

1-When JoEllen evaluates how many people in her facility's managed care plan were able to receive the flu shot. She is evaluating, under Dimensions of Performance:

- A. Appropriateness.
- B. Availability.
- C. Effectiveness.
- D. Efficacy.

2-For CQI to be successful who must be included?

- A. Administrator
- B. Person performing process
- C. Quality management representative
- D. Department supervisor

**3-In the transition from quality assurance to quality management/quality improvement, which of the following emphases has resulted in the most significant benefit?**

- A. Focusing primarily on process rather than individual performance**
- B. Focusing on organization wide rather than clinical processes**
- C. Organizing activities around patient flow rather than department or discipline**
- D. Initiating more prospective rather than retrospective improvement efforts**

**4-The percentage of early diagnosed breast cancer after using of new imaging technique is considered:**

- A. Structure measure**
- B. Process measure**
- C. Outcome measure**
- D. Continuous measure**

5-Under the quality improvement paradigm, which statement is incorrect?

- A. The focus is on the competency of individual practitioners.
- B. The focus is on the efficacy and effectiveness of processes.
- C. The focus is on the patient.
- D. The focus is on organization performance.

6-After defining "internal" and "external" customers, your organization is making a master-list of each type of customer before initiating a major change process. Of the following, which is the best next question to ask of staff?

- A. Who do you receive services from?
- B. Who in your work day do you serve?
- C. Which patients receive your services?
- D. How do you know a customer from a supplier?

7-Monitoring the specific organization and content requirements of a medical record system is a review of which focus?

- a. Outcome of care
- b. Process of care
- c. Structure of care
- d. Administration of care

8-In street Memorial hospital, a pt attending the diabetic clinic. developed foot infection, due to lack of proper personal foot hygiene,. the pt claimed that he was never informed of adequate foot care This is. considered a poor:

- a. Structure indicator.
- b. Outcome indicator.
- c. Process indicator.
- d. Benchmarking standard.

9-Which of the following is true regarding medication errors:-

- A- Associated with process failure
- B- Prevented by review of evidence based practice
- C- Caused by gap between patients expectations and practice
- D- Avoid by uniform practice

10- Which of the following best describes the successful outcome of the quality improvement process?

- A. Customer satisfaction
- B. Enhanced communication
- C. Employee empowerment
- D. Improved statistical data

11-The most important external customer in hospital is:

- A- Supplier
- B- Patients
- C- Employees
- D- Non of the above

12-The performance indicator, "Total unscheduled inpatient admissions following ambulatory procedure (within 48 hours)" is a measure of:

- a. Structure.
- b. Process.
- c. Outcome.
- d. Process and outcome

13- Total quality management philosophy assumes that:

- A. Most Problems with Service Delivery Result from Systems Difficulties
- B. Frequent Inspection is Necessary to Improve Quality.
- C. Most Problems with Service Delivery Result From Difficulties with Individuals.
- D. Top Management Leadership in Quality Activities Disenfranchises Employees.

14-Measuring the time it takes a nurse to perform a procedure addresses which of the following aspects of care?

- A. Monitoring
- B. Process
- C. Outcome
- D. Structure

## 15-Common cause variation is:

- a. An intrinsic, inliers, unpredictable, chronic variation.
- b. The responsibility of the process owners .
- c. **Correctable by top management and the team**
- d. An intrinsic, outlier, unpredictable, acute variation.



**16-In special cause of variation, the source of variation is:**

**A-Intermittent, unpredictable, chronic , extrinsic and assignable.**

**B-Intermittent, unpredictable, unstable, extrinsic and assignable**

**C-Intermittent, inliers, unstable, extrinsic and assignable.**

**D-Intermittent, unpredictable, unstable, and intrinsic and assignable**

17-One fundamental difference between monitoring product quality and service quality is based upon the fact that:

- a. A Service is Easier to Measure and Verify in Advance.
- b. A Service is not Perishable.
- c. A Service is more Heterogeneous than an Object.
- d. There are more Service Delays than Product Delays

18-Monitoring phlebitis associated with IV insertions by nurses in the Surgical Intensive Care Unit addresses which focus?

