

52. The estimated odds of emergency departments following the Emergency Severity Index (ESI) recommendation of triage system training were a total of nearly how many times higher among emergency departments with policies for triage system training relative to emergency departments without triage system training policies?
- 3 times higher
 - 5 times higher
 - 8 times higher
53. When evaluating variables that could have potentially influenced the relationship between *structure* and *process*, the authors reported that
- trauma center designation influenced the relationship.
 - the annual volume of patients influenced the relationship.
 - none of the 3 variables identified significantly influenced the relationship.
54. What percentage of participants in this study indicated that all of the absolute ESI recommended *structures* and *processes* were used in their emergency departments?
- 16.2%
 - 37.9%
 - 52.1%
55. Nearly half of the emergency departments in this study reported emergency nurses were qualified to work in the triage nurse role if they had
- < 1 year ED experience.
 - 2 years ED experience.
 - > 2 years ED experience.
56. To maintain the reliability and validity of a triage system, the ESI recommends triage accuracy, quality monitoring and
- triage nurse rotation.
 - consistent education.
 - appropriate staffing ratios.
2. Compared to the mean length of stay (LOS) for ESI level 4 patients pre-ESI of 1 hour and 31 minutes, the mean LOS for ESI level 4 patients post-ESI was
- 51 minutes.
 - 1 hour and 6 minutes.
 - 1 hour and 13 minutes.
3. ESI level 4 patients in the post-ESI group reported a significantly higher (mean) satisfaction score of 68.39 compared to a pre-ESI mean satisfaction score of
- 54.11.
 - 58.32.
 - 64.33.
4. The researchers found a significant negative relationship between waiting time and
- staff satisfaction.
 - patient satisfaction.
 - triage accuracy.
5. Results from this study demonstrated an inverse correlation between patient satisfaction and
- the percent of patients who left without being seen.
 - patient complaints.
 - LOS.
6. Compared to almost perfect agreement between nurses' triage levels and expert judgments post-ESI, agreement pre-ESI was
- "slight."
 - "moderate."
 - "high (i.e., 89%)."
7. Overall the waiting time from registration to triage for all patients in this study was reduced by
- 6%.
 - 14%.
 - 22%.
8. Why do the researchers believe the ESI level 5 patients' waiting time from triage to seeing the physician increased by 18.4% post-ESI compared to pre-ESI?
- The volume of ESI level 5 patients was greater in the post-ESI period.
 - Several staff terminated their employment at the facility post-ESI.
 - These patients were seen last as opposed to being seen on a first-come-first-served basis.

PRACTICE IMPROVEMENT TEST QUESTIONS

Effectiveness of Implementing Emergency Severity Index Triage System in a Selected Primary Health Care Center in Oman: A Quasi-Experimental Study (pp.717-718, 717.e1-717.e11)

1. For patients in ESI level 4 in the study described in this article, compared to the mean time from registration to seeing the physician of 53 minutes pre-ESI, that data point post-ESI was a mean of
- 41 minutes.
 - 50 minutes.
 - 58 minutes.

9. Overall, what was the effect of the ESI triage system on total LOS from pre-ESI to post-ESI in this study?
- 14% reduction
 - 18% reduction
 - 21% increase

Improving 3-Hour Sepsis Bundled Care Outcomes: Implementation of a Nurse-Driven Sepsis Protocol in the Emergency Department (pp.690-698)

Editor's Note:

Readers are encouraged to review the updated bundle time frames and terminology for the Surviving Sepsis Campaign at <http://www.survivingsepsis.org/Guidelines/Pages/default.aspx> and in the related guidelines.¹⁻³

- Levy MM, Evans LE, Rhodes A. The surviving sepsis campaign bundle: 2018 update. *Crit Care Med.* 2018;46(6):997-1000. <https://doi.org/10.1097/ccm.0000000000003119>.
- Rhodes A, Evans LE, Alhazzani W, et al. Surviving sepsis campaign: International guidelines for management of sepsis and septic shock: 2016. *Crit Care Med.* 2017;45(3):486-552. <https://doi.org/10.1097/CCM.0000000000002255>.
- Rhodes A, Evans LE, Alhazzani W, et al. Surviving sepsis campaign: International guidelines for management of sepsis and septic shock: 2016. *Intensive Care Med.* 2017;43(3):304-377. <https://doi.org/10.1007/s00134-017-4683-6>.

