

# Nurse

## Administrator NE/NEA Rapid Board and Certification Review



# FLASHCARDS

200 Questions and Explanations



*Medical Pearls Publishing*

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# **Introduction**

**NOTE:** The intent of MedicalPearls Publishing Board and Certification Flashcards is to provide practice questions and explanations to assist you in identifying and resolving knowledge deficits. These questions and explanations are not intended to be a source of the knowledge base of medicine. The authors or editors do not warrant the information is complete or accurate. The reader is encouraged to verify each answer and explanation in several references.

All drug indications and dosages should be verified before administration.

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These questions and answers will help improve your fund of knowledge. Our questions and explanations

are designed to help you identify and resolve knowledge deficits. To achieve this goal the text is written in a flashcard format with answers and explanations. Explanations contain additional information intended to reinforce your knowledge. Emphasis has been placed on covering facts that are easily overlooked, quickly forgotten, and often show up on exams.

**WE APPRECIATE YOUR COMMENTS!**

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Question 1: What year was HIPAA implemented?




Answer: 2003

Teaching Points:

- HIPAA was implemented in 2003.
- It is to safeguard patient confidentiality.

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**Question 2:** What is usually the best way to assess patient compliance with treatment?



**Answer:** Talk with the individual about treatment plan and adherence

**Teaching Points:**

- To assess compliance, talk with the individual about their ability to adhere to the treatment plan.

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**Question 3:** The lab technologist has drawn blood from an HIV patient and suddenly drops the vial on the floor, resulting in spillage of blood. What should be used to neutralize the harmful potential of this spill?

**Answer:** Bleach

**Teaching Points:**

- Some biomedical waste can be incinerated to destroy the pathogens and melt down the sharps.
- An autoclave can be used to treat biomedical waste and such devices are often used by healthcare facilities to sterilize surgical and other medical equipment.
- Liquid medical waste such as blood and urine can be disinfected with bleach with concentrations




ranging from 1-10 percent.

- In addition, one can use sodium hydroxide and other chemical disinfectants to neutralize body fluids.

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**Question 4:** Regarding OSHA reporting regulations, when should personnel exposure records be provided to the employees?




**Answer:** At least yearly

**Teaching Points:**

- OSHA requires each employee be advised his or her own exposure records at least once per year.

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**Question 5:** What is the major advantage of using ASPs (Application Service Providers)?



**Answer:** Increased time management and efficiency

**Teaching Points:**

- Orientation of staff in the operations of insurance and reimbursement are more concentrated and condensed.
- Time spent in authorization is minimized by streamlining the process of authorizations.
- These types of systems allow employees in physician offices and managed care organizations to more avail themselves to patients and their care.
- ASPs free staff to perform in accordance with their prescribed duties.

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## Question 6: Medicaid is for which population?

**Answer:** Low income families

### Teaching Points:

- Medicaid is designed to help low income families.
- It is funded by the state.
- Medicare is for the elderly population.

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**Question 7:** What is the priority when explaining the importance of transformation?



**Answer:** A clear and central vision


**Teaching Points:**

- Critical analysis and predictions provide the basis for reaching a decision to initiate change and transformation.
- When initiating transformational change, maintaining a clear and central vision sets the tone for describing the necessity for the transformation.
- Forecasts are among the tools used to determine whether change and transformation are desirable.
- Predictions and critical analysis provide the basis for reaching a decision to initiate change and

transformation.

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**Question 8:** What does the acronym "MCO" stand for?



**Answer:** Managed Care Organization

**Teaching Points:**

- "MCO" stands for "managed care organization."
- Management services organizations most often combine the practices and services of physicians, hospitals, and other providers to bring centralization to administrative efforts and costs.

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## Question 9: What is The Patient Bill of Rights?

**Answer:** A document published and posted by each facility or institution according their policies and state laws concerning patient rights

### Teaching Points:

- Each facility or institution is required to publish and post The Patient Bill of Rights according their policies and state laws.
- The Bipartisan Patient Protection Act Senate Bill S.1052 of the 107th Session of the U.S. Senate proposal insuring comprehensive healthcare for Americans in 2001, but did not pass.
- The Patient Bill of Rights encourages the patient to be informed, active and decisive regarding his or her health care.

- The language must be easy to understand and any conflicts of interest or relationships effecting care must be revealed.

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**Question 10:** How does licensure differ from certification?



**Answer:** Mandatory versus voluntary credentialing

**Teaching Points:**

- Licensure is mandatory for healthcare professions where as certification ensures educational standards are met before awarding national certification.

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## Question 11: What are spoken words of defamation?

Answer: Slander

### Teaching Points:

- Slander is spoken words of defamation.
- Libel is written words of defamation.
- A tort is a civil wrong, other than a breach of contract.
- Antitrust laws protect against monopolies.

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**Question 12:** What is the best explanation of Gross Costs per 1000?

**Answer:** Gross costs incurred by a specific group for a specific period of time divided by the average number of covered members or lives in that group during the same period, and multiplied by 1,000

**Teaching Points:**


- The gross costs incurred by a specific group for a specific period of time are divided by the average number of covered members or lives in that group during the same period, and multiplied by 1,000.
- This calculation is an aggregate determined by modality of treatment, e.g. inpatient, residential, partial hospitalization and outpatient.
- A measure used to evaluate utilization

management performance.

- Managed care is about cost; this indicator is a tool in keeping costs below collections per 1,000.

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**Question 13:** What is the best explanation of intuition in the role of nursing?



**Answer:** Intuition is often the compilation of years of valuable experience expressing itself in a moment

**Teaching Points:**


- Intuition is often the compilation of years of experience expressing itself in a moment.
- Intuition may follow a series of logic and patterns "recognized" by the right side of the brain.
- The patient may have a "feeling" that something foreboding is about to happen. It is wise to listen to those concerns and be responsive to those concerns.
- Intuition is yet another tool that is used in conjunction with so many others to bring about

effective nursing practice. Intuition should guide the nurse to act in obtaining data to confirm or disprove their "gut feeling." Remember, "gut feelings" need to be respected. If your gut is telling you that something feels wrong, looks off, is in question, STOP, double check vital signs, lab results, medication dosages, routes, and confirm your assessment of the patient. Gather data, DO NOT ignore a "gut feeling." Most likely this will have a negative result. Intuition should be respected and acted upon or investigated if voiced by any member of the healthcare team.

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**Question 14:** What is the most desired outcome of a negotiation?




**Answer:** Mutual agreement

**Teaching Points:**

- The desired outcome of a negotiation is mutual agreement.
- Compromise and concessions often take place during negotiations.
- Conferring is part of the negotiation process.

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**Question 15:** What is the most desirable profile to aid the organizational developer in the action phase of change management?



**Answer:** Networks and allies

**Teaching Points:**

- Maintainers and traditionalists keep the status quo once the transition has been established for more than 6 months.
- The assessment and planning phases of change utilizes critics and analysts.
- The action phase of change uses the resource of networking and allies to ease the transition during the action phase of change management.
- Executives and leaders make the initial phases of change possible by giving their stamp of approval

to move forward.

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## Question 16: What is TEFRA?


**Answer:** TEFRA is the Tax Equity and Fiscal Responsibility Act

### Teaching Points:

- TEFRA is a provision of the Tax Equity and Fiscal Responsibility Act of 1982.
- TEFRA allows states to extend Medicaid coverage to qualified children with disabilities.
- TEFRA allows disabled children to be cared for in their homes rather than in institutions.
- The child must meet the requirements of Supplemental Security Income (SSI) disability and meet medical-necessity requirement for institutional care.

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**Question 17:** What is the main purpose of a business plan?



**Answer:** Decision making

**Teaching Points:**

- The main purpose of a business plan is to share decision making.

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**Question 18:** What is the World Health Organization's definition of the term "epidemiology?"



**Answer:** The study of the distribution and determinants of health-related states or events, including disease, and the application of this study to the control of diseases and other health problems

**Teaching Points:**

- A higher incidence of disease for those exposed to that risk factor is called risk factor association.
- Epidemiological studies can never prove causation; that is, they cannot prove that a specific risk factor actually causes the disease being studied.
- The World Health Organization defines epidemiology as the study of the distribution and


determinants of health-related states or events, including disease, and the application of this study to the control of diseases and other health problems.

- Epidemiologists study the how, when, why, and who relating to diseases.

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**Question 19:** In most cases, what brought about the beginning of risk management?



**Answer:** Compliance


**Teaching Points:**

- Financial protection came later in the progression of risk management.
- Loss protection was later in the progression of risk management.
- Identity of accidental loss followed the days when compliance was the basis of risk management.
- Most risk management was based on compliance in the beginning of the specialty.

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**Question 20:** The brother of a patient says he is a physician and wants to see the chart. What should be done?




**Answer:** Ask the patient for a written authorization

**Teaching Points:**

- A written authorization should be obtained and usually a hospital nurse, physician, or administrator should review the chart with the non-staff physician.

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**Question 21:** What is the most common work-related source of hepatitis B infection among healthcare workers?




**Answer:** Accidental needlesticks

**Teaching Points:**

- Accidental needlestick injuries are the most common source of work-related hepatitis B infection in healthcare workers.
- Needlestick injuries are also one of the most common sources of HIV infections among healthcare workers.
- Hepatitis A, not B, is spread by fecal-oral contamination.
- Influenza is spread by respiratory droplets.

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**Question 22:** What is the ideal number of participants in a focus group?




**Answer:** 6 to 12

**Teaching Points:**

- Groups larger than 12 are not recommended, as they may be less productive and participation tends to be less balanced.
- The ideal focus group has 6 to 12 members.
- Fewer than six participants may lead to a dull dynamic.

