



# 2024 CANDIDATE GUIDE

## OBSTETRIC AND NEONATAL QUALITY AND SAFETY

### C-ONQS

*Congratulations on taking the next step in your career – earning your certification and C-ONQS certification!*

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#### THIS EXAM'S PURPOSE

The purpose of the Obstetric and Neonatal Quality and Safety Subspecialty Certification is to provide a competency-based examination that tests specialty knowledge and the application of that knowledge for licensed health care professionals in the US and Canada, who apply quality and safety principles and data in practice to improve care to obstetrical and neonatal patients in both inpatient and outpatient settings.

**IT IS IMPORTANT TO READ THE INFORMATION IN THIS GUIDE. IT EXPLAINS ALL POLICIES TO WHICH CANDIDATES WILL BE SUBJECT.**

#### ABOUT THIS GUIDE

This guide lists fees and provides information that will help candidates prepare for the examination. It includes the exam content in outline form, competency statements and study guide. It also provides sample exam questions to familiarize the test taker with question format, study resources and lists some of NCC administrative policies & procedures. It is recommended that candidates familiarize themselves with the information in this guide.

NCC examinations are offered in several different test administrations options. The NCC publication ***Guide to Testing Methods*** will explain the different rules and policies based on how the candidate is taking the examination. Please download this publication from the NCC website and review the exam administration options. It will answer any questions about the NCC examination process.

If there are other questions, please feel free to contact NCC through the [“Contact Us”](#) page at [NCCwebsite.org](http://NCCwebsite.org).

#### NCC'S PHILOSOPHY OF TESTING

Certification is an evaluative process that provides the opportunity for health care professionals in the obstetric, gynecologic and/or neonatal specialty to demonstrate publicly what they know and to be recognized for the special knowledge they possess. The NCC certification carries no licensing authority. The ability to practice as a health care professional is regulated by the state, and while certification may be required in some states for specific health care roles, NCC has no regulatory power to require states to recognize NCC certification for this purpose. Practice and educational standards are reflected in the certification process, but the responsibility for development of such standards rests with the professional specialty organizations and the educational community. NCC encourages individual to seek out information about how certification relates to licensure requirements, program accreditation of the educational institutions attended, the educational and practice standards of national specialty organizations, and employment expectations.

# FEES & GENERAL POLICIES

## EXAMINATION AND RELATED FEES

### NO REFUNDS WILL BE CONSIDERED FOR ANY CANDIDATE

- who has taken an examination
- who is not successful in achieving certification
- who failed to take the exam at a Test Center or via Live Remote Proctoring (LRP) within the 90-day testing window and did not submit a change request within stated time frames
- who failed to schedule an appointment to test within the first 30 days of their 90-day eligibility window and is unable to schedule their exam within their eligibility window.
- who failed to have proper ID or meet any required rules
- who failed to login to the test portal or appear at the test center (no-show) or who signed in late to the test portal or arrived late to the test center
- who failed to take a scheduled exam for any reason (illness, quarantine, accident, death, etc.)

### EXAMINATION FEES\*

Test Center and Live Remote Proctoring (LRP) Computer Exam Fees are \$210 which includes the non-refundable \$50 application fee.

*\*Examination fees are subject to change.*

### CANCELLATION: 6 HOUR WINDOW

Candidates have six hours from the time they submit an exam application to cancel the exam. The order can be canceled by logging into the account and clicking on "Cancel Application" found under the new certification. Only the candidate can cancel the application and they must meet the 6-hour window. After the six hours they must withdraw or pay for a change.

### CHANGE REQUEST

Candidates who cannot take their currently scheduled examination, have missed their testing date or need to take a different exam - can request a change for a fee of \$125. Details are on the NCC website.

### WITHDRAWAL FEE

A Testing Center or LRP testing candidate who withdraws from testing is subject to a \$105 withdrawal fee. The candidate will receive \$105 of their \$210 payment, minus any outstanding charges. Bulk Purchase Voucher candidates cannot withdraw.

### RETEST FEE

Retest candidates must pay full application and examination fees. There are no discounts and they must complete a 90-day wait period\* before resubmitting an application for testing. (\*see Retest Policy page 4). Certification exams of the same specialty can only be taken TWICE in a calendar year for the same candidate. Candidates must submit a new application and again demonstrate eligibility and licensure.

### SUBSTITUTION FEE

Candidate substitutions are not allowed for any reason.

### THIRD PARTY PAYMENTS

Applicant fees paid by third parties will be refunded to the third party in accordance with stated refund policies, in the event the applicant is determined ineligible or withdraws within the specified time. Vouchers are nonrefundable.

### Test Date Change

Test Center and Live Remote Proctoring (LRP) exam candidates can change their scheduled testing date to another date within their window *once for free*.

Candidates must handle this directly with PSI/AMP.

