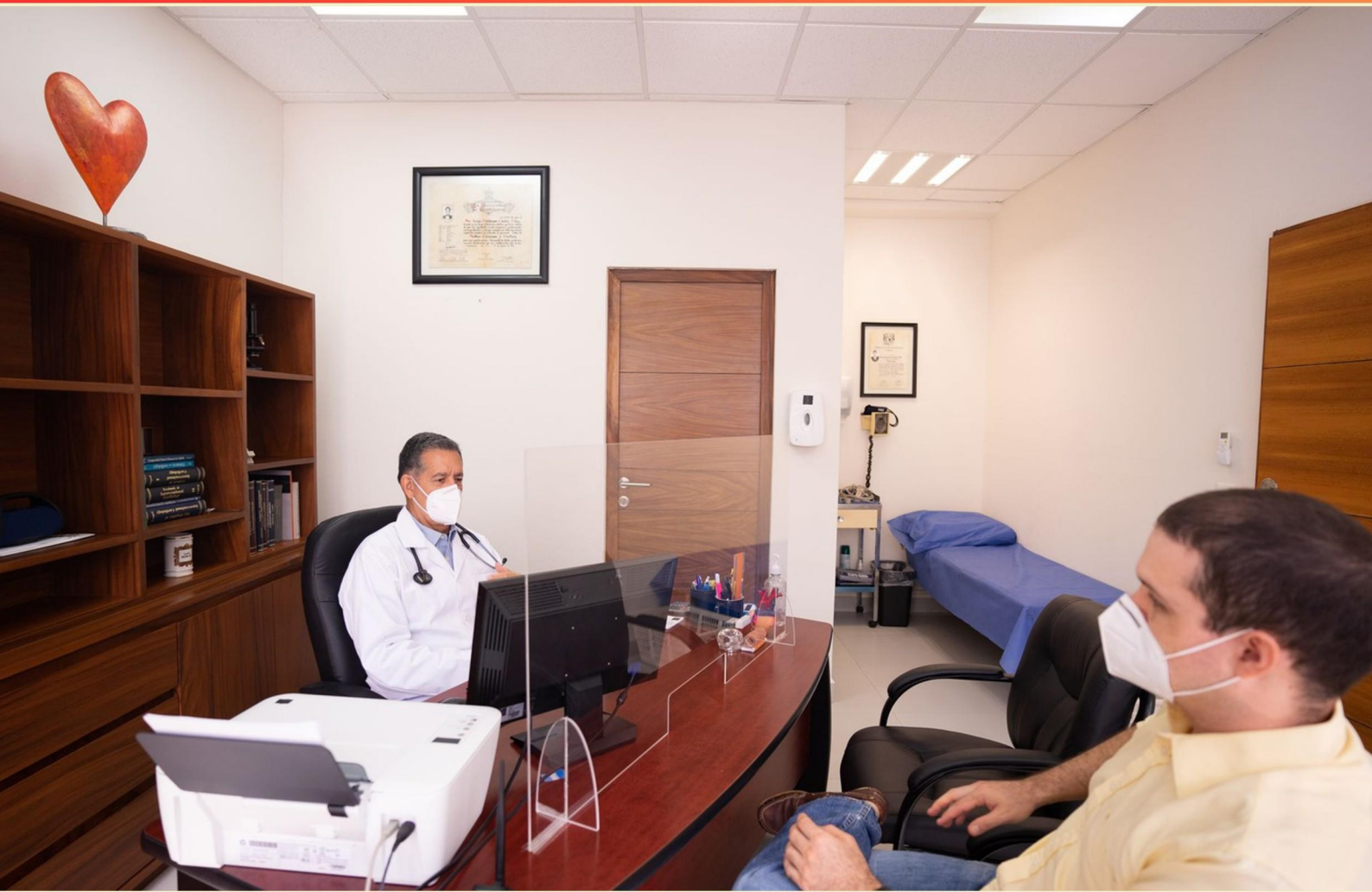


PATIENT EXPERIENCE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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1. What is the mean in statistics?

- A. The average
- B. The most frequent value
- C. The middle value in a list of numbers
- D. The highest minus the lowest score

2. Each hospital aims for how many HCAHPS surveys per year?

- A. 150
- B. 300
- C. 500
- D. 100

3. Approximately how many patients complete the HCAHPS survey?

- A. About 1 million
- B. About 2 million
- C. Over 3 million
- D. Over 5 million

4. What best defines Patient Experience?

- A. The clinical outcomes achieved during hospitalization.
- B. The speed at which patients are admitted and discharged.
- C. The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.
- D. The financial performance of the organization concerning patient care.

