

Test 2 concepts (ch 4, 5,6, 8, 10)

1. Beneficence: doing good
2. Good Samaritan act
 - a. Health care providers are protected from potential liability if they volunteer their nursing skills away from the workplace (generally limited to emergencies) provided their actions are not negligent nor exceed their scope of practice
3. Assault (intentional tort)
 - a. The conduct of one person makes another person fearful and apprehensive
4. Negligence (unintentional tort)
 - a. Practice or misconduct that does not meet expected standards of care and places the client at risk for injury
5. Confidentiality
 - a. Clients have the right to privacy and confidentiality, covered under HIPAA
6. Delegation
7. Legal ethical issues of EMR
 - a. confidentiality, who can in what situations view, send, and receive electronic information
 - i. Only health care team members directly responsible for the client's care are allowed access to the client's records
 - ii. Clients have a right to read and obtain a copy of their medical record
 - iii. No part of the client record should be copied except when authorized
8. Nursing role as patient advocate
 - a. The RN should ensure that clients are informed of their rights and have adequate info on which to base health care decisions
 - b. Assist the patient, don't direct or control their decisions
 - c. Mediate on the patient's behalf when actions of others are not in the p/t's best interest
 - d. Situations in which the RN may advocate: end-of-life decisions, access to health care, protection of client privacy, informed consent, substandard practice
9. Durable medical power of attorney
 - a. An individual authorized to make health care decisions for a client who is unable
10. Hipaa and privacy rules
 - a. HIPAA: health insurance portability and accountability act of 1996
 - b. Privacy rules
 - i. Only health care team members directly responsible for the client's care are allowed access to the client's records
 - ii. Clients have a right to read and obtain a copy of their medical record
 - iii. No part of the client record should be copied except when authorized
 - iv. Client medical records must be kept in a secure area
 - v. Electronic records should be password-protected
 - vi. Client info may not be disclosed to unauthorized individuals, including family who asks (code system)
 - vii. Communication about a client should only take place in a private setting, where it can't be overheard by unauthorized individuals

11. Informed consent
 - a. Can only be given after the patient receives a complete explanation of the surgery, procedure, or treatment and indicates that s/he understands the risks and benefits and alternatives; p/t understand the reason why the procedure/treatment is needed, benefits, risks of the treatment, other options, risks of no treatment
 - b. Emergency: we don't need it right away---implied consent
 - c. 2 MD—find POA, if on the phone, 2 people. If no POA
12. The patient self-determination act
 - a. Stipulates that on admission to a healthcare facility, all clients must be informed of their right to accept or refuse care. PSDA also requires all patients be asked if they have advanced directives
 - b. If p/t refuses treatment or procedures, it must be documented that they chose that and that they understand the risks and complications.
 - c. Client is asked to sign AMA form; document if they refuse to sign it
13. Moral dilemma: picking the best of two undesirable alternatives (Ex: provide care that goes against your moral or religious beliefs)
14. Fidelity: keeping promises; faithful to their commitments and promises
15. Veracity: truth telling
16. Living will or advanced directives what are they
 - a. Living will: one component of the advanced directive; a legal document that expresses the client's wishes regarding medical treatment in the event the client becomes incapacitated and is facing end-of-life issues; addresses treatments who have the capacity to prolong life, like CPR, mechanical ventilation, and feeding by artificial means
 - b. Advanced directives: communicate a client's wishes regarding end-of-life care should the client become unable to do so; has 2 components: living will and durable power of attorney (POA)
17. DNR: do not resuscitate
 - a. Unless a DNR or allow natural death (AND) prescription is written, the RN should initiate CPR if the p/t has no pulse or respirations
18. Lots of delegation questions
19. Math
20. Change agents: the person driving the change
 - a. Role: convincing others to go through the change
21. Budget types capital and operating, etc
 - a. Personnel budget/ workforce budget: expenses that deal with the workforce; hourly wages/salaries; has to do with people/ employees
 - b. Operating budget: daily expenses (supplies, electricity, overhead, small equipment, inventory, supply/demand items, usually low-cost things (BP, IV kits, etc.)
 - c. Capital budget: infrastructure (if we want to add on to the building; ex: coffee shop at OSF, remodeling, redoing the entire computer system, redoing the EKG systems, new beds), things that will last 5-7 years; \$5k or higher; things for the entire institution
22. Planned change: changes we know are happening/ scheduled (ex: changing brands of IV

pumps)

23. Freezing, movement, unfreezing

- a. Unfreezing-reasons to change; unfreezing the process, getting ready to change, getting to the point of understanding that change is necessary
- b. Movement: training, new policies & procedures, moving toward the new way of doing things
- c. Refreezing: once everyone's got it, we freeze it back up/this is what we're sticking with as far as policy

24. The Affordable care act:

- The client has no lifetime limits on healthcare coverage
- The client has options for healthcare coverage if they are in need
- The public can keep their college aged children on their insurance coverage
- Clients are not limited to specific provider in their area
- Those insured can insure their same sex partner
- Developed choice of providers PPO
- provided coverage for those without private insurance