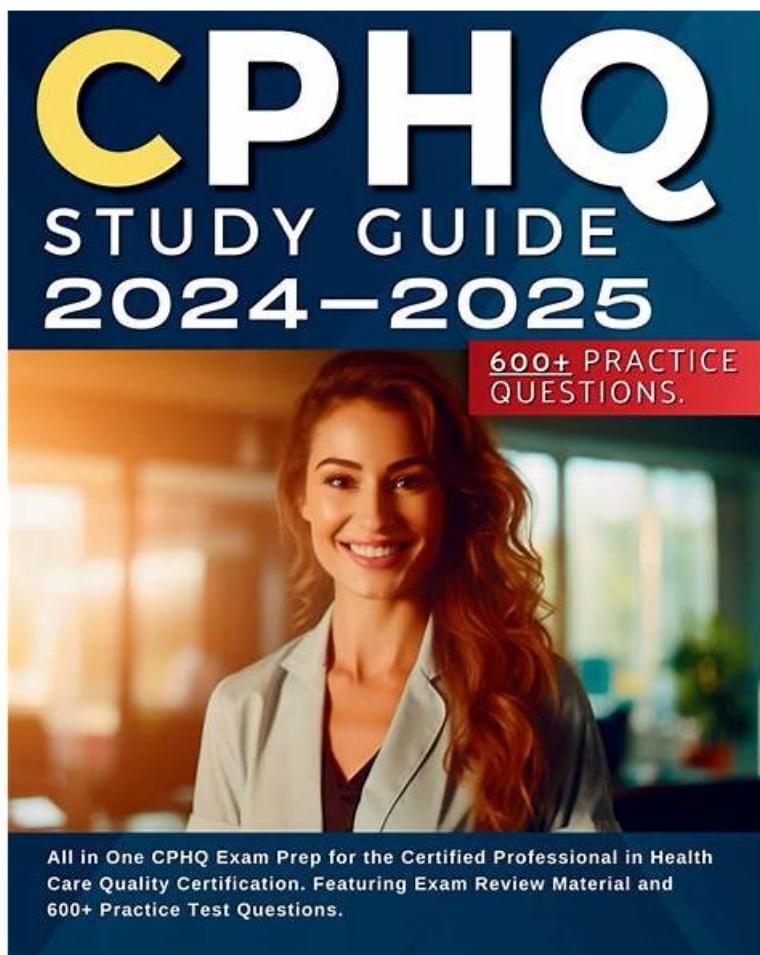


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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q416-Q421):

NEW QUESTION # 416

To best achieve a low rate of harm in spite of inherent risks in healthcare, an organization must

- A. apply principles of high reliability.
- B. adopt a zero tolerance for defect policy.
- C. meet at least 95% of accreditation standards.
- D. employ effective physician leaders.

Answer: A

Explanation:

To best achieve a low rate of harm in spite of inherent risks in healthcare, an organization must apply principles of high reliability¹²³. High reliability organizations (HROs) operate under challenging conditions yet experience fewer problems than would be anticipated. They have cultures that are preoccupied with the possibility of failure, reluctant to simplify interpretations, sensitive to operations, committed to resilience, and deference to expertise¹.

In healthcare, this means standardizing processes, such as for cleaning instruments, patient identification, communication handovers¹. It also involves analyzing incidents of harm or near misses, and empowering staff to report potential unsafe situations¹. Performance is measured, benchmarked against reliable standards, and goals are set for improvement¹.

Therefore, the answer is option D: apply principles of high reliability. This approach is more comprehensive and effective in achieving a low rate of harm in healthcare, as it addresses the complexity and variability in healthcare processes and outcomes²³.

NEW QUESTION # 417

A healthcare quality professional should determine that this process is:

- A. Unstable
- B. Changed
- C. Random
- D. Improved

Answer: A

Explanation:

An unstable process is characterized by variability that is unpredictable and not due to inherent system fluctuations. The NAHQ CPHQ Detailed Content Outline includes the use of quality tools and techniques, such as control charts, to monitor process stability. cdn.nahq.org If a process exhibits data points outside control limits or shows non-random patterns, it is deemed unstable, indicating that special causes of variation are present and need to be addressed to achieve consistent quality outcomes.

