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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q495-Q500):

NEW QUESTION # 495

Risk management identified claims for events that were not reported through the incident reporting system. Which of the following actions should be leadership's initial priority?

- A. Conduct retrospective medical record reviews to identify elements of risk
- **B. Create an organization-wide program that promotes reporting**
- C. Identify options for a new electronic reporting system
- D. Implement a back-up paper process to the electronic reporting system

Answer: B

Explanation:

Unreported incidents leading to claims indicate a weak reporting culture, requiring a focus on encouraging reporting to identify and mitigate risks.

Option A (Conduct retrospective medical record reviews to identify elements of risk): Reviews may identify risks but do not address the root issue of unreported incidents.

Option B (Implement a back-up paper process to the electronic reporting system): A paper process is unlikely to improve reporting culture and may complicate systems.

Option C (Identify options for a new electronic reporting system): A new system may help but is premature without addressing cultural barriers to reporting.

Option D (Create an organization-wide program that promotes reporting): This is the correct answer. The NAHQ CPHQ study guide states, "A non-punitive reporting culture, promoted through organization-wide programs, is essential to ensure incidents are reported and risks are identified" (Domain 1). Programs include training and incentives to encourage reporting.

CPHQ Objective Reference: Domain 1: Patient Safety, Objective 1.2, "Promote a culture of safety," emphasizes fostering reporting. The NAHQ study guide notes, "Programs to promote reporting are critical when incidents are underreported" (Domain 1).

Rationale: Promoting reporting addresses the cultural barrier causing unreported claims, aligning with CPHQ's safety culture principles.

Reference: NAHQ CPHQ Study Guide, Domain 1: Patient Safety, Objective 1.2.

NEW QUESTION # 496

In aligning an organization's performance Improvement plan with strategic goals, a healthcare quality professional should consider

- A. customer expectations, benchmarking data, and patient outcome data.
- B. staff satisfaction data, risk management data, and utilization review data.
- C. customer expectations, occurrence reports, and utilization review data.
- D. staff satisfaction data, benchmarking data, and occurrence reports.

Answer: A

Explanation:

A performance improvement plan (PIP) is a set of focused activities designed to monitor, analyze, and improve the quality of processes and outcomes in a healthcare organization¹².

A PIP should be aligned with the strategic goals of the organization, which are the long-term objectives that reflect the vision, mission, and values of the organization³.

To align a PIP with strategic goals, a healthcare quality professional should consider the following factors⁴⁵:

Customer expectations: These are the needs, preferences, and perceptions of the patients, families, and other stakeholders who receive or are affected by the healthcare services. Customer expectations are a key driver of quality improvement, as they reflect the degree of satisfaction and loyalty of the customers.

Customer expectations can be measured by surveys, feedback, complaints, and compliments⁶.

Benchmarking data: These are the comparative data that show how the organization performs relative to other similar or best-in-class organizations in terms of quality, efficiency, and effectiveness.

Benchmarking data can help identify gaps, opportunities, and best practices for improvement.

Benchmarking data can be obtained from external sources, such as national databases, accreditation agencies, or professional associations, or from internal sources, such as historical data, peer groups, or departments.

Patient outcome data: These are the data that show the results or impacts of the healthcare services on the health status, quality of life, and satisfaction of the patients. Patient outcome data are the ultimate indicators of quality improvement, as they reflect the effectiveness and value of the healthcare services.

Patient outcome data can be measured by clinical indicators, such as mortality, morbidity, complications, or readmissions, or by patient-reported indicators, such as functional status, symptom relief, or experience of care.

By considering these factors, a healthcare quality professional can align a PIP with strategic goals in the following ways⁴⁵:

Identify the strategic goals and priorities of the organization and ensure that they are clear, specific, measurable, achievable, relevant, and time-bound (SMART).

Assess the current performance of the organization in relation to the strategic goals and priorities, using customer expectations, benchmarking data, and patient outcome data as sources of information and evidence.

Identify the gaps and opportunities for improvement based on the assessment of the current performance and the comparison with the strategic goals and priorities.

Develop and implement improvement actions that address the gaps and opportunities for improvement, using evidence-based methods and tools, such as the Plan-Do-Study-Act (PDSA) cycle, root cause analysis, or process mapping.

Monitor and evaluate the improvement actions and their effects on the performance of the organization, using customer expectations, benchmarking data, and patient outcome data as measures of success and feedback.

Communicate and disseminate the improvement results and the lessons learned to the relevant stakeholders, such as the leadership,

staff, customers, and partners, and celebrate the achievements and recognize the contributions.

Review and revise the improvement actions and the PIP as needed, based on the monitoring and evaluation results and the changing needs and expectations of the customers and the organization.

Reference: 1: Health Care Quality Improvement (QI) Action Plan Template 2: Quality Improvement (QI) Toolkit with Templates, Instructions, and ... 3: The Top 4 Examples of Quality Improvement in Healthcare 4:

Model Quality & Performance Improvement Plan 5: 8 Examples Of Quality Improvement Initiatives In Healthcare 6: [Shaping the Future of the Healthcare Quality Profession] :

[The Role of the Healthcare Quality Professional in Population Health Management]: [Healthcare Quality Solutions: Ready Your Workforce for Quality]: [HQ Principles]: [The Financial Case for Quality as a Business Strategy]: [Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic]

NEW QUESTION # 497

Either an increase or decrease in rate could be a signal of improvement. In other words, there is no clear direction of improvement for these measures. In this case an observed rate either above or below the expected range is an unfavourable outlier.

- A. Neutral measures
- B. Structure measures
- C. Positive measures
- D. Negative measures

Answer: A

NEW QUESTION # 498

Within any unit, organization, or system, there will be barriers to spread and adoption (e.g., organizational culture, communication, leadership support).

However, failure to transfer knowledge effectively may result in:

- A. Inconsistency
- B. Benchmarks
- C. organizational persistence
- D. Unnecessary waste

Answer: A,D

NEW QUESTION # 499

The degree to which an instrument measures what it is intended to measure is known as

- A. Reliability
- B. Regression
- C. Validity
- D. An indicator

Answer: C

Explanation:

In health data analytics, the quality of measurement instruments is critical for ensuring accurate data collection and analysis. Validity refers to the extent to which an instrument measures what it is designed to measure, ensuring that the data collected is relevant and accurate for the intended purpose.

Option A (Regression): Regression is a statistical method used to analyze relationships between variables, not a property of measurement instruments. It is irrelevant to the question.

Option B (Reliability): Reliability refers to the consistency of an instrument in producing the same results under similar conditions. While important, it does not address whether the instrument measures the intended concept, which is the focus of the question.

Option C (An indicator): An indicator is a specific measure used to track performance or outcomes (e.g., readmission rate). It is not a property of an instrument's measurement quality.

Option D (Validity): Validity is the correct term, as it describes how well an instrument measures its intended construct. For example, a patient satisfaction survey is valid if it accurately captures patient experiences rather than unrelated factors. NAHQ

CPHQ study materials emphasize validity as a key concept in data quality, ensuring that measures align with their intended purpose. Reference: NAHQ CPHQ Study Guide, Domain 2: Health Data Analytics, defines validity as the degree to which an instrument measures what it is intended to measure, critical for ensuring data integrity in quality improvement.

NEW QUESTION # 500

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