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Question: 1125

An RNFA's certification lapses mid-year; privileges auto-suspend per bylaws. How to restore?

A. Probationary period
B. Re-verification of all job requirements
C. Immediate reinstatement
D. Waiver for experience

Answer: B
Explanation: Re-verification of all job requirements like licensure and certification is required for delineation of privileges restoration, preventing lapses in perioperative standards.

Question: 1126

A patient family complains about perceived rudeness from a circulating nurse during preoperative holding, despite no clinical error. Applying customer service and service recovery principles, what manager response best prevents recurrence?

A. Document in the nurse's file for performance review
B. Conduct a just culture review to assess communication gaps, coach the nurse on emotional intelligence, and follow up with the family
C. Apologize on behalf of staff and offer compensation without investigation
D. Dismiss the complaint as subjective

Answer: B
Explanation: Just culture review combined with emotional intelligence coaching addresses root communication issues, promotes safe speaking up, and executes service recovery through empathetic follow-up, strengthening interprofessional and patient relationships.

Question: 1127

In a high-volume cardiac surgery department, inventory management faces challenges with $5.2 million in annual implant usage, including pacemakers on consignment (no upfront cost, pay-per-use) and stents via just-in-time delivery from a GPO. Value analysis standardizes grafts to reduce SKUs by 40%, but a markup dispute arises on high-end valves (28% markup). The manager implements par-level tracking to minimize overstock. Which inventory strategy optimizes cost control here?

A. Value analysis standardization

B. Just-in-time delivery cadence
C. Consignment for high-value implants
D. Group purchasing organization pricing

Answer: A
Explanation: Value analysis standardization reduces inventory costs by evaluating clinical outcomes versus price across equivalent products, minimizing SKUs, negotiation leverage through GPOs, and waste, proven to yield 15-25% savings in implant-heavy specialties like cardiac surgery.

Question: 1128

Benchmarking reveals turnover time 15 minutes above national averages, contributing to lost case volume equivalent to $320,000 annual revenue. The manager correlates this with staffing ratios. Which KPI should drive targeted interventions?

A. Supply cost per minute
B. Overtime hours per case
C. Turnover time and room ready-to-room ready metrics
D. OR utilization and block allocation

Answer: C
Explanation: Turnover time KPIs, including room ready-to-room ready, directly measure efficiency between cases. Reducing this KPI increases case volume within fixed blocks, enhancing revenue without proportional cost increases.

Question: 1129

During a root cause analysis (RCA) following a sentinel event involving unintended retention of a surgical sponge, the interdisciplinary team identifies multiple contributing factors including communication breakdowns and count discrepancies. As manager, which step best ensures comprehensive reporting and compliance with Joint Commission requirements for submission?

A. Limit the report to immediate corrective actions without analyzing latent system issues
B. Submit the event as a near-miss since no permanent harm occurred
C. Document only the active failures in the final RCA report to focus on staff accountability
D. Compile a detailed RCA report including causal statements, risk reduction strategies, and action plans with timelines for implementation

Answer: D
Explanation: Joint Commission sentinel event policy requires a thorough RCA that identifies root causes (both active and latent), develops risk-reduction strategies, and includes measurable action plans with

timelines; comprehensive compilation and submission support performance improvement and regulatory compliance.

Question: 1130

The CSSM analyzes facility data revealing prolonged patient throughput times due to inconsistent cleaning protocols between cases, exacerbated by MDRO presence. EPA guidelines on disinfection are not fully integrated. How to best extract and apply data?

A. Increase staff shifts
B. Interpret cleaning duration metrics against MDRO incidence and enforce EPA-aligned disinfection procedures
C. Outsource cleaning
D. Standardize cleaning without data review

Answer: B
Explanation: Interpreting cleaning duration metrics against MDRO incidence from extracted data drives enforcement of EPA-aligned disinfection procedures, optimizing patient flow by reducing turnover delays and bolstering infection prevention in perioperative throughput management.

Question: 1131

To ensure patient privacy and regulatory compliance when using e-mail for departmental communication, the CSSM should:

A. Encrypt all outgoing e-mails that contain any form of Protected Health Information (PHI) and use the hospital's secure server.
B. Instruct staff to use "nicknames" for patients instead of their real names in e-mail subject lines.
C. Only send e-mails after 5:00 PM when the risk of "hackers" is lower.
D. Use personal Gmail accounts for departmental business because they are faster than the hospital's e-mail system.

