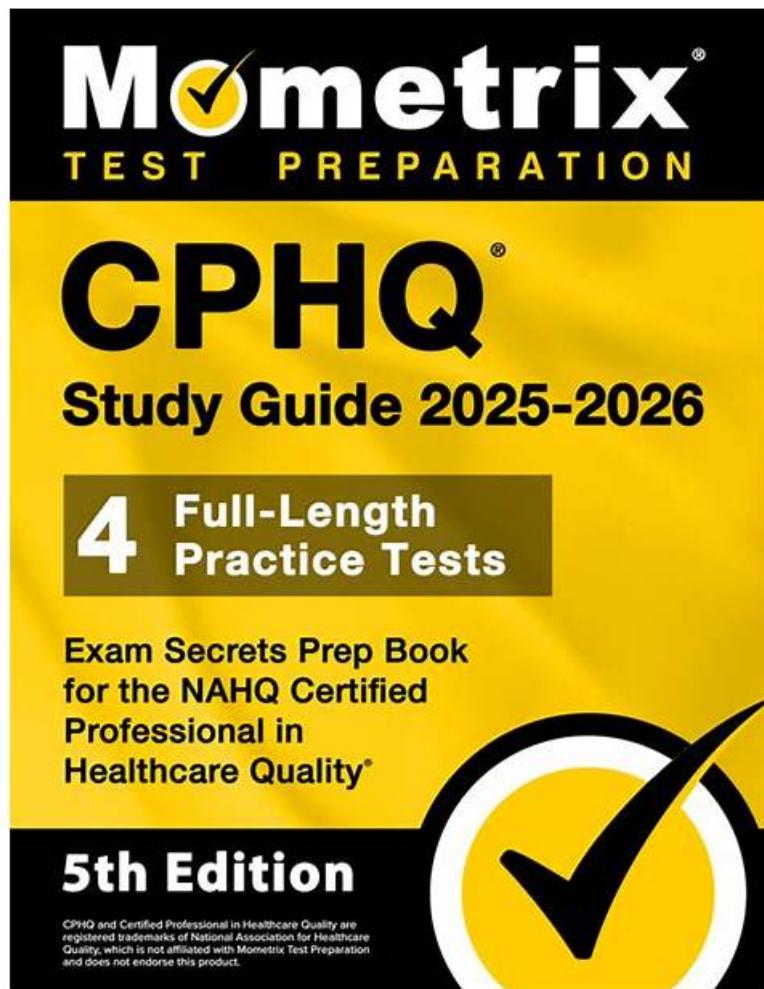


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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q677-Q682):

NEW QUESTION # 677

_____ is based on a simple principle-statistical probability. In other words, within a known population of size n, there will be a fixed probability of selecting any single element.

- A. Systematic sampling
- B. Random sampling
- **C. Probability sampling**
- D. Non-probability sampling

Answer: C

NEW QUESTION # 678

Quality and technical performance refers to how well current scientific medical knowledge and technology are applied in a given situation.

It is usually assessed in terms of:

- A. The quality of interpersonal relationships
- B. Appropriateness of therapy and other medical interventions are performed
- C. Timeliness and accuracy of the diagnosis
- **D. Both A & B**

Answer: D

NEW QUESTION # 679

An organization is shifting paradigms from top-down leadership to participatory management. The process of moving forward includes the four identified phases below:

1. gathering baseline data
2. evaluating effectiveness and improvement
3. making the commitment
4. implementing the program

Which of the following is the most logical sequence for these phases?

- A. 1,2,4,3
- B. B. 1,3,2,4
- C. 3,4,1,2
- **D. 3,1,4,2**

Answer: D

Explanation:

- * The most logical sequence for the phases of shifting from top-down leadership to participatory management is to start with making the commitment, then gathering baseline data, implementing the program, and evaluating effectiveness and improvement.
- * Making the commitment is the first step because it involves creating a shared vision, setting goals and objectives, and securing support and resources for the change process¹². Without a clear and strong commitment, the other steps may not be feasible or successful.
- * Gathering baseline data is the second step because it helps to assess the current situation, identify the gaps and needs, and establish a baseline for comparison and measurement¹³. Data can be collected from various sources, such as surveys, interviews, observations, and records, and can cover aspects such as organizational culture, performance, quality, satisfaction, and costs¹³.
- * Implementing the program is the third step because it involves putting the plan into action, engaging and empowering the staff and stakeholders, and monitoring and adjusting the process as needed¹⁴. Implementation can be done in phases, pilots, or trials, depending on the scope and complexity of the program¹⁴.
- * Evaluating effectiveness and improvement is the fourth step because it helps to measure the outcomes, impacts, and benefits of the program, compare them with the baseline data and the goals and objectives, and identify the strengths, weaknesses, and areas for improvement¹⁵. Evaluation can be done using quantitative and qualitative methods, such as indicators, metrics, feedback, and stories, and can be conducted at different levels, such as individual, team, and organizational¹⁵.