**Refer to the NCC testing guide for details.**

# FEES & GENERAL POLICIES

## PAYMENT INFORMATION

- All applications are subject to a nonrefundable application fee.
- All fees are nonrefundable except where otherwise noted.
- Payments can be made by credit card (Visa, American Express and MasterCard only). NCC does not accept debit cards or split payments (part check and part credit card).
- Payments can be made by e-check: bank routing number and account number required.
- For payments made by third parties, any refund will be issued to the third party and not to the applicant. Vouchers are nonrefundable.
- All payments must be in US funds.
- Exam fees can only be submitted online at the NCC website. Applications will not be accepted by mail, phone or fax.
- NCC will accept group payments for certification exams from institutions. Details are on the NCC website under Bulk Purchases.

## OTHER NON-REFUNDABLE PAYMENT RELATED FEES

### INCOMPLETE APPLICATION FEE

All incomplete applications are subject to a non-refundable \$30 reprocessing fee upon the submission of proper documentation. Incomplete applications are those submitted with missing information, (e.g. required licensure information and corroborating uploaded documentation; containing incomplete or incorrect information; or do not include full fee payment).

### RETURNED CHECKS AND CREDIT CARD CHARGEBACK FEE

A \$30 fee will be assessed for any check or e-check returned or a credit card payment disputed for any reason. Remittance thereafter of all fees and applications must be in the form requested by NCC.

### LICENSE VERIFICATION

If licensure information is requested requiring an additional submission, the candidate will have two weeks to provide the license with all the correct information and pay the non-refundable \$30 reprocessing fee. If this is not provided within the two weeks, the application will be marked ineligible. Ineligible applicants will receive a refund minus the \$50.00 non-refundable application fee. There are no refunds or withdrawals for applications using a bulk code.

### VERIFICATION OF CERTIFICATION

Third party notification of status will NOT be released without authorization from the certified individual. A \$30 fee is required for any third-party notification or issuance of duplicates of test results reports. Verification requests can only be submitted after official results with score report have been uploaded to the candidate's NCC account.

Verification requests can only be made via the online verification system on the NCC website. NCC does not issue verifications via the mail or fax.

***Certification will be revoked or withheld if a returned check or a chargeback request on a credit card payment results in loss of income to NCC and the monies are not recovered in an alternate payment. Fees received at any time will first be applied to any unpaid prior certification/special fees.***

# FEES & GENERAL POLICIES

## GENERAL POLICIES

### UNSUCCESSFUL CANDIDATES

A candidate who sits for the examination and does not receive a passing score is not eligible for any refund nor for any credit on any later NCC exam.

### NONDISCRIMINATION

It is the policy of NCC that no individual will be excluded from the examinations as a result of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, military status or gender identity.

### AMERICANS WITH DISABILITIES ACT

Special testing accommodations will be provided pursuant to the Americans with Disabilities Act. Any requests for special testing accommodations must be made in writing and submitted with the application. The accommodation request form can be downloaded from the NCC website. Upon receipt of a request for special accommodations, NCC will contact the applicant. Such requests must be signed by a clinician, physician, or other qualified specialist with training and experience appropriate to diagnose and treat the specified disability.

### EXAM CATEGORY CHANGES

Candidates can only request an exam category change by completing a **Change Request Form** on the NCC website and submitting with non-refundable payment of \$125. **Candidates are only allowed one change request** (e.g. After a change request is submitted no other change request can be submitted). All change requests must be approved by NCC. **There will be no refund of original or Change Request fees.** Eligibility must be re-established for the new exam category, and additional documentation and fees may be required. The time to consider eligibility for the new category will count toward the original assigned 90-day testing window.

**Examination category cannot be changed from a subspecialty or RN Core application to a NNP or WHNP certification.** *Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day.* If a candidate knowingly or unknowingly takes an examination other than the one they were found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination. See website for complete details.

### RETEST POLICY

Candidates may retake the examination if they do not pass. They must reapply 90 days after the test was taken, submit all applicable fees and documentation, and re-establish eligibility according to the appropriate deadlines. There is no limit to the number of times a candidate may retake the examination. **However, the maximum number of times a candidate can take the same NCC test in a calendar year is two.**

**All retest candidates must wait 90 days from the date their exam was taken before they can submit a new application to retest.**

- this date is provided in the candidate's results notification
- this 90-day wait period affects all modes of testing

Any loss of power or internet during an exam in which there was more than 15 minutes of testing with exposure to more than 10% of the exam requires a retest at a Test Center. Candidates will have to wait 90-days before they can reschedule and they must follow NCC's retest policy. A decision on the timing of a second attempt will be made after NCC reviews the test exposure. There is no need to complete a new application, **but candidates MUST notify NCC of the internet disconnection issue as soon as computer access is available.**

If a retest application is submitted prior to the 90-day wait period, the application will be returned as ineligible. The applicant will be subject to the \$50 non-refundable application fee.

