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CPHQ Exam Outline

Content Categories	Scored Questions
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7. Regulatory and Accreditation	8

Time limit: 3 hours

Total questions: 140

Question format: Multiple-choice

Delivery format: Computer-delivered

M⊘metrix TEST PREPARATION

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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q584-Q589):
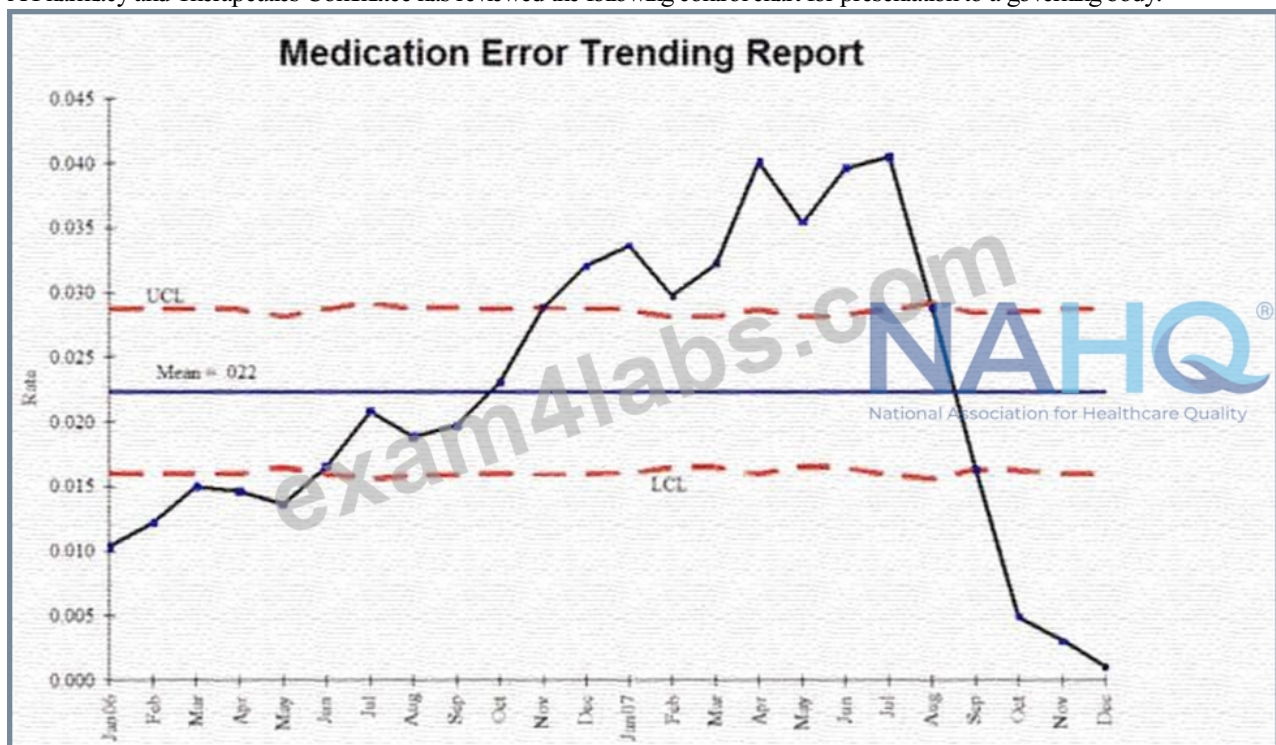
NEW QUESTION # 584
Which of the following regulatory agencies oversee development of electronic clinical quality measures (eCQMs)?

- **A. Centers for Medicare and Medicaid Services (CMS)**
- B. The Joint Commission (TJC)
- C. DNV GL Healthcare
- D. Occupational Safety and Health Association (OSHA)

Answer: A

NEW QUESTION # 585
A Pharmacy and Therapeutics Committee has reviewed the following control chart for presentation to a governing body:

Which of the following conclusions is most appropriate?

- A. The most serious errors are occurring in the spring and summer.
- B. The strategic goal for improving patient safety has been met.
- C. The strategic goal for improving reporting of errors has been met.
- **D. There has been a significant reduction in reported errors.**

Answer: D

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
In the Health Data Analytics domain, control charts are used to assess process stability and variation over time.
The chart shows that the medication error rate initially fluctuated, reaching a peak above the mean, and then displayed a sharp and sustained decline below the lower control limit (LCL) during the last several months.
A drop beyond the LCL indicates a special cause variation, suggesting a significant change in the system - in this case, a substantial reduction in reported medication errors.
However, because the data only reflect the number of reported errors, not the actual rate of occurrence, it is more accurate to conclude there has been a reduction in reported errors - not necessarily that patient safety goals have been met.
References:

NAHQ CPHQ Content Outline - Health Data Analytics: Control Chart Interpretation and Variation Analysis NAHQ Healthcare Quality Competency Framework - Measurement and Analytics: Detecting and Interpreting Special Cause Variation Key takeaway:A sustained change below the lower control limit reflects special cause variation and indicates a significant process shift - in this context, a reduction in reported medication errors.

NEW QUESTION # 586

Which of the following is the appropriate group to review care delivered by an individual physician to a patient who suffered a serious adverse event?

