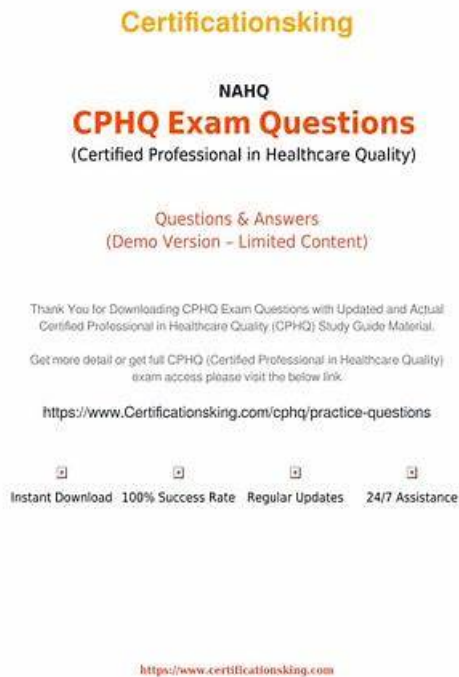


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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q18-Q23):

NEW QUESTION # 18

A public health agency is developing a proposal to provide free flu Vaccinations to anyone who requests one. Which of the following would be considered an intangible benefit?

- A. Savings associated with prevented illness among vaccinated persons
- B. Prevention of hospital admissions
- C. Savings resulting from lower morbidity among unvaccinated persons
- D. Peace of mind among vaccinated persons

Answer: D

Explanation:

Intangible benefits are non-quantifiable outcomes that cannot be easily measured in monetary or numerical terms, such as emotional or psychological benefits. In the context of a free flu vaccination program, the intangible benefit relates to subjective improvements in well-being rather than direct, measurable outcomes like cost savings or reduced hospitalizations.

Option A (Prevention of hospital admissions): This is a tangible benefit, as hospital admissions can be quantified (e.g., number of admissions avoided) and often translated into cost savings, making it measurable.

Option B (Peace of mind among vaccinated persons): Peace of mind is an intangible benefit, as it reflects an emotional or psychological outcome (e.g., reduced anxiety about contracting the flu) that cannot be directly quantified. NAHQ CPHQ study materials recognize intangible benefits in population health initiatives as those that enhance quality of life or perception of safety, making this the correct answer.

Option C (Savings resulting from lower morbidity among unvaccinated persons): This is a tangible benefit, as it involves measurable cost savings due to reduced illness (e.g., fewer outpatient visits or treatments), often calculated through herd immunity effects.

Option D (Savings associated with prevented illness among vaccinated persons): This is also a tangible benefit, as it can be quantified in terms of reduced healthcare costs (e.g., avoided treatments or hospitalizations) for vaccinated individuals.

Reference: NAHQ CPHQ Study Guide, Domain 5: Population Health and Care Transitions, discusses the evaluation of population health interventions, including distinguishing between tangible (quantifiable) and intangible (non-quantifiable) benefits.

NEW QUESTION # 19

Organizations with a positive safety culture are best characterized by

- A. self-directed teams.
- B. efficient staff.
- C. anonymous reporting.
- D. mutual trust.

Answer: D

Explanation:

Organizations with a positive safety culture are characterized by communications founded on mutual trust¹²³⁴⁵. This is because trust forms the basis of open and effective communication, which is essential for maintaining safety standards and procedures. In such organizations, there is a shared perception of the importance of safety, and confidence in the efficacy of preventive measures¹²³⁴⁵.

This shared perception and confidence stem from the mutual trust among the members of the organization. Therefore, mutual trust is a key characteristic of organizations with a positive safety culture.

NEW QUESTION # 20

A thorough and credible review of a wrong site surgery must include

- A. Securing the involved equipment
- B. Re-training the involved individuals
- C. Notifying the rapid response team
- **D. Analyzing the underlying processes**

Answer: D

Explanation:

Wrong site surgery is a sentinel event requiring a comprehensive investigation to prevent recurrence, focusing on systemic factors.

Option A (Securing the involved equipment): Securing equipment may be relevant for device failures, but wrong site surgery typically involves process errors.

Option B (Notifying the rapid response team): Rapid response teams address acute patient emergencies, not surgical errors post-event.

Option C (Re-training the involved individuals): Training may follow but is not the core of the review, which focuses on systemic issues.

Option D (Analyzing the underlying processes): This is the correct answer. The NAHQ CPHQ study guide states, "A thorough review of a wrong site surgery requires analyzing underlying processes, such as time-out procedures, via root cause analysis" (Domain 1).

CPHQ Objective Reference: Domain 1: Patient Safety, Objective 1.5, "Investigate sentinel events," emphasizes process analysis.

The NAHQ study guide notes, "Process analysis is critical for wrong site surgery reviews" (Domain 1).

Rationale: Analyzing processes via RCA ensures a credible review, as per CPHQ's safety principles.

Reference: NAHQ CPHQ Study Guide, Domain 1: Patient Safety, Objective 1.5.

NEW QUESTION # 21

Which of the following is most important for healthcare organizations to improve population health by reducing readmission rates?

- A. Local resource directory
- B. Health information exchange
- **C. Transition of care programs**
- D. Creation of disease registries

Answer: C

Explanation:

Reducing readmission rates is a critical goal in population health management, as it reflects effective care coordination and patient outcomes post-discharge. Transition of care programs are specifically designed to ensure continuity of care as patients move between different healthcare settings (e.g., from hospital to home or skilled nursing facilities). These programs typically include interventions such as medication reconciliation, patient education, follow-up appointments, and communication between providers, all of which directly address factors contributing to readmissions.

Option A (Creation of disease registries): While disease registries are valuable for tracking patients with specific conditions and identifying trends, they are primarily a data management tool and do not directly address the processes needed to prevent readmissions. They are more supportive of long-term population health strategies rather than immediate care transitions.

Option B (Local resource directory): A local resource directory can help connect patients to community services, but it is not a structured intervention to manage care transitions or reduce readmissions. It is a supplementary tool rather than a primary solution.

Option C (Transition of care programs): According to NAHQ CPHQ study materials, transition of care programs are evidence-based interventions that reduce readmissions by ensuring effective handoffs, patient follow-up, and care coordination. Programs like the Transitional Care Model (TCM) or Project BOOST (Better Outcomes by Optimizing Safe Transitions) emphasize structured discharge planning, which aligns with CMS and Joint Commission standards for reducing readmissions. This makes it the most important and direct intervention for this goal.

Option D (Health information exchange): Health information exchanges (HIEs) facilitate data sharing between providers, which can support care transitions. However, HIEs are a tool to enable communication rather than a comprehensive program addressing the multifaceted causes of readmissions, such as patient education or follow-up care.

Reference: NAHQ CPHQ Study Guide, Domain 5: Population Health and Care Transitions, emphasizes the role of transition of care

programs in reducing readmissions through structured interventions. Additionally, CMS's Hospital Readmissions Reduction Program (HRRP) highlights care coordination as a key strategy.

NEW QUESTION # 22

Case-mix adjustment accounts for the different types of patients in institutions. Adjustment should be considered when hospital survey results are being released to the public.

The characteristics commonly associated with the patient reports on quality of care are all of the following EXCEPT (Choose two):

- **A. Patient satisfaction**
- B. Discharge service (e.g., childbirth patients evaluate their experiences more favorably than do medical or surgical patients; medical patients report the most problems with care)
- C. Patient age (i.e., older patients tend to report fewer problems with care)
- **D. Number of visits to the hospitals**

Answer: A,D

NEW QUESTION # 23

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