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Number: CPHQ
Passing Score: 800
Time Limit: 120 min
File Version: 1.0



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CPHQ

Certified Professional in Healthcare Quality®



Exam A**QUESTION 1**

“Underuse is evidence by the fact that many scientifically sound practices are not used as often they should be. For example, biannual mammography screening in woman ages 40 to 69 has been proven beneficial and yet is performed less than 75 percent of the time.”

This is the categorization of:

- A. Defects
- B. Lack of professionalism in Medical field
- C. Lack of care
- D. Healthcare practice

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 2 _____ is a term applied when the proper clinical car process is not executed appropriately, such as giving the wrong drug to a patient or incorrectly administering the correct drug.

- A. Underuse
- B. Overuse
- C. Misuse
- D. Illegal use

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 3

Crossing the Quality Chasm provided a blueprint for the future that classified and unified the components of quality through six aims for improvement, chain of effects, and simple rules for redesign of healthcare. The six aims for improvement, viewed also six dimensions of quality.

Which of the following is NOT out of those dimensions?

- A. Safe
- B. Care centered
- C. Efficient
- D. Effective

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 4

_____ can be measured by how well evidence-based practices are followed, such as the percentage of time diabetic patients receive all recommended care at each doctor visit, the percentage of hospital-acquired infections, or the percentage of patients who develop pressure ulcers (bed sores) while in the nursing home.

- A. Safe care

- B. Equitable care
- C. Effective care
- D. Timely care

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 5 Today's patients' perception of the quality of our healthcare system is not favorable.

In healthcare, quality is household word that evokes great emotion, including:
(Choose two.)

- A. Frustration and despair, exhibited by patients who experience healthcare services firsthand or family members who observe the care of their loved ones
- B. Anxiety over the ever-increasing costs and complexities of care
- C. Patient centered measures
- D. Timely care that may be experienced in terms of performance of services

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 6

There is a story of an intensive care unit (ICU) at Dominican Hospital in Santa Cruz County, California. Dominican, a 379-bed community hospital, is part of the 41-hospital Catholic Healthcare West system. "We used to replace ventilator circuit for incubated patients daily because we thought this helped to prevent pneumonia," explained Lee Vanderpool, vice president. "But the evidence shows that the more you interfere with that device, the more often you risk introducing infection. It turns out it is often better to leave it alone until it begins to become cloudy, or 'gunky,' as the no clinicians say." The hospital staff learned an important lesson from this experience that:

- A. Evidence is more powerful than intuition
- B. Intuition is more powerful than evidence
- C. Efforts improve mortality rate
- D. Introduction of a new protocol, or any new idea, involves education

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 7

A number of attributes can characterize the quality of healthcare services. As, there are different groups involved in healthcare, such as physicians, patients and health insurers, tend to attach different levels of importance to particular attributes and as a result define quality care differently.

Which of the following is/are NOT out of those attributes?

- A. Technical performance
- B. Responsiveness to patient preferences
- C. Excess staff
- D. Amenities

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 8 Quality and technical performance refers to how well current scientific medical knowledge and technology are applied in a given situation.

It is usually assessed in terms of:

- A. Timeliness and accuracy of the diagnosis
- B. Appropriateness of therapy and other medical interventions are performed
- C. The quality of interpersonal relationships
- D. Both A and B

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 9

The quality of amenities of care refers to the characteristics of the setting in which the encounter between patient and clinician takes place, such as:

- A. Comfort
- B. Comfort, care and access
- C. Comfort, convenience and privacy
- D. Responsive to patient preferences



Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 10

Amenities may cover areas as mentioned below EXCEPT:

- A. Ample and convenient parking
- B. Good directional signs
- C. Comfortable waiting rooms
- D. Vast and facilitated food providing area

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 11 _____ refers to the “degree to which individuals and groups are able to obtain needed services.”

- A. Responsiveness to patient preferences
- B. Amenities

- C. Equity
- D. Access

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 12 In earlier formulations, responsiveness to patients' preferences was just one of the factors seen as determining the quality of patient clinician interpersonal relationship. But, now it is translated into many factors.

Which of the following is out of such factors? (Choose three.)

- A. Respect for patients' values
- B. Respect for patients' preferences
- C. Respect for patients' expressed needs
- D. Respect for Respect for patient's convenience

Correct Answer: ABC

Section: (none)

Explanation

Explanation/Reference:

QUESTION 13

Efficiency refers how well resources are used in achieving a given result. Efficiency _____ whenever the resources used to produce a given output are _____.

- A. Reduces, reduced
- B. Increases, increased
- C. Improves, reduced
- D. It is truly situation dependent

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 14 In general, as the amounts spent on providing services for a particular condition grow, diminishing returns set in meaning that each unit of expenditure yield ever-smaller benefits until a point where _____.

- A. No additional benefits accrue from adding more care
- B. Additional benefits are too small to justify the added costs
- C. There is displacement of more useful care
- D. perfection is within the reach of all individuals

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 15

“Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”
This is the definition of Quality care often quoted by:

- A. IOM
- B. IHI
- C. HQCB
- D. OCHP

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 16 “Likelihood of desired health outcomes” corresponds to clinicians’ view that, with respect to outcomes, there are only probabilities, not certainties, owing to factors-such as patients’ genetically determined physiological reliance-that influence:

- A. The primary concerns of patients
- B. Outcomes of care and yet are beyond clinicians’ control
- C. Outcomes of care and now are within clinicians’ control
- D. High cost interventions

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:



QUESTION 17

In fact, because patients’ satisfaction is so influenced by _____ rather than to the more indiscernible technical ones-health maintenance organizations, hospitals and other health care delivery organizations have come to view the quality of nontechnical aspects of care as crucial to attractions and retaining patients.

- A. Their reactions to interpersonal and amenity aspect of care
- B. Patients recognize that they do not possess the wherewithal to evaluate all technical elements of care
- C. Every patient has definite preference in every clinical situation
- D. Their likelihood of desires outcomes

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 18

Payers are more likely to embrace the optimization definition of care which can put them at odds with:

- A. Clinicians
- B. Health administrators
- C. Physicians
- D. Both A and B

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 19 The manager's perspective on quality differs markedly from that of clinicians and patients on:

- A. Efficiency, effectiveness and access
- B. Efficiency, cost effectiveness and equity
- C. Responsiveness to patient preferences
- D. Equity, access and technical performance

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 20

Strong disagreement does arise, among the five parties' definitions (i.e. the clinician's, the patient's the payers, the manager's and the society's), even outside the realm of cost effectiveness.

Conflicts typically arise when:

- A. Practitioners who are highly skilled in trauma and other emergency care
- B. Each group emphasizes a particular aspect of care
- C. One party holds that a particular practitioner or clinic is a high quality provider by virtue of having high ratings on single aspect of care
- D. The facility receives top marks from a team of expert clinicians whose primary focus is on technical performance

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:



QUESTION 21 All the evaluations of quality of care can be classified in terms of one three aspects of care giving they measure.

Which of the following is/are NOT out of these measures? (Choose two.)

- A. Structure
- B. Process
- C. Output
- D. Cutbas

Correct Answer: CD

Section: (none)

Explanation

Explanation/Reference:

QUESTION 22

When quality is measured in terms of structure the focus is on the relatively static characteristics of the individuals who provide care and of the settings where the care is delivered.

These characteristics include _____ of professionals who provide care and the adequacy of the facility's equipment, and overall organization.

- A. Education
- B. Training
- C. Certification

D. A, B and C

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 23

Licensing and accrediting bodies have relied heavily on structural measures of quality not only because the measures are relatively stable and thus easier to capture but:

- A. They reliably identify providers who are cheap
- B. They reliably identify providers who demonstrably lack means to deliver high quality care
- C. They can never lack the means to deliver high quality care
- D. They reliably identify physicians

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 24

Ordering the correct diagnostic procedure for a patient is a measure of _____. When evaluating the process of care, however, appropriateness is only half the story. The other half is in how well and how promptly (i.e. skill-fully) the procedure was carried out.

- A. Consciousness
- B. Appropriateness
- C. Care assessment
- D. Equity



Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 25

Because of the goals of care can be defined broadly, outcome measures have come to include the costs of care as well as patients' satisfaction with care.

In formulations that stress the technical aspects of care, however outcome typically refers to:

- A. Health status-related indicators such as whether the pain subsided
- B. Desired results
- C. Appropriate and potentially harmless care
- D. Special set of clinical activities

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 26

Knowledge about _____ is crucial to making valid judgments about quality of care using either process or outcome measures. If we know that a given clinical intervention was undertaken in circumstances that match those, under which the intervention has been shown to be efficacious, we can be confident, that the care was appropriate and, to the extent of good quality.

