Chapter 6 Review Questions

1. Quality improvement focuses on:
   a. Individual clinicians or system users
   b. Routine measurement of performance
   c. Information technology issues
   d. Constant training

2. What is the main similarity between quality assurance and quality improvement?
   a. Integrated system to address processes
   b. Address work flow
   c. Do not affect people
   d. Continuous refining of processes

3. Which of the following is an example of a practice monitoring quality assurance?
   a. Internal audit of billing procedures to verify compliance with federal and state regulations.
   b. Weekly inspection of the sterilization machine used for surgical instruments.
   c. Determine the time it takes a medical assistant to prepare a patient for a physical.
   d. Develop a budget to make sure cash is available to purchase equipment.

4. Which of the following statements is true?
   a. Quality assurance means prevention
   b. Quality improvement focuses on measuring compliance with standards
   c. Quality assurance includes activities that ensure a service is of the type and quality needed and expected by the user
   d. Quality improvement focuses on inspection of deliverable data and detection when the end user is not satisfied with the information received.

5. Quality control is defined as:
   a. An integrated system ensuring that a process is needed and expected
   b. A system of technical activities that measures against a criteria or standard
   c. A strategy of continuously refining processes
   d. A system measuring the performance of a process to optimize levels of quality

6. Plan-Do-Check-Act is defined as:
   a. A quality plan to manage and promote quality improvements at all levels
   b. A quality cycle and QI method that systematically impacts a process or system
   c. A quality cycle focused on developing methods to fix processes
   d. A quality cycle developed to ensure a system is functioning well at an enterprise level

7. Which of the following is the best example of quality control?
   a. Lab equipment calibration
   b. Front desk audits to verify demographic information is collected properly
   c. Verifying that policies are up to date and being adhered to
   d. IT assessment to verify there are enough computers
8. Which of the following are benefits for initiating quality efforts in a practice? Select all that apply.

a. Reduce the risk of medical law suits
b. Improve patient satisfaction
c. Strengthen stability of the business
d. Makes it twice as easy to recruit staff and providers

9. A physician's office with 2 full-time physicians and 4 full-time nurse practitioners currently has two coders on staff to perform all of the coding for the practice. The coder's state they need additional help to stay current and the physicians state they should be able to keep up with the current staff. Where would you look to find benchmark information on how many coders should be on staff?

a. MGMA surveys
b. OSHA compliance manual
c. OIG Compliance Plan
d. EMR Statistics

10. Which of the following statements correctly describes external quality benchmarking?

a. Measuring data over time in the practice to make improvements
b. Comparing measurements to other organizations or industries to improve performance
c. Hiring an outside consultant to manage your QI initiatives
d. Reviewing data from lower performing organizations to identify what is being done well

11. Which of the following is an example of how IT can help reduce medical errors?

a. Computerized order entry for radiology tests.
b. Call in a prescription to a pharmacy for a patient who is out of town.
c. Automated insurance verification and authorization approvals.
d. Coordination of care with home health agencies.

12. Which of the following are eligible providers under PQRS?

a. Cardiologist
b. Physical Therapist
c. Outpatient surgery centers
d. Chiropractors
e. Independent laboratories

13. When reporting PQRS, how many diagnosis codes should the diagnosis pointer field indicate?

a. As many as needed
b. 0
c. 1
d. Up to four
14. During which phase of Plan, Do, Check and Act will it be necessary for the staff to discuss the success of a new process and potential issues?

a. Plan  
b. Do  
c. Check  
d. Act
1. Quality improvement focuses on:

b. Routine measurement of performance

Rationale: Quality improvement is refining processes to reach higher levels of quality. All activity and processes can be defined in terms of individual processes. By working to make each process or work flow function better, the activity incorporating those processes will become more efficient. Greater efficiency will translate into less waste, consistent treatment, and potentially greater profits.

2. What is the main similarity between quality assurance and quality improvement?

b. Address work flow

Rationale: Quality Assurance (QA) is defined as an integrated system of management activities involving planning, training, quality control, assessment, data review, reporting, and quality improvement to ensure that a process, item, or service is of the type and quality needed and expected by the user. Quality improvement is refining processes to reach higher levels of quality. All activity and processes can be defined in terms of individual processes. By working to make each process or work flow function better, the activity incorporating those processes will become more efficient. Greater efficiency will translate into less waste, consistent treatment, and potentially greater profits.

3. Which of the following is an example of a practice monitoring quality assurance?

a. Internal audit of billing procedures to verify compliance with federal and state regulations.

