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The CPHQ exam is designed to assess the knowledge and skills of healthcare quality professionals across a range of domains. These domains include healthcare quality and performance improvement, leadership and management, information management, and patient safety. CPHQ Exam is intended to evaluate the competencies of professionals across a broad range of healthcare settings, including hospitals, long-term care facilities, and ambulatory care settings.

NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q294-Q299):

NEW QUESTION # 294

A facility is reviewing their quality program for compliance with the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation. Which of the following is the most important factor in program compliance?

- A. Integration into each department and service of the facility
- B. poor improvement outcomes monitored for an additional 12 months

- C. 12 months of data for each project
- D. coordination by a full-time healthcare quality professional

Answer: A

Explanation:

The Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs) are health and safety standards that healthcare organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs¹. These standards are the foundation for improving quality and protecting the health and safety of beneficiaries¹.

The CMS CoPs cover a wide range of areas, including emergency preparedness, physical environment, patients' rights, nurse staffing, medical records, lab and radiological services, and utilization review². They also include requirements for policies and procedures that identify when a patient is in distress, how to initiate an emergency response, how to initiate treatment, and recognizing when the patient must be transferred to another facility to receive appropriate treatment³.

Given this broad scope, it is clear that compliance with the CMS CoPs requires integration into each department and service of the facility. This is because all these areas need to work together to ensure the health and safety of patients and to improve the quality of care. Therefore, the most important factor in program compliance with the CMS CoPs is likely to be B. Integration into each department and service of the facility.

While the other options (A, C, and D) are also important aspects of a quality program, they are not as comprehensive as option B. For example, having 12 months of data for each project (option A) and monitoring poor improvement outcomes for an additional 12 months (option C) are important for tracking performance and making improvements, but they do not cover all the areas required for compliance with the CMS CoPs. Similarly, coordination by a full-time healthcare quality professional (option D) is important for managing the quality program, but it does not ensure that all departments and services of the facility are integrated and compliant with the CMS CoPs.

Therefore, based on the information available, the most important factor in program compliance with the CMS CoPs is likely to be B. Integration into each department and service of the facility. However, it is important to note that this is a complex issue and the actual decision should be made by the healthcare quality professional considering all relevant factors and resources.

NEW QUESTION # 295

When working with a new quality Improvement team, the quality professional should stress the importance of

- A. making small changes in each cycle of change.
- B. involving the entire department on the first cycle of change.
- C. creating large goals to have a system-wide Impact.
- D. getting the desired result on the first cycle of change.

Answer: A

Explanation:

A quality improvement team is a group of people who work together to identify and solve problems in healthcare, improve service provision, and provide better outcomes for patients¹.

One of the most widely used tools for the continuous improvement model is the plan-do-check-act (PDCA) cycle, which is a four-step quality assurance method².

The PDCA cycle involves planning an improvement, testing it on a small scale, checking the results, and acting on the findings to either implement the change on a wider scale or start the cycle again with a different plan².

The quality professional should stress the importance of making small changes in each cycle of change because this allows the team to learn from each test, adapt to the local context, and avoid wasting resources on ineffective or harmful interventions³.

Making small changes also reduces the risk of resistance or backlash from stakeholders who may be affected by the change, as they can be involved in the testing and feedback process⁴.

Additionally, making small changes enables the team to measure the impact of each change and compare it with the baseline data, which helps to determine whether the improvement is achieving the desired outcomes⁵.

Therefore, the correct answer is A. making small changes in each cycle of change, as this is consistent with the principles and methods of quality improvement.

Reference: 1: Quality improvement into practice | The BMJ

2: Continuous Improvement Model - Continual Improvement Tools | ASQ

3: PDSA Quality Improvement: A Scientific Method of Change

4: Different approaches to making and testing change in healthcare | The BMJ

5: Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic | Journal for Healthcare Quality

NEW QUESTION # 296

_____ is the skill and competence of health professionals and the ability of diagnostic or therapeutic equipment, procedures, and systems to accomplish what they are meant to accomplish, reliably and effectively.

- A. Professional excellence
- B. Subjective experience
- C. Objective experience
- D. Technical excellence

Answer: D

NEW QUESTION # 297

The creation of an information technology infrastructure to analyze the performance of all physicians in a healthcare system can be useful in:

- A. Organizations can develop clinical pathways
- B. Clinical issues can be sorted out
- C. Physician report cards can be issued
- D. Identifying the disease the hospital, physician, or physical group treats most

Answer: A,D

NEW QUESTION # 298

Data from an incident reporting system compares incident rates for one facility to similar facilities:
After reviewing the graph, which of the following should be done first?

- A. Research best practices.
- B. Perform additional analysis on falls data.
- C. Share data with the governing body.
- D. Review medication processes.

Answer: B

Explanation:

Detailed Explanation:

When comparing incident rates across facilities, it's important to focus first on areas with potentially higher risk or impact. A logical first step is to conduct a deeper analysis of the specific data type or area that stands out as problematic. Here's the rationale for each option:

Option C: Perform additional analysis on falls data

Incident rates, especially if the data indicates a high or concerning trend (e.g., an unusual increase in falls), should be prioritized. Further analysis can provide insights into patterns, causes, and potential preventive strategies. Understanding specific issues around falls helps guide targeted interventions, aligning with CPHQ guidance on data-driven problem-solving.

Option A: Research best practices

This is a valuable step, but it would be more useful after pinpointing which areas require improvement through focused analysis. Best practices should address specific issues identified from detailed data reviews.

Option B: Share data with the governing body

Although sharing data is important, doing so prematurely without thorough internal analysis might hinder effective communication. The governing body should ideally receive a report containing analyzed data and proposed actions.

Option D: Review medication processes

Reviewing medication processes is beneficial, but unless the incident data specifically indicates a medication-related issue, this would not be the initial focus.

References:

This approach aligns with CPHQ principles on data analysis for quality improvement, as well as root cause analysis (RCA) methods, which prioritize analyzing specific trends before taking action.

NEW QUESTION # 299

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