- A. Outcome of care
- B. Process of care
- C. Structure of care
- D. Administrative procedure

19- The dimension of quality/performance that is addressed by introducing a rapid response team in a hospital is:

- A. Continuity of Care.
- B. Efficiency.
- C. Effectiveness.
- D. Prevention and Early Detection

20-In health care organization, the quality department developed an indicator to measure the commitment of the staff to Myocardial infarction guidelines .This indicator measure:

- A. Process.
- B. Structure.
- C. Culture.
- D. Outcome.

21-A performance measure that records the number of well-child visits within the first fifteen months of life in the reporting year is a measure of:

- a. Structure.
- b. Process.
- c. Outcome.
- d. Process and Outcome

22-A process indicator is defined as one that measures:

- A. An activity carried out to provide care or service.
- B. Significant Events that Require Further Investigation.
- C. Unexpected or Negative Variations.
- D. The Appropriateness of Procedure or Treatment

23-A patient diagnosed with hepatocellular carcinoma is receiving a novel chemotherapeutic agent based on promising preliminary data from clinical trials and the absence of other viable treatment options. The dimension of quality for which the medication was chosen is its:

1. Efficacy.
2. Effectiveness.
3. Safety.
4. Appropriateness.

24-"Nothing about me without me " best describes:

- A. Organizational culture
- B. An all-or-none measure
- C. Patient-centered care
- D. The quality professional's role

25-In continuous quality improvement programs, surveys are essential to determine which of the following?

- A- Customer Needs
- B. Performance Standards
- C. Effective Management
- D. Population Demographics

26- Which of the following is example of outcome measure:

- A . Mortality Rate.
- B. Average LOS.
- C. Medication Dispensing Rate.
- D. Lab Specimen

27-Which of the following statements best defines a quality problem?

- A. The gap between what is and what is expected by the customer.
- B. The gap between what is and what is desired by the organization.
- C. The gap between what is and what is the benchmark.
- D. The gap between what is and what is expected by accreditation bodies.

28-Who is considered the internal customer in an advanced nursing facility:

- A. Nurse completing initial assessment
- B. The patient being admitted
- C. Contractor
- D. None of the above

29-The following monitor provides patient outcome information:

- 1-The Degree of Compliance with Nursing Care Recommendations.
- 2-The Degree of Compliance with Prescribed Antibiotics Therapy.
- 3-An Equipment Malfunction Rate.
- 4-Hospital Nosocomial Infection Rate

30-The number of productive hours worked by nursing staff with direct patient care responsibilities per patient day is a:

- A- Structural Measure.
- B- Process Measure.
- C- Outcome Measure.
- D- Composite Measure



**31-Which of the following is an example of patient-centered care?**

1. **Bedside Rounds**
2. Using two Patient Identifications
3. Pre-printed Discharge Instructions
4. Age Based Dosing

**32-The paradigm shift is:**

- A. **Change the Reframe of Thinking**
- B. Improve the Monitoring Measures
- C. Increase the Standards
- D. Use the Recent in Medicine and Technologies

### **33-Completeness and accuracy of medical records are an example of a key hospital:**

1. Structure.
2. **Process.**
3. Outcome.
4. Strategic Goal

**34. Implementation of the Medication Reconciliation Process Require the Interdisciplinary effort of :**

- A. Nurse, physicians, laboratory technicians and informatics.
- B. Nurse, physicians, pharmacists and informatics.**
- C. Nurse, physicians, chaplains and informatics.
- D. Nurse, physicians, pharmacists and medical therapists.

**35. Sentinel event is a variation in :**

- A- Staffing.
- B- Process.**
- C- Structure.
- D- Competency .

**36- Focus Group is:**

- a. Survey.
- b. Questionnaire.
- c. Quantitative Data.
- d. Provide Expectation and Customer Need.**

37- Which of the Following is a Primary Benefit of Benchmarking?

- A. Tolerance for Variation in Measurement.
- B. Save our Reputation.
- C. Identification of Best Practice.
- D. Confidentiality.

38- A Team has Identified a Process for Improvement, Selected Examples of Best Practice Performers ,Visited those Sites, Gathered all Necessary Data, and Compiled the Results. The Most Effective Next Step for the Team is to :

- A. Identify The Next Process to Benchmark.
- B. Implement Change at The Team's Site .
- C. Compare The Results to Historical Data.
- D. Make the Results Public for Others to Use for Benchmarking.

