

N442 Exam 4 Fall 2021

While this exam is over the content in DHW Chapters 12, 22, 23, 24, & 25 and ATI Chapter 5 & 9 (pp 81-83), it utilizes material you have already been tested over as we now look at implementing nursing practice in the community and with special populations. So some of the topics on this study guide will require that you utilize the knowledge/material covered previously e.g. social determinants of health, health disparities, health promotion, levels of prevention, nursing diagnosis process, Health People 2020, data sources, epidemiology. Also, refer to your Epidemiology rate worksheet to review the rate. There are 3 rate questions on this exam.

DHW Ch. 12	Case Management, Care Management, and Home Health Care	ATI Ch. 5 pg. 42 Ch. 9 pg. 81-83
<p>1. What is case management indicated for? ATI</p> <ul style="list-style-type: none"> a. Promoting Interprofessional services & increased client/family participation b. Decreasing cost by improving client outcomes c. Providing education to optimize health participation d. Reducing gaps and errors in care e. Applying evidence-based protocols and pathways (for a higher level of care) f. Advocating for quality services & client's rights 		
<p>2. What are the roles of a case manager? What are the limits of the roles? Textbook & ATI</p> <ul style="list-style-type: none"> a. Roles <ul style="list-style-type: none"> i. Advocacy and Education ii. Clinical Care Coordination/Facilitation iii. Continuity/Transition Management iv. Utilization/Financial Management v. Performance and Outcome Management vi. Psychosocial Management vii. Research and Practice Development b. Limits <ul style="list-style-type: none"> i. 		
<p>3. What are the actions in the discharge planning process? Textbook & ATI</p> <ul style="list-style-type: none"> a. Discharge planning begins at admission b. Discharge planning is an essential component of the continuum of care, and is an ongoing assessment that anticipates the future needs of the client. V 		

c. Discharge planning requires on going communication between the client, nurse, providers, family and other members of the interprofessional team. The goal of discharge planning is to enhance the well-being of the client by establishing appropriate options of meeting the health care needs of the client

4. What does the home health nurse assess for regarding safety in a home? **ATI**

- a. They must pay close attention to non secure rugs, electrical outlets, and extension cords; the use of oxygen low lighting, the need for safety devices in the bathroom; and other potential environmental hazards**
- b. Note: older adults are at risk for falls!**
- c. Questions to ask:**
 - i. Does the client have food in the house to eat?**
 - ii. Is there help with household activities?**
 - iii. Does the client live alone in the community?**
 - iv. Who is the client's support system?**
 - v. Is the client able to set up and dispense their own medication?**
 - vi. Does the client have access to health care?**

5. **How does the home health nurse increase compliance by the client(s)? **Textbook & ATI****

6. Which areas of a home have the highest safety concerns? **Textbook**

- a. Living room (31%)**
- b. Bedroom (30%)**
- c. Kitchen (19%)**
- d. Bathroom (13%)**
- e. Hallway (10%)**

7. What key factors influenced the development of current home healthcare? **Textbook**

- a. Multiple disciplines fit into home care (social work, dietary)**
- b. Development of Health insurance**
- c. Rising costs in healthcare in general**
- d. Medical and Nursing specialization**

8. Where do regulations for home health care come from? **Textbook**

- a. Home healthcare services are reimbursed by local, state, and federal funds**
- b. Government funding for home health includes: medicare (federal); and medicaid (state) as well as monies from TRICARE (federal funds for military personnel and their dependents) and veterans administration VA (federal funds of those who are currently serving or have severed in the**

armed forces of the US)

9. What are the criteria an individual needs to meet to receive Medicare or home health services? **Textbook**

- a. Medicare is provided by the federal government
 - i. For age 65 and up (medicare)
- b. **Qualifications for getting Home healthcare**
 - i. **Homebound**
 - ii. **A specific plan of care**
 - iii. **skilled healthcare needs**
 - iv. **intermittent care needs**
 - v. **necessity**

10. What are the standards of care as outlined in the Scope and Standards of Home Health Nursing Practice document? **Textbook**

- a.

