

Practice Exam Questions



NE-BC

Nurse Executive



EXAMKILLER

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Total Question: 375 QAs

Question No: 1

If a job applicant has a history of trying to unionize at a previous job and the healthcare organization declines to hire the applicant for that reason, this is a(n):

- A. Unfair labor practice
- B. Violation of civil rights
- C. Abuse of power
- D. Legal action

Answer: A

Explanation: If a job applicant has a history of trying to unionize at a previous job and the healthcare organization declines to hire the applicant for that reason, this is an unfair labor practice because, under the Labor Management Relations Act of 1947 (aka the Taft-Hartley Act), discrimination in employment because of union activities is not allowed. Other unfair labor practices include interference with employees in their right to organize, interference with a labor organization, discrimination against employees who have filed charges or provided testimony related to the act, refusal to engage in good-faith bargaining, or engagement in "hot cargo" agreements.

Question No: 2

One of the eligibility criteria for the American Nurses Credentialing Center's Magnet Recognition Program is that all nurse leaders must have, at a minimum, a(n):

- A. Registered nurse (RN) certificate
- B. Associate of science in nursing (ASN) degree
- C. Bachelor of science in nursing (BSN) degree
- D. Master of science in nursing (MSN) degree

Answer: C

Explanation: One of the eligibility criteria for the Magnet Recognition Program is that all nurse leaders must have, at a minimum, a BSN in nursing. This also applies to nurse managers and the top nurse educator. Nurses in specialty roles, such as wound ostomy nurses, must also have a minimum of a BSN. The chief nursing officer (CNO) must have, at a minimum, an MSN. If the master's degree is outside of nursing (such as in administration), then the CNO must have a BSN or a doctorate in nursing.

Question No: 3

If a mass-casualty incident occurs and triggers the need for critical incident stress management, the first step to critical incident stress debriefing is:

- A. Debriefing sessions
- B. Education sessions
- C. Retreat sessions
- D. Defusing sessions

Answer: D

Explanation: If a mass-casualty incident occurs and triggers the need for critical incident stress management, the first step to critical incident stress debriefing is defusing sessions. Steps in defusing include the following:

1. Defusing sessions begin during or immediately after the stressful event; they are used to educate actively

involved personnel about what to expect over the next few days and to provide guidance in handling feelings and stress.

2. Debriefing sessions are held in 1 to 3 days and repeated periodically. These may include those directly and indirectly involved. The six phases of debriefing are introduction, fact sharing, discussing feelings, describing symptoms, teaching, and reentry.

3. Follow-up happens usually after approximately 1 week.

Question No: 4

To reduce the use of the emergency department for routine healthcare, the hospital has opened a free clinic in an area with a large population of undocumented immigrants, but few people come to the clinic. The best method of outreach is likely to:

- A. Gain the support of community leaders.
- B. Advertise in the language of the community.
- C. Post signs encouraging participation.
- D. Record radio commercials about the clinic.

Answer: A

Explanation: To encourage a community with a large population of undocumented immigrants to attend a free clinic, the best method of outreach is to gain the support of community leaders (not necessarily elected officials). Community leaders may include priests, ministers, business owners, and others that the community members respect and trust. Undocumented immigrants are often afraid to seek help and need assurance from someone they trust that they will not be reported to immigration officials.

Question No: 5

If an employee feels that the healthcare organization has not provided a safe working environment, the employee may file a complaint with:

- A. CDC
- B. OSHA
- C. FDA
- D. DOL

Answer: B

Explanation: If an employee feels that the healthcare organization has not provided a safe working environment, the employee may file a complaint with the Occupational Safety and Health Administration (OSHA). The employee can also request that OSHA conduct an inspection of the workplace. Complaints can be submitted through an online complaint form; by fax, mail, or email; in person; and by telephone. If the employee experiences retaliation, the employee can also file a whistleblower complaint.

Question No: 6

Which of the following facilities is required by the Centers for Medicare & Medicaid Services (CMS) to conduct an annual review of the emergency preparedness plan/ program?

- A. Critical access hospitals
- B. Hospitals
- C. Long-term-care facilities
- D. Transplant centers

Answer: C

Explanation: Although long-term-care facilities must carry out the same testing exercises as other inpatient facilities, such as critical access hospitals, hospitals, and transplant centers, only long-term-care facilities must conduct an annual review of the emergency preparedness plan/ program and must also conduct annual training in the plan/ program to ensure that staff members know their roles during an emergency. Other inpatient facilities must only conduct review and training of their plans/programs biennially (every 2 years).