- A. Outcomes
- B. Structure
- C. Efficacy
- D. Processes

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 27

Universities often evaluate applicants for admission on the basis of, among other things, the applicants' scores on standardized tests. The scores are thus one of the criteria by which program judge the Quality of their applicants. However, although two programs may use the same criterion – scores on a specific standardized examination – to evaluate applicants, the programs may differ markedly on standards. One program may consider applicants acceptable if they have scores above the 50th percentile, whereas the score above the 90th percentile may be the standard of acceptability for the other program.

This example clearly defines the difference between:

- A. Sources and structure
- B. Criteria and standards
- C. Processes and outcomes
- D. Efficacy and equity

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:



QUESTION 28 For checking the outcomes our focus of attention is blood pressure of patients with diabetes.

Its criteria and standard can be respectively:

- A. Criterion: Percentage of post heart attack patients prescribed beta-blockers on discharge and Standard: At least 96% of heart attack patients receive a beta-blocker prescription on discharge
- B. Criterion: Percentage of patients with diabetes whose blood pressure is at or below 130/85 and Standard: At least 50% of patients with diabetes have blood pressure at or below 130/85
- C. Criterion: Sugar level in blood on daily basis and Standard: How many times sugar level rises and how many times it declines in a week
- D. None of these

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 29

When formulating medical standards, a critical decision that must be made is the _____ at which the standard should be set.

- A. Depth
- B. Clarity
- C. Level
- D. utility of measurement

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 30

_____ standards denote level of quality that can be reached under the best conditions, typically conditions similar to those under which efficacy is determined. These standards are especially useful as a reference points being evaluated should set as a benchmark.

- A. Optimal standards B. Minimal standards
- C. Achievable standards
- D. Something in between

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 31 _____ is a difference between an observed event and a standard or norm. Without this standard, or, best practice, measurement of variation offers little beyond a description of the observations.

- A. Variation
- B. Process variation
- C. Assignable variation
- D. Random variation

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 32

Measurement of variation in health care and its application to quality improvement must begin with the identification and articulation of: (Choose two.)

- A. What is to be measured? B. Assignable variation
- C. The standard against which is to be compared a process based on extensive research, trial and error and collaborative discussion D. Understanding true variation versus artifact or statistical error

Correct Answer: BC

Section: (none)

Explanation

Explanation/Reference:

QUESTION 33

_____ arises from a single or small set of causes that are not part of event or process and therefore can be traced, identified and implemented or eliminated. In general, researchers are interested in this variation because they can link-or-assign variation to a single specific cause and act accordingly.

- A. Process variation
- B. Assignable variation

- C. Random variation
- D. Performance variation

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 34

He used his understanding of statistics to design tools to respond to variation. Following his arrival at Western Electric Co. in 1924, Shewhart introduced the concepts of common cause, special cause variation and statistical control. He designed these concepts to assist Bell Telephone of repairs within its transmission systems.

Who is he?

- A. W. Edwards Deming
- B. Joseph M. Juran
- C. Walter Shewhart
- D. Armand Shewhart

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 35

In the 1970s, Deming developed his 14 points for western Management in response to requests from U.S. managers for the secret to the radical improvement that Japanese companies were achieving in a number of industries. As part of his “system of profound knowledge,” Deming promoted that “around 15% of poor quality was because of workers, and the rest of 85% was due to bad management, improper systems and processes.” The “system” is based on parts.

Which of the following is/are NOT out of those parts?

- A. Appreciation for a system
- B. Knowledge about variation
- C. Theory of knowledge
- D. Sociology

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 36

Joseph Juran defined quality as consisting of two different but related concepts. The first form of quality is income oriented and includes features of the product that meet customer needs and thereby produce income (i.e., higher quality costs more).

The second form of quality is cost oriented and emphasizes:

- A. Freedom from failures
- B. Freedom from deficiencies
- C. Knowledge about variation
- D. Both A and B

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 37 Juran Trilogy includes all the following sub-points under the major heading of quality planning EXCEPT:

- A. Identify who the customers are
- B. Determine the needs of those customers
- C. Develop a process that is able to produce the product
- D. Optimize the product feature to meet our needs and customer needs

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 38 Overproduction, Inventory, Repairs/rejects, Motion, Processing, Waiting, Transport.

These are the types of _____ identified by Taiichi Ohno.

- A. Waste (activities that do not add value to the process)
- B. Continuous improvement
- C. Quality controls
- D. Areas to be focused during production



Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 39 TQC is excellence driven rather than defect driven-a system that integrates:

- A. Quality development, quality improvement and quality maintenance
- B. Quality improvement and quality maintenance
- C. Quality development, quality improvement and quality assessment
- D. Quality improvement and quality maintenance

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 40 Crosby's quality improvement process is based on the Absolutes of Quality Management.

Which of the following is/are out of those absolutes?

- A. Quality is defined as conformance to requirements, not as goodness or elegance

- B. The system for causing quality is prevention, not appraisal
- C. The performance standard must be zero defects, not "that's close enough"
- D. All of the above

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 41

Quality improvement approaches are derivatives and models of the ideas and theories developed by thought leaders and include all of the following EXCEPT:

- A. PDCA/PDSA
- B. ISO 2001
- C. Baldrige criteria
- D. Associate for process improvements

Correct Answer: B

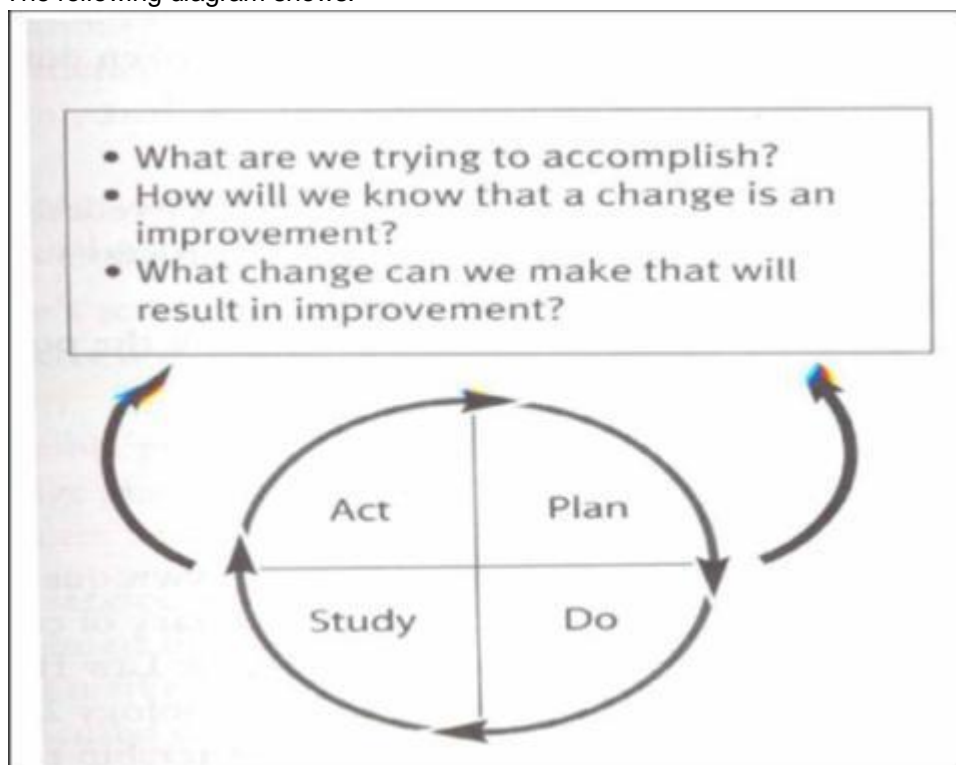
Section: (none)

Explanation

Explanation/Reference:

QUESTION 42

The following diagram shows:



- A. Baldrige criteria for improvement
- B. API Improvement model
- C. Quality improvement
- D. None of these

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 43

The Baldrige criteria were originally developed and applied to business; however, in 1997, healthcare-specific criteria were created to help healthcare organizations address challenges such as focusing on core competencies, introducing new technologies, reducing costs, communicating and sharing information electronically new alliance with healthcare providers, and maintaining market advantage. The Baldrige healthcare criteria are built on the set of interrelated core values and concepts.

Which of the following is NOT out of those values and concepts?

- A. Focus on the present
- B. Valuing of staff and partners
- C. Agility
- D. Visionary leadership

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 44

Baldrige's scoring system is based on a _____point scale. Each of seven criteria is assigned maximum value ranging from 85 to 450 maximum points.

- A. 500 points
- B. 1000-point scale
- C. 2000-point scale
- D. 1500-point scale

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 45 The weight of scoring system is based on an emphasis Baldrige places on _____ and an organization's ability to demonstrate performance and improvement in the following areas:

- Product and service outcomes
- Customer-focused outcomes
- Financial and market outcomes
- Workforce-focused outcomes
- Process effectiveness outcomes
- Leadership outcomes

- A. Results
- B. Output
- C. System perspective
- D. Values

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 46

The focus of Lean methodology is a “back to basics” approach that places the needs of customer first through five steps.

