The Healthcare Quality Book Vision Strategy and Tools 4th edition Nash Test Bank

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1. Over the past decade, there has been an explosion of quality metrics and measurement across health care driven by _____.

a. increased focus on patient safety
b. accreditation
c. regulation and external reporting
d. payers and health plans
*e. All the above
f. None of the above

2. CMS makes its reported quality data available for a variety of uses. Which of the following is *not* a common use of CMS quality and patient satisfaction data?

a. Modifying fee-for-service payment systems to create value-based payment systems
b. CMS star ratings
c. Consumer-facing healthcare comparison and rating websites and algorithms
*d. Nonprofit tax status

3. The term *balanced scorecard* was first used in a *Harvard Business Review* article to describe how managers could better organize employee performance appraisals.

a. True
*b. False

4. Quality improvement (QI), as described by the author, is heavily dependent on retrospective chart review and root cause investigations to solve problems.

a. True
*b. False

5. Which of the following are routine quality control (QC) measures and uses in healthcare delivery organizations?

a. Patient waiting times
b. Monitoring of patient fall rates
c. Infection control surveillance
d. Tracking of readmission rates
*e. All the above
f. None of the above

6. What are the three population-based outcomes described in the IHI Triple Aim?

a. Capital Costs, Care Delivery, Operating Costs

b. Patient Experience, Clinical Outcomes, Per Capita Cost
*c. Patient Experience, Population Health, Per Capita Cost
d. Clinical Outcome, Patient Satisfaction, Total Cost
e. None of the Above

7. Which of the following describes quality improvement (QI)?

a. A management philosophy based upon the science of improvement
b. A systematic approach to reducing variation
c. A systematic approach to process and system improvement
d. Projects and efforts designed to improve outcomes of care
*e. All the above
f. None of the above

8. The IHI High-Impact Leadership Framework includes which of the following?

a. A specific set of tools and methods
b. What leaders do to make a difference
c. A mission statement for leaders
d. Where leaders need to focus efforts
e. Both a and c
*f. Both b and d
g. None of the above
h. All the above

9. Which of the IHI High-Impact Leadership behaviors is most directly linked and critical to quality measurement and improvement in healthcare delivery organizations?

a. Patient-centeredness
b. Front line engagement
c. Relentless focus
*d. Transparency
e. Boundarilessness

10. In which of the dimensions of the IHI High-Impact Quality Framework does measurement play a key role?

a. “Persons and Community” and “Develop Capability”
*b. “Create Vision and Build Will” and “Deliver Results”
c. “Shape Culture” and “Engage Across Boundaries”
d. “Deliver Results” and “Develop Capability”

11. In the chapter, the author discusses measurement function and purpose and argues that the same set of measures can be used for board, leadership, and management functions.

a. True

*b. False

12. Which of the following might be useful dimensions for an organizational performance scorecard in healthcare?

a. Patient experience and engagement
b. Six IOM aims
c. Access
d. Triple Aim
e. Patient and employee safety
f. None of the above
*g. All the above

13. Scorecard development should primarily be guided by external reporting requirements and regulation.

a. True
*b. False

14. If you are the patient, the right number of medication errors, infections, falls, and harm events is ZERO.

*a. True
b. False

1. A potential malpractice has occurred. In light of the Harvard Malpractice Study, which of the following techniques might be of assistance?

a. Incident reporting
b. Immediate offer of compensation
c. Acknowledgment of the error to the patient/patient's family
d. Use of clinical guidelines
*e. All of the above

2. John Ware has pioneered the use of ratings and reports for health and healthcare. Which of the following is an example of a patient report?

a. Satisfaction
b. Functional status
c. Mental health status
d. Parking space availability at the doctor's office
e. All of the above
*f. Choices a, b, and c

3. The1932 *Costs of Medical Care* report, written by Falk and colleagues, concluded that solo practice provided the best quality care.

a. True
*b. False

4. Diagnosis-related groups, or DRGs, when implemented in 1982 had payment tied to quality improvement.

a. True
*b. False

5. Claims-based data have which of the following characteristics?

a. They are superior to data abstracted from the medical record.
b. They have been used to compare complication rates.
c. They have been used to compare hospital readmission rates.
d. They are currently used by CMS to compare hospital mortality rates.
e. All of the above
*f. Choices b and c

6. William Deming was the developer of control charts.

a. True
*b. False

7. Which of the following best describes the response of the American College of Surgeons in the early twentieth century to the outcomes reports developed by Ernest A. Codman?

a. Enthusiasm followed by a standing ovation
b. Immediate follow-up with states to develop improvement plans
c. Follow-up with Congress to develop model quality-improvement healthcare legislation
*d. Burning the reports so the public would not find out about hospital outcomes

8. The Dartmouth group of researchers published extensively on which of the following topics?

a. Small area variation
b. Quality improvement
c. Patient confidence
d. Accountable care organizations
*e. All of the above

9. Among many other findings, the RAND Health Insurance Study documented that mortality rates went up after the implementation of DRGs.

a. True
*b. False

10. Which of the following was among the objectives behind the implementation of diagnosis-related groups?

a. Restructure the economic incentives to establish marketlike forces
b. Establish the federal government as a prudent buyer of services
c. Identify the product being purchased on behalf of Medicare beneficiaries
*d. All of the above

11. Which of the following is true about chronic disease self-management programs?

a. Medicare is paying for a diabetes self-management program administered by the YMCA.
b. Payers are aggressively encouraging chronic disease self-management programs.
c. These programs result in greater patient confidence.
d. These programs cost more than they save.
e. All of the above
*f. Choices a and c

12. The United States is the only industrialized country in the world that does not have universal coverage.

*a. True
b. False