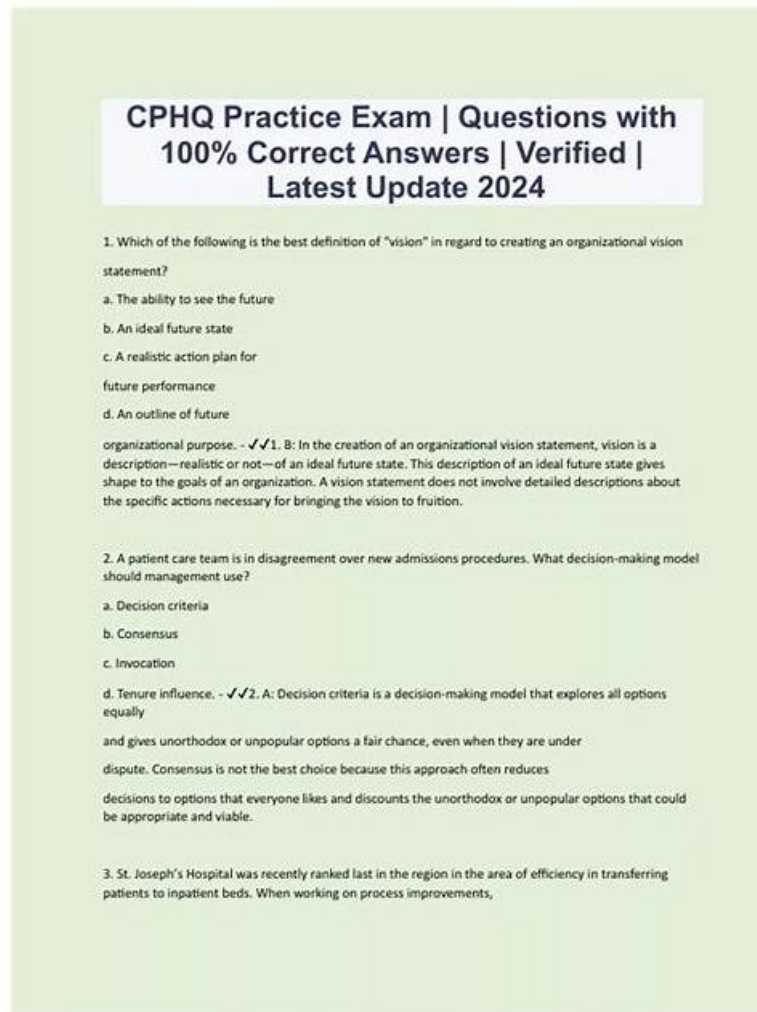


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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q13-Q18):

NEW QUESTION # 13

A provider's Ongoing Professional Practice Evaluation (OPPE) profile is shown below. In this organization, if a provider partially meets or does not meet performance expectations, they are referred to peer review for a Focused Professional Practice Evaluation (FPPE).

Fully Meets: >80% of measures at threshold

Meets: 65% to 80% of measures at threshold

Partially Meets: 40% to 64% of measures threshold

Does Not Meet: <40% of measures at threshold

After reviewing this provider's overall profile, what should the healthcare quality professional suggest?

- **A. The provider partially meets expectations; retain privileges.**
- B. The provider does not meet expectations; refer to peer review.
- C. The provider meets expectations; retain privileges.
- D. The provider fully meets expectations; do nothing.

Answer: A

Explanation:

The provider's Ongoing Professional Practice Evaluation (OPPE) profile suggests that the provider partially meets expectations, meaning 40% to 64% of measures are at the threshold. According to the organization's criteria, this level of performance warrants retaining privileges but likely with closer monitoring or additional support.

* Partial Meeting of Expectations: When a provider partially meets expectations, it indicates that there are areas of performance that need improvement, but the provider is still performing sufficiently in enough areas to retain privileges.

* Next Steps: The provider should likely undergo further evaluation or targeted support to address the areas where performance is lacking. This might involve additional training, mentoring, or a Focused Professional Practice Evaluation (FPPE) if specific concerns are identified.

