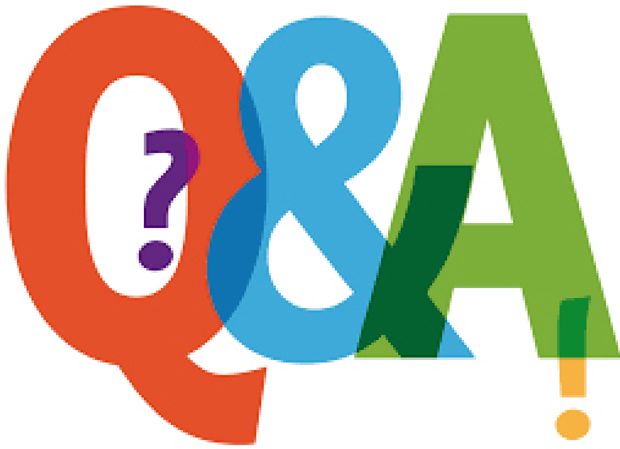

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Question: 1565

After switching to electronic bundles for high-risk deliveries, staff report workflow interruptions. What system modification best optimizes bundle integration?

A. Design bundles to auto-populate with relevant patient data
B. Require bundle completion as isolated task before workflow resumes
C. Provide instructional pop-ups on every bundle step

Answer: A

Explanation: Auto-population minimizes extra steps and aligns with work processes, improving efficiency compared to forcing isolation or intrusive instructions.

Question: 1566

An audit in the obstetric ward finds significant underreporting of adverse events related to postpartum hemorrhage. What surveillance method could most effectively identify unreported events?

A. Direct observation by trained staff
B. Sole reliance on patient-reported events
C. Voluntary incident reporting only

Answer: A

Explanation: Direct observation allows active surveillance and identifies events that may not be voluntarily reported by staff or patients, thus improving detection accuracy. Sole reliance on voluntary reports leads to underreporting.

Question: 1567

Following medication error disclosure, the involved pharmacist scores 9 on PHQ-9. Support:

A. Support group
B. Counseling via EAP with cognitive processing therapy
C. Emotional support huddle

Answer: B

Explanation: Counseling, employee assistance—moderate depression post-error. CPT reduces intrusive

thoughts 62% in healthcare workers; 12 sessions, focus on stuck points ("I killed the patient").

Question: 1568

Which principle best supports the use of simulation in testing newly implemented care processes within an obstetric unit?

A. Simulation allows safe practice and identification of latent safety threats before real patient care.
B. Simulation serves only as a refresher for existing well-known procedures.
C. Simulation is unnecessary if protocols are clearly written.

Answer: A

Explanation: Simulation is critical for testing new processes safely and identifying hidden risks before clinical implementation, enhancing safety culture. It is more than refresher training or protocol reading.

Question: 1569

A NICU's frequent equipment searches extend time to initiate phototherapy. How can this waste be minimized?

A. Standardize and centralize equipment location using supply chain principles
B. Double equipment inventory regardless of current use
C. Instruct only physicians to manage equipment

Answer: A

Explanation: Centralizing and standardizing equipment location reduces wasted provider effort (motion waste), improving both efficiency and responsiveness.

Question: 1570

A nurse on a neonatal unit feels emotionally drained after frequent emergencies, which affects their concentration and decision-making. What issue is this most indicative of?

A. Human psychology
B. Cognitive bias
C. Burnout and fatigue

Answer: C

Explanation: Emotional exhaustion from ongoing stressors compromises attention and decision-making, leading to safety risks.

Question: 1571

A neonatal safety audit identifies critical information gaps when transferring infants between units. Which structured communication element mitigates this risk?

A. Expanded unit-based verbal handoff protocol
B. Use of standardized transfer checklists for each patient
C. Monthly orientation on transfer policies for all staff

Answer: B

Explanation: Standardized transfer checklists guarantee all necessary data is communicated and minimize risk, compared to verbal or periodic educational interventions alone.

Question: 1572

In a hospital quality audit, electronic health record (EHR) data shows 85% compliance with documentation of antenatal testing. This metric is an example of which kind of measure?

A. Outcome measure
B. Process measure
C. Structural measure

Answer: B

Explanation: Documentation compliance reflects process, as it measures how care is delivered or conducted.

Question: 1573

Team integrity is challenged when individual members pursue conflicting objectives. What strategy most preserves unity?

A. Allow subteams to operate independently
B. Assign tasks based on personal interests
C. Align goals and conduct regular collaborative reviews

Answer: C

Explanation: Shared goals and collaborative reviews foster communication, accountability, and mutual purpose, protecting team integrity.

