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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q48-Q53):

NEW QUESTION # 48

Healthcare purchasers and payers are demanding that providers demonstrate their ability to provide high quality patient care at fair prices. Specifically, they are seeking:

- A. Baseline information
- B. Current performance
- C. Objective evidence that hospitals and other healthcare organizations satisfy their customers and have desirable outcomes
- D. Objective evidence that hospitals and other healthcare organizations manage their costs well

Answer: C,D

NEW QUESTION # 49

Multi-voting Is frequently used in which of the following steps of the quality Improvement process?

- A. speculating on problem causes
- B. identifying root causes
- C. Implementing solutions and controls
- D. prioritizing Improvement opportunities

Answer: D

Explanation:

Multi-voting is a technique that helps a group narrow down a large list of options to a smaller list of the most important or preferred ones. It is also known as NGT voting or nominal prioritization 1.

Multi-voting is frequently used in the quality improvement process when there are many potential problems or solutions to choose from, and the group needs to focus on the most critical or feasible ones.

It can help the group reach a consensus and avoid bias or domination by a few members 1.

According to the NAHQ Healthcare Quality Competency Framework, one of the skills required for healthcare quality professionals is to "use multi-voting to prioritize improvement opportunities" 2. This skill belongs to the domain of performance and process improvement, which involves identifying, analyzing, and implementing changes to improve outcomes and efficiency 3.

The steps of multi-voting are as follows 1:

Generate a list of options or ideas using brainstorming, affinity diagram, or other methods.

Display the list on a flip chart, whiteboard, or computer screen so that everyone can see it.

Ask each group member to select a certain number of options (usually 3 to 5) that they think are the most important or relevant.

They can use stickers, dots, or marks to indicate their choices.

Count the number of votes for each option and rank them from the highest to the lowest. Eliminate the options that received the least votes (usually less than half of the highest vote) and repeat the voting process with the remaining options until the desired number of options is reached (usually 3 to 5).

Discuss the final list of options and agree on the priority order or the final selection.

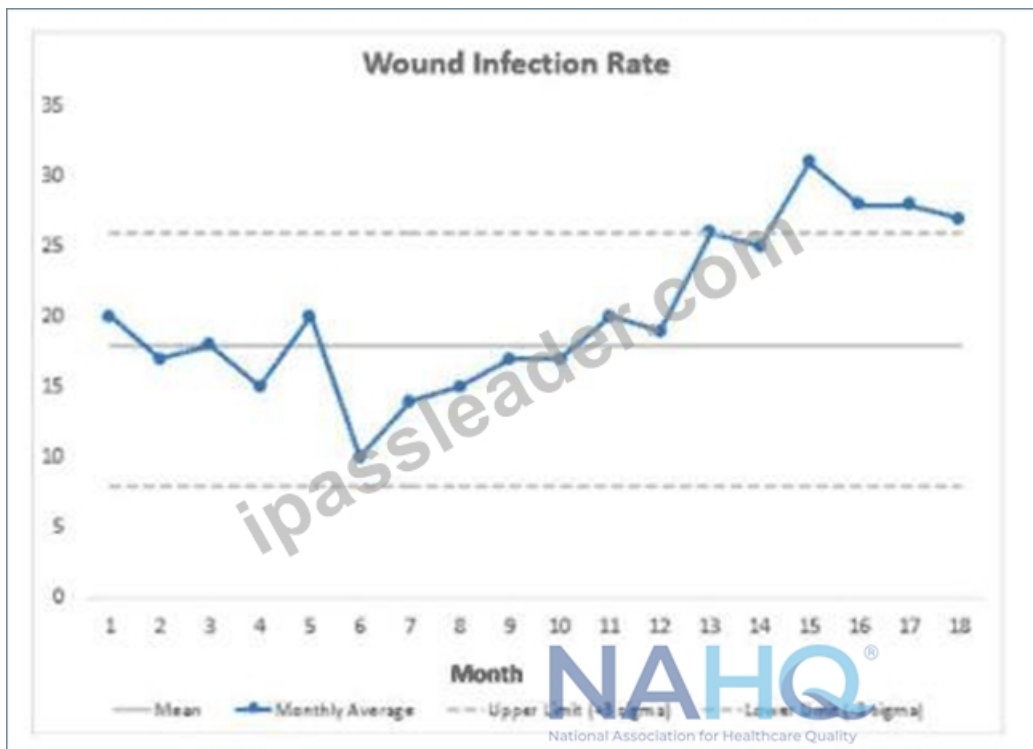
Reference: 2: NAHQ Healthcare Quality Competency Framework, Domain 3: Performance and Process Improvement, Skill 3.1.4

3: NAHQ Healthcare Quality Competency Framework Overview 4

1: What is Multivoting? NGT Voting, Nominal Prioritization | ASQ 1

NEW QUESTION # 50

Analysis of this chart shows which of the following?