Answer: A
Explanation: Utilizing communication tools effectively and securely is a non-negotiable regulatory requirement. Encryption is the standard safeguard for protecting PHI sent via e-mail. The manager is responsible for ensuring that all departmental communication adheres to these technical standards to prevent data breaches and maintain HIPAA compliance.

Question: 1132

In a busy Level 1 trauma center, the surgical services manager discovers that a consignment agreement for orthopedic power drills has expired, leading to untracked devices scattered across multiple OR suites during a mass casualty incident. Multiple loaner instrument sets from vendors arrive unsterilized amid the chaos, and preventive maintenance records for rental endoscopy towers are incomplete due to staff shortages. To resolve this while ensuring compliance with AORN guidelines on equipment accountability, what is the most immediate and comprehensive action the manager should prioritize?

A. Delegate sterilization of loaner sets to perioperative staff and update digital tracking logs retrospectively
B. Negotiate emergency extensions on consignment agreements with vendors via phone
C. Implement a just-in-time preventive maintenance schedule using vendor on-call technicians
D. Conduct a full physical inventory of all consignment, loaner, and rental equipment before resuming cases

Answer: D
Explanation: The equipment management process requires meticulous tracking of consignment, loaner instrumentation, and rental items, especially in high-acuity scenarios, to prevent errors in sterilization, maintenance, and accountability. A full physical inventory establishes baseline control, verifies sterilization status per AORN standards, and enables accurate documentation before further use, mitigating risks of infection or malfunction during critical operations.

Question: 1133

Environmental sustainability efforts include transitioning to biodegradable packaging and recycling programs in ORs, yielding $95K in waste disposal savings. The CSSM integrates this into reports. This supports which responsibility?

A. Capital budgeting for green equipment
B. Variance analysis of waste line items
C. Implementing initiatives that reduce operational expenses through resource conservation
D. Vendor contract for sustainable products

Answer: C
Explanation: Implementing initiatives that reduce operational expenses through resource conservation lowers disposal and purchasing costs, contributing to cost management and positive financial variances.

Question: 1134

A surgical services manager is negotiating with a vendor representative and the anesthesia chief over the adoption of a new advanced energy device that promises reduced procedure times but carries a high initial capital cost and requires specialized OR staff training. The vendor pushes for immediate implementation to meet quarterly sales targets, while the anesthesia team raises concerns about compatibility with existing

protocols and potential airway risks in complex cases. Amid escalating tension, the manager must apply win-win negotiation principles to align interests. Which approach best utilizes negotiation skills in this interprofessional environment to achieve consensus while building long-term trust?

A. Accept the vendor's terms to expedite implementation and address concerns later
B. Insist on a trial period only if the vendor covers all training costs upfront
C. Propose a phased rollout with shared data collection on outcomes, joint risk assessment, and mutual concessions on pricing and support
D. Defer the decision to administration to avoid direct conflict

Answer: C
Explanation: Applying win-win negotiation techniques in an interprofessional perioperative environment involves focusing on collaborative problem-solving, separating people from the problem, and seeking mutual gains through trust-building, objective criteria (such as outcome data), and creative options like phased implementation with joint evaluation. This approach aligns stakeholder interests—vendor sales goals, anesthesia safety priorities, and managerial resource constraints—while fostering ongoing collaborative relationships essential for sustained adoption and safety.

Question: 1135

Revenue analysis for a neurointerventional suite shows ROI of 16% on $6.2 million investment, with monthly cash flow stabilizing at $280,000 after payor denials drop to 4%. Margins average 32% on commercial cases but 8% on Medicare. Forecasting incorporates DRG shifts. Which concept anchors cash flow positivity?

A. Denial rate reduction trajectory
B. Margin differential by payor
C. Monthly cash flow stabilization
D. DRG reimbursement updates

Answer: A
Explanation: Denial rate reduction trajectory secures cash flow by minimizing revenue leakage from appeals and rework, critical in procedural suites where initial claims complexity leads to 10-15% initial denials without robust coding.

Question: 1136

Post-performance review, a RN shows gaps in high-acuity neurosurgery competencies. How does this impact scheduling?

A. No change needed

B. Rely on peer assistance
C. Increase shifts regardless
D. Restrict assignment to lower-acuity cases until competency remediation

Answer: D
Explanation: Competencies dictate scheduling to match staff capabilities with case demands, ensuring patient safety.

Question: 1137

A conflict arises between the sterile processing department (SPD) and the OR regarding the quality of tray assembly. The OR manager decides to use a "compromising" strategy. Which of the following best describes the outcome of this approach?

