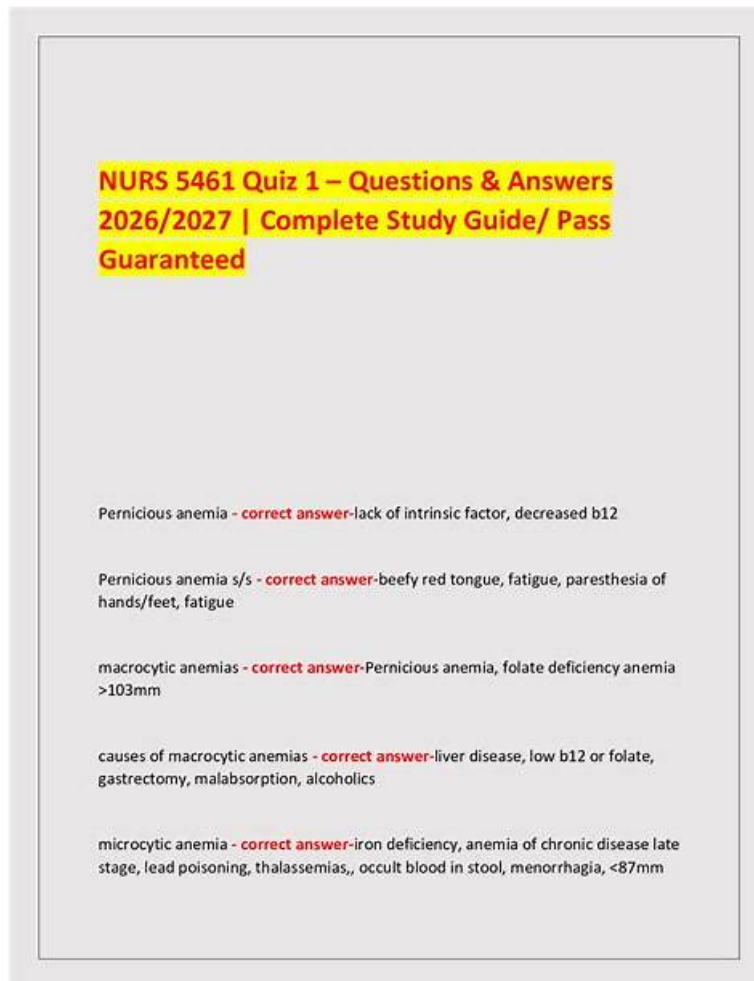


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## Nursing ANCC - Nurse Executive Advanced Certification (NEA-BC) Sample Questions (Q177-Q182):

### NEW QUESTION # 177

\_\_\_\_\_ is a set of actions taken to address a service failure in a healthcare environment.

- A. Service correction.
- B. Care correction.
- C. Care recovery.
- **D. Service recovery.**

**Answer: D**

Explanation:

The term "Service recovery" refers to a set of actions taken to address and rectify a service failure within the healthcare environment. This concept is pivotal in managing and mitigating the effects of errors or lapses in patient care. Service failures can range from minor issues, such as delays in service or miscommunication, to more severe problems like incorrect treatment or medication errors.

When a service failure occurs, it is crucial for healthcare providers to act swiftly and efficiently to correct the mistake and prevent further harm to the patient. The process of service recovery involves several key steps. Initially, the issue must be promptly identified and fully understood by the healthcare team. After acknowledging the problem, effective communication with the patient and their family is essential. This includes an apology, a clear explanation of what went wrong, and a discussion of steps being taken to correct the error and prevent future occurrences.

The practical aspect of service recovery may involve medical interventions to address any harm caused, revising treatment plans, and possibly offering compensation or other remedies to the patient and family. The ultimate goal is to restore the patient's health and trust in the healthcare system. This is not only crucial for the patient's well-being but is also important for maintaining the reputation and standards of the healthcare facility.

Moreover, service recovery is not only about immediate correction but also involves systemic reflection and improvement.

