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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 will answer your questions and will explain all policies to which you will be subject.

About This Guide
This guide lists fees and provides information that will help you 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 you with question format, study resources and lists some of NCC administrative policies & procedures. It is recommended that you familiarize yourself 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 you are taking the examination. Please download this publication from the NCC website and review the exam administration options. It should answer your questions about the NCC examination process.

If you have other questions, please feel free to contact NCC through the NCC website at 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.

NCC core and subspecialty programs are accredited by the National Commission for Certifying Agencies.
EXAMINATION AND RELATED FEES

EXAMINATION FEES*
Computer Exam Fees are $210 which includes the non-refundable $50 application fee.

*Examination fees are subject to 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 computer 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.

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.

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 via computer within the 90-day testing window and did not submit a change request within stated time frames
- who is beyond the first 30 days of their eligibility window and is unable to schedule their exam within their eligibility window.
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).
- Payments can be made by 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.
- All payments must be in US funds.
- NCC does not accept debit cards or split payments (part check and part credit card).
- 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.

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 RNC. 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 written results have been received in the mail. 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.
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
You 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 option (e.g. if you reschedule your exam date, you will not be able to change your exam category). 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 computer 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
You may retake the examination if you do not pass. You must reapply, submit all applicable fees and documentation, and re-establish eligibility according to the appropriate deadlines. There is no limit to the number of times you 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 after 90-days. There is no need to complete a new application but you will need to notify NCC to move your eligibility window so it begins 90-days after the exam attempt. Please notify NCC immediately if this occurs so that a new window can be set.

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. You should carefully examine the merits of any individual exam preparation offering before you participate.

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.

Revocation
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.

Policies are Subject to Change without Notice.

General Policies (continued)

Internet Disconnections
If you start the exam and are disconnected, please use the PSI tech lines if you are testing with LRP or if at a test center please discuss with the proctor to attempt to get reconnected and continue testing.

If you are 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 you were exposed to. If you are disconnected and cannot be reconnected and have tested for under 15 minutes and were exposed to less than 10% of the exam you will be rescheduled within your current eligibility window. You must work directly with PSI that day to reschedule and if you run into any issues you must notify NCC within 3 days of testing. If you tested for longer than 15 minutes and/or saw more than 10% of the questions on the exam you will have to wait 90 days and will be rescheduled. A decision on the timing of your second attempt will be made after reviewing the test exposure. Please note, you will need to retest at a computer center. Please notify NCC of the internet disconnection issue as soon as you have convenient computer access.

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. 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

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.
- Computer 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.
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.
### 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.

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

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
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
• AAP Committee & ACOG Committee on Obstetrics, Guidelines for Perinatal Care, ACOG, 2017
• Bailit & Gregory, et al., Society for Maternal-Fetal Medicine Quality and Safety Health Policy Committees, AM J Obstet., 2016
• Baillie and Maxwell, Improving Healthcare: A Handbook for Practitioners, Routledge, 2019
• Birnback & Salas, Patient Safety and Team Training, Elsevier, 2020
• Bissinger, et al., Golden Hours, NCC, 2019
• Chestnut, et al., Chestnut’s Obstetric Anesthesia, Elsevier, 2020
• Creasy, et al., Maternal-Fetal Medicine, Elsevier, 2019
• Fischer & Stewart, Quality Improvement and Safety in the Neonatal Intensive Care Unit, NeoReview, 2017
• Gupta & Kaplan, Quality Improvement, Clinics in Perinatology, 2017
• IHI, Science of Improvement: Establishing Measures, IHI, 2019
• Ivester, et al., Quality and Safety in Women’s Health, Cambridge Medicine, 2018
• Kelly, et al., Introduction to Quality and Safety Education for Nurses, Springer, 2018
• King, Cecil, Clinical Ethics: Patient and Provider Safety, AORN Journal, 2017
• Klause, K. Quality Assurance and Quality Improvement in the Labor and Delivery Setting, Anesthesiol Clin, 2021
• LoBiondo-Wood, et al., Evidence-Based Practice for Nursing and Healthcare Quality Improvement, Elsevier, 2019
• The Joint Commission, New Perinatal Care Performance Measure, 2018
• Varkley B., Principles of Clinical Ethics and Their Application to Practice, Med Princ Pract, 2021
• Wachter, RM., Understanding Patient Safety, McGraw Hill, 2018
SAMPLE QUESTIONS

OBSTETRIC AND NEONATAL QUALITY AND SAFETY

SAMPLE QUESTIONS

Listed below are five sample questions to acquaint you 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


2. In the acronym CUS, the S stands for
   A. safety  
   B. situation  
   C. stop
   Answer: A


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


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


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

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.
SAMPLE TEST REPORT

You will receive an official test results report from NCC. 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
ADDRESS

Pass/Fail: PASS

EXAM CONTENT REPORT

The following provides information regarding your performance on the different content areas tested on the examination.

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.

Content Area & Percentage

<table>
<thead>
<tr>
<th>Range of Questions Asked</th>
<th>Your Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and Safety Assessment and Gap Analysis, and Professional/Ethical Issues (31%)</td>
<td>VERY STRONG</td>
</tr>
<tr>
<td>Integrate Quality and Safety in Practice (21%)</td>
<td>WEAK</td>
</tr>
<tr>
<td>Develop and Implement Quality and Safety into Practice (25%)</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Evaluation and Measures of Effectiveness (23%)</td>
<td>STRONG</td>
</tr>
</tbody>
</table>
**Terms of Certification and Certification Maintenance**

**When You Pass the Exam**

**Credential**
Your NCC certification status 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 letter that tells you that you have successfully completed the certification process.

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**Maintaining Your 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 your 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. You must submit a maintenance application and pay a maintenance fee in addition to any CE fees.

- Maintenance applications are subject to random audit. If you are chosen for audit, you will be required to upload CE certificates and course descriptions. These records should be maintained during each maintenance cycle, until your maintenance application has been approved. You can upload these documents in your maintenance application throughout your maintenance cycle.

You may apply for maintenance up to 1 year before your maintenance date. As long as you have obtained the required contact hours of continuing education credit—**you do not need to wait until your maintenance deadline to apply**. Maintenance will be due in the quarter in which you were notified of your certification (**not the date on which you took the examination**). Your maintenance due date can be found by signing into your NCC account. Sign into your account using your 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.