

25. What did several nurses in this study report was lacking for grieving family members?
- a private grieving room
 - adequate time to speak to the doctor
 - a social worker
26. What did one nurse report as limiting the amount of time a family could spend with the patient after death?
- the need for refrigeration for patients who were medical examiner cases
 - the discomfort of other patients when they heard the grieving family
 - a shortage of resuscitation rooms
27. What was specifically reported by 20.9% of the nurses in this study as a top obstacle to providing EOL care?
- the lack of a chapel
 - the lack of privacy
 - the lack of a dedicated family liaison
28. What was overwhelmingly viewed by nurses as an important supportive design element for EOL care?
- large private rooms with doors
 - comfortable chairs in a sufficient number for the family
 - acoustic panels on the walls and ceilings for auditory privacy
29. What was perceived as an obstacle to EOL care by some nurses and helpful for EOL care by other nurses in this study?
- overhead music to increase auditory privacy
 - a room furnished to resemble a bedroom
 - rooms near the nurses' station
3. Extrinsic risk factors for ED falls include the presence upon admission of
- mental illness.
 - multiple medical devices.
 - multiple comorbidities.
4. The authors note that a high number of patients who fell during this project
- fell in the bathroom.
 - sustained suturable lacerations.
 - fell with a staff member nearby.
5. The greatest number of patients who fell during this project had an acuity level of
- 2.
 - 3.
 - 4.
6. Most of the falls during this project occurred between
- 0700 – 1100.
 - 2300 – 0300.
 - 0300 – 0700.
7. The fall-risk assessment tool used in this project guides nurses to assess the
- distance between patients' rooms and restrooms.
 - impact of crowded hallways.
 - patients' sensory deficits.
8. Universal fall precautions at the facility described in this article include the use of
- gait belts.
 - "FALL RISK" stamped on hospital wristbands.
 - bright overhead lighting.

PRACTICE IMPROVEMENT TEST QUESTIONS

Catching Quality Before It Falls: Preventing Falls and Injuries in the Adult Emergency Department (pp. 257-264)

- According to the Centers for Disease Control and Prevention, the number one predictor for a future fall is
 - confusion.
 - vision loss.
 - a previous fall.
- Common intrinsic risk factors for falls identified in the quality improvement project described in this article include
 - older Black women.
 - complaints of pain.
 - requires assistance with mobility.
- A survey distributed to staff post-implementation revealed which of the following?
 - About 85% of responders thought the sign and education were easy to locate and use.
 - The time required to initiate the fall sign and provide education did not interfere with overall patient care.
 - Almost 72% of responders thought the sign and education improved communication to reduce patient falls.

11. The authors note that potential barriers to implementation of this project may include
- A. documentation that was not "user-friendly."
 - B. patients who were unable to follow directions.
 - C. sign fatigue by the staff.

Connecting Chronically Ill, Uninsured Patients Who Use the Emergency Department as a Medical Home: A Process Improvement Project (pp. 249-253)

12. The referral packets given to the patients during business hours in the process improvement project described in this article included
- A. coupons for prescription drugs.
 - B. a list of homeless shelters in the area.
 - C. the date, time, and location of their clinic appointments.
13. Of the 13 patients who were referred during this 4-week intervention, the total number of patients who had connected with a patient navigator at the Health Care District to facilitate their application for health coverage and access to a primary care physician was about
- A. a third.
 - B. half.
 - C. two thirds.
14. The program by Enard & Ganelin (2013) suggested that connecting uninsured patients to a medical home
- A. increased compliance with medical treatments.
 - B. decreased ED overuse.
 - C. increased patient satisfaction.
15. The author suggests that the number of referrals dropped substantially by Week 3 of this project, in part because of an ED policy change related to
- A. patients who leave without being seen.
 - B. case managers being reassigned away from the emergency department.
 - C. time to discharge or transfer patients.

Sepsis Screening in Triage to Decrease Door-to-Antibiotic Time (pp. 254-256)

16. For patients with sepsis, each hourly delay in receiving antibiotics increases the mortality rate by
- A. 4%.
 - B. 6%.
 - C. 8%.

17. According to the Institute for Healthcare Improvement, what should be completed within 3 hours of presentation for a patient with sepsis?
- A. lactate level obtained
 - B. urinary catheter inserted
 - C. arterial blood gas analysis completed

18. The 2016 Surviving Sepsis Campaign guidelines recommend that antibiotics should be given as soon as possible or within a maximum of how much time after identification of suspected sepsis?
- A. 1 hour
 - B. 2 hours
 - C. 3 hours

19. In the project described in this article, what step was taken that could allow patients to receive antibiotics more rapidly if they screened positive for sepsis in triage?
- A. They had laboratory specimens obtained in triage.
 - B. They were prioritized for ED bed space.
 - C. They went directly to the radiology department for a chest radiograph.

20. The Sepsis-Related Organ Failure Assessment (qSOFA) score is based in part on
- A. temperature.
 - B. respiratory rate.
 - C. white blood cell count.

21. The initial 2 months of post-intervention data from this quality improvement project revealed that patients received antibiotics how much faster on average when the triage nurse screened for sepsis?
- A. 12.7 minutes
 - B. 26.1 minutes
 - C. 33.4 minutes

22. Which statement is true regarding the results from this study?
- A. There was no change in the length of time required to triage patients.
 - B. There was a 5% decrease in mortality among septic patients.
 - C. The patients with sepsis had shorter lengths of hospital stay.