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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 (Q371-Q376):

NEW QUESTION # 371

The AHRQ (Agency for Healthcare Research and Quality) defines the PCMH (Patient Centered Medical Home), as having 5 key domains. Which of the following is not one of these 5 domains?

- A. Accessible services
- B. Quality and safety
- C. Comprehensive care
- D. Application services

Answer: D

Explanation:

The Agency for Healthcare Research and Quality (AHRQ) outlines the Patient-Centered Medical Home (PCMH) model as having five key domains that focus on delivering efficient, comprehensive, and patient-focused healthcare services. These domains are specifically designed to enhance the quality of care and ensure that health services are tailored to the needs of the patients.

The five key domains of the PCMH as defined by the AHRQ include: 1. **Accessible Services** - This domain emphasizes the importance of making healthcare services easy to access for patients. This includes offering services at convenient times and locations, facilitating prompt scheduling, and ensuring that patients can receive care when needed. 2. **Comprehensive Care** - Comprehensive care involves providing a wide range of healthcare services to meet the majority of each patient's physical and mental health care needs. This includes preventive, acute, and chronic care. 3. **Quality and Safety** - This domain focuses on ensuring that the healthcare provided is based on scientific knowledge and is delivered in a manner that maximizes safety and quality. It involves using evidence-based practices and actively involving patients in decision-making processes. 4. **Patient-Centered Care** - Patient-centered care is about respecting patients' preferences, needs, and values, and ensuring that patient values guide all clinical decisions. It promotes strong relationships between patients and their healthcare providers. 5. **Coordinated Care** - This involves ensuring that care is coordinated across all elements of the healthcare system and the broader community, which can involve specialist care, hospitals, home health care, and community services and supports, especially in transitions between different care settings.

The option "Application services" does not align with any of the domains specified by the AHRQ for the PCMH model. This term generally refers to software or technical services designed to fulfill particular functions within systems or organizations, which is not directly related to the patient-centered, comprehensive approach outlined in the PCMH domains. Therefore, "Application services" is the correct answer to the question of which is not one of the five PCMH domains. This clarification helps in understanding that PCMH focuses on optimizing health outcomes by transforming the organization and delivery of primary care, rather than on specific technical or application-based solutions.

NEW QUESTION # 372

Some Nurse Executives are assigned to direct particular programs or work units that are not comprised of only nurses. What type of authority is this?

- A. Unit-Based Authority
- B. Organization-Wide Authority
- C. Project-Based Authority
- D. Program-Focused Authority

Answer: D

Explanation:

The correct answer to the question is "Program-Focused Authority." This type of authority is specifically relevant when a nurse executive, who typically oversees nursing operations, is appointed to manage or oversee a specific program that includes professionals from various disciplines, not exclusively nurses. Here, the nurse executive's role transcends traditional nursing leadership by integrating a broader organizational scope that includes diverse professional expertise aimed at achieving specific program goals.

Program-Focused Authority is particularly applicable in healthcare settings where programs might span across different operational areas such as technology integration, research projects, health policy implementation, or interdisciplinary healthcare services. In these scenarios, the nurse executive brings a nursing perspective, which is crucial in ensuring that the healthcare components of the program are effectively managed and aligned with the overall goals of the organization.

This authority enables the nurse executive to contribute nursing insights that enhance the program's effectiveness, ensuring that patient care standards are met even when the program's scope might initially seem outside the traditional boundaries of nursing. Programs managed under this authority could involve collaborations with IT departments for electronic health record implementation, leading initiatives in patient safety or infection control, or coordinating multi-department efforts in a hospital such as responses to public health emergencies.

Program-Focused Authority therefore not only highlights the versatility and adaptability of nurse executives but also underscores the importance of nursing leadership in broader healthcare program management beyond their conventional roles. This authority ensures that the holistic and patient-centered approach that nursing brings is not lost in the complexities of interdisciplinary and cross-functional healthcare programs.

NEW QUESTION # 373

Defendants may appeal a judgment of malpractice to an appellate court. All of the following statements about appellate courts are true EXCEPT:

- A. The appellate court decisions are oral not written.
- B. Oral arguments are sometimes presented to the appellate court.
- C. There are no witnesses, no new testimony, and no juries in an appellate court.
- D. Appellate courts review a case based on the trial record.

Answer: A

Explanation:

The question focuses on understanding the nature of appellate court decisions and identifying the incorrect statement among given options. The correct answer is that the assertion "The appellate court decisions are oral not written" is false. Here is an expanded explanation of why this is incorrect and clarifications regarding the other statements about appellate courts:

*****Appellate Court Decisions are Written, Not Oral:***** Appellate courts primarily review the decisions made by lower courts to determine if there were any legal errors that could have affected the outcome of the case. Unlike trial courts, where evidence is presented and witnesses testify, appellate courts base their decisions on records from the trial court, including all documents, exhibits, and transcripts of testimony. After reviewing these materials and hearing arguments from both sides, appellate courts issue written decisions or opinions. These written opinions are crucial as they serve as precedents for future cases and ensure a transparent legal process. These decisions are published in official legal documents known as reporters, which are accessible to the public and legal professionals. This ensures consistency and fairness in the application of the law.

