

# M\_NursingAdminPQ (600+ Questions) - Quiz

## Questions with Answers

1.

How many community members who are unaffiliated with the organization must be included in an Institutional Review Board to meet FDA requirements?

1.

2.

3.

4.

***Explanation:***

*An Institutional Review Board must have a minimum of 5 members with at least one person who is a community member that is unaffiliated with the organization and whose immediate family members are not affiliated with the organization. The other specific requirements are that one member be a "scientist" and one a "non-scientist." General requirements are that IRB members be knowledgeable and have the expertise required to make the necessary decisions. If human subjects include vulnerable populations (such as the elderly, children, or prisoners) then some members should be familiar with the issues these groups face.*

2.

Nurses, at the end of each shift, are required to give each of their patients a score based on their needs for care. This is commonly a component of which type of staffing model?

Skill mix.

Primary care.

Team nursing.

**Acuity-based.**

***Explanation:***

*Acuity-based staffing usually entails scoring the patients according to their needs for care. In some cases, computer programs are available to assist with this process. Those patients with the highest scores require the most nursing care, so staffing is adjusted to reflect these needs. With acuity-based staffing, the number of staff on a unit may fluctuate widely, depending on the type of patients. This type of staffing may require more flexibility than other models because more nurses may be assigned to serve as float nurses.*

3.

The revenue cycle for a patient begins with:

services rendered.

submission of claims.

**pre-registration/scheduling.**

registration.

**Explanation:**

*The revenue cycle for a patient begins when the patient is pre-registered or scheduled for care and ends when all revenues have been received, leaving a zero balance. Managing the revenue cycle efficiently is critical to maintaining a balanced budget. On pre-registration, all of the patient's demographic and insurance information, such as policy, benefits, and the necessary authorizations for care, must be obtained. After services are rendered, claims must be submitted promptly with the correct coding so that payment is not delayed. Patients must be billed for non-covered services, and all services should be reviewed and deemed appropriate by utilization review.*

4.

When preparing to hire new personnel, the nurse executive prepares a job advertisement and application. Which of the following is an appropriate employment practice according to the US Equal Opportunity Commission?

Advertisement states, "Ideal position for new graduates."

Job application states, "Do you have any disabilities?"

Advertisement states, "Hispanic nurses needed to serve non-English speaking patients."

**Advertisement states. "Position requires fluency in both English and Spanish."**

**Explanation:**

*"Position requires fluency in both English and Spanish" focuses on the skills needed but does not limit applicants to one group, such as "Hispanic nurses." Employers are specifically prohibited from asking people if they have a disability although they can ask if they require accommodations. Advertising a job for "new graduates" may give the appearance of age discrimination since new graduates are usually under age 40. Employers cannot discriminate on the basis of age ( $\geq 40$ ), disabilities, gender, race, religion, pregnancy, or genetic information.*

5.

Which kind of analysis is used to compare costs of two different pancreatic cancer treatments that both result in average life extension of four months?

Cost-benefit.

**Cost-effectiveness.**

Cost-utility.

Efficacy study.

***Explanation:***

*A cost-effective analysis measures the effectiveness of an intervention rather than only the monetary savings. For example, about 2 million nosocomial infections result in 90,000 deaths and an estimated \$6.7 billion in additional health care costs each year. From that perspective, decreasing infections should reduce costs, but there are also intangible savings (like prevention of human suffering) and it can be difficult to place a monetary value on those. If each infection adds about 12 days to a patient's stay in the hospital, then if five fewer patients suffered from a reduction in infection would be calculated:*

*$5 \times 12 = 60$  fewer patient infection days.*

6.

Which leadership concept is based on the idea that the leader should focus on staff strengths and not weaknesses or problems?

**Appreciative inquiry.**

Servant leadership.

Situational leadership.

Pervasive leadership.

**Explanation:**

*Appreciative inquiry is a leadership concept that focuses on a person's strengths rather than weaknesses. It proposes that all questions suggest a bias because people tend to look in the direction of the question. For example, if someone asks "What is the problem?" then people will automatically assume a problem exists rather than looking more broadly and openly. The underlying philosophy is that belief influences action, inquiry results in change, words carry impact beyond simply meaning, actions are guided by future projections, and change needs positive efforts.*

7.

If team members are primarily of medium maturity and are highly skilled but lack confidence in their abilities, the best leadership style according to the Hersey-Blanchard situational leadership model is:

telling/directing.

selling/coaching.

**participating/supporting.**

delegating.

**Explanation:**

*According to the Hersey-Blanchard situational leadership model, if team members are primarily of medium maturity and are highly skilled but lack confidence (M3), the best leadership style is participating/supporting (S3). Situational leadership proposes that the type of leadership needs to meet the needs of the team members or group. So those with low levels of maturity (M1)*

*need telling/directing leadership (S1). Those with medium levels of maturity but limited skills (M2) need selling/coaching (S2), and those with high levels of maturity (M3) need delegating leadership (S4).*

8.

**Activity based accounting enters revenues when they are:**

received and expenses when they are paid.

earned and expenses when they are paid.

projected and expenses when they are projected.

**earned and expenses as they are incurred.**

***Explanation:***

*Activity-based costing (ABC) system is an accounting system focused on the costs of resources necessary for a process or service. Traditional accounting (a cash basis system) enters revenues when they are received and expenses when they are paid, so that revenues and expenses are not necessarily related. ABC is an accrual system, and does the accounting differently. Revenues are entered when they are earned and expenses as they are incurred so that revenues and expenses are more closely tied. The basic formula for ABC is to divide the total output into total cost to arrive at a unit cost.*

9.

**The nurse executive believes that the hospital must invest in new software and technology as part of their strategic plan. The first step in this process is to:**

select an interdisciplinary team with knowledge about data needs and technology.

identify system requirements for the organization.

identify user needs.

**gain a commitment from the board for the financial outlay and the process of change.**

***Explanation:***

*The first step in investing in new hardware and software is to gain a commitment from the board for the financial outlay and the process of change it will entail. Evaluating hardware and software is a time-intensive process, so beginning as speculation is not productive. Once a commitment is made, then an interdisciplinary team should be formed, system requirements and user needs identified, the current system assessed, and vendors evaluated. The next step will be to evaluate and compare different software programs and hardware. The last steps are to negotiate a contract and implement the new system.*

10.

**The nurse executive wants to set up an organization-wide early warning system to screen patients for potential risks as a new risk management cost containment strategy. The system should identify:**

**adverse patient occurrences and potentially compensable events.**

high risk patients and families.

potentially high-risk procedures and compensable events.

negligence and non-compliance with safe practices.

***Explanation:***

For risk management purposes, an organization-wide early warning system should be in place to screen patients for potential risks and to identify the following:

- Adverse patient occurrences (APOs): Those unexpected events that result in a negative impact on the patient's health or welfare.
- Potentially compensable events (PCEs): APOs that may result in legal claims against the organization because of the negative impact on the patient's health or welfare.
- If the organization has set up a method to quickly identify and manage problems, the risks may be minimized.

11.

A rehabilitation hospital is considering utilizing telehealth for contract radiology diagnostic services. Which type of telehealth mode is most likely indicated?

Real-time.

**Store-and-forward.**

Remote monitoring.

Hybrid of real-time and store-and-forward.

**Explanation:**

Telehealth is increasingly used for radiology diagnostic services because the radiologist can easily read the films remotely on a computer and transmit the report back to the facility. There are several different telehealth modes that can be utilized: Store-and-forward occurs when files are transmitted and stored until the report is sent. This is the most commonly used model for this type of service. Turn-around time varies but is usually within 48 hours, depending on the contractual agreement. Real-time telehealth involves video-conferencing and live consultations between staff and patients. Remote monitoring is used to monitor cardiac status, nocturnal dialysis, and other health conditions.

12.

The institution is planning to build a new ambulatory care center. Which layout is the most efficient in terms of time and effort for staff and patients?

Single story building with the center and support services along a 400-foot corridor.

**Two story building 200 feet in length with the center on the first floor and support services on the second.**

Three story building 140 feet in length with the center on first and second floors and support services on the third.

The center in one building and support services in another adjacent building.

***Explanation:***

*Generally speaking, having all the services in one area is most efficient, so maintaining both the center and support services in one building and on one floor is ideal, if possible. However, once people have to walk more than about 250 to 300 feet, it becomes more efficient to take an elevator to a second floor (in terms of time and energy spent walking from one area to another). In this case, the best option is likely the two-story building that is 200 feet in length.*

13.

With Medicare, the benefit period ends:

**60 days after discharge from an inpatient facility.**

30 days after discharge from an inpatient facility.

at the time of discharge from an inpatient facility.

150 days after discharge from an inpatient facility.

**Explanation:**

*With Medicare, the benefit period, which began on admission to an inpatient facility, ends after the patient has been out of a medical facility for 60 days (including the day of discharge). Patients can have multiple benefit periods in one year but have to pay a hospital deductible for each benefit period. The first 60 days require no coinsurance but from days 62 to 90, the patient must pay a daily coinsurance charge. Hospitalization over 90 days requires use of lifetime reserve (for up to 60 days) or other form of payment.*

14.

The nurse executive is guiding efforts to develop competency validation for nursing skills. Which of the following is the best method to assess competency?

True/False quiz.

Multiple choice quiz.

Laboratory demonstration.

Clinical observation/evaluation.

**Explanation:**

*While true/false and multiple choice quizzes may be helpful in assessing knowledge, especially after nurses have taken classes, knowledge and nursing skills are not always the same. Laboratory demonstrations are helpful as part of learning activities, but the anxiety level of participants may be different because there is no real danger of doing harm. The best method*

*to assess competency is to observe the nurse in actual clinical situations and use an evaluation form/checklist during observations to ensure that competency standards are met.*

15.

With the accelerated rapid-change approach to quality improvement, the primary focus of teams should be on:

generating and testing solutions.

observing and reporting.

analyzing and reporting.

observing and evaluating.

***Explanation:***

*The accelerated rapid-cycle change approach is a response to rapid changes in healthcare delivery and radical reengineering. There are 4 areas of concern:*

- *Models for rapid-cycle change: The goal is doubling or tripling the rate of quality improvement by modifying and accelerating traditional methods. Teams focus on generating and testing solutions rather than analysis.*
- *Pre-work: Assigned personnel prepare problem statements, graphic demonstrations of data, flowcharts, and literature review. Team members are identified.*
- *Team creation: Rapid action teams (known as RATs) are created to facilitate rapid change.*
- *Team meetings and work flow: Meetings/work done over 6 weeks.*

16.

The performance improvement model FOCUS (find, organize, clarify, uncover, start) is primarily used to:

find solutions.

analyze performance outcomes.

identify problems.

generate evidence.

***Explanation:***

*Find, organize, clarify, uncover, start (FOCUS) is a performance improvement model that, by itself, is an incomplete process and is primarily used as a means to identify a problem rather than a means to find the solution. FOCUS is usually combined with PDSA (FOCUS-PDSA), so it becomes a 9-step process, but beginning with FOCUS helps to narrow the focus, resulting in better outcomes. Steps:*

- 1. Find: Identify what's working and what isn't.*
- 2. Organize: Identify those people who understand the problem and can act.*
- 3. Clarify: Brainstorm solutions.*
- 4. Uncover: Analyze reason for problem.*
- 5. Start: Determine where to begin the change process.*

17.

When designing a performance improvement plan, the most important consideration is:

its alignment with vision and mission statements and goals and objectives.

the cost and resources needed for implementation.

required performance measures.

staff preference.

**Explanation:**

*Designing a performance improvement plan includes strategic planning for organization-wide participation and collaborative activities, which may be department/discipline specific or interdisciplinary. The plan must be consistent with vision and mission statements and goals and objectives. All performance activities must be referenced to the specific strategic goals or objectives that are part of the mission and vision statements. If there is a disparity, the vision and mission statements may need to be adjusted or the focus of the improvement activities changed.*

18.

