CHAPTER 1

Developing and Evaluating Clinical Practice Guidelines: A Systematic Approach

Multiple Choice

1. How should one base clinical decisions to promote patient safety and quality health outcomes?
   (A) By using the best available evidence
   (B) By considering the financial cost of the intervention
   (C) By using one's instincts regardless of best practices
   (D) By relying on the practices that have been around the longest

Answer: A

Multiple Select

2. What are the components of an evidence-based practice framework for clinical decision making? Select all that apply
   (A) The best available evidence
   (B) The clinician's "gut instinct"
   (C) The clinician's expertise
   (D) A patient's values and circumstances

Answers: A, C, D

Multiple Choice

3. Which term defines a suggestion for practice that is not necessarily sanctioned by a formal, expert group?
   (A) Recommendation
   (B) Guideline
   (C) Protocol
   (D) Regulation

Answer: A

Multiple Choice

4. Which term defines a more detailed guide for approaching a clinical problem or health condition and is tailored to a specific practice situation?
   (A) Recommendation
   (B) Guideline
   (C) Protocol
   (D) Regulation

Answer: C

Multiple Choice

5. Which of the following is not required to assess the quality of clinical practice guidelines (CPGs)?
   (A) Assessment of the validity of the recommendations made in the guideline
   (B) Consideration of factors related to the use of the CPGs in practice
   (C) Evaluation of the methods used to develop the CPGs
   (D) Calculation of the financial cost required to implement the CPGs

Answer: D

Multiple Choice

6. How many quality domains does the AGREE II instrument examine?
   (A) 4
   (B) 5
   (C) 6
   (D) 7

Answer: C

Multiple Choice

7. Which of the following is not one of the quality domains examined by the AGREE II instrument?
   (A) Scope and purpose
   (B) Patient input
   (C) Rigor of development
   (D) Editorial independence

Answer: B

Multiple Select

8. Models of evidence-based practice (EBP) involve which of the following steps when determining the process of developing protocols? Select all that apply.
   (A) Develop an answerable question
   (B) Compare the evidence to what one feels to be true
   (C) Critically appraise the evidence
   (D) Locate the best evidence

Answers: A, C, D

Multiple Select

9. Which of the following questions are examples of narrow, focused questions that follow the PICO format? Select all that apply.
   (A) Does the introduction of an educational video-recording for staff decrease the rate of falls for hospitalized patients?
   (B) Are high-intensity exercise programs an effective intervention for patients with Parkinson's disease, compared with the usual care (low-intensity group therapy)?
   (C) What trends concerning hospital readmission can be inferred from looking at the number of patients discharged with medication regimen changes?
   (D) Does exercise improve static and dynamic balance and dual-task ability in healthy older adults?

Answers: A, B, D

Multiple Choice

10. When critically evaluating the evidence used in a study, which level of evidence is at the lowest level of the LOE pyramid?
    (A) Opinions of respected authorities
    (B) Systematic reviews of CPGs
    (C) Single experimental studies (RCTs)
    (D) Nonexperimental studies

Answer: A

CHAPTER 2

Measuring Performance and Improving Quality

Multiple Select

1. Which two principles should contextualize nursing care evaluations? Select all that apply.
   (A) Evaluations must help those who actually provide care and impact those who receive care.
   (B) Measuring quality of care is not an end in and of itself.
   (C) Evaluations of care quality provide an excellent financial incentive for providers.
   (D) Quality of care metrics ensure accountability and allow punitive actions to be taken.

Answers: A, B

Multiple Choice

2. How does the Institute of Medicine define "quality"?
   (A) Individuals receiving correct medications and receiving them in a timely manner
   (B) Effectiveness of treatments and medications
   (C) The degree to which health services for individuals and populations increase[s] the likelihood of desired health outcomes and are consistent with current professional knowledge
   (D) Efficiency of services

Answer: C

Multiple Select

3. There are multiple levels of knowledge necessary to achieve quality outcomes. What are they? Select all that apply.
   (A) Knowledge about best practice
   (B) Knowledge about how much an intervention will cost and whether the patient can afford it
   (C) Knowledge about behavioral skills
   (D) Knowledge about best outcomes

Answers: A, B, C, D

Multiple Select

4. Which of the following statements address the quality of patient care? Select all that apply.
   (A) "My hospital is in the top 100 hospitals in the United States as ranked by major news magazines."
   (B) "Only 9% of our older adult surgical patients develop acute confusion; of those who do, 6% return to normal cognitive function within 4 hours after onset."
   (C) "We have a Nobel laureate on our board of directors."
   (D) "In the past 6 months, urinary tract infections have decreased 20% after we instituted new protocols for using catheters."

Answers: B, D

Multiple Select

5. How does one measure the degree to which a quality outcome has been achieved?
   (A) Use tools to measure where a patient's condition falls along a continuum
   (B) Develop a subjective impression of a patient's condition
   (C) Confirm impressions by two or more physicians
   (D) Compare the total cost of treatment against the cost of treatment for those with similar conditions

Answers: C, D

Multiple Choice

6. As the quality of care moves up the spectrum toward "excellent," how would you characterize the desired outcome?
   (A) The desired outcome is less likely.
   (B) The desired outcome is more likely.
   (C) There is no effect on the desired outcome.
   (D) The desired outcome is guaranteed.

Answer: B

Multiple Select

7. What do regulatory and accrediting bodies expect organizations to do with data obtained through measuring the quality of outcomes? Select all that apply.
   (A) Identify and prioritize the processes that support clinical care
   (B) Demonstrate an attempt to improve performance
   (C) Benchmark their results with the results from similar organizations
   (D) Use the data to identify which staff members should be terminated for incompetence

Answers: A, B, C

Multiple Select

8. Which of the following questions indicates the establishment of priorities when it comes to determining which outcomes to measure? Select all that apply.
   (A) How likely is it that the patient can afford to pay the bill for the proposed intervention?
   (B) Based on our clinical expertise, what information is critical for us to know?
   (C) What aspects of our care to older patients are of high risk or high volume?
   (D) What parts of our elder care are problem prone, either because we have experienced difficulties in the past or because we can anticipate problems due to the lack of knowledge or resources?

Answers: B, C, D

Multiple Choice

9. The supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff illustrate which of the following nursing-sensitive indicators used to measure quality care?
   (A) Structure
   (B) Process
   (C) Outcomes
   (D) Competence

Answer: A

Multiple Choice

10. Which of the following is not an important guideline when developing in-house performance measures of quality care?
    (A) Zero in on the population to be measured
    (B) Focus on reinvention of measures rather than improvement of existing measures
    (C) Identify and define the data elements and values required to calculate the measures
    (D) Test the data collection process

Answer: B