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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q488-Q493):

NEW QUESTION # 488

Latent conditions can be described as

- A. Specific unsafe acts that have adverse consequences
- B. Errors having a direct and immediate effect on safety
- C. Defects that may go undetected for long periods of time
- D. Unintentional mistakes made by an individual

Answer: C

Explanation:

Latent conditions are underlying system vulnerabilities that increase the risk of errors but may not immediately cause harm, distinguishing them from active errors.

Option A (Specific unsafe acts that have adverse consequences): This describes active errors (e.g., wrong medication dose), not latent conditions.

Option B (Defects that may go undetected for long periods of time): This is the correct answer. The NAHQ CPHQ study guide states, "Latent conditions are systemic defects, such as poor equipment design or inadequate protocols, that remain undetected and increase error risk over time" (Domain 1). Examples include look-alike medications stored together.

Option C (Unintentional mistakes made by an individual): These are active errors, not latent system issues.

Option D (Errors having a direct and immediate effect on safety): These are active errors with immediate impact, not latent conditions.

CPHQ Objective Reference: Domain 1: Patient Safety, Objective 1.4, "Identify latent conditions contributing to errors," emphasizes recognizing systemic vulnerabilities. The NAHQ study guide notes, "Latent conditions are hidden system flaws that predispose to safety events" (Domain 1).

Rationale: Latent conditions are undetected system defects, aligning with CPHQ's focus on systemic safety risks.

Reference: NAHQ CPHQ Study Guide, Domain 1: Patient Safety, Objective 1.4.

NEW QUESTION # 489

A team using the PDSA process is at the Study phase of the project. A quality professional assists the team by using which of the following tools?

- A. Brainstorming
- B. Radar chart
- C. Control chart
- D. Affinity diagram

Answer: C

Explanation:

The Study phase of the PDSA (Plan-Do-Study-Act) cycle involves analyzing data from the Do phase to evaluate the intervention's impact and inform next steps.

Option A (Radar chart): Radar charts compare multiple variables, not suited for analyzing test results.

Option B (Control chart): This is the correct answer. The NAHQ CPHQ study guide states, "In the Study phase of PDSA, control charts analyze data to assess whether the intervention stabilized or improved the process" (Domain 4). They show variation and trends post-intervention.

Option C (Brainstorming): Brainstorming generates ideas, relevant in the Plan phase, not Study.

Option D (Affinity diagram): Affinity diagrams organize ideas, not analyze test data.

CPHQ Objective Reference: Domain 4: Performance and Process Improvement, Objective 4.3, "Apply PDSA methodology," includes control charts in the Study phase. The NAHQ study guide notes, "Control charts evaluate intervention outcomes in PDSA" (Domain 4).

Rationale: Control charts analyze data in the Study phase, aligning with CPHQ's improvement principles.

Reference: NAHQ CPHQ Study Guide, Domain 4: Performance and Process Improvement, Objective 4.3.

NEW QUESTION # 490

Which of the following is the best data source to assess an organization's culture of safety?

- A. Adverse event reports
- B. Workplace injury claims
- C. Staff-completed survey results
- D. Patient complaints

Answer: C

Explanation:

The culture of safety reflects an organization's commitment to safety, characterized by open communication, non-punitive reporting and shared responsibility. Assessing it requires data that captures staff perceptions and behaviors.

Option A (Adverse event reports): Adverse event reports provide data on safety incidents but do not directly measure cultural attitudes, such as willingness to report errors or trust in leadership.

Option B (Staff-completed survey results): This is the correct answer. NAHQ CPHQ study materials and tools like the AHRQ Hospital Survey on Patient Safety Culture emphasize that staff surveys are the best method to assess safety culture, as they capture perceptions of teamwork, communication, and reporting practices.

Option C (Workplace injury claims): Injury claims reflect staff safety outcomes but do not provide insight into the broader cultural factors driving safety behaviors.

Option D (Patient complaints): Patient complaints focus on patient experience, not the internal culture of safety among staff.

Reference: NAHQ CPHQ Study Guide, Domain 1: Patient Safety, identifies staff surveys as the primary tool for assessing an organization's culture of safety, aligned with AHRQ methodologies.

NEW QUESTION # 491

The approach to medical record review involves well-conceived steps, beginning with the development of a data collection tool and ending with:

- A. Compilation of collected data element into a registry or electronic database software for review and analysis
- B. Implementation of the analysis of collected data set
- C. Execution of the future activities on the finding of this record review
- D. Compilation of collected data element into a register or physical record system

Answer: A

NEW QUESTION # 492

Which of the following is true of a clinical pathway?

- A. Depicted using a value stream map
- B. Used to reduce variations in care
- C. Required for accountable care organizations
- D. Limited to one patient care setting

Answer: B

Explanation:

Clinical pathways are standardized, evidence-based protocols designed to optimize care for specific conditions or procedures, ensuring consistency and quality.

Option A (Used to reduce variations in care): This is the correct answer. NAHQ CPHQ study materials state that clinical pathways reduce unwarranted variations in care by standardizing processes, improving outcomes, and aligning with evidence-based practices.

Option B (Depicted using a value stream map): Value stream maps are Lean tools for visualizing process flow, not for depicting clinical pathways, which are typically presented as algorithms or protocols.

Option C (Required for accountable care organizations): While clinical pathways may support ACO goals (e.g., cost and quality), they are not a regulatory requirement for ACOs.

Option D (Limited to one patient care setting): Clinical pathways can span multiple settings (e.g., hospital to outpatient) to ensure continuity, so they are not limited to one setting.

Reference: NAHQ CPHQ Study Guide, Domain 4: Performance and Process Improvement, defines clinical pathways as tools to reduce variations in care through standardized protocols.

NEW QUESTION # 493

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