Care CEUs

Risk Management: How to Manage Risk within Your Company

1. A health care administrator is developing an educational lecture focused on risk management. Which of the following informational points of interest should be included in the health care professional's lecture?

A. Risk management does not include identifying risk.
B. Risk management does not include medical error prevention.
C. Risk management should include quality improvement.
D. Risk management should only include quality improvement in emergency situations.

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2. A health care administrator has questions regarding insurance coverage. Which of the following informational points of interest should be communicated to the health care administrator?

A. Insurance coverage is only required for COVID-19 related medical errors.
B. General liability plans are not relevant to health care organizations.
C. Alleged sexual abuse and molestation liability insurance is not recommended.
D. Health care organizations that use vehicles to transport residents should have commercial auto liability insurance.

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3. Which of the following statements best defines the term cybersecurity?

A. Cybersecurity may refer to the processes for protecting electronic information and assets from authorized access by patients.
B. Cybersecurity may refer to the processes for protecting electronic information and assets from authorized access by health care professionals.
C. Cybersecurity may refer to the processes for protecting electronic information and assets from unauthorized access, use, and disclosure.
D. Cybersecurity may refer to the processes for protecting electronic information and assets from law enforcement officers.

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4. Which of the following statements regarding a health care risk management plan is most accurate?

A. Health care risk management plans should focus primarily on patients' medications.
B. Health care risk management plans should focus primarily on infection control.
C. Health care risk management plans should include contingency preparations for adverse system-wide failures and catastrophic situations, such as security breaches and cyber attacks.
D. Health care risk management plans should only include contingency preparations related to COVID-19.

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5. A health care administrator has questions about health care risk management plans. Which of the following informational points of interest should be communicated to the health care administrator?

A. Health care risk management plans should include collaborative systems for responding to reported risks and events including: acute response, follow-up, reporting, and repeat failure prevention.
B. Reporting systems should not include protocols for mandatory reporting.
C. Procedures for documenting and responding to patient and family complaints should not be included in the health care risk management plans.
D. Procedures for documenting and responding to patient and family complaints are only relevant if they are related to COVID-19.

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6. Which of the following best represents an infection control recommendation?

A. Avoid implementing sick leave options for health care personnel.
B. Implement sick leave options for health care personnel that encourage reporting of potentially infectious exposures or illnesses, appropriate use of sick leave, and adherence to work restrictions.
C. Only offer worksite vaccine delivery during emergency situations.
D. Avoid worksite vaccine delivery.

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7. Which of the following best represents an infection control recommendation for respiratory diphtheria?

A. For health care personnel with respiratory diphtheria infection, exclude from work for 30 days.
B. For health care personnel with respiratory diphtheria infection, exclude from work for 45 days.
C. For health care personnel with respiratory diphtheria infection, exclude from work until: antibiotic and antitoxin (if needed) therapy are completed; and at least 24 hours after completion of antibiotic therapy, two consecutive pairs of nasal and pharyngeal cultures, obtained at least 24 hours apart, are negative for toxin-producing C. diphtheriae.
D. For health care personnel with respiratory diphtheria infection, exclude from work until: antibiotic and antitoxin (if needed) therapy are completed; and at least 72 hours after completion of antibiotic therapy, two consecutive pairs of nasal and pharyngeal cultures, obtained at least 24 hours apart, are negative for toxin-producing C. diphtheriae.

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8. Which of the following best represents an infection control recommendation for N. meningitidis?

A. Exclude health care personnel with invasive N. meningitidis disease from work until 12 hours after the start of effective antimicrobial therapy.
B. Exclude health care personnel with invasive N. meningitidis disease from work until 24 hours after the start of effective antimicrobial therapy.

C. Exclude health care personnel with invasive N. meningitidis disease from work until one week after the start of effective antimicrobial therapy.
D. Exclude health care personnel with invasive N. meningitidis disease from work until two weeks after the start of effective antimicrobial therapy.

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9. Which of the following best represents an infection control recommendation for pertussis?

A. For asymptomatic health care personnel, regardless of vaccination status, who have an exposure to pertussis and are likely to interact with persons at increased risk for severe pertussis: administer postexposure prophylaxis; if not receiving postexposure prophylaxis, restrict from contact with patients and other persons at increased risk for severe pertussis for 4 days after the last exposure.
B. For asymptomatic health care personnel, regardless of vaccination status, who have an exposure to pertussis and are likely to interact with persons at increased risk for severe pertussis: administer postexposure prophylaxis; if not receiving postexposure prophylaxis, restrict from contact with patients and other persons at increased risk for severe pertussis for 8 days after the last exposure.
C. For asymptomatic health care personnel, regardless of vaccination status, who have an exposure to pertussis and are likely to interact with persons at increased risk for severe pertussis: administer postexposure prophylaxis; if not receiving postexposure prophylaxis, restrict from contact with patients and other persons at increased risk for severe pertussis for 10 days after the last exposure.
D. For asymptomatic health care personnel, regardless of vaccination status, who have an exposure to pertussis and are likely to interact with persons at increased risk for severe pertussis: administer postexposure prophylaxis; if not receiving postexposure prophylaxis, restrict from contact with patients and other persons at increased risk for severe pertussis for 21 days after the last exposure.

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10. Which of the following best represents an infection control recommendation for CDI?

A. For patients with confirmed CDI, health care administrators should maintain contact precautions for at least 48 hours after diarrhea has resolved, or longer.
B. For patients with confirmed CDI, health care administrators should maintain contact precautions for at least one week after diarrhea has resolved, or longer.
C. For patients with confirmed CDI, health care administrators should maintain contact precautions for at least two weeks after diarrhea has resolved, or longer.
D. For patients with confirmed CDI, health care administrators should maintain contact precautions for at least four weeks after diarrhea has resolved, or longer.

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