

Section II

Textbook Answer Keys

Chapter 1

Health Care Delivery Systems

EXERCISE 1-1 History of Medicine and Health Care Delivery

1. 1847 AMA founded
2. 1898 Association of Hospital Superintendents was founded, later becoming the AHA in 1906
3. 1913 ACS founded
4. 1965 Medicare and Medicaid enacted
5. 1985 COBRA enacted
6. 1996 HIPAA passed
7. 1997 SCHIP established, as mandated by Title XXI of the Balanced Budget Act of 1997
8. 2001 CMS was created, replacing HCFA
9. 2002 QIOs replace PROs
10. 2003 MMA implemented

EXERCISE 1-2 Continuum of Care

1. T
2. T
3. T
4. F
5. F

EXERCISE 1-3 Health Care Facility Ownership

1. teaching hospital
2. resident
3. for-profit
4. government-supported
5. 60

EXERCISE 1-4 Health Care Facility Organizational Structure

1. Dermatology
2. Obstetrics
3. Ophthalmology
4. Thoracic Surgery
5. Orthopedics
6. Quality Management Committee
7. Executive Committee
8. Tissue Review Committee
9. Joint Conference Committee
10. Ethics Committee

EXERCISE 1-5 Licensure, Regulation, and Accreditation

Matching

1. 1
2. 1
3. 1
4. 2
5. 2

Short Answer

6. Accreditation Association for Ambulatory Health Care
7. American Osteopathic Association
8. Community Health Accreditation Program
9. Centers for Medicare and Medicaid Services
10. National Committee for Quality Assurance

CHAPTER REVIEW

True/False

1. T
2. F
3. F
4. T
5. F
6. F
7. F
8. T
9. T
10. T

Multiple Choice

11. d
12. c
13. a
14. a
15. d
16. b
17. d
18. d
19. b
20. c

Fill-In-The-Blank

21. National Committee for Quality Assurance
22. better, higher-quality more cost-effective
23. modern
24. Hippocratic Oath
25. monks and nuns
26. radium
27. The Pennsylvania Hospital
28. primary care
29. for-profit
30. written authorization, court order

Short Answer

31. A hospital multidisciplinary committee consists of representation from hospital departments and the medical staff. Various hospital committees include: Disaster Control, Drug Utilization Review (or Pharmacy and Therapeutics), Education, Finance, Forms, and Risk Management.
32. Diagnosis and procedure indexes are computer-generated printouts, sequenced by code number, that contain patient information. The indexes are used to retrieve records for quality management and other purposes.
33. An electronic signature describes all technology options available that can be used to sign a document. A digital signature is a type of electronic signature that uses public key cryptography to attach an alphanumeric number to a document that is unique to the document and to the person signing the document.
34. Services that a HIM department may contract out include:

Cancer Registry: Certified tumor registrars (CTRs) organize and assess cancer registry programs, assist in the preparation of an annual report, and perform the following technical functions: cancer case abstracting, patient care evaluation and research studies, follow-up for survival analysis, management of cancer data collection, and survey preparation/compliance with ACS standards.

Coding: Credentialed coding staff provide out-source coding support (e.g., for facilities experiencing coding staff shortages), perform coding compliance audits to determine accuracy of codes and to ensure that Office of Inspector General (OIG) guidelines are met, review chargemasters for accuracy, and conduct APC & DRG validation studies (to determine accuracy of APC and DRG assignment).

Document Conversion: Specialty companies convert paper-based documents and data to computer-based patient record (CPR) format using scanning technology to automate data entry, publish records on the Internet, manage messaging systems, and provide storage solutions (including providing immediate access to information).

Master Patient Index Duplication Review: Companies use software to identify, correct, and eliminate duplicate MPI records, increasing patient identification accuracy and patient care safety.

Medical Transcription: Local and national medical transcription services provide Internet-based and pick-up/delivery of dictation and transcribed reports for health care facilities.

Release of Information Processing: Use of an outside copy service to process release of information requests.

Trauma Registry: Credentialed professionals create and maintain a registry of all trauma admissions, deaths in the emergency department due to trauma, recording data elements for each entry that becomes part of a national registry developed by the ACS.
35. Accreditation is the voluntary compliance with standards that are created by accrediting agencies as measurements of a health care organization's level of performance in specific areas. A regulation is the interpretation of a law and is written by a regulatory agency such as the Centers for Medicare & Medicaid Services. It is mandatory that regulations be followed by a health care organization.
36. The Joint Commission accredits the following types of organizations: ambulatory care providers, assisted-living facilities, behavioral health care organizations, clinical laboratories, health care networks, home care organizations, hospitals, nursing homes, and other long-term care facilities.
37. Once the coding function is completed, abstracting of patient cases is performed to enter codes and other pertinent information (e.g., patient identification data, admission/discharge dates, and so on) utilizing computer software. The purpose of abstracting is to generate statistical reports and disease/procedure indexes, which are used for administrative decision making and quality management purposes.

38. Primary care services include preventive and acute care services and are provided by a general practitioner or other health professional who has first contact with a patient. Primary care services include annual physical examinations, early detection of diseases, family planning, health education, immunizations, treatment of minor illnesses and injuries, and vision and hearing screening. Secondary care services are provided by medical specialists or hospital staff members to a patient whose primary care was provided by a general practitioner who first diagnosed or treated the patient. Examples of secondary care services include specialty consultations, orthopedic services for a patient referred because of a hip fracture, and a woman referred by a family practitioner to an OB-GYN because she is pregnant.
39. Proprietary hospitals are for-profit facilities owned by corporations, partnerships, or private foundations. Voluntary hospitals are not-for-profit facilities owned by religious or other voluntary groups.
40. The purposes of record circulation include retrieval for inpatient readmission, scheduled and unscheduled outpatient clinic visits, authorized quality management studies, and education/research.