A. The manager makes a decision that neither department likes
B. Both departments give up something to reach a middle-ground solution
C. One department completely gives in to the demands of the other
D. The underlying problem is ignored in hopes that it will go away

Answer: B
Explanation: In a compromise, both parties move from their original positions to a middle ground. While this resolves the conflict quickly, it often results in a "Lose-Lose" or "partial win" because neither side is fully satisfied, and the root cause of the tray assembly errors might not be fully addressed.

Question: 1138

An OR manager is evaluating the "Capital Requirements" for the upcoming fiscal year and must choose between upgrading the HVAC system or purchasing new surgical microscopes. Which factor should be the highest priority according to CMS and TJC standards?

A. The potential for increased revenue from high-complexity neurosurgery cases
B. The total cost of ownership over the next five years
C. The request from the chief of surgery for updated technology
D. The requirement for maintaining specific air pressure, temperature, and humidity

Answer: D
Explanation: While revenue and surgeon requests are important, regulatory compliance with CMS and TJC (The Joint Commission) regarding the "Environment of Care" is a non-negotiable priority. Maintaining the HVAC system to ensure proper air exchange, positive pressure, and humidity levels is critical for infection control and patient safety, making it a higher priority than optional technology upgrades.

Question: 1139

A manager is standardizing the preference cards for general surgery. One surgeon insists on having five different types of sutures opened on the field "just in case," while the evidence suggests only two are typically used. How should the manager approach this?

A. Secretly remove the extra sutures from the card and hope the surgeon does not notice during the procedure.
B. Force the surgeon to use only the two sutures supported by the evidence and remove the others from the hospital's formulary.
C. Open all five sutures for every case to ensure the surgeon is happy and the case proceeds without any delays.
D. Allow the surgeon to keep the sutures on the card but instruct the scrub tech to keep them in the room (unopened) until requested.

Answer: D
Explanation: Maintaining an effective preference card process involves balancing surgeon preference with cost-containment and waste reduction. By moving "just in case" items to a "hold" or "available" status (meaning they are in the room but not opened onto the sterile field), the manager ensures the items are accessible if needed while preventing unnecessary charges and waste.

Question: 1140

Facing workforce shortages and rising case complexity, your perioperative strategic plan includes expanding robotics for minimally invasive procedures. A gap analysis reveals inadequate training infrastructure. Which facility plan execution best addresses this while optimizing space?

A. Defer expansion
B. Rely on vendor-led offsite training
C. Add temporary trailers for training
D. Integrate dedicated simulation space within the master facility plan, ensuring compliance with throughput needs and equipment storage

Answer: D
Explanation: Managing physical facility plans requires incorporating space for training and simulation into master planning, balancing with throughput, storage, and regulatory standards to support strategic growth in advanced procedures.

Question: 1141

A conflict arises between surgeons and anesthesia over block time allocation during peak hours. The

manager intervenes using motivational techniques. Which best resolves while maintaining motivation?

A. Allowing ongoing disputes
B. Referring to administration without involvement
C. Imposing unilateral cuts
D. Facilitating data-driven negotiation sessions highlighting mutual benefits and shared goals for efficiency

Answer: D
Explanation: Facilitating data-driven negotiation sessions highlighting mutual benefits and shared goals for efficiency uses motivational techniques to resolve conflict, aligning stakeholders toward common perioperative objectives.

Question: 1142

To recognize exemplary performance during a mass casualty drill, which strategy best motivates sustained excellence in surgical services?

A. No formal program
B. Small cash bonus only
C. Verbal praise in private
D. Establish a tiered recognition system with public ceremonies, professional development opportunities, and linkage to clinical ladder advancement

Answer: D
Explanation: Effective employee recognition strategies combine public acknowledgment, meaningful rewards like educational opportunities, and integration with advancement pathways to reinforce high performance, foster motivation, and align with goals of excellence in perioperative care.

Question: 1143

A surgical services manager is developing the department's contribution to the facility's master facility plan, incorporating the latest FGI Guidelines (2026 draft) requiring minimum clear floor area of 400 square feet for operating rooms with specific clearances around the table. Given projected increases in robotic-assisted surgeries and hybrid OR needs, which characteristic is essential for the master facility plan to meet both FGI and CMS requirements?

A. Emphasis on semi-restricted corridors without full integration of infection prevention zones
B. Prioritization of aesthetic upgrades over functional risk assessments
C. Flexible modular designs allowing future reconfiguration without major structural changes
D. Fixed room sizes standardized at 360 square feet to optimize space efficiency

Answer: C
Explanation: Flexible modular designs allow future reconfiguration without major structural changes, accommodating evolving surgical technologies while complying with FGI space requirements and CMS emphasis on safe, adaptable environments.

