RHIT Practice Test

1. A laboratory test is intended to measure the incidence of cancer cells in a particular sample, but instead, it determines the number of healthy cells. Which characteristic of this laboratory test is deficient?

a. Validity
b. Reliability
c. Specificity
d. Sensitivity

2. What is typically the first step in a progressive disciplinary process?

a. Written reprimand
b. Termination
c. Suspension
d. Oral warning

3. Which of the following pieces of data must be collected during each visit to a health practitioner?

a. Ethnicity
b. Date of birth
c. Name
d. Self-reported health status

4. During the month of January, a 400-bed health care facility had 450 deaths, 2,500 other discharges, and 11,000 inpatient service days. What was the inpatient bed occupancy rate for January? Round to the nearest percentage point.

a. 44%
b. 28%
c. 89%
d. 94%

5. An organization surveys the members of a community about their alcohol consumption. Questionnaires are mailed to the local residents along with self-addressed stamped envelopes. The results of the survey indicate that the area has a below-average rate of alcoholism. What is the most likely reason for these results?

a. Diagnosis bias
b. Nonresponse bias
c. Prevarication bias
d. Survival bias

6. A health care administrator, looking for ways to decrease patient wait time in the emergency room, studies the methods successful restaurants have used to increase table turnover. What quality improvement strategy is the administrator using?

a. Internal benchmarking
b. Performance benchmarking
c. Comparative benchmarking
d. Competitive benchmarking

7. Which form of management makes the most use of statistical analysis?

a. Risk management
b. Utilization management
c. Participatory management
d. Quality assessment

8. Which coding instrument is generally recommended for the principal diagnosis upon admittance to inpatient treatment?

a. SNOMED
b. ICD-10-CM
c. DSM-5
d. HCPCS

9. Which piece of legislation created a program for detecting fraudulent health plans?

a. Health Insurance Portability and Accountability Act of 1996
b. Nursing Home Reform Act of 1987
c. Patient Self-Determination Act of 1990
d. Consolidated Omnibus Budget Reconciliation Act of 1995

10. Which of the following is a basic assumption of normative decision theory?

a. Decision makers can never fully understand their situations.
b. Decision makers cannot maximize revenue.
c. Decision makers tend toward satisfying choices.
d. Decision makers have total knowledge of the available options.

11. A health care administrator is establishing budgets for staff. It is estimated that the information desk receives 8,000 queries annually. A full-time staff member can handle about 20 queries per day. The employees at the facility typically use nine vacation days and take seven sick days during the year, and there are eleven holidays as well. How many full-time employees should the health care administrator include in the budget, taking into account the productivity adjustment? Round all figures to the nearest tenth and all percentages to the nearest point.

a. 1.1
b. 1.3
c. 1.7
d. 2.5

12. To what are the statistics referring that indicate one of every three men will develop benign prostate hypertrophy?

a. Coincidence
b. Prevalence
c. Morbidity
d. Incidence

Answer Key and Explanations

1. A: The validity of this laboratory test is deficient. In laboratory research, *validity* is the extent to which a test measures what it is intended to measure. The *reliability* of the test is the extent to which it can be depended upon to give a consistent reading in different circumstances. The *specificity* of the test is the extent to which it correctly identifies all true noncases (that is, all true negatives and false positives). The sensitivity of the test is the extent to which it correctly identifies all true cases (that is, all true positives and false negatives).

2. D: Typically, the first step in a progressive disciplinary process is an oral warning. In most cases, a progressive discipline approach is most effective. It is important, however, that the sequence of gradually increasing punishments be made explicit to employees during orientation. The usual sequence of progressive discipline is oral warning, written reprimand, suspension, and finally, termination. A progressive discipline process gives the employee opportunities to rectify his or her behavior.

3. C: The patient's name must be collected during each visit to a health practitioner. Indeed, it is absolutely essential that this piece of data be recorded in the same way every time. For this reason, some organizations recommend using Social Security number rather than name because health care employees are less likely to make mistakes with a number then with the spelling of a name. The other answer choices represent pieces of data that should only be collected upon the first visit or when necessary. It is recommended that the patient's date of birth be recorded in the following order: four-digit year, two-digit month, and two-digit day. The precise categories for ethnicity are outlined by the Office of Management and Budget Directive 15. *Self-reported health status* is a general measure, often placed on a five-point scale (poor, fair, good, very good, and excellent).

