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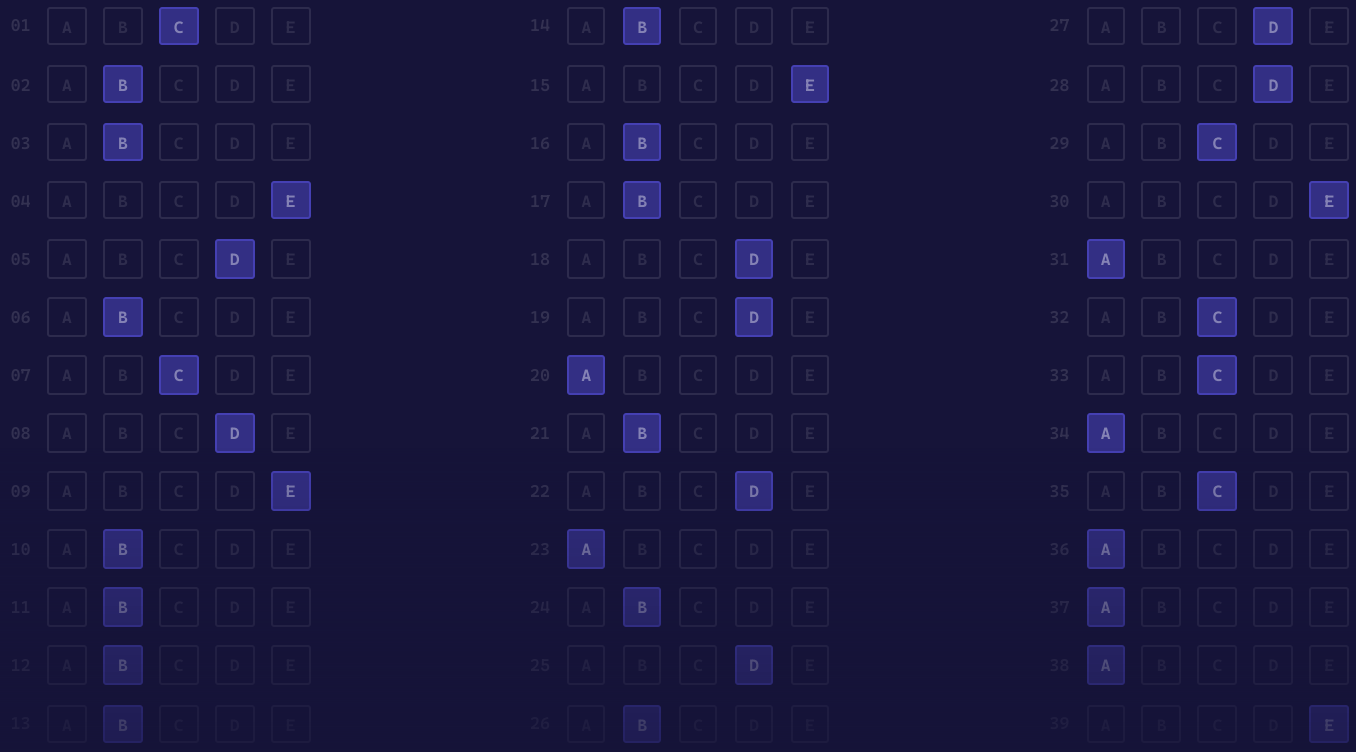


PRACTICE QUESTIONS

## Certification Board for Professionals in Patient Safety (CBPPS)

# KGNRTZBP

Certified Professional in Age-Friendly Health Care (CPAFH)™ Examination

| EDITION | QUESTIONS | FORMAT |
|---|---|---|
| Demo | 9 | Limited Edition PDF |

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# Before you begin

## What this is

9 practice questions for Certification Board for Professionals in Patient Safety (CBPPS) `KGNRTZBP`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

## If something looks wrong

Send us three things and we will check it:

- the exam code, `KGNRTZBP`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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**QUESTION 1** SINGLE CHOICE

Which organization co-developed the 4Ms Framework along with the Institute for Healthcare Improvement (IHI) as the foundation for the Age-Friendly Health Systems initiative?

A The Joint Commission

**B Catholic Health Association of the United States**

C American Hospital Association

D World Health Organization

**ANSWER B**

**WHY** The Age-Friendly Health Systems initiative was co-developed by the Institute for Healthcare Improvement (IHI) and the Catholic Health Association of the United States, in partnership with the American Hospital Association and the John A. Hartford Foundation. The Catholic Health Association is the correct co-developer of the 4Ms Framework.

**QUESTION 2** SINGLE CHOICE

Under the 'Mobility' element of the 4Ms Framework, what is the primary goal when assessing an older adult?