Healthcare organizations must learn from each incident by analyzing the root causes of service failures and implementing changes to their practices, policies, and procedures. This systemic approach helps in building a safer and more patient-centered healthcare environment.

In summary, service recovery in healthcare is a critical process aimed at correcting service failures, ensuring patient safety, and enhancing overall care quality. By effectively managing these incidents, healthcare providers can maintain a high standard of care and foster a culture of transparency and continuous improvement.

### NEW QUESTION # 178

In a capitated system, providers benefit economically if patients

- A. Require extensive services
- B. Are hospitalized
- **C. Stay healthy**
- D. Leave the system

**Answer: C**

Explanation:

In a capitated healthcare system, the economic dynamics between healthcare providers and patients function quite differently compared to traditional fee-for-service systems. In a capitated arrangement, healthcare providers, such as physicians or hospitals, receive a set amount of money per patient per unit of time (usually per month or year) from a health insurance plan. This payment is made regardless of whether the patient seeks medical care or not during that period.

The primary economic benefit for providers in a capitated system lies in the health status of their patients. When patients remain healthy and require fewer medical services, providers can retain a larger portion of the fixed payment as they spend less on medical supplies, treatments, and procedures. This system, therefore, incentivizes providers to focus on preventive care and effective management of chronic conditions to keep patients healthy. For instance, providers might invest more in health education, routine check-ups, vaccinations, and early detection screenings to prevent illnesses and costly interventions down the line.

Conversely, if patients require extensive services or frequent hospitalizations, the costs to the provider can quickly exceed the fixed payment received under capitation. This scenario would economically disadvantage providers, as they must cover the excess costs, potentially leading to financial losses. Hence, providers in a capitated system generally do not economically benefit when patients need more extensive medical services.

This model also impacts how patients interact with the healthcare system. Since providers benefit financially from having healthier patients, they may be more motivated to ensure that patients receive comprehensive, proactive healthcare services. This can enhance

the overall quality of care and patient satisfaction. However, critics argue that there is also a risk of under-service, where providers might minimize services to save costs, which could negatively impact patient care if not properly monitored. In summary, in capitated healthcare systems, providers economically benefit most when their patients stay healthy. This setup encourages a healthcare approach focused on prevention and efficient management of existing conditions, aligning the financial incentives of providers with the health outcomes of patients.

#### NEW QUESTION # 179

Which of the following is one of the major sources of cost savings attributed to the use of diagnosis-related groups (DRGs)?

- A. Shorter hospital stays
- B. Reductions in overtime
- C. Greater use of technology
- D. Flexible scheduling of nursing staff

**Answer: A**

Explanation:

Diagnosis-related groups (DRGs) are a system used in the healthcare sector primarily to classify hospital cases into groups. This classification is significant because it helps to determine how much healthcare providers get paid, making it a crucial component of the reimbursement process for hospitals. The system is designed to standardize payments and ensure that hospitals are compensated based on the diagnosis and treatment required for specific conditions rather than the length of hospital stay or the amount of services used.

One of the major sources of cost savings attributed to the use of DRGs is the encouragement of shorter hospital stays. Since DRGs establish fixed reimbursement amounts based on the diagnosis regardless of how long a patient stays in the hospital, there is a financial incentive for hospitals to minimize the duration of stays. This approach helps to reduce costs in several ways. Firstly, by reducing the length of stay, hospitals can lower their daily operational costs such as staffing, use of medical facilities, and administrative services. Shorter stays also increase the turnover of hospital beds, allowing facilities to treat more patients with the same resources.

Furthermore, the implementation of DRGs promotes more efficient care delivery. Hospitals are motivated to optimize treatment protocols and streamline their care processes to ensure that patients receive appropriate and timely treatment, thereby reducing the necessity for prolonged hospitalization. This efficiency not only contributes to cost containment but can also enhance patient outcomes by reducing the risk of hospital-acquired infections and other complications associated with longer hospital stays.