Question No: 7

If the turnover rate of staff has been >40% and a new leader works with the staff to improve the working environment, resulting in a reduction of turnover to 10%, the strength that the leader is exhibiting is:

- A. Executing
- B. Influencing
- C. Strategic thinking
- D. Relationship building

Answer: D

Explanation: If the turnover rate of staff has been >40% and a new leader works with the staff to improve the working environment, resulting in a reduction of turnover to 10%, the strength that the leader is exhibiting is relationship building. Executing is the ability to make decisions and act. Influencing is the ability to convince others, and strategic thinking is the ability to plan ahead and make necessary changes.

Question No: 8

The Age Discrimination in Employment Act (1967) protects employees and job applicants from discrimination because of age for those ages:

- A. 40 and older
- B. 50 and older
- C. 60 and older
- D. 65 and older

Answer: A

Explanation: The Age Discrimination in Employment Act (1967) protects employees and job applicants from discrimination because of age for those ages 40 and older. The goal of the act is to promote the employment of older employees based on abilities without consideration of age. The act applies to programs that receive federal financial assistance and have 20 or more employees, and it is enforced by the Equal Employment Opportunity Commission.

Question No: 9

If an employee has not met performance expectations, the initial intervention should be to:

- A. Require the employee work under direct supervision.
- B. Begin disciplinary procedures that may end in termination.
- C. Monitor for improvement until the annual performance evaluation.
- D. Immediately counsel the employee regarding expectations.

Answer: D

Explanation: If an employee has not met performance expectations, the initial intervention should be to immediately counsel the employee regarding expectations and areas in which the employee has failed to meet performance expectations to allow the employee time to rectify the situation. All actions taken must be carefully documented. If counseling does not resolve the situation, the next step is to begin disciplinary

procedures that may end in termination in some cases.

Question No: 10

According to The Joint Commission, healthcare organizations must carry out competency validation for new hires and staff members:

- A. On hiring and on an ongoing basis
- B. On hiring-one time only
- C. Annually
- D. As needed only

Answer: A

Explanation: According to The Joint Commission, healthcare organizations must carry out competency validation for new hires and staff members on hiring and on an ongoing basis for all staff members. A competency validation plan should be developed that lists skills and the necessary frequency of competency validation. Advanced skills that are done infrequently may need more frequent competency validation than skills that are carried out daily. Competency validation should also be done as needs arise.

Question No: 11

If a job applicant has an obvious disability, under provisions of the Americans with Disabilities Act (1990), the nurse executive may ask:

- A. About the extent of the disability
- B. If the disability will interfere with job functions
- C. If the applicant can carry out job functions with or without accommodations
- D. How many sick days the applicant has used in the past year

Answer: C

Explanation: If a job applicant has an obvious disability, under provisions of the Americans with Disabilities Act, the nurse executive may ask if the applicant can carry out job functions with or without accommodations. The nurse executive may not ask about the extent of the disability, whether it will interfere with job duties, or how many sick days the applicant has used in the past year. Questions should remain focused on the person's ability to carry out the functions needed for the job and not on the disability.

Question No: 12

The first step in competency validation is to:

- A. Provide education about standards for performance of specific clinical skills.
- B. Directly observe employees carrying out specific clinical skills.
- C. Notify staff of a specific time period each year for competency validation.
- D. Ask staff members how they want their competency validation carried out.

Answer: A

Explanation: The first step in competency validation is to provide education about standards for performance of specific clinical skills. Staff members may be prepared through the use of texts, videos, audio recordings, computer-assisted learning, or demonstrations, but they should have time to practice, for example, by using mannequins, and should have multiple chances to pass any written test. Employees should demonstrate adequate knowledge and should be directly observed carrying out specific clinical skills.

Question No: 13

A nurse leaves a clinical unit without notifying anyone, leaving patients unattended to take care of personal business, and fails to provide pain medication to a patient who has requested it. Subsequently, the patient gets out of bed to look for the nurse, falls, and breaks a hip. How many elements of negligence does this represent?

- A. 1
- B. 2
- C. 3
- D. 4

Answer: D

Explanation: If a nurse leaves a clinical unit without notifying anyone, leaving patients unattended, this violates (1) the duty owed to the client. Then the nurse failed to provide pain medication that a patient had requested, so this constitutes (2) a breach of duty. The subsequent fall (3) can be traced to the nurse's lack of response to the pain medication request, and the broken hip (4) is the damage caused by the accident. If four elements of negligence are present, then this meets the requirement for malpractice.

Question No: 14

A part-time employee has worked for the healthcare organization for two years and requests family medical leave after adopting a child. Under the Family and Medical Leave Act (1993) in order to qualify, the employee must have worked:

- A. 20 hours or more per week
- B. 25 hours or more per week
- C. 30 hours or more per week
- D. 35 hours or more per week

Answer: B

Explanation: If a part-time employee has worked for the healthcare organization for 2 years and requests family medical leave after adopting a child, under the Family and Medical Leave Act (1993) in order to qualify, the employee must have worked 25 hours or more per week. If qualified, the employee is provided up to 12 weeks of unpaid leave during any 12-month period. This act is enforced by the Department of Labor.