*****Appellate Court Procedures Exclude Witnesses and Juries:***** It is correct to say that there are no witnesses, no new testimony, and no juries in an appellate court. Appellate courts do not conduct trials; therefore, they do not have juries, and they do not hear from witnesses. The process is focused on legal arguments made by the attorneys of the respective parties. The judges in appellate courts review the trial's proceedings to identify legal errors, but they do not reassess new factual evidence.

*****Oral Arguments in Appellate Courts:***** While it is true that appellate decisions are written, oral arguments do occur in appellate courts. These are structured presentations where attorneys from both sides present their legal arguments summarizing why the court should rule in their favor, based on the trial record and applicable laws. Oral arguments provide an opportunity for the judges to ask attorneys questions and clarify points of law. However, these are not to be confused with the decisions themselves, which are always issued in written form to provide a clear, detailed, and authoritative explanation of the court's ruling.

By understanding these aspects of appellate courts, it becomes evident why the statement about appellate decisions being oral is incorrect. The written nature of appellate decisions ensures that they are carefully considered, legally substantiated, and permanently recorded, contributing to the body of law that governs future judicial proceedings.

NEW QUESTION # 374

Risk management steps are being discussed with the hospital staff. Which of the following is the last step in the risk management process?

- A. Management.
- B. Assessment.
- C. Marketing.
- D. Diagnosis.

Answer: A

Explanation:

The correct answer to the question "Which of the following is the last step in the risk management process?" is *Management*. Let's delve deeper into the risk management process to understand why Management is the last step. The process is structured to systematically identify, evaluate, and control risks to minimize the negative impacts they could have on an organization, such as a hospital in this context.

The first step in the risk management process is *Diagnosis*. This step involves identifying the risks that could potentially affect the organization. It is about recognizing various factors or threats that could lead to adverse outcomes. This is a crucial foundational step because without identifying risks, managing them effectively is impossible.

Following the identification of risks, the next step is *Assessment*. In this phase, the identified risks are analyzed to determine their likelihood of occurrence and the extent of their potential impact. This step involves detailed analysis to prioritize the risks based on their severity and probability. This prioritization helps in focusing resources and efforts on the most significant risks.

The third step is *Prognosis*. This involves forecasting the future outcomes if these risks were to materialize. It essentially involves understanding the implications of the potential risks and how they could affect the organization's objectives. This step is about preparing for the worst-case scenarios and is instrumental in planning the risk mitigation strategies.

Finally, the last step in the risk management process is *Management*. This step focuses on developing and implementing strategies to control or eliminate the risks identified, assessed, and prognosticated in the earlier steps. Management involves taking concrete actions, which could include risk avoidance, reduction, sharing, or acceptance, depending on the nature and severity of the risk. This step is crucial as it directly involves the application of solutions or controls to manage the risk effectively and ensure the safety and stability of the organization.

Thus, Management, as the last step of the process, encapsulates the actual application of strategies and solutions to handle risks, marking it as the final phase in the risk management cycle. This step is critical as it determines how effectively an organization can mitigate the impact of risks and maintain its operations smoothly and safely.

NEW QUESTION # 375

The law requiring all federally funded hospitals to give patients written notice on admission to the health care facility of their decision-making rights and policies regarding advance health care directives in their state and in the institution to which they have been admitted is which of the following?

- A. COBRA
- B. HIPAA
- C. Patient Self-Determination Act of 1990
- D. EMTALA

Answer: C

Explanation:

The question pertains to a specific law that mandates federally funded hospitals to provide patients with written notice of their decision-making rights and the policies regarding advance health care directives applicable both in their state and in the institution to which they have been admitted. The correct answer to this question is the *Patient Self-Determination Act of 1990*.

The Patient Self-Determination Act (PSDA) was enacted in 1990 as an amendment to the Medicare and Medicaid programs. This law was designed to ensure that patients are informed of their rights to make decisions concerning their medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives. Advance directives are legal documents that allow patients to convey their decisions about end-of-life care ahead of time, providing a way for individuals to communicate their wishes to family, friends, and health care professionals, and to avoid confusion later on should they become unable to do so.

Under the PSDA, upon admission to a hospital, nursing home, or other health care facility that receives funding from Medicare or Medicaid, patients must be given written information about their health care rights and the policies of the facility regarding the implementation of these rights. Facilities are also required to document in the patient's medical record whether or not the patient has an advance directive. Moreover, the PSDA prohibits facilities from discriminating against patients based on whether they have executed an advance directive.

The importance of the PSDA lies in its role in promoting patient autonomy and ensuring that patients are fully informed about their rights to make critical health care decisions. By requiring that patients receive this information at a critical time-when they are entering a health care facility-the Act helps ensure that decisions about health care are guided by the informed and documented wishes of the patients themselves, rather than being left to emergency room doctors or family members under stressful and often chaotic conditions.

It is crucial to distinguish the PSDA from other health-related laws such as the Health Insurance Portability and Accountability Act (HIPAA), which primarily deals with the protection of patient privacy and the security of health information; the Emergency Medical Treatment and Labor Act (EMTALA), which requires hospitals to provide emergency medical treatment to individuals regardless of their insurance status or ability to pay; and the Consolidated Omnibus Budget Reconciliation Act (COBRA), which provides for

continued health insurance coverage options for individuals who lose their health benefits. Each of these laws addresses different aspects of health care and patient rights, underscoring the multifaceted nature of health care legislation.

NEW QUESTION # 376

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