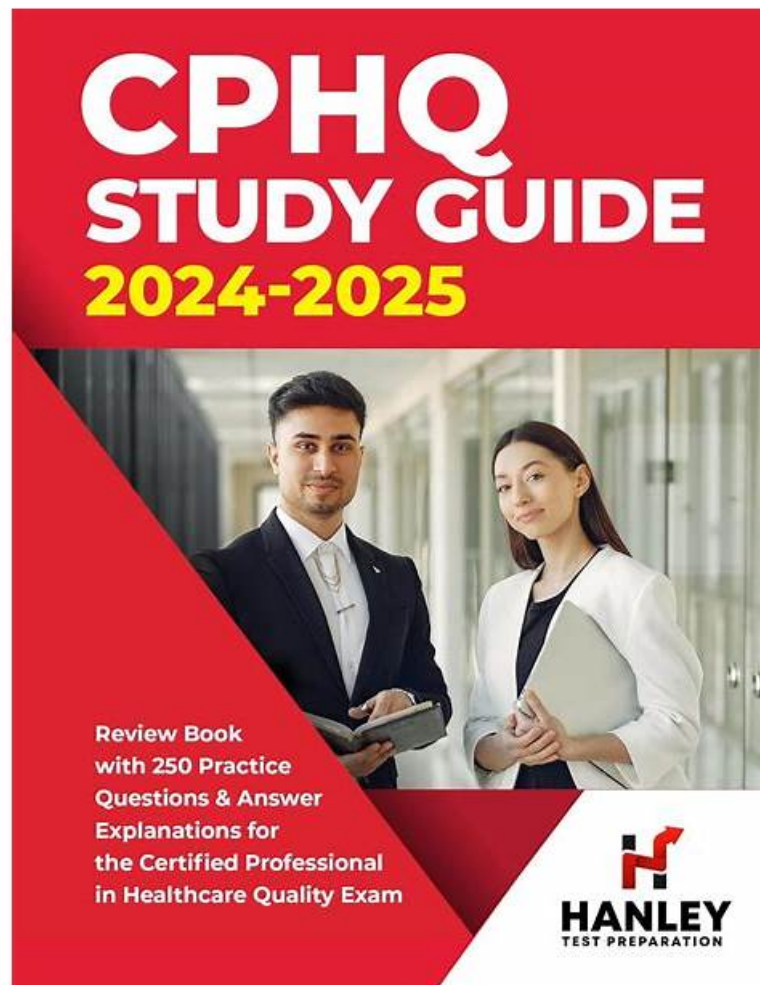


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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q213-Q218):

NEW QUESTION # 213

X quality professional is reviewing medication adherence data for patients with type 2 diabetes. Based on the table below, which neighborhood should be prioritized for additional interventions?

Percent of Patients with Type 2 Diabetes Not Taking Medications for 30+ Days		Neighborhood	Year 1	Year 2			
A	5% 10%	B	43% 42%	C	20% 40%	D	38% 44%

- A. Neighborhood D
- B. Neighborhood B
- C. Neighborhood C
- D. Neighborhood A

Answer: A

Explanation:

Detailed Explanation:

In order to prioritize a neighborhood for additional interventions, the quality professional should consider which neighborhood has the highest percentage of patients who are not adhering to their medication regimen, as this indicates a greater need for support and resources.

Interpretation of Data Trends:

Neighborhood A: Medication non-adherence increased from 5% to 10%.

Neighborhood B: A slight improvement in adherence, with a decrease from 43% to 42%.

Neighborhood C: A significant increase in non-adherence, from 20% to 40%.

Neighborhood D: The highest rate of non-adherence, rising from 38% to 44%.

Analysis of Priority for Intervention:

Neighborhood D has the highest percentage of patients not taking their medications for 30+ days in Year 2 (44%).

Although Neighborhood C shows a sharp increase in non-adherence (from 20% to 40%), Neighborhood D has both a higher baseline and an increase, suggesting a consistently higher risk that requires priority intervention.

Conclusion:

Based on these trends, Neighborhood D should be prioritized because it has the highest current rate of non-adherence and an upward trend, signaling a significant barrier to medication adherence among residents.

References:

This analysis aligns with quality improvement principles such as identifying high-risk populations and targeting interventions based on data analysis and trend evaluation, as recommended in healthcare quality improvement resources and CPHQ study materials on population health management and intervention prioritization.

NEW QUESTION # 214

A quality professional is conducting a root cause analysis related to a sentinel event. Which tool would be most useful to identify potential causes of the event?

- A. Failure mode and effects analysis (FMEA)
- B. Spaghetti diagram
- **C. Fishbone diagram**
- D. Prioritization matrix

Answer: C

Explanation:

A fishbone diagram, also known as a cause-and-effect diagram, is instrumental in identifying potential causes of a problem by categorizing them into major areas such as methods, equipment, and personnel. The NAHQ CPHQ Detailed Content Outline lists the fishbone diagram as a key quality tool for root cause analysis.cdn.

