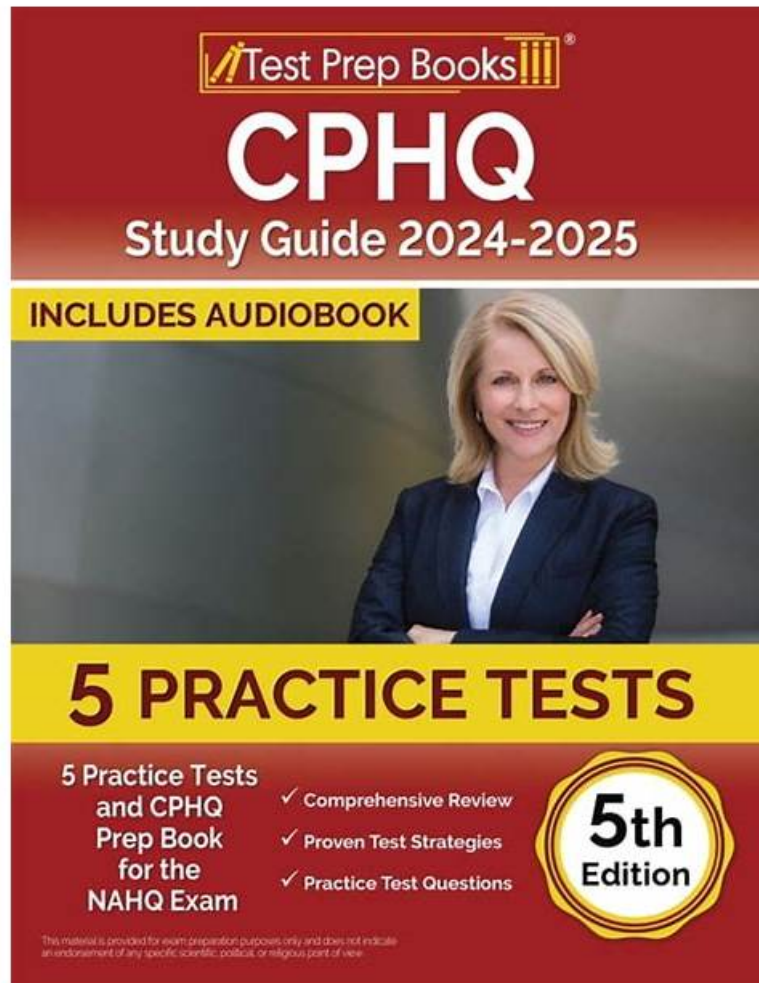


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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q304-Q309):

NEW QUESTION # 304

During analysis of patient falls, a quality professional notes that there has been an increase in the fall rate over the last 3 months. What other data should be analyzed first to determine potential causes?

- A. nurse to staff ratio
- B. utilization of chemical restraints
- C. average daily patient census
- D. fall assessment protocol compliance

Answer: D

Explanation:

Analyzing fall assessment protocol compliance (C) is the first step to determine causes of increased fall rates, as it evaluates whether risk assessments and interventions are implemented correctly. Census (A), chemical restraints (B), and staffing ratios (D) are secondary factors. NAHQ emphasizes process-related data for safety analysis.

NAHQ CPHQ Study Guide, Patient Safety Section, "Fall Prevention and Data Analysis"; NAHQ CPHQ Practice Questions, Patient Safety Metrics.

NEW QUESTION # 305

At what step in the DMAIC process should a healthcare quality professional complete a gap analysis?

- A. Improve
- B. Define
- C. Control
- D. Analyze

Answer: B

Explanation:

A gap analysis is conducted during the Define phase of the DMAIC process. It involves comparing the current state to the desired future state to identify discrepancies or "gaps." This analysis helps in setting clear objectives and priorities for the improvement project.

References:

DMAIC Define Phase: How to Define Your Project's Problems

NEW QUESTION # 306

Joseph Juran defined quality as consisting of two different but related concepts. The first form of quality is income oriented and includes features of the product that meet customer needs and thereby produce income (i.e., higher quality costs more).