The nurse executive is monitoring performance improvement activities. Generally, how frequently should a written report of progress be issued?

Daily.

Weekly.

**Monthly.**

Quarterly.

**Explanation:**

*Process improvement activities should be reported on regularly, usually monthly, both in written form and in presentations at team and management meetings. Daily or weekly written reports may not show a lot of change because of the short timeframe and because analyzing data may be time-consuming. Monthly reports at a meeting of directors/managers can then be disseminated through staff, team, and department meetings. A calendar should be generated based on a proposed timeline with regular meetings times established.*

19.

The best strategy for writing a performance improvement plan is to:

keep the plan brief and to the point, while stressing outcomes.

outline the main points only.

submit one section at a time for consideration.

**complete a comprehensive document explaining all details.**

***Explanation:***

*The written plan may vary depending upon its purpose. It may be brief if it is intended primarily as a teaching tool to guide staff, but if it is used as a tool for implementation, it should be a comprehensive written document that outlines in detail all of the different aspects of the performance improvement plan. A detailed plan must include a statement of commitment, a clear outline of authority and responsibility, an explanation of the infrastructure and outline of the flow of information. The goals and objective of the plan should clearly relate to strategic goals and objectives.*

20.

During negotiations, the nurse executive presents a plan. The union representatives agree to implement the plan although they prefer a different plan. This approach to negotiation is:

competition.

**accommodation.**

compromise.

collaboration.

**Explanation:**

Accommodation: One party concedes even though the losing side may gain little or nothing, so this approach is most useful when there is a clear benefit to one choice. Competition: One party wins and the other loses, such as when parties are unwilling to compromise. To prevail, one party must remain firm, but this can result in conflict. Compromise: Both parties make concessions to reach consensus, but this can result in decisions that suit no one, so compromise is not ideal. Collaboration: Both parties receive what they want, often through creative solutions, but collaboration may be ineffective with highly competitive parties.

21.

A number of patient errors have occurred because of inadequate communication during hands-off procedures. Which of the following solutions is most likely to be effective?

Provide an in-service about hands-off procedures.

Increase disciplinary penalties for patient errors.

Send emails to all appropriate staff.

Implement use of the SBAR tool.

**Explanation:**

The SBAR tool is a systematic method of communication that is especially useful during hands-off procedures because it helps the nurse to organize information and present it clearly. Hands-off procedures should be documented and adequate time allowed for communication, including questions from the receiving party. SBAR:

*(S) Situation: Overview of current situation and important issues.*

*(B) Background: Important history and issues leading to current situation.*

*(A) Assessment: Summary of important facts and condition.*

*(R) Recommendation: Actions needed.*

22.

For facilities accredited by the Joint Commission, which of the following requires reporting as a sentinel event?

An infant dies unexpectedly 12 hours after birth.

A patient discharged from the psychiatric unit commits suicide 48 hours after discharge.

A patient develops a hemolytic transfusion reaction because of blood group incompatibility.

**There is no requirement to report a sentinel event.**

***Explanation:***

*The Joint Commission does not require reporting of sentinel events but encourages healthcare organizations to voluntarily report these events. The Joint Commission publishes a list of reviewable sentinel events, such as anything resulting in an unexpected death or severe physical or psychological injury, but each organization can, in addition, establish its own list of sentinel events. Reporting sentinel events contributes to TJC database, allows the organization to consult with TJC staff, and demonstrates openness.*

23.

The nurse executive has received numerous complaints from community members about patient care policies and procedures. Which of the following is probably the best long-term solution?

Respond to each complaint individually.

**Establish a patient/family advisory council.**

Refer the complaints to the staff.

Conduct a community forum.

***Explanation:***

*The best long-term solution would be to establish a patient/family advisory council so that community members can have some input into policies and gain a better understanding of the organization and hospital staff can become more aware of community concerns. In a large institution, there may be a general patient/family advisory council that discusses the institution as a whole in addition to patient/family advisory councils for specific units or departments, such as pediatric oncology.*

24.

The type of healthcare insurance that pays in the form of predetermined payments for loss or damages rather than for healthcare services is called:

liability insurance.

no-fault auto insurance.

**indemnity insurance.**

accident and health insurance.

**Explanation:**

*Indemnity insurance* pays in the form of predetermined payments for loss or damages rather than for healthcare service. *Liability insurance* pays damages for bodily injury or loss of property, such as from injury or damage resulting from unsafe conditions. *No-fault auto insurance* pays for injury/damages resulting from driving a car with coverage varying according to state regulations. *Accident and health insurance* pays for healthcare costs and may or may not, depending on the type of policy, include disability payments.

25.

When delegating tasks to team members, the first step should be to:

provide clear instructions.

explain expected outcomes.

**assess team members' skills and availability.**

ask for volunteers.

**Explanation:**

*The first step in delegating tasks to team members is to assess the skills and available time of the team members, determining if a task is suitable for an individual. Then, the task should be assigned with clear instructions that include explanation of objectives and expectations, including a timeline. Progress should be monitored but not micromanaged to ensure that tasks are completed properly. Because the leader is ultimately responsible for the delegated work, mentoring, monitoring, and providing feedback and intervention as necessary during this process is a necessary component of leadership.*

26.

Following a role-play exercise as part of disaster planning, which of the following is most important?

Critical evaluation.

Brief time-out for all involved personnel.

Reassurance.

**Debriefing period.**

***Explanation:***

*The point of a role-play exercise is for people to learn and to recognize areas of strength and weakness. An essential element of role play is the debriefing period that follows the conclusion of the exercise. All participants should be encouraged to express their feelings and opinions about the exercises. The discussion and questions that arise can be helpful in improving performance. Those conducting the exercise can note the positive and negative observations they made without singling out individuals.*

27.

The supervisor in the obstetrics department tells the nurse executive that the department nurses want to use standard care plans for outcomes identification. They feel that it would save time as patients have similar diagnoses and needs. Which response is most appropriate?

“That’s a good plan.”

“Let’s institute that on a trial basis.”

**“That violates the ANA standards of practice.”**

“Absolutely not.”

**Explanation:**

*Outcomes assessment as part of the care plan must be individualized, so using standard care plans is precluded even though they may be referred to as a guide. Nurses should never assume that all patients are exactly the same in terms of care needs or expected outcomes, and care plans should be updated regularly, reflecting any changes in patient condition. The ANA’s Standards of Practice for All Registered Nurses, Standard 3, states that the nurse develops an individualized plan for expected outcomes.*

28.

The state in which the nurse executive practices has passed a law requiring a licensed nurse-patient ratio of 1:5. The current ratio is 1:9 because nurse’s aides assist the licensed nurses to provide care. What action is most likely necessary?

Recruit and hire new nurses.

Limit patient admissions.

**Lay off nurse’s aides, and recruit/hire new nurses.**

Recruit and hire new nurses, taking money from the facility maintenance budget.

**Explanation:**

*The reality is that in states in which the legislature has established mandatory licensed nurse-patient ratios, allied help, such as nurse aids are typically laid off as new nurses are hired because of budget constraints, but this often leaves licensed nurses burdened with needing to provide basic care, such as bathing and changing linen, while also managing care that require professional expertise. Some states have taken a different approach, such as requiring staffing plans. New Jersey requires hospitals to post their nurse-patient ratios publicly.*

29.

As the nurse executive and leader of a management team, which of the following can the nurse executive delegate?

Leadership

Discipline.

Planning and strategic goals.

**Clinical observation.**

***Explanation:***

*Clinical observations can be a delegated task, but the other tasks should be the responsibility of the leader. While delegation of tasks is central to working in teams, determining non-delegated tasks is also necessary. Not every task can be delegated because those issues related to strategic planning and management must be retained by the leader. Non-delegated tasks include leadership, the monitoring process, discipline, strategic goals and planning, communication and availability for consultation, and direction of the final outcomes assessment.*

30.

Which of the following coding systems is used to define professionals licensed to provide services, and also to describe medical treatments and procedures?

**Current Procedural Terminology (CPT).**

International Classification of Disease (ICD).

Diagnostic-related group (DRG).

Universal billing (UB).

**Explanation:**

*Coding systems include:*

- Current procedural terminology (CPT): Developed by the American Medical society and used to define those licensed to provide services and to describe medical treatments and procedures.
- International Classification of Disease (ICD): Developed by the WHO and used to code for diagnosis.
- Diagnostic-related group (DRG): Used to classify a disorder according to diagnosis and treatment.
- Universal billing (UB): Used to describe hospital services, including demographic information, diagnostic and treatment codes, and charges for services.

31.

Global strategic planning usually establishes goals for up to:

one year.

2 to 4 years.

5 to 8 years.

10 to 15 years.

**Explanation:**

*Global strategic planning requires that an organization look at needs of the organization, community, and customers and establish goals for not only the near future (2-4 years) but into the extended future (10-15 years). Strategic planning must be based on assessments, both internal and external, to determine the present courses of action, needed changes, priorities, and methodologies to effect change. The focus of strategic planning must be on development of services based on identified customer needs and then the marketing of those services.*

32.

One of the best ways for a nurse executive to advocate for others in the profession is to:

**become active in state and national professional organizations.**

exhibit competency.

blog.

publish articles in journals.

***Explanation:***

*While all nurse executives should exhibit competency, and blogging and publishing are worthwhile, the best way to advocate for others in the profession is to become active in state and national professional organizations. These organizations influence legislation that affects the profession and often sets standards of practice. The nurse executive can participate by giving conference presentations and serving on committees or assuming a leadership role. An organization of special interest is the American Organization of Nurse Executives, which is a subsidiary of the American Hospital Association.*

33.

In a healthy work environment, "appropriate staffing" refers to:

the licensed nurse-patient ratio.

acuity staffing.

**match of nurse competencies with needs of the patient.**

specialized training for all staff.

***Explanation:***

*In a healthy work environment, there should be a match between the nurse competencies and the needs of the patient so that the patient is able to receive optimal care and the nurse feels confident in his/her abilities to provide that care. Other aspects of a healthy environment are skilled communication, true collaboration, effective decision-making, meaningful recognition, and authentic leadership. All staff should work collaboratively to make changes that result in a healthy work environment.*

34.

The nurse executive exhibits altruistic behavior, listens effectively, and puts organization needs above personal. This is an example of:

pervasive leadership.

**servant leadership.**

weak leadership.

democratic leadership.

**Explanation:**

*A nurse executive who exhibits altruistic behavior, listens effectively and puts organization needs above personal is exhibiting servant leadership, a concept developed by R.K. Greenleaf in 1970. The servant leader focuses on serving the organization and others and is able to influence and guide other through persuasion and reason rather than coercion and recognizes the contributions of all staff members. The servant leader especially has empathy toward others and has personal self-awareness, recognizing personal strengths and weaknesses.*

35.

The purpose of stop-loss insurance is to:

protect the insurance company against excessive payments.

defer medical expenses until a time when funds become available.

replace a part of insurance coverage and may exclude certain treatments.

limit the types of services covered.

**Explanation:**

*The purpose of stop-loss insurance, a form of reinsurance, is to protect an insurance company against excessive payments. Thus, the primary insurance may cover the first \$150,000 of medical bills, and then the stop-loss insurance pays a percentage (usually around 80%) of the bills over that amount with the primary insurance paying the remainder (usually around 20%). Stop-loss is especially valuable for smaller, self-funded insurance plans.*

36.

The best method for the nurse executive to build consensus and support for the strategic plan is to:

update staff frequently.

have a series of staff meetings explaining the strategic plan.

**include staff in planning.**

hire a consultant.

