

CE 1

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Pandemic Era Developments for Postacute Care Networks: Part II

1. **COVID-19 has brought changes to postacute care networks including:**
 - a. Network structure
 - b. Goals
 - c. Use of technology
 - d. All of the above
2. **A service line is an organizational and managerial model that follows the patient's path through the care process.**
 - a. True
 - b. False
3. **Although traditional hospitals focused on care inside the hospital walls, they are currently looking for collaboration across the entire continuum of care.**
 - a. True
 - b. False
4. **Some of the Medicare programs focusing on care across the continuum include:**
 - a. Value-Based Purchasing Program
 - b. Hospital Readmission Reduction Program
 - c. Bundled Payment Care Initiative
 - d. All of the above
5. **The COVID-19 pandemic may have created more opportunities for postacute care providers and hospitals that could demonstrate prowess with the following:**
 - a. Cardiac patients
 - b. Pulmonary patients
 - c. Renal failure patients
 - d. All of the above
6. **Patient compliance with the plan of care for rehabilitation, medication, and other services necessary to recover and avoid rehospitalization is at risk as soon as the patient leaves the hospital setting.**
 - a. True
 - b. False
7. **As acuity increases, the demands placed on SNFs include:**
 - a. Higher staffing needs
 - b. Training needs
 - c. Increased need for agreed-upon care paths
 - d. All of the above
8. **Center of Excellence service lines are providers who consistently deliver:**
 - a. Superior quality
 - b. Cost-effective care
 - c. Better patient experience
 - d. All of the above
9. **Super SNFs are high-performing SNFs overall and provide one or more types of high-acuity specialty care.**
 - a. True
 - b. False
10. **Super SNFs become critical resources during a pandemic because they:**
 - a. Provide near hospital-level care
 - b. Facilitate regional inpatient acute care
 - c. Provide service-line specific outcomes
 - d. All of the above
11. **During a market needs assessment, the case manager can be a critical resource in facilitating:**
 - a. A strategic framework for postacute strategies
 - b. DRG (diagnosis-related group)-based opportunities for improvement in readmission
 - c. Data sources for postacute problems and needs
 - d. All of the above

12. **Case managers can contribute to the development of specialty programs across the continuum by facilitating:**
 - a. Goals and measures programs are expected to accomplish
 - b. Referral pathways
 - c. Protocols for patient placement and communication
 - d. All of the above
13. **Collaboration is the key to developing an effective postacute care network.**
 - a. True
 - b. False

CE 2

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Getting Back into Focus: Revisiting Reasons for the Hospital Readmission Reduction Program

1. **Potentially preventable readmissions have been related to failed or ineffective discharge planning.**
 - a. True
 - b. False
2. **From the facility perspective, which factors are driving the need to reduce readmissions?**
 - a. Cost containment
 - b. Achievement of performance indicators
 - c. Improved patient experience
 - d. All of the above
3. **Hospital readmission is defined as a readmission within how many days following postacute discharge?**
 - a. 15 days
 - b. 20 days
 - c. 25 days
 - d. 30 days
4. **According to 2011 data from the Centers for Medicare & Medicaid Services, how much money was associated with acute hospital readmissions?**
 - a. \$19 billion
 - b. \$20 billion
 - c. \$26 billion
 - d. \$30 billion
5. **The Patient Protection and Affordable Care Act provides for both penalties and incentives for failure and success in reducing potentially preventable hospital readmissions.**
 - a. True
 - b. False
6. **Examples of endeavors to improve the transition of care process by The Joint Commission on Accreditation of Healthcare Organizations and The National Quality Forum include:**
 - a. Medication reconciliation
 - b. The discharge planning process
 - c. Performance measures for postacute care coordination
 - d. All of the above
7. **What percentage of Medicare patients are currently readmitted to the hospital?**
 - a. 11.5%
 - b. 13.8%
 - c. 15.5%
 - d. 18.0%
8. **According to the Institute for Healthcare Improvement, hospital readmissions can be reduced by improving discharge planning and care coordination and by providing increased opportunities for patient coaching, education, and support for self-management.**
 - a. True
 - b. False
9. **Patients who experience real caring in meeting their needs demonstrate:**
 - a. Emotional-spiritual well-being
 - b. Increase in patient safety
 - c. Decrease in costs
 - d. All of the above

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10. What are the major categories of intervention for readmission reduction?