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**Question 23:** What is the most effective strategy to prevent work related injury?



**Answer:** Engineering control

**Teaching Points:**

- Engineering control is the most effective way to prevent work related injury.

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**Question 24:** When healthcare options are explained to patients the facility is complying with:



**Answer:** Patient Self-Determination Act


**Teaching Points:**

- 1990 Patient Self-Determination Act mandates that patients be given information about advanced directives and choices regarding their healthcare as patients.

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**Question 25:** What is the significance of the Good Samaritan Law?



**Answer:** Protection from civil liability

**Teaching Points:**

- A person that provides healthcare services with good intention under emergent situations is exempt from civil liability unless acting improperly with intent to harm.

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**Question 26:** What should one do before contract negotiations?




**Answer:** Know the facts

**Teaching Points:**

- Have a good understanding of similar positions, salary and benefit expectations, and be able to present this information clearly.

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**Question 27:** Fixed hospital payments based upon a patient diagnosis is termed:




**Answer:** Diagnosis-related group (DRG) payment system

**Teaching Points:**

- Diagnosis-related group (DRG) system reimburses hospitals based on specific illness criteria.

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**Question 28:** What is the general term for the performance of an unlawful act?



**Answer:** Malfeasance


**Teaching Points:**

- Malfeasance is the commission of an unlawful act.
- Negligence is reckless disregard for another person's well being.
- Malpractice is the negligence of a professional individual.
- Assault is one type of malfeasance, the act of inflicting bodily injury on another person.

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**Question 29:** What is the first tier of "buy in" that occurs in organization wide change?



**Answer:** Obtaining the support of the key stakeholders


**Teaching Points:**

- Obtaining the support of key stakeholders is the first tier of "buy in" for organization wide change.
- Seeking the approval of external stakeholders to organization wide change comes later tier of "buy in."
- Those affected by organization wide must see the short and long term benefits to change before they are likely to "buy in."
- Apprising the administration of potential pitfalls potential hazards or adversities of propose

changed is a step that must occur when presenting key stakeholders with the proposal for change.

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**Question 30:** What is the most frequent cause of resistance?



**Answer:** Fear of loss


**Teaching Points:**

- Change takes place after thought processes, language and behaviors are established for 21 days or longer.
- Often, people prefer what is known and predictable, even if it is monotonous.
- Fearing loss of freedom, many will resist change due to their fear of constraint.
- Fear of loss is the most frequent cause of resistance.



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**Question 31:** A coworker is seen diverting narcotics. They then plead for another chance. What is the best course of action?



**Answer:** Notify the supervisor immediately

**Teaching Points:**

- There is a duty to intervene to protect patients from harm.
- Policies of chain of command are to be followed, starting with the supervisor.

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Question 32: What is a proper role of a leader?




Answer: Plan for future

Teaching Points:

- A plan for the future is a responsibility of a leader.

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**Question 33:** What is the term for a practitioner being sued by a patient for malpractice?



**Answer:** Defendant

**Teaching Points:**

- In a civil case, the plaintiff is the person to whom alleged harm been done.
- The defendant has to prove they were not responsible for the harm done.

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**Question 34:** Medicare part A is available to:



**Answer:** People 65 and over

**Teaching Points:**

- Medicare insurance is a government program offering insurance coverage for people age 65 and over.

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**Question 35:** Which principle dictates the necessary certification for health provider?



**Answer:** Justice

**Teaching Points:**

- The justice and civil principle dictates the necessary certification for the health provider.

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## Question 36: What is a deposition?

**Answer:** Questions and answers, given under oath, in the presence of attorneys

### Teaching Points:


- The questions and answers, given under oath, in the presence of attorneys are transcribed and become part of the court record.
- Depositions often take place in attorney's offices but may take place in any mutually agreed upon setting.
- Today, video depositions are more common.
- The record of the deposition is called a transcript.

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**Question 37:** Who gives nurse practitioners the authority to practice as primary care providers?



**Answer:** State government

**Teaching Points:**

- State laws are necessary to permit nurse practitioners to practice.

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**Question 38:** The postponement during a lawsuit, granted by the court, is called a:



**Answer:** Continuance

**Teaching Points:**

- A continuance is an adjournment or postponement granted by the court.
- A ruling is a formal or direction made or given by the court.
- The directed verdict reflects the final decision in a court case.
- A pardon forgives the crime and cancels the penalty for that crime.

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**Question 39:** What the most effective way of opening dialogue and discussion in-group sessions?




**Answer:** Open ended questions

**Teaching Points:**

- Directions are generally one way and not used as an interview technique.
- Indirect statements can be misunderstood and misinterpreted that may close off dialogue or discussion.
- Reflective listening is most effective in conflict resolution and problem solving.
- Open-ended questions are widely thought to be the most effective way of inviting dialogue and discussion.

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**Question 40:** During a hospital fire, which patient should be evacuated first?




**Answer:** Ambulatory patients

**Teaching Points:**

- The first step when one encounters a fire is to evacuate all patients while calling for help.
- Evacuate patients who are ambulatory first.

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**Question 41:** How long must a patient be hospitalized for Medicare to cover rehabilitation in an extended care facility?



**Answer:** 3 nights


**Teaching Points:**

- Medicare requires that a patient be hospitalized for at least 3 nights to be covered for rehabilitation in an extended care facility (ECF).
- The admission to the ECF will be covered until the condition has stabilized or for 100 days, whichever is less.
- ECF costs are covered by private funds in 38% of patients, and by Medicaid in 58% of patients.

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**Question 42:** What is the best way to increase motivation in a group?



**Answer:** Finding common ground and interest alignment

**Teaching Points:**

- Changing benefits is a hit or miss proposition because the needs of individuals and their families vary.
- Monetary incentives appeal to those who are motivated by extrinsic rewards, but there are those who are more motivated by intrinsic rewards.
- Recognition and acknowledgement of individuals can be counterproductive as some will be offended by the program.

- Finding common ground and interest alignment is the most likely way to increase motivation.

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**Question 43:** What are block grants designed to do?




**Answer:** Provide states with more flexibility in providing services to the indigent

**Teaching Points:**

- Block grants are designed to provide states with more flexibility in providing services to the indigent.

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**Question 44:** Why do nurse practitioners practice under the supervision of a physician?



**Answer:** Some states require it

**Teaching Points:**

- Some states require nurse practitioners to practice under the medical direction of a physician.
- It is usually described as a collaborative agreement.

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**Question 45:** What is generally reported as revenue of a hospital?




**Answer:** Income

**Teaching Points:**

- Revenue is a report of money income.

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**Question 46:** What is the process of providing information so that the patient may rationally participate in the decision making process?



**Answer:** Informed consent


**Teaching Points:**

- Informed consent provides all reasonable information for decision making.
- It is permission granted with the knowledge of possible consequences.
- Informed consent is typically given by a patient to a doctor for treatment after the doctor has provided the patient with full knowledge of possible risks, benefits, and alternatives.
- Not every patient is capable of giving informed consent. Examples might include PTSD, severe

intellectual disability, severe sleep deprivation, intoxication, severe mental illness, Alzheimer disease, or comatose state.

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**Question 47:** What is the American Nursing Association's 2012 position on the needs of nurses exiting the workforce?



**Answer:** Compensation

**Teaching Points:**

- The American Nursing Association (ANA) has no published position on training and education for nurses exiting the workforce.
- There are no mandatory licensure sanctions for nurses leaving the workforce. Laws vary from state to state regarding competency and continuing education for those with gaps in practice.
- The ANA states that personnel exiting the workforce need "knowledge management




strategies".

- Compensation is rarely provided to nurses leaving the workforce except for hours previously worked.

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**Question 48:** What is the most frequent mode of transmission in nosocomial infections?



**Answer:** Contact transmission

**Teaching Points:**

- Contact transmission is the most common and frequent cause of nosocomial infection.
- Hand washing is the single most important measure of infection prevention.
- Isolation precautions also prevent transmission by common routes.
- The other choices are involved with nosocomial infections, but are not as frequently the cause.

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please contact us at [editor@medicalpearlspub.com](mailto:editor@medicalpearlspub.com).

**Question 49:** COR and CRA are acronyms related to which term?



**Answer:** Cost

**Teaching Points:**

- Cost of risk expresses the acronym COR.
- Cost risk assessment expresses the acronym CRA.

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Question 50: In a word, how is tort defined?



Answer: Wrong

Teaching Points:

- The definition of tort is "wrong".
- A tort is a breach of a civil duty.
- Torts include injuries and damages.
- The act may be willful or due to negligence.

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**Question 51:** How should patients records be coded when submitting information to insurance agencies?



**Answer:** Medical codes

**Teaching Points:**

- All patient records must be submitted with medical codes.
- This is a HIPAA regulation.

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**Question 52:** What is the "Three Nights Rule" or "72 hour Rule"?



**Answer:** Three 12 hour days and three 12 hour nights are the minimum required stay for Medicare to pay for LTC costs

**Teaching Points:**

- Three 12 hour days and three 12 hour nights are limits of the minimum required for the "Three Nights Rule" or "72 hour Rule."
- Three full days and three full nights are the minimum required stay for Medicare to pay for LTC costs.
- Medicare's coverage is intended for medical expenses therefore long-term care coverage is limited.

- Up to 100% of costs for LTC may be paid for the first 20 days in a benefit period.

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Question 53: Mediation, most often, uses:



Answer: Negotiation

Teaching Points:

- Mediation is the process used to resolve disputes intended to reach an agreement outside the court system.
- Mediation, almost always, results from mutual agreement to pursue the process.
- Negotiation is most prominent in the mediation process.

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Question 54: What is an "indemnity insurer?"




