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PRACTICE QUESTIONS

Competency and Credentialing Institute (CCI)

AAGYZ5MK

Certified Surgical Services Leader (CSSL)

EDITION

Demo

QUESTIONS

9

ISSUED

September 4, 2026

Before you begin

What this is

9 practice questions for Competency and Credentialing Institute (CCI) AAGYZ5MK , 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, AAGYZ5MK
- 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

A surgical services leader is asked to develop a new perioperative governance structure for a large acute care hospital. Which element is most essential to include as a foundational component of an effective perioperative governance structure?

- ☐ A An executive committee that reports directly to the hospital's legal counsel
- ☒ B A multidisciplinary perioperative committee with representation from surgery, anesthesia, nursing, and administration
- ☐ C A nursing-only quality council that meets monthly to review surgical site infections
- ☐ D A vendor advisory panel that provides input on capital equipment selection

ANSWER B

WHY Effective perioperative governance requires multidisciplinary representation from surgery, anesthesia, nursing, and administration to ensure shared decision-making and alignment of clinical, operational, and financial priorities. A governance structure isolated to one discipline or to vendors cannot effectively address perioperative performance.

QUESTION 2 SINGLE CHOICE

A surgical services leader is reviewing the annual operating budget for the OR and notices that supply costs are projected to exceed the previous year by 18% while procedural volume is forecast to increase by only 3%. Which financial analysis technique is most appropriate for the leader to use first to determine the drivers of the variance?

- ☐ A Calculate a contribution margin analysis for each service line
- ☒ B Perform a price-volume variance analysis on surgical supplies
- ☐ C Request a capital acquisition plan for new instrumentation
- ☐ D Review the previous year's staffing schedule for overtime trends

ANSWER B

WHY A price-volume variance analysis isolates whether the increase in supply cost is driven by higher unit prices, changes in product mix, or higher utilization. This is the appropriate first step before considering broader financial actions such as capital planning, staffing changes, or service-line contribution analysis.

QUESTION 3

SINGLE CHOICE

A surgical services leader is preparing for a Joint Commission survey. According to current standards, which activity is required to be performed and documented at the time of surgical site marking?

- ☐ A A time-out that includes verification of patient identity and procedure
- ☒ B Marking performed and witnessed by a licensed independent practitioner with the patient awake and able to participate when possible
- ☐ C Marking completed by any circulating registered nurse using an indelible marker
- ☐ D Site marking performed by the surgeon after induction of anesthesia to minimize patient anxiety

ANSWER B

WHY Current Joint Commission and AORN expectations require that the surgical site be marked by a licensed independent practitioner who is ultimately responsible for the procedure, and that the patient be involved in the marking process whenever possible. Marking after induction or by a circulating nurse alone does not meet the intent of the National Patient Safety Goal.

QUESTION 4

SINGLE CHOICE

A surgical services leader is designing a staffing model for a 12-room OR suite that operates 24/7. Which factor should the leader consider first when determining the baseline number of full-time equivalent (FTE) RN circulators needed?

- ☐ A The preferred shift length of the current staff
- ☒ B The number of surgical procedures performed and their average intraoperative phase duration
- ☐ C The square footage of each operating room
- ☐ D The number of surgeons credentialed at the facility

ANSWER B

WHY Staffing models in the perioperative setting are driven by workload, specifically case volume and the time required for each phase of care. Room size, surgeon count, and shift preference do not directly determine the baseline FTE requirement for circulating nurses.

QUESTION 5 SINGLE CHOICE

An OR committee notes an increase in first-case start delays over the past quarter and wants to use a structured performance improvement methodology. Which tool is most appropriate to identify the multiple contributing factors that delay the first case from entering the room on time?

- ☐ A A Pareto chart
- ☐ B A control chart
- ☒ C A fishbone (Ishikawa) diagram
- ☐ D A run chart

ANSWER C

WHY A fishbone (Ishikawa) diagram is used to identify and categorize potential causes of a problem across people, process, equipment, and environment, making it ideal for examining the many factors that can delay a first-case start. Pareto, control, and run charts are better suited to displaying data distribution or trends rather than root-cause exploration.

QUESTION 6 SINGLE CHOICE

A surgical services leader is reviewing OR utilization metrics. Which definition of "OR utilization" best reflects industry-accepted practice for managing prime-time block scheduling?

- ☐ A Total room turnover time divided by total available block time
- ☒ B The percentage of staffed and available OR time that is used for productive surgical minutes (skin-to-skin or equivalent), excluding turnover
- ☐ C The number of scheduled minutes divided by the number of staffed minutes regardless of actual use
- ☐ D Total case time including turnover divided by total room turnaround hours

ANSWER B

WHY Industry-standard OR utilization measures the proportion of staffed, available OR time that is consumed by productive surgical time, and most accepted formulas exclude turnover time so that efficiency of scheduling and block use can be assessed independent of turnover performance. Definitions that include turnover or that count scheduled time regardless of actual use distort block utilization reporting.

QUESTION 7

SINGLE CHOICE

A surgical services leader is collaborating with sterile processing department (SPD) leadership to improve instrument availability for the next day. Which process step is most critical to ensure that instrument sets are complete, functional, and ready for the first case of the day?

- ☐ A Performing immediate-use steam sterilization on all sets returned after 1700
- ☒ B Conducting a final inspection and assembly of each set with verification of the count sheet and functional testing of instruments
- ☐ C Stocking sets alphabetically by instrument name on the SPD cart
- ☐ D Sending a runner to retrieve missing instruments only after a case has begun

ANSWER B

WHY Final assembly with count-sheet verification, functional inspection, and confirmation of completeness is the SPD step that directly ensures instrument sets are ready for scheduled cases. Reactive measures such as immediate-use sterilization or mid-case retrieval do not reliably support first-case readiness.

QUESTION 8

TRUE FALSE

The AORN Code of Ethics requires perioperative nurses to act as patient advocates, including reporting questionable practices that may endanger the patient.

- ☒ A True
- ☐ B False

ANSWER A

WHY True. Advocacy is a foundational ethical obligation of perioperative nurses and is articulated in the AORN Code of Ethics, which requires nurses to act in the patient's best interest and to report practices that could jeopardize patient safety. This duty of advocacy is one of the central ethical standards cited in perioperative nursing practice.

QUESTION 9

MULTIPLE CHOICE

A surgical services leader is implementing strategies to reduce wrong-site surgery risk. According to current Universal Protocol expectations, which components must be performed and documented? (Choose three.)

- ☒ **A** Preprocedure verification of patient identity, procedure, and surgical site
- ☒ **B** Marking of the surgical site by a licensed independent practitioner, when applicable
- ☒ **C** Performance of a time-out immediately prior to the procedure with the entire procedural team
- ☐ **D** Postoperative debrief attended only by the surgeon and the circulating nurse
- ☐ **E** Discontinuation of the surgical site mark after induction of anesthesia

ANSWER A • B • C

WHY Universal Protocol consists of three required components: preprocedure verification, site marking by a licensed independent practitioner when applicable, and a time-out performed immediately prior to the procedure with the entire team. Postoperative debrief is valuable but is not a Universal Protocol component, and site marks must be visible after skin preparation, not removed.