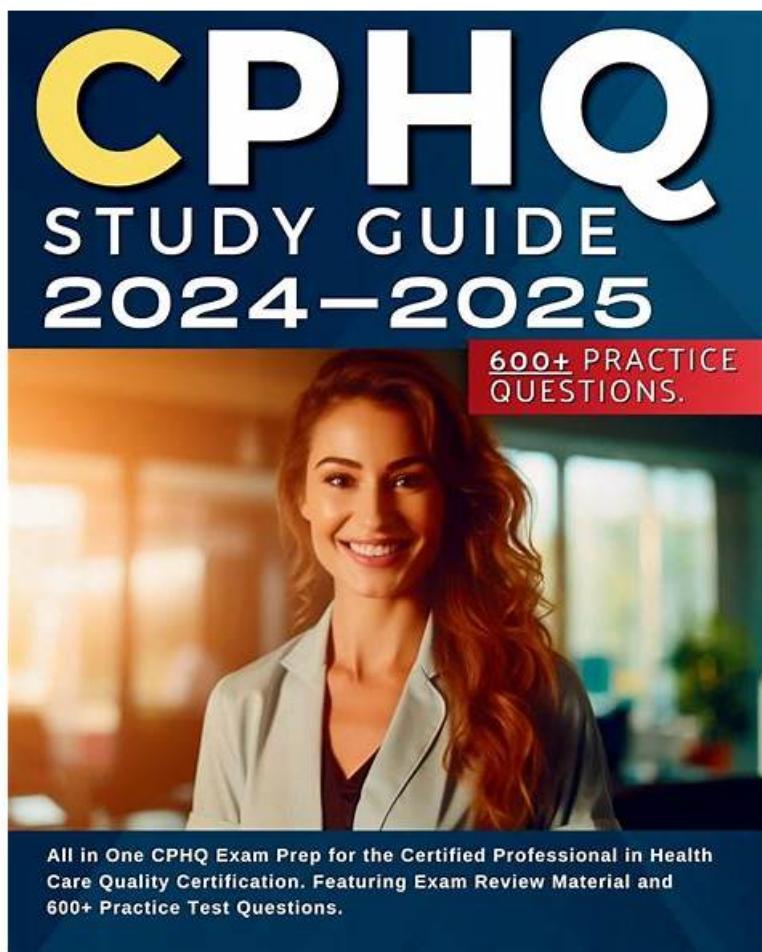


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including data analysis, performance improvement, risk management, patient safety, and healthcare regulations.

NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q539-Q544):

NEW QUESTION # 539

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

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

Answer: D

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 # 540

Quality improvement approaches are derivatives and models of the ideas and theories developed by thought leaders and include all of the following EXCEPT:

- A. PDCA/PDSA
- B. Associate for process improvements
- C. Baldrige criteria
- D. ISO 2001

Answer: D

NEW QUESTION # 541

A healthcare quality professional is preparing a presentation related to incomplete documentation. According to principles of adult learning, the first step in preparing is to

- A. Develop an evaluation tool for the presentation
- B. Obtain administrative support for the presentation
- C. Present an inservice for the staff
- D. Determine the audience's knowledge and expectations

Answer: D

Explanation:

Adult learning principles (e.g., Knowles' theory) emphasize tailoring education to the learners' needs, experiences, and expectations to ensure relevance and engagement.

Option A (Determine the audience's knowledge and expectations): This is the correct answer. The NAHQ CPHQ study guide states, "According to adult learning principles, the first step in preparing training is to assess the audience's knowledge, needs, and expectations to design relevant content" (Domain 3). This ensures the presentation addresses gaps and aligns with learner needs.

Option B (Develop an evaluation tool for the presentation): Evaluation tools are developed later to assess learning, not as the first step.

Option C (Present an inservice for the staff): Presenting is the final step, not preparation.

Option D (Obtain administrative support for the presentation): Support is important but secondary to understanding the audience's needs.

CPHQ Objective Reference: Domain 3: Organizational Leadership, Objective 3.3, "Develop training programs," emphasizes applying adult learning principles. The NAHQ study guide notes, "Assessing the audience's baseline knowledge is critical for effective training design" (Domain 3).

Rationale: Understanding the audience's knowledge and expectations ensures the presentation is relevant and effective, aligning with CPHQ's training principles.

Reference: NAHQ CPHQ Study Guide, Domain 3: Organizational Leadership, Objective 3.3.

NEW QUESTION # 542

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

□

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

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.

Reference: 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 # 543

When developing objectives for an educational program, the quality professional should recommend

- A. tying the objectives to the organization's financial performance.
- B. keeping the objectives specific to the short term.
- **C. stating the end result or desired outcome.**
- D. using the Plan-Do-Study-Act cycle of continuous improvement.

Answer: C

Explanation:

* According to NAHQ, one of the core competencies for healthcare quality professionals is education and training¹, which involves designing, developing, delivering, and evaluating educational programs that support quality improvement and patient safety².

* When developing objectives for an educational program, the quality professional should follow the SMART criteria, which stands for specific, measurable, achievable, relevant, and time-bound³. These criteria help to ensure that the objectives are clear, realistic, and aligned with the desired outcomes of the program⁴.

* Therefore, the quality professional should recommend stating the end result or desired outcome of the program, as this will help to define the purpose, scope, and direction of the program, as well as the criteria for measuring its success. For example, an objective for an educational program on infection prevention and control could be: "By the end of this program, participants will be able to identify and apply the best practices for preventing and managing healthcare-associated infections in their settings."

* The other options are not the best recommendations for developing objectives for an educational program, because:

* A. using the Plan-Do-Study-Act cycle of continuous improvement is a method for implementing and evaluating quality improvement projects, not for developing objectives for an educational program.

* C. keeping the objectives specific to the short term may limit the scope and impact of the program, as well as the opportunities for learning and improvement.

* D. tying the objectives to the organization's financial performance may not reflect the true value and outcomes of the program, as quality improvement and patient safety may have other benefits that are not easily quantified in monetary terms. References: 1:

Competency Framework | NAHQ 2: NAHQ Healthcare Quality Competency Framework 3: [HQ Principles | NAHQ] 4:

How to Write SMART Learning Objectives - Convergence Training : Writing Measurable Learning Outcomes - Gavilan College : Infection Prevention and Control Education & Resources

- APIC : Plan-Do-Study-Act (PDSA) Worksheet | IHI - Institute for Healthcare Improvement :

Setting Goals and Objectives for Projects | Smartsheet : [The Financial Case for Quality as a Business Strategy | NAHQ]

NEW QUESTION # 544

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