Question: 1144

A patient nearly underwent a left-sided inguinal hernia repair when the consent was for the right side. The error was caught during the "Time Out." The manager decides to conduct a Failure Mode and Effects Analysis (FMEA). What is the primary goal of this specific tool?

A. To report the incident to the state department of health as a "never event" that resulted in patient harm.
B. To provide a retrospective review of why the "Time Out" was the only barrier that worked in this instance.
C. To assign blame to the preoperative nurse who failed to check the consent form against the surgical schedule.
D. To identify potential points of failure in the surgical marking process before an actual injury occurs.

Answer: D
Explanation: A Failure Mode and Effects Analysis (FMEA) is a proactive, prospective risk assessment tool used to identify where a process might fail and to assess the relative impact of those failures. Unlike a Root Cause Analysis (RCA), which is reactive (conducted after an event), FMEA looks at the system to prevent future adverse events like wrong-site surgery by strengthening barriers.

Question: 1145

A CSSM in a 2026 post-PHE landscape with reinstated prior authorization for cardiac implants sees reimbursements falter amid 27% supply chain inflation. Plastic surgery service lines hit 84% utilization but face SSI-linked penalties under pay-for-performance. Environmental repurposing of burrs saves $150K. Turnover averages 24 minutes. Which counters losses?

A. SSI surveillance protocols per CDC NHSN
B. Dynamic pricing for plastic blocks
C. Pre-authorization workflows for implant CPTs
D. JIT delivery for burr reprocessing cycles

Answer: A
Explanation: SSI surveillance protocols per CDC NHSN (e.g., monthly reporting of procedure-specific rates) enable early detection and bundle compliance (SCIP measures), mitigating pay-for-performance penalties in CMS VBP (Domain 3: Clinical Outcomes, up to 20% weight), preserving reimbursements for high-risk service lines.

Question: 1146

A surgical manager is analyzing the impact of a new state regulation regarding "Scope of Practice" that allows Registered Nurse First Assistants (RNFAs) to perform certain tasks previously reserved for PAs. How should the manager retrieve data to assess the fiscal impact of this change?

A. Compare the hourly wages and benefit packages of RNFAs versus PAs
B. Survey the surgeons to see which role they prefer in the OR
C. Look at the number of surgical site infections associated with each role
D. Review the patient satisfaction scores for cases involving RNFAs

Answer: A
Explanation: To assess the "fiscal impact" of a scope of practice change, the manager must look at labor costs. RNFAs and PAs often have different salary structures and billing capabilities (reimbursement). Comparing the total compensation (wages + benefits) and the impact on the departmental budget allows the manager to make a strategic decision on staffing models under the new regulation.

Question: 1147

During a "Value Analysis" meeting, the team reviews a contract with a Group Purchasing Organization (GPO). The primary benefit of participating in a GPO for a surgical department is:

A. Lower product prices through collective bargaining and high-volume discounts
B. Reduced need for a local materials management department
C. Better clinical outcomes through standardized protocols
D. Direct management of the hospital's internal supply chain

Answer: A
Explanation: A Group Purchasing Organization (GPO) aggregates the purchasing volume of many different hospitals and healthcare providers. It uses this collective "buying power" to negotiate lower prices and better terms with manufacturers and vendors than a single hospital could typically achieve on its own.

Question: 1148

A CSSM managing a multi-site health system's perioperative operations faces 2026 CMS Physician Fee Schedule cuts of 2.8% affecting neurosurgery service lines, where block management inefficiencies lead to 22% unused time despite 88% overall utilization. Environmental audits highlight 18% recyclable waste from gyn procedures, and ICD-11 transition pilots increase coding errors by 14%. Supply chain volatility raises implant costs 11%. Which strategy optimizes financial outcomes?

A. Initiating closed-loop reprocessing for gyn disposable trocars
B. Adopting predictive analytics for block scheduling in neurosurgery
C. Diversifying vendors for cardiac implant supply chain resilience
D. Piloting ICD-11 crosswalks with dual coding for reimbursements

Answer: D
Explanation: Piloting ICD-11 crosswalks with dual coding (ICD-10 to ICD-11 mappings) during the 2026 transition phase ensures continuity in reimbursement capture for neurosurgery procedures under Medicare PFS, mitigating error-related denials (e.g., for complex craniotomies), as CMS mandates accurate coding for DRG assignments impacting MS-DRG payments amid fee schedule reductions.