Answer: Pays for care, but provides no care

Teaching Points:

- An "indemnity insurer" pays for care, but provides no care.

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**Question 55:** What is the aim of risk management?




**Answer:** Prevention of financial loss

**Teaching Points:**

- Prevention of financial loss is the primary aim of risk management.

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**Question 56:** How many core values did Roger Schwartz cite as guiding the practice of facilitation?



**Answer:** 3

**Teaching Points:**


- Roger Schwartz states that there are three core values that guide the practice of facilitation.
- Valid information is among the three core values that guide the practice of facilitation. All members of the group are privy to the same information according to their need to know.
- Free and informed choice is the area of knowledge whereby the facilitator guides the participants in determining what they hope to attain on both personal and professional levels. Each person in the group is encouraged to

consider what he or she hopes to contribute and gain from the process.

- Internal commitment is the ethical choice to participate fully in the process and to accede to the decisions of the group.

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**Question 57:** Which medication should NOT be started in a patient taking a rifampin for tuberculosis?



**Answer:** Nevirapine


**Teaching Points:**

- Simultaneous treatment of tuberculosis and HIV can be challenging.
- If rifampin based Anti TB is initiated, nevirapine is contraindicated.
- Both rifampin and nevirapine are potent liver enzyme inducers.
- Both rifampin and nevirapine also can cause hepatotoxicity.

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**Question 58:** What does the Health Insurance Portability and Accountability Act claim to guarantee?



**Answer:** Privacy

**Teaching Points:**

- The Health Insurance Portability and Accountability Act claims to guarantee patient privacy and confidentiality.
- In theory, individual violations of HIPAA can result in up to a \$50,000 fine.
- Knowing violations can also face criminal penalties of up to 1 year per violation.
- Fraudulent violations can also face criminal penalties of up to 5 years per violation.



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Question 59: How is "ex parte" defined in Latin?




Answer: "from, by ,or for one party"

Teaching Points:

- The meaning of ex parte is "from, by, or for one party".
- Legal proceedings initiated by one party in the absence of and without representation or notification of other parties.
- There is an implied benefit to ex parte.

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**Question 60:** What is the most important factor when determining staff requirements for an OT department?




**Answer:** Patient load

**Teaching Points:**

- The most important factor when staffing an OT department is patient load.
- The other factors play a less important role.

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**Question 61:** What is the process if a Quality Improvement Organization (OIO) decision is unfavorable?



**Answer:** To appeal, the enrollee files a request for a hearing with an Administrative Law Judge (ALJ)

**Teaching Points:**

- The enrollee is notified as quickly as possible when a Quality Improvement Organization (OIO) is unfavorable.
- The rules require that the enrollee is notified no later than close of business of the day after receiving needed information to make their determination.
- To appeal, the enrollee files a request for a hearing with an Administrative Law Judge (ALJ).

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**Question 62:** A fixed amount of money paid by an insurance company each month to a provider is:



**Answer:** An example of capitation

**Teaching Points:**

- Capitation fees pay providers for each patient of certain insurance plans that is given healthcare.

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## Question 63: What did NODMAR replace?

**Answer:** Notice of Non Coverage (NONC)

### Teaching Points:

- NODMAR replaced the Notice of Non Coverage (NONC) in 1999.
- Medicare enrollees were given notice of their rights when they were given a hospital inpatient discharge decision with which they had a dispute.

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**Question 64:** What is the best teaching method for parental intervention strategies?



**Answer:** Gear intervention to the subject


**Teaching Points:**

- The best method for parental intervention strategy is to gear the intervention to the subject.

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**Question 65:** Which choice expresses the acronym CQI?



**Answer:** Continuous Quality Improvement


**Teaching Points:**

- Continuous Quality Improvement improves upon the methods and concepts used in traditional quality assurance.
- CQI seeks to improve the organization and its systems.
- The focus of CQI is process.
- Improving processes is the aim of CQI with the internal and external customer always.

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please contact us at [editor@medicalpearlspub.com](mailto:editor@medicalpearlspub.com).

**Question 66:** Which is the controlling function of management?




**Answer:** Productivity standard

**Teaching Points:**

- The controlling function of management is productivity standard.

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**Question 67:** What is it called when a practitioner performs a procedure outside of his/her scope of practice and a negative result occurs?



**Answer:** Malpractice

**Teaching Points:**

- In order to claim malpractice one must prove professional misconduct and/or performing a procedure outside the practitioner's scope of practice.
- Negligence refers to the failure to use a level of care determined to be reasonable and appropriate under certain circumstances.
- Critical incidence is an incident that can lead to severe harm if not recognized and corrected.

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**Question 68:** How many Americans are enrolled in managed care plans?




**Answer:** More than 100 million

**Teaching Points:**

- More than 100 million Americans participate in managed healthcare plans.

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**Question 69:** What was the form of payment for most physician and hospital services before the vast changes that took place in healthcare after 1980?



**Answer:** Fee for service

**Teaching Points:**

- The form of payment for most physician and hospital services before the vast changes that took place in healthcare after 1980 was fee for service.

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**Question 70:** Arbitration, most often, seeks to resolve:



**Answer:** Disputes


**Teaching Points:**

- Arbitration seeks to resolve disputes.

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**Question 71:** What does "usual and customary" in health care indicate?




**Answer:** Charges and fees are similar

**Teaching Points:**

- "Usual and customary" guarantees that charges and fees are similar to other providers.

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**Question 72:** Retribution in a civil wrongful death law suit does NOT provide for:



**Answer:** Peace of mind and balance

**Teaching Points:**

- The loss of consortium and support is recoverable in wrongful death suits.
- Retribution provides for the recovery of medical and funeral expenses in a wrongful death suit.
- Retribution in a civil law suit includes loss of future earnings.
- Peace of mind and balance are not recovered by retribution resulting from a civil wrongful death suit.

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**Question 73:** Which term names the reduction of a fixed asset's value from its original cost due to wear-and-tear, age, or obsolescence?

**Answer:** Depreciation

**Teaching Points:**

- Appreciation is the growth or increase in the price or worth of an article or property over time.
- An asset's "useful life" is the expected time in which it can be useful.
- A mill is equal to \$1.00 of tax for each \$1000 of assessment.
- Depreciation is the calculated cost of the fixed asset minus the residual value.

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## Question 74: Why are plans of care written?

**Answer:** Establish measurable outcomes during patient care

### Teaching Points:

- Care plans are written to establish outcomes and goals to be met throughout time periods of patient care.

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**Question 75:** Clinical practice guidelines are developed to:




**Answer:** Create standards of care

**Teaching Points:**

- Clinical practice guidelines are research based, documented standards of practicing health care.
- Are accessible to all members of the healthcare delivery team.

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**Question 76:** What does the term "comparative negligence" mean?



**Answer:** A rule of law applied in accident cases to determine responsibility and damages of shared negligence of all parties

**Teaching Points:**

- A rule of law applied to determine responsibility and damages of the shared negligence of all named parties.
- The rule applied to accident cases.
- Comparative negligence is placed in effect when two or more parties haven't met the standard of an "ordinary reasonable person".



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## Question 77: What is involved in consultation?


**Answer:** Patient evaluation by a specialist or other healthcare provider asked to give an assessment of a patient by a referrer

### Teaching Points:

- The consultant provides expert advice and recommendations that the referrer or patient may accept or reject.
- Consultation may but does not require continued patient management or care.

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**Question 78:** What is the temporary memory on a computer stored as?




**Answer:** RAM

**Teaching Points:**

- RAM stores memories as temporary.

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**Question 79:** What is the importance of developing and coordinating the case plan?



**Answer:** Development and coordination advance the patient's best and highest outcome

**Teaching Points:**

- Development and coordination advance the patients' best and highest outcome.
- Development and coordination focuses the plan to maximize outcome.
- Careful development and coordination decreases the potential for errors and mistakes.
- Discharge planning, aftercare and coordination of services increases efficiency, safety and effectiveness.

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**Question 80:** What is the best way for risk managers to reduce lawsuits?



**Answer:** Including the patient, family, and practitioners in decision-making

**Teaching Points:**

- Including the patient, family, and practitioners in decision-making is essential in reducing lawsuits.
- People who feel ignored and avoided are more likely to engage in lawsuits.
- Angered patients and families are more inclined to pursue lawsuits.
- Focusing on the abilities of the practitioners, patients, and families to "right" a conflict brings a higher probability for resolution.

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**Question 81:** A private clinic is planning to open. At end of the visit each patient will be expected to pay \$75. What is the term for this?

**Answer:** Fee for service

**Teaching Points:**

- A practitioner may collect money from a patient for a specific service provided.
- The fee may be paid by an insurance company or directly by the patient.

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**Question 82:** What is the Centers for Disease Control and Prevention definition of research?



**Answer:** "A systematic investigation designed to develop or contribute to generalizable knowledge"

**Teaching Points:**


- The Center for Medicare and Medicaid Innovation fosters health care transformation by finding new ways to pay for and deliver care that improve care and while lowering costs.
- "Advancement through Benner's stages of clinical competence or progression in an organizational hierarchy" describes professional growth.
- "A systematic investigation designed to develop or contribute to generalizable knowledge" is the Centers for Disease Control and Preventions'

definition of research.

- "Improving access to health care services for people who are uninsured, isolated, or medically vulnerable" is the Health Resources and Services Administration's mission.

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**Question 83:** What do diagnosis related groups (DRGs) provide?



**Answer:** Reimbursement rates for Medicare part A

**Teaching Points:**

- DRGs provide reimbursement rates for Medicare part A, the hospital insurance portion of Medicare.
- DRGs are an effort to reign in upwardly spiraling hospital care costs.
- DRGs don't take into account the severity of illness.
- DRGs can be higher or lower than a hospital actually charges for services.

