CNE Quiz: Communication Between Acute Care Hospitals and Skilled Nursing Facilities During Care Transitions: A Retrospective Chart Review

1. The approximate number of physicians seen annually by patients with chronic conditions is:
   A. 8.
   B. 10.
   C. 12.
   D. 16.

2. The Mental Illness/Intellectual Disability/Related Conditions Identification (DCH-3877) screening tool is:
   A. completed by any licensed/non-licensed medical staff.
   B. delivered to the skilled nursing facility (SNF) within 24 hours of discharge from the acute care hospital (ACH).
   C. required while patients are in the SNF to assess the need for mental health services.
   D. useful for determining cognitive status on admission to the SNF.

3. Pertinent for residents living in SNFs, the DCH-3877 tool:
   A. screens for use of antidepressant and antipsychotic medications.
   B. identifies those with physical limitations.
   C. promotes interventions for intellectual decline.
   D. supports the one-size-fits-all meal plan.

4. Coleman’s (2003) Care Transition Model was chosen to guide the project because it:
   A. applies models for services between acute and long-term care.
   B. identifies relevant variables and relationships among acute and long-term care.
   C. describes specific information for clinical system analysis.
   D. offers a checklist of suggested patient-focused interventions.

5. The variable with the highest transfer rate from the ACH to the SNF was:
   A. cognitive status.
   B. laboratory results.
   C. principal diagnosis.
   D. medication list.
6. In 2011, the average Medicare Part A reimbursement for SNFs per stay was:
   A. $11,900.
   B. $8,000.
   C. $457.
   D. $153.

7. In 2011, the average Medicare Part A reimbursement for hospice for SNFs per day was:
   A. $153.
   B. $457.
   C. $8,000.
   D. $11,900.

8. A barrier to the delivery of safe care in SNFs is:
   A. lengthy orientation of new hires.
   B. limited education of new staff.
   C. laborious paperwork for reimbursement.
   D. lack of administrative leadership.

9. The information most frequently missing from the discharge instructions was the:
   A. duration and indication for antibiotic medications.
   B. hard copy script for narcotics with a Drug Enforcement Agency number.
   C. contact information for the transferring physician.
   D. recommended follow-up appointments.

10. According to estimates in 2006, the percentage of ACH patients discharged to a SNF and readmitted within 30 days of discharge was:
    A. 50.7%.
    B. 23.5%.
    C. 15%.
    D. 4.34%.

11. Improving providers’ knowledge of services and capabilities across different care settings would best be achieved by:
    A. creating policies and procedures for monitoring the discharge planning process.
    B. assigning responsibility to clinical leaders among hospitalists and rotating resident groups.
    C. charging a multidisciplinary team to develop inter-system inservices.
    D. cross-continuum team meetings between staff from the different institutions.

12. A strength of the study was the:
    A. diversity of study centers.
    B. interrater reliability.
    C. tested audit tool.
    D. quantitative research method.

CNE Answers
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