

Nursing

ANCC-NE-BC
Nurse Executive board Certification

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Question: 1

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: 2

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: 3

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 (1933)
- 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: 4

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: 5

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). Which ever method is used, the PHI should not be retrievable.

Question: 6

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: 7

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: 8

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: 9

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: 10

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: 11

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: 12

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: 13

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: 14

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: 15

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.

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