39- In Profiling Length-of-Stay Data for Benchmarking, it is Important that Data be:

- A. Raw Numbers.
- B. Severity Adjusted.
- C. Equal Numbers.
- D. Reported Monthly

**40- Medication Reconciliation is:**

- A. The Reconciliation of Duplicated Dosage, Frequency And Discrepancies at the ICU Only.
- B. The Resolutions of Medication Discrepancies in Dose, Frequency and Therapeutic Duplication at Time of Discharge.
- C. The Reconciliation of Medications Throughout the Patient's Hospital Stay.
- D. The Clarification of Patient's Medications to The Relatives at Time of Discharge.

**41- The Most Critical Factor Related to Benchmark Against other Organization:**

- A. Best Practice.
- B. Organization Mission.
- C. Leadership Strategy.
- D. Risk Assessment.

**42- Tool Used to Compare Performance Improvement with Pre-Established Plan:**

- a. Dashboard with National Benchmarking.
- b. Dashboard Without Benchmarking.
- c. Balanced Scorecard.
- d. None of the Above.

**43- Which of the Following are the Most Important Characteristics of Quality Matrices?**

- A. Repeatable, Reliable and Reactive.
- B. Statistical, Random and Feasible.
- C. Valid, Reliable and Feasible.
- D. Random, Unbiased and Reactive.

**44- Primary Goal for Benchmarking?**

- a. Compare Results and Outcome with Competitive Leaders.
- b. Assist the Organization Improving its Outcome.
- c. To Reduce the Cost of Raw Materials.
- d. None of the Above.

**45- Medication Reconciliation is a Process Intended to:**

- A) Improve Efficiency of Medication Administration.
- B) Investigate Formulary Discrepancies.
- C) Identify and Resolve Discrepancies.
- D) Increase Use of Electronic Medication Administration

**46-Which of the Following is Most Appropriate in Preparation for an External Survey of a Healthcare Facility?**

- A. Assign Key Staff to Answer all Questions.
- B. Ask Department Heads to Prepare a Presentation for the Survey Team.
- C. Educate Staff About the Types of Questions They May Be Asked.
- D. Set Up Teams To Make A Good Showing For The Survey.

**47- To Provide Safe Transition of Care for Patient Leaving to Home:**

- A. Use Teach Back Method for Medication Administration Instructions.
- B. Completing Discharge Checklist.
- C. Assign Navigator to Make Appointment After 10 Days.
- D. None of the Above.

**48- Sentinel Event:**

- A-Deviation from STD.
- B- Needs Immediate Investigation.
- C-Report Finding to Regulatory Body.
- D- None of the Above.

49- Replacing Retrospective Review with Concurrent Review is an Example of:

- A. A Paradigm Shift.
- B. A Process Improvement.
- C. An Empowerment Process .
- D. Productivity Enhancement.

50- The Following Actions Should a Facilitator Make the Highest Priority During the Customer Focus Group Process?

- A. Selecting a Homogeneous Group
- B. Establishing Rapport With the Group
- C. Providing Written Ground Rules to the Group
- D. Generalizing the Findings to the Population

51-The Qualitative Data is an Output of:

- a) Focus Groups.
- b) Survey.
- c) Questionnaire.
- d) None of the Above.



52- When you Compare Between the Performance of your Organization and the Performance of Industry Leader this Called:

- a) Best practice.
- b) **Benchmarking.**
- c) Setting Objectives.
- d) Strategic Goals.

53- Satisfaction Surveys, Focus Groups, and Complaint Tracking are Tools Used to:

- A. Benchmark Satisfaction.
- B. Develop Clinical Pathways/Guidelines.
- C. **Understand Customers' Expectations.**
- D. Measure Professional Practice Patterns.

54- Choosing Software for Physicians, What is the Role Of Healthcare Quality Professional?

- A. Assess Use of Technology.
- B. Cost-benefit Analysis.
- C. **Focus Group with End Users.**
- D. None of the Above

**55- Which of the Following Actions Should the Facilitator Make the Highest Priority During the Customer Focus Group Process?**

- a. Providing Ground Rules to the Group.
- B. Selecting Homogenous Group.
- C. **Establishing Rapport with the Group.**
- d. Generalizing the Findings to the Population.

