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Test 1 - NEA BC

0.5 FTE - ANS a nurse who works part time through out the year is what FTE based on a 40 hour work week

accelerate rapid cycle change - ANS goal is to modify and accelerate methods in order to respond quickly

accommodation - ANS an approach to conflict in which a person gives in to other group members, even at the expense of his or her own goals

Accountable Care Organization (ACO) - ANS An organization of healthcare providers accountable for the quality, cost, and overall care of Medicare beneficiaries who are assigned and enrolled in the traditional fee-for-service program patients will have some health info shared to ensure coordination of care and prevent duplication of services if enrolled cannot participate in medicare advantage plans such as HMO/PPO

Act - ANS PDSA identify necessary changes, adopt, and continue to monitor

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Nursing ANCC - Nurse Executive Advanced Certification (NEA-BC) Sample Questions (Q312-Q317):

NEW QUESTION # 312

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

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

Answer: A

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 # 313

A special needs patient is admitted to the hospital and is under the care of a physician, a nurse, a social worker and a clinical dietitian. This group of health care providers working together to care for the patient is also known as a what?

- **A. Care team.**
- B. Doctor's group.
- C. Community.
- D. Collaboration.

Answer: A

Explanation:

The correct term for the group of health care providers working together to care for a special needs patient is a "care team." A care team in the healthcare setting refers to a multidisciplinary group of professionals who collaborate to provide comprehensive care tailored to an individual patient's needs. This team is typically composed of various specialized professionals such as physicians, nurses, social workers, clinical dietitians, and potentially others depending on the patient's specific health requirements.

The primary purpose of a care team is to ensure that all aspects of a patient's health are addressed collaboratively, allowing for a holistic approach to treatment. Each member of the team brings a unique set of skills and expertise, contributing to a more rounded understanding of the patient's needs. For example, while the physician may focus on medical and physical health, the social worker might address social and emotional factors, and the dietitian would provide essential guidance on nutritional needs.

Collaboration within the care team is crucial for developing and implementing a personalized care plan that considers all facets of the patient's health and well-being. Regular meetings and communication among team members ensure that the care plan remains responsive to the patient's evolving needs and that all team members are updated on the patient's progress.

This integrated approach not only enhances the quality of care provided but also optimizes patient outcomes, leading to improved health and potentially quicker recovery. The care team model is particularly beneficial in managing complex cases where multiple

health issues need to be addressed simultaneously, ensuring that care is coordinated and efficient.

In summary, the term "care team" accurately encapsulates the essence of a collaborative, multidisciplinary approach to healthcare, aimed at delivering the best possible outcomes for patients through collective expertise and coordinated care efforts.

NEW QUESTION # 314

There are many theories of leadership. The theory that was directed toward identifying intellectual, emotional, physical, and other personal qualities of effective leaders is which of the following?

- A. trait theory
- B. charismatic leadership
- C. behavioral theory
- D. change theory

Answer: A

Explanation:

The correct answer to the question is "trait theory." Trait theory is a major theoretical approach in the study of leadership. This theory focuses on identifying specific personal qualities or attributes that distinguish effective leaders from non-leaders or less effective leaders. These attributes can be intellectual, emotional, physical, and other personal characteristics.

The fundamental premise of trait theory is that certain individuals possess innate qualities that make them better suited to leadership roles. This perspective suggests that these traits are largely inherent, and thus, the theory often implies that leaders are born, not made. This is in contrast to other leadership theories that focus on behaviors, situational interaction, or skills development, which suggest that leadership capabilities can be developed or are influenced by the environment.

Trait theory has evolved over time, initially focusing heavily on physical characteristics such as height and appearance, and later expanding to more psychological attributes like intelligence, self-confidence, and charisma. Modern trait theory now often includes a broader range of traits such as emotional intelligence and resilience.

Despite its popularity, trait theory has faced criticism, primarily because it can oversimplify the complexity of leadership and does not account for how situational factors affect leaders' effectiveness. It also tends to ignore the role of followers and does not adequately address how leaders change their behavior in different circumstances. However, despite these criticisms, the theory remains influential in the field of leadership studies and continues to be a point of reference for both academic research and practical leadership development.

NEW QUESTION # 315

A feature of nursing specialty certification is what?

- A. It's only applicable to doctoral level nurses.
- B. It's mandatory for practicing nurses.
- C. Certification is formal recognition of specialized knowledge and skills.
- D. Candidates are not required to hold a US license.

Answer: C

Explanation:

Nursing certification, often referred to as specialty certification, is essentially a formal recognition of specialized knowledge, skills, and experience in nursing. It serves as a validation that a nurse has met predetermined and standardized criteria for proficiency and competence in a specific area of nursing practice. This type of certification is provided by various professional bodies and is recognized nationally or internationally.

The primary goal of nursing certification is to promote optimal health outcomes by ensuring that certified nurses are competent in their specialty areas. This process helps to advance the nursing profession by maintaining high standards of practice and encouraging continuous professional development. Nurses who pursue certification demonstrate a commitment to their profession and a dedication to maintaining excellence in patient care.

It's important to note that obtaining a nursing certification is generally not mandatory for all nursing roles. However, some employers might require certification for specific positions, especially those involving specialized clinical skills or leadership roles in nursing. Certification is often seen as a mark of professionalism and a way to advance one's career. For patients and employers, it provides reassurance about the nurse's ability to provide high-quality care based on current evidence and best practices.

To achieve certification, nurses typically need to meet specific educational and practice requirements. This usually includes having a certain number of years of clinical experience and a valid RN (Registered Nurse) license in the U.S. Nurses must also pass a certification examination that tests their knowledge and skills in their specialty area.

Contrary to some misconceptions, nursing certification is not only applicable to nurses at the doctoral level. Nurses at various levels

of education, from diploma to doctoral degrees, can seek certification in areas relevant to their practice and expertise. In summary, while nursing certification is a significant professional achievement and a formal recognition of specialized expertise, it is not universally mandatory for all nursing practices. It is, however, highly regarded in the nursing community and often sought after for the many benefits it offers both to the nurses and the patients they serve.

NEW QUESTION # 316

What does VBP stand for?

- A. Volume Basic Purchasing
- B. Volume Breed Priorities
- C. Value Based Purchasing
- D. None of the above

Answer: C

Explanation:

VBP stands for "Value-Based Purchasing." This term refers to a strategy used by healthcare payers, including the Centers for Medicare & Medicaid Services (CMS), to promote better care for individuals and healthier populations while reducing healthcare costs.

The concept behind Value-Based Purchasing is to shift from a fee-for-service model, where providers are paid based on the quantity of healthcare services they deliver, to a model that rewards providers for the quality of care they provide. This approach incentivizes healthcare providers to focus on delivering high-quality care and improving patient outcomes rather than merely increasing the volume of services.

Under the VBP model, healthcare facilities and providers are assessed based on a variety of performance measures. These measures can include patient outcomes, the efficiency and cost of care provided, and patient experiences. Providers who perform well against these metrics are rewarded with financial incentives, whereas those who perform poorly may face financial penalties. The primary goal of Value-Based Purchasing is to ensure that patients receive the best possible care at the lowest possible cost. By linking payment to the quality of care provided, VBP aims to reduce unnecessary healthcare spending, prevent medical errors, and improve the overall health of populations.

This contrasts with other potential interpretations of VBP, such as "Volume Basic Purchasing" or other similar-sounding terms, which do not align with the established healthcare payment reform initiatives pursued by entities like CMS. These other terms do not reflect the focus on quality and cost-effectiveness inherent in the Value-Based Purchasing model.

NEW QUESTION # 317

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