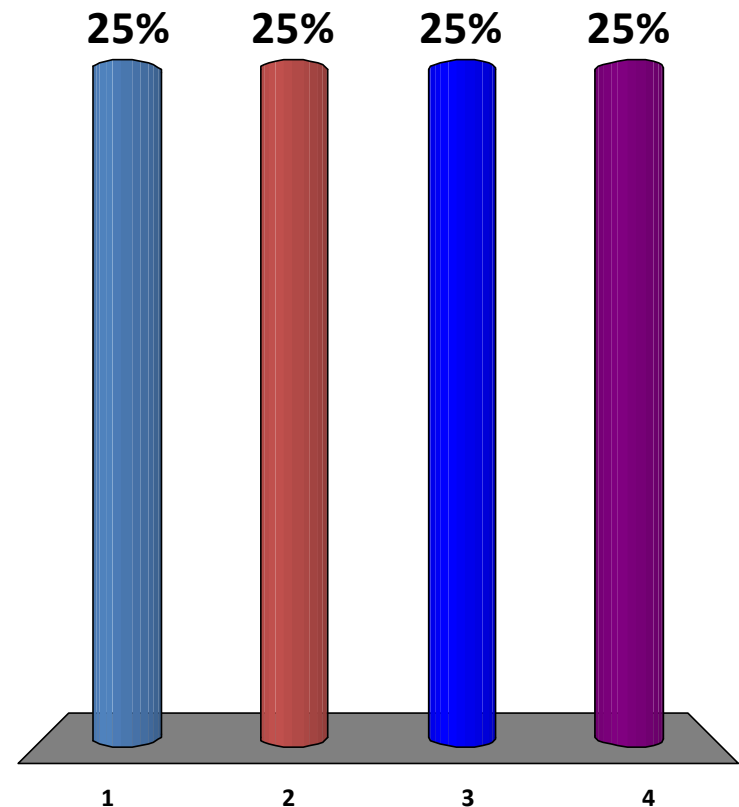


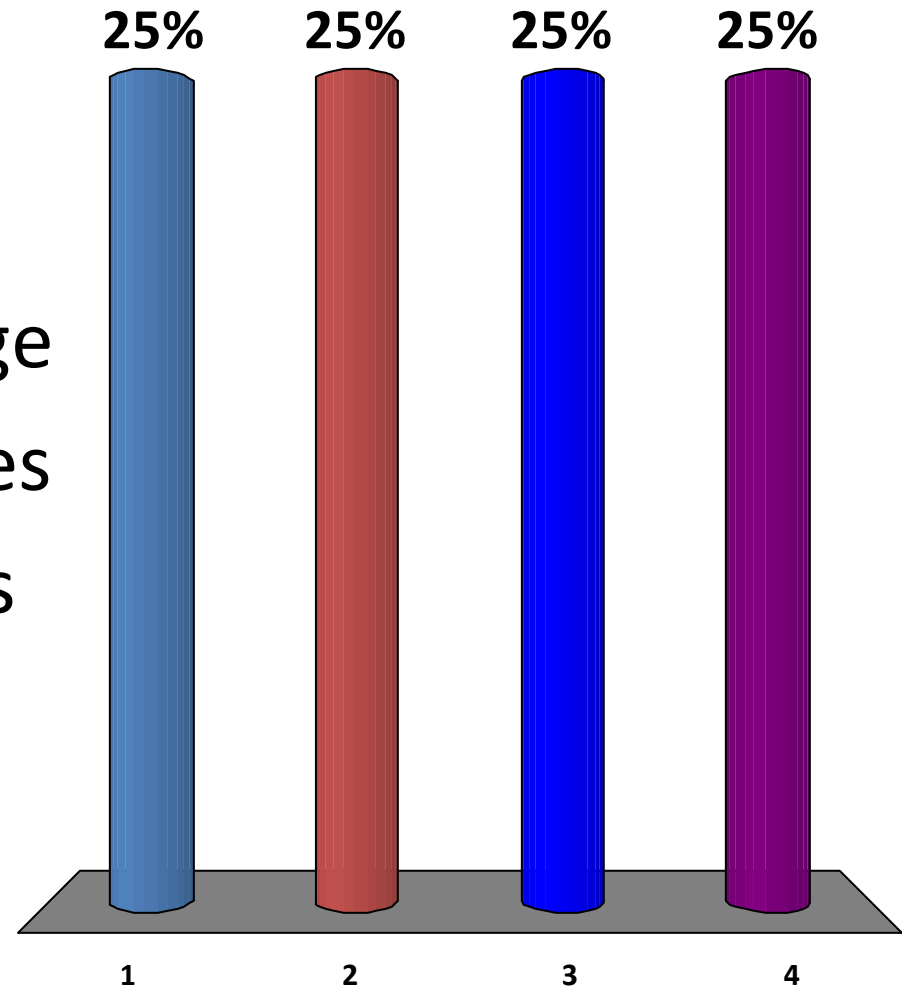
All of the following are attributes of a good physician advisor except:

1. Excellent written and verbal skills
2. Cynical view of government and insurance companies so willing to do “battle” with auditors and insurers on a daily basis
3. Politically astute and self-secure and thus knows how to approach different physicians in the most appropriate manner while not taking criticism personally
4. Comfortable with the “gray zone” and able to accommodate the rapid shifts in daily work requirements



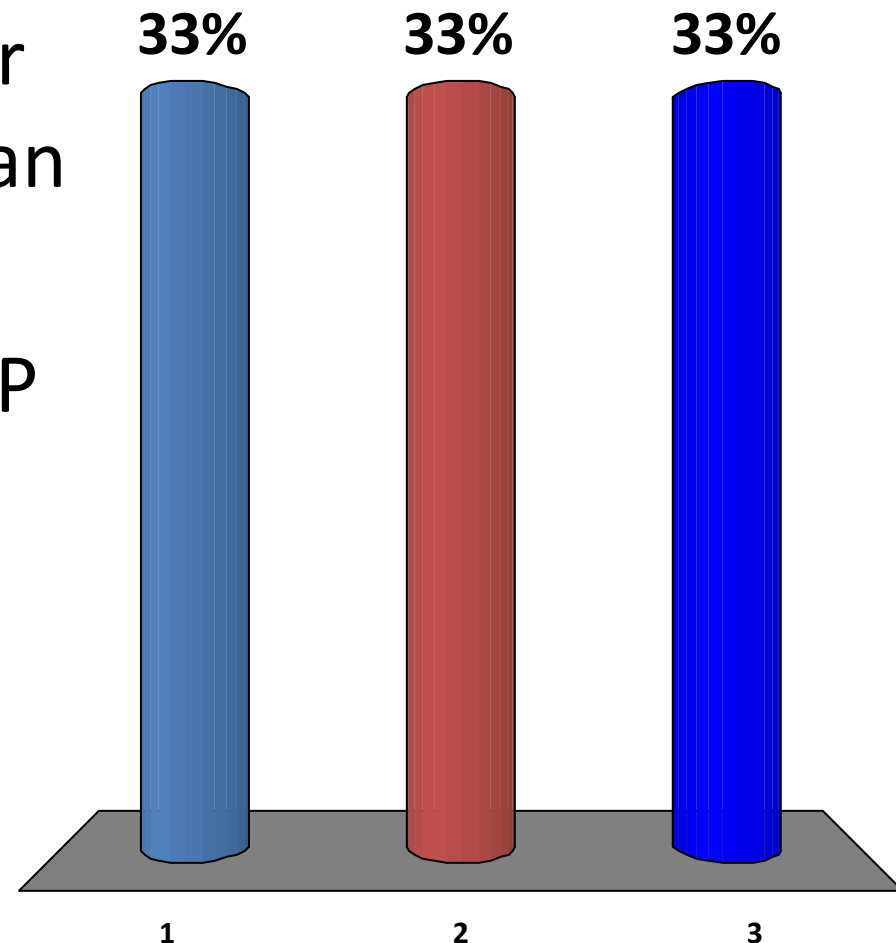
Which of the following is excluded from time calculation under the 2MN benchmark?