4. C: The inpatient bed occupancy rate for January was about 89%. This census statistic is also called the *occupancy rate, occupancy percentage, or percentage of occupancy*. The inpatient bed occupancy rate is calculated by dividing the number of inpatient service days by the product of the number of beds and the number of days in the month and then multiplying by 100. So, for this question, inpatient bed occupancy rate is calculated

$$[11{,}000 \div (400 \times 31)] \times 100 = [11{,}000 \div 12{,}400] \times 100 = 0.887 \times 100 = 88.7\%$$

5. B: The most likely reason for the results in this scenario is nonresponse bias. *Nonresponse bias* occurs when it is probable that survey respondents will have significantly different characteristics than survey nonrespondents. In this scenario, it seems likely that cultural pressures would encourage people to underreport their alcohol consumption or for heavy drinkers to avoid reporting any consumption at all. *Diagnosis bias,* on the other hand, occurs when there is disagreement among professionals about the meaning of specimens collected during a research study. A *prevarication bias* exists when survey respondents embellish their answers, either by exaggerating their characteristics or providing obfuscating detail. *Survival bias* occurs when the results of a study are influenced by the fact that the members of a population who are still alive are more likely to share certain characteristics. For instance, a study of 80-year-old lifelong smokers might produce a smaller-than-expected incidence of cancer for the simple reason that other lifelong smokers would have died of the disease by this age.

6. C: In this scenario, the administrator is using the quality improvement strategy of comparative benchmarking. In *comparative benchmarking,* an administrator compares a process in his or her business to a similar, but not exactly correspondent, process in another industry. Obviously, a

hospital administrator will not use precisely the same strategy as a restaurant manager to increase customer flow, but the administrator may be able to obtain some insights from the comparison. The other two common types of benchmarking are performance and internal benchmarking. In *performance benchmarking,* also known as *competitive benchmarking,* administrators compare the performance of their organizations with the performance of leaders within their industry. In *performance benchmarking,* an organization looks at the exact same processes as performed by successful competitors. In *internal benchmarking,* administrators compare the performance of different departments within their own organizations. Obviously, this strategy is only effective when there are significant similarities in the processes performed by the departments.

7. D: *Quality assessment* is the form of management that makes the most use of statistical analysis. The other two common forms of management are utilization management and risk management. In *risk management,* the administrators are more likely to use occurrence screening, while in *utilization management,* they are more likely to use case management techniques. The purpose of quality assessment is to improve care and services by analyzing past performance. Utilization management focuses on effectively and efficiently using resources. Risk management is focused on avoiding liability.

8. B: The ICD-10-CM coding instrument is generally recommended for the principal diagnosis upon admittance to inpatient treatment. The International Classification of Diseases, 10th Edition, Clinical Modification (commonly known as the ICD-10-CM), is used to make the determination that will inform the patient's treatment from admission. The Systematized Nomenclature of Diseases and Operations (SNOMED) makes it possible for distant health care facilities to compare the treatment protocols and patient responses for common conditions. The Health Care Financing Administration Common Procedure Coding System (HCPCS) is used on the billing documents for inpatient, ambulatory, and surgical treatment. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is the primary coding system for mental conditions.

9. A: The Health Insurance Portability and Accountability Act created a program for detecting fraudulent health plans. This act, passed in 1996 and implemented in 1998, generally improved the quality, access, and affordability of health insurance. The Nursing Home Reform Act, passed in 1987 and made effective in 1990, established minimum staffing requirements for long-term care facilities. The Patient Self-Determination Act, passed in 1990, mandated a wider dissemination of information to patients about their health options and rights. The Consolidated Omnibus Budget Reconciliation Act of 1985, commonly known as COBRA, established standards for the transfer and discharge of Medicaid and Medicare recipients.

