. Outcomes of care
4. Communication
5. Documentation

Chapter 1: Core Competencies for Safe and Quality Nursing Care
Answer Section

MULTIPLE CHOICE

1. ANS: 3
   Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
   Chapter learning objective: Identify and describe fundamental elements for each core competency for nursing.
   Chapter page reference: 7
   Heading: Patient-Centered Care
   Integrated Process: Nursing Process
   Client Need: Safe and Effective Care Environment: Management of Care
   Cognitive Level: Application [Applying]
   Concept: Patient-Centered Care
   Difficulty: Moderate

	Feedback
1	While patient involvement in care is integral to all QSEN competencies, involving the patient in the development of the plan of care is part of the competency that centers on patient care, not quality improvement. Quality improvement is designed to identify errors and hazards in care.
2	Informatics is designed to ensure that information technology supports the work of health-care professionals.
3	Active involvement of patients and their families in the plan of care is considered a precursor to safe, effective, and quality care.
4	Evidence-based practice ensures that the nurse utilizes research to drive all nursing care.

   PTS: 1   CON: Patient-Centered Care

2. ANS: 1
   Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
   Chapter learning objective: Describe the impact of the Institute of Medicine (IOM) reports on the quality of health care in the United States.
   Chapter page reference: 7
   Heading: Quality and Safety Education for Nurses Core Competencies
   Integrated Process: Caring
   Client Need: Safe and Effective Care Environment: Management of Care
   Cognitive Level: Comprehension [Understanding]
   Concept: Safety
   Difficulty: Easy

	Feedback
1	Although all health-care professionals have an obligation to provide safe and quality care, nurses have been directly linked to ensuring patient safety and quality care outcomes.
2	Although all health-care professionals have an obligation to provide safe and quality care, nurses have been directly linked to ensuring patient safety and quality care outcomes.

3	Although all health-care professionals have an obligation to provide safe and quality care, nurses have been directly linked to ensuring patient safety and quality care outcomes.
4	Although all health-care professionals have an obligation to provide safe and quality care, nurses have been directly linked to ensuring patient safety and quality care outcomes.

PTS: 1   CON: Safety

3. ANS: 2
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning objective: Identify and describe fundamental elements for each core competency for nursing.
Chapter page reference: 9
Heading: Health Literacy
Integrated Process: Teaching and Learning
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Health Promotion
Difficulty: Moderate

	Feedback
1	While cultural competence can influence a patient's desire to participate in care, it is more likely that this patient does not understand the basic tenets of diabetes management.
2	The inability of patients and their families to read, understand, and/or act on health-care information can lead to problems with accessing care, managing illness, and processing information.
3	The patient in this scenario is unable to participate in self-management because he does not understand the basic tenets of diabetes management.
4	There is no indication that the optimal healing environment is not present in this scenario. The patient is lacking health literacy to understand his disease.

PTS: 1   CON: Health Promotion

4. ANS: 4
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning objective: Identify and describe fundamental elements for each core competency for nursing.
Chapter page reference: 12
Heading: Care Coordination
Integrated Process: Caring
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Leadership and Management
Difficulty: Moderate

	Feedback
1	Time management is an important component of teamwork and collaboration but is not essential to the implementation of this competency.
2	The assessment of the group dynamics is also an important component of teamwork and collaboration, but it is not essential to its implementation. Group dynamics may make it more difficult, but it will not prevent its implementation.

3	Conflict resolution is an element of teamwork and collaboration, but it will not prevent the implementation of this competency.
4	Care coordination related to teamwork and collaboration indicates that the nurse is the health-care professional to coordinate the delivery of care to patients. This is seen as a priority for health-care quality improvement.

PTS: 1   CON: Leadership and Management

5. ANS: 3
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning objective: Discuss the importance of effective nursing leadership and management in providing safe and quality patient-centered care.
Chapter page reference: 22
Heading: Safety Culture
Integrated Process: Caring
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Leadership and Management
Difficulty: Moderate

	Feedback
1	Fairness is not an element of the culture of safety.
2	Preoccupation with success may delay a culture of safety as nurses may feel that reporting errors will delay success.
3	Transparency is critical in a safety culture. Staff must feel comfortable in reporting errors, near misses, and potential for errors.
4	Interprofessional collaboration assists a culture of safety by working with others to develop solutions to common errors or to prevent errors from occurring. Discouraging this would not be a part of a culture of safety.