# FEES & GENERAL POLICIES

## REVIEW COURSES AND MATERIALS

NCC does not offer or sponsor review courses or review materials for its certification examinations. Examination candidates should view any course of study as being independent of NCC. Candidates should carefully examine the merits of any individual exam preparation offering before participating.

## TEST DISCLOSURE

NCC does not make test questions available for review. Because test questions may be used for more than one examination administration, distributing this information would compromise the security of the test questions and would increase the cost of certification if the questions had to be replaced each year.

## REVOCAION

Your certification may be revoked for falsifying any information submitted to determine eligibility to take the certification examination or for maintaining certification, for losing your license to practice, or for failing to pay designated certification or maintenance fees.

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**POLICIES ARE SUBJECT  
TO CHANGE  
WITHOUT NOTICE.**

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## GENERAL POLICIES (CONTINUED)

### INTERNET DISCONNECTIONS

If the candidate has started the exam and is disconnected, please use the PSI tech lines if testing with LRP or if at a Test Center discuss immediately with the proctor to attempt to get reconnected and continue testing.

If the candidate is unable to get reconnected after starting the exam, the timing for a second attempt to take the exam will be based on how much time and how many questions they were exposed to. If a candidate is disconnected and cannot be reconnected and has tested for under 15 minutes and were exposed to less than 10% of the exam they may be able to reschedule within their current eligibility window. **Candidates must work directly with PSI that day to reschedule and if they run into any issues they must notify NCC within 3 days of testing.** If a candidate tests for longer than 15 minutes and/or saw more than 10% of the questions on the exam they will have to wait 90 days before they can reschedule, and they must follow NCC's retest policy. A decision on the timing of a second attempt will be made after NCC reviews the test exposure. Please note, candidates will need to retest at a Test Center. Please notify NCC of the internet disconnection issue as soon as computer access is available.

### APPEALS PROCEDURE

Any request to waive any policy of the NCC Board of Directors relative to eligibility, administration, examination content issues, or certification maintenance must be received in writing within 60 days of the dispute. All requests should be sent to the attention of the NCC President at [nccpresident@nccnet.org](mailto:nccpresident@nccnet.org). The correspondence should contain a detailed account as to why the NCC policy should be waived or the candidate's status should be changed. Such requests are referred to the NCC Policy Review Committee of the Board of Directors. All decisions will be provided in writing. Cases not resolved by the Policy Review Committee will be referred to the full Board of Directors.

### DESIGNATION AUTHORIZATION

Certification is a non-transferable, revocable, limited, non-exclusive license to use the certification designation "C-ONQS", subject to compliance with the policies and procedures, as may be revised from time to time.

Any use or display of NCC certification marks and/or logos without the prior written permission of the NCC is prohibited. Any candidate or certificant who manufacturers, modifies, reproduces, distributes or uses a fraudulent or otherwise unauthorized NCC certificate, NCC designation or other credential may be subject to disciplinary action, including denial or revocation of eligibility or certification. Any individual who engages in such behavior also may be subject to legal action.

# ABOUT THE EXAM

## ABOUT THE EXAM

### TIMED EXAMINATION

Two (2) hours are allotted to complete the examination.

### EXAM FORMAT

The Obstetric and Neonatal Quality and Safety examination consists of up to 125 test questions. 100 are scored and the remainder are embedded in the exam as pretest items. The pretest items do not count toward the examinee's final results.

- There is one question format used for all NCC examinations.
- Each question has a premise (stem) and three alternative answers.
- The answer options are alphabetized by the first word in each answer option to randomize the answers.
- Tests are delivered in a different random order for each candidate.
- Questions will test both basic knowledge and application of knowledge.
- Questions that contain laboratory data will show results in conventional units of measure with international units in parentheses.
- Drugs are listed in both generic and trade names where appropriate.

## EXAMINATION CONTENT DEVELOPMENT

The development of NCC certification involves many individuals and involves a meticulous process of review. There are three major groups that contribute to the test development process:

### ITEM WRITERS:

MDs, RNCs, APRNs, Respiratory Therapists and others identified with special expertise have the responsibility of drafting test items per designated assignment for review by the content team and expert reviewers. Item writers are solicited from the NCC certified population, by recommendations or through the volunteer portal.

### REVIEWERS:

Reviewers are MDs, RNCs, APRNs, Respiratory Therapists or other designated experts who assist the content teams in review of test items developed by the item writers. Reviewers are responsible for reviewing items for content relevance and confirming that references cited for the questions support the items as written.

### CONTENT TEAMS:

Content team members are experienced practitioners and are appointed on an annual basis by the NCC President. Content teams are solicited from the NCC certified population, by recommendations or through the volunteer portal. To see the current membership composition of the Content Team responsible for Obstetric and Neonatal Quality and Safety examination, please visit the NCC website under the section on NCC Leadership.