- a. Telephone follow-up calls
- b. Discharge planning services
- c. Patient education/teaching
- d. Comprehensive care coordination
- e. All of the above

11. What model has demonstrated the most impact on reducing readmissions?

- a. Telephone follow-up calls
- b. Discharge planning services
- c. Patient education/teaching
- d. Comprehensive care coordination

12. A successful postacute hospital readmission program will focus on which of the following?

- a. Process improvement
- b. Stakeholder education
- c. Creation of an active interprofessional collaboration
- d. All of the above

6. Ethical principles involved with moral injury include:

- a. Place the public interest above your own
- b. Respect the rights and dignity of all patients
- c. Act with integrity
- d. All of the above

7. Health care providers can experience physical effects of moral injury including:

- a. Muscle tension
- b. Headaches
- c. Sleep disturbances
- d. All of the above

8. Psychological symptoms of moral injury include:

- a. Frustration
- b. Guilt
- c. Worry
- d. All of the above

9. Psychological symptoms can lead to:

- a. Self-imposed isolation
- b. Compulsive behaviors
- c. Decreased sense of empathy
- d. All of the above

10. Health care providers' reactions to moral injury include:

- a. Inability to self-forgive
- b. Engaging in self-sabotaging behavior
- c. Feeling that they do not deserve to feel better
- d. All of the above

11. Many health care providers who experience moral injury will not have long-term negative outcomes but will:

- a. Grow from the experience
- b. Redefine their mission in life
- c. Gain new insight
- d. All of the above

12. Key interventions for moral injury include:

- a. Cultivating calmness
- b. Practicing mindfulness
- c. Nurturing hope
- d. All of the above

13. Self-care strategies for coping with moral injury include:

- a. Taking time for yourself
- b. Being more patient and kinder to yourself
- c. Asking others for assistance
- d. All of the above

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CE 3 

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Moral Injury: Health Care Providers and the Pandemic

1. Moral injury is the distressing psychological, behavioral, social, and sometimes spiritual response to acting or witnessing behaviors that go against one's value and moral beliefs.

- a. True
- b. False

2. Moral injury can happen when a health care provider is called:

- a. To work in an extremely difficult environment where they witness a great deal of suffering
- b. To care for someone experiencing a life-threatening situation
- c. To be present for end-of-life scenarios that are counter to their ethical beliefs
- d. All of the above

3. Moral injury creates which of the following?

- a. Psychological disequilibrium
- b. Negative feelings
- c. A deep emotional wound
- d. All of the above

4. Burnout and moral injury are different.

- a. True
- b. False

5. Ethical concepts with moral injury may include which of the following?

- a. Nonmaleficence
- b. Beneficence
- c. Autonomy
- d. All of the above

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exam I **Pandemic Era Developments for Postacute Care Networks: Part II**

Objectives:

1. Describe four changes to the postacute care network in response to COVID-19.
2. State the super skilled nursing (SNF) facility approach to health care.
3. Describe the role of the case manager in working with super SNFs..

Please indicate your answer to the exam questions on the preceding page by filling in the letter:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____

exam II **Getting Back into Focus: Revisiting Reasons for the Hospital Readmission Reduction Program**

Objectives:

1. State four factors that are driving the need to reduce hospital readmissions.
2. State two strategies to reduce hospital readmissions.
3. Define the role of the case manager in reducing hospital readmissions.

Please indicate your answer to the exam questions on the preceding page by filling in the letter:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

exam III **Moral Injury: Health Care Providers and the Pandemic** 

Objectives:

1. Define moral injury.
2. State three effects of moral injury.
3. State four ethical principles involved in moral injury.
4. Describe four interventions for moral injury.

Please indicate your answer to the exam questions on the preceding page(s) by filling in the letter:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____

Continuing Education Program Evaluation Please indicate your rating by circling the appropriate number using a scale of 1 (low) to 5 (high).

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