1. A key element of quality management and improvement is measurement. Measurement depends on the optimal collecting of data. Which of the following is a consideration in data collection?

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|  |  | The time involved in collecting data |
|  |  | The cost of data collection |
|  |  | Consideration of inpatient vs. outpatient level of care |
|  |  | All of the above  2.According to the text, "Data Collection," identifies which four categories of quality measurement?   |  |  |  | | --- | --- | --- | |  |  | Inpatient, outpatient, long-term care, and hospice | |  |  | Clinical quality, financial performance, patient/physician/staff satisfaction, and functional status | |  |  | Clinical, administrative, community benefit, and patient engagement | |  |  | Patient level, microsystem level, macrosystem level, and environmental level  3.Which of the following is an advantage of retrospective medical record review?   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | It is believed to be the most accurate method of data collection. | | | |  |  | Medical record reviews yield different data than can be found in typical administrative databases. | | | |  |  | Focused medical record review is the primary tool for answering the "why" in a given situation. | | | |  |  | All of the above  4.Which of the following is a downside to asking nursing staff to perform prospective data collection?   |  |  |  | | --- | --- | --- | |  |  | Nurses are not qualified to perform data collection. | |  |  | It can distract nurses from their direct patient care responsibilities. | |  |  | Nurses do not understand the processes of care as well as trained research analysts | |  |  | Answers 1 and 2 are both correct  5.Which of the following is not an advantage of administrative databases?   |  |  |  | | --- | --- | --- | |  |  | They are a less expensive source of data than other alternatives, such as chart review. | |  |  | The volume of available indicators is greater than that available through other data collection techniques. | |  |  | Administrative databases produce more reliable data than that acquired through chart review. | |  |  | Most administrative databases are staffed by individuals who are skilled at sophisticated database queries.  6.The most efficient data collection tools follow the actual flow of patient care and medical record documentation, whether the data are collected retrospectively or prospectively.   True   False  7.Stratification is a means of dealing with confounders- that is, factors that might have a hidden impact on the data.  An example of a confounder when considering scheduling might be the day of the week that data is collected.   True   False  8.Quality improvement teams should avoid data sampling as the goal of a project is to measure every possible case effected by a process   True   False  9.Measurement for improvement is the same as measurement for accountability   True   False  10.A baseline measurement looks at process performance before any improvements have been made   True   False  11. Improvement projects involve creating initial hypotheses regarding the failures of performance at the start of the project.  These hypotheses cannot be changed once the project has been initiated.   True   False  12.The goal of any improvement project is to focus accountability   True   False  13.The neonatal intensive care unit has established a team for an improvement project.  The stated aim of the project is "to improve infection rates in the NICU." This is an example of a well defined aim statement.   True   False  14.Quality Improvement Models include all of the following assumptions **EXCEPT**:   |  |  |  | | --- | --- | --- | |  |  | Improvement efforts focus on system failures rather than individual failures | |  |  | Teamwork is valued | |  |  | Errors are unacceptable and should be punished | |  |  | 15.Input from people familiar with processes is essential  Most improvement projects can be resolved with 1 PDSA cycle   True   False  16.The main focus of the IHI model for improvement is on creating value and eliminating waste   True   False  17.The Cardiac Cath Lab keeps three times the number of stents on hand that are typically used because the staff is afraid they will not have a stent available if needed.  This is an example of:   |  |  |  | | --- | --- | --- | |  |  | DMAIC | |  |  | Muda | |  |  | FOCUS- PDSA | |  |  | Value Stream | | 18.The neurology ward wants to decrease the number of patient falls and plans to use the IHI Model for improvement.   According to that model, the questions that the staff must address before performing a PDSA cycle include all of the following EXCEPT:   |  |  |  | | --- | --- | --- | |  |  | How will we identify improvement? | |  |  | What is the goal of the project? | |  |  | Why is this improvement project important? | |  |  | What change can be made that will result in an improvement? |   19. Standard deviation refers to   |  |  |  | | --- | --- | --- | |  |  | another term for average | |  |  | the midpoint | |  |  | a significance test | |  |  | a measure of variation  20. Six sigma describes processes using the mathematical equation y=f(x) in which x refers to the outputs or outcomes of a process   True   False  21.A hospital laboratory improves their performance from a 3 sigma level to a 4 sigma level.  This results in a ten fold decrease in defects.   True   False  22. | |  |  | |     Which scenario is best represented by the above graph   |  |  |  | | --- | --- | --- | |  |  | A quality improvement team found that nurse led discussions about smoking cessation was associated with higher quit rates in patients | |  |  | A quality improvement team found that longer ER wait times was associated with decreased patient satisfaction | |  |  | A quality improvement found that excessive patient load was the number one reason for job dissatisfaction among nurses. | |  |  | The quality improvement team found no association between patient level of sedation and amount of time patients spent on a ventilator. |   23.Correlation proves causation   True   False  24.    A Quality Improvement Team did an analysis of a Patient Survey identifying their Primary Concerns about a recent office visit.  According to the results of the analysis, time spent with providers...   |  |  |  | | --- | --- | --- | |  |  | Is a major issue because providers need time to perform a good history and physical | |  |  | is more important to quality of health care than the types of available magazines | |  |  | is one of the trivial few issues affecting patients | |  |  | should be addressed as a priority |   25.    A quality improvement team brainstormed about the reasons for delay in discharge and created a fishbone diagram based on these discussions.  A fishbone diagram is an example of a quantitative improvement tool   True   False  26.    