Which of the following is NOT out of those steps?

- A. Define value as determined by the customer
- B. Identify the value stream
- C. Make value identifying steps
- D. Let the customer pull the product

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 47

Although Lean thinking focuses on removing waste and improving flow, it also has some secondary effects such as:

- A. Quality is improved
- B. Simplification of processes results in less time in process
- C. Reduces the chances of damage
- D. All of these

Correct Answer: D

Section: (none)

Explanation



Explanation/Reference:

QUESTION 48 Six sigma (3.4 defects per million) is a system for improvement developed over time by Hewlett-Packard, Motorola, General Electric, and others in the 1980s and 1990s.

The aim of six sigma is:

- A. To remove blockages in process
- B. To reduce variations (eliminate defects) in processes
- C. To counter the wastage of activities
- D. To control and analyze the related and unrelated activities

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 49

By using a set of statistical tools to understand the fluctuation of a process, management can predict the expected outcome of that process. If the outcome is not satisfactory, management can use associated tools to further understand the elements influencing that process.

Six sigma includes process steps which are commonly known as _____.

- A. DAMIC

- B. PDCA
- C. DAMIE
- D. PDSA

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 50

One of the difficult things about quality is explaining how _____ is different from a process or system.

- A. Tools
- B. Methods
- C. Control
- D. A and B are same

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 51 The American Society for Quality has formed six categories of quality tools.

Which of the following is NOT out of those categories?

- A. Cause Analysis
- B. Evaluation and decision making
- C. Process analysis
- D. Idea adoption

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 52

A Japanese tool called 5S (each step starts with letter “S”) is a systematic program that helps workers take control of their workspace so that it actually works for them (and their customers) instead of being a neutral or, as is quite common, competing factor.

Which of the following is/are NOT out of these five 5S? (Choose two.)

- A. Seiton
- B. Seiso
- C. Shitsake
- D. Seiku

Correct Answer: CD

Section: (none)

Explanation

Explanation/Reference:

QUESTION 53

Within any unit, organization, or system, there will be barriers to spread and adoption (e.g., organizational culture, communication, leadership support).

However, failure to transfer knowledge effectively may result in: (Choose two).

- A. Unnecessary waste
- B. Inconsistency
- C. organizational persistence
- D. Benchmarks

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 54 Rapid cycle testing is designed to reduce the cycle time of new process implementation from months to days.

To prevent unnecessary delays in testing or implementation, teams or units using rapid cycle testing must remain focused on the testing of solutions and avoid:

- A. Over-analysis
- B. Multiple PDSA cycles
- C. Buy-in
- D. Focused testing

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 55 Organizational size affects the ability to disseminate best practices

- A. True
- B. False
- C. Difficult to decide
- D. It depends on situation

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 56

A social service department regularly monitors the number of inappropriate referrals, the timeliness of discharge planning, and the number of days of discharge delays.

What additional monitor should be added to evaluate the appropriateness of social service interventions?

- A. Inadequacy of documentation in progress notes
- B. Attainment of social service goals
- C. Timeliness of referrals to social services
- D. Number of social service referrals from nursing

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 57 The primary purpose of a management information system is to:

- A. Provide data for quality assessment.
- B. Computerize operations for greater effectiveness.
- C. Guarantee better coordination of organizational change.
- D. Provide information that facilitates management decisions.

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 58 One major difference between traditional quality assurance (QA) and quality improvement (QI) is that QI:

- A. Stresses peer review, while QA focuses on the customer.
- B. Focuses on the individual, while QA focuses on the process.
- C. Stresses management by objective, while QA stresses team management.
- D. Focuses on the process, while QA focuses on individual Performance



Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 59 Which of the following processes is most cost-effective in preventing unnecessary resource consumption in the hospital?

- A. Effective preadmission screening
- B. Accurate DRG assignment at admission
- C. Second opinions for all surgeries
- D. Preadmission insurance benefit denials

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 60 The primary benefit of adopting a countrywide or global uniform set of discharge data is to:

- A. Facilitate computerization of data.
- B. Validate data being collected from other sources.
- C. Facilitate collection of comparable health information.
- D. Assist medical records personnel in collecting internal data.

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 61 Which of the following process can be judged as having highest quality of care?

- A. Successful completion of a surgical operation
- B. Successful completion of a surgical operation and a good recovery
- C. Successful completion of a surgical operation, a good recovery and ascertaining that the operation was indicated
- D. Successful completion of a surgical operation, a good recovery and ascertaining that the operation was not indicated

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 62 The concept of cost-effectiveness in Healthcare delivery means:

- A. A proportionately justified improvement in health status of patient is obtained comparing to the cost incurred.
- B. Little improvement in Health status of patient is obtained at a very high cost
- C. Little improvement in Health status of patient is obtained at a very low cost
- D. Great improvement in Health status of patient is obtained at a very low cost



Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 63

Interpersonal relationships are the fundamental part of a management system. They basically coordinate activities of different departments in a unit.

What is the role of Interpersonal relationships in Healthcare delivery systems?

- A. Promotion of cordial relationships
- B. Clinicians who relate well to their patients are more likely to elicit a more complete and accurate history from their patients
- C. It relates to Medical Ethics
- D. None of the above

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 64 IHI has designed a model to support its breakthrough collaborative series.

A key component of the collaborative model is the ability of participants to work with other organizations to discuss:

- A. Different problems

- B. Lessons learned
- C. Barriers to improvement
- D. Both B and C

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 65

Employees involved in quality circles are encouraged to develop ideas for improvement or request management efforts to propose solutions for adoption.

The aims of the quality circle activities are all of the following EXCEPT:

- A. Contribute to the improvement and development of the enterprise
- B. Respect human relations and build a workshop offering job satisfaction
- C. Deploy human capabilities fully and draw out infinite potential
- D. Avoid sharing optional measures

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 66

During improvement in healthcare system, because of a combination of technical complexity, system fragmentation, a tradition of autonomy, and hierarchical authority structures, overcoming the “daunting barrier to creating the habits and beliefs of common purpose, teamwork and individual accountability” necessary for spread and sustainability will require: (Choose two.)

- A. Continual focus
- B. Commitment
- C. Focus to maintain benchmark levels
- D. Right time

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 67

The increased focus on and mandate for healthcare data place healthcare providers in a different situation than they have known in the past. Providers document such things and, unfortunately, many providers struggle to address the measurement mandate proactively, which leads organizations to assume a defensive posture when external organizations release the data.

Which of the following ways show/s the responses of provider in such cases? (Choose three.)

- A. The data are old (typically one or two years) and do not reflect our current performance
- B. The data are not stratified and do not represent appropriate comparisons.
- C. Our patients are similar those at the other hospitals in our comparison group (i.e., no risk adjustments were made to the data).
- D. We can move in a better way without doing competition with others

Correct Answer: ABC

Section: (none)

Explanation

Explanation/Reference:

QUESTION 68 A more proactive posture would be to develop an organization-wide approach to quality measurement that meets both internal and external demands.

This approach is:

- A. A task that should be completed at once
- B. A task that should be done in chunks of improvement process
- C. Not a task that can be completed once, rather a journey that has many potential pitfalls and detours
- D. A task that should be completed through a series of related activities

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 69

This example shows the relationship between:

Concept: *Patient safety*

What **aspect** of patient safety do we want to measure? *Medication errors*

What **specific measures** could we track?

- *Number of medication orders that had an error*
- *Total number of errors caught each day*
- *Percentage of orders with an error*
- *Medication error rate*
- *Number of wasted IVs*
- *Percentage of administration errors*

Which **specific indicator** will you select?



- A. A concept and specific measures
- B. Specific indicator and milestone
- C. Specific measures and specific indicators
- D. Effectiveness and concept

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 70

In healthcare, many terms call for more precise operational definitions that how do an organization define the terms such as: (Choose two.)

- A. Quick turnaround time

- B. An accurate environmental compliance
- C. A patient fall (a partial fall, a fall with injuries, or an assisted fall)
- D. Surgical end time

Correct Answer: AC

Section: (none)

Explanation

Explanation/Reference:

QUESTION 71

Stratification is the separation and classification of data into reasonably homogenous categories.

It allows understanding of differences in the data caused by all of the following EXCEPT:

- A. Day of the week
- B. Time of the day
- C. Type of order
- D. Area of facility

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 72

“A quality improvement team is interested in determining the percentage of medication orders that are delivered to nurses’ stations within one hour of the order’s receipt in the pharmacy. Before collecting data on this question, the team should determine whether it believes that this percentage could differ by floor, time of day, day of week, type of medication ordered, pharmacist on duty, or volume of orders received. If the team believes that one or more of these factors will influence the outcome, it should take steps to ensure that it collects the data relevant to these factors each time the pharmacy receives an order.” This example explains:

- A. How stratification could be applied to pharmacy
- B. Is there any need to sample the data
- C. Targets and goals of measurement
- D. Confidentiality issues in measurement

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 73

Sampling is a key that healthcare professionals need to develop. If a process does not generate a lot of data, you probably will analyze all the occurrences of an event and not need to consider sampling.