Question No: 15

CMS record retention requirements for healthcare providers include:

- A. 10 years for regular Medicare and 5 years for Medicare managed care programs
- B. 10 years for regular Medicare and Medicare managed care programs
- C. 5 years for regular Medicare and 10 years for Medicare managed care programs
- D. 5 years for regular Medicare and Medicare managed care programs

Answer: C

Explanation: CMS record retention requirements for healthcare providers include 5 years for regular Medicare and 10 years for Medicare managed care programs. However, retention issues can become complicated. State laws govern retention of health records and in some cases may extend these time periods. Although HIPAA does not contain retention provisions, it does require that covered entities (such as those billing Medicare) retain the required documentation for 6 years.

Question No: 16

The factor evaluation system of patient classification:

- A. Classifies patients into broad categories
- B. Predicts patient needs based on patient category
- C. Is primarily subjective and descriptive
- D. Uses patient care activities to determine direct hours of care

Answer: D

Explanation: The factor evaluation system of patient classification uses patient care activities to determine direct hours of care needed for the patient. Each intervention is given a rating or time expectation, and these are added to determine overall needs. This system is primarily objective as opposed to the prototype evaluation system, which is subjective and narrative and classifies patients into broad categories based on their diagnoses and then predicts needs based on those categories.

Question No: 17

The nurse executive asks staff members and community members who are ethnic minorities to share healthcare experiences, negative and positive, as part of staff training. This is an example of:

- A. Leveraging diversity
- B. Outreach
- C. Strategic planning
- D. Relationship building

Answer: A

Explanation: Asking staff and community members who are ethnic minorities to share healthcare experiences, both negative and positive, as part of staff training is leveraging diversity. The nurse executive is including ethnic minorities to participate in an open dialogue in order to promote a diverse perspective and acceptance and awareness of cultural diversity.

Question No: 18

If inexperienced nurses complain of lateral violence (e.g., bullying, insults, gossiping) from more experienced nurses in a healthcare organization, the nurse executive should:

- A. Encourage the inexperienced nurses to be less sensitive to criticism.
- B. Explain that this is a pervasive problem in healthcare.
- C. Establish a zero-tolerance policy that outlines expectations and consequences.
- D. Reprimand nurses and others engaging in lateral violence.

Answer: C

Explanation: If inexperienced nurses complain of lateral violence (e.g., bullying, insults, gossiping) from more experienced nurses in a healthcare organization, the nurse executive should establish a zero tolerance policy that outlines expectations and consequences. Although lateral violence is a pervasive problem in healthcare, that is not an excuse. All staff should be educated about the policy and staff members assured that they can report any incidence of lateral violence (directed toward them or others) without retribution.

Question No: 19

The nurse executive notes that a large part of the budget goes to inventory, but outdated products have resulted in unnecessary waste. Which approach is likely the most cost effective?

- A. Ordering when item numbers drop to a preestablished count
- B. Using just-in-time ordering
- C. Looking for less expensive supplies

D. Educating staff members about avoiding waste

Answer: B

Explanation: If the nurse executive notes that a large part of the budget goes to inventory but outdated products have resulted in unnecessary waste, the approach that is likely the most cost effective is just-in-time ordering. With just-in-time ordering, new supplies are ordered when the stock is almost depleted so that less money is tied up in inventory, but this is most effective with automatic reordering, which is more efficient with computerized inventories.

Question No: 20

The Fair Labor Standards Act (FLSA, 1938) requires that employers provide:

- A. A basic minimum wage and overtime payment
- B. Holiday and sick pay
- C. Premium payment for working holidays
- D. Immediate severance pay

Answer: A

Explanation: The FLSA requires that employers provide a basic minimum wage and overtime payment, although some states may impose additional requirements. The FLSA does not address holiday and sick pay, premium payment for working holidays, or immediate severance pay. The basic minimum wage is periodically increased. FLSA provisions apply toward businesses with annual gross sales of at least \$500,000, healthcare organizations, public agencies, and schools.

Question No: 21

In order to function as an effective team, a group of people must:

- A. Work together
- B. Work collectively
- C. Have different skill sets
- D. Establish a hierarchy

Answer: B

Explanation: In order to function as an effective team, a group of people must work collectively to achieve the same goals. A team is a consistent group of people and is different from a work group, whose members may refer to themselves as part of a team but whose membership changes depending on who is scheduled to work. Team members are typically assigned specific roles, although the role of leader may rotate among the team members.

Question No: 22

The first element of a business plan for a proposed new clinic should be the:

- A. Market survey
- B. Marketing strategies
- C. Timeline
- D. Executive summary

Answer: D

Explanation: The first element of a business plan for a proposed new clinic should be the executive summary, which outlines all of the key elements of the business proposal, including customers, product/services, goals, risks, opportunities, costs, management, and timelines. Complete elements include the summary as well as a

description of the product/service, management organization, market survey, marketing strategies, organizational structure, timeline, risk factors, and appendices (e.g., samples of forms and any other necessary additional information).