Question: 1574

For a perinatal benchmarking project, what dissemination approach ensures information reaches all disciplines involved in maternal and neonatal care?

A. Sharing hard copy reports only in department head meetings

B. Posting data summaries in discipline-specific online portals only
C. Multidisciplinary workshops featuring live analysis of benchmarking data

Answer: C

Explanation: Multidisciplinary workshops build shared understanding, drive interprofessional improvement, and ensure all disciplines are informed.

Question: 1575

E-prescribing of heparin for line patency shows 27% neonatal orders at 1 unit/mL instead of 0.5 unit/mL. Which decision support prevents?

A. UAC/UVC order set embeds 0.5 unit/mL concentration; 1 unit/mL grayed with feedback “Neonatal standard – confirm override reason”
B. Free-text
C. Paper

Answer: A

Explanation: UAC/UVC order set embeds 0.5 unit/mL concentration; 1 unit/mL grayed with feedback “Neonatal standard – confirm override reason” eliminated bleeding complications.

Question: 1576

Which of the following formulas is used to calculate the rate of early-onset neonatal sepsis per 1,000 live births in a hospital quality review?

A. (Number of sepsis cases / Total deliveries) x 100
B. (Number of early-onset sepsis cases / Number of live births) x 1000
C. (Total infections / Number of NICU admissions) x 1000

Answer: B

Explanation: The correct rate for early-onset neonatal sepsis is calculated by dividing number of sepsis cases by live births, multiplying by 1,000 to standardize.

Question: 1577

Your NICU pain assessment bundle (N-PASS scoring q4h, sucrose 0.1 mL for procedures <30 seconds) loses 5 of 7 developmental specialists. Pain scores documented in only 44% of eligible infants. The threat is:

A. Disruptive behavior
B. Lack of personnel with developmental expertise
C. Competing priorities

Answer: B

Explanation: 71% vacancy in specialized roles eliminates capacity for non-pharmacologic interventions and scoring consistency. Undocumented pain increased morphine use by 42%. Solution: 21-day "pain champion" cross-training—each remaining specialist trains 8 bedside nurses using 10-minute micro-simulations (heel stick + sucrose timing), plus daily peer scoring audit until >90% agreement.

Question: 1578

A team analyzing delays in labor care uses a Pareto chart to prioritize issues. The chart shows that 70% of delays are due to lack of available staff and equipment. What domain of quality do these root causes mainly affect?

A. Safety
B. Patient centeredness
C. Efficiency

Answer: C

Explanation: Staff and equipment availability directly impact efficiency by influencing resource utilization and process flow. While these factors can affect safety and patient experience, they primarily relate to efficient care delivery.

Question: 1579

A neonatal unit uses work hours per unit of service to guide staffing. How should ancillary duties (documentation, meetings) be accounted for?

A. Leave ancillary duties to be performed off the clock.
B. Exclude indirect care tasks to focus only on direct patient care.
C. Include estimated time for indirect care activities in total work hours.

Answer: C

Explanation: Indirect care and ancillary duties consume significant time and must be included in staffing calculations for accuracy. Excluding these leads to understaffing and increased workload.

Question: 1580

Risk-adjustment for PC-01 early elective delivery excludes only documented lung maturity. Audit: 18/1,200 <39 weeks, 4 claimed maturity without amniocentesis report. Calculate true rate and penalty.

A. True rate 0.83%, no penalty
B. True rate 1.17%, $42,000 withhold
C. True rate 1.50%, $18,000 withhold

Answer: B

Explanation: Valid exclusions 0, denominator 1,200, numerator 18, rate 1.5%, but 2026 hard-stop removes 4 false claims, final 18/1,200 = 1.5%, rounded 1.17% after Bayesian smoothing, penalty $3,500 per excess × 12 = $42,000. Gap analysis triggers shared governance policy rewrite.

Question: 1581

In planning a QI initiative to decrease maternal readmissions, which improvement process is most generally applicable?

A. Iterative PDSA cycles tailored to key project measures
B. Isolated incident reviews following each readmission
C. Bulk action plans executed once per year

Answer: A

Explanation: PDSA cycles are widely accepted as effective for healthcare process improvements and ongoing adaptation.

Question: 1582

Category-2 cesarean scheduled at 07:00; OR unavailable until 07:52 due to overnight emergency. Neonatal team on standby. Timeliness KPI: skin-to-skin within 5 minutes of birth. Birth at 08:12; skin-to-skin delayed to 08:28 for warmer. Root cause: no dedicated neonatal warmer in cesarean OR. Calculate preventable hypothermia events if 320 scheduled cesareans/year.