11. What are the 5 phases of a home visit? **Textbook**

- i. **Initiating the visit**
- ii. **Prep**
 - 1. equipment
 - 2. directions
 - 3. personal safety
- iii. **In-home visit**
 - 1. assessing risk for
 - a. med errors
 - b. falls
 - c. abuse, neglect
- iv. **termination of visit**
- v. **Post-visit planning**

12. What can a home health nurse do and what can they not do? **ATI**

- a. Home healthcare is part of a continuum of care where clients have the opportunity to live through the experiences of subacute, chronic, and end-of-life care.
- b. Assessment by collecting data about home care clients
- c. Diagnosis through the analysis of these data
- d. Outcome identification that helps home care nurses identify nurse-sensitive measures
- e. Planning in the form of nurse-sensitive interventions directed to the identified outcomes
- f. Implementation-identified nurse-centered actions in collaboration with clients and families
- g. Evaluation outcome accomplishment through nurse-sensitive interventions
(DHW Ch 12 p 254)

Home care is not ongoing.

What can they not do? (DOESN'T STATE IN THE BOOK NOR ATI)

DHW Ch. 22	School Health	ATI Ch.5 pg. 44-45
<p>1. What are Primary and Secondary prevention techniques for school health? Textbook & ATI</p> <ol style="list-style-type: none"> a. Primary <ol style="list-style-type: none"> i. Assess the knowledge base regarding health issues ii. - Tooth health promotion practices such as: <ol style="list-style-type: none"> iii. o Hand hygiene and tooth brushing iv. o Healthy food choices v. o Injury prevention (seat belt, bike and fire and water safety) vi. o Substance use prevention b. Secondary <ol style="list-style-type: none"> i. Assess children to detect child abuse and neglect. ii. Perform screening for early detection of disease and initiate referrals as appropriate iii. Assess children who become ill or injured at school iv. Provide emergency care (first aide, d-fib with AED or CPR) v. Create emergency plan who has anaphylactic reactions or other health problems vi. Act as the first responder or triage the injured 		

- vii. Participate in the drills
- viii. Counsel and debrief

2. What are the components of a school health education program on safety by level i.e. elementary versus adolescents? **Textbook & ATI**

- a. **Elementary:**
 - i. teaching children to be careful on the outside equipment (jungle gym)
 - ii. Handwashing, equipment.
- b. **Adolescents:**
 - i. smoking, drinking, STD's, teen pregnancy, motorcycle etc. internet, nutrition, safe sex practice

3. School nurses' roles in the school health screening process? **Textbook**

- a. Provision of the health services, health promotion, health education, and child health advocacy.
- b. Also collaboration with other members of the school health services such as comprehensive wellness and practices.

4. Be able to give examples of the school nurse's role as a child advocate. **Textbook & ATI**

- a. Involves both teaching children and empowering others who care for the children to ensure quality of care.
- b. Key components of the advocacy role include collaboration and policy making.
- c. As an advocate, the school nurse needs to find a balance between empowering parents and other external to the school to pursue healthcare for a child.
- d. A child with a chronic health condition (ex. asthma, seizure, diabetes) presents a unique challenge for nurses as advocate.
- e. The nurse must often mediate between educator, parents and physicians to ensure children with chronic health conditions can function to their maximum potential.
- f. Spreading knowledge about what food not to bring. Peanut allergies, milk ect...

5. Be able to give examples of the school nurse's role as a case manager. **Textbook & ATI**

- a. Children with complex health needs need coordination using the school nurse.

6. How does the school nurse utilize the epidemiological process? **Textbook**

- a. The school nurse functions as a community nurse for the population within the

<p>school.</p> <ul style="list-style-type: none"> i. Prevalence ii. Morbidity iii. Incidence
<p>7. What skills are required for school nurse practice? Textbook</p> <ul style="list-style-type: none"> a.
<p>8. Identify health education interventions for school nursing. Textbook</p> <ul style="list-style-type: none"> a.
<p>9. What are the common focuses of school-based community assessment? Textbook</p> <ul style="list-style-type: none"> a.
<p>10. School-based strategies to reduce the number of adolescent pregnancies. Textbook</p> <ul style="list-style-type: none"> a. The Patient Protection and Affordable Care Act (ACA) enables states to operate a new Personal Responsibility Education Program (PREP), which is a comprehensive approach to teen pregnancy prevention that educates adolescents on both abstinence and contraception to prevent pregnancy and STDs. b. State Abstinence Education Grant Programs continue to provide funds for programs offering mentoring, counseling, or adult supervision programs to promote abstinence. c. Programs that endure sex and contraceptive counseling performed by healthcare professionals as the model to be used to promote responsible sexual behavior and reduce teen pregnancy.