Content team members are MDs, RNCs, APRNs, Respiratory Therapists or other identified experts who:

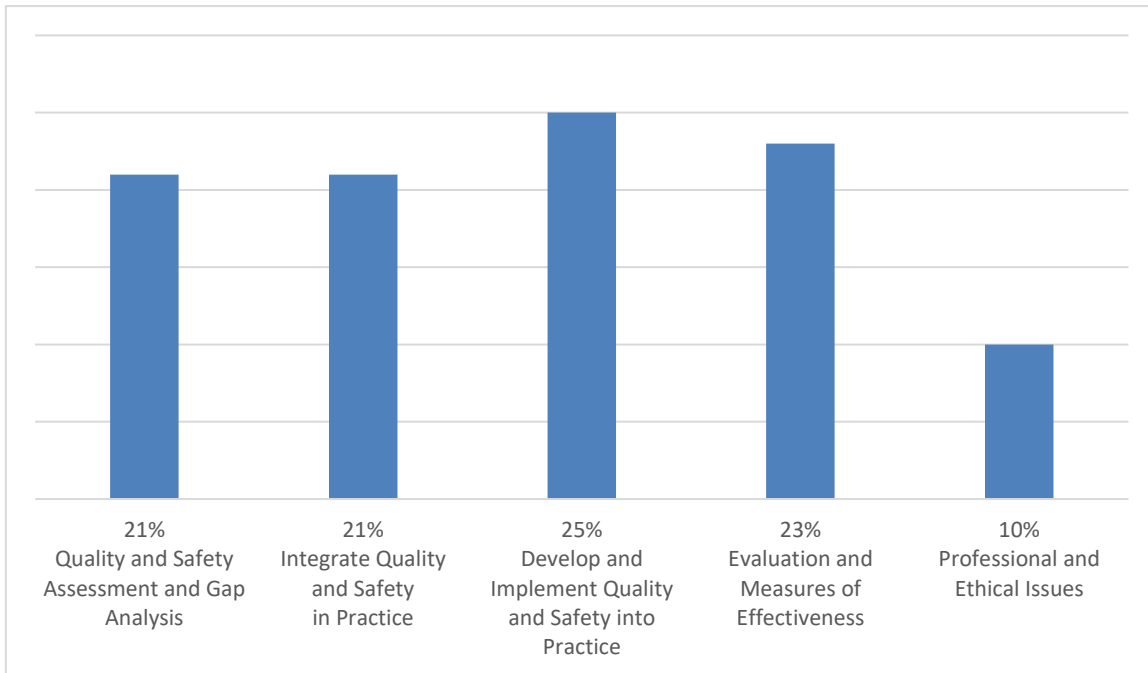
- develop and update the test outline and competency statements
- review test items developed by item writers
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks

In addition, NCC uses volunteers for standard setting and content validation studies/job analysis studies.

# EXAMINATION CONTENT



## Obstetric and Neonatal Quality and Safety



The chart shows the percentage distribution of questions on the Obstetric and Neonatal Quality and Safety exam across the major content categories covered on the examination.

# EXAMINATION CONTENT

## EXAM OUTLINE

Areas of knowledge to be tested on the Obstetric and Neonatal Quality and Safety examination are listed in the following outline. This list is not intended as an all-inclusive review. It is provided only to help candidates evaluate their own practice.

Percentages identified for the topic areas represent the number of test questions assigned to each content area. These percentages do not necessarily reflect the content of future examinations.

10.00	Quality and Safety Assessment and Gap Analysis (21%)
	Methods to assess organization, institutional and environmental culture and patient experience
	National Quality and Safety standards and clinical guidelines
	Quality and Safety metrics to identify state of performance, gaps and opportunities
11.00	Integrate Quality and Safety in Practice (21%)
	Quality and Safety aims, tools, checklists and communication strategies
	Team function, leadership, empowerment
	Training exercises, learning principles, mock codes and simulation
	Advocating for ongoing resources, risk assessment
	Inform and disseminate outcome data, benchmarking and transparency
12.00	Develop and Implement Quality and Safety into Practice (25%)
	Selecting and monitoring key quality metrics
	Identify population, measures and data collection
	Integration into workflow, error prevention strategies and auditing
13.00	Evaluation and Measures of Effectiveness (23%)
	Tools of evaluation (Fishbone, flow chart, run chart, control charts)
	Evaluate the balance between quality, outcomes and cost
	Strategies for sustainment and positive change
14.00	Professional and Ethical Issues (10%)
	Adverse events, disclosure, transparency, patient trust and mitigation
	Professionalism and ethical principles