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## Question 84: What are interrogatories?


**Answer:** Formal requests for information

### Teaching Points:

- Interrogatories are formal requests for information.
- These are usually signed documents given by a witness or party in the case.
- The answers provided may be compared to the answers given in the formal court proceeding.
- It is always advisable to consult with your attorney and employer before proceeding.

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**Question 85:** In some states, not all, nurse practitioners are allowed to perform male circumcisions. This is referred to as each states:



**Answer:** Scope of practice

**Teaching Points:**

- Since each individual state varies on which procedures are permitted, it is the practitioner's responsibility to consult with his/her state board.
- The board that governs each state is most always that states board of nursing.

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**Question 86:** Procedural law is best summed up in which word:



**Answer:** Process

**Teaching Points:**


- The process of the law and the conduction of court cases is procedural law.
- The case law of process is described in procedural law.
- Procedural law describes the "how to" of substantive law.
- Procedural law prescribes the process for enforcing civil and criminal law.

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**Question 87:** What is the central concept of case management?




**Answer:** Optimization

**Teaching Points:**

- Optimization is the central concept of case management.
- Eligibility, terms, and limits are central concepts of the insurance industry.

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**Question 88:** Two hospital employees are discussing a named patient's illness in the hospital coffee shop. What should be done?



**Answer:** Tell them this is inappropriate and request they continue their conversation in private

### Teaching Points:

- The first step is to tell them this is inappropriate and request they continue their conversation in private.
- It is the responsibility of all health professionals to discourage public discussions of private patient information.
- If they refuse to discontinue the discussion, contacting hospital administration would be appropriate.

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**Question 89:** What does the acronym CARF mean?



**Answer:** Commission on Accreditation of Rehabilitation Facilities


**Teaching Points:**

- CARF is the Commission on Accreditation of Rehabilitation Facilities.
- CARF is an independent, nonprofit organization focused on advancing the quality of services used in rehabilitation facilities for the best possible outcomes.
- "CARF provides accreditation services worldwide at the request of health and human service providers."
- CARF rehabilitation surveys disability, treatment for addiction or substance abuse, home and

community services, retirement living, and other health and human services.

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**Question 90:** What was the previous name of CMS (Centers for Medicare and Medicaid Services)?




**Answer:** Healthcare Financing Administration

**Teaching Points:**

- CMS was previously known as (HCFA) Healthcare Financing Administration.
- CMS is the US federal agency, which administers Medicare, Medicaid, and the Children's Health Insurance Program.
- CMS provides information for health professionals, family members, and caregivers at Medicare.gov on Medicare enrollment, benefits, and other tools.
- Medicare provides 43 million people with benefits and coverage.

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**Question 91:** What percentage of U.S. health care dollars went toward hospitalizations in the year 2000?



**Answer:** 33 percent

**Teaching Points:**

- Hospitalizations accounted for 33 percent of all health care dollars spent in 2000.

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**Question 92:** What is the literal meaning of the term "facilitator"?



**Answer:** "One who makes things easier"

**Teaching Points:**

- The word "facilitator" literally means "one who makes things easier."
- Research is a close and careful study of a topic, subject, or item.
- "One who supports, fosters, and encourages, especially during a period of training or development" is the definition of a nurturer.
- "To bring into a common action, movement, or condition" is to coordinate.

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**Question 93:** Which is rarely a source of funding in healthcare?

**Answer:** Sales taxes

**Teaching Points:**

- Federal grants are sources of funding.
- Private and public foundations are sources of funding.
- Industry grants are sources of funding.
- Endowments and other philanthropic efforts are sources of funding.

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## Question 94: What is capitation?

**Answer:** HMO pays a monthly fee for insured by age and sex

### Teaching Points:

- HMO pays the provider a monthly fee per insured person each month by age and sex.

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**Question 95:** What is the term for a plan appointing an agent to manage ones health care affairs when one is incapacitated?


**Answer:** A durable power of attorney

**Teaching Points:**

- A durable power of attorney appoints an agent to manage your health care affairs when you are incapacitated.
- It may general or limited.
- A living will and DNR order are examples of advanced directives.

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**Question 96:** Nurse practitioners are certified through:



**Answer:** National certifying organizations

**Teaching Points:**

- American Nurses Credentialing Center (ANCC) and American Academy of Nurse Practitioners (AANP) certify nurse practitioners.
- Nurse practitioners are licensed by state nursing boards.

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## Question 97: What is the DSM?


**Answer:** Diagnosis and Statistical Manual

### Teaching Points:

- Diagnosis and Statistical Manual is published by the American Psychiatric Association.
- It is the classification and standard criteria of mental disorders in common language.
- Initially developed by the US Army it was revised in 1980 and has had multiple revision since then.
- The DSM-5 was published on May 18, 2013.

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**Question 98:** What does the acronym LTD mean in insurance nomenclature?



**Answer:** Long Term Disability


**Teaching Points:**

- LTD is the acronym for Long Term Disability.
- LTD policies provide income for a long period of time.
- LTD benefits begin when the Short Term limits expire.
- LTD insurance is usually a benefit of employers, although it can be purchase by individuals.

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**Question 99:** What is the best metaphor for a conceptual framework?



**Answer:** Road map


**Teaching Points:**

- Blogs are a more likely metaphor for counseling and mentoring staff.
- Insurance policies are a more likely metaphor for risk management.
- Security alarms are a likely metaphor for security measures necessary in healthcare environments.
- Road maps are the most likely metaphor for using a conceptual framework.

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**Question 100:** What does the acronym "POS" stand for?



**Answer:** Point of service

**Teaching Points:**

- A POS plan combines the features of different plans.
- POS subscribers choose which service to use at the point of service.
- The levels of financial responsibility vary in relation to the distance from the standards.
- Flexibility and choice are two attractive features of POS plans.

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**Question 101:** According to Emanuel and Dobler, what has decreased markedly as a result of managed care?




**Answer:** Conflicts of interest

**Teaching Points:**

- Emanuel and Dobler believe safety, compassion, and continuity of care have increased as a result of managed care.
- Emanuel and Dobler state that conflicts of interest have decreased as a result of managed care.

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**Question 102:** What value to preceptors add to an organization?



**Answer:** Preceptorships clearly define measures and outcomes of onboarding processes

**Teaching Points:**

- Successful preceptorships clearly define measures and outcomes based on the purpose and vision of the organization. These are articulated and evaluated during the onboarding process.
- Coaching, preceptoring, and mentoring are essential concepts and activities during preceptorships for providing the flexibility and intent-based leadership critical for effective transitions to service and practice.
- Competency assessments and verification

processes completed during preceptorships help employees and students (preceptees) develop their work-specific competencies and engage in independent practice.

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**Question 103:** What right did the Quinlan case establish?



**Answer:** Self-determination


**Teaching Points:**

- The case established a patient's right to self-determination and right to decline medical treatment in certain situations.
- The parents of a female in a vegetative state petitioned to refuse medical treatment and turn off a ventilator.
- The patient's father was appointed legal guardian and turned the ventilator off.
- These types of decisions regarding removal of life support remain emotionally charged and controversial.



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**Question 104:** The core concept of Continuous Quality Improvement (CQI) is




**Answer:** Meeting and/or exceeding the needs of patients and external customers

**Teaching Points:**

- A core concept of CQI is meeting the needs of patients and external customers.
- CQI contends that most problems are found in processes, not in people.
- CQI achieves continual improvement with incremental changes using the scientific method.

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**Question 105:** What is the reason most often listed by employees requesting a transfer?




**Answer:** Distrust of the competency of management/leadership

**Teaching Points:**

- Breakdowns in interprofessional relationships, inadequate or outdated equipment and facilities, or distrust of the competency of peers may contribute to a request for transfer; however, the reason most often listed by employees is distrust of the competency of managers and/or leaders.

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**Question 106:** What does the acronym "NCQA" stand for?



**Answer:** The National Committee for Quality Assurance


**Teaching Points:**

- "NCQA" is the acronym for the "National Committee for Quality Assurance."
- The National Committee for Quality Assurance is an independent 501(c)(3) non-profit organization designed to improve health care quality in the United States.
- The NCQA offers voluntary accreditation for individual physicians and medical groups.
- The NCQA measures performance using the Healthcare Effectiveness Data and Information

# Set (HEDIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

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**Question 107:** In 2014, what percentage of people were insured in the United States?



**Answer:** 86%

**Teaching Points:**

- As of 2014, about 14 percent of Americans were uninsured.
- The number represents almost 1 in 6 U.S. residents being uninsured.
- The recent rise in the uninsured is attributed to job loss in the recession, companies not offering health insurance to workers and families dropping coverage to save money.
- Since the Affordable Care Act was enacted in January of 2014, approximately another 10 million individuals were able to obtain insurance

bringing the total down to 38 million.

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**Question 108:** What is the priority for risk managers in healthcare settings?



**Answer:** Patient safety

**Teaching Points:**

- Patient safety and well being is the priority of healthcare organizations and those who manage its activities.
- Risk avoidance and reduction are major aims of risk manager, but patient safety and well being must remain the priority.
- Cost containment is a major aim of managed care.
- Measuring success is one of the tools used in performance and risk management.



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**Question 109:** Which agency instituted Coordination of Benefits (COB)?



**Answer:** The National Association of Insurance Commissioners

**Teaching Points:**

- The National Association of Insurance Commissioners instituted COB.
- The rules were put in place to coordinate payments for those with multiple health insurance plans.
- Those plans that do not use COB must pay first.
- Active plans always supersede inactive (retiree) plans.

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please contact us at [editor@medicalpearlspub.com](mailto:editor@medicalpearlspub.com).

