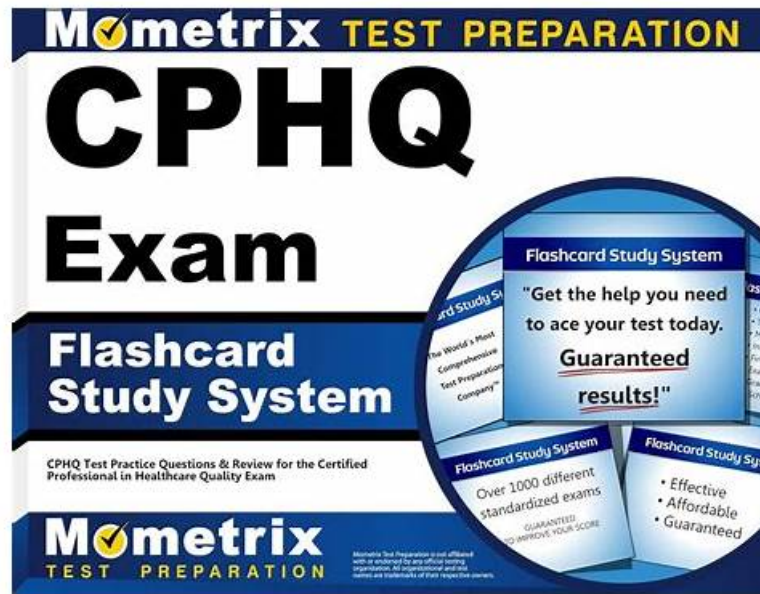


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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q353-Q358):

NEW QUESTION # 353

Based on the data below, which unit should the quality Improvement coordinator focus on?

- A. Unit D
- **B. Unit B**
- C. Unit C
- D. Unit A

Answer: B

Explanation:

* Based on the data below, which shows the percentage of patients who acquired a hospital-associated infection (HAI) in each unit, the quality improvement coordinator should focus on Unit C, which has the highest rate of HAI among the four units.

* A hospital-associated infection (HAI) is an infection that patients get during or after receiving health care in a hospital or other health care facility. HAIs can cause serious complications, increase morbidity and mortality, prolong hospital stays, and increase health care costs. Therefore, preventing and reducing HAIs is a key quality and safety goal for health care organizations.

* A quality improvement coordinator is a professional who develops and implements quality improvement initiatives, monitors and evaluates quality performance, and provides education and support to staff and leaders on quality methods and tools. One of their responsibilities is to identify and prioritize areas for improvement based on data analysis and evidence-based practices.

* To determine which unit should be the focus of quality improvement efforts, the quality improvement coordinator can use a data analysis tool such as a Pareto chart, which shows the frequency or impact of different factors or causes in descending order, along with a cumulative line that indicates the percentage of the total. A Pareto chart can help identify the most significant issues or opportunities for improvement, based on the 80/20 rule, which states that 80% of the effects come from 20% of the causes.

* Using the data below, a Pareto chart can be created as follows:

Table

Unit	HAI Rate (%)
A	5
B	7
C	12
D	4

* The Pareto chart shows that Unit C has the highest HAI rate (12%), followed by Unit B (7%), Unit A (5%), and Unit D (4%).

The cumulative line shows that Unit C alone accounts for 40% of the total HAI rate, and Units C and B together account for 63.3% of the total HAI rate. Therefore, according to the Pareto principle, the quality improvement coordinator should focus on Unit C, as it represents the most significant problem area and the greatest opportunity for improvement.

* The quality improvement coordinator can then conduct a root cause analysis to identify the possible factors or causes that contribute to the high HAI rate in Unit C, such as staff compliance, infection control practices, patient characteristics, environmental factors, etc. A root cause analysis can be facilitated by using a visual tool such as a fishbone diagram, which organizes possible factors into categories, such as people, process, equipment, environment, etc. The quality improvement coordinator can also collect and compare data from other units or sources to identify gaps and best practices.

* Based on the root cause analysis, the quality improvement coordinator can then develop and implement an action plan to address the identified causes and improve the HAI rate in Unit C. The action plan should include specific, measurable, achievable, relevant, and time-bound (SMART) goals, interventions, and indicators. The quality improvement coordinator can also involve the staff and leaders of Unit C in the planning and implementation process, to ensure their engagement and ownership of the improvement efforts.

* The quality improvement coordinator should also monitor and evaluate the progress and outcomes of the action plan, using data collection and analysis tools such as run charts, control charts, or statistical process control (SPC), which can show the variation and trends in the HAI rate over time. The quality improvement coordinator should also provide feedback and recognition to the staff and leaders of Unit C, and make adjustments to the action plan as needed, based on the data and evidence.

