Medical Technology

AHIMA-RHIT
Registered Health Information Technician (RHIT) exam

Questions And Answers PDF Format:

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Question: 1

A laboratory test is intended to measure the incidence of cancer cells in a particular sample, but instead, it determines the number of healthy cells. Witch characteristic of this laboratory test is deficient?

A. Validity
B. Reliability
C. Specificity
D. Sensitivity

Answer: A

Explanation:
The validity of this laboratory test is deficient. In laboratory research, validity is the extent to which a test measures what it is intended to measure. The reliability of the test is the extent to which it can be depended upon to give a consistent reading in different circumstances. The specificity of the test is the extent to which it correctly identifies all true noncases (that is, all true negatives and false positives). The sensitivity of the test is the extent to which it correctly identifies all true cases (that is, all true positives and false negatives).

Question: 2

What is typically the first step in a progressive disciplinary process?

A. Written reprimand
B. Termination
C. Suspension
D. Oral warning

Answer: D

Explanation:
Typically, the first step in a progressive disciplinary process is an oral warning. In most cases, a progressive discipline approach is most effective. It is important, however, that the sequence of gradually increasing punishments be made explicit to employees during orientation. The usual sequence of progressive discipline is oral warning written reprimand, suspension, and finally, termination. A progressive discipline process gives the employee opportunities to rectify his or her behavior.

Question: 3

Which of the following pieces of data must be collected during each visit to a health practitioner?

A. Ethnicity
B. Date of birth
C. Name
D. Self-reported health status

Answer: C

Explanation:
The patient's name must be collected during each visit to a health practitioner. Indeed, it is absolutely essential that this piece of data be recorded in the same way every time. For this reason, some organizations recommend using Social Security number rather than name because health care employees are less likely to make mistakes with a number then with the spelling of a name, The other answer choices represent pieces of data that should only be collected upon the first visit or when necessary. It is recommended that the patient's date of birth be recorded in the following order. four-digit year, two-digit month, and two-digit day. The precise categories for ethnicity are outlined by the Office of Management and Budget Directive 15. Self-reported health status is a general measure, often placed on a five-point scale (poor, fair, good, very good, and excellent).

Question: 4

During the month of January, a 400-bed health care facility had 450 deaths, 2,500 other discharges, and 11,000 inpatient service days. What was the inpatient bed occupancy rate for January? Round to the nearest percentage point.

A. 44 %
B. 28 %
C. 89 %
D. 94%

Answer: C

Explanation:
The inpatient bed occupancy rate for January was about 89%. This census statistic is also called the occupancy rate, occupancy percentage, or percentage of occupancy. The inpatient bed occupancy rate is calculated by dividing the number of inpatient service days by the product of the number of beds and the number of days in the month and then multiplying by 100. So, for this question, inpatient bed occupancy rate is calculated
[11,000 + (400 x 31)] x 100 = [11,000 + 12,400] x 100 = 0.887 x 100 = 88.7%.

Question: 5

An organization surveys the members of a community about their alcohol consumption. Questionnaires are mailed to the local residents along with self-addressed stamped

envelopes. The results of the survey indicate that the area has a below-average rate of alcoholism. What is the most likely reason for these results?

A. Diagnosis bias
B. Nonresponse bias
C. Prevarication bias
D. Survival bias

Answer: B

Explanation:
The most likely reason for the results in this scenario is nonresponse bias. Nonresponse bias occurs when it is probable that survey respondents will have significantly different characteristics than survey nonrespondents. In this scenario, it seems likely that cultural pressures would encourage people to underreport their alcohol consumption or for heavy drinkers to avoid reporting any consumption at all. Diagnosis bias, on the other hand, occurs when there is disagreement among professionals about the meaning of specimens collected during a research study. A prevarication bias exists when survey respondents embellish their answers, either by exaggerating their characteristics or providing obfuscating detail. Survival bias occurs when the results of a study are influenced by the fact that the members of a population who are still alive are more likely to share certain characteristics. For instance, a study of 80-year-old lifelong smokers might produce a smaller-than-expected incidence of cancer for the simple reason that other lifelong smokers would have died of the disease by this age.

Question: 6

A health care administrator, looking for ways to decrease patient wait time in the emergency room, studies the methods successful restaurants have used to increase table turnover. What quality improvement strateU is the administrator using?

A. Internal benchmarking
B. Performance benchmarking
C. Comparative benchmarking
D. Competitive benchmarking

Answer: C

Explanation:
In this scenario, the administrator is using the quality improvement strategy of comparative benchmarking. In comparative benchmarking, an administrator compares a process in his or her business to a similar, but not exactly correspondent. process in another industry. Obviously, a hospital administrator will not use precisely the same strategy as a restaurant manager to increase customer flow, but the administrator may be able to obtain some insights from the comparison. The other two common types of benchmarking are performance and internal benchmarking. In performance benchmarking, also known as competitive benchmarking, administrators compare the performance of their organizations with the performance of leaders within their industry. In

performance benchmarking, an organization looks at the exact same processes as performed by successful competitors. In internal benchmarking, administrators compare the performance of different departments within their own organizations. Obviously, this strategy is only effective when there are significant similarities in the processes performed by the departments.

Question: 7

Which form of management makes the most use of statistical analysis?

A. Risk management
B. Utilization management
C. Participatory management
D. Quality assessment

Answer: D

Explanation:
Quality assessment is the form of management that makes the most use of statistical analysis. The other two common forms of management are utilization management and risk management. In risk management, the administrators are more likely to use occurrence screening, while in utilization management, they are more likely to use case management techniques. The purpose of quality assessment is to improve care and services by analyzing past performance. Utilization management focuses on effectively and efficiently using resources. Risk management is focused on avoiding liability.