**Question 110:** In what country did "Quality Circles" first come begin?




**Answer:** Japan

**Teaching Points:**

- Process Improvement was introduced in the late 1950's and early 1960's by Deming and Juran.
- These two men are credited with assimilating the processes and concepts of Quality Improvement in Japan and then employing the principles in the U.S.
- Quality Circles first came into being in Japan.

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**Question 111:** What does the acronym STD mean in insurance nomenclature?



**Answer:** Short Term Disability

**Teaching Points:**

- STD is the acronym for Short Term Disability.
- Income replacement is a benefit of Short-term disability (STD) insurance.
- A portion or percentage of salary is paid for a short period of time due to sickness or injury.
- The National Association of Insurance Commissioners estimates benefits generally last between three and six months; there is usually a maximum amount one can receive.

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**Question 112:** How is Net Working Capital Method best described?

**Answer:** A measure of risk retention levels

**Teaching Points:**


- Net Working Capital Method is a measure of the organization's risk retention levels; 1%-5% of net working capital is considered acceptable.
- Net Working Capital Method measures also measures current liability ratio; 2:1 and above are acceptable levels.
- Net Working Capital Method are intended for unexpected losses.

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**Question 113:** What is the best way to communicate with an employee?




**Answer:** Direct

**Teaching Points:**

- Direct communication with direction is the best way to communicate.
- Communication is the key to a successful team and lays the foundation for positive patient outcomes.
- SBAR is a tool used for effective communication among members of the healthcare team. S: Situation B: Background A: Assessment R: Recommendation.

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**Question 114:** What percentage of communication comes across through non-verbal cues?



**Answer:** More than 50 percent


**Teaching Points:**

- It is well documented that more than 50 percent of communication is received through non-verbal cues.
- Non-verbal cues, also known as body language, are a vital part of communication.
- Verbal communication makes up less than 10 percent of how communication is received and perceived.
- Para-verbal communication accounts for 40 percent of communication. The tone, pitch, cadence, and range of the human voice influences

communication more than the spoken word.

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**Question 115:** What is the technique used to transform the meaning or perception about a person, place or thing?




**Answer:** Reframing

**Teaching Points:**

- Confirmation affirms and recognizes a statement.
- Reframing is a technique used to transform the meaning or perception about a person, place or thing.
- A shift of focus diverts attention to help those struggling with letting go of the past.
- Agreeing with a twist allows for a new and different perspective to be offered to the listener from the speaker's or group's perspective.

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**Question 116:** What does the acronym NODMAR mean?



**Answer:** Notice of Discharge and Medicare Appeal Rights

**Teaching Points:**


- NODMAR means: Notice of Discharge and Medicare Appeal Rights.
- NODMAR is a notice of non-coverage.
- NODMAR applies when an enrollee has a dispute regarding discharge.
- NODMAR communicates the cessation of payment for an in patient stay.

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**Question 117:** From whom should consent be obtained for a procedure to be done on a mentally ill competent adult patient?



**Answer:** Patient

**Teaching Points:**

- Mentally ill patients do not lose the right to make health decisions if legally competent. Most people with a diagnosed mental illness are legally competent, and this presumption should always be made *prima facie*.
- Remember that competence is a legal and not a medical designation.
- As a legally competent individual, the patient is unlikely to have a court-appointed guardian.
- Permission must be obtained from the parents in

the case of minors. An emancipated minor can consent to his or her own medical treatment and surgery. An unmarried, pregnant minor may consent to medical and surgical care related to her pregnancy.

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**Question 118:** What does the term "sentinel event" mean?



**Answer:** Unexpected occurrence involving death, serious physical or psychological injury or the risk thereof


### Teaching Points:

- Sentinel events are unexpected occurrences involving death, serious physical or psychological injury or the risk thereof.
- Sentinel events include serious injury specifically loss of limb or function.
- Providers are required to alert TJC and often state licensing authorities of all sentinel events.
- "Risk thereof" includes variations for which a recurrence would carry a significant chance of a

serious adverse outcome.

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**Question 119:** What is the term for providing a continuum of care, including evaluation of symptoms, maintenance of health, and referrals?




**Answer:** Case management

**Teaching Points:**

- Case management coordinates and integrates services.

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**Question 120:** What is the best form of communication between adults?



**Answer:** Active listening

**Teaching Points:**

- Active listening is the best form of communication.
- It is a way of listening and responding to another person to improve understanding when communication rather than thinking about a response or argument against the message being shared.
- Active listening is a communication technique that requires fully concentrating on what is being said rather than passively hearing a message or information, on listening with all senses.

- Active listening is a cognitive process that requires attentiveness to the other person without allowing for distractions; often used in teaching, counseling, conflict management, and learning.

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**Question 121:** What portion of healthcare is paid by state governments in the US?



**Answer:** About 13 percent

**Teaching Points:**

- About 13 percent of US healthcare is paid by state governments.

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**Question 122:** What does the acronym URAC stand for?



**Answer:** Utilization Review Accreditation Commission


**Teaching Points:**

- Utilization Review Accreditation Commission is the former full name of the URAC.
- URAC is a non-profit organization based in Washington, D.C.
- URAC's mission is to promote continuous improvement in the quality and efficiency of health care management through processes of accreditation and education.
- URAC's accreditation is an onsite process consisting of a review of policies and procedures

to determine adherence to stated policies in the operations of the agency seeking accreditation.

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**Question 123:** What is the most likely challenge in the change process?



**Answer:** Transformation of thought and behavior


**Teaching Points:**

- A plan of action based on a clear vision that paves the way for strategy is part of the change process.
- Facilitating the transformation of thought and behavior creating new realities is most likely the greatest challenge faced in the change process.
- Finding resources is a necessary challenge especially in today's economic but may not be as challenging as transforming the organization's groupthink.
- Devising a strategy plan requires a clear and

focused vision and is a critical aspect of the change process.

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**Question 124:** What is the most routine information included in new employee orientations?



**Answer:** A review of policies, procedures, benefits, rules, and conduct

**Teaching Points:**

- Learning the organizational culture and environmental nuances requires participation.
- The administration uses information pertaining to attrition rates, average wages, and the costs of benefits to make policy and fiscal decisions about the organization.
- A review of policies, procedures, benefits, rules, and conduct is necessary in most new employee orientations.
- An evaluation of the orientation may be included,

but it is an employer's choice.

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**Question 125:** What does the term "Bill of Particulars" mean?



**Answer:** A detailed legal complaint of a plaintiff's cause of action and demands


**Teaching Points:**

- The "Bill of Particulars" is a detailed legal complaint of a plaintiff's cause of action and demands.
- The "Bill of Particulars" clarifies the claim.
- The "Bill of Particulars" is used in criminal defense and civil litigation.
- Most of the "particulars" are made available in the "discovery" phase of the legal process.

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**Question 126:** What is the term used for protocols created to guide patient care delivery?




**Answer:** Standards of care

**Teaching Points:**

- Standards of care represent how similarly educated professionals would manage patient care in the same situations or circumstances.

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**Question 127:** What is the best response to a patient who questions the goals of the healthcare provider?




**Answer:** Ask what exactly is not clear

**Teaching Points:**

- The best response is to find out the reason for the question.
- Offering an explanation before first clarifying why the patient is questioning the goals is often unhelpful and may be counterproductive.
- A refusal to respond is unprofessional and unhelpful.
- Changing the subject may be an adequate short term alternative but does not provide a longer term solution.

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**Question 128:** What is the most recent definition of organization development?



**Answer:** "A response to change, a complex educational strategy intended to change the beliefs, attitudes, values, and structure of an organization so that it can better adapt to new technologies, markets, challenges, and the dizzying rate of change itself."


**Teaching Points:**

- "Organization Development is an effort planned, organization-wide, and managed from the top, to increase organization effectiveness and health through planned interventions in the organization's 'processes,' using behavioral-science knowledge." This quote is attributed to Beckhard from a text published in 1969.

- "Organization development is a system-wide application of behavioral science knowledge to the planned development and reinforcement of organizational strategies, structures, and processes for improving an organization's effectiveness." Cummings and Worley wrote this definition in a book published in 1997.
- "A response to change, a complex educational strategy intended to change the beliefs, attitudes, values, and structure of an organization so that it can better adapt to new technologies, markets, challenges, and the dizzying rate of change itself." The highly recognized and sought after Warren Bennis wrote this definition in a paper published in 2003.
- "Contractual relationship between a change agent and a sponsoring organization entered into for the purpose of using applied behavioral science and or other organizational change perspectives in a systems context to improve organizational performance and the capacity of the organization to improve itself" is not cited, but likely written this century.

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**Question 129:** Given the current trends, what percentage of those in the U.S. will be 60 years or older in 2025?



**Answer:** 25%

**Teaching Points:**

- About 17% of people in the U.S. are 60 years or older.
- By 2025 this will increase to 25%.
- The greatest increase will be in elderly who are minorities.
- This will likely put stress on the health care system.

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**Question 130:** Where was the Incident Command System first developed and implemented?