PTS: 1   CON: Leadership and Management

6. ANS: 3
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning objective: Describe the impact of the Institute of Medicine (IOM) reports on the quality of health care in the United States.
Chapter page reference: 3
Heading: Institute of Medicine Reports
Integrated Process: Caring
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Health Care System
Difficulty: Moderate

	Feedback
1	The three domains of quality were a result of the first IOM report, *To Err Is Human: Building a Safer Health System.*
2	The 10 rules for the redesign of health-care delivery were the result of the 2001 IOM report, *Crossing the Quality Chasm: A New Health System for the 21st Century.*
3	The 2003 IOM report that set forth five competencies for safety and quality resulted in the five competencies of QSEN.

| 4 | The six aims were a part of the 2001 IOM report, *Crossing the Quality Chasm: A New Health System for the 21st Century.* |

PTS: 1   CON: Health Care System

7. ANS: 1
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning objective: Describe the impact of the Institute of Medicine (IOM) reports on the quality of health care in the United States.
Chapter page reference: 3
Heading: Institute of Medicine Reports
Integrated Process: Caring
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Health Care System
Difficulty: Moderate

	Feedback
1	"Patient-centered" is a part of both the six aims of the 2001 IOM report and the five competencies of health-care education in the 2003 IOM report.
2	"Teamwork and collaboration" is found only in the competencies of the 2003 IOM report.
3	"Informatics" is found only in the competencies of the 2003 IOM report.
4	"Evidence-based" is found only in the competencies of the 2003 IOM report.

PTS: 1   CON: Health Care System

8. ANS: 4
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning objective: Describe the impact of the Institute of Medicine (IOM) reports on the quality of health care in the United States.
Chapter page reference: 3
Heading: Institute of Medicine Reports
Integrated Process: Caring
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Health Care System
Difficulty: Moderate

	Feedback
1	Reduction of wait time is one of the six aims of the IOM 2001 report, but it does not describe the full intention of the report.
2	Health care based on scientific knowledge is one of the six aims of the IOM 2001 report, but it does not describe the full intention of the report.
3	Avoidance of waste is one of the six aims of the IOM 2001 report, but it does not describe the full intention of the report.
4	Narrowing the quality gap in health care was the intention of the IOM 2001 report, which sought to restructure the health-care system.

PTS: 1   CON: Health Care System

9. ANS: 2

Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning objective: Compare and contrast the IOM competencies and the Quality and Safety Education for Nurses (QSEN) core competencies.
Chapter page reference: 7
Heading: Quality and Safety Education for Nurses Core Competencies
Integrated Process: Caring
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Health Care System
Difficulty: Moderate

	Feedback
1	Informatics was a competency found in the 2003 IOM report.
2	Safety was a competency added by QSEN in addition to the five IOM competencies.
3	Teamwork and Collaboration was a competency found in the 2003 IOM report.
4	Evidence-Based Practice was a competency found in the 2003 IOM report.

PTS: 1   CON: Health Care System

10. ANS: 2
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning objective: Compare and contrast the IOM competencies and the Quality and Safety Education for Nurses (QSEN) core competencies.
Chapter page reference: 7
Heading: Quality and Safety Education for Nurses Core Competencies
Integrated Process: Caring
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Health Care System
Difficulty: Moderate

	Feedback
1	Avoiding long wait times for patient care was not part of the five QSEN competencies.
2	The IOM competency skill related to patient-centered care called for the nurse to share power and responsibility with the patient and his or her caregiver.
3	Providing equitable care to all patients is one of the six aims of the 2001 IOM report and not one of the 2003 competencies.
4	Showing respect to all patients regardless of personal characteristics was one of the six aims of the 2001 IOM report and not one of the 2003 competencies.

PTS: 1   CON: Health Care System

MULTIPLE RESPONSE

11. ANS: 1, 2, 5
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning objective: Define the IOM competencies, outline the IOM's six aims for health care, and analyze the IOM's rules for health care in the 21st century.
Chapter page reference: 7

Heading: Patient-Centered Care
Integrated Process: Caring
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Health Care System
Difficulty: Moderate

	Feedback
1.	Sharing power and responsibility with patients and caregivers is a skill required in patient-centered care.
2.	Taking into account patient individuality, emotional needs, values, and life issues is a skill required in patient-centered care.
3.	Ensuring that timely and appropriate information reaches those who need it at the appropriate time is a skill required of teamwork and collaboration.
4.	Formulating clear clinical questions is a skill required of evidence-based practice.
5.	Enhancing prevention and health promotion is a skill required of patient-centered care.

PTS: 1   CON: Health Care System

12. ANS: 1, 3
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning objective: Identify and describe fundamental elements for each core competency.
Chapter page reference: 17
Heading: Quality Improvement
Integrated Process: Caring
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Health Care System
Difficulty: Moderate

	Feedback
1.	Care process is a fundamental element of quality improvement.
2.	Advocacy is a fundamental element of patient-centered care.
3.	Outcomes of care is a fundamental element of quality improvement.
4.	Communication is a fundamental element of teamwork and collaboration.
5.	Documentation is a fundamental element of informatics.

PTS: 1   CON: Health Care System

Chapter 2: Health-Care Environment and Policy

Multiple Choice
Identify the choice that best completes the statement or answers the question.

_____ 1. The nurse in the newborn nursery is educating new parents about the scheduling of immunizations. Where should the nurse refer parents of limited income to obtain these immunizations at a free or reduced cost?

   1. Return to the newborn nursery
   2. Contact the county health department
   3. Request reduced fees at a private pediatrician's office
   4. Defer immunizations until funds are available

_____ 2. The nurse is discussing available health care with an individual who will turn 65 years of age in approximately 6 months. This individual is very concerned about the availability of benefits for prescription medication. What part of Medicare will the nurse discuss specifically with this patient in reference to prescription benefits?

