

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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