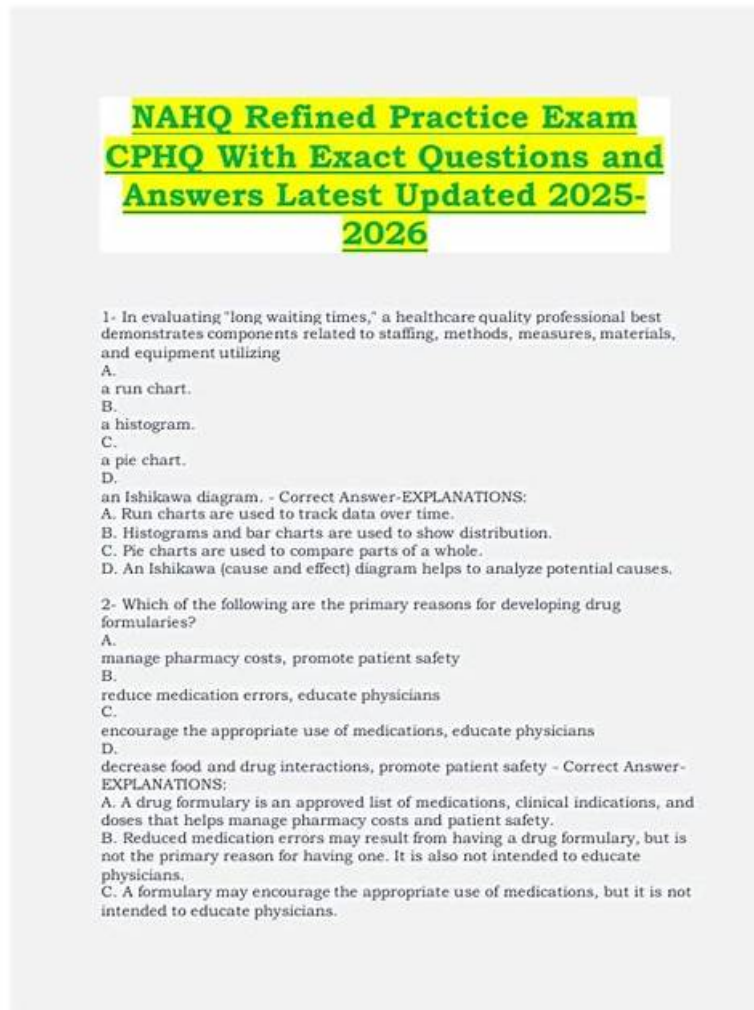


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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q392-Q397):

NEW QUESTION # 392

Based on the data below, which unit should the quality Improvement coordinator focus on?

- A. Unit B
- B. Unit D
- C. Unit A
- D. Unit C

Answer: A

Explanation:

Based on the data below, which shows the percentage of patients who acquired a hospital-associated infection (HAI) in each unit, the quality improvement coordinator should focus on Unit C, which has the highest rate of HAI among the four units.

A hospital-associated infection (HAI) is an infection that patients get during or after receiving health care in a hospital or other health care facility. HAIs can cause serious complications, increase morbidity and mortality, prolong hospital stays, and increase health care costs. Therefore, preventing and reducing HAIs is a key quality and safety goal for health care organizations.

A quality improvement coordinator is a professional who develops and implements quality improvement initiatives, monitors and evaluates quality performance, and provides education and support to staff and leaders on quality methods and tools. One of their responsibilities is to identify and prioritize areas for improvement based on data analysis and evidence-based practices.

To determine which unit should be the focus of quality improvement efforts, the quality improvement coordinator can use a data analysis tool such as a Pareto chart, which shows the frequency or impact of different factors or causes in descending order, along with a cumulative line that indicates the percentage of the total. A Pareto chart can help identify the most significant issues or opportunities for improvement, based on the 80/20 rule, which states that 80% of the effects come from 20% of the causes.

Using the data below, a Pareto chart can be created as follows:

Table

Unit	HAI Rate (%)
A	5
B	7
C	12
D	4

The Pareto chart shows that Unit C has the highest HAI rate (12%), followed by Unit B (7%), Unit A (5%), and Unit D (4%).

