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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 (Q79-Q84):

### NEW QUESTION # 79

Feedback in which individual employees are assessed by a variety of people, who provide a broad perspective is called what?

- A. Self-appraisal.
- B. Preceptor assessment.
- C. Peer evaluation.
- D. 360 degree feedback.

### Answer: D

Explanation:

The correct answer to the question is "360 degree feedback." This type of feedback mechanism is widely utilized in various organizations to assess and enhance the performance of their employees.

360 degree feedback is distinct because it involves collecting performance evaluations from a diverse set of individuals who interact with the employee in different capacities. These typically include the employee's manager, peers, direct reports, and sometimes even clients. In some cases, the employee also conducts a self-assessment. This comprehensive approach provides a rounded view of an employee's skills, behavior, and work impact from multiple perspectives.

The key advantage of 360 degree feedback is that it offers a more balanced and objective overview of an employee's performance. It helps in reducing bias that can occur when an employee is assessed by only one individual, such as a direct supervisor. Moreover, this feedback system can foster a culture of open communication and continuous improvement within the organization, as employees gain insights into how their work is perceived by others and where they stand in terms of meeting organizational standards.

Implementing 360 degree feedback effectively requires careful planning, clear communication about the process, and a commitment to use the feedback constructively. The feedback collected should be handled sensitively and confidentially to ensure that it contributes positively to an individual's professional development rather than causing discouragement.

In summary, 360 degree feedback is a comprehensive evaluation tool that helps provide detailed insights into an employee's performance by incorporating views from a broad spectrum of colleagues. This method not only aids in personal growth and development but also aligns employee objectives with the strategic goals of the organization.

### NEW QUESTION # 80

The Institute for Healthcare Improvement (IHI) model for quality improvement uses a sequence of steps for developing an action plan known as which of the following?

- A. cause-and-effect process
- B. clinical algorithm health care protocol
- C. run chart method
- D. PDSA cycle

### Answer: D

Explanation:

The correct answer to the question regarding the Institute for Healthcare Improvement (IHI) model for quality improvement is the "PDSA cycle." This model is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product, process, or service.

The PDSA cycle is an essential part of the IHI's approach to improving healthcare quality. PDSA stands for Plan, Do, Study, and Act. Each component of the cycle involves a specific set of actions:

- **Plan**: This initial phase involves identifying a goal or purpose, formulating a theory, defining success metrics, and putting a plan into action. This step is critical as it sets the objectives and plans the changes that need to be tested to improve the process.
- **Do**: In this phase, the plan is implemented on a small scale to test the change. This might involve a trial in a controlled setting to minimize disruption to routine processes while assessing the effectiveness of the change.
- **Study**: After the test or pilot, outcomes are analyzed and compared against the expected results to ascertain any differences and learn from the data. This step is crucial as it involves critical evaluation of the test, helping to understand how the change impacts outcomes or processes.
- **Act**: The final step in the cycle involves taking action based on what was learned in the study phase. If the plan was successful, the new process would be implemented on a larger scale. However, if the plan did not achieve the expected outcomes, the information gathered during the study phase would be used to make necessary adjustments, and the cycle would begin anew. The PDSA cycle is iterative, meaning that each completion of the cycle should lead directly into the next cycle of planning, doing, studying, and acting. This iterative process helps organizations adapt and refine their strategies for continuous improvement based on

real-world testing and feedback.

This model is widely used in healthcare settings to implement and test changes in a controlled manner, ensuring that improvements are based on data and can be adapted before full-scale implementation. The goal of the PDSA cycle in the healthcare context is to promote positive changes in healthcare delivery by systematically testing new ideas and approaches and integrating them into everyday practices.

#### NEW QUESTION # 81

Which of the following is one of the principal goals of the Magnet Recognition Program?

- A. To gain additional funds for nursing education
- B. To call attention to issues of patient safety
- C. To provide a vehicle for disseminating successful nursing practices
- D. To identify the leading nursing schools in the U.S.

**Answer: C**

Explanation:

The Magnet Recognition Program (MRP) was established by the American Nurses Credentialing Center (ANCC) to recognize healthcare organizations that excel in nursing. One of the principal goals of this program is to provide a vehicle for disseminating successful nursing practices. This goal is fundamental to understanding why the MRP is highly regarded within the healthcare community.

The program evaluates healthcare organizations on a set of criteria designed to measure the strength and quality of their nursing. This includes the quality of nursing leadership, coordination and collaboration across specialties, and processes for measuring and improving the quality and delivery of care. Achieving Magnet status is not only about meeting these rigorous standards but also about maintaining them, which encourages a cycle of continuous improvement in nursing practices.

By focusing on these areas, the Magnet Recognition Program serves as a benchmark for healthcare organizations who strive to achieve and maintain excellence in their nursing practice. This status acts as a signal to patients about the quality of care they can expect to receive, making it a powerful tool for attracting and retaining talent as well as improving overall patient outcomes.