References:

* NAHQ HQ Principles, Module 2: Data Management, Lesson 2.3: Data Analysis Tools, Topic 2.3.1:

Pareto Chart, Topic 2.3.2: Fishbone Diagram

* NAHQ Learning Lab: The Role of the Healthcare Quality Professional in Population Health Management, Module 3: Data Collection and Analysis, Slide 16: Pareto Chart, Slide 18: Fishbone Diagram

* NAHQ Journal for Healthcare Quality, Volume 42, Issue 5, September/October 2020, Article:

Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic, Page 283: Figure 1. Pareto Chart of COVID-19 Cases by State as of June 30, 2020

* NAHQ News and Media, News: Shaping the Future of the Healthcare Quality Profession, Paragraph 5:

NEW QUESTION # 354

Establishing a culture of safety begins with having the right

- A. recruitment strategies.
- **B. leadership.**
- C. plan.
- D. educational programs.

Answer: B

Explanation:

A culture of safety in healthcare is the extent to which an organization's culture supports and promotes patient safety¹. It refers to the values, beliefs, and norms that are shared by healthcare practitioners and other staff throughout the organization that influence their actions and behaviors². A culture of safety requires a collaborative and data-driven approach that involves multiple stakeholders, such as clinicians, managers, patients, and quality professionals³. It also requires a commitment to continuous improvement, learning from errors, and addressing system-level factors that contribute to patient harm.

According to the National Association for Healthcare Quality (NAHQ), one of the core competencies for healthcare quality professionals is to lead and facilitate change initiatives that align with the organization's strategic goals and priorities. NAHQ also states that healthcare quality professionals should advocate for a culture of safety and quality across the organization.

Therefore, the option that best reflects the first step in establishing a culture of safety is C. leadership.

Leadership is essential for creating a vision, setting expectations, providing resources, and empowering staff to participate in safety improvement efforts. Leadership also influences the organizational climate, which affects the attitudes and behaviors of staff towards patient safety. The other options are less likely to be the first step in establishing a culture of safety, as they are either too specific, too vague, or too dependent on other factors. For example, recruitment strategies, plan, and educational programs are important components of a culture of safety, but they are not sufficient or effective without strong and supportive leadership.

Reference:

- 1: Safety Culture in Healthcare: A 7-Step Framework
- 2: What Is Patient Safety Culture?
- 3: 9 Effective Performance Management Strategies for Healthcare
- 4: A Guide to Performance Improvement in Healthcare
- 5: Healthcare Quality Solutions: Ready Your Workforce for Quality
- 6: Code of Ethics
- 7: Safety Culture in Healthcare Settings
- 8: Understanding the Evolving Landscape of Healthcare Quality

NEW QUESTION # 355

Analysis has shown that there is a significant delay in receiving laboratory results in the emergency room. A cross-functional team is assigned the task of improving laboratory reporting time.

Which of the following is the next step the team should take?

- A. Plot a scatter diagram.
- B. Develop action plans.
- **C. Complete a fishbone diagram.**
- D. Identify the responsible individual.

Answer: C

Explanation:

When a cross-functional team is assigned the task of improving a process, such as laboratory reporting time in the emergency room, the first step after identifying the problem is usually to understand the root causes of the problem. A fishbone diagram, also known as a cause and effect diagram or Ishikawa diagram, is a visual tool used to systematically identify and present all possible causes of a certain outcome¹²³⁴.

In this case, the significant delay in receiving laboratory results is the problem that needs to be addressed. The team would use a fishbone diagram to identify and categorize potential reasons for this delay, such as equipment issues, process inefficiencies, human errors, etc. This step is crucial before developing action plans (Option D) because it ensures that the team's efforts are directed

towards addressing the root causes of the problem, rather than just the symptoms¹²³⁴.

Options A (Identify the responsible individual) and C (Plot a scatter diagram) are not the immediate next steps in this scenario.

Identifying a responsible individual is more about accountability after the root causes have been identified and action plans have been developed. A scatter diagram is a graphical tool used to understand the relationship between two variables and is not typically the next step in process improvement after identifying the problem²³⁴.

Reference: <https://fellow.app/blog/management/cross-functional-collaboration-common-challenges-and-tips-to-make-it-work/>

NEW QUESTION # 356

Generally, effective performance measurement benefits organizations in the following way/s EXCEPT:

- A. Promotes ongoing organization self-evaluation and improvement
- B. Illustrate improvement
- C. Provides factual evidence of performance
- D. Helps to meet internal patients' care requirements

Answer: D

NEW QUESTION # 357

Ordering the correct diagnostic procedure for a patient is a measure of _____. When evaluating the process of care, however, appropriateness is only half the story. The other half is in how well and how promptly (i.e. skill-fully) the procedure was carried out.

- A. Appropriateness
- B. Equity
- C. Consciousness
- D. Care assessment

Answer: A

NEW QUESTION # 358

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