DHW Ch. 23	Faith-Oriented Communities & Health Ministries in Faith Communities	ATI Ch.5 pg 44
<p>1. Primary prevention, secondary, & tertiary prevention interventions in faith-based nursing. Textbook & ATI</p> <ul style="list-style-type: none"> a. <u>Primary</u>: <ul style="list-style-type: none"> i. Programs on walking or other forms of exercise to maintain health, smoking cessation programs, and heart-healthy eating programs b. <u>Secondary</u>: <ul style="list-style-type: none"> i. Screening for HTN and hyperlipidemia, and setting up screenings such 		

as mammogram cans or other tests to diagnose problems early.

c. Tertiary:

- i. Nurses work to minimize the effect of health problems and maximize function for people with conditions such as diabetes, stroke, or injury.

2. Common misconceptions regarding the role of faith community nurses. **Textbook**

- a. They maintain lists of community and healthcare referrals.
- b. **Faith community nursing is often misunderstood because concepts of community health are frequently not understood by the general public, who see healthcare as physician-dominated and disease-focused.**

3. Nursing duties for the institution-based model **Textbook**

- a.

4. Tasks for the faith community nurse serving several local congregations. **Textbook**

5. Roles of an advisory board for the faith community nurse. **Textbook**

6. Use of epidemiology (demographic data) in faith-community nursing. **Textbook**

- a. They maintain lists of community and healthcare referrals.
- b. The faith-based nurse is not going to do direct patient care.
- c. They are not a private visiting nurse for the congregation.
- d. Can be used as a method to determine patterns of illness for the faith community, and risk factor assessment helps the nurse decide what programs to provide.
- e. First, they should gather general demographic data about the faith community, including age, family structure, and proximity of residence to a healthcare facility and other health resources.
- f. Second, the nurse should use data about various diseases from comparison groups, such as public health prevalence data.
- g. Using this data, the faith-community nurse can demonstrate both the need for programming and the effectiveness of the programs encountered.

7. Examples of the faith-based nurse's role as health advocate. **Textbook**

- a. Empowerment of members of the congregation
- b. Empowerment of the congregation to improve the health of the community

8. Interventions for nurses of faith-based communities. **Textbook**

- a. Nutrition programs using the church kitchen to plan and prepare healthy, tasty

food

- b. Hypertension screening
- c. Exercise program in the church basement

9. Seven functions that parish nurses perform in faith community work. **Textbook**

a. Integrator of faith and health

- i. Spiritual care
- ii. Spiritual assessment
- iii. Sharing scripture
- iv. Therapeutic listening

b. Personal health counselor

- i. Therapeutic communication
- ii. Assessing for emotional distress
- iii. Assessing for suicide risk

c. Health educator

- i. Individual health teaching
- ii. Group health teaching
- iii. Provider of health resources

d. Health advocate

- i. Empowerment of members of the congregation
- ii. Empowerment of the congregation to improve the health of the community

e. Referral agent

- i. Maintaining lists of local providers/agencies
- ii. Communicating with referrals

f. Coordinator of volunteers

- i. Assessing for needs for volunteer services
- ii. Recruiting and training volunteers
- iii. Scheduling and supporting volunteers
- iv. Commissioning and recognizing volunteers

g. Accessing and developing support groups

- i. Referring congregation members to existing support groups
- ii. Developing support groups for congregation

