

Health Information Management Technology, An Applied Approach, 5th edition

Instructor Manual Corrections

Chapter 2

Test Bank

5. Which of the following professionals is not mentioned in this text as requiring licensing by all 50 states?
- a. Physical Therapy
 - b. Occupational Therapy
 - c. Pharmacy
 - d. Health Information Management**

Rationale: While HIM is not licensed, professionals are registered (credentialed)

14. Long term care patients are referred to as residents of the healthcare facility administering care.
- a. True**
 - b. False

Rationale: This is a true statement. Most skilled nursing facilities (SNFs) have residents that are over age 65 and often are classified as the frail elderly.

Chapter 3

Review Quiz

2. Which of the following is an institutional user of the health record?
- a. Patient care provider
 - b. Lawyer
 - c. Coding and billing staff
 - d. Government policy maker**

Rationale: Policy-making bodies are included as institutional users.

Test Bank

31. What committee oversees the development and approval of new forms for the health record?
- a. Quality review committee
 - b. Medical staff committee
 - c. Executive committee
 - d. Clinical forms committee**

Rationale: One of the roles of the health information management committee is the approval of forms; however, it can also be a separate forms committee.

Chapter 4

Application Exercises

3. Identify the acute-care record component where the following information would be found.

- a. I hereby acknowledge that Dr. Anyone has provided information about the procedure described above, about my rights as a patient, and he or she answered all questions to my satisfaction. Dr. Anyone has explained the risks and benefits of this procedure to me.

Informed consent

- b. Patient name, date of birth, patient gender, next of kin information

Patient registration information or demographic information

- c. You authorize your physician or other qualified medical providers to perform medical treatment and services on your behalf.

General consent to treat

- d. I understand that I have a right to restrict the manner in which my protected health information is used and disclosed to carry out treatment, payment, or healthcare operations.

Notice of privacy practices

- e. A patient states that he has experienced difficulty swallowing for the last two weeks.

Medical history

- f. Neck: supple. Carotid pulses 2/7. Slight Jugular venous distention is noted.

Physical examination

- g. 6-2-2014 Admit via internal medicine. Urinalysis, Cardiac diet.

Physician order(s) or admission order

- h. I have recommended to Mr. Patient that we proceed with CT scan of head to rule out bleed. Thank you for allowing me to participate in Mr. Patient's care today.

Consultation

- i. Time: 0120 Temperature 36, Pulse 144, Respiration 46

Vital signs

- j. PT: 17.6 H, INR: 1.9, PTT: 32.0
H=High

Laboratory report

- k. Exam Date: 12/8/15

Check in# 15

Exam# 42589

PA and Lateral Chest: 12/8/15

Findings: The lungs are clear

Diagnostic report or imaging report

- l. Date: 6/8/15
Surgeon: Dr. Anyone
Assistant: None
Anesthetic: Spinal
Complications: None
Operation: Right Carotid Endarterectomy
Operative report
- m. Disposition: No lifting greater than 15 lbs. No driving for 6 weeks.
Final Diagnosis: Coronary Artery Disease
Discharge summary
- n. Activity: Up in chair 0700 6/19/15
Hygiene: Shower
Nutrition: 2/3 eaten
IV Pump: D/C
Progress note
- o. 38 weeks gestation, Apgar's 8/9, 6# 9.8 oz. good cry, to room with mom
Newborn record

Review Quiz

- 11. Which of the following is a function of the discharge summary?
 - a. Providing information about the patient's insurance coverage
 - b. Ensuring the other healthcare providers know what to do next while the patient is hospitalized
 - c. Providing information to support the activities of the medical staff review committee
 - d. Documenting the patient's health history in detail**

Rationale: The discharge summary provides information needed for the continuity of care.

Test Bank

- ~~11. Which of the following is true of many electronic health records?~~
 - ~~a. They are interoperable~~
 - ~~b. They are susceptible to damage from fire and floods~~
 - ~~c. They generally contribute to medical errors and decreased patient safety~~
 - ~~d. They have only been around since the early 2000's~~

Rationale: Many health records are interoperable, which allows data to be shared.

- 16. Which of the following is an example of a long-term care setting?
 - a. Assisted living facility**
 - b. Ambulatory surgery center
 - c. Community mental health center
 - d. Acute care hospital

Rationale: A community mental health center is an example of a long-term care setting.

- ~~24. True or false? Auto authentication is not in compliance with the CMS Interpretive Guidelines for~~

Hospitals.