Moreover, organizations with Magnet status often serve as role models in the nursing community, disseminating successful practices and strategies that others can adopt. This dissemination is achieved through various means, including publications, conferences, workshops, and networking. Sharing these best practices helps to elevate the standards of nursing across multiple organizations and settings, leading to broader improvements in healthcare quality.

In summary, the primary goal of the Magnet Recognition Program to provide a vehicle for disseminating successful nursing practices is vital as it promotes a learning environment that encourages the widespread adoption of exemplary professional practice. This enhances the quality of patient care and contributes to the professional development of nurses everywhere, reinforcing the program's esteemed position in the healthcare sector.

#### NEW QUESTION # 82

When screening patients, a computer software flag should be \_\_\_\_\_.

- A. Mixed with personal interaction.
- B. Ignored.
- C. Accepted at face value.
- D. Referred to physicians.

**Answer: A**

Explanation:

When screening patients, a computer software flag should be mixed with personal interaction.

In the context of healthcare, computer software is increasingly used to identify potential health issues or risks by screening patient data. These software systems often employ predictive modeling techniques to analyze a wealth of information, such as medical history, test results, and other pertinent health data. The software flags conditions that might require further attention-this is a critical step in modern healthcare practices aimed at preventing and managing diseases more effectively.

However, software algorithms, while powerful, are not infallible. They can generate false positives or overlook nuances that a trained human eye might catch. Therefore, it is essential that these computer-generated flags are not accepted at face value or ignored outright.

Integrating personal interaction into the process means that healthcare professionals-doctors, nurses, and other clinicians-review the flags generated by the software. They use their judgment and experience to interpret these flags within the broader context of each patient's health status. For instance, a flag indicating a potential cardiovascular issue could lead to a more detailed discussion with the

patient about their family history, lifestyle, and symptoms, which might not be fully captured by the software alone. This blended approach leverages the efficiency and breadth of data analysis provided by computers with the nuanced understanding and experiential knowledge of human clinicians. By doing so, it enhances the accuracy of patient assessments, leads to better-informed healthcare decisions, and ultimately provides care that is better tailored to individual patient needs. Thus, when a computer software flags a condition, mixing this information with personal interaction creates a more comprehensive and precise healthcare delivery process.

### NEW QUESTION # 83

The Institute of Medicine described factors of problematic leadership. They include all of the following EXCEPT:

- A. limited involvement in decision making
- B. limited knowledge management
- C. weakened trust
- D. **decreased emphasis on production efficiency**

#### Answer: D

Explanation:

The Institute of Medicine (IOM) has identified several factors that characterize problematic leadership in healthcare or similar organizational settings. These factors generally contribute to a negative work environment and can impede the overall efficiency and effectiveness of the organization. However, the option "decreased emphasis on production efficiency" does not align with these identified factors. Instead, it is the opposite-increased emphasis on production efficiency-that is considered problematic. This is explained more elaborately below:

Problematic leadership, as described by the IOM, often entails issues that directly harm organizational climate and employee morale. Some of these issues include weakened trust between staff and leadership, limited involvement of employees in decision-making processes, and poor management of knowledge within the organization. These factors can lead to a decrease in overall organizational performance and employee satisfaction.

Weakened trust occurs when leaders fail to be transparent, do not follow through on commitments, or are perceived as inconsistent or unfair in their decisions. This erosion of trust can lead to a lack of confidence in organizational directions and initiatives.

Limited involvement in decision-making refers to a top-down approach where leaders do not engage or consult employees in the decision processes. This can result in decisions that are out of touch with ground realities and can demotivate employees who may feel undervalued or overlooked.

Limited knowledge management is indicative of a failure in capturing, distributing, and effectively using knowledge within the organization. Poor knowledge management can lead to inefficiencies and repeated mistakes, hampering the organization's ability to innovate and respond to changes effectively.

Conversely, "decreased emphasis on production efficiency" as a standalone concept might suggest a focus away from purely operational metrics, potentially fostering a more balanced approach that could include quality of care, employee well-being, and long-term sustainability. Therefore, this would not typically be categorized under problematic leadership. In contrast, an excessive focus on production efficiency-often termed "bottom-line management"-can indeed be problematic. This approach prioritizes operational output and financial metrics often at the expense of other important factors such as employee satisfaction, quality of service, and ethical considerations. Such a narrow focus can lead to a toxic work environment, high turnover rates, and even ethical breaches, all of which are detrimental to the organization's long-term success.

Thus, the correct answer, "decreased emphasis on production efficiency," is not a factor of problematic leadership as per the descriptions by the Institute of Medicine. Instead, it is the increased emphasis on production efficiency that aligns with the concerns raised about leadership issues within organizations.

### NEW QUESTION # 84

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