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2011 MOQ

1- In evaluating "long waiting times," a healthcare quality professional best demonstrates components related to staffing, methods, measures, materials, and equipment utilizing

A.

a run chart.

B.

a histogram.

C.

a pie chart.

D.

an Ishikawa diagram. - **Correct Answers** □EXPLANATIONS:

A. Run charts are used to track data over time.

B. Histograms and bar charts are used to show distribution.

C. Pie charts are used to compare parts of a whole.

D. An Ishikawa (cause and effect) diagram helps to analyze potential causes.

2- Which of the following are the primary reasons for developing drug formularies?

A.

manage pharmacy costs, promote patient safety

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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q67-Q72):

NEW QUESTION # 67

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

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

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.

Reference

NAHQ Body of Knowledge: Healthcare Quality Measurement and Reporting

NAHQ CPHQ Exam Preparation Materials: Roles of NQF, CMS, AHRQ in Quality Measurement

NEW QUESTION # 68

Studies comparing self-reports with proxy reports do not consistently support the hypothesis that self-reports are more accurate than proxy reports.

However, conclusions drawn from studies in which responses were verified using hospital and physician records show that, on average:

- A. Proxy reports tend to be more accurate than self-reports
- **B. Self-reports tend to be more accurate than proxy reports**
- C. Health events are underreported in both populations
- D. Health events are reported in both populations

Answer: B

NEW QUESTION # 69

During a risk assessment, It Is noted that a unit manager and staff feel there is a high risk of aggressive patient behavior toward unit staff.

Which of the following steps should a healthcare quality professional take first?

- A. Review the facility's restraint policy.
- B. Continue to survey staff to assess perceptions of risk.
- **C. Organize a staff focus group to explore perceptions.**
- D. Discuss with administration the need for increased staff.

Answer: C

Explanation:

The question is about the first step a healthcare quality professional should take when there is a perceived high risk of aggressive patient behavior towards unit staff.

Identify the Risk: The first step in any risk assessment process is to identify the risk¹. In this case, the risk identified is the high risk of aggressive patient behavior towards unit staff.

Analyze the Risk: Once the risk has been identified, the next step is to analyze the risk¹. This involves understanding the nature of the risk, its potential impact, and the factors contributing to its occurrence.

Organize a Staff Focus Group: Given the options provided, the best first step would be to organize a staff focus group to explore perceptions (Option A)¹. This allows for a deeper understanding of the staff's perception of the risk, which is crucial in formulating an effective response strategy.

Discuss with Administration: While discussing with administration the need for increased staff (Option B) could be a potential step, it would not be the first step. It's important to fully understand the risk and its implications before making staffing decisions.

Continue to Survey Staff: Continuing to survey staff to assess perceptions of risk (Option C) could be a part of the ongoing risk management process¹, but it would not be the first step after the risk has been identified.

Review the Facility's Restraint Policy: Reviewing the facility's restraint policy (Option D) could be a step taken later in the process, especially if the focus group or surveys indicate that the current policy is inadequate or not being properly implemented.

In conclusion, organizing a staff focus group to explore perceptions is the most appropriate first step after identifying a high risk of aggressive patient behavior towards unit staff. This aligns with the principles of risk assessment which involve identifying, analyzing, and controlling hazards and risks present in a situation¹.

NEW QUESTION # 70

A performance improvement team was formed to reduce the inappropriate ordering of two expensive lab tests.

The goal was to reduce the rate of inappropriate ordering of Test A by 20% and Test B by 5%. The results of the pilot group showed a 30% drop in Test A orders and a 3% drop in Test B orders. What additional information would be of most benefit to gain final administrative approval to implement the change organization-wide?

- A. the total number of Test A and Test B labs ordered
- **B. the cost savings resulting from the project**
- C. feedback from providers that ordered test A
- D. the number of providers that were educated on the change

Answer: B

Explanation:

To gain final administrative approval to implement the change organization-wide, it is most beneficial to provide information on the cost savings resulting from the project. Demonstrating cost savings is a compelling argument for scaling the project, as it directly impacts the organization's financial performance. In this case, the significant reduction in inappropriate test orders likely translates to substantial cost savings, which would be a key factor in gaining approval from administration.

* Feedback from providers that ordered Test A (B): While useful, feedback alone is less likely to influence administrative approval compared to cost savings.

* The total number of Test A and Test B labs ordered (C): This data is relevant but needs to be linked to the financial impact to be persuasive.

* The number of providers that were educated on the change (D): This is more related to implementation metrics rather than decision-making for scaling up the project.

References

* NAHQ Body of Knowledge: Cost-Effectiveness in Quality Improvement

* NAHQ CPHQ Exam Preparation Materials: Financial Impact of Quality Projects

NEW QUESTION # 71

A multidisciplinary team has been convened to review delays in laboratory turnaround time between the medicine clinic and the laboratory. The team's first step in evaluating the issue is to

- A. conduct a failure mode and effects analysis (FMEA).
- B. observe how the medical assistants prepare the specimens.
- **C. create a flow chart to study the process.**
- D. see if the surgery clinic is also experiencing delays.

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