Sampling usually is not required when the measure is:
(Choose two.)

- A. A percentage
- B. A rate
- C. A step-by-step process
- D. A strata

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 74 _____ is based on a simple principle-statistical probability. In other words, within a known population of size n, there will be a fixed probability of selecting any single element.

- A. Probability sampling
- B. Random sampling
- C. Systematic sampling
- D. Non-probability sampling

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 75 You decided to interview ten patients in your emergency room on a given day and drew conclusions about your emergency services from these people. You have taken limited data and made a huge jump in logic.

This jump is known as:

- A. Stereotyping
- B. Over-generalization
- C. Ecological fallacy
- D. Quota sampling

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 76

Quality circles are groups of five to ten employees, with management support, who meet to solve problems and implement new procedures.

The aim/s of quality circle activities is/are:

- A. Contribute to implement and development of the enterprise
- B. Respect human relations and build a workshop offering job satisfaction
- C. Deploy human capabilities fully and draw out finite potential
- D. Both A and B

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 77

Basically an operational definition is a description in quantifiable terms, of what to measure and the specific steps needed to measure it constantly.

A good operational definition:

(Choose two.)

- A. Gives communicable meaning to a concept or an idea
- B. Is no doubt clear but somewhat ambiguous
- C. Is a decision-making criteria
- D. Enables consistently in data collection

Correct Answer: AD

Section: (none)

Explanation

Explanation/Reference:

QUESTION 78 Using the same operational definition becomes even more critical if you are trying to compare several hospitals or clinics in a system. When national hospitals are made, the operational definition challenge becomes extremely complex.

All good measurements begin and end with _____.

- A. An objective and an outcome respectively
- B. A vision
- C. An operational definition
- D. A milestone

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:



QUESTION 79

The problem with using readily available, convenient data is that the data usually do a poor job of answering the questions necessary to assess performance. Ten years ago, this “good enough” approach to data collection might have been acceptable. Today, however, because of the increasing demand to demonstrate effectiveness of care and efficiency of healthcare processes, this mindset is not acceptable. Performance quality and excellence do not occur because organizations do what they have always done or what is convenient.

Most healthcare observers agree that:

- A. Specific measures should not be used in data collection
- B. Industry does not need perpetuation of status quo
- C. Quality improvement efforts definitely end up with a positive result
- D. Once you have resolved the issues, the data collection should go smoothly

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 80

The data collection phase of the journey consists of two parts: (1) Planning for data collection and (2) The actual data gathering. A well-designed data collection strategy should address different analytical questions. Which of the following is/are the part of planning section for data collection? (Choose two.)

- A. Will the data add value to your quality improvement efforts?
- B. How often and for how long will you collect the data?
- C. Will collecting these data have negative effects on patients or employees?

D. Do you have target and goals for the measures?

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 81

Once you have resolved these issues, the data collection should go smoothly. Unfortunately, many quality improvement teams do not spend sufficient time discussing their data collection plans. They want to move immediately to data collection step.

This haste usually guarantees that the team will:
(Choose three.)

- A. Reschedule the time and cost
- B. Collect too much (or too little) data
- C. Collect the wrong data
- D. Become frustrated with the entire measurement journey

Correct Answer: BCD

Section: (none)

Explanation

Explanation/Reference:

QUESTION 82 Two key data collection skills satisfaction and sampling enhance any data collection effort.

These skills are based more on _____ and _____ then on statistics, yet many healthcare professionals have received limited training in both concepts.

- A. Logic and reliability
- B. Relatedness and latest happenings
- C. Ethics and reliability
- D. Logic and clear thinking

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 83

Stratification is the separation and classification of data into reasonably homogenous categories, within the data, that are mutually exclusive and facilitate:

- A. Data collection efforts
- B. Discovery of patterns that would not be observed if data were aggregated
- C. Skills that are based more experience than knowledge
- D. Frustrated measurement process

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 84

For example, if you are using a survey to gather patient satisfaction feedback by email, you would not send a survey to every patient. You would start by sending surveys to roughly 50 percent of the patients and see how many are returned. This limited survey allows you to determine the response rate. Assume that 25 percent of these patients return the surveys.

The next task is to determine how representative of the total population these respondents are. To test this question, you need to develop a profile of the total population. Typically, this profile is based on standard demographics such as gender, age, type of visit, payer class, and whether the respondent is a new or returning patient. If the distribution of these characteristics in the sample is similar (within 5 percent) to that found in the total population, you can be comfortable that your sample is reasonably representative of the population. If the characteristics of the sample and the population show considerable variation, however, you should adjust your sampling plan.

This example clarifies that:

- A. A well-drawn sample, therefore, should be representative of the larger population
- B. The basic purpose of sampling is to be able to draw a limited number of observations
- C. Sampling is probably the most important thing you can do to reduce the amount of time and resources spent on data collection
- D. Sampling consists of series of compromises and tradeoffs

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 85 All of the following are characteristics of probability

sampling EXCEPT:

- A. A specific statistical design is followed
- B. The selection of items from the population is determined solely according to known probabilities by means of a random mechanism, usually using a table of random digits
- C. The sampling error (i.e., the difference between results obtained from a sampling survey and results that would have been obtained from a census of the entire population conducted using the same procedure as in sampling survey) can be estimated, and, as a result, the precision of the sample result can be evaluated.
- D. Listing of selected sample on a priority basis on a sampling sheet

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 86

Systematic sampling is achieved by numbering or ordering each element in the population (e.g., time order, alphabetical order, and medical order) and then selecting every kth element.

The key point that most people ignore when doing a systematic sample is that:

- A. The starting point for selecting every kth element should be guaranteed through a random process and should be equal to or less than k but greater than zero.
- B. The starting point for selecting every kth element should be guaranteed through a random process and should be less than k but greater than zero.
- C. The starting point for selecting every kth element should be guaranteed through a random process and should be greater than zero.
- D. The starting point for selecting every kth element should be guaranteed through a random process and should be equal to or greater than zero.

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 87 A random sampling also can be drawn by placing equally sized pieces of paper with a range of numbers on them (e.g., 1 to 100) in a bowl and picking a predetermined number to be the sample.

The problem with simple random samples is that:

- A. They may under represent segments of population

- B. They may over represent segments of population
- C. They may over or under-represent segments of population
- D. They cannot truly depict the samples

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 88

Convenience sampling produces a biased sample that is basically a collection of anecdotes that cannot be applied generally to larger populations.

Convenience sampling is also known as:

- A. Quota sampling
- B. Judgment sampling
- C. Expert sampling
- D. Chunk sampling

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 89

Quota sampling was developed in the late 1930s and used extensively by the Gallup organization. Babbie (1979) describes the steps involved in developing a quota sample.

All of the following are out of those steps EXCEPT:

- A. Develop a matrix describing the characteristics of the target population. This may entail knowing the proportion of male and female; various age, racial and ethnic proportions; as well as the education and income levels of the population
- B. Once the matrix has been created and a relative proportion assigned to each cell in the matrix, data are collected from persons having all the characteristics of a given cell
- C. All persons in a given cell are then assigned a weight appropriate to their proportion of the total
- D. When all the sample elements are so weighted, the overall data should provide a reasonable representation of the majority of the samples

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 90

Statistical analysis conducted with control charts is different from what some consider “traditional research” (e.g. hypothesis testing, development of p-values, design of randomized clinic trials). Traditional research is designed to compare the results at time one (e.g. the cholesterol levels of a group of middle-aged men) with the results at time two (typically months after the initial measure).

Research conducted in this manner is referred to as _____.

- A. Static group comparison
- B. Continuous distribution
- C. SPC
- D. None of these

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 91

The cockpit of an airplane is a more complex example of a collection of instruments that reports information critical to successful air travel. The driver of a car or the pilot of an airplane monitors multiple indicators of performance simultaneously to arrive at the intended destination successfully. At any given point in the journey, the driver or pilot may focus on one indicator, but overall success depends on the collective performance of the systems represented by the indicators.

This example depicts that dashboard tools that report on the ongoing performance of the critical processes that lead to:

- A. Organizational success
- B. Its own success
- C. Organization success rather than on the success itself
- D. Past performance rather than real time performance

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 92 Which of the following is NOT out of Quality measurement categories or domains?

