

# International Institute of Health Management Research (IIHMR)

New Delhi

Term Exam, Batch 2016-18

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Time:- 3 Hours HOM- HEM712 Quality Assurance, Patient Safety and Accreditation Max Marks:-70

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**Q- 1 Tick the appropriate answer in the following 20 MCQs . Each MCQ carries one mark. 20 Marks**

1. Hospital Accreditation program was started for the first time by

- (a) JCAHO
- (b) American college of surgeons
- (c) American college of physicians
- (d) JCI

2. Which of the following is not crucial to infection control in the OT ?

- (a) 15-20 air changes per hour
- (b) Rigid implementation of Zoning concept
- (c) Surface cleaning
- (d) Time out system

3. Infection Control is part of :

- (a) Risk Management
- (b) Patient Safety
- (c) Sentinel event
- (d) (a) & (b) both

4. Measurement of patient satisfaction is a :-

- (a) Structure based indicator
- (b) Process based indicator
- (c) Outcome oriented indicator
- (d) all of the above

5. Average length of stay in hospital is analyzed as part of :-

- (a) Clinical quality
- (b) Managerial quality
- (c) Volume indicator
- (d) (a) & (b) both

6. The following are all quality improvement process except:-

- (a) PDCA
- (b) QVART
- (c) CQI p
- (d) TQM

7. Quality manual should reflect:-

- (a) Hospital information system.

- (b) Human resource development.
- (c) Both of above.
- (d) Quality policy.

8. Structure, process and outcome model in healthcare was designed by :-

- (a) Avedis Donabedian
- (b) Johnson
- (c) Deming
- (d) Joseph Juran

9. The following is a prerequisite for medical audit

- (a) Conduct of medical audit must be included in rules of the hospital.
- (b) A good system of medical records keeping in the hospital.
- (c) Matron does the audit on patient during patient care process.
- (d) Management committee calls external party to conduct the audit.

10. Fire plan and infection control plan in hospital planning can be reviewed through :-

- (a) National Building Code
- (b) Bureau of Indian Standards
- (c) By Committee of physicians
- (d) Hazard identification and risk analysis (HIRA)

11. The outcome criteria of quality assurance in ICU includes all except:

- (a) Infection rate
- (b) Admission rate
- (c) Bed sore rate
- (d) Death rate

12. The following aspects take care of proper OT planning.

- (a) Zoning
- (b) Asepsis
- (c) Ventilation
- (d) All of the above

13. ISQua stands for :

- (a) International Quality Standards
- (b) International Society for Quality in Health care
- (c) International Symposium for Quality in Health care
- (d) International Seminar for Quality in Health care

14. Suggested methodology for internal preparation for accreditation is:

- a. Audit, facility tour, interview the patients, infection control interview.
- b. Training, audit, gap analysis, audit.
- c. Gap analysis, documentation, training, implementation and audit
- d. Gap Analysis, interview the staff, audit, documentation.

15. The following is not a mandatory requirement of formation of committee under NABH Standards.

- a. Finance Committee
- b. Hospital Infection control committee
- c. Patient safety committee
- d. Blood transfusion committee.

16. The following is not a part of international patient safety goals:-

- a. Identify patient correctly
- b. Reduce the risk of healthcare infections
- c. Improve safety of high alert medication
- d. Informed consent to be obtained

17. The following is not a sentinel event:-

- a. Wrong part surgery
- b. Abduction of infant from hospital
- c. Attempted suicide by a patient.
- d. Bed sore dressing with bandage

18. Which statement is true –

- a. Near misses & medication errors must be reported and analyzed.
- b. Only near misses must be reported and analyzed
- c. No need to report and analyzed.
- d. None of the above.

19. Infection Control Program includes

- a) Identifying various high risk areas and procedures to prevent infection
- b) Adherence to hand hygiene guidelines only
- c) Both a) &b)
- d) Neither a) nor b)

20. Responsibilities of Management include

- a) Managing the organization in an ethical manner
- b) Managing the organization to ensure patient safety
- c) Documenting and defining services provided by each department
- d) All of the above

## **Question-2**

Write short note on any two of the following. Each carries 10 Marks. (20 Marks)

- 1. Quality Control Circle.
- 2. Patient Satisfaction.
- 3. Briefly explain steps of the Accreditation procedure.
- 4. Lean Hospitals.

### Question-3

(10 Marks)

- a) Why it is important to establish an internal quality assurance cell (IQAC) in a district hospital.
- b) List three important input criteria (chapters) for developing a quality assurance manual for such a hospital. Also list three important standards and their measures/indicators for the first input criteria.

### Question 4

(20 Marks)

#### Surgical Site Infection

You are the Chair of the Department of Surgery at a large urban medical center. The infection control nurse makes an appointment to see you to review infection data she has been gathering over the last year. Although you have had regular meetings with and reports from her, she felt it was important to go over some data that was somewhat disturbing. She presents data to you that indicate the medical center has an unusually high surgical site infection rate following gallbladder surgery. The rates are three to four times higher than the national average.

You ask her several questions, including:

- Do these cases all belong to the same surgeon?
- Are they happening in the same operating rooms?
- Is anybody on the team consistent in the majority of these cases?
- Are we sure that the protocols for sterilization and cleaning the operating rooms are being followed correctly?

She states that she does not know the answers to *all* these questions and will begin a detailed investigation.

After meeting with the Perioperative Director, the Infection Control Nurse, and the Chief of General Surgery, you have determined that there are no physicians that are constant with respect to these infections. You *also* have determined that there is no common operating room or staff involved with these cases. Furthermore, the infectious disease control nurse has discussed this issue with the head of pathology and the doctor in charge of infectious disease and no common organism is identified in these infections.

#### Discussion Questions

1. What are the major issues presented in the case?
2. What are the many possible causes of these types of infections?
3. Prepare a plan that would aid in the determination of the cause of these infections.
4. What are the clinical, financial, and legal implications of these infections?
5. Prepare a plan that would prevent these infections from occurring in the future and improve the quality and safety of patient care.