# EXAMINATION CONTENT

## ASSOCIATED COMPETENCIES

- Systematically assess the organization, institutional and environmental culture, patient experience and outcomes, leadership and teamwork by using a variety of methods (e.g., surveys, direct observation and/or environmental scans, adverse events, system errors, and near misses) to identify gaps in quality and safety.
- Maintain current knowledge of national quality and safety standards and clinical guidelines from regulatory, accreditation, and specialty organizations, to promote ongoing change in practice to meet quality and safety indicators.
- Evaluate quality and safety metrics by analyzing baseline and ongoing data to determine current state of performance, identify gaps, and identify opportunities for improvement.
- Incorporate quality and safety aims, tools, checklists and communication strategies into evidence-based projects to improve obstetric and neonatal care.
- Foster team function by integrating leadership and teamwork skills that empower members of the clinical team and improve communication to achieve a climate of safety.
- Educate and train obstetric and/or neonatal teams on quality and safety practices by conducting and debriefing team training exercises and implementing education using effective learning principles to improve task knowledge and optimize team functioning (e.g. mock codes, simulations).
- Advocate for ongoing resource needs by serving as a liaison for quality and safety matters between clinicians and administrators (e.g., participating in meetings, serving on committees and through risk assessment activities) to improve care and outcomes.
- Inform patients, colleagues, employers and the public about quality and safety initiatives/outcomes by disseminating outcome data, participating in benchmarking and publishing reports to maintain transparency.
- Select and monitor key quality metrics that assess a balanced set of quality and safety domains indicative of organizational culture and benchmarking.
- Apply recognized methods to design quality and safety initiatives in collaboration with necessary stakeholders to identify the target population, measures (e.g., structure, process, outcomes) and data collection approaches to address identified opportunities.
- Integrate quality and safety practices into daily clinical workflow by using error prevention strategies, appropriate technology, and principles of high reliability to guide practice and improve outcomes.
- Evaluate the implementation of quality improvement initiatives using relevant tools (e.g., fishbone, flow chart, run charts and control charts) to measure effectiveness of processes and outcomes.
- Articulate the value of specific obstetric and neonatal quality initiatives by evaluating the balance between quality, outcome and cost, including the perspectives of all stakeholders (e.g., healthcare team, patients, and families).
- Identify strategies of moving quality improvement initiatives into sustainment in order to maintain positive change in an overall obstetric and neonatal quality and safety program.

# STUDY GUIDE

## QUALITY AND SAFETY ASSESSMENT AND GAP ANALYSIS

### I. Methods to assess organization, institutional and environmental culture and patient experience

- Healthcare quality improvement goals
  - Domains of quality
    - Timeliness
    - Effectiveness
    - Patient centered
    - Efficiency
    - Safety
    - Equitability
  - Dimensions of quality (Donabedian)
    - Structure
    - Process
    - Outcome
  - System goals
    - Population health
    - Patient experience
    - Healthcare
- Adverse events and event reporting
  - Monitoring and procedure surveillance
  - Incident/safety reports
  - Near misses
  - Root cause analysis
  - Mortality and morbidity
  - Methods of event reporting
    - Video
    - Direct observation
    - Auditing
    - Patient reported events
- Institutional processes and priorities
  - Regulatory
  - Certifications
  - Accreditation
  - Peer-review
- Assessment strategies
  - Defining population
  - Assembling teams
  - Reviewing literature
  - Identifying measures
  - Assessing patient/family perspective
- Assess and improve organizational culture
  - Culture
  - Just culture

### II. National Quality and Safety Standards and Clinical Guidelines

- Awareness of legal/statutory and national quality and safety standards and clinical practice guidelines in obstetrical and neonatal care
  - Perinatal core measures
  - GBS guidelines
  - Guidelines to prevent hospital associated infections
  - Guidelines for perinatal care current edition
  - AWOHNN guidelines Maternal health

### III. Quality and Safety metrics to identify state of performance, gaps and opportunities

- General quality and safety principles and terminology
  - Quality assurance versus quality improvement
  - Quality versus safety
  - Metrics
    - outcome
    - process
    - structure
    - access
  - Risk adjustment
  - Benchmarking
  - Gap analysis
  - Participation and shared decision making
  - Systems thinking
- Methodologies of data display
- How to implement and evaluate data collection strategies
  - Process tools
  - Huddle tools
  - Trigger tools
  - Chart review

# STUDY GUIDE

## INTEGRATE QUALITY AND SAFETY IN PRACTICE

### I. Quality and Safety aims, tools, checklists and communication strategies

- Human psychology and cognition
  - Situational awareness
  - Violations of process/protocols
  - Risk taking
  - Fear of repercussions
  - Cognitive biases
  - Attention and distractions
  - Stress
  - Burn out and fatigue
- Safety climate
  - Briefings
  - Family involvement councils
  - Committees
- Collaborations and effective communication strategies
  - Standardized communication
  - Handoffs
  - SBAR
  - I-PASS
  - Debriefing
  - Care transitions

