

NCC

C-ONQS

Obstetric and Neonatal Quality and Safety



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Question: 1

A good workflow will help accomplish those goals in a timely manner, leading to care that is delivered more consistently, reliably, safely, and in compliance with standards of practice. An excellent workflow process can accommodate variations that inevitably arise in health care through interaction with other workflow processes, as well as environmental factors such as workload, staff schedules, and patient load.

- A. Safety and quality integration into workflow
- B. Quality assurance
- C. Quality improvement
- D. Quality versus safety

Answer: A

Question: 2

Events that occur in a healthcare organization that do not necessarily affect an outcome, but if were to recur, carry significant change of being a serious adverse event

- A. Never events
- B. Near misses
- C. Safety gaps
- D. Trigger tools

Answer: B

Question: 3

Retrospective Chart Review (by itself or after use of a trigger tool) -- Considered the "gold standard," contains rich and detailed clinical information -- Costly, labor-intensive, data quality variable due to incomplete clinical information, retrospective review only. Efficiency improved by focusing chart reviews on cases identified by a reliable trigger tool or software tool

- A. Baseline data
- B. Selecting metrics
- C. Chart review
- D. Flow chart

Answer: C

Question: 4

A Pareto chart helps a team focus on problems that offer the greatest potential for improvement, by showing different problems' relative frequency or size in a descending bar graph, which highlights the problems' cumulative impact. Teams can then focus on problem causes that could have the greatest impact if solved or improved.

The Pareto principle: 20% of sources cause 80% of problems.

How to Construct a Pareto Chart

1. Choose Problem, Potential Causes

Select a problem for your team to analyze.

Next, choose potential problem causes, which your team will monitor, compare, and rank-order with an affinity diagram, or by using existing data.

2. Choose Measurement Units

Choose units of measurement common across all potential causes, like cost or frequency.

Choose a time period long enough to accurately represent the situation. Remember, the interval should take seasonality into account, as well as different patterns within days, weeks, or months.

3. Gather Data

Gather data on your team's variables, and store in a spreadsheet.

4. Construct Pareto Chart

Start to draft the Pareto chart: the chart's horizontal axis contains the problem categories and the vertical axis contains the measurement (cost, frequency, etc.).

Arrange the bars in descending order to assess which problem causes are occurring in the greatest amount—and therefore have the greatest potential to positively impact your problem if solved or improved.

You might also wish to draw a line that shows the cumulative total of each problem cause, as you progress across the chart. This line might help you assess which sources are causing "80% of the problems."

- A. Pareto chart
- B. Just Culture
- C. Patient trust
- D. Selecting metrics

Answer: A

Question: 5

the action of making new or secret information known -- tell what happened, take responsibility, apologize, and explain what will be done to prevent future events

- A. Disclosure
- B. Stakeholders

- C. Incoherent
- D. Suspension

Answer: A

Question: 6

A flowchart identifies the actual flow of events in a process, in comparison to the prescribed or ideal flow of events. A flowchart can show where complexity or redundancy occurs, allow a team to agree on process steps, and compare an actual process with the ideal process. It can show where additional data should be collected, and serve as a training aid.

- A. Venn diagram
- B. Line graph
- C. Control chart
- D. Flow chart

Answer: D

Question: 7

Root cause analysis (RCA) is a tool to help health care organizations retrospectively study events where patient harm or undesired outcomes occurred in order to identify and address the root causes. By understanding the root cause(s) of an event, we can improve patient safety by preventing future harm.

- A. Five c's of culture change
- B. Plan-do-study-act (pdsa)
- C. Just culture designs
- D. Root Cause Analysis (RCA)

Answer: D

Question: 8

Balance measures: These are the metrics a health system must track to ensure an improvement in one area isn't negatively impacting another are

a. For example, let's say length of stay (LOS) in labor and delivery is the outcome metric. The hospital wants to reduce LOS and save money.

- A. process metric
- B. flow chart
- C. balancing metric
- D. outcome metric

Answer: C

Question: 9

Standards can be developed and used in public regulatory processes, such as licensure for health professionals and licensure for health care organizations, such as hospitals or health plans.

- A. Stakeholders
- B. Mortality
- C. Institutional processes and priorities: regulatory
- D. Evaluate balance between quality, outcomes and cost

Answer: C

Question: 10

Organizations that manage and sustain change successfully build the changes into the standard, well-defined work processes of these frontline clinical leaders. Without such clearly defined standardized work for the day-to-day operations manager, two things happen. First, systems revert to previous behaviors and processes. Second, administrative supervisors, noting this regression, feel obligated to get involved in the routine management of the clinical unit. This kind of micromanagement often causes confusion, fear, and resentment of the change, further diminishing the likelihood that it will stick. 1) Choose a pilot unit with stability, alignment with goals, good management hygiene, and engagement 2) Connect with frontline supervisor (charge nurse or supervisor) 3) Use early wins to build momentum 4) Motivate frontline clinical managers by tackling what irks them

- A. Perinatal core measures
- B. Trigger tools
- C. Root Cause Analysis (RCA)
- D. Strategies for sustainment

Answer: D

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