Question No: 23

According to Benner's novice to expert model, a nurse who has been in a position for 2 or 3 years, has developed a feeling of mastery, and is able to prioritize and manage different aspects of clinical nursing is categorized as:

- A. Novice
- B. Advanced beginner
- C. Competent
- D. Proficient

Answer: C

Explanation: Benner's novice to expert model is as follows:

1. Novice: little experience and depends on rules and learned behavior, not adaptable.
2. Advanced beginner: some experience in coping with new situations and able to formulate some principles of action.
3. Competent: 2 to 3 years of experience and has some mastery of new situations and goals; lacks flexibility.
4. Proficient: looks at situations holistically and relies on experience to determine goals and plans and can adapt plans to changing needs.
5. Expert: a wealth of experience and can provide care intuitively rather than relying on rules and maxims.

Question No: 24

The core measure sets developed by the Core Quality Measures Collaborative for Primary Care are intended for use in:

- A. Value-based payment programs
- B. CMS programs
- C. Fee-for-service
- D. Managed care programs

Answer: A

Explanation: Core measure sets developed by the Core Quality Measures Collaborative for Primary Care are intended for use in value-based payment programs. Measures are included for cardiovascular care (controlling high blood pressure), diabetes (hemoglobin A1C testing), care coordination/ patient safety (medication reconciliation), prevention and wellness (cervical cancer screening), use and cost/overuse (imaging for low back pain), patient experience (surveys), behavioral health (12-month depression response), pulmonary (asthma medication ratio), and readmissions (plan all-cause readmission).

Question No: 25

When considering hours per patient day (HPPD) as part of staffing and budget planning, the clinical unit type that typically requires the greatest number of HPPD is:

- A. Adult surgical
- B. Adult critical care
- C. Pediatric critical care
- D. Level II neonatal continuing care

Answer: C

Explanation: When considering HPPD as part of staffing and budget planning, the unit type that typically requires the greatest number of HPPD is pediatric critical care (approximately 19 hours) followed by adult critical care (approximately 16 hours). Neonatal care (approximately 12 hours) also has a high HPPD requirement, but adult surgical (approximately 6 hours) requires a lower HPPD. Staffing needs can be projected based on the unit type and the average patient census.

Question No: 26

The rights of employees to organize and engage in collective bargaining is provided by the:

- A. Equal Pay Act (1963)
- B. Fair Labor Standards Act (1938)
- C. Labor-Management Reporting and Disclosure Act (1959)
- D. National Labor Relations Act (1935)

Answer: D

Explanation: The rights of employees to organize and engage in collective bargaining is provided by the National Labor Relations Act (1935). The act provides private-sector employees the right to unionize and carry out not only collective bargaining but also collective actions, including strikes. The act also banned unfair labor practices, such as union busting, and established the National Labor Relations Board.

Question No: 27

Skill-mix staffing is often used as a method of:

- A. Improving patient care
- B. Reducing staffing costs
- C. Filling staffing positions
- D. Meeting legislative requirements

Answer: B

Explanation: Skill-mix staffing, in which various levels of nursing (e.g., registered nurse [RN], licensed vocational nurse [LVN]/ licensed practical nurse [LPN], and unlicensed assistive personnel [UAP]) are engaged in patient care rather than only RNs or licensed personnel, is often used as a method of reducing staffing costs because it allows for higher nurse-to-patient ratios. A team-nursing approach with good communication among the different levels of nursing is essential in order to maintain the quality of care.

Question No: 28

Which of the following methods of rendering unsecured protected health information (PHI) unusable, unreadable, or indecipherable is specifically excluded under Health Insurance Portability and Accountability Act of 1996 (HIPAA) provisions?

- A. Redaction
- B. Encryption
- C. Shredding
- D. Destruction

Answer: A

Explanation: Redaction is a method of rendering unsecured PHI unusable, unreadable, or indecipherable that is specifically excluded under HIPAA provisions. Acceptable methods include encryption (consistent with NIST Sp. Pub. 800-111 or complies with NIST Sp. Pub. 800-52 or 800-77). The media on which data are stored

may be destroyed, shredded, or (for electronic storage) purged (consistent with NIST Sp. Pub. 800-88). Whichever method is used, the PHI should not be retrievable.

Question No: 29

The acuity model of staffing is based on:

- A. Providing cost-effective care
- B. The hours of care needed
- C. The type of equipment used with the patient
- D. Patient diagnoses

Answer: B

Explanation: The acuity model of staffing is based on the hours of care needed. The acuity rating may be calculated using different parameters, such as diagnoses and interventions needed. In some cases, the nurses caring for the patients assign an acuity rating for the oncoming staff members. In other cases, a software program calculates acuity ratings based on specific types of input (e.g., ages, treatments, diagnoses). Using an acuity tool provides more consistency than depending on subjective assessment.