**56- The most Suitable Data Review to Proactivity Control Cost Would be Which Type of Review Process?**

- A. Concurrent Review.
- B. **Prospective.**
- C. Retrospective.
- D. Claim.

**57- Which of the Following is an Example of a "Never Event" or Sentinel Event?**

- A. Missed Dose of an Antibiotic.
- B. Patient Fall that Results in a Bruise.
- C. Fever of 101.2 °F after a Blood Transfusion.
- D. **Patient Suicide in the Psychiatric Ward.**

**58- Which of the Followings Action Plans is the First Step in Correcting Inappropriate Blood Usage in an Emergency Department?**

- A. Inservice on Ordering Blood Usage for the Physicians
- B. Elimination Of Wasted Blood
- C. Improvements in Documentation
- D. Development of a New Procurement Procedure

**59- Satisfaction Surveys, Focus Groups, and Complaint Tracking are Tools Used to:**

- A. Benchmark Satisfaction.
- B. Develop Clinical Pathways/Guidelines.
- C. Understand Customers' Expectations.
- D. Measure Professional Practice Patterns.

**60- Physician has 10% Unplanned Admission , What CPHQ will do:**

- A. Review Prior Planned and Unplanned Admission for Investigation.
- B . Review the Unplanned Admission with Peer Physician.
- C. Focus Review for the Unplanned Admission.

**61- Patient was Taught how to Self-administer Insulin. Which of the Followings is the Best Method to Assess Patient's Understanding of the Teaching?**

- A. **Return Demonstration.**
- B. Patient Satisfaction Survey.
- C. Family's Ability to Verbalize Instructions.
- D. Written Pre and Post-test.

**62- After Significant Unexpected Event, an Intensive Analysis is Performed to:**

- A. **Understand the cause.**
- B. Correct Risk Management Data.
- C. Prevent the Facility from Lawsuit.
- D. Identify who Made the Error.

**63- Patient Weight Entered Incorrectly on EMR . dose Prepared was Ten Times , the Nurse Discovered the Error and the Patient was not Given the Medication:**

- A- **Near Miss.**
- B- Sentinel Event.
- C -Medication Error.
- D- None

64- Based on Identified Issues, a Healthcare Quality Professional Examines 100% of one Physician's Admissions and only 20% of all other Physicians' Admissions. This is Best Described as:

- A. Focused Review.
- B. Prospective Review.
- C. Retrospective Review.
- D. Ongoing Review.

65- Customers Complained about Admission Process , the Best Way to Identify the Customer Expectations:

- 1- focus group with pts.
- 2- focus group with admission staff
- 3- telephone survey with pts.
- 4- survey of involved staff.

66- In Continuous Quality Improvement Programs, Surveys are Essential to Determine which of the Following?

- A. Customer Needs.
- B. Performance Standards.
- C. Effective Management.
- D. Population Demographics.

**67- Complaint Analysis is most Useful Identifying which of the Following?**

- A. Adherence to Standards.
- B. Quality of the Services Re-entered.
- C. Competence of Personnel.
- D. **Customer Expectations.**

**68- What is the Best Approach for Performance Improvement:**

- A. **PDCA and Lean.**
- B. Lean and Flow Chart.
- C. PDCA and Flow Chart.
- D- None of the Above.

**69- Which of the Following is Most Useful in Performing a Morbidity / Mortality Review:**

- A. **Autopsy Results.**
- B. Physician Profiling.
- C. Do-Not-Resuscitate Policy.
- D. Length of Stay.

70- In High Mortality Rate, Post Operative is Most Appropriate for Focus Review:

- A- Surgery Cases.
- B- Hospital Acquired Infection Rate.
- C- Antibiotics Pre and Post Utilization.
- D- None of the Above.

71. The concept of "patient safety" applies most appropriately to:

- a. Environmental safety measures.
- b. Serious patient injuries.
- c. Patient complaint management.
- d. Risk prevention.

72. Nurses and pharmacists are encouraged to report medication errors upon first knowledge of occurrence. What is the most important thing the organization can do to support them in this effort?

- a. Instill a culture of accountability.
- b. Instill a culture of no blame.
- c. Provide computerized physician order entry.
- d. Provide adequate nurse staffing.