10. Which of the following tests is included in the Surviving Sepsis Campaign (SSC) bundle?
- complete blood cell count
 - electrolytes
 - blood urea nitrogen and creatinine
11. For the initial treatment of hypotension, the SSC guidelines recommend administering intravenous (IV) crystalloids at
- 15 mL/kg.
 - 30 mL/kg.
 - 60 mL/kg.

12. Crystalloid administration is also indicated for a lactate level of at least
- 4 mmol/L.
 - 6 mmol/L.
 - 8 mmol/L.

13. A component of the Detect, Act, Reassess, Titrate (DART) tool developed by the American College of Emergency Physicians for the treatment of sepsis is
- Absorb (eg, IV fluid).
 - Reassess (eg, lactate level).
 - Talk (eg, to the admitting care provider).

14. In the nurse-driven sepsis algorithm based on the DART tool described in this article, *Detect* includes
- co-morbidities.
 - input from family members.
 - broadcast "Code sepsis."

15. In the Nursing Communication Checklist detailed in this article, severe sepsis criteria include sepsis plus evidence of organ dysfunction and one of several additional criteria, including
- systolic blood pressure decrease of 20 mm Hg.
 - mean arterial pressure < 65.
 - systolic blood pressure \leq 100 mm Hg.

16. If the septic patient is not responsive to the initial IV fluid bolus, which vasopressor is preferred for use?
- norepinephrine
 - isoproterenol
 - dopamine

17. If the initial lactate level is >2.0 mmol/L, the guidelines recommend rechecking it within a maximum of
- 1 hour.
 - 2 hours.
 - 3 hours.

18. As a result of the use of the nurse-driven sepsis algorithm, the researchers noted a statistically significant improvement for which variable?
- antibiotic initiation
 - IV fluid administration
 - ED length of stay

- 19.** Overall compliance with meeting all of the bundled Inpatient Quality Reporting program metrics increased from 30% at baseline to a total of what percentage by the end of the intervention period?
- A.** 40%
 - B.** 60%
 - C.** 80%
- 20.** There was no significant difference between baseline and the intervention period for
- A.** intake and output.
 - B.** number of hospital days.
 - C.** blood cultures.
- 21.** Although the cost savings was not statistically significant overall, the difference in the mean cost of care between baseline and the intervention period was a total of
- A.** \$2,134.
 - B.** \$3,597.
 - C.** \$4,794.
- 22.** The authors note that the nurses frequently expressed frustration because
- A.** all team members did not respond to the sepsis emergency in a manner consistent with a cardiac code.
 - B.** laboratory results were not available and communicated to ED personnel in a timely fashion.
 - C.** the Nursing Communication Checklist was not used consistently, thus limiting improvements in care.
- 23.** The HIV screening used in the project described in this article that specifically asks a patient whether they would like to be tested or not is known as
- A.** active choice screening.
 - B.** opt-in screening.
 - C.** opt-out screening.
- 24.** As part of this practice improvement intervention, an LPN offered an HIV test to patients during team triage in the
- A.** waiting room.
 - B.** RN triage area.
 - C.** treatment area.
- 25.** Compared to a mean of 37.4 HIV tests sent per month before LPNs began offering HIV screening tests, the number of HIV tests sent per month after implementation of this practice was a mean of
- A.** 84.9 tests.
 - B.** 122.7 tests.
 - C.** 151.3 tests.
- 26.** A step in this practice improvement intervention that simplified the HIV screening process was to
- A.** ask the patient about screening during the primary RN's intake.
 - B.** have the licensed independent practitioner present to order the test when the LPN asked the patient about screening.
 - C.** have the triage RN provide the patient with the New York State Department of Health's "7 Key Facts to Know before Getting an HIV Test."

Team Triage Intervention, Including Licensed Practical Nurse, to Increase HIV Testing Rates in the Emergency Department: A Quality Improvement Project (pp.685-689)
