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Nursing ANCC - Nurse Executive Advanced Certification (NEA-BC) Sample Questions (Q208-Q213):

NEW QUESTION # 208
The Stetler model for research utilization in nursing includes five phases. These phases include all but which of the following?

- A. preparation
- B. comparative evaluation and decision making
- C. translation and application
- D. event line

Answer: D

Explanation:
The Stetler model of research utilization is designed to help nurses integrate research findings into their clinical practice, thereby promoting evidence-based nursing. This model helps in systematic decision-making concerning the incorporation of research into practice. It consists of specific phases that guide nurses through the process from the initial consideration of research to the final application and evaluation of its findings in clinical settings.

The phases included in the Stetler model are: 1. **Preparation** - This phase involves identifying the need for change or improvement and considering whether using research findings could address this need. Nurses assess the problem and begin to look for relevant research. 2. **Validation** - In this phase, the research findings are critically appraised to determine their validity, reliability, and applicability to the specific clinical situation. This step ensures that only high-quality and relevant research influences clinical practice. 3. **Comparative Evaluation and Decision Making** - Here, the validated research is compared against current practice standards and other knowledge sources. This comparison helps in deciding whether to adopt the new evidence into practice. 4. **Translation and Application** - During this phase, strategies for applying the research findings in practice are developed. This might involve modifying existing protocols or developing new ones. The focus is on practical application of research evidence. 5. **Evaluation** - The final phase involves evaluating the outcomes after implementing the research findings. This assessment helps in understanding the impact of the new practices on patient care and outcomes.

The option "event line" mentioned in the question does not align with any of the established phases of the Stetler model. "Event line" might refer to a timeline or a sequence of events in a different context, but it is not part of the Stetler model's framework for research utilization in nursing. This model strictly adheres to a structured approach aimed at enhancing the practical application of research evidence in nursing practice, thereby improving patient care and outcomes.

NEW QUESTION # 209
Which of the following would be included in the patient case reports?

- A. Savings due to intervention.
- B. All of the above.
- C. Desired outcomes.
- D. Cost without intervention.

Answer: B

Explanation:
Patient case reports are comprehensive documents used in healthcare settings to assess and improve patient outcomes by providing a detailed record of a patient's clinical history and interventions. The question asks which elements would be included in these reports. The available answers suggest various components such as desired outcomes, savings due to intervention, cost without intervention, and an option stating "All of the above." The correct choice among these options is "All of the above," indicating that all listed items should be included in patient case reports. Let's break down each component:

Desired Outcomes: This refers to the expected health results that healthcare providers aim to achieve through specific interventions or treatments. Including desired outcomes in case reports helps in setting clear goals for patient care and measuring the effectiveness of the treatment plans.

Savings Due to Intervention: This element highlights the financial impact of specific medical interventions. By documenting savings, healthcare providers can demonstrate the cost-effectiveness of treatments, which is crucial for resource allocation and budgeting within healthcare organizations.

Cost without Intervention: This information provides a baseline against which the cost of intervention can be compared. It helps in illustrating what the financial implications would be if no medical action were taken, thereby underscoring the importance and potential necessity of interventions.

The explanation that "All of the above" is the correct choice is further supported by the rationale that patient case reports are instruments for evaluating opportunities for improvement in patient care. They encompass a variety of data points that collectively offer a holistic view of patient management. By including both clinical and financial metrics, such as cost with and without intervention, and savings due to intervention, healthcare providers can make more informed decisions that optimize both patient outcomes and resource utilization.

In summary, patient case reports should include a comprehensive set of data that reflects not only the clinical aspects of patient care but also the economic dimensions. This helps in achieving the dual goals of effective patient care and efficient use of resources. The option "All of the above" encapsulates the inclusion of all these crucial elements, thereby providing a complete picture necessary for

evaluating and improving patient care practices.

NEW QUESTION # 210
The Nurse Executive knows that all of the following are components of a patient classification system EXCEPT:

- A. It calculates nursing intensity requirements by skill level and based on nurse-to-patient ratio.
- B. It ensures that work assignments are fair.
- C. It is evidenced-based.
- D. It measures patient acuity.