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This visual tool facilitates a structured brainstorming process, enabling teams to delve into the underlying causes of sentinel events systematically.

NEW QUESTION # 215

Practice guidelines should be based on

- A. utilization review criteria.
- B. computer-generated data.
- **C. scientific evidence.**
- D. cost-benefit analysis.

Answer: C

Explanation:

Practice guidelines should be based on scientific evidence. This ensures that the guidelines reflect the best available knowledge and research, leading to recommendations that are both effective and reliable. Evidence- based practice guidelines help improve patient outcomes by ensuring that clinical decisions are informed by rigorous and up-to-date research findings.

* Cost-benefit analysis (A): While important in decision-making, it is not the primary basis for developing practice guidelines.

* Computer-generated data (C): This can assist in analyzing data but is not a substitute for evidence- based research.

* Utilization review criteria (D): These criteria are more focused on managing healthcare services rather than forming the foundation of clinical guidelines.

References

* NAHQ Body of Knowledge: Evidence-Based Practice Guidelines

* NAHQ CPHQ Exam Preparation Materials: Foundations of Practice Guidelines

NEW QUESTION # 216

A CEO and chief nursing officer have requested a new quality initiative to reduce patient falls. One of the first steps in starting this new quality Improvement Initiative should include

- **A. evaluating baseline data to determine the cause of falls.**
- B. researching evidence-based guidelines.
- C. training the staff on the proper falls screening protocol.
- D. Implementing post-fall huddles on all units.

Answer: A

Explanation:

A quality improvement initiative is a systematic and data-driven approach to enhance the quality and safety of healthcare services and outcomes¹².

One of the first steps in starting a new quality improvement initiative is to define the problem and measure the current performance¹²³. This involves collecting and analyzing baseline data to understand the magnitude, frequency, and variation of the problem, as well as the potential causes and contributing factors¹²³.

Evaluating baseline data to determine the cause of falls (option B) is therefore a crucial step in designing and implementing a quality improvement initiative to reduce patient falls. This will help to identify the gaps between the current and desired states, prioritize the areas of improvement, and set measurable and realistic goals and objectives¹²³.

Training the staff on the proper falls screening protocol (option A) is an important intervention to prevent falls, but it is not the first

step in starting a quality improvement initiative. Training should be based on the evidence and best practices, and tailored to the specific needs and characteristics of the staff and the patients¹²⁴. Training should also be evaluated for its effectiveness and impact on the outcomes¹²⁴.

Researching evidence-based guidelines (option C) is another essential component of a quality improvement initiative, but it is not the first step either. Evidence-based guidelines provide recommendations for the prevention and management of falls, based on the best available scientific evidence and expert consensus⁴⁵. Researching evidence-based guidelines should be done after defining the problem and measuring the current performance, and before developing and testing the interventions¹²³.

Implementing post-fall huddles on all units (option D) is a valuable strategy to improve the communication and learning from falls, and to prevent future falls. However, it is not the first step in starting a quality improvement initiative. Post-fall huddles should be part of the implementation and evaluation phases of the quality improvement cycle, and should be aligned with the goals and objectives of the initiative¹²³.

Reference: 1: [Quality Improvement Essentials Toolkit] 2: [Quality Improvement Made Simple] 3: [The Model for Improvement] 4: The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities 5: Preventing Falls in Hospitals: Clinical Practice Guidelines: [Post-Fall Huddles: A Quality Improvement Project]: [Post-Fall Huddles: A Strategy to Reduce Falls and Improve Patient Safety]: 1: 2: 3: 4: 5

NEW QUESTION # 217

A new pediatric psychiatric unit will open in one year. The utilization coordinator is responsible for developing the utilization management program. The program's success will depend on which of the following factors?

- **A. involving the team members in the development of the program**
- B. providing educational in-services to all team members involved
- C. developing the program and presenting it to the appropriate staff members
- D. obtaining approval from the chief psychiatrist at each stage of development

Answer: A

Explanation:

The success of a utilization management program for a new pediatric psychiatric unit will largely depend on involving the team members in the development of the program. Engaging team members in the process ensures that the program is practical, addresses real-world challenges, and gains buy-in from those who will be implementing it. Team involvement fosters collaboration, allows for the inclusion of diverse perspectives, and enhances the likelihood of the program's success.

* Obtaining approval from the chief psychiatrist at each stage of development (A): While important for ensuring alignment with clinical leadership, it does not replace the need for broader team involvement.

* Developing the program and presenting it to the appropriate staff members (B): This approach is less effective as it does not involve the team in the development process, which is crucial for successful implementation.

* Providing educational in-services to all team members involved (D): Education is important, but the success of the program relies more on the team's involvement in its creation than on subsequent training alone.

References

* NAHQ Body of Knowledge: Program Development and Team Involvement in Healthcare

* NAHQ CPHQ Exam Preparation Materials: Effective Utilization Management Program Development

NEW QUESTION # 218

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