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Nursing ANCC - Nurse Executive Advanced Certification (NEA-BC) Sample Questions (Q390-Q395):

NEW QUESTION # 390

High-cost or high-volume conditions that are not present on a patient's admission to the hospital is which of the following?

- **A. HAC**
- B. DRG
- C. POA
- D. POS

Answer: A

Explanation:

HAC stands for Hospital-Acquired Conditions. These are medical conditions or complications that a patient develops while in the hospital receiving care for a different ailment. These conditions were not present at the time of the patient's admission to the hospital. HACs can include a variety of complications such as infections, injuries, or other conditions that may arise during a hospital stay. The distinction between conditions present on admission (POA) and HACs is crucial in healthcare management and billing. POA refers to the medical conditions that a patient has upon entering the hospital, whereas HACs develop during the hospital stay. This

differentiation affects how healthcare providers report diagnoses, manage quality control, and determine reimbursement from insurance companies or Medicare.

The presence of HACs can lead to increased healthcare costs due to extended hospital stays, additional treatments, and the need for further procedures to address the newly developed conditions. Consequently, hospitals face financial penalties for certain HACs under healthcare regulations, as these conditions are considered preventable with proper care and adherence to clinical guidelines. Healthcare systems are thus motivated to implement rigorous infection control protocols, safety practices, and continuous monitoring to minimize the risk of HACs. These efforts not only improve patient outcomes but also reduce unnecessary healthcare expenditures. Preventing HACs is a critical component of improving healthcare quality and safety in hospital settings.

NEW QUESTION # 391

Which of the following terms is becoming used more associated with performance and pay increases for the nurses in the healthcare profession?

- A. Pay plan
- B. Competency models
- C. All of the above
- **D. Merit**

Answer: D

Explanation:

The term "Merit" is increasingly associated with performance and pay increases for nurses in the healthcare profession. This term refers to a system where compensation and career progression are directly linked to an individual's performance, rather than their seniority or other factors.

Merit-based systems are designed to reward nurses who demonstrate high levels of skill, dedication, and effectiveness in their roles. The idea is to create incentives for excellence and to ensure that those who contribute most to patient care and the efficiency of healthcare services are recognized and rewarded accordingly.

In practice, merit pay systems can vary widely but typically involve regular evaluations of a nurse's performance. These evaluations can be based on various criteria, including patient care outcomes, peer and supervisor reviews, and adherence to protocols and guidelines. Based on these evaluations, nurses may receive pay raises, bonuses, or other forms of recognition.

However, merit systems are not without controversy. Critics argue that they can lead to competition rather than collaboration among nurses and may rely too heavily on subjective assessments of performance. Furthermore, the availability of merit pay can be influenced by external factors such as budget constraints or changes in policy, which may affect the consistency and fairness of the rewards.

Merit pay can also be influenced by the broader context of nursing labor markets. For instance, in times of nursing shortages, where the demand for qualified nurses exceeds supply, merit pay may increase as a means to attract and retain talent. Conversely, when there is an oversupply of nurses, the pressure to maintain high merit pay might decrease. Thus, the dynamics of merit pay are closely tied to market conditions within the healthcare sector.

Overall, while merit-based systems aim to foster a high-performance culture and improve healthcare outcomes, the implementation and impact of such systems must be carefully managed to ensure they achieve their intended goals without unintended negative consequences.

NEW QUESTION # 392

The primary purpose of a state nurse practice act is to

- A. Recruit more nurses
- **B. Protect the public**
- C. Set ethical standards for the nursing profession
- D. Accredits schools of nursing

Answer: B

Explanation:

The primary purpose of state nurse practice acts is to protect the public. This objective is achieved through several key mechanisms that are outlined in these legislative frameworks. Each state in the U.S. has its own Nurse Practice Act (NPA) which establishes the guidelines under which nurses must operate. These acts are crucial for ensuring that the healthcare delivered by nurses is safe, competent, and ethical.

One of the primary functions of the Nurse Practice Act is to set the minimum qualifications required to become a nurse in that state. This includes the educational and licensure requirements necessary to practice nursing. By setting these standards, the NPA ensures

that only individuals who are adequately trained and capable of providing high-quality care can enter the nursing profession. This helps to safeguard the public from unqualified practitioners.

Moreover, the Nurse Practice Act defines the scope of nursing practice within the state. It clearly delineates what actions are permissible for nurses to perform, which varies from one state to another. This precise definition helps to prevent nurses from overstepping their boundaries and performing tasks for which they are not trained, further protecting patient safety.

