



American College of
Healthcare Executives
for leaders who care



ACHE - SouthEastTexasChapter
An Independent Chapter of the American College of Healthcare Executives

FACHE®
Fellow of the American College of Healthcare Executives

***Becoming Board Certified in Healthcare Management and
a Fellow of the American College of Healthcare Executives***

Knowledge Area Covered in the Board of Governor's Exam:

Quality and Performance Management



American College of
Healthcare Executives
for leaders who care



ACHE - SouthEastTexasChapter
An Independent Chapter of the American College of Healthcare Executives

FACHE®
Fellow of the American College of Healthcare Executives

Overview

20 questions (10%) of this specific knowledge area will be asked on the Board of Governor's Exam relate to the following:

- Benchmarking techniques
- Medical staff peer review
- Risk management principles and programs
- Performance and process improvement
- Customer satisfaction principles and tools
- Clinical methodologies and pathways
- Utilization review
- National quality initiatives including patient safety



Section 1: Benchmarking Question:

- You are designing a new benchmarking initiative for your organization. What would be the first step to undertake?
 - a. Identify high-performing organizations
 - b. Identify your poor or low-performing units
 - c. Create a comparative data-base
 - d. Seek out collaborative networks/alliances



Section 1: Benchmarking Question:

- Which organization accredits healthcare plans and provides measure of health plan effectiveness?
 - a. AHRQ
 - b. CMS
 - c. NCQA
 - d. NQF

Section 2: Medical Staff Peer Review Question:

- In hospitals, the medical staff is accountable to the:
 - a. Medical Staff President
 - b. Chief Executive Officer
 - c. Governing Body
 - d. The State Medical Board

Section 2: Medical Staff Peer Review Question:

- What process results in the delineation of specific procedures allowed for a healthcare practitioner:
 - a. Credentialing
 - b. Privileging
 - c. Peer review
 - d. Accreditation



Section 3: Risk Management Question:

- In designing a risk management program for your organization, what approach would have the most impact on reducing risk?
 - a. Developing a reporting system for medical errors
 - b. Require assessments of all high-risk areas or process
 - c. Use task forces to address key Joint Commission standards
 - d. Educate the staff on potential risk and patient safety practices



Section 3: Risk Management Question:

- In conducting a risk assessment, what would be the first action to take?
 - a. Identify the steps in the process of concern
 - b. Identify what could fail in the process
 - c. Identify causes of failure in the process
 - d. Identify priorities for action



Section 3: Risk Management Question:

- Incident reports should be initiated by:
 - a. A member of the medical/professional staff or by any employee
 - b. Any person with direct patient-care responsibilities
 - c. The department director or supervisor
 - d. The risk manager/quality assurance coordinator



Section 4: Performance and PI Question:

- Continuous quality improvement assumes that:
 - a. Achievement will be rewarded
 - b. There is direction from top management
 - c. There is no upper limit to excellence
 - d. Interconnected work teams are in place



Section 4: Performance & PI: Question:

- Performance improvement teams should consist of:
 - a. Experts in process management
 - b. Members from the involved Microsystems
 - c. Middle managers with experience
 - d. Physicians and other users



Section 4: Performance & PI Question:

- A balanced scorecard is a set of performance measurements used to:
 - a. Assess patient satisfaction
 - b. Ensure the organization does not exceed one performance metric at the expense of another
 - c. Provide a scorecard for annual performance monitoring
 - d. Gather and monitor financial data



Section 4 Performance & PI: Question:

- A bar chart format, with the items rank ordered on a dependent variable, such as cost, profit, or satisfaction that Examines the components of a problem in terms of their contribution to it is know as:
 - a. A run chart
 - b. A frequency table
 - c. Pareto analysis
 - d. Deming cycle



Section 4 Performance & PI: Question:

- Which is the Shewhart process for performance improvement:
 - a. Plan, check, do, act
 - b. Plan, do, check, act
 - c. Analyze, formulate, implement, evaluate
 - d. Analyze, implement, control, evaluate



Section 4 Performance & PI: Question:

- The applicability of continuous improvement in healthcare organizations assumes:
 - a. An upper limit of improvement
 - b. The physician's perspective is dominant
 - c. An organizational commitment
 - d. The elimination of outliers

Section 5: Customer Satisfaction: Question:

- A patient files a complaint relating to a negative hospital experience. The proper handling of this patient's complaint is to:
 - a. Cite organizational policy
 - b. Side against the organization
 - c. Minimize the complaint
 - d. Clarify the problem

Section 5: Customer Satisfaction: Question:

- Which technique would provide the most beneficial information to a healthcare organization about customer satisfaction?:
 - a. Direct mail surveys
 - b. Mail intercepts
 - c. Focus groups
 - d. Competitor analyses

Section 6: Clinical Methods/Utilization Review

Question:

- You are doing a review of a measures report that shows the results from care for heart attack patients. In analyzing this information with the Chief of Cardiology, it was determined that much variability exists in how care is being provided by the staff cardiologists. What action would you first take?
 - a. Recommend the use of clinical practice guidelines
 - b. Develop clinical pathways
 - c. Institute a disease management program
 - d. Refer the issue to the utilization review committee

Section 6: Clinical Methods/Utilization Review

Question:

- The hospital's Utilization Review (UR) Committee usually addresses all of the following, *except*?
 - a. Necessity of tests and procedures
 - b. Length of stay
 - c. Revenue per patient
 - d. Cost per patient