DHW Ch. 24	Palliative and End-of-Life Care	ATI Ch. 5 pg. 42
1. Identifying clients who should be recommended for hospice services. Textbook & ATI		
<ul style="list-style-type: none">a. Terminally illb. Six months or less to live if the illness runs its normal coursec. Patient signs a statement choosing hospice care instead of other Medicare-covered benefits to treat the terminal illnessd. Patient receives care from a Medicare-approved hospice program		
2. Expected roles of hospice care workers. Textbook & ATI		
3. Maladaptive behaviors of those with terminal illness. Textbook & ATI		
<ul style="list-style-type: none">a. Denialb. Angerc. Bargainingd. Acceptancee. Suicidef. Think about using alternative therapies that may interact with the medical therapies that are prescribed.		
4. Identifying behaviors during the stages of the grieving process. Textbook		
<ul style="list-style-type: none">a. <u>Numb Shock</u><ul style="list-style-type: none">i. The widow or widower cannot believe the spouse's death occurred. This phase is marked by shock, emotional dullness, and restless behavior that may include stupor and withdrawal. It may include physical characteristics such as nausea or insomnia. One wants to protect oneself from the feeling of loss.b. <u>Emotional Turmoil or Depression</u><ul style="list-style-type: none">i. Alarm or panic-type reactions occur. Emotional expression may include crying, low mood, sleep disturbance, and anorexia. Anger, guilt, or longing for the deceased may take place. The widow or widower may		

also become preoccupied with the meaning of loss.

c. Reorganization or Resolution

- i. Reorganization eventually takes place, and coping strategies and positive outlooks emerge. A final resolution phase leads to acceptance of the loss. The widow or widower may return to prior levels of functioning.

5. Identify the services of hospice care. **Textbook & ATI**

a. Patient and family centered care:

- i. providing care and services that are responsive to the needs and exceed the expectations of those served

b. Ethical behavior and consumer rights:

- i. Upholding high standards of ethical conduct and advocating for the rights of patients and their family caregivers

c. Clinical excellence and safety:

- i. Ensuring clinical excellence and promoting safety through standards of practice

d. Inclusion and access:

- i. promoting inclusiveness in the community by ensuring that all people- regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, or other characteristics- have access to programs and services

e. Organizational excellence:

- i. building a culture of quality and accountability within our organization that values collaboration and communication and ensures ethical business practices

f. Workforce excellence:

- i. Fostering a collaborative, interdisciplinary environment that promotes inclusion, individual accountability, and workforce excellence through professional development, training, and support to all staff and volunteers.

g. Standards:

- i. Adopting the NHPCO standards of practice for hospice programs and/or the national consensus project's clinical practice guidelines for quality palliative care as the foundation for an organization

<ul style="list-style-type: none"> h. Compliance with laws and regulations: <ul style="list-style-type: none"> i. Ensuring compliance with all applicable laws, regulations, and professional standards of practice, and implementing systems and processes that prevent fraud and abuse. i. Stewardship and accountability: <ul style="list-style-type: none"> i. Developing a qualified and diverse governance structure and senior leadership who share the responsibilities of fiscal and managerial oversight j. Performance measurement: <ul style="list-style-type: none"> i. Collecting, analyzing, and actively using performance measurement data to foster quality assessment and performance improvement in all areas of care and services
<p>6. Identifying clients who would be appropriate for palliative care. Textbook</p> <ul style="list-style-type: none"> a. <u>Advanced Directives</u>- Documents signed by a person indicating his or her choice or wishes for medical treatment or naming of another to make choices if the person is unable to do so. b. <u>Purpose</u>- Gives direction to medical professionals about the care of a patient if that patient is unable to relay their wishes.
<p>7. What are advanced directives and what are their purposes? Textbook & ATI</p>