Question No: 30

If a staff member exerts power over others by exploiting a personal relationship that the individual has with a board member, this is an example of:

- A. Legitimate power
- B. Coercive power
- C. Connection power
- D. Referent power

Answer: D

Explanation: If a staff member exerts power over others by exploiting a personal relationship that the individual has with a board member, this is an example of referent power-power that is gained by affiliating with those in power. Legitimate power is that received through licensure, education, and credentialing. Coercive power comes from the ability to apply punishment or discipline. Connection power comes from relationships that enhance one's resources.

Question No: 31

The nurse executive takes care in practice to avoid conflicts of interest or boundary violations. What provision of the American Nurses Association (ANA) Code of Ethics does this support?

- A. Provision 1: practices with compassion and respect
- B. Provision 2: primary commitment is to the patient
- C. Provision 3: protects rights, health, and safety
- D. Provision 8: collaborates with other health professionals and the public

Answer: B

Explanation: If the nurse executive takes care in practice to avoid conflicts of interest or boundary violations, this supports provision 2 of the ANA Code of Ethics: "The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population. The elements of this provision include (2.1) the primacy of the patient's interests, (2.2) conflict of interest for nurses, (2.3) collaboration, and (2.4) professional boundaries."

Question No: 32

Although mandated nurse-to-patient ratios are still not common, the average nurse -to -patient ratio for medical-surgical patients in acute care is:

- A. 1:4
- B. 1:5
- C. 1:6
- D. 1:7

Answer: B

Explanation: Although mandated nurse-to-patient ratios are still not common, the average nurse-to-patient ratio for medical-surgical patients in acute care is 1:5. This is also the ratio that is mandated by California, the only state with mandated nurse-to-patient ratios for units other than the intensive care unit. (Note that California raised the ratios during the coronavirus pandemic because of nursing shortages.) Healthcare facilities in many states can set their own staffing standards, and some states require only that the facilities have plans to manage staffing ratios.

Question No: 33

A team's members have developed positive feelings toward each other, work well together, and identify with and feel attached to the team. According to Tuckman's group development stages, this represents the stage of:

- A. Forming
- B. Storming
- C. Norming
- D. Performing

Answer: C

Explanation: According to Tuckman's group development model, the norming stage is characterized by team members developing positive feelings toward each other, working well together, and identifying with and feeling attached to their team. The stages are as follows:

- Forming: the leader provides direction, and members are unsure of their roles.
- Storming: conflicts may arise and leadership may be challenged.
- Norming: the team is expressing positive feelings toward each other and feeling attached.
- Performing: the team is working effectively and achieving goals.
- Adjourning/Mourning: some of the team members may find it difficult to leave the team.

Question No: 34

In the communication component of the emergency preparedness plan for the healthcare organization, succession planning refers to identifying:

- A. Staff who can assume the role of someone else who is absent during an emergency
- B. Off-duty staff who can replace on-duty staff during an emergency
- C. Sites to move patients to if an emergency renders the facility unsafe/ unusable
- D. The chain of command and an alternate chain of command

Answer: A

Explanation: In the communication component of the emergency preparedness plan for the healthcare organization, succession planning refers to identifying staff who can assume the role of someone else who is absent during an emergency. For example, the plan may include all those trained to manage patients on

ventilators or to work in surgery. It may be the case that the absence is caused by death or injury related to the emergency as well. The communication plan should include a system to locate all on-duty staff and patients and to contact off-duty staff.

Question No: 35

The type of budget that comprises general expenses, such as salaries, education, insurance, maintenance, depreciation, and debts as well as profits is a(n):

- A. Master budget
- B. Operating budget
- C. Capital budget
- D. Cash balance budget

Answer: B

Explanation: The operating budget includes general expenses, such as salaries, education, insurance, maintenance, depreciation, and debts, as well as profits. The capital budget includes allocations for remodeling, repairing, building, and equipment. The cash balance budget project cash balances for a specific period of time (including operating and capital budget items). The master budget combines all of the various budgets of an organization.

Question No: 36

If the healthcare organization carries out periodic updates (revenue, costs, volume) to the operational budget prior to the next budget cycle, this type of budget approach is:

- A. Zero-based
- B. Flexible
- C. Fixed/forecast
- D. Continuous/rolling

Answer: D

Explanation: A continuous/rolling budget approach involves carrying out periodic updates to the operational budget prior to the next budget cycle. With a zero-based approach, all cost centers are evaluated each budget period to determine if they should be funded or eliminated. With a fixed/forecast approach, revenue and expenses are forecast for the entire budget period and budget items are fixed. With a flexible approach, estimates are made regarding anticipated changes in revenue and expenses and both fixed and variable costs are included.

