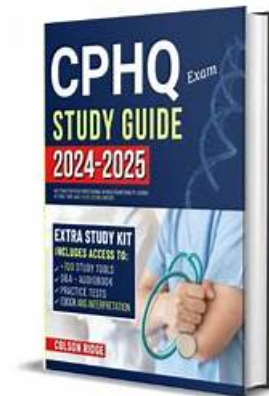


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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q167-Q172):

NEW QUESTION # 167

Today's patients' perception of the quality of our healthcare system is not favorable.

In healthcare, quality is household word that evokes great emotion, including (Choose two):

- A. Patient centered measures
- B. Frustration and despair, exhibited by patients who experience healthcare services firsthand or family members who observe the care of their loved ones
- C. Anxiety over the ever-increasing costs and complexities of care
- D. Timely care that may be experienced in terms of performance of services

Answer: B,C

NEW QUESTION # 168

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

	Unit A	Unit B	Unit C	Unit D
Fall rate per 1000 patient days	2.7	4.5	3.4	1.5
Preventable fall rate per 1000 patient days	2.6	0.8	1.2	0.7

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

Answer: D

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 # 169

Which of the following is most likely to be a benefit of concurrent ambulatory surgical case review?

- A. An increase in reviewer competence
- **B. Decreased medical record review at discharge**
- C. An increase in the number of cases failing screening criteria
- D. Decreased employee turnover

Answer: B

NEW QUESTION # 170

Which of the following should be a part of an organization's program of continuous readiness for accreditation?

- A. Schedule the accreditation survey when the organization's CEO is available.
- B. Conduct quarterly training on accreditation standards.
- C. Maintain detailed agendas for environment of care rounding.
- **D. Perform periodic audits to ensure standards for accreditation are met.**

Answer: D

Explanation:

An organization's program of continuous readiness for accreditation should include a variety of activities to ensure that the organization is always prepared for an accreditation survey. One of these activities is performing periodic audits to ensure that the standards for accreditation are being met. These audits can help identify areas of non-compliance and provide an opportunity for improvement before an accreditation survey. This approach ensures that the organization is not only prepared for the survey but is also committed to continuous quality improvement, which is a key aspect of accreditation.

Reference: 1

NEW QUESTION # 171

Which of the following represents a medically underserved population?

- **A. patients living below the Income poverty line**
- B. families with a household size greater than 7.2
- C. patients living within 5 miles of an urban area
- D. high risk obstetric patients in the third trimester

Answer: A

Explanation:

A medically underserved population is a population of individuals with either a large elderly population, high infant mortality rate, high level of poverty or lack of providers¹. This definition aligns with option A, which refers to patients living below the income poverty line. These individuals often lack access to primary care health services², which is a key characteristic of medically underserved

populations.

Therefore, the answer is D. patients living below the Income poverty line.

NEW QUESTION # 172

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