~~a. True~~

b. False

~~Rationale: Because the reviewer does not review the completed document, CMS does not allow auto-authentication.~~

28. ~~True or false? Analysis of patient registration information can promote population health management.~~

~~a. True~~

b. False

~~Rationale: Patient registration information can be used for statistical analysis such as that used with population health management.~~

Chapter 5

Test Bank

Check Your Understanding 5.1, Pg. 112

1. True or false: If data granularity is the goal of collecting the data, clinical terminologies is the best choice.

Answer: **True** (pg. 624 of Appendix A)

Chapter 7

Test Bank

6. ~~The collection of information on healthcare fraud and abuse was mandated by HIPAA and resulted in the development of the ____.~~

~~____ a. National Practitioner Data Bank~~

~~____ **b. Healthcare Integrity and Protection Data Bank**~~

~~____ c. National Health Provider Inventory~~

~~____ d. Nationwide False Claims Data Bank~~

~~Rationale: The Healthcare Integrity and Protection Databank collects data on healthcare fraud.~~

Chapter 9

Real World Cases

Real-World Case 9.1

1. What steps could a privacy officer have taken to prevent this breach?

Individual responses will vary, but potential answers include: 1) in regards to prevention, shredding the PHI or otherwise rendering it unreadable (this was not done); 2) conducting staff training in regards to proper disposal; 3) requiring staff to sign agreements in regards to compliance with the HIPAA privacy rule; and 4) contracting with a reliable business associate to properly dispose of the PHI (it is not clear whether this organization used a business associate or not).

2. How would you have responded to it had it not been prevented at your organization?

Potential responses to this breach include dismissing the business associate if it was responsible for the breach, and reviewing the business associate agreement (if applicable) to ensure that all appropriate provisions were in place to safeguard the covered entity in the event of a breach by the business associate.

3. Should small healthcare organizations be charged fines for non-compliance with HIPAA? Justify your response.

Students should recommend that small healthcare organizations be charged fines when appropriate. Justification will vary but can address that the law specifically includes them and patients of small practices are impacted too.

Real-World Case 9.2

1. What could Ronnie Bogle, or any of us, do to prevent becoming a victim of medical identity theft?

There are many things that Ronnie can do. Examples are reviewing his health record and sharing private information only when necessary and with those he trusts.

2. Why should healthcare organizations be interested in financial identity theft?

Answers may vary but should include that the financial identity theft can be used for medical identity theft.

3. What impact might medical identity theft have on the patient's care?

The patient's care can be compromised. For example, if the fraudulent patient had an appendectomy, the physicians may overlook a diagnosis of appendicitis on the real patient because he or she believes the patient to have had their appendix removed.

Test Bank

25. Which of the following statements is true?

a. HIPAA preempts state law

b. State law preempts HIPAA, if stricter

c. A covered entity chooses which law to follow

d. The facility needs to consult an attorney to find out what to do

Rationale: HIPAA states that state law preempts the HIPAA privacy rule. They do not need to consult an attorney because they know the state law is stricter and therefore should abide by it.

Chapter 10

Review Quiz

15. An employee in the physical therapy department arrives early every morning to snoop through the EHR for potential information about neighbors and friends. What security mechanism should have been implemented that could minimize this security breach?
- Audit controls
 - Facility access controls**
 - Physical security
 - Workstation security

Rationale: Facility access controls could prevent the noisy neighbor from gaining access to areas that contain the PHI.

Chapter 15

Check Your Understanding 15.1

- Pre-established percentage of eligible expenses after the deductible is met, such as 20 percent
- Cost sharing measure in which the policyholder pays a fixed dollar amount per service
- Process of how patient financial and health information moves into, through, and out of the healthcare facility
- Policy or contract in which the purchaser (insured) pays a set amount to help cover the cost of medical expenses
- Paying for services provided with own funds
- Insurance company
- Fixed amount paid by policyholder per month
- Amount of cost (usually annually) the policyholder must incur before the plan will assume liability for the remaining covered expenses
 - Revenue cycle
 - Premium
 - Copayment
 - Third-party payer
 - Deductible
 - Coinsurance
 - Out-of-pocket
 - Healthcare insurance

Correct Answers:

- F
- C
- A
- H
- G

- 6. D
 - 7. B
 - 8. E
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Chapter 17

Review Quiz

12. Which of the following is a disciplined process of actively and skillfully conceptualizing, analyzing, synthesizing, applying, and evaluating information?
- a. Exploration of change
 - b. Leadership
 - c. Change management
 - d. Critical thinking**
- Rationale: Critical thinking defines the process.**

Match the leadership styles with the definition.

- 20. **d** Democratic
- 21. **f** Laissez-faire
- 22. **b** Bureaucracy
- 23. **e** Consultative
- 24. **c** Participative
- 25. **g** Authoritarian
- 26. **a** Democratic

a	Participative and support collective decision making
b	The leader relies primarily on rules and regulations
c	Plans and decisions are made by the team and leader
d	Participative and supports collective decision making by the group
e	The leader remains open to input from members of the team
f	Style reflects a leader who holds a title and responsibility but is hands-off
g	Domineering and decisions are made from a distance

Chapter 18

Test Bank

8. The process of comparing the outcomes of an organization, work unit, or employee against pre-established performance plans and standards is referred to as which of the following?
- a. Case management
 - b. Performance measurement**
 - c. Systems thinking

d. Utilization management

Rationale: Systems thinking is a vital part of PI and is an objective way of assessing work-related ideas and processes with the goal of allowing people to uncover ineffective patterns of behavior and thinking and then finding ways to make lasting improvement. This requires individuals to think about patterns and interrelationships between work units and the organization.

Chapter 19

Check Your Understanding 19.3

5. The process of maintaining financial viability by ensuring operating revenues for the year are sufficient to cover the operating expenditures is called what?
- A. Budget adjustment
 - B. Budget management**
 - C. Budget variance
 - D. Accrual accounting