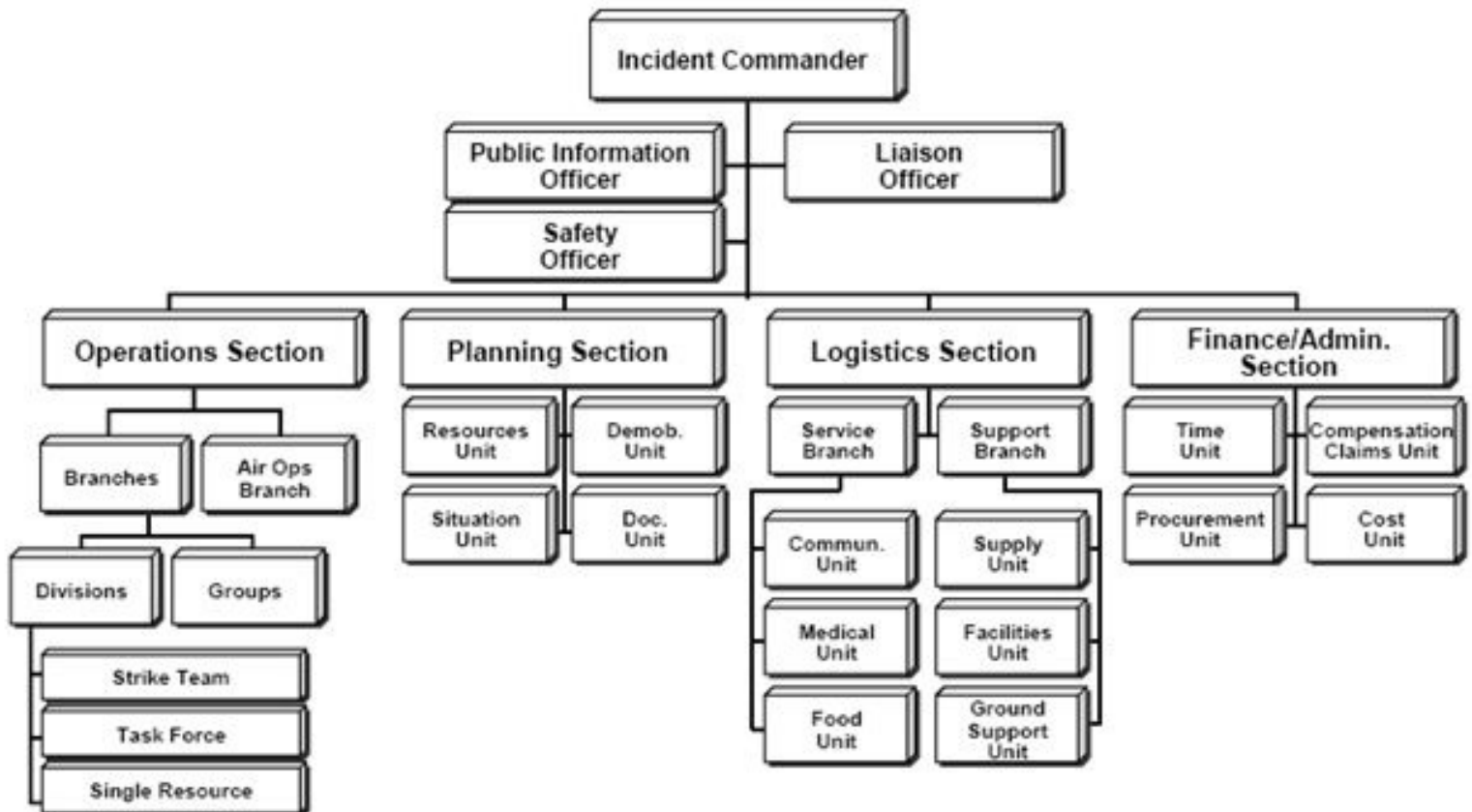


Photo: Contributed by FEMA.GOV

**Answer:** California

**Teaching Points:**

- The Incident Command System was first developed and implemented in 1970 in California in response to wildfires.

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**Question 131:** The question which is LEFT OUT of a court complaint is:




**Answer:** What will you do to prevent this from repeating itself?

**Teaching Points:**

- "What happened?" is answered in a court complaint.
- "Where did the damage happen?" is answered in a court complaint.
- "Were you damaged, if yes, how?" is answered in a court complaint.
- "How was the plaintiff damaged?" is answered in a court complaint.

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**Question 132:** What should be done if conflicts develop when negotiating a position?



**Answer:** Do not take it personally

**Teaching Points:**

- Differences in opinion occur and it is important to work to resolve the issue and move forward with negotiations.
- Do not take it personally.

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## Question 133: What is a critical path?

**Answer:** An established plan of treatment for a specific diagnosis

### Teaching Points:

- A critical path or pathway is a set of guidelines for treatment of a specific diagnosis.
- An example would be the goals for a patient with a knee replacement to be reached in a certain number of days.
- These pathways improve care as they set standards and reduce need for documentation.

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**Question 134:** What should a healthcare provider do if a psychologically competent patient refuses treatment?


**Answer:** Respect the patient's wishes

**Teaching Points:**

- The competent patient has the right to refuse treatment.
- Discussing with the family and ethics committee cannot overrule the patient.
- Patient confidentiality would prevent discussion with family without the patient's permission.

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**Question 135:** What is included in a managed by objective (MBO) plan?



**Answer:** Key participants, derived goals, and overall objective


**Teaching Points:**

- MBO plans involve key participants, derived goals, and overall objective.
- It includes goal setting, decision making, and choosing course of actions.

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**Question 136:** What is the primary difference between risk management and quality improvement?



**Answer:** Risk management is oriented toward loss prevention and quality improvement is oriented toward improving process

**Teaching Points:**


- Risk management is oriented toward loss prevention and quality improvement is oriented toward improving process.
- Risk management is geared toward the legal and financial aspects of care and quality improvement is more in tune with how improved conditions improve care.
- Risk management asks how to prevent incidents. Quality improvement answers with process

improvement.

- Risk management is especially interested in institution-wide risks. Quality improvement focuses on patient and service oriented issues.

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**Question 137:** What is the most common documented reason that nurses leave the profession?




**Answer:** Moral distress

**Teaching Points:**

- Moral distress causes emotional and physical stress and is the most common documented reason that nurses leave the profession.
- Scheduling and personal conflicts are two common reasons that nurses leave the profession; however, they are not the most common.
- Employer policies and government regulations are not among the chief reasons that nurses leave the profession.

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**Question 138:** What does the acronym ASP mean as related to information systems?



**Answer:** Application Service Providers

**Teaching Points:**

- Application Service Providers is the fully stated (ASP).
- ASP enables healthcare organizations to strategically and effectively use information systems.
- The consequences of ASP can be improvement in clinical performance and more controlled operating costs.

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please contact us at [editor@medicalpearlspub.com](mailto:editor@medicalpearlspub.com).

## Question 139: What are administrative safeguards?

**Answer:** The policies, practices, and procedures for managing and maintaining security measures that guard electronic Protected Health Information (PHI)

### Teaching Points:

- Administrative safeguards are the policies, practices, and procedures for managing and maintaining security measures that guard electronic Protected Health Information (PHI).

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**Question 140:** What establishes clinical privileges in an institution?



**Answer:** Policies, state laws, and accreditation standards


**Teaching Points:**

- Policy, by-laws, state laws, and accreditation standards establish clinical privileges.

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**Question 141:** What is the best way to become culturally competent?



**Answer:** Learn fundamental words and phrases in the individual's native language

**Teaching Points:**

- To become culturally competent it can be helpful to learn fundamental words and phrases in the individual's native language, to participate in cultural activities, and learn more about a different culture's beliefs.
- Cultural competence allows educators and healthcare professionals to be more effective in relating to students and patients.
- Larger/academic/urban hospitals now commonly employ translators to allow healthcare

professionals to communicate with patients in the patients' preferred language.

- Knowing folk beliefs and practices is more helpful for some advanced practice nurse specialists and healthcare specialties than others; for example, some cultures practice acupuncture and use herbal remedies.

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**Question 142:** What OUTCOME occurs as a result of the purposes of research published by the National Institute of Nursing Research (NINR)?



**Answer:** Changes in the practice and experience of practitioners

**Teaching Points:**


- The experience and practice of practitioners is the outcome of changes in practice brought about by the purposes of the National Institute of Nursing Research (NINR), but is not listed as a stated purpose of the agency.
- Building the scientific foundation for clinical practice is among the National Institute of Nursing Research (NINR), stated purposes.
- Managing and eliminating the symptoms caused

by illness is among the National Institute of Nursing Research (NINR), stated purposes.

- National Institute of Nursing Research (NINR) develops knowledge to prevent disease and disability.

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**Question 143:** Which decade did wellness first come to the forefront of health care?




**Answer:** 1980s

**Teaching Points:**

- While there have been some efforts toward wellness throughout modern history; the 1980s catapulted wellness into the forefront of health care.

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**Question 144:** What is the ANA definition of "supervision"?



**Answer:** "the active process of directing, guiding, and influencing the outcome of an individual performance of an activity"

**Teaching Points:**

- The ANA defines supervision as "the active process of directing, guiding, and influencing the outcome of an individual performance of an activity."

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**Question 145:** A patient leaves the clinic and slips on ice just outside the door landing on his buttocks. He states he is fine and leaves. What action should be taken?

**Answer:** Complete an incident report

**Teaching Points:**


- The fall did not occur during an office visit, so a progress note would not be appropriate.
- The patient has the option of seeking medical care but cannot be compelled to go.
- An incident report is the most appropriate method of documenting the occurrence.

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**Question 146:** What is the definition of "experience rating"?



**Answer:** Rate setting based partially on previous claims experience for a specific group or aggregate of groups

**Teaching Points:**

- "Experience rating" is rate setting based partially on previous claims experience for a specific group or aggregate of groups.

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**Question 147:** How are Medicare parts A and B different?




**Answer:** Medicare A pays for inpatient hospital services, skilled nursing homes, and home health care; Medicare B pays 80% of outpatient charges

### Teaching Points:

- Medicare A pays for inpatient hospital services, skilled nursing homes, and home health care.
- Medicare B pays 80 percent of outpatient charges.
- Medicaid reimburses for indigent patient care.
- Medicare D covers pharmaceutical charges for Medicare recipients.