- A. Clinical quality (including both process and outcome measures)
- B. Financial performance
- C. Operational status
- D. patient satisfaction

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 93

Generally, medical record review and prospective data collection are considered the most time-intensive and expensive ways to collect information. Many reserve these methods for highly specialized improvement projects or use them to answer questions that have:

- A. Surfaced following review of administrative data sets
- B. Use rule-based software development
- C. Combine code and chart based on the overall population
- D. Situation related characteristics

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 94

A data analyst, using a clinical decision support system (administrative database), discovered a higher-than-expected incidence of renal failure (a serious complication) following coronary artery bypass surgery. The rate was well above 10 percent for the most recent 12 months increased over the last six quarters. However, the clinical decision support system did not contain enough detail to explain whether this complication resulted from the coronary artery bypass graft procedures or was a chronic condition present on admission.

To find the answer, the data analyst uses different steps. This example illustrates:

- A. How an administrative system's cost effectiveness can be combined with the detailed information in a medical record review?
- B. How data analyst use review chart to isolate cases
- C. That data should be thorough
- D. Computer aided information systems are better to gather data

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 95 The syndrome of stockpiling is proven to be ineffective and inefficient. It also creates quality issues. This approach provides little value to the data collection effort and is one of the biggest mistake quality improvement teams make.

Rather than provide a rich source of information, this approach unnecessarily derives up:

- A. The cost of data collection
- B. Create data management issues
- C. Overwhelms the quality improvement teams with too much information
- D. All of the above

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:



QUESTION 96

The distinction between inpatient and outpatient data is an important consideration in planning the data collection process because:

- A. The data sources may be different
- B. Mixing of data may or may not be reliable
- C. Approaches to data collection may be different
- D. Both A and B

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 97 What approach should be followed by the healthcare improvement team for the best outcomes?

- A. Data collection should be thorough. The team may need the data down the road
- B. Stockpiling of data "just in case"
- C. Collecting the critical few rather than collecting for a rainy day
- D. Collection of a balanced amount of data in order to full-fill the current demands

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 98

To identify outpatient data sources, the team should consider the following questions EXCEPT:
(Choose two.)

- A. Is the physician in organized medical groups that have outpatient electronic medical records, which could be a source of data? Will their financial or billing systems be able to identify all patients with diabetes in their practices? If not, can the health plans in the area supply the data by practice site or individual physician?
- B. Some of the most important diabetes measures are based on laboratory testing. Do the physicians have their own labs? If so, do they achieve the laboratory data for 12-24-month snapshot? If they do not do their own lab testing, do they use a common reference lab that would be able to supply the data?
- C. Do the measures selected by team reflect the aspects of care that have the most influence on patient's outcome?
- D. Are the source outpatient data the same as inpatient data?

Correct Answer: CD

Section: (none)

Explanation

Explanation/Reference:

QUESTION 99

Which of following objectives is/are NOT essential for successful quality improvement project and data collection initiative?

- A. Identify the purpose of the data measurement activity (for monitoring at regular intervals, investigation over a limited period, or one-time study).
- B. Identify the most appropriate data sources.
- C. Identify the most important measures for collection (the critical few).
- D. Commonsense all the data collected that will provide the actual information.

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

**QUESTION 100**

Some database projects rely on medical record review because many of the data are not available in administrative database, e.g.

- A. Measurement that require time stamp, such as administration of antibiotics within one hour before surgical incision
- B. Patient's entries and visits to the physician
- C. Patients of test and lab reports
- D. Nursing record

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 101

It involves identification and selection of a patient's medical record or group of records after the patient has been discharged from the hospital or clinic. Many proponents of medical record review believe it to be the most accurate method of data collection.

What is it?

- A. Prospective data collection
- B. Data collection forms
- C. Scanners
- D. Retrospective data collection

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 102

The percentage of patients with congestive heart failure who are receiving an ACE inhibitor is an example of retrospective measure. The use of ACE inhibitors in the population is indicated for all patients with an ejection fraction of less than 40 percent. The ejection fraction is not part of the typical administrative database.

Sometimes the information is contained:

- A. In an ERP system
- B. In a separate computer record
- C. In a stand-alone database in cardiology department and is generated in accessible
- D. In a worksheet

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 103

The approach to medical record review involves well-conceived steps, beginning with the development of a data collection tool and ending with:

- A. Compilation of collected data element into a registry or electronic database software for review and analysis
- B. Implementation of the analysis of collected data set
- C. Execution of the future activities on the finding of this record review
- D. Compilation of collected data element into a register or physical record system

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 104

The downside to asking nursing staff to perform data collection is that can distract nurses from their direct patient care responsibilities.

A better approach would be:

- A. To assign this work to them during holidays
- B. To give this job work after their actual job timings
- C. To hire research assistants or full-data analysts who can only perform data collection
- D. To hire research assistants or fulltime data analysts who can perform data collection and be responsible for data entry and analysis

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 105

Prospective data collection also relies on medical record review, but it is completed during a patient's hospitalization or visits rather than retrospectively.

Obviously this method of data collection is expensive but:

- A. If staff can minimize the time required for data entry it can focus on accurate collection and the analysis/reporting function
- B. If staff can maximize the time required for data entry it can focus on accurate collection and the analysis/reporting function
- C. If staff can moderate the time required for data entry it can focus on accurate collection and the analysis/reporting function
- D. If staff can maximize the reliability required for data entry it can focus on accurate collection and the analysis/reporting function

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 106

The most effective data collection tools follow the _____ of patient care and medical record documentation, whether the data are collected retrospectively or prospectively.

- A. Actual flow
- B. Chart review
- C. Data analysts
- D. Registration system

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:



QUESTION 107 Advantages of prospective data collection are all of the following EXCEPT:

- A. Detailed information not routinely available in administrative databases can be gathered
- B. Physiologic parameters can be captured, such as the range of blood pressures for a patient on vasoactive infusions or 24-hour intake and output for patients with heart failure
- C. Data requiring a time stamp also can be captured
- D. Before time administration of certain therapies

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 108

Through _____ the data collection staff can spot patient trends as they develop rather than receive the information after the patient have been discharged.

For instance, the incidence of ventilator-associated pneumonia sooner, or it may spot an increase in the rate of aspiration in stroke patients as it occurs.

- A. Medical record review (Retrospective)
- B. Prospective chart review
- C. Data collection forms
- D. Scanners

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 109 Administrative data are information collected, processed and stored in automated information system.

Which of the following is NOT included in that data?

- A. Enrollment or eligibility information
- B. Claims information
- C. Manage care encounters
- D. Timely administration of therapies

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 110 Examples of administrative data sources are all of the following EXCEPT:

- A. Hospital or physician office billing systems
- B. Health plan claim databases
- C. Health information management or medical record system
- D. Nursing management system

Correct Answer: D

Section: (none)

Explanation



Explanation/Reference:

QUESTION 111

Administrative databases are an excellent source of data for reporting on clinical quality, financial performance, and certain patient outcomes.

Use of administrative database is advantageous for the following reason EXCEPT:

- A. They are less expensive source of data than other alternatives such as chart review or prospective data collection
- B. The incorporate transaction system already used in the daily business operations of a healthcare organization (frequently referred to as legacy system)
- C. The volume of available indicators is 1000 times greater than that available through other data collection techniques
- D. Data reporting tools are available as part of the purchased system or through third-party add-ons or services.

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 112

The downside of _____ is cost. It is very costly and time consuming, and it often requires several full time data analysts.

- A. Prospective data collection approach
- B. Retrospective approach
- C. Scanners
- D. Flow charts

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 113

Some argue that administrative data are less reliable than data gathered by chart review. However, administrative data can be just as reliable as data from chart review when they are properly cleaned and validated, the indicator definitions are clear and concise, and measures from the CR system were validated using approach/es:

- A. Chart review using an appropriate sampling methodology
- B. Chart review performed for the joint commission core measures
- C. Comparison to similar measures in standalone database
- D. All of these

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 114 There is an art to constructing patient satisfaction surveys that produce valid, reliable, and relevant information. Likewise, survey validation itself is a time-consuming and complex undertaking.

A quality improvement team can:

- A. Design the survey itself
- B. Design with the help of outside experts to design the survey
- C. Purchase an existing survey
- D. Any one of these can be the case

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 115

The ability to report survey results at an actionable level is critical; in most cases, actionable level means: (Choose two.)

- A. The nursing unit
- B. Location of service
- C. Average time frame of a service
- D. Service level

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 116

Patients hospitalized for congestive heart failure should be able to walk farther, have more energy, and experience less shortness of breath following hospital treatment. Patients who undergo total knee replacements should have less knee pain when they talk; have a good range of joint motion; and be able to perform activities of daily living such as walking, doing yard work, and performing normal household chores.

This example shows that:

- A. Treatment is a very sensitive process
- B. The purpose of medical treatment and hospital procedures is to improve patients' functional status or quality of lifeC. There should be full engagement at the management and staff level
- D. Patient treatment results are regularly reviewed

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 117

Health plan databases are an excellent source of data for quality improvement projects particular projects that have _____.

For many years, health plans have used a variety of means to collect data on their performance, track the management of care received by their numbers and direct program in disease management and care management.