It is important to note what the Nurse Practice Act does not do. These acts are not involved in recruiting nurses. While workforce development may be a concern for health systems and governing bodies, the NPA itself does not deal directly with the recruitment of nurses. Its focus remains on setting standards for those entering the field.

Additionally, the Nurse Practice Act does not accredit nursing schools. Accreditation of educational institutions is typically handled by separate educational boards and accreditation bodies. These organizations evaluate nursing programs to ensure they meet certain educational standards necessary to adequately prepare students for the nursing profession.

Finally, while ethical considerations are certainly a component of nursing education and licensure, the setting of ethical standards per se is not a primary function of the Nurse Practice Act. Ethical standards are generally overseen by professional nursing organizations and ethical boards that may influence but are separate from the legislative frameworks set out by the NPA.

In summary, the primary purpose of state nurse practice acts is to protect the public. This is accomplished by setting minimum qualifications for entering the profession, defining what constitutes safe and legal nursing practice, and outlining the responsibilities and limits of nurses within the state. These acts play a crucial role in maintaining the integrity of the nursing profession and ensuring that patient care is conducted safely and competently.

NEW QUESTION # 393

In managed care, prescriptions for medication are:

- A. Not covered usually.
- B. Filled by the patient using another form of insurance or healthcare funding.
- C. Are provided by using independent pharmacies operating outside the managed care system.
- **D. Filled by using formularies to manage pharmacy care.**

Answer: D

Explanation:

In managed care systems, the process of prescribing and dispensing medications is typically structured around the use of formularies. A formulary is a list of medications that are approved for use and coverage under the managed care plan. This approach is employed to manage both the quality and the cost of pharmacy care.

The primary purpose of a formulary is to ensure that patients receive medications that are both safe and cost-effective. Managed care organizations (MCOs) work with pharmacists and physicians to develop these formularies based on clinical evidence and economic factors. Medications included in a formulary are typically those that are considered to offer the most benefit in terms of health outcomes and value for money.

When a doctor prescribes medication, they generally select from the list provided by the formulary. If a prescribed medication is not included in the formulary, the patient may have to either pay out-of-pocket or the physician might need to request an exception from the managed care organization, which involves providing justification for the necessity of the non-formulary medication. This process helps to control costs while ensuring that patients receive appropriate treatment.

Formularies are regularly updated to include new drugs and to remove those that are no longer deemed cost-effective or that have been surpassed by more effective alternatives. This dynamic aspect of formularies helps to keep the managed care approach responsive to changes in the medical field and pharmaceutical advancements.

Overall, the use of formularies in managed care helps to streamline the prescription process, maintain high standards of care, and control healthcare expenses. This system contrasts with approaches where medications might be chosen without such structured oversight, potentially leading to higher costs and variable patient outcomes.

NEW QUESTION # 394

The possible rationing of scarce resources involves which of the following ethical principles?

- A. autonomy
- **B. justice**
- C. beneficence
- D. respect for persons

Answer: B

Explanation:

The question at hand asks which ethical principle is involved in the possible rationing of scarce resources. The correct answer is "justice." Here, we expand on why this is the appropriate ethical principle.

The principle of justice in ethics concerns the equitable distribution of benefits and burdens among individuals or groups in society. It emphasizes fairness and equality, ensuring that everyone receives what they are due or owed according to the rules and norms of a society. When resources are scarce, decisions must be made about who will receive limited supplies and who will not. These decisions inherently raise questions about fairness and equity, which are central to the principle of justice.

In the context of rationing, the principle of justice requires that this process be conducted in a way that respects the rights of all parties and imposes obligations to treat all parties equitably. This might involve creating criteria for rationing that are impartial and based on relevant needs or contributions, rather than on arbitrary or discriminatory factors. For example, in healthcare, this might mean prioritizing treatment based on medical need rather than on factors like social status or personal wealth.

Ethical dilemmas arise when different interpretations of what is 'just' or 'fair' conflict. For instance, one approach might prioritize saving the most lives, while another might emphasize reducing suffering, and yet another might stress the need to reward social contributions. Each approach reflects a different aspect of justice, such as distributive justice (fair distribution), compensatory justice (compensating for wrongs), or procedural justice (fairness in processes).

Therefore, the principle of justice is crucial when considering the rationing of scarce resources. It guides decision-makers to consider how resources can be allocated in a manner that is not only efficient but also fair and equitable. This principle helps ensure that all individuals are treated with respect and dignity, regardless of their situation, and that the burdens and benefits within a society are shared in a balanced way.

NEW QUESTION # 395

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