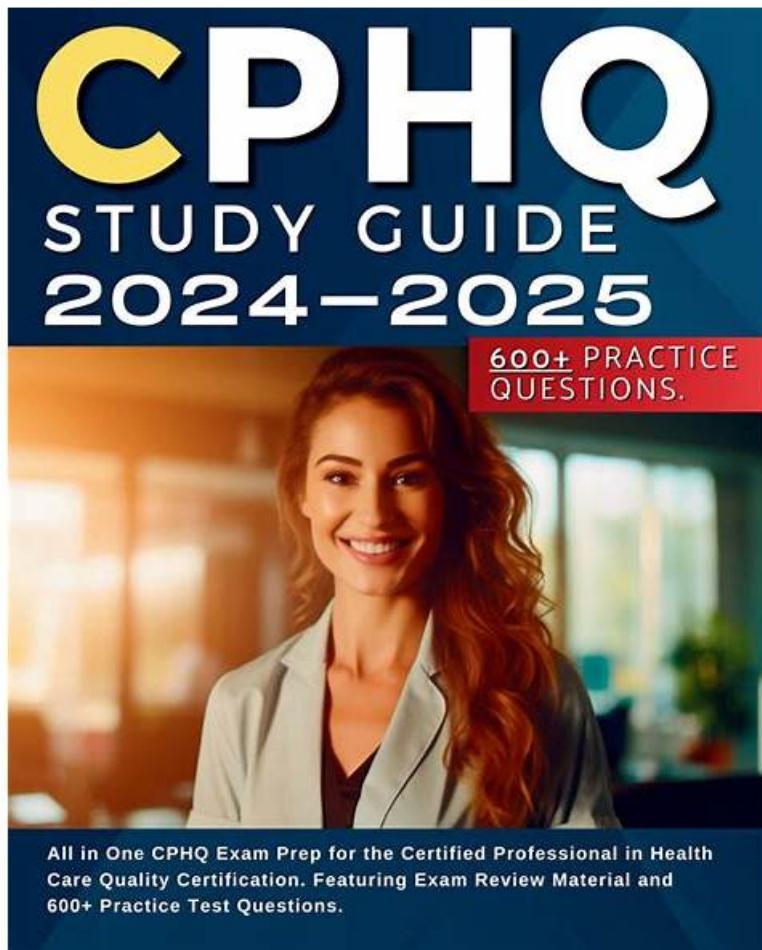


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NAHQ CPHQ Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">Population Health and Care Transitions: This section of the exam measures the skills of healthcare quality managers and covers strategies for managing patient populations effectively.
Topic 2	<ul style="list-style-type: none">Performance and Process Improvement: This section of the exam measures the skills of process improvement specialists and covers methodologies for enhancing healthcare services. It emphasizes identifying inefficiencies and implementing strategies for continuous improvement.
Topic 3	<ul style="list-style-type: none">Patient Safety: This section of the exam measures the skills of Healthcare Managers and covers essential practices for ensuring patient safety in healthcare environments. It focuses on identifying risks and implementing safety protocols.
Topic 4	<ul style="list-style-type: none">Health Data Analytics: This section of the exam measures the skills of healthcare professionals and covers the use of data to inform quality improvement efforts.
Topic 5	<ul style="list-style-type: none">Quality Leadership and Integration: This section of the exam measures the skills of healthcare quality managers and covers the principles of effective leadership in healthcare settings. It focuses on understanding how to integrate quality initiatives within organizational structures. Key skills include strategic planning and team collaboration, emphasizing fostering a culture of quality.

NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q492-Q497):

NEW QUESTION # 492

An organization with a focus on population health may use data to

- A. determine high-cost procedures.
- B. identify high-risk low-volume processes.
- C. determine the voice of the customer.
- D. identify high-risk patients.**

Answer: D

Explanation:

In the context of population health, data is essential for identifying high-risk patients who may benefit from targeted interventions. Here's why:

Targeted Interventions:

Identifying high-risk patients allows healthcare providers to allocate resources more efficiently and design interventions that are specifically tailored to those most in need, improving overall population health outcomes.

Preventive Care:

By focusing on high-risk patients, the organization can implement preventive measures that reduce the likelihood of adverse health outcomes, which is a key objective in population health management.

Data-Driven Decision Making:

Data enables the identification of patterns and trends within the population, helping to stratify patients based on risk and prioritize care for those at the highest risk of complications or poor outcomes.

Resource Optimization:

Identifying high-risk patients helps in optimizing the use of healthcare resources by focusing efforts on those who require the most attention, leading to more effective management of the population's health.

While determining the voice of the customer, identifying high-risk low-volume processes, and determining high-cost procedures are valuable, the primary use of data in population health is to identify high-risk patients for targeted interventions.