- A. The wound infection rate is out of control and evaluation is needed.
- B. The variations represent a common cause that is inherent in the system.
- C. The wound infection rate is under control and should be allowed to continue.
- D. The variations represent chance events, not collectable sources of variation.

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In the Health Data Analytics domain, control charts are used to distinguish between common cause variation (normal system fluctuation) and special cause variation (abnormal variation requiring investigation).

In the chart shown, several points toward the end of the series approach or exceed the upper control limit (UCL) and display an upward trend beyond what would be expected due to random variation.

This pattern indicates the process is out of control, suggesting a special cause of variation such as a change in practice, infection control failure, or procedural deviation.

Therefore, the correct interpretation is that evaluation is needed to identify and correct the cause of this special variation.

References:

NAHQ CPHQ Content Outline - Health Data Analytics: Control Charts, Process Variation, and Statistical Interpretation NAHQ

Healthcare Quality Competency Framework - Measurement and Analytics: Differentiating Common vs. Special Cause Variation

Key takeaway: When data points show a consistent trend toward or beyond control limits, the process is no longer stable - requiring root cause analysis and corrective action.

NEW QUESTION # 51

Which of the following is a regulatory requirement to be undertaken by nonprofit hospitals?

- A. Follow steps from the organization's quality improvement program (QIP).
- B. Send surveys to patient and community advisory members.
- C. Conduct a community health needs assessment.
- D. Report safety events to Centers for Medicare and Medicaid Services (CMS).

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Under the Organizational Leadership domain of the CPHQ framework, healthcare quality professionals must understand regulatory and accreditation requirements governing healthcare organizations. According to the latest CPHQ Exam Content Outline and

Competency Framework, nonprofit hospitals are required to perform a Community Health Needs Assessment (CHNA) every three years.

This requirement ensures the hospital identifies, prioritizes, and addresses the most significant health needs of its community, demonstrating compliance with community benefit obligations. Conducting a CHNA and adopting an implementation strategy to meet identified needs is a federal regulatory requirement for nonprofit (tax-exempt) hospitals.

Options A, B, and D reflect sound organizational practices but are not the specific federal regulatory mandate tied to nonprofit hospital status.

References:

NAHQ CPHQ Content Outline - Organizational Leadership: Regulatory and Accreditation Requirements; Community Benefit Obligations
NAHQ Healthcare Quality Competency Framework - Regulatory and Accreditation; Community Benefit and Accountability

NEW QUESTION # 52

When reporting infection control indicators to a governing body, a healthcare quality professional should demonstrate improvement with which of the following tools?

- A. Pie chart
- B. Scatter plot
- C. Frequency plot
- D. Run chart

Answer: D

Explanation:

Reporting infection control indicators to a governing body requires a tool that clearly shows trends or improvements over time to demonstrate progress.

Option A (Scatter plot): Scatter plots show relationships between variables, not temporal trends, making them unsuitable for infection control trends.

Option B (Run chart): This is the correct answer. The NAHQ CPHQ study guide states, "Run charts display data over time, making them ideal for demonstrating trends and improvements in indicators like infection rates" (Domain 2). They are simple and effective for governing body reports.

Option C (Frequency plot): Frequency plots (e.g., histograms) show data distribution, not time-based trends.

Option D (Pie chart): Pie charts show proportions, not changes over time, making them inappropriate for improvement trends.

CPHQ Objective Reference: Domain 2: Health Data Analytics, Objective 2.3, "Select appropriate data display tools," identifies run charts for temporal data. The NAHQ study guide notes, "Run charts are preferred for reporting performance trends to leadership due to their clarity and focus on change over time" (Domain 2).

Rationale: Run charts effectively demonstrate improvements in infection control indicators by showing trends, aligning with CPHQ's data visualization principles for leadership reporting.

Reference: NAHQ CPHQ Study Guide, Domain 2: Health Data Analytics, Objective 2.3.

NEW QUESTION # 53

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