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Nursing ANCC - Nurse Executive Advanced Certification (NEA-BC) Sample Questions (Q333-Q338):

NEW QUESTION # 333

The elderly population would greatly benefit from this nursing model because it allows them to receive care at home. What is it?

- A. Parish.
- **B. Hospital at home.**
- C. Community-based centers.
- D. Partnership clinical.

Answer: B

Explanation:

The "Hospital at home" model is specifically designed to allow patients, particularly the elderly, to receive hospital-level care in the

comfort of their own homes. This approach is particularly beneficial for the elderly as it minimizes their need to travel, which can be both physically challenging and stressful. Additionally, receiving care at home can reduce the risk of hospital-acquired infections, which the elderly are particularly susceptible to due to their often weaker immune systems.

The "Hospital at home" model typically involves a structured program where healthcare providers such as doctors, nurses, and other medical professionals visit the patient's home to deliver care that one would usually receive in a hospital setting. This could include advanced medical treatments and monitoring, administration of IV medications, and continuous health assessments. The model not only focuses on treating acute conditions but also on providing ongoing care management, which is crucial for the elderly population with chronic health issues.

Comparatively, other models like the "Parish model" provide care in a religious setting and might not offer the intensive medical services required by elderly patients with acute conditions. "Community-based centers" focus more on serving uninsured populations and may not provide the intensive, personalized home care that the "Hospital at home" model offers. The "Partnership clinical" model, involving collaboration between registered nurses and unlicensed personnel, is more about teamwork in a clinical setting rather than at-home care.

Therefore, for elderly individuals who require acute medical treatment and continuous care but prefer the comfort and familiarity of their own homes, the "Hospital at home" model is the most suitable choice. This model not only enhances the comfort of the patient but also tends to be associated with higher levels of patient satisfaction and better overall health outcomes.

NEW QUESTION # 334

The entity who works with the nurses in formalizing collective bargaining through unionization is called what?

- A. Supervisor.
- B. Strike leader.
- C. Collective bargaining agent.
- D. National Labor Relations Board.

Answer: C

Explanation:

A collective bargaining agent is a designated representative, often a union, chosen by employees to act as the intermediary in negotiations with the management of an organization. This entity is crucial in negotiating the terms of employment, which include wages, work hours, benefits, workplace safety, and other employment conditions. The process they engage in is known as collective bargaining.

In the context of the nursing profession, nurses may join or form unions that serve as their collective bargaining agents. These unions work on behalf of the nurses to negotiate with hospital administrations and other healthcare facilities to secure favorable terms of employment. The role of these agents is particularly critical in healthcare, as they ensure that the working conditions allow nurses to provide the best possible care to patients while also safeguarding the nurses' rights and well-being.

It is important to distinguish a collective bargaining agent from other roles such as supervisors or strike leaders. A supervisor typically manages staff and operations on a day-to-day basis within the workplace but does not negotiate employment terms. A strike leader, on the other hand, may emerge during labor disputes to lead and organize a strike but is not involved in the ongoing negotiation of employment terms like a collective bargaining agent.

The National Labor Relations Board (NLRB) is another related entity but serves a different function. It is a federal agency that enforces US labor law in relation to collective bargaining and unfair labor practices. While the NLRB helps facilitate fair practices in the negotiation processes, it does not act as a collective bargaining agent.

Therefore, in the scenario described in the question where nurses are involved in formalizing collective bargaining through unionization, the correct term to describe the entity working on their behalf is the collective bargaining agent. This agent plays a pivotal role in ensuring that the rights and interests of the nurses are represented and negotiated effectively in the workplace.

NEW QUESTION # 335

Which of the following is a variable cost?

- A. Computer equipment
- B. Utilities
- C. Mortgage payments
- D. Supplies

Answer: D

Explanation:

Variable costs are those costs that fluctuate in direct proportion to changes in the level of activity or volume of output in a business.

This means that as the production or service delivery increases, the variable costs will also increase, and vice versa. Examples of variable costs include raw materials, direct labor costs, and other expenses that are directly tied to the production volume. In the context of the options provided - supplies, mortgage payments, computer equipment, and utilities - the most apparent variable cost is supplies. This is because the amount of supplies needed typically increases with the volume of products or services provided. For instance, a manufacturer will require more raw materials as the production of goods increases. Similarly, a hospital will use more medical supplies as the number of patients treated increases.

