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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q623-Q628):

NEW QUESTION # 623

_____ allows for more in-depth exploration of the causes of dissatisfaction and can provide excellent ideas for reengineering services. In addition, its videotapes can be effective at changing the attitudes and beliefs of staff members because the stories participants tell animate the emotional effect of excellent service as well as service failures.

- A. Walk-throughs
- B. Patient and family advisory councils
- C. Focus group
- D. Complaint letters

Answer: C

NEW QUESTION # 624

Physicians' actions have been noted to be a major contributor to unexplained clinical variation in healthcare.

Unexplained clinical variation leads to increased healthcare costs, medical errors, patient frustration, and poor clinical outcomes. The increase in information being collected on physician practice patterns has begun to expose widespread variations in practice.

In healthcare, variation exists among providers by (Choose two):

- A. Geographical region
- B. Staff performance
- C. Facilities
- D. Specialty and practice setting

Answer: A,D

NEW QUESTION # 625

A managed care peer review committee should obtain which of the following first?

- A. copies of the medical licenses
- B. statement of authenticity
- C. confidentiality statement
- D. clinical practice guidelines

Answer: C

Explanation:

A managed care peer review committee should first obtain a confidentiality statement. Confidentiality is crucial in peer review processes to protect patient privacy and ensure that the discussions and findings are secure and do not expose the organization or participants to legal risks. Obtaining confidentiality agreements ensures that all committee members are committed to maintaining the privacy of the information reviewed.

* Clinical practice guidelines (A): These are important for the review process but are not the first step.

* Copies of the medical licenses (C): While necessary for credentialing, they are not directly related to the initial step of ensuring confidentiality.

* Statement of authenticity (D): This may be important for verifying documents but is secondary to ensuring confidentiality.

References

* NAHQ Body of Knowledge: Peer Review Processes in Managed Care

* NAHQ CPHQ Exam Preparation Materials: Confidentiality in Quality and Peer Review

NEW QUESTION # 626

A healthcare quality professional can conclude that clinical performance measures in disease specific certification programs are best

supported by the

- A. practice guidelines.
- B. licensing requirements.
- C. regulatory requirements.
- D. compliance committee.

Answer: A

Explanation:

Clinical performance measures in disease-specific certification programs are best supported by practice guidelines. These guidelines provide a framework for continuously reliable care. The Joint Commission's commitment to this certification ensures your program meets clinical performance standards for targeted metrics as well as other compliance standards¹. Disease-specific certification helps reduce unwanted variations in care and improve the patient experience, improve efficiencies and outcomes at a potential lower cost¹. Therefore, practice guidelines play a crucial role in supporting these measures.

References: 1

NEW QUESTION # 627

A CEO has directed a quality improvement council to develop objectives to meet an identified goal. When developing objectives, the council must remember to

- A. use the Plan-Do-Study-Act cycle of continuous improvement.
- B. tie the objectives to the organization's financial performance.
- C. state the end result or desired outcome.
- D. keep the objectives specific to the short term.

Answer: C

Explanation:

When developing objectives, it is crucial for the quality improvement council to state the end result or desired outcome. Clearly defining what success looks like ensures that all stakeholders understand the goal and can work towards it effectively. Well-defined objectives help guide the direction of the project, allow for the measurement of progress, and ensure that the team's efforts are aligned with the overarching goal.

* Keep the objectives specific to the short term (A): While short-term objectives can be important, objectives should be defined based on what is necessary to achieve the overall goal, whether short-term or long-term.

* Tie the objectives to the organization's financial performance (B): While financial performance is important, not all quality improvement objectives need to be directly tied to financial outcomes.

The primary focus should be on the desired outcomes related to quality and performance improvement.

* Use the Plan-Do-Study-Act cycle of continuous improvement (C): The PDSA cycle is a method for implementing change, but the initial step in developing objectives is to clearly define the desired end result.

References

* NAHQ Body of Knowledge: Quality Improvement Objective Setting

* NAHQ CPHQ Exam Preparation Materials: Developing SMART Objectives

NEW QUESTION # 628

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