Advancing Infection Control Capacity & Education (ACE): COACHING TO CERTIFICATION

Session 27: Management, Communication, & Quality

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Oregon Health Authority
Healthcare-Associated Infections Program
Public Health Division

Q1: Which of the following would be an appropriate method to evaluate the quality of an infection prevention program?

a. The total number of areas where surveillance was carried out in the past year
b. The average amount of time that elapsed between receiving notification reports from the lab about patients with multidrug-resistant infections and placing those patients on appropriate Isolation Precautions
c. The number of IPs in the program per the number of beds
d. The average amount of money spent on isolation gowns this year as compared to last year

Q2: Which of the following need to be considered when updating the annual infection risk assessment?

1) An evaluation of the previous year's goals and objectives
2) An identification of risks based on geographic location, community, and population served
3) Risks related to the type of services that the facility provides
4) A broad assessment of all risks identified in the facility

Test taking strategy: Carefully read the question and all the answer options before choosing your answer.

a. 1, 2, 4
b. 1, 2, 3
c. 2, 3, 4
d. 1, 3, 4

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Q3:The IP is performing the annual evaluation of the infection prevention and control program. Components of this document should include:

1. The achievements and activities of the program
2. Results from the latest accreditation survey
3. Stress the value of the program to the organization
4. Satisfy the legal requirements for reporting infections.

a. 1 ,2
b. 2, 3
c. 1, 3
d. 3, 4

Test taking strategy: Only answer the question being asked. Avoid your own "what if" rabbit holes...

Q4: The Joint Commission standards for infection prevention and control include all of the following except:

a. Collaboration of representatives from relevant components and functions within the organization in the implementation of the program.
b. Effective management of the infection prevention and control program
c. Minimizing the risk for development of a healthcare-associated infection (HAI) through an organization-wide infection prevention program
d. Specific staffing requirement of one infection preventionist (IP) for every 100 beds in the facility

Q5: The organization that would most likely survey a U.S. based hospital's blood bank for compliance would be:

a. Occupational Safety and Health Administration (OSHA)
b. Food and Drug Administration (FDA)
c. Environmental Protection Agency (EPA)
d. Centers for Disease Control and Prevention (CDC)

Q6: After reviewing the quarterly report, the manager of the adult ICU contacts the IP for assistance to create a plan to reduce central line infections. Which of the following should the IP recommend:

a. Wait for the next report to see if the rate has decreased.
b. Create an Intravascular Team.
c. Develop a multidisciplinary team to review and implement best practices.
d. Send a referral to Medical Affairs for peer review.

Q7: The IP is reviewing the facility's performance measures, which are used to benchmark against national data. The IP ensures that each performance measure includes which of the following characteristics?

1) Measure is reliable
2) Measure targets improvements in a health population
3) Measure is defined according to physician preference
4) Measure can be easily interpreted by the users of the data

a. 1, 2, 3
b. 1, 2, 4
c. 2, 3, 4
d. 1, 3, 4

Q8: An IP is updating the organization's infection prevention plan, which includes writing clearly stated goals and objectives. Which of the following statements might she consider including?

A. Vaccinate employees and volunteers for influenza every year.
B. Serve as a leader for facility safety rounds as needed.
C. Achieve a 20 percent improvement in hand hygiene practice in the Emergency Department within 30 days.
D. Collaborate with the laboratory to improve turnaround time for culture results.

Q9: The purpose of the Root Cause Analysis is to:

a. Determine which individual made an error so that the employee may be disciplined and terminated.

b. Review the basic processes that are in place and then turn that review over to a unit-specific team so that they can determine how they should modify their practices.

c. Provide a process that requires little time or training but allows employees to identify culpability after an adverse event.

d. Include participants from diverse areas of the organization to delve into the cause of an error or systems failure and identify changes in practice and/or policy that will prevent a repeat of that error or event.

Q10: The director of Infection Prevention and Control has assigned one of her IPs to co-facilitate in a root cause analysis of an adverse event in collaboration with the Performance Improvement team. The IP plans to use process improvement tools and techniques during the analysis. Which of the following methods would best outline the possible causes of the event?

a. Brainstorming
b. Affinity Diagrams
c. Fishbone (Ishikawa) Diagrams
d. Pareto Chart

Q11: Which is an example of actions taken during the Study phase of “Plan Do Study Act” Performance Improvement Model?

a. Identifying goals for the project
b. Performing the staff education sessions
c. Trending and benchmarking of data collected
d. Tweaking the program based on results