Reference: NAHQ Guide to Population Health Management

NAHQ Healthcare Quality Competency Framework: Data Analytics and Risk Stratification

NEW QUESTION # 493

A study was performed to compare quality outcomes between case/care managed groups and non-case/care managed groups for elective coronary artery bypass. The results are as follows:

Case #	Length of stay (LOS)	Readmission Days	CASE/CARE MANAGED	
			Adverse Outcomes	
1	6	0	1	
2	4	1	2	
3	5	0	0	
4	7	2	1	
5	3	0	1	

Case #	Length of stay (LOS)	Readmission Days	NON-CASE/CARE MANAGED	
			Adverse Outcomes	
6	7	0	3	
7	7	5	0	
8	8	3	1	
9	9	4	2	
10	19	0	0	

What is the median length of stay (or non-case/care managed patients)?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: D

Explanation:

The median is the middle value in a data set when the values are arranged in ascending or descending order.

In the case of the non-case/care managed patients, when we arrange the Length of Stay (LOS) in ascending order, we get 7, 8, 9, 10, and 19. Since there are 5 data points, the median is the third value, which is 9.

References: Unfortunately, as an AI, I'm unable to browse the internet in real-time, so I can't verify the answer from the specific healthcare quality documents and learning resources you provided. However, the explanation is based on the standard interpretation of a median in statistics. For more detailed information, please refer to the provided resources.

NEW QUESTION # 494

A recent analysis reveals that reimbursement projection is being negatively impacted by post-surgical respiratory failure rates. What is the first step to address this issue?

- A. Obtain a list of the patients Identified by this code and conduct a retrospective review.
- B. identify a team leader and facilitator to Implement a quality Improvement project.
- C. Conduct a focus group with the anesthesiologists and nurse anesthetists.
- D. Conduct focused professional practice evaluation (FPPE) on the surgeons in the organization.

Answer: A

Explanation:

When a healthcare organization identifies a problem that is impacting its performance, such as post-surgical respiratory failure rates negatively impacting reimbursement projections, the first step is typically to gather more information about the issue.

In this case, the best way to do that would be to obtain a list of the patients identified by this code and conduct a retrospective review (Option D). This would allow the organization to look back at the medical records of these patients to understand more about their cases, including potential risk factors, the course of their treatment, and the outcomes they experienced.

This information can then be used to identify patterns or trends that might be contributing to the high rates of post-surgical respiratory failure. For example, the review might reveal that certain surgical procedures, patient characteristics, or care practices are associated with a higher risk of respiratory failure.

Once this information has been gathered and analyzed, the organization can then move on to the next steps in the quality improvement process, such as identifying potential interventions, implementing changes, and monitoring their impact.

References: 123

NEW QUESTION # 495

Which of the following is most likely to be a benefit of concurrent ambulatory surgical case review?

- A. An increase in the number of cases failing screening criteria
- B. Decreased employee turnover
- C. Decreased medical record review at discharge
- D. An increase in reviewer competence

Answer: C

NEW QUESTION # 496

Each provider in a primary care practice has the potential of earning a \$20,000 bonus based on individual performance on select Healthcare Effectiveness Data and Information Set (HEDIS) indicators as outlined below:

Percent of bonus earned for meeting target	Indicator	Performance Target (met goal if > or = to target)
25%	Breast Cancer Screening (BCS)	74%
25%	Controlling High Blood Pressure (CBP)	72%
50%	Childhood Immunization Status (CIS)	63%

Provider	BCS	CBP	CIS
A	75%	71%	63%
B	77%	69%	65%
C	79%	73%	64%
D	73%	74%	62%

Based on this information, which of the following conclusions is accurate?

- A. Provider A earned a \$10,000 bonus.
- B. Provider C earned the highest bonus.
- C. Provider D earned a \$15,000 bonus.
- D. Provider B earned the lowest bonus.

Answer: B

Explanation:

To calculate the bonus, evaluate whether each provider met the performance targets for each HEDIS indicator and multiply by the corresponding percentage of the \$20,000 bonus.

* Provider A:

* BCS: $75\% \# 74\% \# 25\% \# \$20,000 = \$5,000$

* CBP: $71\% < 72\% \# \$0$

* CIS: $63\% \# 63\% \# 50\% \# \$20,000 = \$10,000$

* Total = \$15,000

* Provider B:

* BCS: $77\% \# 74\% \# \$5,000$

* CBP: $69\% < 72\% \# \$0$

* CIS: $65\% \# 63\% \# \$10,000$

* Total = \$15,000

* Provider C:

* BCS: $79\% \# 74\% \# \$5,000$

* CBP: $73\% \# 72\% \# \$5,000$

* CIS: $64\% \# 63\% \# \$10,000$

* Total = \$20,000

* Provider D:

* BCS: $73\% < 74\% \# \$0$

* CBP: 74% # 72% # \$5,000

* CIS: 62% < 63% # \$0

* Total = \$5,000

Provider C earned the highest bonus at \$20,000, meeting or exceeding all three performance targets. Provider D earned the lowest bonus, \$5,000, meeting only the CBP target.

References:

National Committee for Quality Assurance (NCQA), HEDIS Technical Specifications, 2024 The Joint Commission, Performance Improvement Standards, 2024

NEW QUESTION # 497

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