The cumulative line shows that Unit C alone accounts for 40% of the total HAI rate, and Units C and B together account for 63.3% of the total HAI rate. Therefore, according to the Pareto principle, the quality improvement coordinator should focus on Unit C, as it represents the most significant problem area and the greatest opportunity for improvement.

The quality improvement coordinator can then conduct a root cause analysis to identify the possible factors or causes that contribute to the high HAI rate in Unit C, such as staff compliance, infection control practices, patient characteristics, environmental factors, etc. A root cause analysis can be facilitated by using a visual tool such as a fishbone diagram, which organizes possible factors into categories, such as people, process, equipment, environment, etc. The quality improvement coordinator can also collect and compare data from other units or sources to identify gaps and best practices.

Based on the root cause analysis, the quality improvement coordinator can then develop and implement an action plan to address the identified causes and improve the HAI rate in Unit C. The action plan should include specific, measurable, achievable, relevant, and time-bound (SMART) goals, interventions, and indicators. The quality improvement coordinator can also involve the staff and leaders of Unit C in the planning and implementation process, to ensure their engagement and ownership of the improvement efforts. The quality improvement coordinator should also monitor and evaluate the progress and outcomes of the action plan, using data collection and analysis tools such as run charts, control charts, or statistical process control (SPC), which can show the variation and trends in the HAI rate over time. The quality improvement coordinator should also provide feedback and recognition to the staff and

leaders of Unit C, and make adjustments to the action plan as needed, based on the data and evidence.

References:

NAHQ HQ Principles, Module 2: Data Management, Lesson 2.3: Data Analysis Tools, Topic 2.3.1: Pareto Chart, Topic 2.3.2: Fishbone Diagram NAHQ Learning Lab: The Role of the Healthcare Quality Professional in Population Health Management, Module 3: Data Collection and Analysis, Slide 16: Pareto Chart, Slide 18: Fishbone Diagram NAHQ Journal for Healthcare Quality, Volume 42, Issue 5, September/October 2020, Article: Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic, Page

283: Figure 1. Pareto Chart of COVID-19 Cases by State as of June 30, 2020 NAHQ News and Media, News: Shaping the Future of the Healthcare Quality Profession, Paragraph 5: The Role of the Quality Improvement Coordinator NAHQ Resources, Healthcare Quality Solutions: Ready Your Workforce for Quality, Page 5: The Role of the Quality Improvement Coordinator

NEW QUESTION # 393

There is an increased incidence of type 2 diabetes among patients living near a healthcare organization as compared to the state. Considering social determinants of health, which of the following strategies can be used to address this problem?

- A. Collaborate with local farmers' markets to make fresh produce more widely available.
- B. Review evidence-based diabetes management protocols with primary care providers.
- C. Educate newly diagnosed patients on diabetes disease management.
- D. Set up a community-based education program about blood glucose monitoring.

Answer: A

Explanation:

Addressing the increased incidence of type 2 diabetes through the lens of social determinants of health involves addressing broader factors that impact health. Collaborating with local farmers' markets to make fresh produce more widely available is a strategy that addresses the social determinants of health by improving access to healthy food options. This approach can help reduce the risk of diabetes by making it easier for community members to make healthy dietary choices, thereby addressing one of the root causes of the increased diabetes incidence.

* Educate newly diagnosed patients on diabetes disease management (A): While important, this strategy focuses on managing diabetes after it occurs rather than addressing the social determinants that contribute to its onset.

* Set up a community-based education program about blood glucose monitoring (B): This is also important for management but does not directly address the social determinants that lead to the higher incidence.

* Review evidence-based diabetes management protocols with primary care providers (C): This improves care quality but does not address the social factors contributing to the disease.

References

* NAHQ Body of Knowledge: Addressing Social Determinants of Health in Quality Improvement

* NAHQ CPHQ Exam Preparation Materials: Strategies for Managing Social Determinants of Health

NEW QUESTION # 394

Which of the following is a privacy breach according to HIPAA?

- A. A caregiver accessed her spouse's lab results.
- B. A risk manager enters the electronic health record (EHR) to investigate a complaint.
- C. A legal guardian is provided with discharge instruction.
- D. A peer review committee reviews a case in question.