Question No: 37

As the last step CMS requires for compliance regarding emergency preparedness, healthcare organizations with inpatient providers must test their emergency preparedness plan:

- A. Annually with one full-scale exercise
- B. Every 6 months with one full-scale exercise
- C. Annually with one full-scale exercise and one additional exercise (full -scale or less)
- D. One time with one full-scale exercise and annually with less than a full-scale exercise

Answer: C

Explanation: As the last step CMS requires for compliance regarding emergency preparedness, healthcare organizations with inpatient providers must test their emergency preparedness plan annually with one full-scale exercise and one additional exercise (full-scale or less). Outpatient providers are required to carry out

one exercise annually. The other five steps required include performing a risk analysis, establishing a plan, developing policies and procedures against risks, developing a communication plan, and training staff to readily be able to implement the plan.

Question No: 38

Which of the following will be included when calculating nonproductive full-time equivalent (FTE) hours?

- A. Staff break times
- B. Education/ training time
- C. Night shift hours
- D. Time spent for handoffs

Answer: B

Explanation: Nonproductive FTEs are those hours for which staff members are paid but are not working. Nonproductive FTEs include paid holiday time, vacation time, sick time, and education and training time. Other nonproductive FTEs can include jury time, military leave, and personal leave (such as to attend a funeral). Nonproductive FTEs must be calculated in order to determine the costs for replacement FTEs. Nonproductive FTEs usually average 10% or more of the total hours.

Question No: 39

A primary goal of transformational leadership is to:

- A. Empower staff members
- B. Exercise control over staff members
- C. Advocate for nursing
- D. Consult with staff members

Answer: A

Explanation: A primary goal of transformational leadership is to empower staff members without relinquishing total control. The transformational leader leads by example, looks for leadership qualities in others, and encourages and supports collaboration rather than competition. Transformational leadership generally includes some form of shared governance (such as staff-led councils) so that staff members feel like they have a voice in decision making and are motivated to provide better care.

Question No: 40

If the nurse executive ensures that goals are met through a system of sanctions and rewards, this type of leadership is categorized as:

- A. Transformational
- B. Situational
- C. Transactional
- D. Laissez-faire

Answer: C

Explanation: Transactional leaders ensure that goals are met through a system of sanctions and rewards. This type of leader focuses on supervision and performance and is very task oriented, but criticism may be used more than reward in order to achieve goals. Transactional leadership may work well in emergent situations, but it is less successful over the long term because staff members are more encouraged to follow rules than to think innovatively.

Question No: 41

According to the Agency for Healthcare Research and Quality (AHRQ) TeamSTEPPS program, the three phases needed to develop a team approach to a culture of safety are (1) assessment of the need, (2) planning, training, and implementation, and (3):

- A. Sustainment
- B. Evaluation
- C. Replication
- D. Dissemination

Answer: A

Explanation: According to the AHRQ TeamSTEPPS program, the three phases needed to develop a team approach to a culture of safety are:

1. Assessment of the need: Determine readiness.
2. Planning, training, and implementation: Design a plan to train staff regarding team-building skills and the use of specific tools, such as SBAR, to facilitate communication.
3. Sustainment: Continue team-building improvements and the use of strategies that were taught.

Question No: 42

A nurse executive adapts leadership styles to accommodate staff members' levels of competence, varying from a task-oriented approach to a relationship-oriented approach. This type of leadership is:

- A. Laissez-faire
- B. Transformational
- C. Reactive
- D. Situational

Answer: D

Explanation: If a nurse executive adapts leadership styles to accommodate staff members' levels of competence, varying from a task-oriented approach (directive) to a relationship-oriented approach (collaborative), this type of leadership is situational. This is the most flexible leadership style because the leader is able to assess each situation and task, establish goals, and use a leadership approach based on each staff member's abilities and need for guidance. Most leaders tend to use the same leadership style in all situations, but the needs of inexperienced and experienced staff members may be widely divergent.

Question No: 43

Which type of intelligence is central to all aspects of nursing?

- A. Physical
- B. Emotional
- C. Cognitive (IQ)
- D. Spiritual

Answer: B

Explanation: Although all types of intelligence are important, emotional intelligence is central to all aspects of nursing. According to Goleman, the five basic competencies necessary for emotional intelligence are (1) self-awareness, (2) self-regulation, (3) motivation, (4) empathy, and (5) social skills. Emotional intelligence helps the nurse to understand and empathize with patients as well as to understand and control personal feelings and emotions. Although cognitive (IQ) intelligence is important, knowledge of facts alone is inadequate for competent nursing care.

Question No: 44

Which of the following federal acts requires that healthcare providers who are enrolled in Medicare, Medicaid, or the Children's Health Insurance Program adopt compliance programs?