### II. Team function, leadership, empowerment

- Leadership skills
  - Self-awareness/management
  - Mentoring
  - Sustainability
  - Succession and transition planning
  - Communication and conflict management
  - Change management
- Principles and concepts of teams
  - Team development
  - Structures and function
  - Diversity and inclusivity
  - Collaboration
  - Mutual respect
  - Information diffusion
  - Team meetings
  - Code of conduct

### III. Training exercises, learning principles, mock codes and simulation

- Effective learning/teaching principles
  - Adult learning principles
  - Generational learning styles
  - Remote or distance learning methodologies
  - Interprofessional
- Use and principles of simulation
  - Unit drills
  - Simulated care processes

### IV. Advocating for ongoing resources, risk management

- Methods for determining human resource needs
  - Hours per patient day
  - Work hours per unit of service
  - Work hours per birth
  - Clinician to patient ratio
  - Standards for staffing
- Human factors that impact the work environment
  - EMR
  - Medical devices
  - Alarm fatigue
  - Distractions
  - Interruptions
  - Overcrowding
  - Noise
  - Ergonomics of procedures
  - Patient census acuity
  - Staffing
  - Fatigue
  - Work arounds
  - Design of systems and processes
- Relevant aspects of structural design standards
  - Layout and design
  - Resource placement
  - Lighting
  - Signage and way finding

# STUDY GUIDE

## INTEGRATE QUALITY AND SAFETY IN PRACTICE *(CONTINUED)*

### **V. Inform and disseminate outcome data, benchmarking and transparency**

- Various methods for educating and disseminating QNS data to various stakeholders
  - Annual reports
  - Presentations
  - Publications
  - Public reporting
  - Websites
  - Social/other medias
- Share data on key quality indicators with colleagues/organizations to improve
  - Education campaigns
  - Peer
    - Benchmarking/accountability

# STUDY GUIDE

## DEVELOP AND IMPLEMENT QUALITY AND SAFETY INTO PRACTICE

### I. Selecting and monitoring key quality metrics

- Prioritize opportunities for improvement
  - Relative importance to different stakeholders
    - Patient, family, provider, facility, healthcare, system, payor
- Develop goal statements
  - Specific
  - Measurable
  - Achievable
  - Relevant
  - timebound
- Types of metrics
  - Outcome
  - Process
  - Structure
  - Access
  - Patient experience
  - Patient satisfaction
- Balancing measures and metrics
  - Unintended consequences of metrics
  - Balancing measure to mitigate unintended consequences
  - Outcome, process and structure measures
- Familiarity with common methods for quality and safety improvement initiatives
  - Models for improvement
    - PDSA/PDCA
  - Improve
  - Six sigma
  - Lean

### II. Identify population, measures and data collection

- Project team formation and dynamics
  - Identification of stakeholders
  - Identification of champions
  - Influencer model
  - Patient/family perspective
- Appraise and prioritize literature relevant to project
  - Randomized trials
  - Meta-analysis
  - Expert opinion
  - Observational studies
  - Consensus documents

- Improvement process
  - Selection of interventions
  - Planning implementation
- Tracking of improvements
  - Data definitions
  - Data collection
  - Data quality assurance
  - Graphs and tables
  - Analysis
  - Interpretation

### III. Integration into workflow, error prevention strategies and auditing

- Errors and Risk reduction strategies and use of cognitive aids
  - Bundles
  - Checklists
  - Flow sheets
  - Timeouts
  - Guidelines
  - Structured communication
  - Patient identification
  - Barcodes
  - E-prescribing
  - Computerized physician order entry
  - Medication administration processes
  - Human milk handling processes
  - Blood product administration processes
  - Food and nutrition safety
- Errors and Risk reduction strategies and use of cognitive aids
  - Feedback
  - Surveillance

# STUDY GUIDE

## EVALUATION AND MEASURES OF EFFECTIVENESS

### I. Tools of evaluation (Fishbone, flow chart, run chart, control charts)

- Evaluation of outcomes and performance improvement
  - Run charts
  - Control charts
  - Dashboards
  - Interpret data
- Role of technology in quality improvements
  - Data standardization and retrieval
  - Standardization of EMR

### II. Evaluate the balance between quality, outcomes and cost

- Understanding the interplay between costs, quality and value from the perspective of various stakeholders
  - Monetary
  - Non-monetary
  - Patient and family experience
  - Value equals quality divided by cost
- Identification of waste
  - Duplication
  - Tools to identify waste
  - Wait times

### III. Strategies for sustainment and positive change

- Recognition of threats to implementation and sustainability
  - Fatigue
    - Project fatigue
  - Backsliding
  - Knowledge exclusivity
  - Large scale implementation without testing
  - Research models
  - Knowledge degradation
  - Lack of upper level support/commitment
  - Lack of team integrity
  - Lack of personnel
  - Competing priorities
  - Disruptive behavior
  - Hierarchical professional behaviors
- Steps in project sustainability
  - Communication
  - Reporting
  - Ongoing ownership
  - Celebration of success
  - Modification of data collection and review

