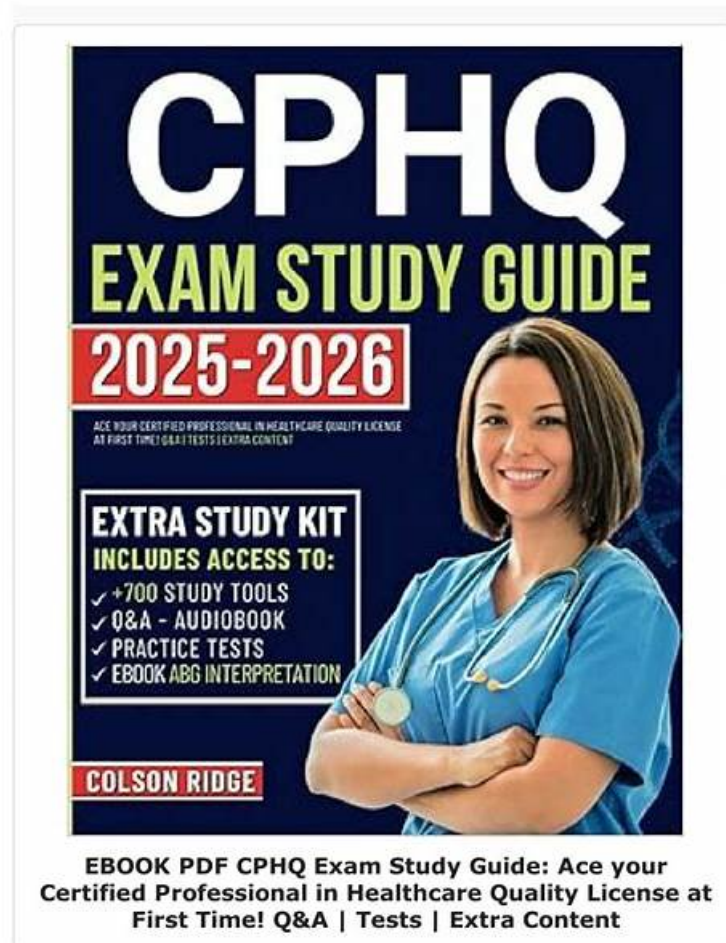


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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q458-Q463):

NEW QUESTION # 458

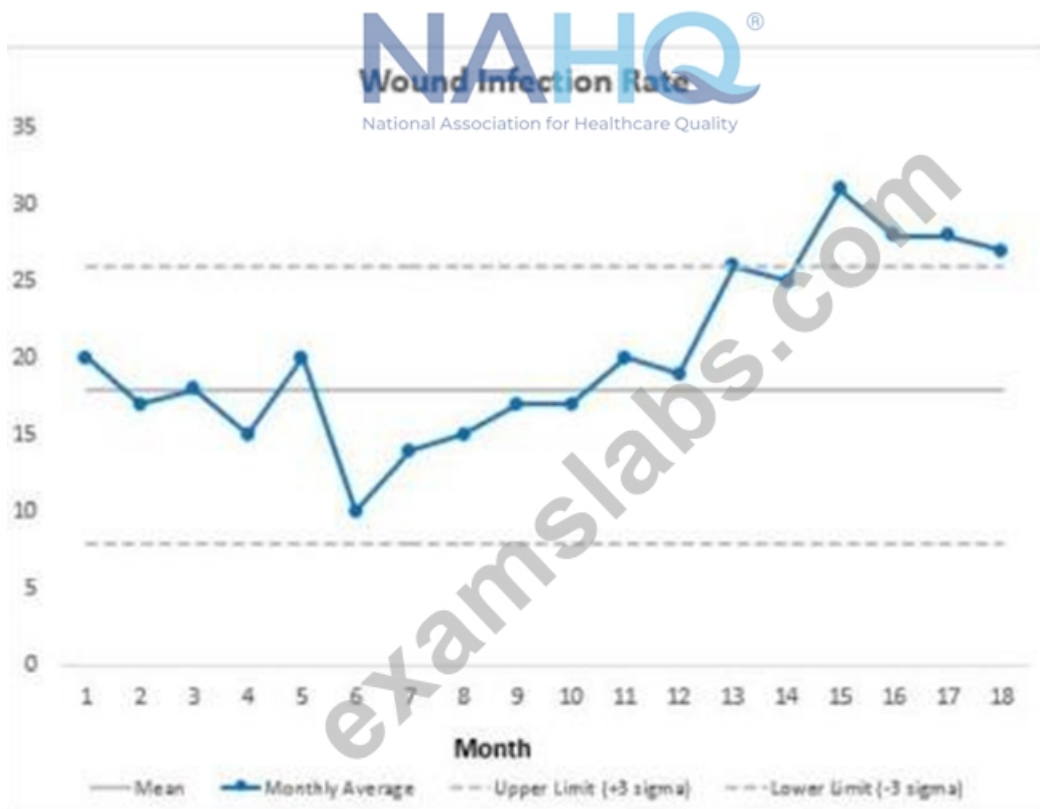
Which of the following is NOT out of Quality measurement categories or domains?