5. Which term describes waste, futility, uselessness, idleness, and superfluity?

- A. The level of patient satisfaction
- B. Waste, futility, uselessness, idleness, and superfluity
- C. The pace of organizational change
- D. Muda

6. CRP stands for which program?

- A. Communication and Resolution Program
- B. Care Recovery Program
- C. Clinical Response Protocol
- D. Comprehensive Resource Plan

7. Which statement best describes a positive correlation?

- A. As one number goes up, the other goes down
- B. As one measure goes up or down, so does the other, they move together
- C. They are unrelated
- D. It measures causation

8. Which of the following best reflects the target audience for HCAHPS improvement efforts?

- A. Hospitals
- B. Patients
- C. Regulators
- D. Researchers

9. Under HIPAA, privacy notices explain how protected information will be used and disclosed.

- A. True
- B. False
- C. Only upon request
- D. Not required

10. Which is NOT one of the eight key areas of the Patient's Bill of Rights?

- A. Information for patients
- B. Access to emergency services
- C. Billing and coding audits
- D. Consumer responsibilities

Answers

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1. A
2. B
3. C
4. C
5. B
6. A
7. B
8. A
9. A
10. C

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Explanations

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1. What is the mean in statistics?

- A. The average**
- B. The most frequent value
- C. The middle value in a list of numbers
- D. The highest minus the lowest score

Mean is a measure of central tendency that gives the average value of a data set. You find it by summing all values and dividing by how many values there are. It describes the typical value when the data aren't heavily skewed, though it can be influenced by outliers. This differs from the middle value (median), which is the central value when the data are ordered, and from the most frequent value (mode). It also differs from the spread measure called the range, which is the difference between the highest and lowest values. For example, with numbers 2, 4, 6, the mean is $(2+4+6)/3 = 4$.

2. Each hospital aims for how many HCAHPS surveys per year?

- A. 150
- B. 300**
- C. 500
- D. 100

HCAHPS data need to be reliable enough to be published and used for performance programs, so a minimum level of survey responses is required. Hospitals aim to have at least 300 completed patient surveys each year. This sample size helps produce stable, representative scores and meets CMS requirements for public reporting and related pay-for-performance programs. Smaller sample sizes wouldn't provide as much precision and could lead to unreliable results, while higher totals aren't a required minimum even though some very busy hospitals will exceed 300.

3. Approximately how many patients complete the HCAHPS survey?

- A. About 1 million
- B. About 2 million
- C. Over 3 million**
- D. Over 5 million

HCAHPS is designed to gather feedback from a very large, nationwide sample of hospital patients. Each year, surveys are sent to a broad pool of Medicare inpatient discharges across participating hospitals, using multiple modes of collection. Because of this extensive reach, the total number of completed surveys runs in the millions. The figure that best fits typical annual activity is over three million, reflecting the program's wide scope and the need for reliable benchmarking. It's more than one or two million, but it doesn't usually reach five million in a given year, which is why "over 3 million" is the closest approximation.

4. What best defines Patient Experience?

- A. The clinical outcomes achieved during hospitalization.
- B. The speed at which patients are admitted and discharged.
- C. The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.**
- D. The financial performance of the organization concerning patient care.

The main concept being tested is that patient experience is the total perception a patient has of their care, shaped by every interaction within the organization across the entire care continuum. This goes beyond health results or how fast someone is admitted or discharged or the organization's finances. It includes the quality of communication, responsiveness, care coordination, accessibility, and the environment, all influenced by the culture and practices of the organization. When staff speak clearly, listen and address concerns, coordinate smoothly across departments, and provide consistent, respectful care from pre-visit through discharge and follow-up, the patient's overall experience is positively shaped. The other options miss this broader view: focusing on clinical outcomes captures health results but not how patients perceive their experience; emphasizing speed of admission/discharge highlights throughput rather than the full spectrum of interactions; and stressing financial performance ignores patient perceptions entirely.