10. D: A basic assumption of normative decision theory is that decision makers have total knowledge of the available options. Indeed, one of the main criticisms of normative decision theory is that it presumes an omniscience that no decision maker will have. *Normative decision theory* assumes that the decision maker will be able to maximize revenue because he or she will be able to survey available options with clear eyes and make the proper choice. *Behavioral decision theory,* on the other hand, acknowledges that decision makers will never have total knowledge of the situation and suggests that an emphasis should be placed on satisfying rather than optimal choices.

11. C: The health care administrator will need to include 1.7 full-time employees in the budget. This is a complex calculation, particularly when the productivity adjustment is made. To begin with, it is necessary to calculate the number of full-time employees that would be required if employees worked every day. This is done by first multiplying the number of queries an employee can handle by the number of days in a workweek and the number of weeks in a year: $20 \times 5 \times 52 = 5{,}200$. This is the total number of queries that a full-time employee could handle in a year if he or she worked

every day. For this ideal scenario, the number of required employees can be calculated by dividing the total number of requests by the number of requests each employee can handle: 8,000 ÷ 5,200 = 1.5. However, it is noted in the question that employees do not actually work every day. Full-time employees miss an average of 27 days each, which can be multiplied by the number of hours in a day to yield the total number of nonproductive hours: 27 × 8 = 216. The amount of actual productive time for each employee can then be calculated by subtracting these nonproductive hours from the ideal productive time, 2,080 (calculated by multiplying the number of hours in a workday by the number of days in a workweek by the number of weeks in a year): 2,080 – 216 = 1,864. The productivity rate is calculated by dividing the amount of real productive time by the total possible amount of productive time: 1,864 ÷ 2080 = 0.896 = 90%. The actual number of full-time employees that need to be included in the budget can then be calculated by dividing the number of full-time employees required in the ideal productivity calculation by the productivity rate adjustment: 1.5/90% = 1.7 full-time employees.

12. B: Statistics that indicate one of every three men will develop benign prostate hypertrophy are referring to prevalence. *Prevalence* is the rate of the number of existing cases of a condition during a particular interval divided by the total population during that interval. In essence, it is the likelihood that a given member of a population would have a certain condition within a certain time. *Coincidence,* in health care, is the simultaneous occurrence of two distinct conditions. *Morbidity* is the extent to which a given population suffers from any illness, injury, or disability. The calculation of morbidity rate will typically include complication rates, comorbidity rates, and the incidence and prevalence rates of disease. Finally, in health care, *incidence* is the number of new cases of a particular condition during an interval; the incidence rate is calculated by dividing the number of new cases during the interval by the population during that interval.

13. A: Of the given data items, an encounter record is least likely to appear on the clinical forms of a patient in long-term care. Indeed, it is quite possible that this record will never appear on clinical forms for long-term care patients. The *encounter record* is a typical component of ambulatory care record keeping and is used during the billing process. It will include the basic diagnosis and treatment protocol. Registration records, medical history, and progress notes will almost always be a part of the clinical forms of a patient in long-term care. The *registration record* typically includes the basic diagnosis as well as the allergies and sensitivities of the patient. This record should be legible and should avoid symbols and abbreviations. The *medical history* is typically provided by the patient and should include the chief complaint, symptoms, history of illness, family history, and a basic review of systems. *Progress notes,* finally, keep a record of the patient's response to treatment.

14. D: If a test produces 400 true positives, 350 true negatives, 50 false positives, and 20 false negatives, the sensitivity of the test is 95%. The sensitivity of a test is calculated by dividing the number of true positives by the number of total positives (that is, the sum of true positives and false negatives). In this scenario, then, sensitivity is calculated 400/(400 +20) = 400/420 = 95.2%. The *sensitivity* of a test is the percentage of all true cases that the test identifies correctly.

15. B: If a patient discovers that a surgical tool has been inadvertently sewn up into her body, the burden of proof in the malpractice suit shifts to the defendant. This shift is based on the legal concept of *res ipsa loquitur*, or "a situation that speaks for itself." In this case, it is obvious that the nature of the injury indicates negligence and that the plaintiff could have had no role in her injury. In order for the burden of proof to shift to the defendant in a malpractice suit, it must be clear that the injury would not have occurred without negligence that the defendant was totally in control of the process that caused the injury, and that the plaintiff made no contribution to the injury. Of the answer choices, only B meets all of these criteria.