A Determining the need for an assistive device such as a cane or walker

**B Identifying mobility limitations and ensuring safe movement to maintain function**

C Referring every patient to a physical therapist regardless of risk

D Restricting ambulation to prevent falls in all older adults

**ANSWER B**

**WHY** The Mobility element focuses on screening for and addressing mobility limitations so that older adults can move safely and maintain function. It does not require universal physical therapy referral or blanket ambulation restriction; rather, it emphasizes individualized assessment to support safe movement.

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**QUESTION 3** SINGLE CHOICE

Which tool is widely recommended as a screening instrument to identify potentially inappropriate medications for older adults as part of the 'Medication' element of the 4Ms?

A APACHE II Score

**B Beers Criteria**

C Mini-Mental State Examination (MMSE)

D Braden Scale

**ANSWER B**

**WHY** The Beers Criteria, developed by the American Geriatrics Society, is the standard tool used to identify potentially inappropriate medications for older adults. APACHE II measures illness severity, MMSE assesses cognition, and the Braden Scale assesses pressure injury risk.

**QUESTION 4** SINGLE CHOICE

In the 'What Matters' element of the 4Ms Framework, the clinician should document and act on:

A The patient's insurance coverage and financial status

**B The patient's own goals, values, and preferences for care and quality of life**

C The family's preferences when they differ from the patient's

D The hospital's quality metrics and readmission targets

**ANSWER B**

**WHY** 'What Matters' centers on eliciting and incorporating the individual older adult's own goals, values, and care preferences, including end-of-life wishes. It is not focused on finances, family preferences that override the patient, or institutional metrics.

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**QUESTION 5** SINGLE CHOICE

When communicating with an older adult who has documented hearing loss, which accommodation aligns with Age-Friendly care principles?

A Speaking loudly and rapidly to ensure all information is conveyed quickly

**B Addressing the patient directly while facing them, in a well-lit environment, and reducing background noise**

C Communicating only with a family member or caregiver to ensure accuracy

D Providing written instructions without verbal explanation as a substitute for dialogue

**ANSWER B**

**WHY** Age-Friendly communication for adults with hearing impairment includes facing the patient, ensuring good lighting so the patient can see lip movements and facial cues, and minimizing background noise. Speaking rapidly or excluding the patient from communication undermines person-centered, Age-Friendly care.

**QUESTION 6** SINGLE CHOICE

A primary tenet of Age-Friendly medication management for older adults is to:

A Deprescribe any medication that is not on the Beers Criteria without further review

B Avoid all medications classified as high-risk in older adults regardless of indication

**C Use the fewest medications necessary and avoid medications that do not align with the patient's goals**

D Continue all current medications to avoid disrupting existing regimens

**ANSWER C**

**WHY** Age-Friendly medication management emphasizes appropriate, deprescribing-conscious prescribing — using the minimum necessary medications, avoiding medications that conflict with the patient's goals or are inappropriate per tools like the Beers Criteria, while not discontinuing necessary medications arbitrarily. Blanket avoidance of high-risk drugs or continuation of all medications is not appropriate.

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**QUESTION 7** SINGLE CHOICE

Interprofessional collaboration in Age-Friendly Health Systems is important primarily because:

A Only physicians are qualified to address the 4Ms

**B Each of the 4Ms typically requires the expertise of multiple disciplines working together**

C Interdisciplinary teams are mandated for billing purposes only

D Collaboration is recommended only when a patient is in an acute care setting

**ANSWER B**

**WHY** The 4Ms span medication, mentation, mobility, and what matters, each of which benefits from the expertise of multiple disciplines (e.g., nursing, pharmacy, social work, physical therapy, medicine). Effective Age-Friendly care therefore depends on interprofessional collaboration across the continuum of care.

**QUESTION 8** SINGLE CHOICE

Which strategy best demonstrates continuous quality improvement in an Age-Friendly Health System?

A Documenting the 4Ms only at discharge to satisfy reporting requirements

**B Collecting and reviewing data on 4Ms adherence, outcomes, and equity, then iterating on workflows**

C Performing the 4Ms assessment only when patients or families request it

D Limiting 4Ms documentation to patients aged 75 and older

**ANSWER B**

**WHY** Age-Friendly Health Systems are expected to integrate the 4Ms into routine workflow, measure adherence and outcomes, and use data — including equity data — to drive iterative improvements. Sporadic, request-driven, or age-restricted use of the 4Ms does not reflect continuous improvement.

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**QUESTION 9** SINGLE CHOICE

Which of the four core elements of the Age-Friendly Health Systems 4Ms Framework addresses concerns about depression, loneliness, and social isolation in older adults?

A What Matters

B Medication

**C Mentation**

D Mobility

**ANSWER** C

**WHY** Mentation is the 4Ms element that encompasses dementia, delirium, and depression, including screening for mood and social well-being such as loneliness and isolation. What Matters focuses on goals and preferences, Medication on appropriate prescribing, and Mobility on movement and falls prevention.

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