1. Outpatient observation services
2. Pre-hospital simple triage
3. Emergency room services
4. Operating room services



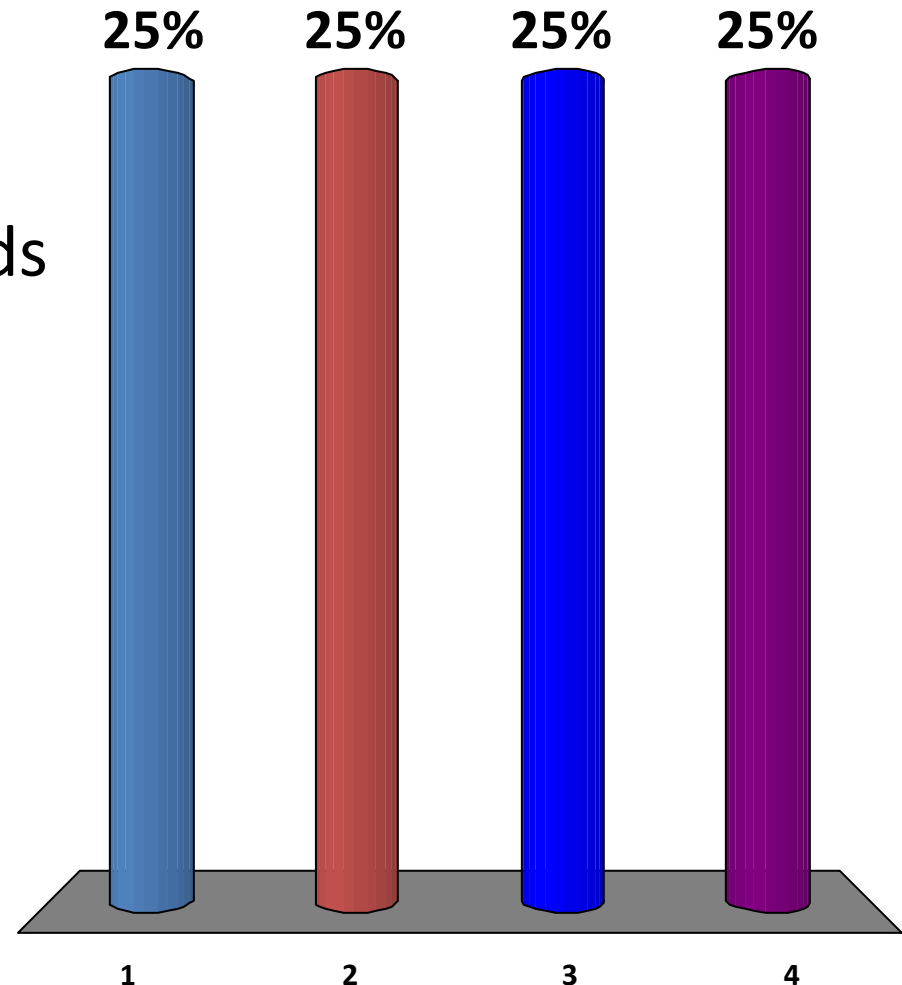
All the following meet the requirement for an inpatient admission to be valid except:

1. A signed admission order by the attending physician
2. An unsigned verbal admission order by an NP or PA
3. A co-signed admission order of an NP or PA by the attending physician



“C Suite Buy In” to multidisciplinary rounds is important because:

1. The CNO sets the tone of cooperation & engagement among nursing staff
2. The CMO does not feel rounds contribute to the quality of medical care
3. The CFO sees no return on investment from reducing LOS & insurance denials
4. The COO doesn't care about hospital efficiency



85 y.o. patient from Skilled Nursing facility presents to ED at 5pm with brief episode of near-syncope and vague complaints of abdominal pain. It is now 10 pm, patient has undergone several tests, results are not back yet but symptoms have resolved and patient is sleeping comfortably.

What would be the next best step?:

1. No discussion with ED physician needed at this point, as tests were completed; leave patient in Outpatient Status
2. Discuss patient with the ER physician a possible 2 MN admit or if not able to estimate the 2 MN, convert to obs and closely watch thru the 1st midnight/need a 2nd MN
3. Discuss patient with ED physician and review possible need for inpatient unit
4. Discuss with patient about discharge back to SNF before midnight