Question: 1149

Data from OR information systems shows first-case delays averaging 45 minutes, impacting block utilization. To extract and interpret this for operational improvement, what advanced approach should the manager employ?

A. Rely on manual logs only
B. Use statistical process control charts to trend delays, identify common causes (e.g., transport, anesthesia readiness), and implement targeted interventions
C. Attribute delays to surgeon tardiness exclusively
D. Increase staffing without analysis

Answer: B
Explanation: Data extraction and interpretation involve analytical tools like control charts to distinguish special vs. common cause variation, enabling evidence-based process redesign for throughput efficiency.

Question: 1150

The perioperative team wants to change the skin prep protocol from povidone-iodine to a chlorhexidine-gluconate based solution. To ensure this change is based on evidence-based practice (EBP), the manager should first:

A. Conduct a systematic review of current clinical literature and meta-analyses regarding surgical site infection rates for both prep types
B. Poll the surgeons and use whichever product the most vocal surgeon prefers
C. Ask the sales representative which product is more popular in other local hospitals
D. Change the protocol immediately because the new solution is cheaper than the old one

Answer: A

Explanation: Evidence-based practice involves integrating the best available research with clinical expertise and patient values. A systematic review of peer-reviewed literature is the gold standard for determining if a practice change will actually improve patient outcomes, such as reducing surgical site infections.

Question: 1151

The strategic plan includes pursuing AAAHC accreditation for outpatient surgical services. Which requirement is most relevant for OR design?

A. Compliance with FGI space and risk assessment standards for procedure rooms
B. Aesthetic lobby upgrades
C. Reduced monitoring
D. Limited documentation

Answer: A
Explanation: Compliance with FGI space and risk assessment standards for procedure rooms ensures alignment with AAAHC quality and safety expectations.

Question: 1152

A perioperative service line faces reimbursement cuts from Medicare's bundled payment models for joint replacements, alongside NHSN-mandated SSI reporting showing a 2.8% rate (benchmark 1.5%), and state public reporting of surgical process measures. Analyzing these external factors, the CSSM identifies opportunities in care redesign. What comprehensive response strategy does the CSSM propose to mitigate financial and reputational risks?

A. Switch to private payer dominance
B. Increase case pricing across the board
C. Reduce elective volumes temporarily
D. Bundle redesign incorporating preoperative optimization clinics and postoperative telehealth with NHSN-aligned protocols

Answer: D
Explanation: Bundle redesign incorporating preoperative optimization clinics and postoperative telehealth with NHSN-aligned protocols directly counters reimbursement pressures by lowering SSI rates, enhancing process measure scores, and improving bundled outcomes for cost savings and public reporting excellence.

Question: 1153

An experienced nurse has filed a formal grievance claiming they were unfairly denied a promotion to a

coordinator position. The manager must prepare for the grievance process. What is the first step the manager should take?

A. Interview the person who received the promotion to see if they feel the process was fair.
B. Thoroughly review the promotion criteria, the candidate's interview scores, and all objective performance data used in the decision.
C. Postpone the grievance meeting until the next fiscal year to allow tensions to cool.
D. Inform the nurse that their grievance is likely to be denied and encourage them to drop the matter.

Answer: B
Explanation: The first step in responding to a grievance is to gather and review all objective evidence related to the complaint. By reviewing the pre-established promotion criteria and the documented performance of the candidates, the manager can determine if the process was followed correctly and if the decision was based on merit. Having this data prepared is essential for a "just cause" defense during the grievance hearing.

Question: 1154

During a Joint Commission survey preparation, the surgical services manager discovers inconsistencies in how daily schedules are assigned across shifts, with senior RNs routinely receiving complex orthopedic and cardiothoracic cases while newer staff handle lower-acuity procedures despite demonstrated competencies. This pattern has led to skill stagnation and higher turnover among junior personnel. To address this inequity and promote development, the manager should prioritize:

A. Revising the scheduling algorithm to rotate complex cases based on validated competencies and experience levels
B. Implementing a seniority-based priority system for case assignments
C. Reducing overall case complexity assigned to the department temporarily
D. Assigning all complex cases exclusively to senior staff to minimize risk during accreditation

Answer: A
Explanation: Revising the scheduling algorithm to rotate complex cases based on validated competencies and experience levels ensures work is planned, scheduled, and assigned according to ongoing needs, individual skill sets, and scope of practice, fostering equitable development, reducing stagnation, and supporting retention.

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