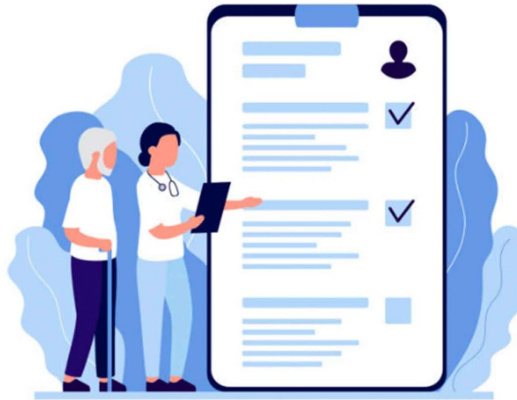


Are you an AHRQ-o-phile?



1. Which of the following groups does not use AHRQ's knowledge, tools and data to make informed health decisions?



- a. Health systems
- b. Healthcare professionals
- c. Chefs
- d. Policymakers

ANSWER: C. Chefs

Chefs typically do not use AHRQ's resources to make informed health decisions. However, we don't discourage it.

2. Which of the following was the agency name, before it was changed to AHRQ in 1999?
 - a. Agency for Health Care Research and Policy (AHCRP)
 - b. RCHSQ (Regulatory Commission of Health Safety and Quality)
 - c. SCQHS (Safety Commission for Quality in Healthcare Services)
 - d. AHCP (Agency for Healthcare Policy and Research)

ANSWER: D. AHCP (Agency for Healthcare Policy and Research)

3. In what year did Congress pass the Healthcare Research and Quality Act?



- a. 1988
- b. 1971
- c. 1999
- d. 2011

ANSWER: C. 1999

AHRQ is the lead Federal agency for patient safety research. Our work helps providers make care safer for patients.

4. AHRQ is to health systems as CDC is to ...

- a. Patients and consumers
- b. Public health systems
- c. Government agencies
- d. Amusement parks

ANSWER: B. Public health systems

AHRQ's unique authorities focus on improving the delivery of care in hospitals and health systems in the way CDC focuses on improving public health.

5. AHRQ receives funding under the Patient-Centered Outcomes Research Trust Fund. According to the Trust Fund, how can AHRQ use those funds?



- a. Award grants to train researchers
- b. Disseminate and implement PCOR findings
- c. Both of the above
- d. None of the above

ANSWER: C. Both of the above.

As directed in the statute, AHRQ uses the funds to establish grants to train researchers and disseminates and supports the implementation of PCOR research findings into clinical practice (including assisting the users of health IT in incorporating PCOR findings into clinical practice).

Are you a Quality Improvement Guru?



1. In collaboration with the Johns Hopkins School of Medicine, which of the following programs did AHRQ develop to improve patient safety in hospital setting?
 - a. Patient Action and Response Methods (PARM)
 - b. Comprehensive Unit-based Safety Protocol (CUSP)
 - c. Reducing Errors and Accidental Deaths (READ)
 - d. Protocol for Ensuring Patient Safety in Inpatient Settings (PEPSI)

ANSWER: B. Comprehensive Unit-based Safety Protocol (CUSP)

2. TeamSTEPPS 3.0 requires clearly defined and appropriate team structure and the use of four teachable-learnable skills. Which of the following is NOT one of the four?
 - a. Communication
 - b. Team Leadership
 - c. Situation Monitoring
 - d. Mutual Support
 - e. None of the above

ANSWER: E. NONE of the above.

Trick Question! The correct answer is none.

Each of the answers is correct and makes up the four “teachable learned skills in TeamSTEPPS 3.0.

3. According to a September 2024 report, the number of sepsis-related inpatient stays at non-federal acute care hospitals in the United States increased from 1.8 million in 2016 to what number in 2021?
- a. 2.5 million
 - b. 4 million
 - c. 1 million
 - d. 2 million

ANSWER: A. 2.5 million

4. Which of the following statements best describes the mission of the National Action Alliance for Patient and Workforce Safety?
- a. To focus solely on improving healthcare technology.
 - b. To address harm across all populations and settings, ensuring safe care for patients, caregivers, and the healthcare workforce.
 - c. To eliminate all healthcare costs associated with patient care.
 - d. To provide individual patient assessments for safety improvements.

ANSWER: B. To address harm across all populations and settings, ensuring safe care for patients, caregivers, and the healthcare workforce. The National Action Alliance takes a comprehensive approach to enhancing safety in healthcare environments.

5. AHRQ’s patient resources, “Questions Are the Answer” and the “QuestionBuilder” App in English and Spanish are based on:



- a. Patient safety research
- b. Surveys of physicians and nurses
- c. Consumer education campaigns
- d. Models from the hospitality industry.