***Explanation:***

*The best method for the nurse executive to build consensus and support for the strategic plan is to include staff in the planning phases because this approach is almost always better than trying to convince people after the fact, regardless of the merits of the plan. Once the strategic plan is finalized then the staff should be updated frequently and staff meetings held to explain and discuss the strategic plan and changes that will be needed to implement the plan.*

37.

**A nurse executive whose goal is to integrate cultural diversity and sensitivity into the workplace should ask staff members to focus on:**

intercultural exchange.

**self-awareness.**

experience.

training.

**Explanation:**

*A nurse executive striving to integrate cultural diversity and sensitivity into the workplace should ask staff members to begin with self-awareness by assessing their own cultural perspectives and potential biases. It is incumbent on staff to ensure that all patients/families receive equal quality care but with delivery of care tailored to meet the individual needs of the patients. This begins with asking staff to assess their own attitudes and open discussion about differences to help people to gain self-awareness and determine if their ideas are stereotypical and/or based on lack of knowledge.*

38.

Instead of meeting with unit supervisors and other staff in the administrative office or receiving written reports, the nurse executive has begun to meet with staff on the units, getting reports directly. This is a good example of:

leadership visibility.

servant leadership.

pervasive leadership.

a culture of transparency.

**Explanation:**

*Meeting on the units with staff supervisors and getting reports directly is a good example of leadership visibility because, by taking the time to go to the units, the nurse executive is being seen by other staff members, and this gives the appearance that the leader is involved and taking an active interest in the work of others in the organization. Efforts to increase visibility also provide the opportunity for the nurse executive to make more direct observations and to interact more with staff.*

39.

The organization has established both emergency and planned succession plans for the nurse executive position. Which of the following is most likely to be selected for emergency succession?

An external consultant.

A retired nurse executive (5 years).

A board member.

**An internal candidate.**

***Explanation:***

*An internal candidate is usually selected for emergency succession because of the need to immediately step into the position and to be familiar with the organizational structure and current demands of the position. The chosen candidate usually fulfills the position on a temporary basis until planned succession can occur. Plans for succession should always be in place so that transitions are not disruptive to the organization. Planned succession may focus on both internal and external candidates, depending on the needs of the organization.*

40.

In a crisis situation, the nurse executive remains calm, keeps her emotions under control and helps others to cope as well, sensing those who need extra support. The nurse executive is exhibiting:

**emotional intelligence.**

coaching.

accessibility.

visibility.

***Explanation:***

*The nurse executive is exhibiting emotional intelligence by processing emotional matters while controlling personal emotions and helping others to control theirs. The model (Salovey and Mayer) includes:*

- *Ability to perceive emotions: To look at a person's facial expression and to understand and perceive that person's emotions.*
- *Ability to use emotions: To use emotions and changing moods to improve problem solving and thinking processes.*
- *Ability to understand emotions: To comprehend and be sensitive to the subtleties of emotion.*
- *Ability to manage emotions: To control emotions of the self and others.*

41.

**When planning to introduce a process improvement project with the goal of determining whether improved patient education results in fewer rehospitalizations, the initial step would be to:**

market the plan.

outline educational content.

**obtain baseline data.**

establish specific goals.

***Explanation:***

*This process improvement plan should result in quantifiable results, so the first step is to obtain baseline data so that variances can be traced as new data are collected. Baseline data is usually obtained for a prescribed period of time—generally one month—with the basis for alerts predetermined so that once data triggers a variance alert, then statistical analysis must be completed to determine the relevancy of the variance, the probability of it having occurred by chance, in order to determine if the variance has statistical significance.*

42.

**What can the nurse executive do to create a common vision and facilitate change within the organization?**

**Include all levels of staff across the organization in planning and implementation.**

Publicize the organization's mission and vision statements.

Include nursing staff and physicians in planning and implementation.

Ask for the staff's response to the organization's mission and vision statements.

***Explanation:***

*Creating a common vision and facilitating change require considerably more than publicizing or asking for comments on mission and vision statements because if staff don't share the vision, then making changes will be very difficult. The best method to create a common vision is to include all levels of staff across the organization, nursing and non-nursing, in planning and implementation. The nurse executive can build consensus through discussions, in-service, and team meetings to bring about a convergence of diverse viewpoints. Creativity should be encouraged and a vision statement should support that common vision that is accessible to all staff.*

43.

Considering the dynamics of team building, what usually occurs during the initial interactions of a team?

Members observe the leader to determine how control is exercised.

Methods to achieve work are clarified.

Members express willingness to support each other's goals.

**Members begin to define roles and develop relationships.**

***Explanation:***

*During initial team interactions, members begin to define roles and develop relationships. Other dynamics then become evident:*

- *Power issues: Members form alliances and observe the leader to determine who controls and how control is exercised.*
- *Organizing: Methods are clarified, and team members begin to work together toward a common goal.*
- *Team identification: Interactions often become less formal and members are more willing to help and support each other to achieve goals.*
- *Excellence: This develops through a combination of good leadership, committed team members, clear goals, high standards, external recognition, spirit of collaboration, and a shared commitment to the process.*

44.

**What is the primary purpose of drawing up a team contract?**

To ensure all members carry out expected duties.

To provide a means of taking disciplinary action.

To establish consensus about expectations of working within the group.

To outline all of the duties the team is responsible for.

***Explanation:***

*The primary purpose of a team contract is to establish consensus about expectations of working with the group. Contracts include:*

- *Roles: Delineate specific responsibilities of each team member.*
- *Discussion: Outline manner in which discussion is to be held (agenda driven, Robert's rules, open discussion).*
- *Time: State amount of time members must commit to team activities and meetings.*
- *Conduct: Clarify acceptable behavior parameters for individuals and the group.*
- *Conflict resolution: Agree upon triggers and methods for conflict resolution.*
- *Reports: Clarify types of reports, timeline, and responsibility for preparing the reports.*
- *Consequences: Identify consequences for Failure to follow the contract.*

45.

As part of a marketing plan, the nurse executive evaluates the costs of radio and television advertising. If a radio station charges \$200 for a spot that reaches 200,000 people and a TV station charges \$1000 for a spot that reaches 500,000 people, which is the least expensive per 1000 impressions (CPM)?

Television ad.

Radio ad.

They are the same.

The data is inadequate to determine.

**Explanation:**

The CPM for the radio ad is \$1.00 per 1000 impressions and the CPM for TV ad is \$2.00 per 1000 impressions, so the radio add is the least expensive with the TV add costing twice as much to reach the same number of people. CPM, cost per mille (thousand), is a standard method of calculating advertising rates. At \$200 for 200,000 impressions:  $200/200 = \$1.00$  to reach 10000. At \$1000 to reach 500,000:  $1000/500 = \$2.00$  to reach 1000.

46.

When an insurance plan negotiates a specific fee for a procedure (including all charges) and pays one bill, this is referred to as:

unbundling.

**bundling.**

fee-for-service.

discounted fee-for-service.

**Explanation:**

Bundling occurs when an insurance plan negotiates a specific fee for a procedure, including all associated costs, and pays one bill. Unbundling occurs when a bundled agreement is dissolved, and the insurance plan pays separate bills (for the hospital, anesthesiologist, surgeon, etc.). Fee-for-service is the traditional billing method in which services are billed for separately. Discounted fee-for-service is similar to fee-for-service, except that reimbursements are discounted.

47.

Which trend is likely to most affect nursing practice in the next 10 years?

Demographic changes.

Well-educated population.

Global economy.

Scientific advances.

***Explanation:***

*While all of these trends will impact nursing, the most immediate impact is likely to result from demographic changes, including the “graying” of the population with a fifth of the population over age 65 by 2030. The emphasis on preventive medicine and care of chronic disease will increase to meet changing needs. Additionally, the population is becoming more ethnically diverse, and this is reflected in nursing school enrollments. Nursing students are also becoming older as people enter nursing as a second career, often while juggling family responsibilities.*

48.

When applying for medical assistance through Medicaid, what period of retroactive coverage is allowed prior to the month the patient applies if the patient’s condition would have warranted eligibility?

No retroactive coverage is allowed.

One month.

Two months.

**Three months.**

***Explanation:***

*Patients applying for medical assistance through Medicaid can receive 3 months of retroactive coverage if the patient's condition would have warranted eligibility. Medicaid is a combined federal and state welfare program authorized by Title XIX of the Social Security Act to assist people with low income with payment for medical care. This program provides assistance for all ages, including children. Older adults receiving SSI are eligible as are others who meet state eligibility requirements. The Medicaid programs are administered by the individual states, which establish eligibility and reimbursement guidelines, so benefits vary considerably from one state to another.*

49.

The nurse executive receives a call from another hospital verifying the work history of a nurse who had quit abruptly after drugs were found to be missing. She had informed the nurse executive that she was entering rehab for addiction. What should the nurse executive tell the person from the other hospital?

That the nurse was suspected of being a drug user.

That the nurse had been treated for addiction.

**That the nurse had worked at the hospital on the dates that the person indicated.**

That the other hospital should not hire the nurse.

***Explanation:***

*This is a legal and ethical dilemma because the nurse executive may suspect that the nurse took drugs from the hospital, but the nurse quit and was not fired, there was no proof the nurse had taken the drugs, and the nurse has a right to privacy regarding treatment for addiction. From a legal standpoint, the nurse executive should only verify the person's employment but*

refrain from giving a positive or negative recommendation and should not share unproven suspicions.

50.

The primary advantage of a computerized physician/provider order entry (CPOE) system is:

faster initiation of treatment.

**decrease in medication errors.**

faster diagnosis of the patient.

more efficient monitoring of patient's condition.

***Explanation:***

*Computerized physician/provider order entry (CPOE) are clinical software applications that automate medication/treatment ordering, requiring that orders be typed in a standard format to avoid mistakes in ordering or interpreting orders. CPOE is promoted by Leapfrog as a means to reduce medication errors. About 50% of medication errors occur during ordering, so reducing this number can have a large impact on patient safety. Most CPOE systems also contain a clinical decision support system (CDDS) so the system can provide immediate alerts related to patient allergies, drug interactions, duplicate orders, or incorrect dosing at the time of data entry.*

51.

The 4 characteristics of Lean-Six Sigma are (1) long-term goals, (2) performance improvement, (3) utilization of improvement methodology, and (4):

accountability.

remediation.

**cost reduction.**

analysis.

***Explanation:***

*Lean-Six Sigma is a method that aims to reduce error and waste within an organization through continuous learning and rapid change, so one of the primary characteristics is cost reduction through quality increase, supported by statistical evaluation of the costs of inefficiency. Goals and strategies to reach the goals should be in place for periods of 1 to 3 years. The underlying belief system should be focused on performance improvement at all levels in the organization, and methods for process improvement, such as PDSA, should be utilized.*

52.

**When creating an organizational flow chart as a tool for quality improvement, a diamond-shape is used to indicate:**

input and output.

**a conditional decision.**

direction of flow.

connectors with diverging paths.

***Explanation:***

A flow chart is a tool of quality improvement and is used to provide a pictorial/ schematic representation of a process. It is a particularly helpful tool for quality improvement projects when each step in a process is analyzed when searching for solutions to a problem. Typically, the following symbols are used:

- Parallelogram: Input and output (start/end)
- Arrow: Direction of flow
- Diamond-shape: Conditional decision (Yes/No or True/False)
- Circles: Connectors with diverging paths with multiple arrows coming in but only one going out.

53.

Total Quality Management (TQM) focuses primarily on:

cost-effectiveness.

**customer needs.**

organizational processes.

organizational needs.