In summary, the adoption of DRGs plays a pivotal role in controlling healthcare costs by setting predetermined reimbursement rates based on specific medical diagnoses. The system inherently encourages hospitals to reduce the length of hospital stays, thereby saving costs through more efficient use of resources and improved hospital management strategies. This makes shorter hospital stays a key source of cost savings in the DRG framework.

#### NEW QUESTION # 180

Which type of liability holds that individuals are responsible for their own actions?

- A. vicarious liability
- B. corporate liability
- C. all of the above
- D. personal liability

**Answer: D**

Explanation:

The correct answer to the question regarding which type of liability holds that individuals are responsible for their own actions is personal liability. This concept is particularly relevant in various professional fields, including the health professions, where it is crucial to distinguish between personal and corporate liability.

Personal liability refers to the legal responsibility individuals hold for actions they personally undertake. This means that if an individual commits an act that causes harm or damages, they are directly accountable for those actions under the law. This form of liability emphasizes the importance of personal accountability and the expectation that professionals will adhere to a certain standard of conduct in their duties.

An extension of personal liability is vicarious liability, which sometimes confuses the distinction between personal and corporate responsibilities. Vicarious liability implies that an individual or an organization can be held responsible for the actions of another person, typically because of a relationship of authority or control, such as an employer being held liable for the acts of their employees. However, the foundation of vicarious liability still rests on the concept of personal responsibility of the individual who

actually committed the act.

On the other hand, corporate liability is the concept where an organization, rather than individuals, is held liable for actions that result from its business operations. This could include anything from regulatory non-compliance to harm caused by a product or service. Corporate liability ensures that organizations maintain standards of operation that protect the public and adhere to legal and ethical standards.

Understanding these distinctions is essential, especially in environments where the actions of individuals can significantly impact others, such as in healthcare. Maintaining clear boundaries between personal and corporate liability ensures that appropriate parties are held accountable for their actions, promoting a culture of responsibility and trust in professional settings.

### NEW QUESTION # 181

Which of the following is a method to promote positive change in an organization?

- A. Appreciative inquiry
- B. Risk analysis
- C. Management by exception
- D. Error analysis

**Answer: A**

Explanation:

Appreciative Inquiry (AI) is a change management approach that focuses on identifying what is working well, analyzing why it is working well, and then doing more of it. The underlying assumption of AI is that organizations grow in the direction of what they repeatedly ask questions about and focus their attention on. Unlike problem-solving methods that focus on identifying and fixing problems, AI is about exploring and amplifying strengths.

The process of Appreciative Inquiry typically involves several stages: 1. **Discovery**: This phase involves gathering stories and examples of when the organization is at its best. These stories are collected from employees, customers, and other stakeholders. The goal here is to identify the core values and the peak experiences of the organization. 2. **Dream**: In this stage, members of the organization envision the organization as if the peak experiences were the norm rather than exceptions. This stage leverages the positive stories to envision a future that expands on these successes. 3. **Design**: Here, participants in the inquiry process begin to co-create the ideal organization by aligning structures, processes, and practices with the high point experiences and dreams articulated in the earlier phases. 4. **Destiny**: The final stage focuses on implementing the designs created in the previous phase. It involves planning and executing changes that will replicate and scale up the success stories across the organization.

Appreciative Inquiry is particularly effective in fostering positive change because it builds enthusiasm and energy around what is already working well, rather than draining resources by focusing on failures and problems. It creates a positive cycle, where success breeds more success, driven by the collective energy and creativity of the organization's members. Additionally, AI involves all stakeholders in the change process, making it a collaborative and inclusive approach that increases buy-in and reduces resistance to change.

Through Appreciative Inquiry, organizations not only improve their systems and processes but also enhance their cultural dynamics by promoting a focus on positive potential rather than on limitations or deficiencies. This shift in focus can dramatically improve employee morale, engagement, and productivity, leading to sustained improvements in organizational performance and resilience.

### NEW QUESTION # 182

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