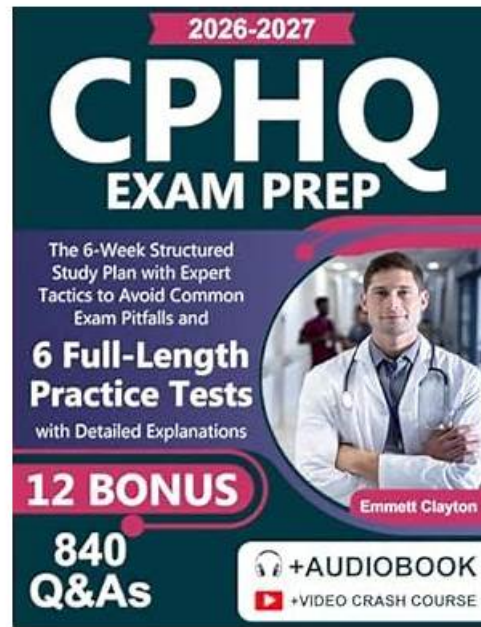


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NAHQ Certified Professional in Healthcare Quality Examination Sample

Questions (Q333-Q338):

NEW QUESTION # 333

A 300-bed healthcare organization has decided to apply for accreditation with a new accreditation body. The accreditation readiness coordinator should first

- A. assess staff education needs related to accreditation.
- **B. review the standards required for accreditation.**
- C. establish an operating budget for staff accreditation education.
- D. obtain accreditation results from other facilities.

Answer: B

Explanation:

The accreditation readiness coordinator's first step should be to review the standards required for accreditation. Understanding the specific standards and requirements of the new accreditation body is critical to guide the organization's preparation process. This review will inform the development of education plans, readiness assessments, and any necessary adjustments to policies or procedures to ensure compliance with the accreditation standards.

Establish an operating budget for staff accreditation education (B): Budgeting is important but should follow the understanding of accreditation standards to ensure that the budget aligns with the specific needs.

Obtain accreditation results from other facilities (C): While this can provide valuable insights, it is secondary to understanding the actual standards that need to be met.

Assess staff education needs related to accreditation (D): This is an important step but should be done after the standards are reviewed, as it will guide what specific educational needs to address. Reference NAHQ Body of Knowledge: Accreditation Readiness and Standards Review NAHQ CPHQ Exam Preparation Materials: Preparing for Accreditation

NEW QUESTION # 334

To gauge community perceptions regarding a hospital's response to a pandemic, the healthcare quality professional uses a random number generator to select 1,000 phone numbers and collect survey responses from the first 300 of those phone numbers where the call is answered. All calls are made between 9:00 am and 5:00 pm. This data collection approach is limited because:

- **A. The data will not include respondents who were only available outside business hours.**
- B. The professional did not conduct follow-up calls after the initial survey.
- C. Clinical questions could not be addressed because the survey was not provided by a clinician.
- D. Telephone surveys are not as reliable as mailed questionnaires.

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Under the Health Data Analytics domain, the reliability of survey data depends on sampling design and data collection timing.

By conducting all calls between 9:00 a.m. and 5:00 p.m., the professional introduces sampling bias by excluding individuals unavailable during those hours (e.g., full-time workers). This limits representativeness and generalizability of results.

Follow-up calls and clinician involvement do not correct the underlying selection bias.

Therefore, option B identifies the key limitation - limited sample representativeness due to collection timing.

References:

NAHQ CPHQ Content Outline - Health Data Analytics: Sampling Methods, Data Collection Bias, and Representativeness NAHQ Healthcare Quality Competency Framework - Measurement and Analytics: Sampling and Survey Design Principles

NEW QUESTION # 335

Many organizations establish condition-specific patient registries for their more sophisticated quality improvement projects because they do not have a reliable source of clinical information.

The use of patient registries is advantageous for the following reasons EXCEPT:

- A. They can collect all the data that the physician or health system determines are most important
- **B. They are not subject to short comings of review records**
- C. They can be used for quality improvements and research purposes
- D. They are rich source of information because they are customized

Answer: B

NEW QUESTION # 336

Licensing and accrediting bodies have relied heavily on structural measures of quality not only because the measures are relatively stable and thus easier to capture but:

- A. They reliably identify providers who demonstrably la means to deliver high quality care
- B. They reliably identify physicians
- C. They can never la the means to deliver high quality care
- D. They reliably indentify providers who are cheap

Answer: A

NEW QUESTION # 337

The primary focus of Six Sigma methodology is

- A. improving patient safety.
- B. eliminating waste.
- C. complying with standards.
- D. reducing variation.

Answer: D

Explanation:

The primary focus of Six Sigma methodology is reducing variation in processes. Six Sigma aims to improve the quality of outputs by identifying and eliminating the causes of defects and minimizing variability in manufacturing and business processes. By striving for near-perfect processes, Six Sigma helps organizations deliver consistent, high-quality products and services, which is critical in healthcare for improving patient outcomes.

Complying with standards (B): While Six Sigma can help meet standards, its focus is on reducing process variation.

Eliminating waste (C): This is a primary focus of Lean methodology, not Six Sigma.

Improving patient safety (D): While reducing variation can improve safety, Six Sigma's core goal is to minimize defects and variability.

Reference

NAHQ Body of Knowledge: Process Improvement and Six Sigma

NAHQ CPHQ Exam Preparation Materials: Six Sigma Methodology in Healthcare

NEW QUESTION # 338

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