73. An organization has achieved a culture of patient safety when

- a. Fear of reprisals for reporting incidents has been eliminated.
- b. Its patient safety goals have been implemented.
- c. Patient safety training of employees has completed.
- d. Reports of incidents and near misses have decreased.

74. An organization has established a culture of patient safety when

- a. Reports of potential errors have decreased
- b. Patient safety goals are implemented
- c. Employee education is completed
- d. Fear of retaliation is eliminated

75. Root cause analysis is the most appropriate PI process for

- a. Determining costs/benefits.
- b. Evaluating dental care.
- c. Analyzing sentinel events.
- d. Performing peer review.

76. If a problem arises involving patient care management, the first step is to

- a. Decide how to prevent a recurrence.
- b. Collect as much data as possible from those involved in the care.
- c. Distinguish the motives and intentions of all parties.
- d. Resolve the immediate problem

77. In a cost-benefit analysis of a bar-code medication administration system, implemented as part of a patient safety program, which of the following would be the best indicator of success:

a. A decrease in adverse drug events from dispensing errors.

b. A decrease in adverse drug events from administering errors.

c. A decrease in total medication errors.

d. A decrease in total adverse drug events.

78. Red Rules are few and are different from organizational policy and procedures, even crucial ones. An example of a Red Rule is:

a) Administer aspirin for all acute myocardial infarctions.

b) Time out before an invasive procedure.

c) Weekly Executive WalkRounds.

d) Establish Joint Commission readiness plan.

## 79. A Failure Mode and Effects Analysis (FMEA) is performed

- a. To immediately investigate an incident that occurred.
- b. As a preventative measure before an incident occurs.
- c. If the severity of an incident led to a patient death.
- d. When there is a chance of an incident reoccurring.

80. Failure mode and effects analysis (FMEA) is what type of review or improvement tool?

- a. Concurrent
- b. Focused
- c. Prospective
- d. Retrospective

81. Patient safety is promoted in an organization through

a. Encouragement of error reporting, staff education, and reliable systems.

b. Reliable systems, open communication, and performance reviews.

c. Performance reviews, encouragement of error reporting, and willingness to pay overtime.

d. Willingness to pay overtime, open communication, and staff education.



82. Most commonly the primary purpose for incident/occurrence reporting is to

- a. Record infection rates.
- b. Identify medication errors.
- c. Identify adverse patient events.
- d. Identify patient grievances.

83. Concerning the surgical "time-out", which of the following statements is FALSE?

a. The surgical "time-out" reduces the risk of wrong-site surgery.

b. The surgical "time-out" reduces the risk of preventable surgical mistakes

c. The surgical "time-out" is a component of the World Health Organization (WHO) Safe Surgery Checklist.

d. The surgical "time-out" requires involvement of the patient.

84. A patient in an acute psychiatric unit committed suicide by hanging himself with his shoelaces. To prevent this from occurring again, the most appropriate action is to institute

- a. Patient checks every 15 minutes.
- b. A policy allowing only non-laced shoes.
- c. A 24-hour video monitoring system.
- d. A buddy system for the patients.

85. A team has been tasked with developing a program to prevent patient falls. Which of the following data elements from an incident/occurrence report provides the most useful information for the team when evaluating the program's success?

- a. Patient demographics
- b. Record of the time of the fall
- c. Documentation of nursing assessment
- d. Staffing ratio at the time of the fall

86. Which of the following National Patient Safety Goals is applicable to everyone in a healthcare facility?

a. Communication

b. Medication Safety

c. Healthcare-related Associated Infections

d. Prevention of fall.

87. Which of the following patient safety goals is applicable to everyone in a healthcare facility?

- a. Hand-off communication
- b. Medication safety
- c. Hand hygiene
- d. Prevention of falls

88. Which of the following is an example of a "never event" or sentinel event?

- a. Missed dose of an antibiotic
- b. Patient fall that results in a bruised tailbone
- c. Fever of 101.2 °F after a blood transfusion
- d. Patient suicide in the psychiatric ward

89. In a facility which allows verbal/telephone orders, a nurse is asked to take a telephone order for the sedative medication Zopiclone to help a patient with insomnia. The nurse should

a. Ask the physician to write the order himself before she administers the medication as it is not an emergency.

b. Record the order word-for-word on the medication order sheet, read back the order and get confirmation from the physician who gave the order.

c. Ask another nurse to take the order.