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**Question 148:** What is the term for liability insurance that provides coverage for all acts occurring during the period the policy was in effect regardless of when the lawsuit is filed?



**Answer:** Occurrence policies


**Teaching Points:**

- Occurrence policies are difficult for the company that provides the coverage due to the inability to plan long range and liability coverage.
- With a claims made policy coverage must be at the time of the incident through the time the lawsuit is filed.

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**Question 149:** Is it true the term "medical necessity" is well-defined and universally understood?




**Answer:** No, there are varied definitions and a great deal of subjectivity surrounds the term

### Teaching Points:

- There are many varied definitions of "medical necessity."
- There are economic and cost conflicts that can arise when the term "medical necessity" is applied.

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**Question 150:** What is the most predictable initial response to organizational change?



**Answer:** Chaos

**Teaching Points:**

- The initial phases of change may predictably result in chaos.
- Acceptance may not occur until the implementation phases of change are well underway about 6 months is the expected time to fully integrate change in the organization.
- Transformation is the state that takes place after changes have been fully integrated into the organization's culture.
- Total commitment is not a reasonable expectation in the initial phases of organizational change.

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**Question 151:** Which title of the Social Security Act created the Children's Health Insurance Program?



**Answer:** XXI

**Teaching Points:**

- Title XXI of the Social Security Act created the Children's Health Insurance Program.
- Title V of the Social Security Act created the Maternal and Child Health block grant to states and territories.
- Title XIX of the Social Security Act created the Medicaid program.
- Title XVIII of the Social Security Act created the Medicare program.

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**Question 152:** Who pays the largest proportion of long-term nursing home care costs?

**Answer:** Medicaid


**Teaching Points:**

- Patients must deplete their own personal finances before other programs pay for long-term nursing home care. Medicaid covers care after a patient's own funds are depleted.
- Medicare covers nursing home care if active skilled care is needed. Medicare generally does not pay for long-term nursing home care.
- Approximately 50% of long term nursing home care in the United States is covered by Medicaid. 25% is self pay and 10% is by Medicare.
- Trust funds have no place in funding nursing

home care unless they are a patient's own.

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**Question 153:** The department observes how often two registered nurses verify blood products together prior to each transfusion. This is an example of measuring which type of standard?



**Answer:** Process standard

**Teaching Points:**


- Process standards describe actual procedures performed. Examples include verifying blood products with two nurses, using the proper blood administration sets during transfusion, and obtaining vital signs at the appropriate time intervals.
- Structure standards describe the facility conditions that support the proper rendering of care. They include the mission and philosophies,

policies and procedures, environmental design, and equipment. Examples of structure standards include the nurse to patient staffing ratios, the facility blood administration policies, and the availability of functioning equipment needed to obtain vital signs.

- Outcome standards measure the expected results of care given. They can be expressed as negative events (e.g. transfusion reactions) or positive events (e.g. appropriate improvements in post-transfusion hemoglobin, or reaction-free transfusions).
- "Clinician standard" is not a domain of care standard classification category.

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**Question 154:** What is the first phase in the process of financial planning?



**Answer:** Funding

**Teaching Points:**

- Funding is the first phase in the process of financial planning.

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Question 155: Which best defines res ipsa loquitur?

Answer: "The thing speaks for itself"


Teaching Points:

- "The thing speaks for itself" is the meaning of res ipsa loquitur.
- The phrase refers to negligence on the part of the alleged wrongdoer.
- The implication is that the plaintiff need only demonstrate the occurrence.
- Res ipsa loquitur is often referred to as "res ips" for short.

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**Question 156:** What does medical provider credentialing establish?



**Answer:** Completed medical training and passed licensing boards

**Teaching Points:**

- Credentialing confirms education, boards/certification, and licensure.

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## Question 157: What are standards of practice?


**Answer:** Acceptable practice competency minimums

### Teaching Points:

- Standards of practice are a set of guidelines for providing high-quality care and criteria for evaluating care and are important if a legal dispute arises over the quality of care provided a patient.
- They are minimal levels of competency that are acceptable.

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**Question 158:** When should discharge planning begin?




**Answer:** On admission

**Teaching Points:**

- With shorter hospital stays, discharge planning should begin on the day of admission.
- Discharge planning should begin before the patient is medically stable, preferably on the day of admission.
- Discharge planning begins on the day of admission.
- Discharge planning should begin on the day of admission to all levels of care.

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please contact us at [editor@medicalpearlspub.com](mailto:editor@medicalpearlspub.com).

**Question 159:** How many Standards of Professional Performance are there for Nursing Professional Development as of 2010?



**Answer:** 10


**Teaching Points:**

- As of 2010, there are 10 Standards of Professional Performance for Nursing Professional Development (NPD).
- The Standards of Professional Performance for NPD are a baseline measurement for professional performance. They complement the six Standards of Practice for NPD.

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**Question 160:** What term did Janis describe as "a way of deliberating that group members use when their desire for unanimity overrides their motivation to assess all available plans of action."



**Answer:** Groupthink

**Teaching Points:**


- Janis' describes groupthink as "a way of deliberating that group members use when their desire for unanimity overrides their motivation to assess all available plans of action."
- The forming of a union for the purpose of consolidation is unification.
- Entrainment is a phenomenon found in chemistry, biology, psychology and is the alignment of one action following another.

- Mores are the established habits and customs of a group.

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**Question 161:** What is the term for participating in a patient's death?




**Answer:** Euthanasia

**Teaching Points:**

- Playing a role in or assisting with patient death is considered euthanasia.

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**Question 162:** How is case management distinguished from care management?



**Answer:** Case management uses a continuum of care and medical model


**Teaching Points:**

- Care management is the care provided to those with specific conditions, with the goals of the right care , and delivered at the right time by the right provider.
- Case management uses a medical model and the continuum of care as a basis.
- Care management aims for the right care, delivered at the right time, and by the right provider.
- Care management is based on the psychosocial

model.

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**Question 163:** What must be obtained prior to information being released?




**Answer:** Consent

**Teaching Points:**

- An informed consent must be obtained for any information to be released.

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**Question 164:** What is the best way to enhance adherence to treatment?




**Answer:** Provide encouragement and confirm positive behaviors

**Teaching Points:**

- To enhance adherence, provide encouragement and confirm positive behaviors.
- Contact the patient if appointments are missed.

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**Question 165:** What is the LEAST reliable resource for obtaining information on health plans?




**Answer:** Friends and family who offer their feedback

**Teaching Points:**

- Department of Labor's Employee Benefits Security Administration (EBSA) has a web site offering resource and information on health plans.
- The federal health benefits law make it mandatory for employers to avail information about their health plans to employees.
- Providers have websites that detail information about their health care plans.
- Friends and family who offer their feedback may or may not offer reliable information on health plans.

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Question 166: What is the difference of revenue and expense?



Answer: Profit margin


Teaching Points:

- Profit margin is revenue minus expense.

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**Question 167:** The Omnibus Budget Reconciliation Act (OBRA) is contained in the Nursing Home Reform Act. OBRA includes the initials MORE. What does MORE mean?




**Answer:** Measurable, observable, realistic, explicit

**Teaching Points:**

- The initial MORE in OBRA stand for measurable, observable, realistic, explicit.

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**Question 168:** What right is guaranteed by the Family Educational Rights and Privacy Act?



**Answer:** Confidentiality

**Teaching Points:**

- The privacy of educational records is guaranteed by the Family Educational Rights and Privacy Act.
- Parents or guardians are to be permitted to request correction of inaccurate records.
- Written permission is usually required for release of educational records.
- This is not needed in the case of transfer, for financial aid, or for school officials with legitimate educational interest.

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**Question 169:** A family requesting a do not resuscitate (DNR) order needs to know:




**Answer:** Healthcare facilities are mandated to have specific DNR policies

**Teaching Points:**

- All hospitals are required by the Joint Commission to have policies for writing do not resuscitate orders.

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**Question 170:** What is the term for a designated individual who can make healthcare decisions for someone other than themselves?




**Answer:** A health-care proxy

**Teaching Points:**

- A designated health-care proxy is a person authorized to make health care decisions for another person in the event they are unable to make their own due to health or emergent circumstances.

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**Question 171:** A patient arrives at the same-day surgery unit on the day of her surgery wearing expensive jewelry. What is the most appropriate management?




**Answer:** Follow the institutional protocol for the care of patients' valuables

### Teaching Points:

- Institutions should have guidelines for the care of patients' valuables.
- Generally, the valuables will be placed in an envelope with the description of the contents, which the patient and nurse will sign.
- The envelope is then kept in a safe or similarly locked area.

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**Question 172:** What role is played out by one who acts as a catalyst in shifting the organization and culture to a new way of thinking and behaving?



**Answer:** Change agent


**Teaching Points:**

- Gatekeepers monitor and oversee the access and options other people have in entering the organization.
- Performers are those who act out an assigned or created role in the organization.
- Change agents are the catalyst for shifting the thoughts and behaviors of a culture to a new way.
- Maintainers keep change ongoing once it is implemented.



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**Question 173:** A patient requests to read their hospital chart. What is the most appropriate initial action?



**Answer:** Coordinate with Medical Records to give patient a copy

### Teaching Points:

- According to the Bill of Rights for Patients, a patient has the right to review all records pertaining to their medical care.

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**Question 174:** What is the hospital section that develops programs to improve patient care called?




**Answer:** Quality assurance

**Teaching Points:**

- Persons involved with quality assurance evaluate patient care and create programs to improve care where needed.
- Performance improvement reviews are a part of quality assurance programs. Loop closure is a process utilized with these reviews.
- The performance review cycle consists of Plan, Do, Check, Act. This process helps to improve quality of care by taking direct action to identify and attempt to correct problems.