DHW Ch. 25	Occupational Health Nursing	ATI Ch. 5 pg. 42-43
1. Activities which are done as part of an occupational health needs assessment. ATI		
2. Occupational health risks for farmers and agricultural workers. Textbook & ATI		
<ul style="list-style-type: none"> a. Exposure to pesticides, fertilizers, diesel fumes, heavy machinery 		
3. Steps of a root cause analysis. Textbook		
4. Categories of hazards in the workplace with examples. Textbook		
<ul style="list-style-type: none"> a. <u>Biologic Hazards</u> <ul style="list-style-type: none"> i. Infectious agents, contam. Body fluids, poisonous plants/insects/reptiles b. <u>Chemical Exposures</u> <ul style="list-style-type: none"> i. Drugs and toxins, diesel exhaust, aerosols, fumes and respirable particulates, ingredients in cleaning solutions 		

c. Physical Hazards

- i. electric/magnetic fields, UV radiation, cold/heat stress, noise, vibration, lighting, falls, fires, unsafe machinery, transportation accidents

d. Psychosocial Factors

- i. Sexual harassment, stress, interpersonal problems, assault/violence

5. Techniques to use for an assessment of the workplace. **Textbook & ATI**

a. Workplace walk-through

b. Susceptibility

- i. Host, agent, and environmental factors

c. Responsibility

- i. Levels of prevention

d. Exposure to Hazards

e. Control Strategies

- i. Reduce future exposures

f. Protection

- i. From violence and work-related injuries

g. Occupational Health and Legislation

6. Roles of OSHA, FMLA, NORA. **Textbook & ATI**

a. OSHA - Workplace health and safety regulations to protect employees

b. FMLA - Employees can take 12 weeks if the employee or family member has a serious illness/injury. No penalty can be enacted. (must be an employee for 12mo or 1250hrs)

c. NORA - used to stimulate research for safe practices and healthy workplaces

- i. Directed towards disease, injury, work environment, and research.

7. Workplace emergency plans. **Textbook**

a. Components

- i. Key personnel in charge of specific, necessary tasks

- ii. Escape routes have been set

- iii. Predesignated areas have been assigned and employees have participated in actual drills

iv. Committee evaluates all risks, security/safety equipment, plans, evacuation routes/procedures

b. Functions of the plans

i. Procedures for personnel that stay in the building to make sure everyone gets out. Includes people who administer first aid and fire extinguishers

ii. Appropriate PPE must be worn by all personnel that handle dangerous materials and chemicals

iii. Shelter in place policies for emergencies involving facilities that are not able to evacuate

iv. Knowing what to do when an alarm goes off, where to go and how to get there quickly and orderly.

v. Plans are in place for resuming operations after an all-clear is given.

1. What data should be included in an epidemiologic workplace surveillance? **Textbook**

a. Physical examinations and the tracking of injuries, illness, hazards, and exposures both in individual people and groups of workers.

b. Incidence of injuries or disease/illness should be documented for early detection of possible spread of disease within a department.

c. Prevalence reflects the extent of the spread of injury/disease/illness in the workplace.

DHW Ch. 6, 7	Epidemiology-Rates	ATI Ch. 3
1. Calculation of rates related to school health, faith communities, and occupational health.		
2. Review Incidence, prevalence, proportions		

1. Home health company types

a. Private/voluntary (not-for-profit)

b. Hospital-based

c. Proprietary (for-profit)

d. Official

	Case Study	
--	------------	--

1. Compare and contrast a food desert and a food swamp

- a. Food Desert: Geographic location where there is an area that does not have healthy food options or grocery stores in a specific location.
- b. Food Swamp: A “Swamp” of one fast food restaurant after another, or over-saturation of liquor stores, corner delis, etc. No grocery stores.

2. What are questions used for screening for possible food insecurity?

- a. Will food run out within the past 12 months?
- b. Within the last 12 months, are we worried the food will run out?

Two questions that are widely used to do screening for food insecurity are the following:

- Within the past 12 months, we were worried whether our food would run out before we got money to buy more?
- Within the past 12 months, the food we bought just did not last and we did not have money to get more?

3. What are interventions that a school nurse could use to combat food insecurity?

- a. Provide snacks within his/her nurse office
- b. Send food home
- c. Free lunches in the summertime within certain states. (Illinois offers one)
- d. Where are the food banks/ criteria: provide resources to the child's parents etc.

4. Primary prevention intervention for food insecurity.

- a. Educate about healthy foods
- b. Advocate for child
- c. Meals on Wheels for older adults which is very low cost