- A. Deficit Reduction Act
- B. Health Insurance Portability and Accountability Act
- C. Affordable Care Act
- D. Healthcare Quality Improvement Act

Answer: C

Explanation: The Affordable Care Act (2010) requires that healthcare providers who are enrolled in Medicare, Medicaid, or the Children's Health Insurance Program adopt compliance programs. Earlier, the Deficit Reduction Act (2005) required that healthcare organizations that received revenues from Medicaid of greater than \$5 million have a compliance program in place. This act included provisions that employees and business partners be informed about the False Claims Act.

Question No: 45

The three aspects of care that nursing-sensitive indicators reflect are structural indicators, process indicators, and:

- A. Outcomes indicators
- B. Compliance indicators
- C. Research indicators
- D. Staffing indicators

Answer: A

Explanation: The three aspects of care that nursing-sensitive indicators reflect are structural indicators, process indicators, and outcome indicators:

- Structural: hours of direct care, skill mix, turnover, and education/ certification.
- Process: pain assessment, risk assessment, no-shows/ cancellations, median encounter time, emergency department encounters involving hospital admission, and a patient leaving without receiving care or against medical advice.
- Outcomes: unplanned hospital transfers, falls/falls with injury, number of visits with any errors, and number of visits with burns.

Question No: 46

Remote patient monitoring is especially beneficial for patients:

- A. Who lack transportation resources
- B. Who live a far distance from healthcare providers
- C. With adequate insurance coverage
- D. With chronic health problems

Answer: D

Explanation: Although patient monitoring is helpful for those who lack transportation resources or live a far distance from healthcare providers, it is especially beneficial for patients with chronic health problems because of the large number of these patients and the costs of care. Studies have shown that those with remote patient monitoring have fewer hospitalizations, a shorter length of stay, and greater patient satisfaction. Because the response is almost immediate when problems arise, morbidity and mortality are decreased.

Question No: 47

Predictive analytics helps to predict outcomes based on:

- A. Observations
- B. Algorithms
- C. Statistical analysis
- D. Laboratory and imaging

Answer: B

Explanation: Predictive analytics helps to predict outcomes based on algorithms. Based on the patient's diagnosis, historical and current data are input into a software program that uses the data to make predictions about patient risk, such as the risk of rehospitalization or deep venous thrombosis. Armed with this information, healthcare providers can take preventive steps and make decisions about clinical care. Predictive analytics may guide care for inpatients and at-home patients for follow-up care.

Question No: 48

If a breach of unsecured PHI of 20 patients occurred and the covered entity is unable to contact 12 individuals to make notification, the next step is to:

- A. Take no further action.
- B. Hire a private detective.
- C. Post a notice on the website for 90 days.
- D. Provide a substitute form of notice.

Answer: C

Explanation: If a breach of unsecured PHI of 20 patients occurred and the covered entity is unable to contact more than 10 individuals, the next step is to post a notice on the entity's website for at least 90 days. As an alternative, the covered entity may provide notice in major print or broadcast outlets. If unable to reach fewer than 10 individuals, then the covered entity may provide a substitute form of notice, such as by telephone.

Question No: 49

A hospital has experienced a breach of unsecured PHI for 580 patients. What type of notice is required?

- A. Individual and major media outlet notification
- B. Individual notification only
- C. Major media outlet notification only
- D. Website notification only

Answer: A

Explanation: If a hospital has experienced a breach of unsecured PHI for more than 500 patients, the notices that are required are individual notices (a written letter or email if the patient previously agreed to this method of contact) for each patient and notices to major media outlets, typically through a press release that will be disseminated to print and broadcast media in the area where the breach occurred.

Question No: 50

Which of the following is outside of the scope of practice for the nurse executive/ administrator?

- A. Managing and supervising nursing staff
- B. Developing and managing budgets
- C. Ensuring compliance with regulations

D. Managing and supervising physicians

Answer: D

Explanation: Managing and supervising physicians is outside of the scope of practice for the nurse executive/administrator. The nurse administrator is responsible for managing and supervising nursing staff, assistant administrators, and other workers. The nurse administrator also has a number of business and administrative duties, including developing and managing budgets, reporting to the board of directors, handling human resources issues, and ensuring compliance with regulations.

Question No: 51

The first step in facilitating a patient experience program is to:

- A. Define goals
- B. Gain the participation of key stakeholders
- C. Develop a plan/strategy
- D. Assess the current status

Answer: D

Explanation: The first step in facilitating a patient experience program is to assess the current status, usually through patient satisfaction surveys, interviews, or focus groups. The next step is to define the goals of the program and to gain the participation of key stakeholders. The final steps are to develop a plan or strategy to achieve the goals that have been outlined; speak directly to patients, families, and caregivers about their experiences; develop an advisory committee; make engagement a priority; and educate the staff.