ANSWER: A. Patient safety research projects

“Questions Are the Answer” and the “QuestionBuilder” app were developed based on findings from dozens of patient safety research projects conducted by AHRQ in the early 2000s.

Are you a Data Sage?



1. Many organizations use data from AHRQ's Medical Expenditure Panel Survey to understand and make policy decisions about healthcare cost and use. Among them are:



- a. Congressional Budget Office
- b. Health services researchers
- c. Bureau of Economic Analysis
- d. All the above

ANSWER: D. All the above

MEPS is used extensively by the health services research community as the primary source of high-quality national data for studies related to healthcare expenditures and out-of-pocket costs and examinations of expenditures related to specific types of health conditions.

2. AHRQ's Healthcare Cost and Utilization Project (HCUP) is a family of healthcare databases and related software tools and products developed through a Federal-State-Industry partnership. How many national and state databases are in the HCUP family?
- a. 3
 - b. 5
 - c. 8
 - d. 10

ANSWER: C. 8

The HCUP family is made up of 8 distinct databases, including The National (Nationwide) Inpatient Sample and the Nationwide Ambulatory Surgery Sample, that contain encounter-level information for all payers compiled in a uniform format with privacy protections in place.

3. Which of the following types of comparative information is NOT presented on the integrated National Healthcare Quality and Disparities Report (NHQDR) website?



- a. National and State-level comparisons with achievable benchmarks¹⁹⁷¹
- b. National trends over time
- c. Individual patient health records
- d. State-level comparisons with national overall estimates (i.e., State Snapshots)

ANSWER: C. Individual patient health records

NHQDR's focus areas provide aggregated data for national and state comparisons.

4. Which of the following statements accurately describes the AHRQ Quality Indicators (QIs)?
- a. The QIs are solely focused on outpatient care and do not apply to inpatient settings.
 - b. There are 101 Quality Indicators organized into four main modules and two standalone modules, primarily using hospital inpatient administrative data
 - c. The QIs can only be accessed through paid software subscriptions.

- d. The QIs are designed exclusively for use by individual patients to assess their own healthcare quality.

ANSWER: B. There are 101 Quality Indicators organized into four main modules and two standalone modules, primarily using hospital inpatient administrative data.

5. The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States. Which one of these is not a component of the MEPS survey?
- a. Household
 - b. Insurance
 - c. Medical Provider
 - d. Physician Assistant

ANSWER: D. Physician Assistant.

Are you a Clinical Hero?



1. Which of the following factors was NOT found to be a contributing cause of physician burnout?



- a. Poor working conditions
- b. Not enough support to help reduce workload
- c. Time pressures
- d. Challenges with electronic health systems

ANSWER: B. Not enough support to help reduce workload.

Too few support staff members was not seen as a major factor causing physician burnout, especially compared with time pressures in seeing patients and challenges in using EHRs

2. Based on recent studies, what percentage of primary care physicians reported experiencing at least one or more dimensions of burnout?
 - a. 10%
 - b. 25%
 - c. 50%
 - d. 70%

ANSWER: C. 50%.

Family physicians suffer from significantly higher rates of burnout than physicians in many other specialties, with 51% of family physicians reporting being burned out in 2022.

3. Which of the following is the longest standing AHRQ-supported program to improve primary care services?
 - a. U.S. Preventive Services Task Force
 - b. EPC Program
 - c. National Center for Advancing Excellence in Primary Care Research
 - d. Primary Care Practice Based Research Networks

ANSWER: A. U.S. Preventive Services Task Force.

Created in 1984, the U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Since 1998, the Agency for Healthcare Research and Quality (AHRQ) has been authorized by the U.S. Congress to convene the Task Force and to provide ongoing scientific, administrative, and dissemination support.

4. Project ECHO was started by Sanjeev Arora, M.D, at the University of New Mexico Health Sciences Center to treat:



- a. Lung cancer
- b. Hepatitis C
- c. Back pain
- d. Alzheimer's Disease

ANSWER: B. Hepatitis C.

Project ECHO was launched in 2003 by Dr. Arora, a social innovator and liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque, because he was frustrated that he could serve only a fraction of the hepatitis C patients in the state

5. AHRQ's EvidenceNow provides support to primary care practices to improve healthcare quality and implement new evidence into care delivery. The initiative began with programs to improve heart health but has expanded to other health care priorities, including:

- a. Managing Unhealthy Alcohol Use and Managing Urinary Incontinence in Women
- b. Managing Psoriasis and Managing Hair Loss
- c. Managing Allergies and Managing Ear Infections
- d. Managing Arthritis and Managing Knee Pain

ANSWER: A. Managing Unhealthy Alcohol Use and Managing Urinary Incontinence in Women.

EvidenceNOW has expanded to many other clinical areas, most recently to address unhealthy alcohol use and managing urinary incontinence, especially among women.