***Explanation:***

*Total Quality Management (TQM) is one philosophy of quality management that espouses a commitment to meeting the needs of the customers at all levels within an organization, promoting continuous improvement and dedication to quality in all aspects of an organization. Outcomes should include increased customer satisfaction, productivity, and increased profits.*

*Necessary elements:*

- *Information regarding customer's needs and opinions.*
- *Involvement of staff at all levels in decision making, goal setting, and problems solving.*
- *Commitment of management to empowering staff and being accountable through active leadership and participation.*

- *Institution of teamwork with incentives and rewards for accomplishments.*

54.

Events and causal factors analysis (E&CFA) is especially useful with:

root-cause analysis.

force field analysis.

PDSA.

CQI.

***Explanation:***

*E&CFA is a combination of the flow chart and affinity diagram and is useful in root cause analysis:*

- *List the name of the process/occurrence in a box on the right*
- *List the steps in the process in boxes from right to left linked with arrows pointing to the process box on the right.*
- *Under each event box, place an arrow pointing downward and list all possible factors contributing to the occurrence through repeatedly asking "Why?"*
- *Discuss and reach group consensus about root causes to determine actions for performance improvement or to ensure the ability to replicate a process.*

55.

With process improvement projects, which of the following is a useful tool to manage schedules and estimate the time needed to complete tasks?

Storyboard.

Pareto diagram.

Affinity diagram.

**Gantt chart.**

***Explanation:***

*A Gantt chart is used for developing improvement projects to manage schedules and estimate time needed to complete tasks. It is a bar chart with a horizontal time scale that presents a visual representation of the beginning and end points of time when different steps in a process should be completed. Gantt charts are a component of project management software programs. The Gantt chart is usually created after initial brainstorming, and creation of a time line and action plans.*

56.

The nurse executive uses medical jargon when talking to a group of patients, and they are confused about the content. Which element of communication is causing the confusion?

Channeling.

**Decoding.**

Receiving.

Encoding.

**Explanation:**

*The source (nurse executive) decides what the message (content) to be sent is and the encoder (also the nurse executive) is the one who interprets the message in order to transmit it. In this case, the source of the information encoded it incorrectly so that it could not be decoded by the patients. The channel is the method in which the message is transmitted. The decoder is the person who interprets the message received. This may or may not be the receiver of the message.*

57.

The nurse executive proposes conducting a market survey to determine the need for a new clinic, the types of services to be offered, and the best location for the clinic. Which healthcare supply system is the nurse executive utilizing?

Market-driven.

Provider-driven.

Supply-driven.

Profit-driven.

**Explanation:**

*In a market-driven approach to healthcare, a market survey is conducted to determine current community needs. The survey should include the number and types of healthcare practitioners, the types of services offered, and the location so that the services offered are matched with the needs of the consumer. In a provider-driven approach, the providers make the major decisions about what services to provide and where. This depends on a variety of different considerations, including licensing laws and regulations regarding reimbursement.*

58.

In the Health Communication Model (Northouse and Northouse), which element of communication refers to the setting and environmental conditions present during communication?

Relationships.

Transactions.

**Contexts.**

Messages.

***Explanation:***

*In the Health Communication Model (Northouse and Northouse, 1992), contexts refers to the setting and the environmental conditions (including the number and types of people present). Different contexts affect communication in different ways. Another element is the 4 types of communication relationships: professional/professional, professional/client, professional/significant other, and client/significant other. The last element is transactions, which include verbal and nonverbal communication. These two forms of communication are considered equally important, especially if they are congruent.*

59.

Under a healthcare management program for diabetics, a targeted approach to reducing diabetic complications includes:

hanging posters in physician's office.

creating television commercials.

participating in a community health fair.

providing nutritional counseling.

**Explanation:**

*In a targeted approach, the healthcare management focuses on the needs of a specific patient or a group of patients with similar problems. In this case, providing nutritional counseling directly to patients who are not adequately controlling their diabetes may improve outcomes by preventing complications and frequent hospitalizations, therefore reducing costs. These programs may set individual target goals as well, such as a specific weight loss or maintenance of a specific range of blood glucose levels.*

60.

The first step in developing a healthcare management program is to:

identify resources.

develop strategies.

**define the population.**

determine outcomes measurement.

**Explanation:**

*The first step in developing a healthcare management program is to define the population needing to be served. This is usually derived from data regarding those with similar diagnoses, risks for complications, frequent need for clinical services, and/or high-cost interventions. The program should then be developed with a specific goal, such as reducing costs or reducing complications, in mind. Barriers should be identified, as well as strategies to implement the plan and overcome those barriers. Finally, methods for measuring outcomes should be considered as well.*

61.

Which of the services would be available to patients in a subacute care facility?

Diagnostic procedures such as MRI or CT.

**Skilled nursing presence around the clock.**

Continuous cardiac monitoring.

Physician presence around the clock.

***Explanation:***

*Subacute care facilities care for patients generally requiring 4 to 6 hours of skilled nursing care each day, although skilled nurses are available around the clock. These patients require less care than acute care facilities provide (such as complex diagnostic imaging, monitoring, and physician availability around the clock), but more care than that provided in a skilled nursing facility.*

62.

When conducting a survey for program evaluation, the easiest questions to quantify are:

descriptive informational questions (who, what, when, where, how, how much, why).

**yes-no questions.**

multiple choice questions.

based on a rating scale.

**Explanation:**

*Yes-no questions are the easiest questions to quantify since this type of survey requires a choice between two categories, but they provide limited information. Descriptive/information questions often provide the most information, but results are difficult to quantify because each individual may answer questions differently. Multiple-choice questions must be designed carefully or clients may not find choices that reflect their opinions. These questions are also easy to quantify. Rating scales are used primarily to rate satisfaction or to indicate the level of agreement with a statement and—like multiple-choice questions—are easy to quantify.*

63.

The first step in strategic planning is:

developing a revised mission and vision statement that identifies core values.

establishing specific goals and objectives.

analyzing internal services and functions

collecting data and doing an external analysis of customer needs.

**Explanation:**

*The first step in strategic planning is to collect data and do an external analysis of customer needs in relation to regulations and demographics. The focus of strategic planning must be on development of services based on identified customer needs and then the marketing of those services. Other steps include:*

- *Analyzing internal services and functions.*
- *Identifying and understanding key issues, including the strengths and weaknesses of the organization as well as potential opportunities and negative effects.*
- *Developing a revised mission and vision statement that identifies core values.*

- *Establishing specific goals and objectives.*

64.

The primary core criteria for credentialing and privileging are:

licensure, education, competence, and performance ability.

licensure, education, quality of care, and clinical knowledge.

licensure, education, communication skills, and professionalism.

licensure, education, clinical knowledge, and systems knowledge.

***Explanation:***

*There are 4 primary core criteria for credentialing and privileging:*

- *Licensure: This must be current through the appropriate state board, such as the state board of nursing.*
- *Education: This includes training and experience appropriate for the credentialing and may include technical training, professional education, residencies, internships, fellowships, doctoral and post-doctoral programs, and board and clinical certifications.*
- *Competence: Evaluations and recommendations by peers regarding clinical competence and judgment provide information about how the person applies knowledge.*
- *Performance ability: The person should have demonstrated ability to perform the duties to which the credentialing/privileging applies.*

65.

Denial or noncertification of services may result from:

extended hospitalization because of postoperative myocardial infarction.

**extended hospitalization because PT is not available on the weekends.**

change in policy after services rendered.

client's death.

***Explanation:***

*Denial or noncertification may result from extended hospitalization because PT or other services are not available on the weekend. Extended hospitalizations with cause, such as a myocardial infarction, are covered but may require concurrent authorization to notify the payor of changes in condition. A change in policy that takes place after services are rendered should not affect a case, as the effective policy is the one in place at the time of authorization. A client's death should result in termination of benefits rather than denial.*

66.

The Older American's Act provides funding and support for:

hospital services.

pharmacy assistance programs.

**home and community services.**

financial assistance to older adults.

**Explanation:**

*The Older Americans Act provides a wide range of home and community services for older adults, as well as respite services for family caregivers of older adults and children with special needs. OAA programs include support of senior centers, nutrition services, respite programs and long-term care planning. The OAA also supports health, prevention, and wellness programs for certain chronic conditions, which include Alzheimer's disease, diabetes and HIV/AIDS. They also promote self-management of chronic disease as well as the Healthy People 2030 initiative. The OAA is also involved with the protection of elder rights by providing legal assistance, pension counseling and information services, and ombudsman programs.*

67.

Upon discharge from a hospital, the most appropriate placement for a client who has slight dementia and requires a daily simple dry dressing change but is medically stable and ambulates independently with a cane is:

a subacute/rehabilitation facility.

a skilled nursing facility.

an intermediate care facility.

**an assisted living/custodial care facility.**

**Explanation:**

*An assisted living/custodial care facility is the appropriate placement for a client who has slight dementia but is otherwise medically stable and can ambulate and toilet independently. Unlicensed staff may assist patients in taking routine medications and can perform simple dry dressing changes. A home health nurse may be necessary if his needs become more complex. Clients may have home oxygen but should not require tracheal suctioning. Assisted living facilities are not usually appropriate for clients in need of rehabilitation or those who are more confused or disoriented because of safety concerns.*

68.

An example of unskilled care is:

administering sliding scale insulin.

educating a client about a low sodium diet.

instructing in the use of assistive devices.

**taking and reporting routine vital signs.**

***Explanation:***

*Unskilled care includes taking and reporting routine vital signs, assisting clients to take medications, assisting with personal care (bathing, applying lotions and creams, changing simple dressings), preparing meals, assisting with feeding, emptying drainage bags and measuring drainage, assisting with colostomy and ileostomy care, administering medical gases (after client has been stabilized), providing chest physiotherapy, assisting with stable tracheostomy care, and supervising exercises prescribed by a therapist. Performing simple range of motion (active and passive) exercises, and helping clients use assistive devices are also examples of unskilled care.*

69.

An action plan has been formulated that clearly outlines the expected outcomes, the steps in the plan, designated responsibilities, anticipated timeline, and the types of measurements to be used for monitoring and evaluating. What is the next step?

**Conduct pilot testing.**

Train all staff and institute organization-wide changes at one time.

Begin to implement the action plan on a trial basis.

Establish a timeline for full implementation.

***Explanation:***

*Once an action plan has been formulated, pilot testing should be conducted after determining the time frame, size of sample, and location(s). Then, the data from the pilot testing should be analyzed and the plan modified if necessary. With each modification, further pilot testing should be conducted until the action plan is ready for implementation. A timeline for implementation must be established with clear communication to all those involved and plans made for training and education.*

70.

**When a facility is converting to the interoperable electronic healthcare delivery system, the most important aspect to consider is:**

equipment choice.

time needed for conversion.

**staff training.**

staff preference.

***Explanation:***

*When converting to an interoperable healthcare delivery system, the most important aspect to consider is the need for extensive training for all staff at all levels because the procedures that are currently paper-related must be modified and converted to a digital format. Standard terminology may need to be established or modified. Staff must be trained to input and retrieve*

information from the electronic system and safeguards must be established to prevent violations of confidentiality. Information retrievable over the internet must be encrypted.

71.

The level of care that provides people with moderate assistance in activities of daily living and periodic nursing supervision for some activities is called:

custodial care.

**intermediate care.**

skilled nursing.

acute care.

***Explanation:***

*Intermediate care provides people with moderate assistance in activities of daily living and periodic nursing supervision for some activities, such as assistance with ambulation, grooming, and medications. Insurance companies usually do not pay for this level of care. Custodial care/assisted living provides people with assistance in performing basic ADLs, such as dressing and bathing. Insurance companies do not pay for this level. Skilled nursing provides maximal assistance with ADLs and also provide for daily supervision/care by a licensed professional. Insurance companies usually pay for this level of care. Acute care can include hospitals, rehabilitation services, inpatient rehabilitation centers, and transitional hospitals. Insurance companies should pay for this degree of care.*

72.

