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CPHQ Exam 3

Relaese without written authorization is regulated by national/state statutes & may include all of the following except:
A. Patients family member
B. Governing body representative
C. Senior leadership - CEO
D. Healthcare personnel involved with this patients care at this time
E. QI, risk management, & UM staff
F. Health Info Management staff Correct answer- A

What is the term used for information used for decision making?
A. Data
B. Information
C. Decisions Correct answer- C

What is the abstract representation of facts, concepts, & instructions?
A. Data
B. Information
C. Decisions Correct answer- A

What is data translated into results?
A. Data
B. Information
C. Decisions Correct answer- B

Would 1 day of pics be data or information? Correct answer- Data

Would 5 days of pics be data or information? Correct answer- Information

Which type of information system supports direct care processes such as lab/radiology results?
A. Decision support systems
B. Clinical information systems
C. Administrative non clinical support systems Correct answer- B

Which type of information system aids in day to day operations- billing, financial, human resources?
A. Decision support systems
B. Clinical information systems
C. Administrative support systems Correct answer- C

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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q127-Q132):

NEW QUESTION # 127
A nursing director for a unit in a cancer hospital Is reviewing and assessing outcomes data in the following scatter diagram:

The relationship between the incidence of infection and the decrease in staffing targets is

- A. weak and negative.
- B. strong and negative.
- C. weak and positive.
- D. strong and positive.

Answer: B

Explanation:
The scatter diagram shows that as the decrease in staffing targets becomes more significant (moving right on the horizontal axis), the incidence of infection goes up (moving up on the vertical axis). This indicates a negative relationship because as one variable increases, the other one decreases. The relationship appears to be strong because the points lie closely to an imaginary line that slopes upwards from left to right, which suggests a consistent trend across the data points.
References:In healthcare quality improvement, it is critical to use data to inform decision-making. Scatter diagrams are a common tool used for this purpose. The NAHQ Healthcare Quality Competency Framework emphasizes the importance of analyzing and utilizing data in decision-making, as indicated in the Performance and Process Improvement domain. A strong negative relationship in this context could indicate that decreased staffing levels are associated with higher infection rates, which is a significant finding for a nursing director assessing outcomes and considering quality improvement initiatives.

NEW QUESTION # 128
A nursing director for a unit in a cancer hospital Is reviewing and assessing outcomes data in the following scatter diagram:

The relationship between the incidence of infection and the decrease in staffing targets is

- A. weak and negative.
- B. strong and negative.
- C. weak and positive.
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NEW QUESTION # 129
The most important component of a successful performance improvement program is:

- A. The support of organizational leaders
- B. Dedicating resources to the program
- C. Establishing performance improvement teams
- D. Integrating data collection capabilities

Answer: A

Explanation:
The support of organizational leaders is widely recognized as the most critical factor in the success of any performance improvement program. According to the Joint Commission's Comprehensive Accreditation Manual for Hospitals (CAMH) and the National Association for Healthcare Quality (NAHQ) standards, leadership commitment provides the vision, resources, and culture necessary to drive and sustain improvement efforts. Leadership engagement ensures alignment of performance goals with organizational strategy, facilitates resource allocation, and fosters accountability across all levels of staff.
The Institute for Healthcare Improvement (IHI) also emphasizes leadership's role in establishing a culture of safety and continuous improvement, which is foundational for effective performance improvement activities.
Without leadership support, performance improvement teams may lack authority, resources, and motivation, and data collection efforts may not translate into meaningful organizational change.
* Establishing performance improvement teams (A), while important, is secondary and depends on leadership endorsement.
* Integrating data collection capabilities (C) is essential for measurement but without leadership backing, data use may be ineffective.
* Dedicating resources (D) is necessary but again contingent on leadership priorities and support.
References:
The Joint Commission, Comprehensive Accreditation Manual for Hospitals (CAMH), 2024 Edition, Chapter on Performance Improvement Institute for Healthcare Improvement (IHI), Leadership Guide to Patient Safety, 2023 National Association for Healthcare Quality (NAHQ), Certified Professional in Healthcare Quality (CPHQ) Study Guide, 2024

NEW QUESTION # 130
A CEO and CNO 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. Preparing a storyboard to increase staff awareness about falls.
- B. Evaluating baseline data to determine the cause of falls.
- C. Calculating the financial impact on the organization from falls.
- D. Developing a staff education program about reducing falls.

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:

In the Performance and Process Improvement domain, the first step in launching a new quality initiative is to evaluate baseline data to identify current performance levels and contributing factors.

This aligns with the Plan-Do-Study-Act (PDSA) and DMAIC methodologies, where defining the problem and analyzing existing performance precede interventions.

Education and communication follow after data-driven cause identification.

References:

NAHQ CPHQ Content Outline - Performance and Process Improvement: Problem Identification and Baseline Assessment NAHQ Healthcare Quality Competency Framework - Performance Improvement: Data-Driven Problem Analysis

NEW QUESTION # 131

Which of the following is true of a clinical pathway?

- A. used to reduce variations in care
- B. depicted using a value stream map
- C. limited to one patient care setting
- D. required for accountable care organizations

Answer: A

Explanation:

A clinical pathway is a structured, multidisciplinary plan of care designed to support the implementation of clinical guidelines and protocols. The primary purpose of a clinical pathway is to reduce variations in care by standardizing the process for treating a specific condition, ensuring that all patients receive evidence-based, consistent, and high-quality care.

* Purpose of Clinical Pathways: Clinical pathways are developed to standardize the care process for specific patient populations or clinical conditions. By providing a clear sequence of steps and interventions, clinical pathways help to reduce unwarranted variations in care delivery, which can lead to better patient outcomes and more efficient use of resources.

* Comparison to Other Options:

* A. depicted using a value stream map: Clinical pathways are not typically depicted using value stream maps, which are more commonly used in lean process improvement to visualize and analyze the flow of materials and information.

* B. required for accountable care organizations: While clinical pathways are beneficial and often used within accountable care organizations (ACOs) to improve care quality and efficiency, they are not specifically mandated or required for ACOs.

* C. limited to one patient care setting: Clinical pathways can be applied across multiple care settings, not just one. They are designed to guide care across the continuum, from inpatient to outpatient settings, depending on the condition being managed.

References: NAHQ documentation and resources emphasize the role of clinical pathways in reducing care variation and ensuring adherence to best practices, which are critical for improving patient outcomes and healthcare efficiency.

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NEW QUESTION # 132

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