- A. A population health management focus
- B. Sophisticated data warehouses
- C. Baseline assessment
- D. Full engagement at nursing unit

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:



QUESTION 118

Health plan databases are valuable because they contain detailed information on all care received by health plan members.

These databases are commonly used to identify patients who have not received preventive services such as:

- A. Mammograms
- B. Colon cancer screening
- C. Immunization
- D. A, B and C

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 119 Limitations of health plan databases are all of the following EXCEPT:

- A. Database also must keep in mind that changes in reimbursement rules (and the provider's response to those changes) may affect the integrity of data over time
- B. Recording may make some historical data inaccurate, especially as they relate to tracking and trending of compilation rates and the categorization of certain types of compilationsC. They do not contain detailed information on the outcomes of care or the results of tests (e.g. lab tests, radiology examinations, and biopsies) D. None of these

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 120

Because of their detail and straightforward design, patient registries are a powerful source of quality improvement data. Registries usually are specialty or procedure specific.

For instance:

(Choose two.)

- A. Acute myocardial infraction
- B. Total joint replacement
- C. Patient's bile test
- D. Enrollment in disease management program

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 121

Many organizations establish condition-specific patient registries for their more sophisticated quality improvement projects because they do not have a reliable source of clinical information.

The use of patient registries is advantageous for the following reasons EXCEPT:

- A. They are rich source of information because they are customized
- B. They can collect all the data that the physician or health system determines are most important
- C. They are not subject to short comings of review records
- D. They can be used for quality improvements and research purposes

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 122 Health organizations measure performance to meet multiple internal and external needs and demands.

Internal quality improvement literature identifies some fundamental purposes for conducting performance measurement such as:

- A. Assessment of current performance
- B. Demonstration and verification of performance improvement activities
- C. Control of evaluation
- D. Both A and B

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 123

- Health care provider accountability
- Decision making public reporting
- Organizational evaluation
- National performance improvement goals and activities

These are the performance measures identified by health organizations in order to meet:

- A. Internal needs specifically
- B. External needs specifically
- C. Organizational vision
- D. Organizational objective

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 124 Healthcare purchasers and payers are demanding that providers demonstrate their ability to provide high quality patient care at fair prices.

Specifically, they are seeking:
(Choose two.)

- A. Objective evidence that hospitals and other healthcare organizations manage their costs well
- B. Current performance
- C. Baseline information
- D. Objective evidence that hospitals and other healthcare organizations satisfy their customers and have desirable outcomes

Correct Answer: AD

Section: (none)

Explanation

Explanation/Reference:



QUESTION 125 Generally, effective performance measurement benefits organizations in the following way/s EXCEPT:

- A. Provides factual evidence of performance
- B. Promotes ongoing organization self-evaluation and improvement
- C. Illustrate improvement
- D. Helps to meet internal patients' care requirements

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 126 The performance improvement methodology is a carefully chosen, strategically driven, value based, systematic, organization-wide approach to the achievement of specific, meaningful, high-priority organizational improvements.

The plan should include:

- A. The identified and prioritized opportunities for improvement project
- B. The staff needed to conduct the internal survey
- C. Needed human and material resources
- D. Estimated time frames

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 127

The components which support successful implementation of performance improvement programs and attainment of project goals and objective include/s: (Choose three.)

- A. Leadership commitment
- B. Establishment of performance improvement oversight entity
- C. Establishment of partnership
- D. Expected time frames

Correct Answer: ABC

Section: (none)

Explanation

Explanation/Reference:

QUESTION 128

In successful implementation of performance improvement programs, use of a single improvement methodology across all improvement initiatives is critical to facilitating a cohesive and consistent approach to improvement within the organization. An organization can develop improvement methodologies internally or can adopt them from external sources.

Which of the following components is related to this strategy?

- A. Selection and use of a performance improvement methodology
- B. Establishment of a performance improvement oversight entity
- C. Establishment of partnership with key stakeholder
- D. Staff understanding



Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 129

Numerous opportunities for improvement exist in every healthcare organization. However, not all improvements are of the same magnitude.

Improvements that are powerful and worthy of organization resources include those:

- A. That will positively affect a large number of patients
- B. Eliminate or reduce instability in critical clinical or business processes
- C. Increase risk
- D. Ameliorate serious problems

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 130

An organization may develop performance measure internally or adopt them from a multitude of external resources. However, regardless of the source of performance measure each measure should be evaluated against certain characteristics to ensure a credible and beneficial measurement effort.

Which of the following characteristics is/are critical to performance measures? (Choose three.)

- A. Reliability
- B. Validity
- C. Cost-effectiveness
- D. Interpretability

Correct Answer: ABC

Section: (none)

Explanation

Explanation/Reference:

QUESTION 131 Continuous variable measures and rate-based measures are the further categories of:

- A. Structure measures B. Process measures
- C. Outcome measures
- D. All of these

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:



QUESTION 132

The theory behind SPC (Statistical Process Control) is straightforward. It requires a change in thinking from error detection to error prevention.

The use of SPC in healthcare has a number of benefits excluding:

- A. Increased quality awareness on the part of healthcare organizations and practitioners
- B. Increased focus on patients
- C. The ability to base decisions on database
- D. Moderation is processes that result in lengthening the outcomes having better quality care

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 133

There are many different control charts. However, in its initial efforts, the average facility can manage with only four.

Which of the following is/are NOT out of those?

- A. Pie chart
- B. U-chart
- C. Individual values and moving range chart
- D. X-bar and S chart

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 134

When continuing unique events, one uses a p-chart. The number plotted on a chart would be either a proportion or a percentage. When counting total events (e.g., the number of falls per patient day each month), one plots a ratio on a u-chart.

Examples of attributes data plotted as percentage on p-charts include figures such as:

(Choose two.)

- A. Percentage of patients who died
- B. Percentage of visits by every patient
- C. Percentage of scripts that had one or more medication errors
- D. Percentage of patients discharged

Correct Answer: AC

Section: (none)

Explanation

Explanation/Reference:

QUESTION 135

Attribute data are discrete whole numbers and not continuous.

Examples of attribute data plotted as ratio data on u-charts include figures such as:

- A. Total number of patient falls per patient day
- B. Total number of medication errors per total number of pneumonia patients
- C. Percentage of patients readmitted to the hospital within 30 days
- D. Percentage of surgical complications divided by the percentage number of surgeries



Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 136

_____ are similar to proportion measures in that both are based on count (or attributes) data but differ in that the numerator and the denominator address different attributes.

- A. Ratio measures
- B. Continuous variable measures
- C. Predicted rate
- D. Outcome measures

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 137

The comparative norm (e.g. expected rate) in the comparison analysis is the _____ if the measure is risk adjusted and the comparison group mean if the measure is not risk adjusted.

- A. Predicted rate
- B. Continues variable measure
- C. Risk free rate
- D. Proportion measure

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 138

Depending upon the direction of a measure's improvement, outlier interpretations can be: (Choose two.)

- A. Positive measures
- B. Negative measures
- C. Structure measuresD. Outcome measures

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 139

Either an increase or decrease in rate could be a signal of improvement. In other words, there is no clear direction of improvement for these measures. In this case an observed rate either above or below the expected range is an unfavorable outlier.

- A. Neutral measures
- B. Positive measures
- C. Negative measures
- D. Structure measures

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 140

The comparison chart interpretation will result in one of the following scenarios, regardless of the type of measure EXCEPT:

- A. No outlier: Actual performance is within the expected range
- B. Favorable outlier: Actual performance is better than the expected performance
- C. Unfavorable outlier: Actual performance is worse than the expected performance
- D. Incomplete data: Data cannot be analyzed because of complexity

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 141

Once collected, performance measurement data require interpretation and analysis if they are to be used to improve the processes and outcomes of healthcare. Data can be used to compare:

- A. An organizations performance against itself over time
- B. The performance of one organization to the performance of a group of organizations collecting data on the same measures in the same way
- C. An organization's performance against established benchmarks or guidelines
- D. A, B and C

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 142

The best way a healthcare organization can measure whether it is meeting its goals and targets is to compare its performance:

- A. With other healthcare organizations of its status
- B. Benchmarking
- C. With the world's top healthcare organizations
- D. Against itself over time

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 143

Benchmarking is goal directed and promotes performance improvement by all of the following ways EXCEPT:

- A. Providing an environment amenable to organizational change through continuous improvement and striving to match industry-leading practices and results
- B. Creating objective measures of performance that are driven by industry leading targets instead of by past performance
- C. Providing a customer internal focus
- D. Substantiating the need for improvement

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 144

_____ is the collection of data used to analyze physician practice pattern, utilization of services, and outcomes of care. Its goal is to improve physician performance through accounts through accountability feedback and to decrease practice variations through adherence to evidence-based standards of care.