90. Prof. James Reason's "Swiss Cheese Model" is widely used to explain which of the following?

- a) Failure to achieve a Just Culture
- b) How organizational accidents occur
- c) Lack of medical error reporting
- d) Opportunities to improve safety through patient engagement

91. A Quality Council has created a Patient Safety Council. The council is concerned that staff may see this as another program that has been added to their busy schedules that will eventually go away. The best way for the organization to establish patient safety as an ongoing part of the organization's culture is to

- a. Display the number of incident reports monthly with lessons learned.
- b. Identify the patient safety goals and how they will be monitored.
- c. Integrate patient safety into all employees' job expectations.
- d. Include a presentation on patient safety in employee orientation.

92. Which of the following is the most effective way to prevent accidental intravenous administration of epidural bupivacaine (a local anaesthetic) due to epidural catheters being inadvertently attached to intravenous lines?

- a. Redesigning epidural catheters so that they cannot be attached to an intravenous line.
- b. Regular reminders to doctors and nurses to be careful when administering epidural bupivacaine.
- c. Affixing stickers that state epidural catheters are for epidural use only.

93. A patient with no prior history of major medical problems was admitted for an elective cholecystectomy. On the second postoperative day, the patient started to experience pain at the operative site and high fevers. Blood cultures were positive for *Escherichia coli* and other investigations confirmed the presence of a surgical site infection. The patient died of overwhelming septicemia in the Intensive Care Unit 7 days after his operation. From a quality standpoint, this case is best classified as a

- a. Clinical mishap.
- b. Adverse event.
- c. Near miss event.
- d. Sentinel event.

94.A Quality Council has chartered a Failure Mode and Effects Analysis (FMEA) team to examine the best method of preventing medication errors after the installation of a new medication dispensing system. The team's first major task should be to

A. Identify ways to detect the likelihood of the equipment breaking

B. Brainstorm on potential failure modes of the equipment.

C. Multi-vote on the severity of the potential equipment breakdowns.

95. A panel of care providers decided on a certain treatment plan for a patient, the plan included some indispensable drugs that may cause some adverse reactions. The best choice in such a situation is:

a. Avoid informing the patient about the possible adverse reactions to ensure his compliance.

b. Inform the patient of the whole plan and discard it if he disagrees.

c. Apply the treatment plan and inform the patient if any of the expected adverse reactions did occur.

d. Discard the whole plan without informing the patient and shift to other medications even if it did not produce the desired effect.

96. A patient is transferred to a neighboring hospital for a magnetic resonance imaging (MRI) exam. Due to a misinterpretation of orders, the procedure is performed on the wrong part of the body. Which of the following should the healthcare quality professional do?

- a. Report this as a sentinel event to the transferring hospital.
- b. Do nothing since it happened at another facility.
- c. Conduct an analysis to reduce future occurrences.
- d. Recommend disciplinary action for the offenders.

97. In failure mode and effects analysis, what does the Risk Priority Number refer to?

a. Each failure mode and the process

b. Likelihood of occurrence, likelihood of detection, and severity of impact.

c. The potential causes of each failure mode only



98. Following a non-fatal overdose of intravenous heparin (a blood thinner) in a 43 year old man in a cardiac care unit, which of the following is LEAST like to prevent the occurrence of a similar event?

a. Requiring an additional member of the clinical team to check all intravenous administrations of heparin.

b. Taking disciplinary action against any nurse found to have administered an incorrect dose of medication.

c. Introducing a combined heparin order form and documentation tool.

99. Clinical decision support systems can best support medication safety by alerting prescribers to

- a. Patient compliance and allergies.
- b. The need for dose adjustments and patient weight changes.
- c. Drug interactions and patient weight changes.
- d. Allergies and drug interactions.

100.A Quality Council is preparing a Patient Safety Plan.

A key factor that needs to be considered for the long-term success of the patient safety program is to

a. Determine which patient safety goals need to be monitored.

b. Involve the entire organization in the program.

c. Review incident reports to identify what disciplinary action should occur.

101. One of the best ways for a patient safety program to be effective is to provide anonymity

in

- a. Root cause analysis.
- b. Individual case review.
- c. Occurrence/incident reporting.
- d. Decision making