A Quality Improvement Team created a control chart evaluating the number of medication errors reported in a 21 week period.  The team determined that the process was in control. Statistically speaking, the number of errors observed in week 6 represents a big improvement over week 5.   True   False  27. A quality improvement team was evaluating the use of flash sterilization in the operating theater.  Flash sterilization is a faster process than the usual sterilization but the results are generally not as good and hospitals prefer to avoid them.  The team noted the following result.  It appears that the difference between the use of flash sterilization from weeks 1-10 compared with the use from weeks 11 onward can be explained by common cause variation.    True   False  28. A Quality Improvement Team ran a series of PDSA cycles to decrease the amount of infectious waste produced in the intensive care unit.  They analyzed the results with the following control chart and determined that the changes they made had resulted in an improvement.  This improvement is demonstrated by the presence of special cause variation on the control chart.    True   False  29.A Quality Improvement Team was looking to decrease the amount of time to discharge a patient.  When they reviewed a run chart of the data they noted the following cyclical pattern. This pattern suggests that to get a better understanding of performance, the team might want to... | | | | | |  | | |  |  | | |  | | |  |  | | |  | | |  |  | | | |
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|  |  | Reprimand staff when their discharge times are higher than the median |
|  |  | Change their choice of measurement as the one they have chosen appears to be unreliable |
|  |  | Stratify their data because the processes they are observing might be different on different days. |
|  |  | Employ the 5 whys to explain the results  30. The goal of physician profiling is to improve performance through   |  |  |  | | --- | --- | --- | |  |  | Through the use of feedback | |  |  | By exposing "bad applies" | |  |  | By encouraging the use of evidenced based practice | |  |  | Both answers 1 and 3  31.Benchmarking involves the comparison of physician performance to   |  |  |  | | --- | --- | --- | |  |  | A physician's prior performance | |  |  | Best practice and performance of other physicians | |  |  | Goals arbitrarily set by department heads | |  |  | None of the above  32.The Affordable Care Act established new payment models that link payment to quality performance. This concept is broadly referred to as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.   |  |  |  | | --- | --- | --- | |  |  | Value Based Purchasing | |  |  | Capitation | |  |  | A single payer system | |  |  | Fee for Service  33.Physicians have wholeheartedly embraced the widespread use of physician profiles.   True   False  34.Because of advances in medical technology and science, the United States already has the best-quality healthcare in the world.   True   False  35.Physician profiles should only include conditions for which evidence-based guidelines exist.   True   False  36.Many physicians underrate their performance and are pleasantly surprised when they see their performance data.   True   False  37.Health IT for prevention involves   |  |  |  | | --- | --- | --- | |  |  | using health IT to detect an event about to occur. | |  |  | using health IT once an event has occurred. | |  |  | using health IT to prevent an event from occurring. | |  |  | using health IT to act on an event that has occurred. | | 38.According to the text, if you are looking to yield the best return on your health IT dollars for healthcare quality and safety, where would you spend your resources?   |  |  |  | | --- | --- | --- | |  |  | Clinical decision support and simulation | |  |  | Alerts and Clinical decision support | |  |  | Telemedicine and Simulation | |  |  | Alerts and Telemedicine  39. Developing and sustaining a culture of healthcare quality and safety involves which of the following **EXCEPT**?   |  |  |  | | --- | --- | --- | |  |  | Internal champions | |  |  | Early successes | |  |  | A completely top-down approach | |  |  | Data transparency    40.What is the optimal method for tracking variation in data over time?   |  |  |  | | --- | --- | --- | |  |  | Fishbone Diagram | |  |  | Pareto chart | |  |  | Scorecard or dashboard | |  |  | Statistical process control char | | 41.Evidence for an improved process includes which of the following?      A) Decreased variation     B) Improvement in the average data     C) It is not necessary to continue to track improvements     D) Wider distribution of data around the mea   |  |  |  | | --- | --- | --- | |  |  | A and D | |  |  | A and B | |  |  | B and D | |  |  | B and D | |  |  | | | |  |  |   42. Which of the following is an example of an ideal partnership of health IT and quality improvement?      A) Providing an admission order set for patient care     B) Creating an algorithm-driven dashboard that parallels the needed workflow at the bedside     C) Health IT providing education to providers about a new protocol     D) Healthcare providers including health IT in all quality improvement projects   |  |  |  | | --- | --- | --- | |  |  | A and B | |  |  | B and C | |  |  | A and C | |  |  | B and D | | 43.Which of the following is true regarding automated alerts?      A) They are intended to support clinical decisions about the safety and efficacy of drug therapy.     B) They are typically communicated through pop-up warning messages.     C) They have important effects on childhood ambulatory immunization rates.     D) They are most effective in capturing the user's attention when utilized as soft stops.   |  |  |  | | --- | --- | --- | |  |  | A, B, and C | |  |  | A, B and D | |  |  | A, C and D | |  |  | A, B, C and D | | 44.Soft stops \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.       A) provide information to the clinician about a potential drug safety problem     B) are often overlooked or quickly overridden     C) require minimal or no action on the part of the user to proceed     D) contribute to alert fatigue   |  |  |  | | --- | --- | --- | |  |  | A, B and C | |  |  | A, B and D | |  |  | B, C and D | |  |  | A, B, C and D | | 45.Automated reminders and alerts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.       A) require effective implementation and use of an electronic health record     B) require knowledge of clinical workflow and care processes     C) may be most effective when used in conjunction with an active error reporting system     D) rarely cause alert fatigue   |  |  |  | | --- | --- | --- | |  |  | A, B and C | |  |  | A, B and D | |  |  | B, C and D | |  |  | A, B, C and D | |  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  | | | | |