- A. Physician profiling
- B. Value-based profiling
- C. Physicians portfolio management
- D. Physician record review

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 145

Credentialing refers to the process of _____ a well-qualified staff that is able to deliver highest-quality care.

- A. Hiring
- B. Compensating
- C. Awarding
- D. Nominating

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 146 Which of the following is the relationship between clinical outcomes and patient satisfaction?

Besides measuring morbidity and mortality, this management takes into account the quality of healthcare received from the patient's perspective.

- A. Benchmarking
- B. Clinical pathways
- C. Outcome measures
- D. Outcome management

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:



QUESTION 147 The creation of an information technology infrastructure to analyze the performance of all physicians in a healthcare system can be useful in:

- A. Identifying the disease the hospital, physician, or physical group treats most
- B. Organizations can develop clinical pathways
- C. Clinical issues can be sorted out
- D. Physician report cards can be issued

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 148 Best practice standards in healthcare continue to evolve in response to new medicines and treatment option.

The following list details a number of concerns in the creation of physician profiles EXCEPT:

- A. What do you want to measure, and why is this important?
- B. Are these the most appropriate measures of quality improvement?
- C. How will findings influence change?
- D. How and when standards will be marked?

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 149 _____ accounts for the different types of patients in institutions.

Adjustments should be considered when hospital survey results are being released to the public.

- A. Proxy response
- B. Case-mixed adjustment
- C. Recall base
- D. Bias or mode effects

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 150

Experts on delivering superior customer service suggest that healthcare organizations adopt the following principle/s:
(Choose three.)

- A. Hire service-savvy people. Aptitude is everything, people can be taught technical skills
- B. Establish high standards of customer service
- C. Maintain a focus on facilities
- D. Help staff cope better in a stressful atmosphere

Correct Answer: ABD

Section: (none)

Explanation

Explanation/Reference:

QUESTION 151

Feedback from patients and their families will provide rich information for quality improvement work. For these efforts to be successful, you should consider some questions.

Which of the following is NOT out of those questions?

- A. What is your aim for improvement?
- B. Who will review the data?
- C. What was your last year budget?
- D. How frequently do you need to measure your performance to achieve your name?

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 152 Patients and their families have clearly articulated need respect to the care they receive. If the staff members they encounter are nice but do not meet their needs, these staff members have delivered care inefficiently.

It all means that:

- A. Nice is not the only aspect of quality care
- B. No one comes here for a good time
- C. The patient/family is very difficult or dysfunctional
- D. How can patients rate the skill of their doctors?

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 153

Honest criticism is hard to take, particularly from a relative, a friend, an acquaintance, or a stranger. Resistance to lower-than-expected results is common and reasonable. It is not necessarily a sign of complacency or lack of commitment to high-quality, patient entered care.

Most of the resistance comes in any two forms:
(Choose two.)

- A. People resistance
- B. Arguments about patients
- C. Data resistance
- D. None of these

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:



QUESTION 154 Which part of a job description should be used in a criteria-based performance evaluation?

- A. Salary grade
- B. Duties and responsibilities
- C. Working conditions
- D. Qualifications

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 155

Which of the following are hardware components that would be included in a computerized management information system?

- A. Binary and decimal coding
- B. Flow chart and program
- C. Instructions and data
- D. Printer and random access memory

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 156 Which of the following monitors provides patient outcome information?

- A. Nosocomial infection rate
- B. Degree of compliance with nursing care documentation
- C. Degree of compliance with renewal of antibiotics therapy
- D. Equipment malfunction rate

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 157

The term _____ brings in mind that indicator panel on an automobile, which is most useful when the car is moving as a way for the driver to monitor key performance metrics such as speed, fuel level, engine performance, temperature and direction from digital display units.

- A. Dashboard
- B. Scoreboard
- C. Charts
- D. Scanners

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:



QUESTION 158 Measures of central tendency describe the:

- A. Typical or middle data point
- B. Extent to which the data points are scattered
- C. Type and number of classes for dividing the data
- D. Average distance of any point in the data set from the mean

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 159 The following represents two samples of five hospitals' hysterectomy rates per 1,000 women aged 40-60 years of age:

Rates Mean Standard Deviation

- Sample A 3, 5, 7, 8, 5 5.6 1.8
- Sample B 4, 5, 6, 7, 5 5.4 1.1

In analyzing this information, it can be concluded that:

- A. Sample A has more variability than Sample B

- B. Sample A's performance is superior to Sample B's
- C. There are more cases in Sample B
- D. There is a data collection error in Sample B

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 160 Patient and family advisory council is one of the most effective strategies for involving families and patients in the design of care.

Council responsibilities may include input on or involvement in:
(Choose three.)

- A. Program development, implementation, and evaluation
- B. Planning for major renovation or the design of a new building or service
- C. Staff evaluation
- D. Marketing plan or practice services

Correct Answer: ABD

Section: (none)

Explanation

Explanation/Reference:

QUESTION 161 In order to perform a task for which one is held accountable, there must be an equal balance between responsibility and:

- A. Authority
- B. Education
- C. Delegation
- D. Specialization

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 162

A patient was in the operating room when a piece of a surgical instrument broke off and was left in the patient's body. The patient was readmitted for removal of the foreign object.

Which of the following would most likely apply in this situation?

- A. Res ipsa loquitur
- B. Contributory negligence
- C. Contractual liability
- D. Tort liability

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 163 Which of the following types of budgets itemizes the major equipment to be purchased in the next year?

- A. Capital
- B. Variable
- C. Operating
- D. Zero-based

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 164

A quality manager needs to assign a staff member to assist a medical director in the development of a quality program for a newly established service. Which of the following staff members is most appropriate for this project?

- A. A newly hired staff member who has demonstrated competence and has time to complete the task
- B. A knowledgeable staff member who works best on defined tasks
- C. A motivated staff member who is actively seeking promotion
- D. A competent staff member who has good interpersonal skills

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:



QUESTION 165 A surgeon's wound infection rate is 32%. Further examination of which of the following data will provide the most useful information in determining the cause of this surgeon's infection rate?

- A. Mortality rate
- B. Facility infection rate
- C. Use of prophylactic antibiotics
- D. Type of anesthesia used

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 166

The separate services of Pharmacy and Nursing are having difficulty developing an action plan for medication errors. Pharmacy Services states that Nursing Services causes the majority of the problems related to errors, while Nursing Services states the opposite.

The quality professional's role in resolving this problem is to:

- A. Provide them with directives on how to solve the problem
- B. Facilitate discussion between the groups to enable them to assume ownership of their portions of the problem
- C. Assign the task to an uninvolved manager
- D. Refer the problem to the facility wide quality council

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 167 Which of the following is most likely to be a benefit of concurrent ambulatory surgical case review?

- A. Decreased medical record review at discharge
- B. An increase in the number of cases failing screening criteria
- C. An increase in reviewer competence
- D. Decreased employee turnover

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 168 The primary purpose of an emergency preparedness program is to:

- A. Conduct evaluations of emergency training
- B. Provide evaluations of semi-annual evacuation drills
- C. Prevent internal disasters that disrupt the facility's ability to provide care and treatment
- D. Manage the consequences of disasters that disrupt the facility's ability to provide care

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:



QUESTION 169

According to Joint Commission standards, the safety program must include all of the following EXCEPT:

- A. Monthly safety committee meetings
- B. Planned response to natural disasters
- C. Orientation and continuing education on safety issues
- D. Review of safety policies and procedures for all departments

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 170

Physicians' actions have been noted to be a major contributor to unexplained clinical variation in healthcare. Unexplained clinical variation leads to increased healthcare costs, medical errors, patient frustration, and poor clinical outcomes. The increase in information being collected on physician practice patterns has begun to expose widespread variations in practice.

In healthcare, variation exists among providers by:
(Choose two.)

- A. Specialty and practice setting
- B. Geographical region

- C. Facilities
- D. Staff performance

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 171 _____ is the skill and competence of health professionals and the ability of diagnostic or therapeutic equipment, procedures, and systems to accomplish what they are meant to accomplish, reliably and effectively.

- A. Technical excellence
- B. Subjective experience
- C. Professional excellence
- D. Objective experience

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 172

The CAHPS (Consumer Assessment of Healthcare Providers and Systems) program is a multiyear public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care.

Healthcare organizations, public and private purchasers, consumers, and researchers use CAHPS results to:

- A. Access the patients-centeredness of care
- B. Compare and report on performance
- C. Improve quality of care
- D. All of the above

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 173 Collecting patient _____ data also is becoming a standard evaluation measure in the education and certification of medical, nursing, and allied health students.

- A. Ratings of satisfaction
- B. CMS
- C. Experience-of-data
- D. Report

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 174

Familiarity with terms describing the psychometric properties of survey instruments and methods for data collection can help an organization choose a survey that will provide it with credible information for quality improvement. There are two different and complementary approaches to assessing the reliability and validity of a questionnaire.