NEW QUESTION # 418

A Rapid Process Improvement Team began a new process on January 7 to reduce targeted events per bed day outcome. The team asked the quality analyst to help determine whether the new process was successful and should be continued. Based on the control chart the quality analyst produced, which of the following is the best conclusion?

- A. There was a decreasing shift in the process, recommend continuing the process.
- B. There was a decreasing trend in the process, recommend discontinuing the process.
- C. There was an increasing shift in the process, recommend discontinuing the process.
- D. There was a spike in the process, recommend discontinuing the process.

Answer: A

Explanation:

- * Reviewing the Control Chart Data The control chart shows "Events/Bed Day" over time, with the Upper Control Limit (UCL), Lower Control Limit (LCL), and a center line (CL) marking the baseline average of the process before the intervention.
- * Identifying the Impact of the New Process
 - * The intervention to reduce events per bed day was implemented on January 7.
 - * Following this date, there is a noticeable and consistent decrease in the number of events per bed day, with data points gradually moving downward.
 - * Eventually, the values settle well below the original center line, indicating a decreasing shift in the process.
- * Differentiating Between Trends and Shifts
 - * A shift is characterized by a sustained change in process level, often due to a successful intervention, as seen here with lower event rates maintained over time.
 - * In this case, the shift is in a favorable direction, as the targeted events per bed day have reduced significantly and consistently.
 - * A trend would indicate a continuous movement in a direction, but this chart shows that after an initial decline, the process stabilizes at a lower rate.
- * Conclusion Since the process has demonstrated a decreasing shift, indicating improvement and reduced events per bed day, the correct recommendation is to continue the process, as it appears successful in achieving the goal.

References:

NAHQ "Statistical Process Control and Process Improvement Strategies"
"Evaluating Shifts and Trends in Control Charts for Quality Improvement" (NAHQ, 2021)

NEW QUESTION # 419

A new process improvement team has just completed unstructured brainstorming on reasons why healthcare- acquired infection rates are increasing. Which tool would be most helpful to sort through brainstorming ideas?

- A. Pareto chart
- B. force field analysis
- **C. affinity diagram**
- D. decision matrix

Answer: C

Explanation:

Explanation: An affinity diagram (C) organizes brainstorming ideas into thematic categories, aiding analysis of infection rate causes. Decision matrices (A), Pareto charts (B), and force field analysis (D) are less suited for sorting ideas. NAHQ emphasizes affinity diagrams for idea organization.

NAHQ CPHQ Study Guide, Performance and Process Improvement Section, "Affinity Diagrams and Idea Organization"; NAHQ CPHQ Practice Questions, Quality Improvement Tools.

NEW QUESTION # 420

The consensus-building group of diverse stakeholders who reviews and endorses measures for public reporting in the U.S. is known as the

- A. Center for Medicare and Medicaid Services (CMS)
- **B. National Quality Forum (NQF)**
- C. Institute of Medicine (IOM)
- D. Agency for Healthcare Quality and Research (AHRQ)

Answer: B

Explanation:

The National Quality Forum (NQF) is the consensus-building organization that brings together a diverse group of stakeholders to review and endorse healthcare quality measures for public reporting in the United States. NQF's endorsement is considered the gold standard for healthcare performance measures, and these measures are often used by the Centers for Medicare and Medicaid Services (CMS) and other organizations for public reporting and quality improvement initiatives. NQF's consensus-driven process ensures that the measures are scientifically valid, feasible, and meaningful for improving healthcare quality.

* Center for Medicare and Medicaid Services (CMS) (B): While CMS uses endorsed measures for public reporting, it does not lead the consensus-building process for measure endorsement.

* Institute of Medicine (IOM) (C): Now known as the National Academy of Medicine, the IOM focuses on broader health policy and research but does not specifically endorse public reporting measures.

* Agency for Healthcare Research and Quality (AHRQ) (D): AHRQ conducts research to improve healthcare quality but is not responsible for endorsing measures for public reporting.

References

* NAHQ Body of Knowledge: Healthcare Quality Measurement and Reporting
* NAHQ CPHQ Exam Preparation Materials: Roles of NQF, CMS, AHRQ in Quality Measurement

NEW QUESTION # 421

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