Test Bank for Nursing Leadership and Management for Patient Safety and Quality Care 3rd Murray

Chapter 1: Core Competencies for Safe and Quality Nursing Care

MULTIPLE CHOICE

1. The nurse admits a patient to the nursing unit for treatment of pneumonia. Before 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 the use 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.

ANS:

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

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

ANS:

3. The nurse is caring for a patient who is currently hospitalized for the third time with diabetic ketoacidosis. The nurse notes that 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

ANS:

4. A nurse's willingness to learn through the process of open, self-aware, and egoless interactions with diverse patients and individuals describes the IOM patient-centered care skill of

1. cultural competence.
2. diversity.
3. cultural humility.
4. disparity.

ANS:

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

ANS:

6. The 2003 IOM report *Health Professions Education: A Bridge to Quality* led to what initiative?

1. Three domains of quality
2. Ten rules for the redesign of health-care delivery
3. Five quality and safety competencies
4. Six aims for health-care improvement

ANS:

7. The nurse is aware that which one of the six aims of the 2001 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. Provide patient-centered care.
2. Work in interdisciplinary teams.
3. Use informatics.
4. Employ evidence-based practice.

ANS:

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 wait to receive quality health care
2. Provision of health care based on the most recent scientific knowledge
3. Avoidance of waste of health-care dollars
4. Narrowing of the quality gap in health care

ANS:

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

ANS:

10. The nurse is aware that the 2003 IOM report that led to the QSEN competencies had what impact on the nurse–patient relationship? Nurses must

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

ANS:

MULTIPLE RESPONSE

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.

ANS:

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

ANS:

Chapter 1: Core Competencies for Safe and Quality Nursing Care—Answers and Rationales

MULTIPLE CHOICE

1. The nurse admits a patient to the nursing unit for treatment of pneumonia. Before 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 the use 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.

ANS: 3
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Identify and describe fundamental elements for each core competency for nursing.
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.	Although 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 uses research to drive all nursing care.

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

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

ANS: 1
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Describe the impact of the Institute of Medicine (IOM) reports on the quality of health care in the United States.
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.

3. The nurse is caring for a patient who is currently hospitalized for the third time with diabetic ketoacidosis. The nurse notes that 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

ANS: 2
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Identify and describe fundamental elements for each core competency for nursing.
Heading: Health Literacy
Integrated Process: Teaching/Learning
Client Need: Safe and Effective Care Environment: Management of Care

Cognitive Level: Application [Applying]
Concept: Health Promotion
Difficulty: Moderate

	Feedback
1.	Although 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 they do 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 their disease.

4. A nurse's willingness to learn through the process of open, self-aware, and egoless interactions with diverse patients and individuals describes the IOM patient-centered care skill of

1. cultural competence.
2. diversity.
3. cultural humility.
4. disparity.

ANS: 3
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Define the IOM competencies.
Heading: Patient-Centered Care
Integrated Process: Culture and spirituality
Client Need: Psychosocial Integrity
Cognitive Level: Application [Applying]
Concept: Population Health
Difficulty: Moderate

	Feedback
1.	Cultural competence is an ability to work within a cultural context but does not include a willingness to learn from patients.
2.	*Diversity* is a term used to describe differences in groups, both patients and coworkers.
3.	Cultural humility seeks to understand cultural, social, ethnic, and economic differences through a lifelong process of self-reflection and self-critique.
4.	*Disparity* is a term used for racial or ethnic differences in health-care quality.

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

ANS: 3
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Discuss the importance of effective nursing leadership and management in providing safe, effective, and quality person-/family-centered care.
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 because nurses may feel that reporting errors will delay success.
3.	Transparency is critical in a safety culture. Staff must feel comfortable reporting errors, near misses, and potential for errors.
4.	Interprofessional collaboration assists in a culture of safety because it involves 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.

6. The 2003 IOM report *Health Professions Education: A Bridge to Quality* led to what initiative?

1. Three domains of quality
2. Ten rules for the redesign of health-care delivery
3. Five quality and safety competencies
4. Six aims for health-care improvement

ANS: 3
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Describe the impact of the Institute of Medicine (IOM) reports on the quality of health care in the United States.
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 Systems
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 ten 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.*

7. The nurse is aware that which one of the six aims of the 2001 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. Provide patient-centered care.
2. Work in interdisciplinary teams.
3. Use informatics.
4. Employ evidence-based practice.

ANS: 1
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Describe the impact of the Institute of Medicine (IOM) reports on the quality of health care in the United States.
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 Systems
Difficulty: Moderate

	Feedback
1.	"Provide patient-centered care" 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.	"Work in interdisciplinary teams" is found only in the competencies of the 2003 IOM report.
3.	"Use informatics" is found only in the competencies of the 2003 IOM report.
4.	"Employ evidence-based practice" is found only in the competencies of the 2003 IOM report.

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 wait to receive quality health care
2. Provision of health care based on the most recent scientific knowledge
3. Avoidance of waste of health-care dollars
4. Narrowing of the quality gap in health care

ANS: 4
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Describe the impact of the Institute of Medicine (IOM) reports on the quality of health care in the United States.
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 Systems
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.

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

ANS: 2
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Compare and contrast the IOM competencies and the Quality and Safety Education for Nurses (QSEN) core competencies.
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 Systems
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.

10. The nurse is aware that the 2003 IOM report that led to the QSEN competencies had what impact on the nurse–patient relationship? Nurses must

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

ANS: 2
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Compare and contrast the IOM competencies and the Quality and Safety Education for Nurses (QSEN) core competencies.
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 Systems
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 the patient's 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.

MULTIPLE RESPONSE

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.

ANS: 1, 2, 5
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Differentiate between the IOM's six aims for health care and the IOM's 10 rules for health care in the 21st century.
Heading: Patient-Centered Care
Integrated Process: Caring
Client Need: Safe and Effective Care Environment: Management of Care
Cognitive Level: Application [Applying]
Concept: Health-Care Systems
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 for teamwork and collaboration.
4.	Formulating clear clinical questions is a skill required for evidence-based practice.
5.	Enhancing prevention and health promotion is a skill required for patient-centered care.

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

ANS: 1, 3
Chapter number and title: 1, Core Competencies for Safe and Quality Nursing Care
Chapter learning outcome: Identify and describe fundamental elements for each core competency for nursing.
Heading: Quality Improvement

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

	Feedback
1.	The 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.