

Self-Assessment Test

Quality Improvement Basics

This program is located at <http://esymposia.ashp.org/qibasics>



This self-assessment test has been provided as a study aid only. At the conclusion of the internet-based program, click on "Take CE Test" to proceed to the ASHP CE Testing Center and take the on-line program post-test. You may print your CE statement immediately after successful completion of the post-test.

1. All of the following are key aspects of quality **EXCEPT**:
 - a. High levels of precision.
 - b. Considers customers' needs.
 - c. Depends upon customer perceptions.
 - d. Does not change with time.

2. Is the following statement true or false? All components of health care quality are objectively measurable.
 - a. True.
 - b. False.

3. All of the following are reasonable descriptions of variation **EXCEPT**:
 - a. Distance from perfection.
 - b. Extent to which process conforms to the norm.
 - c. Antithesis of quality.
 - d. Degree of distribution about the mean.

4. All of the following statements about variation are true **EXCEPT**:
 - a. Special cause variation is typically random in nature.
 - b. Special cause variation is best addressed at the specific source.
 - c. Common cause variation is also known as "internal variation."
 - d. Common cause variation is inherent to any given process.

5. Your town converts a busy intersection to "roundabout" (i.e., traffic circle) to alleviate congestion, but after completion realizes that large fire trucks cannot fit through the new configuration. This is an example of:
 - a. Quality assurance.
 - b. Continuous quality improvement.
 - c. Unintended consequences.
 - d. System re-engineering.

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6. All of the following statements are true **EXCEPT**:
 - a. Accreditation by the Joint Commission is mandatory for hospitals that bill Medicare for services.
 - b. The Institute for Healthcare Improvement is an independent, non-profit organization promoting patient safety initiatives.
 - c. The National Quality Forum reviews and endorses voluntary consensus standards.
 - d. The Hospital Quality Alliance develops and promotes the utilization of quality measures, such as those addressing surgical wound infections.

7. When differences in the process that lead to apparently identical outcomes are identified, all of the following are applicable **EXCEPT**:
 - a. Continuous improvement efforts are unlikely to reduce variation any further.
 - b. Some are under-utilizing effective interventions and are at increased risk of quality failures.
 - c. There are differences in skills and clinical acumen among the practitioners.
 - d. Some are over-utilizing interventions and expending resources that are not required.

8. From a quality improvement perspective, the most desirable state is when:
 - a. Best practices have been identified.
 - b. Consensus has been achieved and articulated.
 - c. Clinical studies identify effective therapies.
 - d. Multiple treatment options are being studied.

9. All of the following are presently components of National Quality Measures for Acute Myocardial Infarction (AMI) **EXCEPT**:
 - a. Aspirin at arrival.
 - b. Beta blocker prescribed at discharge.
 - c. ACEI or ARB for left ventricular systolic dysfunction.
 - d. Long-term lipid-lowering therapy adherence.

10. All of the following are essential to the implementation of an effective quality improvement project **EXCEPT**:
 - a. The hospital CEO and CFO.
 - b. Support and resources from the senior administration.
 - c. A clear charge and purpose for the group.
 - d. A timeline for work completion and pre-determined reporting structure.

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11. When evaluating the components of an existing medication utilization system, priority attention should be given to those steps that:
 - a. Occur within the pharmacy department.
 - b. Are the least prone to variation.
 - c. Cannot be easily observed “down stream.”
 - d. Have highly functional checks and balances.

 12. In the scenario presented in Quality Improvement Basics II, heparin utilization was found to be suboptimal because:
 - a. The adopted nomogram included a serious typographical error.
 - b. Pharmacy dispensing processes were prone to frequent errors.
 - c. Physicians routinely decided to circumvent the nomogram.
 - d. Patient-level assessment/monitoring processes were inconsistent.
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