Two staff nurses disagree about the best way to carry out their duties, resulting in ongoing conflict and refusal to work together. The first step in resolving this conflict is to:

allow both individuals to present their side of the conflict without bias.

encourage them to reach a compromise.

tell them they are violating professional standards of conduct.

make a decision about the matter.

***Explanation:***

*Steps to conflict resolution include:*

- 1. First, allow both sides to present their side of the conflict without bias, maintaining a focus on opinions rather than individuals.*
- 2. Encourage cooperation through negotiation and compromise.*
- 3. Maintain the focus of the discussion, providing guidance to keep the negotiations on track and avoid arguments.*
- 4. Evaluate the need for renegotiation, formal resolution process, or third-party involvement.*

*The best time for conflict resolution is when differences emerge but before open conflict and hardening of positions occur. It is beneficial to pay close attention to the people and problems involved, listen carefully, and reassure those involved that their points of view are understood.*

73.

The primary criterion for referral to a hospice program is:

severe intractable pain.

a life-threatening disease.

the probability that death will occur within 6 months.

the presence of a DNR order.

**Explanation:**

*The primary criterion for referral to a hospice program is the probability that death will occur within 6 months. Generally, hospice programs require a DNR order and a diagnosis of a life-threatening disease, but those alone are not sufficient, as those with longer life expectancies should be referred to palliative care programs instead. Severe intractable pain may be one problem hospice addresses, but pain can occur in patients who do not have a life-threatening disease.*

74.

The Joint Commission's Environment of Care requires management plans for which functional areas?

**Safety, security, hazardous materials and waste, fire safety, medical equipment, and utilities.**

Pharmacy, medical equipment, ventilation, and hazardous materials and waste.

Infection control, fire safety, discharge planning, security, and technology.

Infection control, safety, security, ventilation, pharmacy, and medical equipment.

**Explanation:**

*The Joint Commission's Environment of Care requires management plans for six functional areas: safety, security, hazardous materials and waste, fire safety, medical equipment, and utilities. Management plans should include a risk assessment for each area, as well as plans for staff development to ensure compliance. Plans must also include emergency procedures and expected staff responses, detail programs for inspecting, testing, and maintaining the plans, and describe methods for collecting information and evaluating outcomes. Performance must be monitored and annual evaluations conducted.*

75.

There is only one bed available in a skilled nursing facility, but there are two patients who are in need of care. The nurse recommends that one patient be transferred to another facility. The decision regarding which patient to transfer should be based on which ethical principle?

Nonmaleficence.

Beneficence.

**Justice.**

Autonomy.

***Explanation:***

*Justice is the ethical principle that relates to the distribution of limited healthcare resources to members of society. These resources must be distributed fairly. This issue may arise if there is only one bed left and two patients in need of care. Justice comes into play when deciding which patient should stay and which should be transported to a different facility. The decision should be made according to what is best or most just for the patients and not colored by personal bias.*

76.

Which of the following laws require that communities provide transportation services for the disabled, including accommodations for wheelchairs?

Emergency Medical Treatment and Active Labor Act (EMTALA).

Older Americans Act (OAA).

Omnibus Budget Reconciliation Act (OBRA).

**Americans with Disabilities Act (ADA).**

***Explanation:***

*The ADA provides the disabled, including those with mental impairment, better access to the community and employment opportunities. Communities must provide transportation services for the disabled, including accommodation for wheelchairs. Public facilities (schools, museums, physician's offices, post offices, restaurants) must be accessible with ramps and elevators as needed. EMTALA prevents "dumping" of patients from emergency departments. OAA provides improved access to services for older adults and Native Americans, including community services (meals, transportation, home health care, adult day care, legal assistance, and home repair). OBRA provides guidelines for nursing facilities, such as long-term care facilities.*

77.

**Which of the following violates the American Medical Association's guidelines for informed consent?**

Description of risks and benefits of treatment.

**Presentation of only the 3 most cost-effective treatment options.**

Review of the nature of treatment and purpose.

Comparison of success rates for similar treatment at different facilities.

***Explanation:***

*Presentation of only the 3 most cost-effective treatment options is a violation of the guidelines regarding informed consent, which include:*

- *Explanation of the diagnosis.*
- *Nature and reason for the treatment or procedure.*
- *Risks and benefits of the selected treatment.*
- *Alternative options (regardless of cost or insurance coverage).*
- *Risks and benefits of alternative options.*
- *Risks and benefits of not having a treatment or procedure.*
- *Providing informed consent is a requirement of all states.*

*While providing comparison information is not required, doing so does not violate informed consent protocols.*

78.

Which of the following best describes a case mix group as defined by the Health Insurance Prospective Payment System (HIPPS)?

A classification system based on utilization of resources.

A data set containing elements to review for a comprehensive assessment of patient function.

**A classification system based on clinical characteristics of patients.**

A data set used by home health agencies to measure outcomes and risk factors.

***Explanation:***

*A case mix group (CMG) is a classification system based on the clinical characteristics of patients. Resource utilization group (RUG) is a classification system based on utilization of resources, with reimbursement tied to RUG level. The Outcome and Assessment Information Set (OASIS) is a data set used by home health agencies (HHA) to measure outcomes and risk factors within a specified time frame. Minimum data set (MDS) contains elements to review for a comprehensive assessment of patient function. The MDS currently in use is MDS 3.0.*

79.

The primary purpose of sending a request for information (RFI) to multiple vendors is to:

aid in the elimination and selection process.

meet regulatory requirements.

eliminate the need for a request for quote (RFQ).

complete a cost-utility analysis.

***Explanation:***

*The primary purpose of sending an RFI to a variety of vendors is to help in the elimination and selection process. Topics for questions may include:*

- *History and financial status of company.*
- *Lists of current users of company's product.*
- *Information about system architecture.*
- *Hardware/software requirements.*
- *User support.*
- *Equipment support/maintenance.*
- *Ability of equipment to integrate with other systems.*

*Requests for information (RFI) are used early in system analysis to gather information from various vendors, often in conjunction with requests for proposal (RFP) and requests for quote (RFQ).*

80.

The first step to knowledge discovery in a database (KDD) is:

data mining.

data selection.

pre-processing data.

transforming data.

**Explanation:**

*The first step to knowledge discovery in database (KDD) is data selection. Other steps include pre-processing (assembling target data set and cleaning data of noise), transforming data, data mining, and interpreting results. KDD is a method to identify patterns and relationships in large amounts of data, such as the identification of risk factors or effectiveness of interventions. KDD may utilize data perturbation, the hiding of confidential information while maintaining the basic information in the database, and data mining.*

81.

**According to the Health Information Technology for Economic and Clinical Health Act (HITECH) security provisions, a breach in security of personal health information requires notification of:**

administration.

the physician.

the US Department of Health and Human Services (HHS).

**the individuals impacted and US Department of Health and Human Services (HHS).**

**Explanation:**

*The American Recovery and Reinvestment Act (2009) (ARRA) included the Health Information Technology for Economic and Clinical Health Act (HITECH). Security provisions include:*

- *Individuals and HHS must be notified of a breach in security of personal health information.*

- *Business partners must meet security regulations or face penalties.*
- *The sale/marketing of personal health information is restricted.*
- *Individuals must have access to personal electronic health information.*
- *Individuals must be informed of disclosures of personal health information.*

*HITECH provides incentive payments to Medicare practitioners to adopt EHRs. Additionally, HITECH provides penalties in the form of reduced Medicare payments for those who do not adopt EHRs, unless otherwise exempted.*

82.

Which of the following is an example of intelligent risk taking when a nurse executive is faced with the need to cut costs?

Switching to an acuity-based nursing care model to reduce overtime costs.

Reducing nursing staff across the board in all departments.

Reducing support staff by 50%.

Hiring all part-time staff to avoid paying benefits.

***Explanation:***

*Switching to an acuity-based nursing care model to reduce overtime costs represents intelligent risk-taking because it stands a good chance of being successful, but failure is not likely to make things worse. Reducing nursing staff across the board in all departments is rarely a successful approach because the intensity of care needs often varies widely, increasing the risk of errors. Reducing support staff by 50% increases the burden on licensed staff and can result in costly problems. Hiring all part-time staff to avoid paying benefits often results in increased staff turnover and decreased engagement, both of which can be costly in the long-run.*

83.

The communication theory that describes communication as an exchange system in which people attempt to negotiate a return on their "investment" in much the same way that people engage in commerce is:

Social Penetration Theory (Altman and Taylor).

Communication Accommodation Theory (Giles).

Spiral of Science Theory (Noelle-Neuman).

**Social Exchange Theory (Homans, Thibaut, and Kelley).**

***Explanation:***

*Social Exchange Theory describes communication as an exchange system in which people attempt to negotiate a return on their "investment." Social Penetration Theory describes the manner in which people use communication to develop closeness to others, proceeding from superficial communication to more explicit self-disclosure. Communication Accommodation Theory explains why people alter their communication styles. Individuals may practice convergence or divergence. Spiral of Science Theory looks at the role that mass media has in influencing communication. It suggests that people fear isolation so they conform to public opinions as espoused by mass media and mute dissent.*

84.

Which of the following serves as the guide for tracer methodology?

Patient surveys.

**Patient medical records.**

Staff surveys.

Accreditation reports.

**Explanation:**

*Tracer methodology uses a selected patient's medical record as a guide to assess the continuum of care that a patient receives from admission to post-discharge. Tracer methodology uses the experience of this patient to evaluate the processes in place through documents and interviews. For example, if a patient received physical therapy, nursing and transport services, they would all be reviewed to determine how they received orders, carried out processes (including length of time and methods), and noted progress. Each step is traced and evaluated.*

85.

Under the Transtheoretical Model stages of change, the stage during which the person intends to change at some point and is aware of costs and benefits of change is called:

Precontemplation.

**Contemplation.**

Preparation.

Action.

**Explanation:**

*Contemplation. The stages of change are:*

- 1. Precontemplation: Informed about the consequences of problem behavior and has no intention of changing behavior in the next 6 months.*

2. Contemplation: Is aware of costs and benefits of changing behavior and intends to change in the next 6 months but is procrastinating.
3. Preparation: Has a plan to initiate change in the near future ( $\leq 1$  month) and is ready for an action plan.
4. Action: Modifies behavior. Change occurs only if behavior meets a set criterion (such as complete abstinence from drinking).
5. Maintenance: Works to maintain changes and gains confidence that he/she will not relapse.

86.

The primary purpose of knowledge management is to:

increase organizational effectiveness.

widely disseminate information.

provide safeguards to prevent unauthorized access to information.

codify and transmit data.

**Explanation:**

*The primary purpose of knowledge management is to increase organizational effectiveness by ensuring that information reaches those who need it in an efficient and easily accessible manner. Knowledge includes that which is explicit and can be codified and transmitted through databases as well as tacit knowledge based on an individual's experience. An infrastructure must be in place to capture, create, and share content, including best practices, as well as expertise and experience (intellectual capital).*

87.

The Leapfrog Safe Practices score is used as a basis for:

promoting evidence-based practice through the funding of 14 Evidence-based Practice Centers (EPCs).

providing collaborative training within the network related to safe clinical practice.

providing fellowships to help professionals gain experience and expertise in health-related fields.

**assessing the progress a healthcare organization is making on up to 28 safe practices.**

***Explanation:***

*The Leapfrog Safe Practices Score assesses the progress a healthcare organization is making on up to 28 safety practices that Leapfrog has identified as reducing the risk of harm to patients. Leapfrog is a consortium of healthcare purchasers/employers and has developed a number of initiatives to improve safety. Leapfrog encourages voluntary public reporting and provides an annual Hospital and Quality Safety Survey to assess progress and release regional data. Leapfrog has instituted the Leapfrog Hospital Rewards Program (LHRP) as a pay-for-performance program to reward organizations for showing improvement in key measures.*

88.

The employee assistance program's critical incident stress management (CISM) plan is initiated after a severe explosion and fire brings dozens of critically injured patients to the hospital. When should the defusing sessions begin?

**As soon as possible during or after the event.**

Two to three days after the event.

One week after the event.

Within 2 weeks after the event.

**Explanation:**

*Critical incident stress management (CISM) helps people cope with stressful events and in reducing the incidence of PTSD.*

- Defusing sessions: Very early, sometimes during or immediately after a stressful event to educate those actively involved about what to expect over the next few days and to provide guidance in handling feelings and stress.
- Debriefing sessions: In 1-3 days after the incident and as needed for those directly and indirectly involved. People are encouraged to express their feelings and emotions. Six phases: introduction, fact sharing, discussing feelings, describing symptoms, teaching, and reentry.
- Follow-up is done at the end of the process, usually after about a week.

89.

**A nurse executive's span of control refers to:**

the type of governance.

the number of patients.

**the number of subordinate staff who report to her.**

the number of departments she manages.

**Explanation:**

*Span of control is a business term that refers specifically to the number of subordinate staff a nurse executive (or any person) has and generally includes those subordinates the person personally supervises. Span of control is most important in a hierarchical organization where lines of authority are clearly delineated. The span of control may vary widely depending on the*

*skills of the nurse and the skills of subordinates. Each subordinate, such as a unit supervisor, may also have a span of control.*

90.

The National Quality Forum's safe practices, specifically regarding medication management, includes:

the need to document care properly.

**implementing a computerized prescriber order entry (CPOE) system.**

informing patients of medication side effects and risks.

providing discharge planning.

***Explanation:***

*National Quality Forum's safe practices include managing medications by implementing a computerized prescriber order entry (CPOE) system, using standardizing abbreviations, maintaining updated medication lists for patients, and including pharmacists in medication management to identify high alert drugs and dispense drugs in unit doses. Additional safe practices include considering the patient's rights and responsibilities, managing information and care, preventing healthcare-associated infections, providing safe practices for surgery, and providing procedures and ongoing assessment to prevent site-specific or treatment-specific adverse events.*

91.

In a database, the type of data that is usually used to represent a count of something is:

categorical.

quantitative.

**discrete.**

continuous.

***Explanation:***

*Discrete data, usually used to represent the count of something, are those that have a specific value and cannot be further quantified. Because the person creating the database and the person providing data are often different, eliciting the correct discrete data can pose problems, especially if the person providing data is not well versed in database design. One of the first steps to ensuring adequate data is to do a requirement analysis, which can involve eliciting information about data through case studies, interviews, focus groups, and observations.*

92.

When brainstorming as part of action planning, which of the following is the first step?

**Establish the purpose of and the time frame to brainstorm.**

List every suggested idea.

Discuss items and clarify issues.

Decide on a structured or unstructured approach.

***Explanation:***

*Brainstorming is used to generate ideas about problems, processes, solutions, or other criteria in a short time frame. There are 5 primary steps:*

1. Establish the purpose of and time frame for the brainstorming session.
2. Decide on a structured or unstructured approach.
3. Allow time for general discussion or individual thought.
4. List ideas according to the approach. Ideas may be written on a white board or flip chart or projected from a computer so that the group can look at the list.
5. Discuss items, clarify, and combine like items as the group agrees.

93.

Which of the following legal procedures authorizes the disclosure of patient personal health information?

Subpoena.

Subpoena duces tecum.

Warrant.

**Court order.**

***Explanation:***

*A court order authorizes disclosure of a patient's personal health information. In some cases, this court order may cover only restricted information rather than an entire health record. A subpoena is issued to advise a person that he or she must give testimony in court or in a deposition. A subpoena duces tecum is similar but requires the person to bring specific documents to court. A warrant authorizes an action, such as a search.*

94.

The nurse executive would find Workers' Compensation data most useful when researching which of the following?

Tracking occupational illness.

Determining safety measures.

**Estimating frequency of particular occupational injuries.**

Reducing costs of work-related injuries.

***Explanation:***

*Workers' Compensation data are not available on a national basis. Criteria for data collection may vary from state to state along with state regulations, but even limited (statewide) data may provide an estimate of the frequency and severity of particular occupational injuries as well as their associated costs. The data may help guide the institution of work safety measures and development of safety training. Occupational illness data are less useful because injuries tend to be similar across industries while illnesses tend to show more variation.*

95.

The four necessary elements of all negligence claims are:

duty to care, harm, liability, and residual damages.

onset, duration, cause, and injury.

victim, perpetrator, injury, and residual damages.

**duty of care, breach of duty, damages, and causation.**

**Explanation:**

When screening for medical cases for plaintiffs, the four necessary elements of negligence must be identified:

- **Duty of care:** The defendant had a duty to provide adequate care and/or protect the plaintiff's safety.
- **Breach of duty:** The defendant failed to carry out the duty to care, resulting in danger, injury, or harm to the plaintiff.
- **Damages:** The plaintiff experienced illness or injury as a result of the breach of duty.
- **Causation:** The plaintiff's illness or injury is directly caused by the defendant's negligent breach of duty.

96.

The nurse manager of the emergency department routinely makes homeless or indigent patients wait for care until other patients have been seen. What provision of the American Nurse Association Nursing Code of Ethics does this specifically violate?

The nurse is responsible for his/her own care practices and determines appropriate delegation of care.

The nurse's primary commitment is to the patient regardless of conflicts that may arise.

The nurse must retain respect for self and his/her own integrity and competence.

The nurse treats all patients with respect and consideration, regardless of social circumstances or health condition.

**Explanation:**

*This violates provision 1: The nurse treats all patients with respect and consideration, regardless of social circumstances or health condition. It is unethical to treat one group of patients differently than another simply because of their social circumstances (for example, being homeless or indigent). These patients should be evaluated and treated in accordance with the protocol established by the emergency department. This may vary from one*

organization to another, but arbitrarily having their needs attended to after those of other patients is neither ethical nor medically justified.

97.

According to von Bertalanffy's Systems Theory, which of the following is an example of throughput?

Raw materials.

Planning processes.

Rules.

Accreditation reports.

**Explanation:**

*Planning processes is an example of throughput. Components of Systems Theory include:*

- **Input:** Includes those things going into a system in terms of energy and materials, such as money, raw materials, effort, and time.
- **Throughput:** Processes that transform the input, such as brainstorming, planning, meeting, and sharing resources and information.
- **Output:** Resulting product, such as laws, rule, financial gain, materials, and programs.
- **Feedback:** Information derived from the product, such as accreditation reports.

98.

A sentinel event occurs when an 80-year-old post-operative patient develops a *Clostridium difficile* infection and dies as a result of the infection. The first step in preventing further cases is to:

conduct a root cause analysis.

develop an action plan.

close the unit for extensive cleaning.

educate staff about infection control measures.

***Explanation:***

*Each case must be dealt with individually. If defined as a sentinel event, a root cause analysis that defines the problem through gathering evidence to identify what contributed to the problem must be performed. Once a root cause has been determined, an action plan that identifies all the different elements that contributed to the problem is recommended and instituted. The theory is that finding the root cause can eliminate the problem rather than just treating it. Thus, finding the source of an infection would be more important than just treating the infection.*

99.

**When conducting a stakeholder analysis as part of long-term planning, the initial step is to:**

evaluate stakeholders.

map stakeholder relationships.

**identify important stakeholders.**

classify stakeholders as either primary or secondary.

***Explanation:***

*The initial step in stakeholder analysis is to identify those stakeholders important to the organization by surveying key stakeholders and looking to see with whom they identify. Once a*

*list is compiled, then surveys ask respondents to evaluate and rate the relative power of each of the stakeholders. Next, stakeholder mapping is usually done to show the relationships among the stakeholders. Stakeholders may be further classified as those who are primary (essential), secondary (non-essential), internal (within the organization), or external (outside the organization but interacting with it).*

100.

The Hospital Compare website provided by Medicare allows for the comparison of how many different hospitals at one time?

2.

3.

5.

10.

***Explanation:***

*The Hospital Compare website allows people to compare up to 3 hospitals at a time. A search is conducted by zip code, city and state, or state alone. Results show distance from search parameter (such as distance from the zip code), availability of emergency services, and hospital type. Available information includes general information (address and types of services), patient survey results, timely and effective care in specified areas (heart attack, heart failure, pneumonia, surgical, ED, preventive care, and children's asthma), readmission complications and deaths, the use of medical imaging, Medicare payment, and number of Medicare patients.*

101.

When reviewing data provided by the CMS Hospital Quality Initiative, the nurse executive notes that 83% of patients admitted through the emergency department with pneumonia had a blood culture test prior to the first dose of antibiotics. The most appropriate initial response is to:

commend the staff for exceeding national averages.

reprimand the staff for substandard care.

**institute staff training regarding appropriate pneumonia care.**

question the accuracy of the results.

***Explanation:***

*The most appropriate initial response is to institute staff training regarding appropriate pneumonia care as the national average is 97%. While 83% represents less than optimal care, taking positive steps is more likely to bring about change than punitive steps. Data are provided at Hospital Compare as percentages, allowing comparison for up to 3 hospitals at a time. Data is shown for the selected hospitals as well as for state and national averages.*

102.

**Under the Joint Commission's National Patient Safety Goals, which of the following is generally acceptable as one of two required identifiers?**

Place of birth.

**Date of birth.**

Place of employment.

An armband taped to bedside stand.

**Explanation:**

*The Joint Commission requires two identifiers to ensure that the correct individual is receiving care and that the care is intended for that individual. Identifiers must be specific to the patient. The first identifier is usually the patient's name, often found on the wristband, and the second can be the birthdate, patient ID number, or telephone number. Birthplace is usually too non-specific as is place of employment. If an armband is used as an identifier, it must be placed on the patient's body and cannot be simply placed at the bedside or taped to a bedside stand.*

103.

**Which of the following is the most reliable indicator of increased employee engagement?**

**Increased staff retention.**

Increased job satisfaction (according to staff surveys).

Decreased staff complaints.

Anecdotal reports of staff.

**Explanation:**

*Increased staff retention is the most reliable indicator of increased employee engagement because it demonstrates a commitment to the organization, which is a critical element in engagement. Engaged employees are often more loyal and more productive. Employees can have high rates of job satisfaction without being engaged or actively trying to improve the organization, so surveys alone cannot measure engagement. Increased job satisfaction (with or without increased engagement) can lead to decreased complaints, but so can an intimidating environment in which employees are afraid to complain.*

104.

When conducting SWOT analysis, which of the following is generally considered to be an external factor?

Human resources.

Processes.

Physical resources.

Trends.

***Explanation:***

*With SWOT analysis, strengths (S) and weaknesses (W) usually refer to internal factors, such as human resources, financial resources, physical resources, and processes. Opportunities (O) and threats (T) are more focused on external factors, which can include trends, sources of finances, rules and laws, the general economy, and national and international events. Because SWOT analysis evaluates the effect that internal and external factors have on work, it is sometimes referred to as an Internal/External Analysis. SWOT analysis is useful for both brainstorming and more in depth planning.*

105.

Which of the following is an appropriate method for assessing the driving and restraining forces when doing strategic planning?

Conducting a force field analysis.

Establishing a task list.

Conducting an events and causal factors analysis.

Completing an affinity diagram.

**Explanation:**

*Force field analysis (Lewin) was designed to analyze both the driving forces (leaders, incentives, and competition) and the restraining forces (poor attitudes, hostility, inadequate equipment, and insufficient funds) for change. Steps include:*

- 1. List the proposed change at the top and then create two subgroups (driving forces and restraining forces) below, separated by a horizontal line.*
- 2. Brainstorm and list driving forces and opposed restraining forces. (When driving and restraining forces are in balance, this is usually a state of equilibrium or the status quo.)*
- 3. Discuss the value of the proposed change.*
- 4. Develop a plan to diminish or eliminate restraining forces.*

106.

**A nurse executive whose responsibilities include acting as the company compliance officer finds what appears to be a long-standing pattern of fraudulent billing practices by the organization. Which of the following initial actions is most appropriate?**

Notify the appropriate regulatory agencies.

Notify the board.

**Consult an attorney.**

Notify the police.

**Explanation:**

*Anyone in the position of potentially being a whistleblower needs to consult an attorney who specializes in whistle blowing before taking action. There are numerous federal and state laws and regulations about whistle blowing. Even more confusing is that they are often contradictory with different laws related to different professions and types of fraudulent actions. While*

*whistleblowers are protected by many federal and state laws, the reality is that whistle blowing often results in loss of job, being ostracized or excluded, and/or civil action, so the person must fully understand the implications of their actions.*

107.

Which of the following terms refers specifically to the process by which a person is granted authority to practice in an organization?

Licensing.

**Privileging.**

Credentialing.

Certifying.

***Explanation:***

*Privileging follows the credentialing process and grants the individual authority to practice within the organization. Credentialing is the process by which a person's credentials to provide patient care are obtained, verified, and assessed in accordance with organizational bylaws. This process may vary from one organization to another. Members of a credentialing committee make decisions regarding credentialing and privileging, although some organizations use the internet to verify credentials. Part of credentialing and privileging is determining what credentials are necessary for different positions, based on professional standards, licensure, regulatory guidelines, and accreditation guidelines.*

108.

Which of the following is the best preparation for dealing with an internal disaster?

**Establishing a disaster management plan.**

Training staff in preventive measures.

Advising staff to call 9-1-1 for crisis situations/disasters.

Having regular fire drills.

***Explanation:***

*The best preparation for dealing with an internal or external disaster is to have a disaster management plan in place with all staff members thoroughly trained to understand their roles. The disaster plan should include procedures for fires, natural disasters (earthquakes, tornadoes, hurricanes, floods), chemical spills, communicable diseases, bomb threats, and utility failures. Emergency telephone numbers should be available and a telephone tree established. Plans for a command center should be outlined as well as lines of responsibility.*

109.

**When developing a nursing professional practice model, what would the nurse executive generally expect to find at the center of the model?**

Safety.

Care standards.

**The patient and his/her family.**

Professional values.

**Explanation:**

*In most professional practice models, the patient/family is placed at the center of the model since the general goal of nursing is to provide excellent care for both the patient and his/her family. In some facilities, the practice model may focus on a slogan, such as "Patients first" or "Patient-centered care." Other aspects of the model are then developed to show how the caring environment is demonstrated. The professional practice model illustrates the role and responsibilities of the nurse and usually includes emphasis on clinical quality care, professional development and professional values.*

110.

**Who or what is responsible for outlining a nurse's scope of practice?**

The American Nurses Association.

The American Nurses Credentialing Center (ANCC).

**Each state's Board of Nursing and Nurse Practice Act.**

The American Academy of Nurse Practitioners.

**Explanation:**

*The state board of nursing and the Nurse Practice Act determines the nurse's scope of practice. Advance practice nurses, such as nurse practitioners or certified nurse specialists, are those who have completed additional education in an accredited nursing program (usually at a Master's level) and have received certification with a national certifying organization, like the American Nurse's Credentialing Center. The American Nurses Association and the American Academy of Nurse Practitioners are professional organizations that may help to set standards but do not have legal authority to determine scope of practice.*

111.

The primary benefit of instituting a yearlong mentoring program as part of new staff orientation is:

increased staff retention.

increased job satisfaction.

decreased orientation costs.

decreased need for supervision.

***Explanation:***

*A mentoring program is a critical element in improving staff retention. Some orientation programs are primarily classroom based with reviews of policies, procedures, and equipment. As a result, many nurses feel overwhelmed when orientation ends, especially new graduates who may lack the experience necessary to work autonomously. An ongoing mentoring program provides support for new nurses and the opportunity to benefit and learn from the experience of others. Formal mentoring programs usually establish one-on-one relationships rather than the more informal mentoring that occurs when one nurse assists another.*

112.

Which of the following types of research would require review by the Institutional Review Board?

Research comparing the effectiveness of standard orientation program vs orientation plus mentoring.

Research involving the use of existing data without identifying subjects.

Research involving the evaluation of the effectiveness of different in-service delivery systems.

Research involving comparison of two different therapeutic approaches for the same disorder.

**Explanation:**

Research involving the comparison of two different therapeutic approaches for the same disorder would require review by the Institutional Review Board (IRB); an independent group that monitors research to ensure it is ethical. The Department of Health and Human Services, Title 45 Code of Federal Regulations, part 46 provides guidance for IRBs and outlines requirements for those involved in research. Institutions engaged in non-exempt research must submit an assurance of compliance document to the Office of Human Research Protection (OHRP), agreeing to comply with all requirements for research projects.

113.

When faced with the need to cut costly programs, which of the following is an example of lateral thinking?

Reduce nursing and support staff and institute a hiring freeze.

Reduce benefits for new hires and increase the use of part-time help.

Develop a community-action plan to attract "sponsors" of various programs.

Close satellite clinic sites and reduce onsite clinic hours.

**Explanation:**

Vertical or rational thinking involves picking the "logical" solution to problems. In the case of the need to cut costs, this usually entails cutting back on staff or services. Lateral thinking looks at a problem from a different perspective and attempts to find a creative solution to a problem, considering all possible alternatives. When faced with the need to cut costs, the nurse executive utilizing lateral thinking might consider developing a community-action plan to attract

*"sponsors" of various programs. This is an innovative way to involve the community in cost-saving programs.*

114.

When conducting literature research, which of the following has the most validity?

An article in the *New York Times*.

An article in *The Reader's Digest*.

The transcript of a *60 Minutes* (CBS) television interview.

An article in the *New England Journal of Medicine*.

**Explanation:**

*While all of these sources may, in fact, provide valid information, sources with the most authority are journals whose articles are peer-reviewed, such as the *New England Journal of Medicine*. Articles in the popular press undergo a much less rigorous review process. Besides considering the source, other important factors to consider when evaluating a source include the author's credentials, the strength of the thesis, how the article is organized, the evidence supporting or refuting the thesis, and the author's interpretation and analysis of the data.*

115.

When conducting internal research to determine if staff turnover is higher in the critical care unit than the general medicine unit, which of the following is the dependent variable?

Turnover rate.

Staff assignments.

Staff gender.

Staff certification.

***Explanation:***

*The dependent variable is that which the researcher is trying to understand or explain, which in this case is the turnover rate. You can also think of the dependent variable as the presumed effect of something or some action. An independent variable is the presumed cause. In this type of research, besides looking at raw figures to determine the turnover rates in the two departments, the researcher would also attempt to identify other independent variables (such as the assignments, staff gender, and staff certification) to determine if they could also affect the dependent variable or turnover rates.*

116.

Which ethical system states that ethical decisions should be made to benefit the most people?

Deontology.

Virtue.

Rights.

**Act utilitarianism.**

***Explanation:***

*The four major ethical decision making systems are as follows:*

- Act Utilitarianism: Ethical decisions are those that benefit the most people, regardless of personal feelings or laws. In Rule Utilitarianism, ethical decisions must take laws and fairness into consideration.
- Deontology: When confronted with an ethical dilemma, people should adhere to obligations and duties.
- Rights: Protects and supports the rights set up by society, such as those permitted by tradition or law. Individuals may also grant rights to others.
- Virtue: When one's ethical decisions are questionable, then the person's morals and motivation (virtues) should be taken into account.

117.

Which aspect of outcomes evaluation refers to continuing treatment while still monitoring and evaluating?

Improving.

Monitoring.

**Sustaining.**

Evaluating.

**Explanation:**

Outcomes evaluation includes the following:

- Monitoring occurs during the course of treatment and involves careful observation and record keeping that notes the patient's progress. Supporting laboratory and radiographic evidence is documented.
- Evaluating results includes reviewing records as well as current research to determine if the outcomes are within acceptable parameters.
- Sustaining involves continuing treatment, but also continuing to monitor and evaluate.
- Improving means to continue the treatment but with additions or modifications in order to improve outcomes.

- *Replacing the treatment with a different treatment must be done if outcomes evaluation indicates that current treatment is ineffective.*

118.

In Juran's 4-step quality improvement process (QIP), which of the following is done as part of the *remediating* step?

Prioritizing problems and identifying a team.

Analyzing problems and formulating theories.

Considering various alternative solutions.

Evaluating performance and monitoring control system.

***Explanation:***

*Juran's 4 step quality improvement process involves the following four steps:*

- *Defining and organizing the project includes listing and prioritizing problems and identifying a team.*
- *Diagnosing includes analyzing problems and then formulating theories about their cause by root cause analysis. These theories are then tested.*
- *Remediating includes considering various alternative solutions and then designing and implementing specific solutions. This must be done while addressing institutional resistance to change. The processes should improve over time.*
- *Holding involves evaluating performance and monitoring the control system in order to maintain improvements.*

119.

When developing research questions, which of the follow is a complex hypothesis with multiple dependent variables?

Senior nurses are less likely to support the expanding role of nurses than new graduates.

Patients assigned a case manager have a more positive perception of nursing care than those without a case manager.

Patients who are catheterized postoperatively develop more postoperative infections than those who are not catheterized.

**A structured plan for post-operative pain control is more effective than an unstructured plan in reducing patient complaints of pain and requests for pain medication.**

***Explanation:***

*A complex hypothesis predicts a relationship between an independent variable (a structured plan for post-operative pain control) and multiple dependent variables (perceptions of pain and requests for pain medication). Complex hypotheses are often more realistic than a simple hypothesis, which predicts the relationship between one independent variable and one dependent variable. A directional hypothesis predicts the direction of the relationship between the independent and dependent variable while a non-directional hypothesis predicts a relationship but not the direction.*

120.

**For which of the following would qualitative research be more appropriate than quantitative research?**

Determining if an intervention decreases rehospitalization.

Evaluating patient response to two different medications.

Determining whether an electronic medication dispensing cart decreases medicine errors.

## Assessing health beliefs of a particular culture.

### **Explanation:**

*While quantitative research is an objective empirical approach with clear steps, qualitative research is a much broader approach that allows researchers to generate theories and problems from subjective input, such as about health beliefs. Qualitative research can include field studies and historical research. Research is not data driven but instead depends on observation (as in field studies) and interviews. The researcher does not limit his analysis to relate to specific variables but attempts to find useful patterns in information.*

121.

When conducting quantitative research with human subjects, at what point in the process must Institutional Review Board (IRB) approval be obtained?

Immediately after identification of the problem.

Immediately after the collection of data.

**Immediately before the collection of data.**

Immediately before selection of the research design.

### **Explanation:**

*IRB approval must be obtained immediately before beginning to collect any data. However, the research plan must be complete because this is what is reviewed by the IRB. They can approve, deny, or exempt the research proposal based on the content of the plan. Steps to the research process include:*

- *Identifying the problem and stating the purpose.*
- *Reviewing appropriate literature.*
- *Describing the theoretical framework.*
- *Defining relevant terms.*

- *Stating the hypothesis or hypotheses.*
- *Selecting the research design, including population and sample size.*
- *Obtaining IRB approval.*
- *Collecting data.*
- *Analyzing/Interpreting data.*
- *Publishing results/recommendations.*

122.