5. Which term describes waste, futility, uselessness, idleness, and superfluity?

- A. The level of patient satisfaction
- B. Waste, futility, uselessness, idleness, and superfluity**
- C. The pace of organizational change
- D. Muda

In Lean thinking, muda refers to waste—any activity that consumes resources but does not add value from the customer's perspective. It includes waste, futility, uselessness, idleness, and superfluity because all of these describe non-value-adding work that should be eliminated to improve flow and efficiency. Recognizing muda helps teams map processes, identify non-value-adding steps, and streamline care or production. The other options point to measures or concepts not about waste (patient satisfaction is a experience metric; pace of organizational change relates to how quickly change happens). So the term that matches the description is muda.

6. CRP stands for which program?

A. Communication and Resolution Program

B. Care Recovery Program

C. Clinical Response Protocol

D. Comprehensive Resource Plan

The main idea here is recognizing what the acronym CRP represents in healthcare settings. CRP stands for Communication and Resolution Program. This program is a structured approach to handling safety events by prioritizing open, timely communication with patients and families, offering an apology when appropriate, and providing a fair resolution when harm has occurred. It also involves documenting the event and following up with system improvements to prevent recurrence. Understanding this concept matters for patient experience because transparent disclosure and compassionate response can build or restore trust, reduce unnecessary distress, and often ease concerns more effectively than silence or delayed communication. The aim is to support patients and families through the aftermath of an adverse event while learning from what happened to improve care. The other options don't reflect the standard name associated with CRP in patient-safety practice. They may refer to different programs or terms in various contexts, but they aren't the recognized meaning of CRP in this setting.

7. Which statement best describes a positive correlation?

A. As one number goes up, the other goes down

B. As one measure goes up or down, so does the other, they move together

C. They are unrelated

D. It measures causation

Positive correlation means two measures tend to move in the same direction: when one increases, the other tends to increase as well, and when one decreases, the other tends to decrease. The statement that as one measure goes up or down, so does the other, and they move together, captures this idea clearly. It describes a pattern where the variables rise and fall together, without claiming that one causes the other. In contrast, the other statements describe a negative relationship (one goes up while the other goes down), no relationship (unrelated), or causation (one causes the other), which are not what positive correlation implies.

8. Which of the following best reflects the target audience for HCAHPS improvement efforts?

A. Hospitals

B. Patients

C. Regulators

D. Researchers

HCAHPS improvement efforts are driven by the hospital itself. The survey measures patients' experiences during a hospital stay, and the improvements come from hospital teams—nurses, physicians, administrators, and support staff—through changes in care processes, communication, discharge planning, and service systems. Regulators and researchers use the data to monitor quality and study trends, and patients provide the feedback, but the concrete actions to boost scores are implemented within the hospital. So the audience most directly responsible for acting on HCAHPS results is the hospital.

9. Under HIPAA, privacy notices explain how protected information will be used and disclosed.

- A. True
- B. False
- C. Only upon request
- D. Not required

The main idea being tested is that HIPAA requires a privacy notice that describes how protected health information (PHI) may be used and disclosed. A privacy notice, known as the Notice of Privacy Practices, is a formal document that lays out the ways PHI can be used for treatment, payment, and health care operations, who it can be shared with, and the patient's rights to access or control their information. Because this notice is a fundamental part of transparency and patient rights in the HIPAA Privacy Rule, it must be provided to individuals and kept accessible, typically at the first encounter or enrollment, and it should be updated when policies change. It isn't something only provided upon request, and it isn't optional or not required, which is why the statement is true.

10. Which is NOT one of the eight key areas of the Patient's Bill of Rights?

- A. Information for patients
- B. Access to emergency services
- C. Billing and coding audits
- D. Consumer responsibilities

The concept here is recognizing what kinds of items are described as patient rights versus administrative tasks. The Patient's Bill of Rights outlines what patients should receive in terms of information, access to care, privacy, respect, and participation in decision-making, along with the idea that patients have certain responsibilities in their care. "Information for patients" is a clear example of a right—the patient should be informed to make informed choices. "Access to emergency services" is also a right, ensuring care is available promptly in urgent situations. "Consumer responsibilities" fits because it reflects what patients are expected to do to support their care and safety. Billing and coding audits, however, are administrative processes used by providers and payers to verify charges and ensure accuracy and compliance. They're about the internal management of billing and documentation, not about the rights or responsibilities a patient has in receiving care. So this option is not one of the eight key areas of the Patient's Bill of Rights.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://patientexperience.examzify.com>

We wish you the very best on your exam journey. You've got this!

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