References: 1: Participatory Leadership for Health 2: Quality improvement and person-centredness: a participatory mixed methods study to develop the 'always event' concept for primary care 3: Why healthcare leadership should embrace quality improvement 4: PARTICIPATIVE MANAGEMENT IN HEALTH CARE SERVICES 5: [Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic]

NEW QUESTION # 680

A skilled nursing facility has implemented a process to address delays in diagnostic test result availability to the ordering provider. Which of the following measurements will best document improvement in this process?

- A. provider satisfaction
- B. turnaround time
- C. lost specimen rate
- D. average length of stay

Answer: B

Explanation:

The best measurement to document improvement in the process of addressing delays in diagnostic test result availability is turnaround time. Turnaround time measures the total time from when a diagnostic test is ordered to when the results are available to the ordering provider. This directly reflects the efficiency of the process and the impact of any improvements made to reduce delays.

- * Lost specimen rate (A): This measures a different aspect of the process (specimen handling), not the speed of result availability.
- * Average length of stay (C): This is a broader measure that may be influenced by many factors beyond diagnostic test turnaround time.

* Provider satisfaction (D): While important, it is a subjective measure and may not directly reflect process efficiency improvements.

References

* NAHQ Body of Knowledge: Measuring and Improving Turnaround Time in Healthcare Processes

* NAHQ CPHQ Exam Preparation Materials: Metrics for Process Improvement

NEW QUESTION # 681

Accountability for quality ultimately rests with the

- A. governing body.
- B. quality manager.
- C. CEO.
- D. department leader.

Answer: A

Explanation:

* Accountability for quality ultimately rests with the governing body of a health care organization, such as the board of directors or trustees. The governing body is responsible for setting the vision, mission, values, and strategic goals of the organization, as well as overseeing its performance, compliance, and risk management. The governing body also appoints, evaluates, and supports the CEO,

who is accountable to the governing body for implementing the organization's strategy and ensuring quality and safety throughout the organization.

* The quality manager, the CEO, and the department leader are all important roles in ensuring quality within their respective scopes of authority and responsibility, but they are not the ultimate source of accountability for quality. The quality manager is responsible for designing, coordinating, and evaluating quality improvement initiatives, as well as providing education, training, and support to staff and leaders on quality methods and tools. The CEO is responsible for providing leadership, direction, and oversight to the organization's operations, finances, and culture, as well as ensuring alignment and integration of quality across all functions and levels. The department leader is responsible for managing the daily activities, resources, and performance of a specific unit or service, as well as ensuring compliance with quality standards and policies within their area of responsibility.

* However, none of these roles can ensure quality without the support, guidance, and accountability of the governing body, which has the ultimate authority and responsibility for the organization's quality and safety. The governing body sets the tone and expectations for quality at the top, and holds the CEO and other leaders accountable for delivering quality outcomes and improving quality processes. The governing body also monitors and evaluates the organization's quality performance and improvement efforts, and ensures that the organization has the necessary resources, structures, and systems to support quality. The governing body also ensures that the organization engages with external stakeholders, such as regulators, creditors, payers, and patients, to demonstrate its commitment and accountability for quality.

References:

NAHQ Code of Ethics, Principle 1: The healthcare quality professional acts as a change agent and leader within the organization and community, promoting a culture of excellence in quality, safety, and performance outcomes.

NAHQ Learning Lab: The Role of the Healthcare Quality Professional in Population Health Management, Module 1: Introduction to Population Health Management, Slide 9: The Role of the Governing Body NAHQ Journal for Healthcare Quality, Volume 41, Issue 2, March/April 2019, Article: The Role of the Board in Quality and Safety Performance: Perceptions of Board Members and Quality Leaders, Page 72: Abstract and Page 77: Discussion

NEW QUESTION # 682

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