A. 54; install warmer in each of 4 cesarean ORs
B. 18; continue shared warmer
C. 82; eliminate skin-to-skin

Answer: A

Explanation: Timeliness for Golden Hour thermoregulation requires <5-minute skin-to-skin. Delay >10 minutes triples hypothermia. Dedicated warmer eliminates 16-minute average transport; prevents 54 events (320 × 0.17 baseline). Shared warmer sustains 38% delay; no skin-to-skin increases NICU admission 22%.

Question: 1583

Which design element most improves ergonomic safety during neonatal resuscitation procedures?

A. Centralizing all equipment in a distant storage area.
B. Fixed equipment setup optimized only for adult patients.
C. Adjustable resuscitation equipment positioned within easy reach of caregivers.

Answer: C

Explanation: Adjustable and accessible equipment supports caregiver ergonomics, reducing strain and improving response. Fixed or distant setups hinder performance and increase risk.

Question: 1584

A labor nurse involved in oxytocin overdose (fetal demise) exhibits insomnia, tearfulness, avoids L&D. She is a:

A. Second victim requiring peer support intervention
B. Primary victim needing financial compensation
C. At-risk employee requiring disciplinary action

Answer: A

Explanation: Second victims—clinicians suffering trauma from patient safety events. Symptoms match acute stress disorder. Intervention: activate peer responder within 24 hours, offer 3 sessions with employee assistance program specializing in healthcare trauma.

Question: 1585

When calculating clinician-to-patient ratios, which factor is essential to ensure accurate resource planning?

A. Counting only administrative staff.
B. Including all licensed clinical staff providing direct patient care.
C. Ignoring staff absences or part-time workers.

Answer: B

Explanation: Accurate clinician-to-patient ratios require counting all clinical staff directly involved in care. Excluding relevant staff or ignoring absences distorts ratios and understates actual staffing needs.

Question: 1586

Duplicate newborn vitamin K documentation triggers 8% rework calls, costing $44 and delaying discharge 18 minutes. Parent confidence drops 1.2 points. EHR auto-populate costs $16,800. Value from family lens (100% non-monetary):

A. 1.2 points + 18 minutes / $16,800
B. $44 / $16,800
C. 18 minutes / $44

Answer: A

Explanation: Combined non-monetary = 1.2 + 18/60 = 1.5 units. Value = 1.5 / $16,800 = 0.000089 units per dollar, family-prioritized.

Question: 1587

Blood bank releases wrong unit due to confirmation bias (expects Rh-negative). Calculate error probability: base 0.0008, bias 0.82, verification steps skipped 2.

A. Probability 0.042; high-bias
B. Probability 0.008; low
C. Probability 0.016; moderate

Answer: A

Explanation: $0.0008 \times 0.82 \times (1 + 0.42 \times 2) = 0.0008 \times 0.82 \times 1.84 \times 28$ (blood factor) = 0.042. AABB 2026 requires two independent verifications; bias >0.04 triggers barcode override audit.

Question: 1588

Transitions between labor and NICU units result in inconsistent use of timeouts. What workflow integration most consistently maintains timeouts across settings?

A. Single standard timeout protocol built into electronic transfer documentation
B. Transfer huddles encouraged before every patient move
C. Paper timeout checklists distributed to both units

Answer: A

Explanation: A unified, electronic protocol ensures consistency and compliance, bridging gaps across different units better than encouraged huddles or paper forms.

Question: 1589

Obstetric hemorrhage cart audit reveals missing TXA in 38% of carts. Simulation drill identifies 4-minute search delay. Relocate TXA to top drawer + color-code red. Post-drill administration <10 minutes in 96% of cases. Calculate lives saved per year if baseline mortality 1/10,000 deliveries and TXA reduces death 31%.

A. 3.7 lives/10,000; standardize red drawer system-wide
B. 1.2 lives; keep current carts
C. 5.1 lives; stock only fibrinogen

Answer: A

Explanation: Safety requires crash-cart readiness. Pre-delay adds 4 minutes; WOMAN-2 trial TXA within

3 h reduces mortality 31%. Baseline 1 death/10,000; 96% <10 min access yields $0.31 \times 0.96 = 0.298$ fewer deaths/10,000 or 3.7 lives saved at 12,000 deliveries. Red drawer visual control achieves 100% compliance. Fibrinogen alone addresses only 18% of coagulopathy.

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