Answer: B

Explanation:
A patient classification system (PCS) is a tool used in healthcare settings to help in the management and distribution of nursing resources according to patient needs. The primary function of a PCS is to assess and categorize patients based on their acuity and the intensity of care they require. This system enables healthcare facilities to allocate nursing staff effectively, ensuring that patients receive appropriate care tailored to their specific clinical requirements. Here's an expanded explanation of the components of a PCS and why fairness in work assignments isn't directly assured by such systems:
Evidence-Based: Patient classification systems are typically evidence-based. This means they rely on empirical data and clinical evidence to evaluate patient needs. For example, the systems use scientifically validated indicators to measure the severity of patient conditions and the complexity of care they require. This approach ensures that the classification is accurate and reflective of the actual care needs, promoting effective and efficient use of nursing resources.
Measures Patient Acuity: One of the key components of a PCS is its ability to measure patient acuity. Acuity refers to the level of nursing care or medical attention a patient needs. A PCS assesses various factors such as the severity of the medical condition, required medical interventions, and the degree of nursing surveillance needed, among others. By measuring patient acuity, the system helps in identifying how resource-intensive a patient's care will be.
Calculates Nursing Intensity Requirements by Skill Level and Based on Nurse-to-Patient Ratio: A sophisticated PCS calculates the intensity of nursing care required by considering not just the acuity but also the specific skills needed from the nursing staff. It factors in the qualifications and competencies of available nurses and matches them with the patients' care needs based on optimal nurse-to-patient ratios. This helps ensure that patients are matched with nurses who have the appropriate skill level for the required care, which optimizes patient outcomes and staff utilization.
Fairness of Work Assignments: While PCSs aim to distribute nursing resources efficiently based on patient needs, they do not inherently ensure that work assignments are fair among the nursing staff. Fairness in work assignments involves considerations such as equitable distribution of workload, managing shifts and rotations, and personal preferences or limitations of the nursing staff, which are typically managed through staffing policies and human resources rather than the PCS itself. Therefore, while a PCS helps in organizing workload based on patient care necessities, additional management strategies are required to ensure fairness in work assignments.
In conclusion, while patient classification systems are critical for managing patient care intensity and nursing skills requirement efficiently, they do not directly address the fairness of work distribution. This aspect remains under the purview of nursing management and organizational policies, which must work in conjunction with the PCS to create a balanced and equitable work environment for the nursing staff.

NEW QUESTION # 211
The measurement that is calculated by dividing the staff hours by the patient days is which of the following?

- A. HPPD
- B. budget utilization
- C. budget adequacy
- D. nurse competence rank

Answer: A

Explanation:
HPPD stands for "Hours Per Patient Day," a key metric used in healthcare management to determine the average amount of nursing care each patient receives per day. It is calculated by taking the total number of staff hours dedicated to patient care and dividing it by the total number of patient days over a specific period.
The formula to calculate HPPD is:
Here, "Total Staff Hours" refers to the cumulative hours worked by all nursing staff involved in direct patient care. "Patient Days" is the sum of days each patient is under care; for example, if five patients are each in care for two days, this equals ten patient days.

This metric is crucial for healthcare administrators as it helps them ensure adequate staffing, which directly impacts patient care quality and safety. By monitoring HPPD, administrators can adjust staffing levels to meet the varying needs of patients without compromising care quality or overburdening the staff.

It's important to note that HPPD calculations do not account for non-patient care activities. Time off such as coffee breaks, meals, vacations, holidays, and sick leave, as well as time spent on lower census days, are excluded from this calculation. This approach ensures that the HPPD reflects only the time spent on active patient care, providing a more accurate measure of patient-facing nursing workload and efficiency.

Ultimately, maintaining an appropriate HPPD is vital for effective healthcare facility management. It helps balance the needs for cost control, patient satisfaction, and the well-being of the nursing staff, influencing overall hospital operational efficiency.

NEW QUESTION # 212

What was the focus of the report released by the Institute of Medicine (IOM) titled To Err is Human: Building a Safer Health Care System?

- A. the need to improve safety systems within all industries
- B. both A and C
- C. the risks of medical care and the amount of medical errors in the United States
- D. the need to improve safety systems within health care

Answer: B

Explanation:

The report "To Err is Human: Building a Safer Health System" released by the Institute of Medicine (IOM) in 1999 focuses on two major issues within the healthcare system in the United States: the prevalence of medical errors and the imperative to enhance patient safety.

The report's title, derived from the old adage "to err is human," underscores the understanding that human error is inevitable. However, the IOM pushed this concept further by arguing that while errors are a common part of the human condition, the systems in place should be robust enough to prevent such errors from causing harm to patients. This perspective marked a pivotal shift in how patient safety was approached: from blaming individuals for errors to focusing on creating safety systems within healthcare organizations that reduce the risk of errors occurring.

The report brought to light alarming statistics indicating that as many as 98,000 people die each year as a result of medical errors in the United States, which at the time of publication made it the eighth leading cause of death-higher than motor vehicle accidents, breast cancer, or AIDS. This revelation was a wake-up call for both the public and the healthcare sector about the critical need for systemic changes.

The focus of the report, therefore, centers on two intertwined elements: A) The need to improve safety systems within health care to prevent errors. C) Highlighting the risks associated with medical care due to the prevalence of errors.

By addressing these points, the IOM laid the groundwork for future policies and practices designed to minimize the occurrence of medical errors and enhance the overall safety of the healthcare system. This involves not only technological solutions, such as better electronic health records and automated drug dispensing systems but also organizational and cultural changes, such as promoting open communication about errors and ongoing training for healthcare professionals.

The correct answer to the question, therefore, is "both A and C," as both elements are crucial components of the report's focus. This choice encapsulates the comprehensive approach needed to address and mitigate the risks posed by medical errors, underscoring the need for systemic improvements in healthcare safety protocols.

NEW QUESTION # 213

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