Question No: 52

When using Lean Six Sigma as a method for process improvement, the focus is on:

- A. Individual projects
- B. Long-term goals and strategies
- C. Short-term goals
- D. Increasing profits

Answer: B

Explanation: When using Lean Six Sigma as a method of process improvement, the focus is on long-term and strategies. The basis of this program is to reduce error and waste within the organization through continuous learning and rapid change. Characteristics of Lean Six Sigma include the following:

- Long-term goals with strategies in place for 1- to 3-year periods
- Performance improvement as the underlying belief system
- Cost reduction through quality increases, supported by statistics evaluating the cost of inefficiency
- Incorporation of an improvement methodology, such as DMAIC, POCA, or other methods

Question No: 53

Which method of problem solving is better suited to solving specific problems than organizational problems?

- A. POCA
- B. FOCUS
- C. IMPROVE
- D. FADE

Answer: A

Explanation: Plan-do-check-act (POCA) is a method of problem solving that is better suited to solving specific

problems than organizational problems. Steps of POCA include the following:

- Plan: Identifying, analyzing, and defining the problem and goals and establishing a process through brainstorming, data collection, and analysis
- Do: Generating solutions, selecting one or more of them, and then implementing each solution on a trial basis
- Check: Gathering and analyzing data to determine the effectiveness of the solution
- Act: Identifying changes needed to fully implement a solution, adopting the solution, and continuing to monitor the results

Question No: 54

If a problem such as increased rate of surgical site infections has occurred, the first step in developing process improvement plans should be to:

- A. Identify key stakeholders
- B. Conduct a cost-benefit analysis
- C. Conduct surveys
- D. Conduct a root cause analysis (RCA)

Answer: D

Explanation: If a problem such as an increased rate of surgical site infections has occurred, the first step in developing process improvement plans should be to conduct an RCA, which is a retrospective attempt to determine the cause of an event. RCA involves interviews, observations, questionnaires, and reviews of medical records. Every step in the hospitalization and care experience, including every treatment, medication, and contact, is traced. The focus of the RCA is on systems and processes rather than on individuals.

Question No: 55

As part of quality improvement, new processes have been developed. What type of study is indicated before full implementation?

- A. Quality inspection plan
- B. Five whys
- C. Failure mode and effects analysis
- D. Feasibility study

Answer: C

Explanation: Failure mode and effects analysis is indicated before full implementation of new processes developed as part of quality improvement. This team-based prospective analysis aims to identify and correct failures in a process before implementation. Steps include:

1. Defining: Outlining the process in detail
2. Creating a team: Ad hoc team of those involved in the process or those with expertise
3. Describing: A numbered flowchart describes each step and substep
4. Brainstorming: Each step/ substep is analyzed for potential failures

Question No: 56

Which of the following payor methods rewards healthcare providers for the quantity of patients seen rather than the quality of healthcare given or positive outcomes and disincentivizes cost-saving efforts?

- A. Bundling
- B. Capitation

- C. Fee for service
- D. Value based, gain share

Answer: C

Explanation: Fee for service is the payor method that rewards healthcare providers for the quantity of patients seen rather than the quality of healthcare given or positive outcomes and disincentivizes cost-saving efforts. A set payment for service is established, and the healthcare provider receives the payment regardless of outcome. There is little motivation with this type of payment structure for the healthcare provider to innovate or to avoid unnecessary testing.

Question No: 57

When conducting a literature review, the first issue to consider is the:

- A. Source of the material
- B. Date of the material
- C. Author(s)
- D. Research format

Answer: A

Explanation: When conducting a literature review, the first issue to consider is the source of the material. Juried journals are the most reliable (although not infallible), whereas articles in the popular press cannot be relied upon for evidence-based research. The next step is to review the date and the author(s) as well as the credentials of the author(s). For current practice, the date should be within 5 years, but it may be older if reviewing historical information.

Question No: 58

The payor system with which the healthcare provider receives incentive payments if the costs of care are lower than predicted but also has to bear additional costs if costs are higher than predicted is:

- A. Capitation
- B. Bundling
- C. Value based, gain share
- D. Value based, risk share

Answer: D

Explanation: The payor system with which the healthcare provider receives incentive payments if the costs of care are lower than predicted but also has to bear additional costs if costs are higher than predicted is value based, risk share. The majority of current value-based plans are value based, gain share in which the healthcare provider receives a percentage of the savings. The primary goal of value-based reimbursement plans is to increase the quality of healthcare while reducing costs.

Question No: 59

A research question should:

- A. Require further knowledge to find the answer
- B. Be answered by using problem solving
- C. Be answered by knowledge that already exists
- D. Apply to only one population or problem

Answer: A

Explanation: A research question should require further knowledge to find the answer. If a question can be