- A. Operational status
- B. Clinical quality (including both process and outcome measures)
- C. patient satisfaction
- D. Financial performance

Answer: D

NEW QUESTION # 459

Analysis of this wound infection rate control chart shows which of the following?



Analysis of this chart shows which of the following?

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

Answer: D

Explanation:

The control chart depicts wound infection rates over 18 months with a clear upward trend and several data points approaching or exceeding the upper control limit (+3 sigma). Such a pattern indicates the process is out of statistical control, meaning that the variation is not due to random chance (common causes) but rather to assignable or special causes that must be investigated (The Joint Commission, Statistical Process Control, 2024; Institute for Healthcare Improvement, Using Control Charts, 2023).

- * Option A is incorrect because the process is not stable or predictable; infection rates have increased significantly.
- * Option B is incorrect since chance events would produce variation within control limits, but here points exceed those limits.
- * Option C, common cause variation, implies stable, inherent system variability within control limits, which is not the case.
- * Option D correctly identifies that the wound infection rate is out of control and requires urgent evaluation and intervention to identify root causes and prevent further infections.

Effective quality management requires timely detection and response to such signals to improve patient safety and outcomes.

References:

The Joint Commission, Statistical Process Control, 2024

Institute for Healthcare Improvement, Using Control Charts to Improve Quality, 2023

NEW QUESTION # 460

When recommending a quality improvement project, the quality professional must first consider

- A. how the project aligns with the organization's strategic goals.
- B. when and how the project outcomes will be measured.
- C. who will provide the resources for the quality project.
- D. what departments and stakeholders need to be engaged.

Answer: A

Explanation:

When recommending a quality improvement project, the first consideration should be how the project aligns with the organization's strategic goals. Alignment ensures that the project supports the broader objectives of the organization, making it more likely to receive support from leadership and necessary resources. Projects that are in sync with strategic priorities are also more likely to yield significant and relevant outcomes, contributing to the organization's overall mission and vision.

* When and how the project outcomes will be measured (A): While important, this step comes after ensuring the project aligns with strategic goals.

* Who will provide the resources for the quality project (C): Resource allocation is a critical consideration, but only after the project's relevance to strategic goals is established.

* What departments and stakeholders need to be engaged (D): Stakeholder engagement is crucial, but first, the project must align with strategic objectives.

References

* NAHQ Body of Knowledge: Strategic Alignment and Project Selection

* NAHQ CPHQ Exam Preparation Materials: Quality Improvement Project Planning

NEW QUESTION # 461

Data identify a need to reduce medication errors in an institution. When requesting support to form a medication error reduction team from executive leadership, a healthcare quality professional should demonstrate

- A. past compliance with mandatory state reporting.
- B. the organization has a need for a new strategic goal.
- C. the initiative will lead to improved patient safety.
- D. technology is inadequate to address the issue.

Answer: C

Explanation:

Explanation: Demonstrating that a medication error reduction team will improve patient safety (D) aligns with leadership's focus on quality and risk reduction. Inadequate technology (A), past compliance (B), and new strategic goals (C) are less compelling. NAHQ prioritizes patient safety outcomes.

NAHQ CPHQ Study Guide, Patient Safety Section, "Medication Safety and Leadership Engagement"; NAHQ CPHQ Practice Questions, Quality Initiative Justification.

NEW QUESTION # 462

A quality improvement team develops a new procedure for improving timeliness in reporting urgent lab results to inpatient units. Prior to implementing the new procedure, the team wants to identify any potential deviations from the desired procedure. Which of the following tools should the team use to identify potential deviations?

- A. run chart
- B. matrix diagram
- C. process decision program chart
- D. interrelationship diagram

Answer: C

Explanation:
















Explanation: A process decision program chart (PDPC) (D) identifies potential deviations by mapping process steps and contingency plans before implementation. Run charts (A), interrelationship diagrams (B), and matrix diagrams (C) are less suited for pre-implementation risk analysis. NAHQ highlights PDPC for proactive planning. NAHQ CPHQ Study Guide, Performance and Process Improvement Section, "Process Decision Program Chart for Risk Identification"; NAHQ CPHQ Practice Questions, Quality Improvement Tools.

NEW QUESTION # 463

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