The second form of quality is cost oriented and emphasizes:

- A. Knowledge about variation
- B. Freedom from deficiencies
- C. Freedom from failures
- D. Both A and B

Answer: D

NEW QUESTION # 307

Which Is a source of data for analyzing staff flu vaccination trends for an accountable care organization?

- **A. electronic health records**
- B. pharmacy procurement records
- C. vaccine manufacturer statistics
- D. insurance claims data

Answer: A

Explanation:

* An accountable care organization (ACO) is a network of health care providers that agrees to be accountable for the quality, cost, and overall care of a defined population of patients¹.

* ACOs aim to improve population health outcomes by coordinating care across different settings and providers, and by implementing quality improvement initiatives¹.

* One of the quality improvement initiatives that ACOs may adopt is to increase the influenza vaccination rate among their staff, especially those who have direct contact with patients².

* Influenza vaccination can prevent flu-related morbidity and mortality, reduce absenteeism and presenteeism, and protect vulnerable patients from infection³.

* To analyze staff flu vaccination trends for an ACO, a source of data that can be used is electronic health records (EHRs)⁴.

* EHRs are digital versions of patients' medical histories, diagnoses, treatments, medications, immunizations, and other health information that are maintained by health care providers⁵.

* EHRs can provide data on staff flu vaccination trends for an ACO by:

- * Identifying the staff members who belong to the ACO and their roles, locations, and contact information⁶.
- * Tracking the dates and types of flu vaccines that staff members received, as well as any adverse reactions or contraindications⁷.
- * Comparing the vaccination rates of staff members across different departments, facilities, and time periods⁸.
- * Evaluating the impact of flu vaccination on staff health outcomes, such as flu-like illness, hospitalization, and mortality.
- * Generating reports and feedback for staff members and managers on their flu vaccination status and performance.

* Therefore, the correct answer is A. electronic health records, as this is a source of data that can be used to analyze staff flu vaccination trends for an ACO. References:

* 1: Accountable Care Organizations (ACOs): General Information | CMS

* 2: Increasing Health and Social Care Worker Flu Vaccinations: Five Components

* 3: P141 FluCare: Improving flu vaccination rates in care home staff: A cluster randomised controlled trial | Journal of Epidemiology & Community Health

* 4: Frontiers | Influenza vaccination rates among healthcare workers: a systematic review and meta- analysis | Public Health

* 5: What is an electronic health record (EHR)? | HealthIT.gov

* 6: The National Association for Healthcare Quality

* 7: Flu vaccination guidance for social care workers and carers

* 8: CDC: COVID-19, flu vaccination rates for health care workers low last season

* : Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic | Journal for Healthcare Quality

* : Healthcare Quality and Safety Workforce Report: New Imperatives for Quality and Safety Mean New Imperatives for Workforce Development

NEW QUESTION # 308

The most important determinant of quality improvement success is

- A. monetary resource allocation.
- B. the CQI model selected.
- **C. organizational culture.**
- D. the type of organization.

Answer: C

Explanation:

The most important determinant of quality improvement success is organizational culture. Organizational culture refers to the collective values, beliefs, and norms that shape the behavior and practices within an organization. In the context of healthcare, a culture that emphasizes continuous improvement, teamwork, and a commitment to patient safety is crucial for the success of any quality improvement initiative.

Organizational Culture as a Foundation: A strong organizational culture supports the principles of Continuous Quality Improvement (CQI), including open communication, a non-punitive approach to error reporting, and a focus on learning from mistakes. This

Influence on CQI Success: Without a supportive culture, even well-designed CQI models may fail.

Monetary Resources and Models: While monetary resource allocation (B) and the specific CQI model selected (C) are important, they are secondary to culture. Adequate resources and the right CQI model are necessary but not sufficient without a culture that prioritizes quality.

Reference: National Association for Healthcare Quality (NAHQ) documents and resources emphasize the importance of

NEW QUESTION # 309

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