- A. peer review committee
- B. governing body
- C. quality council
- D. bioethics committee

Answer: A

Explanation:
The appropriate group to review the care delivered by an individual physician to a patient who suffered a serious adverse event is the peer reviewcommittee. The peer review process is a critical component of healthcare quality and safety, designed to ensure that physicians provide care that meets established standards.
Peer Review Committee's Role: This committee is composed of medical professionals who have the expertise and qualifications to assess the clinical performance of their peers. The review is confidential and focuses on evaluating the quality of care provided, adherence to established clinical guidelines, and the identification of any deviations from standard practices.
Assessment of Serious Adverse Events: In the case of a serious adverse event, it is essential to determine whether the care delivered was appropriate or if there were errors or omissions that contributed to the event.
The peer review committee is tasked with conducting this detailed analysis, identifying root causes, and recommending actions to prevent future occurrences.
Ensuring Accountability and Improvement: The peer review process also ensures that physicians are held accountable for their actions while providing a pathway for continuous improvement. If deficiencies are found, the committee can suggest corrective actions, additional training, or other measures to enhance patient safety.
Comparison with OtherOptions:
Quality Council: Typically focuses on broader quality improvement initiatives across the organization, rather than the specific review of individual cases.
Governing Body: Oversees the organization at a high level and would not typically be involved in the detailed clinical review of individual cases.
Bioethics Committee: Focuses on ethical dilemmas in patient care but does not perform clinical performance reviews.
References: (Based on Healthcare Quality NAHQ documents and resources)
National Association for Healthcare Quality (NAHQ), CPHQ Study Guide, Chapter on Peer Review Processes.
NAHQ Code of Ethics and Standards of Practice, Section on Peer Review.
Quality Management in Health Care, Article on Roles of Peer Review Committees.
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NEW QUESTION # 587

A root cause analysts (RCA) was conducted tor an event related to a delayed high-priority alarm response.
Alarm fatigue was determined to be a root cause. Which of the following Is the most appropriate first Intervention?

- A. Implement a guideline with clear criteria for Initiation of cardiac monitoring.
- B. Review alarm signals for clinical appropriateness.
- C. Establish a written policy for alarms escalation.

Answer: B

Explanation:
A root cause analysis (RCA) is asystematic process of identifying the factors that contributed to an adverse event or near miss in order to prevent recurrence and improve patient safety1.
Alarm fatigue is a condition in which clinicians become desensitized to the numerous alerts and warnings generated by medical devices, leading to longer response times or missed alarms2.
Alarm fatigue can compromise patient safety by increasing the risk of adverse events, such as delayed treatment, missed diagnosis, or cardiac arrest3.

To reduce alarm fatigue, the Joint Commission recommends a four-step approach: establish alarm system management as a priority; identify the most important alarms to manage; establish policies and procedures for alarm system management; and educate staff and patients about alarm system management4.

The most appropriate first intervention for an event related to a delayed high-priority alarm response is to review alarm signals for clinical appropriateness. This means to evaluate the alarm settings, limits, and delays for each device and patient population, and adjust them according to evidence-based guidelines and best practices5. This can help reduce the number of false or clinically insignificant alarms, and improve the specificity and sensitivity of the alarm system.

Establishing a written policy for alarm escalation is also an important intervention, but it is not the first step.

A policy for alarm escalation should define the roles and responsibilities of staff, the criteria and process for escalating alarms, and the expected response time and actions for each alarm level. However, before developing such a policy, it is necessary to review the alarm signals and ensure that they are clinically relevant and meaningful.

Implementing a guideline with clear criteria for initiation of cardiac monitoring is another intervention that can reduce alarm fatigue, but it is not the first step either. A guideline for cardiac monitoring should specify the indications, duration, and discontinuation of continuous electrocardiographic (ECG) monitoring for patients at risk of cardiac arrhythmias or ischemia. However, before implementing such a guideline, it is necessary to review the alarm signals and ensure that they are appropriate for the patient population and clinical setting. References: 1: NAHQ Code of Ethics 2: Reducing the Safety Hazards of Monitor Alert and Alarm Fatigue 3: Alarm fatigue: impacts on patient safety 4: The Joint Commission National Patient Safety Goal on clinical alarm safety 5: Alarm Management: Advancing From Failure Cause To Root Cause Analysis : [Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic] : [The Financial Case for Quality as a Business Strategy] : [Shaping the Future of the Healthcare Quality Profession] : [PracticeStandards for Electrocardiographic Monitoring in Hospital Settings]

[Understanding the Evolving Landscape of Healthcare Quality]

NEW QUESTION # 588

Secondary prevention Is Primarily Intended to

- A. prevent disease or disease process.
- B. reduce moderate disability associated with advanced disease.
- C. eliminate risk factors for a disease.
- D. focus on early detection and treatment of disease.

Answer: D

Explanation:

Secondary prevention in healthcare is primarily intended to focus on the early detection and treatment of disease12. This level of prevention is about detecting and treating disease early, often before symptoms are present, thus minimizing serious consequences2. It includes measures taken during an interaction between an individual patient and a clinician1. Examples of secondary prevention include screening programs, such as mammography to detect breast cancer and dual x-ray absorptiometry (DXA) to detect osteoporosis2. Therefore, the answer is option C: focus on early detection and treatment of disease.

NEW QUESTION # 589

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