# STUDY GUIDE

## PROFESSIONAL AND ETHICAL ISSUES

### I. Adverse events, disclosures, transparency, patient trust and risk mitigation

- Elements of effective disclosure
  - Mandatory versus voluntary disclosure
  - Disclosure of errors and near misses
  - Explanation as to why error occurred
  - How effects will be minimized
  - Steps to prevent recurrences
  - Apology
  - Acknowledgement of responsibility
- Distinguishing different types of error including system error, blameless human error (inadvertent), and accountable human error (at risk, reckless, intentional harm)
  - Differentiating human error from system error
  - Differentiate between human error, at risk behavior, and reckless behavior
- Understanding and mitigating psychological harm experience by the patient and second victims
  - Second victims
  - Debriefing
  - Communication strategies
  - Counseling, employee assistance
  - Support groups
  - Emotional support

### II. Professional and ethical issues

- Ethical principles as they apply to patients, families, providers and organizations
  - Patient/family access
  - Fairness, truthfulness, justice, beneficence, nonmaleficence, autonomy
- Awareness of differences between quality improvement projects and research
  - Human subject protections
  - IRB or local approval mechanism
  - Compare research to quality improvement

# STUDY GUIDE

- AAP Committee & ACOG on Obstetrics, 8<sup>th</sup> edition, Guidelines for Perinatal Care, ACOG, 2017
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<https://www.jointcommission.org/measurement/measures/perinatal-care/>
- Varkley B., Principles of Clinical Ethics and Their Application to Practice, Med Princ Pract, 2021
- Wachter, RM., Understanding Patient Safety, 3<sup>rd</sup> edition, McGraw Hill, 2018



# SAMPLE QUESTIONS

## OBSTETRIC AND NEONATAL QUALITY AND SAFETY SAMPLE QUESTIONS

Listed below are five sample questions to acquaint the candidate with the test question format. These questions do not reflect the scope or the difficulty level of the questions on the actual examination. The reference from which each question is derived is also cited. However, other references might substantiate a different answer, and the answer shown here might be substantiated by other references.

The rigorous review to which actual test questions are subject is not applied to these sample questions. The focus that should be attended to in reviewing these items is format, not content.

1. A patient safety event that results in death, permanent harm or severe temporary harm is a

- A. sentinel event
- B. system event
- C. trigger event

Answer: A

Creasy. Creasy & Resnik's Maternal-Fetal Medicine: Principles and Practice, 8<sup>th</sup> ed., Elsevier, 2019, p. 842.

2. In the acronym CUS, the S stands for

- A. safety
- B. situation
- C. stop

Answer: A

[https://www.aha.org/system/files/2018-01/2015\\_teamstepps\\_FINAL.pdf](https://www.aha.org/system/files/2018-01/2015_teamstepps_FINAL.pdf)

3. A hospital is doing a project to reduce maternal postpartum length of stay. The team finds that length of stay is decreasing and patient satisfaction scores are also dropping. In this scenario, patient satisfaction score is a:

- A. balancing metric
- B. process metric
- C. structure metric

Answer: A

Shah, et al., Patient Safety and Quality Improvement in Healthcare, Springer, 2021, pg 126

4. After a code in the neonatal ICU, team members should discuss what went well and what could be improved. This is an example of a

- A. debriefing
- B. huddle
- C. time out

Answer: A

Kelly, et al., Introduction to Quality and Safety Education for Nurses, Springer, 2018, p.224.

5. A neonatal ICU quality improvement team has the goal of increasing skin-to-skin care in the first week of life. They decide to put a poster on the unit to display the progress of the project. What type of chart would be most appropriate for this?

- A. Fishbone diagram
- B. Pareto chart
- C. Run chart

Answer: C

Shah, et al., Patient Safety and Quality Improvement in Healthcare, Springer, 2021, page 158-160

# SCORING & TEST REPORT

## HOW EXAMS ARE SCORED

NCC examinations are criterion-referenced. This means the passing score is based on a predetermined criterion. This criterion is a statistical ability level established by the Content Team based on evaluation of criticality of content and the test questions' past statistical performance. Questions used to determine pass/fail have proven statistical history that demonstrates the question is appropriate for use to measure an individual's ability level.

There is no set percentage passing level. **An ability level for each candidate is calculated based on the number of questions they answer correctly (there is no penalty for wrong answers).** Pass/fail is determined based on this ability level as compared to pass/fail standard which is a predetermined ability criterion. When different forms of the examination are used, a process called equating is initiated. This procedure converts all results to a common scale. So, someone who takes a slightly more difficult form of the exam will need to answer fewer questions correctly than someone who takes a slightly easier form of the exam.