Which of the following are out of those approaches?

- A. Cognitive testing
- B. Technical excellence testing
- C. Psychometric testing
- D. Both A and C

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 175 _____ testing method provides useful information on respondents' perceptions of the response task, how respondents recall and report events, and how they interpret specified reference periods.

- A. Cognitive
- B. Psychometric testing
- C. Biometric testing
- D. Psychographic testing

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:



QUESTION 176

For example, a bathroom scale that always reads 185 pounds is reliable. Although the scale may be reliable and consistent, it is not valid if the person does not weigh 185 pounds.

So, in conventional use, the term validity refers to:

(Choose two.)

- A. The degree to which the measurement made by a interviews corresponds to some fair value
- B. The degree to which the measurement made by a focus group corresponds to some true or real value
- C. The extent to which an empirical measure accurately reflects the meaning of the concept under consideration
- D. The degree to which the measurement made by a survey corresponds to some true or real value

Correct Answer: CD

Section: (none)

Explanation

Explanation/Reference:

QUESTION 177 Face validity is based on the logical relationship among variables (or questions) and refers to the extent to which a scale measures the structure, or theoretical framework, it is designed to measure (e.g., satisfaction).

- A. True
- B. False
- C. True in a situation where external factors are not affecting
- D. True in a situation where internal factors are not affecting

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 178 _____ is the degree to difference between survey results when the scales are applied in different settings. Survey scores should reflect differences institutions, where care is presumably different.

- A. Discriminant validity
- B. Criterion validity
- C. Content validity
- D. Construct validity

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 179 Reliability is a matter of whether a particular technique applied repeatedly to the same object yields the same results each time. The reliability of a survey is initially addressed within _____.

- A. Questionnaire development phase
- B. Questionnaire analysis phase
- C. Evaluation phase
- D. Implementation phase

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 180 The test-retest reliability coefficient is a method to measure instrument reliability.

This method measures the degree of correspondence between:

- A. Answers to the different questions asked of the same respondents at different points in time
- B. Answers to the same questions asked of the same respondents at same point in time
- C. Answers to the same questions asked of the same respondents at different points in time
- D. Answers to the different questions asked of the same respondents at same point in time

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 181

Weighting of scores is frequently recommended if members of a (patients) population have unequal probabilities of being selected for the sample. If necessary, weights are assigned to the different observations to provide a representation picture of the total population.

Weighting should be considered when

- A. An equal distribution of patients exists by discharge service, nursing unit, or clinic
- B. An unequal distribution of patients exists by discharge service, nursing unit, or clinic
- C. An unequal distribution of patients exists by laboratories

D. An equal distribution of patients exists by ICUs

Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

QUESTION 182

The weighting issue also arises when comparing hospitals or clinics within a system.

What happens if the service case mix is similar?

- A. One can compare by hospitals or clinics within a system
- B. Scores should be weighted before comparisons are made among hospitals
- C. One can compare by hospitals or clinics even out of a system
- D. Scores should be weighted after comparisons are made among hospitals

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 183

An optimal response rate is necessary to have a representative sample; therefore, boosting response rates should be a priority.

Methods to improve response rates include all of the following EXCEPT:

- A. Making telephone reminder calls for certain types of surveys
- B. Using the Dillman method, a three wave mailing protocol designed to boost response rates
- C. Ensuring that telephone numbers or addresses are drawn from as accurate rate a source as possible
- D. Offering incentives appropriate for the focus group population

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 184

All patients who have been selected to provide feedback should have an equal opportunity to respond. Any situation that makes certain patients less likely to be included in a sample leads to bias.

Survey vendors also can minimize sampling bias through:

- A. Judgment
- B. Experience
- C. Probability sampling
- D. Cluster sampling

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

QUESTION 185

In every survey, some people agree to be respondents but do not answer every question. Although non-response to individual questions is usually low, occasionally it can be high and can affect estimates. Categories of patients mentioned below selected to be in the sample; do not actually provide data.

Which of the following is odd one?

- A. Patients the data collection procedures do not reach, thereby not giving them a chance to answer questions
- B. Patients asked to provide data who refuse to do so (do not respond to the survey)
- C. Patients asked to provide data who are unable to perform the task required of them (e.g., people who are too ill to respond to a survey or whose reading and writing skills preclude them from filling out self-administered questionnaires)
- D. Patients do not truly provide demographic information

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 186

Studies comparing self-reports with proxy reports do not consistently support the hypothesis that self-reports are more accurate than proxy reports.

However, conclusions drawn from studies in which responses were verified using hospital and physician records show that, on average:
(Choose two.)

- A. Self-reports tend to be more accurate than proxy reports
- B. Health events are underreported in both populations
- C. Proxy reports tend to be more accurate than self-reports
- D. Health events are reported in both populations

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:



QUESTION 187

Typically, patients receive questionnaires from two weeks to four months after discharge from the hospitals. This delay raises concern about the reliability of the patient's memory.

Memory studies have shown that:

- A. The greater the effects of the hospitalization and the nature of the condition are, the greater the patient's ability is to recall health events
- B. The greater the effects of the hospitalization and the nature of the condition are, the lower the patient's ability is to recall health events
- C. The lower the effects of the hospitalization and the nature of the condition are, the greater the patient's ability is to recall health events
- D. None of these

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 188

Case-mix adjustment accounts for the different types of patients in institutions. Adjustment should be considered when hospital survey results are being released to the public.

The characteristics commonly associated with the patient reports on quality of care are all of the following EXCEPT: (Choose two.)

- A. Patient age (i.e., older patients tend to report fewer problems with care)
- B. Discharge service (e.g., childbirth patients evaluate their experiences more favorably than do medical or surgical patients; medical patients report the most problems with care)
- C. Patient satisfaction

D. Number of visits to the hospitals

Correct Answer: CD

Section: (none)

Explanation

Explanation/Reference:

QUESTION 189

Healthcare organizations' ability to deliver high-quality, patient-centered care to their members and patients depends in part on their understanding of basic customer service principles and their ability to integrate these principles into clinical settings. Healthcare organizations should pay attention to customer service for several reasons.

Which of the following is NOT out of those reasons?

- A. Better service translates into higher satisfaction for the patient and, subsequently, for the employer who pays most of the bills
- B. As in any other service industry, a satisfied (and loyal) member or patient creates value over the course of a life time.
- C. Poor customer service raises the risk of a negative "grapevine effect"
- D. Existing patients and members are a valuable source of information healthcare organizations can use to learn how to improve what they do and reduce waste by eliminating services that are unnecessary or not valued

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 190

Patient satisfaction and patient experience-of-care surveys are the most common quantitative measures healthcare organizations use, but they can use other important _____ to obtain important information from patients and their families to guide improvement work. (Choose two.)

- A. Qualitative measures
- B. Listing posts
- C. Patient satisfaction surveys
- D. Focus group research



Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 191

Many assume they understand how to fix the problem and do not probe beneath the surface of complaints and use survey responses. Organizations should not be surprised by negative reports. Complaints about unhelpful office staff could stem from many sources.

For instance:

- A. Employees did not provide clear directions to patients on how to get the practice
- B. Patients were not able to get an appointment when they needed one
- C. Employees put patients on hold in the middle of medical emergencies
- D. All of these

Correct Answer: D

Section: (none)

Explanation

Explanation/Reference:

QUESTION 192

Once listing posts system is in place, root-cause analyses can be performed to identify particular problems, such as a staff member or medical group that contributes to problems, or problems that are systemic to the delivery of care, such as an antiquated manual appointment system.

Listing post strategies include:

(Choose two.)

- A. Surveys
- B. Focus group
- C. Patient and family advisory services
- D. Suggestion boxes

Correct Answer: AB

Section: (none)

Explanation

Explanation/Reference:

QUESTION 193

Experts on delivering superior customer service suggest that healthcare organizations adopt the following set principles EXCEPT:

- A. Hire service-savvy people. Aptitude is everything; people can be taught technical skills
- B. Establish high standards of customer service
- C. Evaluate processes of care to reduce patients and family anxiety and thus increase satisfaction
- D. Help staff focus on service

Correct Answer: C

Section: (none)

Explanation

Explanation/Reference:

**QUESTION 194**

_____ allows for more in-depth exploration of the causes of dissatisfaction and can provide excellent ideas for reengineering services. In addition, its videotapes can be effective at changing the attitudes and beliefs of staff members because the stories participants tell animate the emotional effect of excellent service as well as service failures.

- A. Focus group
- B. Walk-throughs
- C. Complaint letters
- D. Patient and family advisory councils

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

QUESTION 195 An alternative to a walk-through is a similar technique called _____. A staff member asks permission to accompany a patient through the visit and take notes on patients' experience.

- A. Patient graphing
- B. Patient shadowing
- C. Patient profiling
- D. Patient counselling

Correct Answer: B

Section: (none)
Explanation

Explanation/Reference:



