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## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q41-Q46):

### NEW QUESTION # 41

Once you have resolved these issues, the data collection should go smoothly. Unfortunately, many quality improvement teams do not spend sufficient time discussing their data collection plans. They want to move immediately to data collection step. This haste usually guarantees that the team will (Choose three):

- A. Become frustrated with the entire measurement journey
- B. Collect the wrong data
- C. Reschedule the time and cost
- D. Collect too much (or too little) data

Answer: A,B,D

### NEW QUESTION # 42

Which of following objectives is/are NOT essential for successful quality improvement project and data collection initiative?

- A. Commonsense all the data collected that will provide the actual information.
- B. Identify the most appropriate data sources.
- C. Identify the most important measures for collection (the critical few).
- D. Identify the purpose of the data measurement activity (for monitoring at regular intervals, investigation over a limited period, or one-time study).

**Answer: A**

#### **NEW QUESTION # 43**

In statistics, the p-value provides the data user with

- A. A degree of deviation
- B. A measure of central tendency
- C. An index of data reliability
- D. A level of significance

**Answer: D**

Explanation:

The p-value is a statistical measure used in hypothesis testing to determine the probability of observing the data (or more extreme results) assuming the null hypothesis is true. It is commonly referred to as the level of significance, indicating whether the results are statistically significant when compared to a predetermined threshold (e.g.,  $\# = 0.05$ ).

Option A (An index of data reliability): Reliability refers to the consistency of a measurement tool, not the function of a p-value. The p-value assesses the likelihood of results occurring by chance, not the reliability of the data collection process.

Option B (A level of significance): This is the correct answer. According to NAHQ CPHQ study materials, the p-value is used to determine statistical significance, helping quality professionals evaluate whether observed differences or outcomes (e.g., in quality improvement interventions) are likely due to chance. A low p-value (e.g.,  $<0.05$ ) suggests the results are significant, leading to rejection of the null hypothesis.

Option C (A measure of central tendency): Measures of central tendency (mean, median, mode) describe the center of a data distribution and are unrelated to the p-value, which is a hypothesis testing metric.

Option D (A degree of deviation): Deviation refers to variability measures like standard deviation, which quantify data spread. The p-value does not measure deviation but rather the significance of observed results.

Reference: NAHQ CPHQ Study Guide, Domain 2: Health Data Analytics, covers statistical concepts, including the p-value as a measure of statistical significance critical for interpreting quality improvement data.

#### **NEW QUESTION # 44**

An effective method to increase an organization's board of directors engagement in patient safety is to

- A. guide them through a recent failure mode and effects analysis (FMEA) that was conducted prior to the launch of a new technology.
- B. foster teamwork and good communication at all levels of the organization and conduct training for both of these skill sets.
- C. structure the board agenda so that quality and safety are given the same amount of attention as financial issues.
- D. focus on improvement projects that are important to the medical staff in the organization.

**Answer: C**

Explanation:

To increase the board of directors' engagement in patient safety, structuring the board agenda to give quality and safety the same amount of attention as financial issues is the most effective method. This ensures that patient safety is a priority at the highest level of organizational governance, signaling its importance to the entire organization. It also provides the board with regular, detailed updates on safety initiatives, outcomes, and areas needing attention.

Fostering teamwork and communication (A): While important, this approach is more relevant to operational levels rather than engaging the board directly.

Focusing on improvement projects important to the medical staff (C): This can enhance engagement, but broader board engagement is better achieved through strategic prioritization of quality and safety.

Guiding them through a recent FMEA (D): This is valuable for education, but not as impactful for ongoing engagement compared to consistently prioritizing safety on the board's agenda.

## References

NAHQ Body of Knowledge: Governance and Leadership in Quality Improvement NAHQ CPHQ Exam Preparation Materials: Board Engagement in Quality and Safety

### NEW QUESTION # 45

This example shows the relationship between:

Concept: Patient safety

What aspect of patient safety do we want to measure? *Medication errors*

What specific measures could we track?

- *Number of medication orders that had an error*
- *Total number of errors caught each day*
- *Percentage of orders with an error*
- *Medication error rate*
- *Number of wasted IVs*
- *Percentage of administration errors*

Which specific indicator will you select?

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- A. Effectiveness and concept
- B. Specific measures and specific indicators
- C. Specific indicator and milestone
- D. A concept and specific measures

**Answer: D**

### NEW QUESTION # 46

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While attempting the exam, take heed of the clock ticking, so that you manage the NAHQ CPHQ Questions in a time-efficient way. Even if you are completely sure of the correct answer to a question, first eliminate the incorrect ones, so that you may prevent blunders due to human error.

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