* Comparison to Other Options:

* A. The provider fully meets expectations; do nothing is not applicable since the provider does not fully meet the performance criteria.

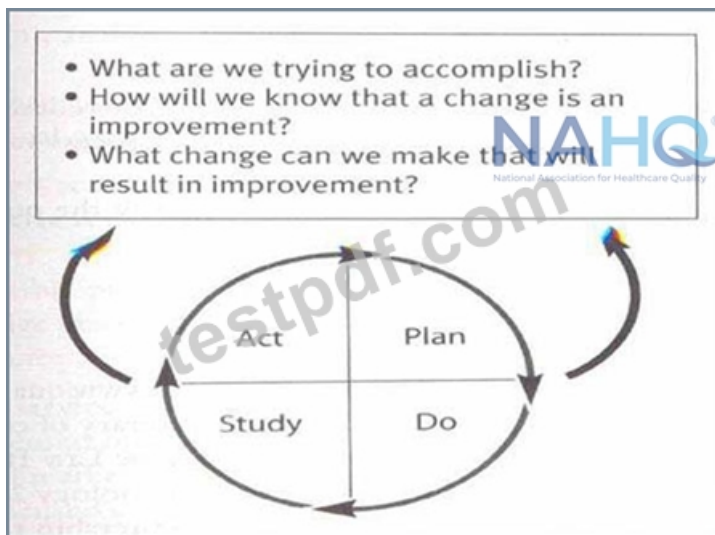
* B. The provider does not meet expectations; refer to peer review would be appropriate if the provider's performance was below 40%, but that is not the case here.

* D. The provider meets expectations; retain privileges would be correct if the provider was in the 65% to 80% range, which is not the situation here.

References: NAHQ guidelines on OPPE and FPPE processes emphasize the importance of distinguishing between different levels of performance and applying the appropriate actions based on the specific thresholds met by the provider.

NEW QUESTION # 14

The following diagram shows:



- A. Baldrige criteria for improvement
- B. None of these
- C. Quality improvement
- **D. API Improvement model**

Answer: D

NEW QUESTION # 15

_____ is a term applied when the proper clinical care process is not executed appropriately, such as giving the wrong drug to a patient or incorrectly administering the correct drug.

- A. Overuse
- **B. Misuse**
- C. Underuse
- D. Illegal use

Answer: B

NEW QUESTION # 16

A team has identified that labeled cutting boards are needed in a kitchen to decrease cross- contamination. After a new process has been implemented, it is discovered that the labeled cutting boards are not being used. Which of the following is the next action the team should take?

- A. Initiate progressive discipline.
- B. Increase monitoring.
- C. Conduct a root cause analysis.
- **D. Determine barriers to compliance.**

Answer: D

Explanation:

When it is discovered that labeled cutting boards, which were introduced to decrease cross- contamination, are not being used, the next logical step is to determine barriers to compliance. This step is crucial for the following reasons:

Identifying the Root Cause: Before taking any corrective actions, it is important to understand why staff members are not using the labeled cutting boards. Barriers might include a lack of awareness, inadequate training, inconvenience, or resistance to change.

Addressing the Correct Issue: Without identifying the barriers, any action taken may not be effective. For instance, increasing monitoring or initiating discipline without understanding why the new process is not being followed could lead to frustration and further non-compliance.

Facilitating Improvement: Once the barriers are identified, targeted interventions can be developed. This might include additional training, revising the process for ease of use, or addressing any misconceptions about the importance of the change.

Ensuring Sustainability: By resolving the underlying issues that prevent compliance, the organization can ensure that the process

improvement is sustained over time, leading to better outcomes.

Reference: (Based on Healthcare Quality NAHQ documents and resources) NAHQ CPHQ Study Guide, Section on Change Management and Compliance.

Quality Management in Health Care, Article on Identifying and Overcoming Barriers to Compliance.

NEW QUESTION # 17

The best way a healthcare organization can measure whether it is meeting its goals and targets is to compare its performance:

- A. With the world's top healthcare organizations
- B. With other healthcare organizations of its status
- C. Benchmarking
- D. Against itself over time

Answer: C

NEW QUESTION # 18

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