Rationale: Examples of quality assurance in a practice include:
- Front desk audits to verify correct patient demographics are being entered
- Verifying that policies are up to date and meaningful (e.g., billing, clinical intake, registration, etc.)
- Patient satisfaction surveys handed out to verify the patients' needs are being met
- Provide training on the use of medical supplies including needles, casting supplies, topical medications, etc.

4. Which of the following statements is true?

c. Quality assurance includes activities that ensure a service is of the type and quality needed and expected by the user

Rationale: Quality Assurance (QA) is defined as an integrated system of management activities involving planning, training, quality control, assessment, data review, reporting, and quality improvement to ensure that a process, item, or service is of the type and quality needed and expected by the user.
5. Quality control is defined as:

b. A system of technical activities that measures against a criteria or standard

Rationale: Quality Control (QC) is defined as a system of technical activities that measures the performance of a process, item, or service against a defined set of criteria or standard. QC is a technical function that includes activities such as calibrations and analyses of check samples (performance evaluation samples, duplicates, spikes, blanks, etc.) to assess the bias and precision associated with sample results.

6. Plan-Do-Check-Act is defined as:

b. A quality cycle and QI method that systematically impacts a process or system

Rationale: Plan, Do, Check, Act (PDCA) is a quality cycle and QI method that systematically impacts a process or system. Challenges associated with its implementation include the transfer of knowledge and incorporating process improvements into the quality life cycle review.

7. Which of the following is the best example of quality control?

a. Lab equipment calibration

Rationale: Examples of quality controls include:
- Equipment calibration (eg, lab machines, diagnostic imaging, ECG units, etc.)
- Reviewing logs of who is accessing different records within an EMR
- Regularly testing fire extinguishers within the clinic
- Verifying accurate temperatures for refrigerators holding vaccines

8. Which of the following are benefits for initiating quality efforts in a practice? Select all that apply.

a. Reduce the risk of medical law suits
b. Improve patient satisfaction
c. Strengthen stability of the business
d. Makes it twice as easy to recruit staff and providers

Rationale: The goals of quality care improvement include services that are:
- Safe: Avoiding injuries to patients from the care that is intended to help them.
- Effective: Providing services based on scientific knowledge.
- Patient-centered: Providing care that is responsive to individual patient preferences, needs and values and assuring that patient values guide all clinical decisions.
- Timely: Reducing wait times and, sometimes, harmful delays for both those who receive care and those who give care.
- Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status.
9. A physician's office with 2 full-time physicians and 4 full-time nurse practitioners currently has two coders on staff to perform all of the coding for the practice. The coder's state they need additional help to stay current and the physicians state they should be able to keep up with the current staff. Where would you look to find benchmark information on how many coders should be on staff?

a. MGMA surveys

Rationale: Good sources of external benchmarks can be obtained through organizations such as MGMA who perform yearly surveys of medical groups around the country.

10. Which of the following statements correctly describes external quality benchmarking?

b. Comparing measurements to other organizations or industries to improve performance

Rationale: Benchmarking to external sources involves comparing measurements to other organizations or industries. Ideally, one would want to identify a better performer to benchmark to externally identify how to improve performance.

11. Which of the following is an example of how IT can help reduce medical errors?

a. Computerized order entry for radiology tests.

Rationale: Computerized order entry and e-prescribing help prevent medication errors from occurring. Computerized order entry can also be used to order diagnostic tests which limits the number of inappropriate tests being performed. The provider has to indicate the diagnosis for each test which helps support the medical necessity of the services.

12. Which of the following are eligible providers under PQRS?

a. Cardiologist
b. Physical Therapist
c. Outpatient surgery centers

Rationale: Eligible providers under PQRS are those reimbursed for professional services under the Medicare Physician Fee Schedule (PFS). Outpatient surgery centers and independent laboratories are facilities reimbursed under different payment models so they do not qualify for PQRS.

13. When reporting PQRS, how many diagnosis codes should the diagnosis pointer field indicate?

c. 1

Rationale: When billing the PQRS performance measures on the CMS 1500 form, only one diagnosis from the claim should be referenced in the diagnosis pointer field (field #24e), even though all diagnoses reported on the claim will be included in Physician Quality Reporting analysis.
14. During which phase of Plan, Do, Check and Act will it be necessary for the staff to discuss the success of a new process and potential issues?

c. Check

Rationale: During this check phase, the original benchmark data is reviewed to determine if improvements are made. The team discusses the successes and the potential issues with the current plan.