NCC utilizes the item response theory of psychometrics for the analysis of its examinations. Item response theory (Rasch analysis) is the study of test and item scores based on assumptions concerning the mathematical relationship between abilities and item responses. This is a commonly used system, and such examinations as the NCLEX and other health related certification examinations utilize this type of psychometric analysis.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

### HAND SCORING YOUR EXAMINATION

If you believe there might be a discrepancy in your test results, you may request a hand score for a fee of \$55.

You must make this request via the NCC website within 60 days of receiving the pass/fail report by selecting that option from your NCC profile at NCCwebsite.org or go to the certification tab <https://www.nccwebsite.org/certification-exams>, scroll down to "Other helpful information" and click "Exam hand score request" to submit your request.

# SCORING & TEST REPORT

## SAMPLE TEST REPORT

Candidates will receive an official test results report from NCC. It will be located in your NCC account. Shown below is a sample test result report for a candidate who has passed the examination.

### OBSTETRIC AND NEONATAL QUALITY AND SAFETY EXAMINATION

#### Test Results

NAME

DATE:

ADDRESS

Pass/Fail:

PASS

Maintenance Due Date:

Your credential is designated as: C-ONQS (Certified - Obstetric and Neonatal Quality and Safety)

#### EXAM CONTENT REPORT

Overall pass/fail decisions are based on your overall exam performance. A candidate must obtain a score equal to or higher than the “passing score” to pass the exam. A candidate’s performance on the examination is not compared to the performance of others taking the examination.

In addition, the test report provides you with feedback on the various content areas of the examination in the form of word descriptors: Very Weak, Weak, Average, Strong and Very Strong. No percentages or standard scores are given. These descriptors are based on items within a given subtest and are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. Word descriptors for scoring are set using these ability levels and utilize equal intervals of scale above and below the pass point to provide additional feedback. See the Important Facts and Information on Test Results and Scores page for more detail. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

<b>Content Area (Percentage of Questions on Exam)</b>	<b>Your Results:</b>
Quality and Safety Assessment and Gap Analysis, and Professional/Ethical Issues (31%)	VERY STRONG
Integrate Quality and Safety in Practice (21%)	WEAK
Develop and Implement Quality and Safety into Practice (25%)	AVERAGE
Evaluation and Measures of Effectiveness (23%)	STRONG

# TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE

## AFTER PASSING THE EXAM

### CREDENTIAL

Successfully completing the Obstetric and Neonatal Quality and Safety exam entitles you to use the credential C- ONQS (Certified – Obstetric and Neonatal Quality and Safety).

### TERMS OF CERTIFICATION

NCC certification is awarded for a period of three years.

The effective date for certification is the date on the official NCC score report letter that shows a passed examination.

### MAINTENANCE AUDITS

Certificants must maintain the conference/CE description and/or objectives, along with the CE certificate which are required to be uploaded if chosen for random audit. Pre-approval of CE does not exempt a certificant from random audit.

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**NO CONTINUING  
EDUCATION IS ISSUED FOR  
TAKING THE  
OBSTETRIC AND NEONATAL  
QUALITY AND SAFETY  
EXAM.**

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## MAINTAINING CERTIFICATION

- NCC certification must be maintained every three years.
- Certification that is not maintained will expire
- The NCC certification maintenance program allows you to continue your certification status by obtaining 15 hours of continuing education credit
- For continuing education credit to be used for certification maintenance it must be earned between the date of your notification of certification and the date your maintenance is due.
- The maintenance process includes submitting a maintenance application prior to the maintenance due date with appropriate fees and requested documentation. All CE must be in Obstetric and Neonatal Quality and Safety. Using NCC CE modules does NOT automatically maintain your certification. Individuals must submit a maintenance application and pay a maintenance fee in addition to any CE fees.
- Maintenance applications are subject to random audit. If an individual is chosen for audit, they will be required to upload CE certificates and course descriptions. These records should be maintained during each maintenance cycle, until the maintenance application has been approved. Individuals can upload these documents in their maintenance application throughout their maintenance cycle. *Documents from NCC modules are already on file with NCC and therefore are not requested or audited.*
- The maintenance due date is the last day the certification is active. **NCC Certified professionals do not need to wait until their maintenance deadline to apply.** As long as they have obtained the required contact hours of continuing education credit - maintenance applications can be submitted up to 12 months before this date to avoid a lapsed certification while the maintenance application is in review. Maintenance will be due in the quarter in which they were notified of their certification (*not the date on which they took the examination*). Maintenance due dates can be found by signing into the certified professional's NCC account. Sign into the account using the associated email and password.

### The NCC website has more detailed information

For more information about the certification maintenance program, click the purple "Maintain your Certification" box.