CE QUESTIONS

1. Procedural drift occurs when staff members
   a. perform a procedure different from the manufacturer instructions.
   b. introduce personal modifications to the procedures.
   c. perform a procedure different from SOP of the institution.
   d. are not aware that a new procedure has been implemented.

2. To assess a new staff member's competency, a checklist should
   a. be very long and as detailed as possible.
   b. be short and concise, not including rare procedures.
   c. not include QA material.
   d. be broken into sections, with rare procedures in a separate section.

3. Once training is complete, how many procedures are part of the CLIA minimal regulatory requirement of competency of all personnel performing laboratory testing?
   a. 2
   b. 4
   c. 6
   d. 10

4. During the first year of employment, a laboratory employee must have competency assessment performed
   a. every 3 months.
   b. every 24 months.
   c. 3 times.
   d. 2 times, and since then?

5. According to the AABB, 2012
   a. True
   b. False

6. Which task cannot be assessed through the CLIA competency assessment methods?
   a. performing ABO/Rh using manual method
   b. performing ABO/Rh using automation
   c. thawing FFP
   d. reporting a positive antibody screen using gel method

7. Which procedure is NOT required for employee assessment by CLIA under 42 CFR 1451(b)(1)?
   a. direct observation of routine patient testing
   b. assessment of problem solving skills
   c. number of sick days taken
   d. monitoring of recording and reporting results

8. All staff members in a transfusion medicine laboratory should be aware of the regulations that govern laboratory testing to avoid possible FDA reportable errors.
   a. True
   b. False

9. In a transfusion service facility, compliance is the responsibility of
   a. the supervisor only.
   b. the pathologist.
   c. all staff members in the laboratory.
   d. the medical laboratory scientists performing the tests.

10. One efficient way to detect procedural drift is to
    a. assess the medical laboratory scientist competency more often.
    b. implement an audit of test performance.
    c. have a senior laboratory staff member observe another staff member without being announced.
    d. none of the above.

11. The definition of MSBOS is
    a. Maximum Surgical Blood Order Schedule.
    b. Maximum Sufficient Blood Order Schedule.
    c. Maximum Surgical Blood Operator Schedule.
    d. none of the above.

12. Transfusion index is defined as
    a. patient hemoglobin before transfusion
    b. average number of erythrocyte units transfused/hemoglobin.
    c. mean number of erythrocyte units transfused/patient.
    d. mean number of erythrocyte units transfused/average blood loss.

13. An ideal MSBOS should be
    a. universal for all institutions.
    b. institution-specific.
    c. procedure-specific only.
    d. institution- and procedure-specific, as well as based on objective blood use data.

14. The definition of EBL is
    a. erythrocyte blood loss.
    b. estimated blood loss.
    c. erythrocyte beneficial loss.
    d. estimated blood recovery.

15. In the Johns Hopkins study, what percentage of 27,825 patients whose procedures met the criteria for "no T/S or T/C" received a transfusion after a T/S or T/C was ordered?
    a. 52%
    b. 33%
    c. 1%
    d. 6%

16. According to the algorithm created for Johns Hopkins Hospital, a patient undergoing a major transplant should have what testing ordered prior to surgery?
    a. T/S
    b. T/C for 2U
    c. T/C for 4U
    d. T/C for 6-15U

17. According to the algorithm, a patient undergoing a procedure with a transfusion index of < 5% and a median EBL ≤ 50 ml should have which preoperative tests ordered?
    a. none; no T/S or T/C
    b. T/S
    c. T/C for 2U
    d. T/C for 6U

18. An efficient implementation of MSBOS would
    a. eliminate unnecessary blood orders.
    b. reduce hospital charges by $20,000/year.
    c. put patient safety at risk.
    d. increase hospital charges by $40,000/year.

19. In the event of unexpected surgical hemorrhage when no blood was ordered, what would be the most appropriate measure?
    a. Order T/S and wait for the test to be complete.
    b. Request type O blood from blood bank emergency.
    c. Give the patient colloid.
    d. Request FFP.

20. The risk of a patient having a transfusion reaction due to administration of emergency blood without prior T/S performed is
    a. 1/100.
    b. 1/1,000,000.
    c. 1/200.
    d. 1/1,000.