   1. Part A
   2. Part B
   3. Part C
   4. Part D

_____ 3. The nurse is discussing with a patient the types of services available at the local health department and knows that most health-care agencies in the public section receive the majority of their funding from what source?

   1. Private insurance
   2. Private charities
   3. Taxpayer dollars
   4. Private pay

_____ 4. The nurse is aware that the majority of individuals in the United States with private insurance obtain this insurance in what manner?

   1. Employment
   2. Government subsidy
   3. Prior military service
   4. Universal health care

_____ 5. The nurse in the emergency department (ED) knows that many people come to the ED for seemingly minor problems and knows it is the result of what issues related to health-care access?

   1. There are not enough health-care providers to see all the patients who need care.
   2. Wait time is faster in the ED than in a private office.
   3. Private practice clinics do not have to accept patients who are unable to pay.
   4. Patients believe the care is better in EDs.

_____ 6. The nurse manager of an ED that cares for many patients, many who are repeatedly seen for minor problems, is concerned over the negative mood of many of the nurses. What information could the nurse manager give to the staff that would improve the nurses' perceptions of these patients?

1. Patients use the ED because of its excellent reputation.
2. Most of these patients are unable to afford private health-care practitioners.
3. Many of the patients come to the ED because they are not required to pay for services.
4. The ED is open 24 hours/day and patients can be seen after work.

_____ 7. The nurse manager is discussing possible changes to staffing in the nursing unit and shares with the staff that what accounts for the largest expense of the total hospital budget?

1. Diagnostic imaging equipment
2. Food services
3. Nursing staff
4. Maintenance

_____ 8. The nurse manager was reviewing incident reports for the unit and noted that patients most commonly reported what type of error?

1. Falls
2. Equipment failures
3. Incorrect medication dosage
4. Incorrect patient identification

_____ 9. The nurse manager is aware that the number of medical errors can be reduced by what mechanism?

1. Evidence-based continuing education
2. Increased number of staff per patient ratio
3. Improved patient education
4. Personal caregivers at each patient's bedside

_____ 10. A group of nurses is discussing ways to improve the health of the local community. Which action would be an example of a local health policy?

1. Substituting diet beverages for drinks that have sugar in them at the local gym.
2. Building a children's play area that incorporates healthy exercises in the equipment.
3. Teaching a class to high school juniors about eliminating fast foods from the diet.
4. Petitioning the local grocery store to carry locally grown vegetables.

Multiple Response
Identify one or more choices that best complete the statement or answer the question.

_____ 11. The nurse manager is aware that what situations exist for leaders and managers in nursing in relation to the cost and quality of healthcare? *Select all that apply.*

1. Health-care costs continue to rise.
2. Reimbursement rates for health-care services are slowly rising.
3. Existing health-care resources are limited.
4. There are increased numbers of people with health insurance.
5. There are increasing numbers of health-care providers.

_____ 12. The director of nurses is orienting a new nurse manager concerning the responsibilities that are a part of this new role. The new nurse manager must learn to use which skills required of the position? *Select all that apply.*

1. Promote a work environment that focuses on unit efficiency.
2. Develop a corrective discipline program for nurses and nurse's aides on the unit.
3. Plan ad campaigns for the health-care facility.
4. Manage the annual operating budget.
5. Ensure compliance with legal and regulatory guidelines.

Chapter 2: Health-Care Environment and Policy
Answer Section

MULTIPLE CHOICE

1. ANS: 2
   Chapter number and title: 2, Health-Care Environment and Policy
   Chapter learning objective: Explore differences between private and public, including government-provided, health care.
   Chapter page reference: 28
   Heading: Systems Within the Health-Care Environment
   Integrated Processes: Teaching and Learning
   Client Need: Health Promotion and Maintenance
   Cognitive Level: Application [Applying]
   Concept: Health Promotion
   Difficulty: Moderate

	Feedback
1	The newborn nursery is used only for care of infants who were born within the last 72 hours. It is rarely used for outpatient treatment and is not an appropriate place for the referral of parents of limited income.
2	Vaccination services and sexually transmitted diseases are often handled by county public health departments and offer reduced payment options or free care for qualified individuals.
3	A private pediatrician's office does not usually offer free or reduced payment for immunizations.
4	Immunizations cannot be deferred because this may allow the newborn to become ill with a communicable disease and then may pass that disease to someone else.

   PTS: 1   CON: Health Promotion

2. ANS: 4
   Chapter number and title: 2, Health-Care Environment and Policy
   Chapter learning objective: Explore differences between private and public, including government-provided, health care.
   Chapter page reference: 30
   Heading: Current Status of Health Care in the United States
   Integrated Processes: Teaching and Learning
   Client Need: Health Promotion and Maintenance
   Cognitive Level: Application [Applying]
   Concept: Health Promotion
   Difficulty: Moderate

	Feedback
1	Part A of Medicare covers hospital visits, laboratory tests, surgery, doctor visits, and home health care.
2	Part B of Medicare covers doctor services, outpatient care, durable medical equipment, and some preventative services.
3	Part C of Medicare coverage is also known as Medicare Advantage.