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**Question 175:** What is the term the American Nursing Association defines as "Those systematic professional learning experiences designed to augment the knowledge, skills and attitudes of nurses, and therefore enrich nurses' contributions to quality health care and to their pursuit of professional career goals"?



**Answer:** Continuing education


**Teaching Points:**

- Inservice educational activities are described by the ANA as "those learning experiences designed in the work setting to assist individuals to acquire, maintain, and/or to increase their ability to perform job functions within a given agency or institution".

- The ANA states orientation is "The educational process of introducing individuals who are new to the organization or department to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting".
- The ANA definition of a lifelong learning is "the continual acquisition of knowledge and skills throughout life in preparation for and as a response to the different roles, situations and environments encountered. Lifelong learning can occur in formal and informal education systems, both within and outside the workplace".
- "Those systematic professional learning experiences designed to augment the knowledge, skills and attitudes of nurses, and therefore enrich nurses' contributions to quality health care and to their pursuit of professional career goals" is how the ANA describes continuing education.

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**Question 176:** A hospital has a multidisciplinary team that monitors services in order to address patient needs. What is the name of this model?




**Answer:** Total quality management

**Teaching Points:**

- Total quality management focuses on improvable goals to deliver quality care.
- It is less concerned with compliance to standards.
- It addresses operations, finance, and marketing.

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**Question 177:** A nurse practitioner must do what before billing?



**Answer:** Have a provider number and understand the policies of third-party payers


**Teaching Points:**

- Before billing, nurse practitioners must have a provider number and understand payer policies.

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**Question 178:** What does the acronym "NCQA" stand for?




**Answer:** National Committee for Quality Assurance

**Teaching Points:**

- "NCQA" stands for "National Committee for Quality Assurance."
- The National Committee for Quality Assurance (NCQA) measures performance using the Healthcare Effectiveness Data and Information Set (HEDIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.
- The National Committee for Quality Assurance (NCQA) is a voluntary accreditation program for physicians and medical groups.

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**Question 179:** What is the price of capital?



**Answer:** Interest charged on a loan

**Teaching Points:**


- The price of capital is the fee or charge for use of money that is paid to the source of the investment. The price of capital does not include any costs expended in obtaining the capital.
- Interest is the price of capital when the capital takes the form of a loan. It is typically stated as a rate which is a percentage of the amount of the money borrowed.
- The price paid for a share of stock does not reflect the price of capital. A share of stock represents a percentage of the total ownership of a business. The profits of the business distributed

to the owner of a share of stock is the price of capital when capital takes the form of stock.

- The amount of money borrowed is called the 'principal' of a loan. The price of capital is the amount paid over and above the principal. This payment is called interest.

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**Question 180:** When a provider hears two other providers discussing a patient's illness in a public area, what should be done?



**Answer:** Stop the conversation


**Teaching Points:**

- It is inappropriate to discuss patient details in public areas. However, simply walking away will not ameliorate the violation.
- This is a HIPAA violation. The providers need to be stopped immediately and educated about the importance of patient confidentiality.
- Often, patients are provided with what is called a Patient Bill of Rights, which includes such claims as privacy protection against this sort of public area discussion.

- This is not an ethics violation and the ethics committee plays no role in HIPAA violations.

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**Question 181:** What is the succession of presenting material for best comprehension?



**Answer:** Process before product

**Teaching Points:**

- The succession of presenting material for comprehension is process before product. The process is presented before the product is introduced.
- The basics of any concept, product or idea must be mastered before advanced elements are offered.
- The fundamentals provide the foundation for learning more advanced concepts.

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## Question 182: What is the function of facilitation?


**Answer:** A critical skill used for coordination and diverse problem solving

### Teaching Points:

- Facilitation compliments the functions of coordination and conflict resolution.
- Courses and certifications in facilitation abound; facilitation does not require graduate level preparation. However, many facilitators do hold graduate degrees.
- A license is not required to practice facilitation.
- Facilitation functions as a critical skill of coordination, conflict resolution, and diverse problem solving.

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**Question 183:** What are clinical pathways designed to do?



**Answer:** Reorganize health services, maintain costs, and promote quality of care


**Teaching Points:**

- Clinical pathways are designed to reorganize health services, maintain costs, and promote quality of care.
- Clinical pathways are also called integrated care pathways, care maps, and critical pathways.
- Clinical pathways are strongly advocated by government regulatory agencies and medical educators, but deviations from rote application are common in practice.
- What clinical pathways are designed to

accomplish and what they actually accomplish are, of course, not necessarily the same.

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**Question 184:** What directs the practice of marketing?




**Answer:** The service offered, cost, location, and your ability to promote your service

**Teaching Points:**

- The practice of marketing is directed by the service offered, cost, location, and your ability to promote your service.

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**Question 185:** What is the first step in the change process?



**Answer:** Delineating a baseline for change

**Teaching Points:**

- Delineating a baseline for change is the first step in the change process.
- Delineating change measures, change implementations and change evaluations follow the baseline for change in the change process.

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**Question 186:** What does the term POS mean?



**Answer:** Point of service is a type of managed care system combining HMO and PPO

**Teaching Points:**

- Point of service is a type of managed care system combining HMO and PPO.
- Members are required to choose a primary care physician to monitor their health care.
- The primary care physician must be chosen from within the health care network, and becomes the member's "point of service."
- The primary POS physician may make referrals outside the network. Compensation offered by the health insurance company is affected when out of network choices are made.

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**Question 187:** Who can transfer a patient to another hospital?




**Answer:** Attending physician

**Teaching Points:**

- The ultimate decision to transfer a patient is on the attending physician.

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**Question 188:** What do multiple computers interact over?




**Answer:** Network

**Teaching Points:**

- The network describes multiple computers interaction.

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**Question 189:** What are the two primary types of risk analysis processes?




**Answer:** Qualitative and quantitative

**Teaching Points:**

- Qualitative and quantitative analysis are the two primary types of risk analysis.

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**Question 190:** Which is a standard length of stay in an acute care setting?



**Answer:** 1 week

**Teaching Points:**

- Acute care facilities are normally less than 2 weeks of stay.
- Inpatient rehabilitation is usually 2 to 4 weeks of stay.

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Question 191: What is Gordon Lippitt's specialty?




Answer: Consulting

Teaching Points:

- The consulting process is the focus of Gordon Lippitt's work. This former University of Washington professor wrote a widely referenced work called "The Consulting Process in Action."

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**Question 192:** What is the unilateral termination of a provider-patient relationship by the provider?



**Answer:** Abandonment


**Teaching Points:**

- Abandonment is the unilateral termination of a provider-patient relationship by the provider. Assault is a threat to do bodily harm.
- Abandonment is the legal term for terminating the provider-patient relationship in a manner that the patient is denied necessary medical care.
- The legal liability can become significant if the patient is injured as a result.
- Abandonment can be intentional or inadvertent. Intentional abandonment is risky because punitive damages may be awarded for intentionally

putting a patient at risk.

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**Question 193:** What is the American Nursing Association's definition of a learning environment?



**Answer:** "Any context in which learning occurs"


**Teaching Points:**

- According to the American Nursing Association, a learning environment is "any context in which learning occurs."
- A formalized teaching system carried out remotely is distance learning.
- "Education that takes place in one's home" is the definition of home schooling.
- "The teaching of theory and application in the design of products, services, and environments" is the definition of designer education.



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**Question 194:** Which is a standard length of stay in an inpatient rehabilitation setting?




**Answer:** 3 weeks

**Teaching Points:**

- Acute care facilities are normally less than 2 weeks of stay.
- Inpatient rehabilitation is usually 2 to 4 weeks of stay.

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**Question 195:** In contracts, what is the meaning of the term "consideration"?



**Answer:** Refers to the concept of legal value

**Teaching Points:**

- Staying the course or standing your ground are tactics used in negotiations.
- "Choosing what matters most" in the contract negotiations.
- "Consideration" takes many forms including money, but there are others including an agreement to perform or refrain from specific actions.
- "Consideration" refers to the concept of legal value.

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**Question 196:** How does Stage 3 in the case plan best integrate the professions?



**Answer:** By developing and coordinating the case plan

### Teaching Points:

- Stage 3 of the case plan integrates the professional team after the determination of which resources are most needed is made.
- The case plan is "stylized" to each patient based on their needs and the needs of those supporting them.
- "One size does not fit all" in case planning. Patients with similar diagnoses may have large differences in their plans. The plan must "fit" the needs of the patient and their specific set of

circumstances.

- Effective case planning engages the patient and family throughout the process.

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Question 197: What does DRG stand for?




Answer: Diagnosis related groups

Teaching Points:

- DRGs are used to provide reimbursement to hospitals.
- They define a reasonable length of stay and cost.

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**Question 198:** Complete the quote from Admiral. H. Rickover. "Good ideas are not adopted automatically. They must be driven into practice with courageous impatience; once implemented they can be easily overturned or subverted through apathy or lack of \_\_\_\_\_, so a continuous effort is required."



**Answer:** Follow-up

**Teaching Points:**

- Follow-up and consistency are a challenge facing all leaders seeking real change and organization development.
- Motivation is the factor that drives us to behave the way we do.
- Consciousness is required to engage in communication and required for any interaction.



- Sincerity is a personal attribute.

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**Question 199:** Which organization evaluates hospital standards?




**Answer:** Joint commission

**Teaching Points:**

- The joint commission evaluates hospital standards.

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**Question 200:** When compared to a consultative model, what is the outcome of a direct model of intervention?



**Answer:** Statistically equal

**Teaching Points:**

- The outcomes of consultative and direct model of intervention are statistically equal.
- Consultative model is an indirect form of intervention.

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