Question: 8

Which coding instrument is generally recommended for the principal diagnosis upon admittance to inpatient treatment?

A. SNOMED
B. ICD-IO-CM
C. DSM-5
D. HCPCS

Answer: B

Explanation:
The ICD-IO-CM coding instrument is generally recommended for the principal diagnosis upon admittance to inpatient treatment. The International Classification of Diseases, 10th Edition, Clinical Modification (commonly known as the ICD-IO-CM), is used to make the determination that will inform the patient's treatment from admission. The Systematized Nomenclature of Diseases and Operations (SNOMED) makes it possible for distant health care facilities to compare the treatment protocols and patient responses for common conditions. The Health Care Financing Administration Common Procedure Coding System (HCPCS) is used on the billing documents for inpatient, ambulatory, and surgical treatment. The Diagnostic and Statistical Manual of Mental Disorders

(DSM-5) is the primary coding system for mental conditions.

Question: 9

Which piece of legislation created a program for detecting fraudulent health plans?

A. Health Insurance Portability and Accountability Act of 1996
B. Nursing Home Reform Act of 1987
C. Patient Self-Determination Act of 1990
D. Consolidated Omnibus Budget Reconciliation Act of 1995

Answer: A

Explanation:
The Health Insurance Portability and Accountability Act created a program for detecting fraudulent health plans. This act, passed in 1996 and implemented in 1998, generally improved the quality, access, and affordability of health insurance. The Nursing Home Reform Act, passed in 1987 and made effective in 1990, established minimum staffing requirements for long-term care facilities. The Patient Self-Determination Act, passed in 1990, mandated a wider dissemination of information to patients about their health options and rights. The Consolidated Omnibus Budget Reconciliation Act of 1985, commonly known as COBRA, established standards for the transfer and discharge of Medicaid and Medicare recipients.

Question: 10

Which of the following is a basic assumption of normative decision theory?

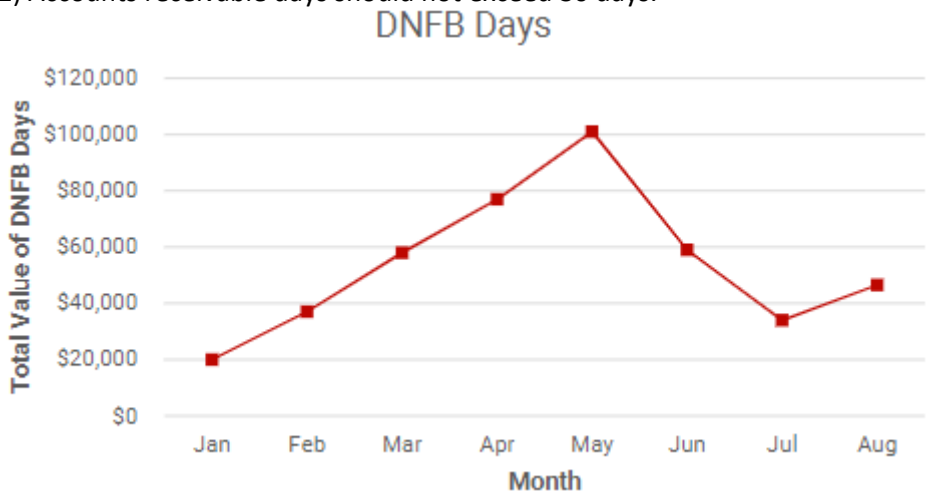
A. Decision makers can never fully understand their situations.
B. Decision makers cannot maximize revenue.
C. Decision makers tend toward satisfying choices.
D. Decision makers have total knowledge of the available options.

Answer: D

Explanation:
A basic assumption of normative decision theory is that decision makers have total knowledge of the available options. Indeed, one of the main criticisms of normative decision theory is that it presumes an omniscience that no decision maker will have. Normative decision theory assumes that the decision maker will be able to maximize revenue because he or she will be able to survey available options with clear eyes and make the proper choice. Behavioral decision theory, on the other hand, acknowledges that decision makers will never have total knowledge of the situation and suggests that an emphasis should be placed on satisfying rather than optimal choices.

Question: 11

A local hospital has tasked its revenue team with tracking DNFB cases. The revenue team has decided on the following benchmarks:
(1) DNFB values should not exceed the equivalent of 3 days' worth of average daily revenue ($20,000).
(2) Accounts receivable days should not exceed 30 days.



Based on the data in the graph, how often did this local hospital NOT meet its established DNFB benchmarks?

A. 25% of the time
B. 50% of the time
C. 75% of the time
D. 100% of the time

Answer: A

Explanation:
Three days of the average daily revenue is equivalent to $20,000 x 3 = $60,000. According to the graph, the established DNFB benchmarks were not met in April and May because they exceeded this amount.

Question: 12

What is the MPI quality issue displayed in the following table?

Portion of MPI at Newtown Hospital				
MR Number	**First Name**	**Last Name**	**DOB**	**SSN**
591369	Alexander	Miller	12/28/81	001-23-4567
727331	Alex	Miller	12/28/81	001-23-4567
583269	Alice	Millan	12/27/78	987-65-4321
885183	Alice	Millard	09/06/91	345-67-8910

A. Duplicate
B. Overlay
C. Replicate
D. Overlap

Answer: A

Explanation:
Examining this portion of Newtown Hospital's master patient index, we can see that the first two entries share the exact last name, date of birth, and social security number. This patient was likely registered with their full name (Alexander) and again with an abbreviation of their name (Alex), which has led this patient to have multiple medical record numbers. This represents a duplicate health record (when a single patient is assigned two or more medical record numbers). This issue can be corrected by merging the two records under one medical record number.

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