Answer: A

Explanation:

Accessing patient information without authorization is a breach of HIPAA privacy rules. In this case, a caregiver accessing her spouse's lab results without consent constitutes a privacy breach (HIPAA Privacy Rule, 45 CFR Parts 160 and 164, 2024).

* Legal guardians are authorized to receive discharge instructions for the patients under their care.

* Risk managers and peer review committees have authorized access under HIPAA for healthcare operations and quality assurance.

References:

U.S. Department of Health and Human Services, HIPAA Privacy Rule, 2024 The Joint Commission, HIPAA Compliance Guide, 2024

NEW QUESTION # 395

Which tool should be used to determine how data changes over time?

- A. Frequency plot
- **B. Control chart**
- C. Histogram
- D. Stratification chart

Answer: B

Explanation:

According to the NAHQ CPHQ exam blueprint, control charts are the primary tool for evaluating process performance and variation over time.

Option B is correct because control charts display data sequentially and include control limits, allowing detection of trends, shifts, and special cause variation.

Histograms and frequency plots display distributions at a single point in time. Stratification separates data into subgroups.

The CPHQ framework consistently identifies control charts as essential for monitoring improvement and sustaining gains, making Option B correct.

NEW QUESTION # 396

Based on the data below, which unit should the quality Improvement coordinator focus on?

- **A. Unit B**
- B. Unit D
- C. Unit A
- D. Unit C

Answer: A

Explanation:

* Based on the data below, which shows the percentage of patients who acquired a hospital-associated infection (HAI) in each unit, the quality improvement coordinator should focus on Unit C, which has the highest rate of HAI among the four units.

* A hospital-associated infection (HAI) is an infection that patients get during or after receiving health care in a hospital or other health care facility. HAIs can cause serious complications, increase morbidity and mortality, prolong hospital stays, and increase health care costs. Therefore, preventing and reducing HAIs is a key quality and safety goal for health care organizations.

* A quality improvement coordinator is a professional who develops and implements quality improvement initiatives, monitors and evaluates quality performance, and provides education and support to staff and leaders on quality methods and tools. One of their responsibilities is to identify and prioritize areas for improvement based on data analysis and evidence-based practices.

* To determine which unit should be the focus of quality improvement efforts, the quality improvement coordinator can use a data analysis tool such as a Pareto chart, which shows the frequency or impact of different factors or causes in descending order, along with a cumulative line that indicates the percentage of the total. A Pareto chart can help identify the most significant issues or opportunities for improvement, based on the 80/20 rule, which states that 80% of the effects come from 20% of the causes.

* Using the data below, a Pareto chart can be created as follows:

Table

Unit

HAI Rate (%)

A

5

B

7

C

12

D

4

* The Pareto chart shows that Unit C has the highest HAI rate (12%), followed by Unit B (7%), Unit A (5%), and Unit D (4%).

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* The quality improvement coordinator can then conduct a root cause analysis to identify the possible factors or causes that contribute to the high HAI rate in Unit C, such as staff compliance, infection control practices, patient characteristics, environmental

factors, etc. A root cause analysis can be facilitated by using a visual tool such as a fishbone diagram, which organizes possible factors into categories, such as people, process, equipment, environment, etc. The quality improvement coordinator can also collect and compare data from other units or sources to identify gaps and best practices.

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References:

* NAHQ HQ Principles, Module 2: Data Management, Lesson 2.3: Data Analysis Tools, Topic 2.3.1:

Pareto Chart, Topic 2.3.2: Fishbone Diagram

* NAHQ Learning Lab: The Role of the Healthcare Quality Professional in Population Health Management, Module 3: Data Collection and Analysis, Slide 16: Pareto Chart, Slide 18: Fishbone Diagram

* NAHQ Journal for Healthcare Quality, Volume 42, Issue 5, September/October 2020, Article:

Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic, Page 283: Figure 1. Pareto Chart of COVID-19 Cases by State as of June 30, 2020

* NAHQ News and Media, News: Shaping the Future of the Healthcare Quality Profession, Paragraph 5:

The Role of the Quality Improvement Coordinator

* NAHQ Resources, Healthcare Quality Solutions: Ready Your Workforce for Quality, Page 5: The Role of the Quality Improvement Coordinator

NEW QUESTION # 397

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