Mortgage payments, on the other hand, are a fixed cost. They do not change with the level of production or service provision. Whether a company produces a lot or a little, the mortgage payments remain constant each period. Likewise, computer equipment is generally a fixed cost, as the purchase of such equipment does not typically vary with the short-term changes in production volume. Utilities might seem variable, but they often have a fixed base cost with a variable component that depends on usage. However, the variable component of utilities like electricity or water is usually less sensitive to changes in production volume compared to supplies. Therefore, while utilities have a variable aspect, they are not purely variable costs and are less directly tied to production volume compared to supplies.

Thus, among the options given, supplies clearly represent a variable cost, directly varying with the volume of services provided or products manufactured. Understanding this distinction is crucial for effective financial planning and management, helping businesses forecast expenses and allocate resources efficiently based on expected levels of activity.

NEW QUESTION # 336

Paternalism is an action and an attitude wherein the provider tries to act on behalf of the patient and believes that his or her actions are justified. This is in direct conflict with the patient's right to which of the following?

- A. nonmaleficence
- B. autonomy
- C. beneficence
- D. just allocation of resources

Answer: B

Explanation:

Paternalism in healthcare is a behavior and mindset where a healthcare provider acts on behalf of a patient, believing that their decisions are in the patient's best interest. This approach assumes that the provider knows what is best for the patient, sometimes disregarding the patient's own wishes, preferences, or values. This attitude and action directly conflict with the principle of patient autonomy.

Autonomy is a fundamental ethical principle in healthcare that emphasizes the right of patients to make informed decisions about their own medical care. It supports the concept that individuals have the right to determine what happens to their bodies and to make decisions about medical treatments or interventions based on their values and beliefs. Autonomy is rooted in respect for the patient as an individual capable of making reasoned decisions.

When paternalism prevails, it can undermine autonomy by prioritizing the healthcare provider's perspective over the patient's right to make their own choices. For example, a doctor might decide to administer a particular treatment believing it is beneficial for the patient, without adequately consulting the patient or considering the patient's expressed preferences, possibly because the doctor perceives the treatment as the most effective option available.

This conflict with autonomy is problematic because it can lead to a breakdown in trust between the patient and provider. It may also lead to decisions that do not align with the patient's values or life goals, potentially causing distress or dissatisfaction. Furthermore, overriding a patient's autonomy can have legal and ethical implications, as consent is a cornerstone of medical practice.

In summary, while healthcare providers may believe that paternalistic actions are justified under the guise of beneficence-acting in what they perceive as the patient's best interest-such actions directly conflict with the patient's right to autonomy. This undermines the ethical principle that patients should be the primary decision-makers regarding their health and medical treatments.

NEW QUESTION # 337

What is the next step a healthcare facility should take after documenting a sentinel event?

- A. Determining root causes
- B. Preparing a press release
- C. Disciplining employees responsible for the event
- D. Preparing a legal brief

Answer: A

Explanation:

A sentinel event in a healthcare setting is a significant occurrence involving death or serious physical or psychological injury, or the risk thereof. These events are not related to the natural course of the patient's illness or underlying condition but are often preventable. Because sentinel events are indicators of underlying system errors or procedural failures, they require immediate response and thorough investigation.

After a sentinel event is documented, the next critical step for the healthcare facility is determining the root causes of the event. This step is essential as it focuses on understanding the factors that led to the event rather than placing blame on individuals. Root cause analysis (RCA) is a systematic process used to identify the underlying reasons why the event occurred. This process involves gathering data, charting the sequence of events that led to the incident, identifying what went wrong, and why, and determining what can be altered to prevent future occurrences.

During the RCA, a multi-disciplinary team typically examines the event in detail. This team may include healthcare providers, risk management personnel, and sometimes external experts. The goal is to explore all possible contributing factors, such as operational systems, processes, procedures, and human factors. Factors considered might include communication failures, inadequate policies, staffing levels, technical problems, or lack of compliance with existing policies.

The importance of conducting a thorough root cause analysis cannot be overstressed. It is not merely an exercise in compliance or procedure; it is a commitment to safety and quality in healthcare. By understanding the root causes, the facility can implement changes to prevent recurrence of similar events. This could involve revising protocols, enhancing staff training, improving equipment, or making changes in the working environment.

It is crucial to note that the investigation should maintain a non-punitive approach. The focus should remain on learning and improving, rather than on assigning blame. This approach encourages transparency and cooperation from all staff members, which is essential for the effectiveness of the investigation and the implementation of changes.

Ultimately, the determination of root causes following a sentinel event is not just about addressing the specific incident. It is part of a broader commitment to continuous improvement and safety in healthcare settings. This proactive stance helps in building trust among patients and staff, fostering a culture that prioritizes safety and quality care above all.

NEW QUESTION # 338

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