**What type of functioning is assessed by the CMS Minimum Data Set (MDS)?**

Nursing staff competency and accuracy.

**Patient physical, psychological, and psychosocial functioning.**

Administrative functioning, including Nurse Executive and Board of Directors.

Financial management, including budget and accounting practices.

***Explanation:***

*The CMS Minimum Data Set is a tool used to assess the physical, psychological, and psychosocial functioning of patients in long-term care facilities. The MDS applies to all long-term care facilities that are certified by CMS and must be used to assess all patients, even those not covered by Medicare or Medicaid. The tool helps to identify a patient's functional status and identify problems that must be addressed. Information is transmitted electronically to the state and then to the national CMS database.*

123.

**Which of the following is based on the strategic plan and provides performance measures in relation to the facility mission, vision statement, and goals/objectives?**

Pareto diagram.

Scattergram.

Dashboard.

**Balanced scorecard.**

***Explanation:***

*The balanced scorecard (Kaplan and Norton) is based on the strategic plan and provides performance measures in relation to the mission and vision statement and goals and objectives. A balanced scorecard includes not only the traditional financial information but also data about customers, internal processes, and education. Each organization can select measures that help to determine if the organization is on track to meeting its goals. If the scorecard is adequately balanced, it will reflect both the needs and priorities of the organization itself and also those of the community and customers.*

124.

An acute care hospital with 500 annual live births has collected and transmitted ORYX<sup>®</sup> data for four core measure sets. How many chart-abstracted measures are also required?

0.

1.

3.

4.

**Explanation:**

*Acute care hospitals (hospitals with at least 26 licensed beds or at least 50,000 outpatient visits annually) with over 300 annual live births must collect and transmit data for at least four core measure sets and four chart-abstracted measures. Acute care hospitals with less than 300 annual live births must submit just one chart-abstracted measure and four core measures. For acute care hospitals without obstetric services, only the four core measures must be reported on. The Joint Commission has recently suspended reporting requirements on long-term acute care hospitals, free-standing children's hospitals, inpatient rehabilitation facilities, amongst other specialty facilities.*

125.

Considering the National Quality Forum's National Consensus Standards for Nursing-Sensitive Care, which of the following is classified as a nursing-centered intervention measure?

Prevalence of pressure ulcers.

Falls resulting in injury.

Smoking cessation counseling for patients with heart failure.

Skill mix.

**Explanation:**

*Nursing sensitive indicators are developed to determine the degree of influence that nursing provides, that is they establish correlation between nursing interventions and patient outcomes. The NQF's National Consensus Standards for Nursing-Sensitive Care has 3 framework categories with supporting measures:*

- *Patient-centered outcome measures: Falls, catheter-associated infections, ventilator-associated pneumonia, pressure sores, and surgical deaths.*

- *Nursing-centered intervention measures: Smoking cessation counseling for patients with acute MI, heart failure, and pneumonia.*
- *System-centered measures: Skill mix, nursing hours/patient, turnover, and practice environment scale.*

126.

If the nurse executive is collecting data for quality improvement by participating in the voluntary consensus standards for nursing-sensitive performance, how should data be collected and analyzed?

By nurse.

**By unit.**

By department.

By institution.

***Explanation:***

*If the nurse executive is collecting data for quality improvement by participating in the voluntary consensus standards for nursing-sensitive performance, data is usually collected and analyzed at the unit level unless the unit is so small that results point to an individual nurse. This is because it's important that the results be used to improve processes rather than punish individuals. When reporting outcomes, the data should be reported at the institutional level.*

127.

A unit supervisor states that she enthusiastically supports a new policy but does nothing to implement the needed changes and repeatedly makes excuses for delays. This communication style is:

Assertive.

Passive.

**Passive-aggressive.**

Aggressive.

***Explanation:***

*The primary characteristic of a passive-aggressive communication style is a mismatch between what the person says and how the person acts. An assertive response would focus on reasons for agreement or disagreement and present them directly, while a passive response usually involves accepting direction with little response. This leaves decisions to others because of a lack of caring or a lack of confidence. An aggressive approach often includes criticism and even belittling of the other person's opinions in order to influence decisions.*

128.

According to Hackman's theory of group dynamics, which of the following is part of being "a real team"?

Clear goal.

**Shared task.**

Open membership.

Moderate-sized group.

**Explanation:**

*Hackman's theory of group dynamics focuses on designing effective work groups and managing them appropriately. Effective work groups are productive with satisfied members who find meaning in the group participation. Hackman's conditions for effective group dynamics:*

- *Real team: Shared tasks and stable, understandable group membership.*
- *Direction: Clear directions and sequential goals.*
- *Structure: Varied tasks and moderate-sized group with members of appropriate skills and behavior.*
- *Support: Reward system in terms of information, equipment, recognition.*
- *Coaching: Availability of supportive expert coach when the need arises.*

129.

The initial enrollment period for Medicare part D for a 45-year old disabled patient who is newly eligible for Medicare is:

3 months prior to Medicare eligibility and 4 months after.

months 21 through 28 after receiving Social Security or Railroad Retirement Board (RRB) benefits.

April 1 to June 30.

3 months prior to Medicare eligibility and 7 months after.

**Explanation:**

*Patients who are under 65 and newly disabled may apply for Medicare, with coverage beginning 24 months after the person begins getting SS or RRB disability benefits. The patient can, however, apply for Medicare part D between 3 months prior to 3 months after receiving SS or RRB benefits. They should be advised to apply at month 21 to avoid delay in receiving Medicare D benefits. Patients who are already eligible because of disability and turn 65 can enroll for*

Medicare D during the period extending from the three months prior to turning 65 and the three months after.

130.

The Board of Directors has proposed a change in benefits that will affect all full-time staff. What is the most appropriate method to communicate this change?

Send emails.

Post notices.

**Conduct staff meetings.**

Meet one-on-one with affected staff.

***Explanation:***

*Because the change proposed by the Board of Directors affects many staff members, the nurse executive should conduct a staff meeting, which allows staff to express feelings about the proposed changes. Notices are one-sided communications because they don't provide for feedback and may be overlooked or cause resentment. Emails allow for exchange of idea, but responding to numerous emails with similar concerns can be time-consuming and impersonal. Meeting one-on-one with numerous staff is not an effective use of time.*

131.

Which of the following is a characteristic of successful coaching?

**Focusing on what the person is doing correctly.**

Focusing on what the person is doing incorrectly.

Pointing out problem areas.

Providing a list of goals for the person.

***Explanation:***

*Coaching can include training on specific skills, providing career information, and confronting issues of concern. While individual safety is the primary consideration, coaching should be done in a manner that increases learner confidence and ability to self-monitor rather than in a punitive or critical manner. Effective methods of coaching include:*

- *Giving positive feedback, stressing what the student is doing right.*
- *Using questioning to help the student recognize problem areas.*
- *Providing demonstrations and opportunities for question and answer periods.*
- *Providing regular progress reports so the student understands areas of concern.*
- *Assisting the student to establish personal goals for improvement.*
- *Providing resources to help the student master material.*

132.

**When an error or accident occurs in a just culture, who or what is usually initially considered at fault?**

The individual.

**The system.**

The administration.

The training.

**Explanation:**

*It is common practice to blame the individual responsible for committing an error. However, in a just culture, the practice is to look at the bigger picture and to try to determine what characteristics of the system are at fault. For example, there may be inadequate staffing, excessive overtime, unclear orders, mislabeling, or other problems that played a role in the error being made. A just culture differentiates between human error, which results in consoling the person who committed the error; at-risk behavior, which results in coaching to prevent further error; and reckless behavior, which results in punitive action.*

133.

Which of the following is an example of horizontal violence?

A senior nurse repeatedly interrupts a new graduate, stressing the new graduate's lack of experience.

A staff member reports an act of negligence on the part of another staff member.

A team leader tells the unit supervisor that she feels that one team member is in need of coaching.

A staff member tells other staff that he believes a new policy is ineffective.

**Explanation:**

*Horizontal violence is a form of bullying, most often directed at one or more individuals. When a senior nurse repeatedly interrupts a new graduate, pointing out his/her lack of experience, this is essentially belittling and intimidating behavior and may result in a lack of confidence on the new graduate's part. Horizontal violence can be physical (hitting, shoving), verbal (name calling, insulting, belittling, punishing), or nonverbal (rolling of eyes, inappropriate gestures).*

134.

When considering space design, which of the following types of spaces is essential for family members and patients in a palliative care unit?

Collector.

Mover.

**Introspective.**

Purpose.

***Explanation:***

*Introspective: These areas are intended for peace and reflection although they may have high traffic. In some cases, this may be a chapel or a separate space where people can retreat into a quiet space. Collector: These are usually high traffic areas, such as waiting rooms, where the noise level may be quite loud. Mover: These are also high traffic and dynamic areas, such as hallways, where people move from one area to another. Noise levels are moderate. Purpose: These are areas with a specific purpose, such as treatment rooms, so the traffic flow is usually moderate, and noise level can vary.*

135.

Which of the following is the best method of increasing staff participation in research?

**Providing a reward system.**

Tying participation to pay scale.

Appealing to staff's professionalism.

Taking punitive action against those who don't participate.

**Explanation:**

*The best way to increase staff participation in research is to provide a reward system of some type, such as recognition, credit for continuing education, increased pay, and/or increased responsibility. Tying participation to pay scale and taking punitive action against those who don't participate are both non-productive options because people may feel forced to participate and/or become resentful and passive aggressive. While appealing to professionalism is a good strategy for a few people, it is unlikely to be successful without some form of a reward system.*

136.

**A staff member has proposed a new and promising procedure in the emergency department to decrease patients' length of stay. Which is probably the best initial way to proceed?**

Conduct a pilot study evaluating the change.

Notify staff of the change in procedure.

Ask for staff input into the change.

**Conduct small tests of the change.**

**Explanation:**

*Conducting small tests of change, such as using the new procedure for one shift and then seeking feedback before conducting further small tests of change, is probably the best way to proceed because it is non-threatening to those who are resistant to change and can provide valuable feedback. If the initial test is successful, then the next test may be conducted for one or two days. In some cases, asking for volunteers to participate in the new procedure may be*

helpful. A number of small tests for change may be linked with increasing participation until enough information is gained for a full pilot study or for implementation.

137.

**Mandatory reporting of elder abuse is controlled by:**

state legislation.

federal guidelines.

certifying agencies.

the institution.

***Explanation:***

*Each state has established its own rules for mandatory reporting, including who must report and under which circumstances. While there are similarities, there are also crucial differences, so the nurse executive should be aware of the appropriate state regulations. In all states, healthcare providers and teachers, as well as some allied health professionals (such as social workers), are considered mandatory reporters of child abuse, elder abuse, and domestic violence. Reports may need to be made to different state agencies. In addition, abuse may be defined differently depending on the state.*

138.

**According to the standard arbitration agreement of the American Arbitration Association, within what period of time, after written notification of a dispute, should the involved parties meet to try to reach an agreement?**

10 days.

30 days.

60 days.

90 days.

***Explanation:***

*While arbitration agreements can be customized for any organization, the standard arbitration agreement of the American Arbitration Association states that the parties involved in a dispute should meet to try to resolve the issue within 30 days after written notice of the dispute is received. If the parties cannot reach an agreement within 30 days, then the dispute must be resolved through arbitration. The request for arbitration must be made within 2 years from the time the party with the complaint was aware of the problem/dispute.*

139.

**Bundled payments provide revenue based on:**

fee for service.

capitation.

related diagnostic groups.

**expected costs of types of care.**

***Explanation:***

*Bundled payments are based on expected costs associated with episodes of care; so, for example, one payment is made to cover hospitalization, physician care, and other required*