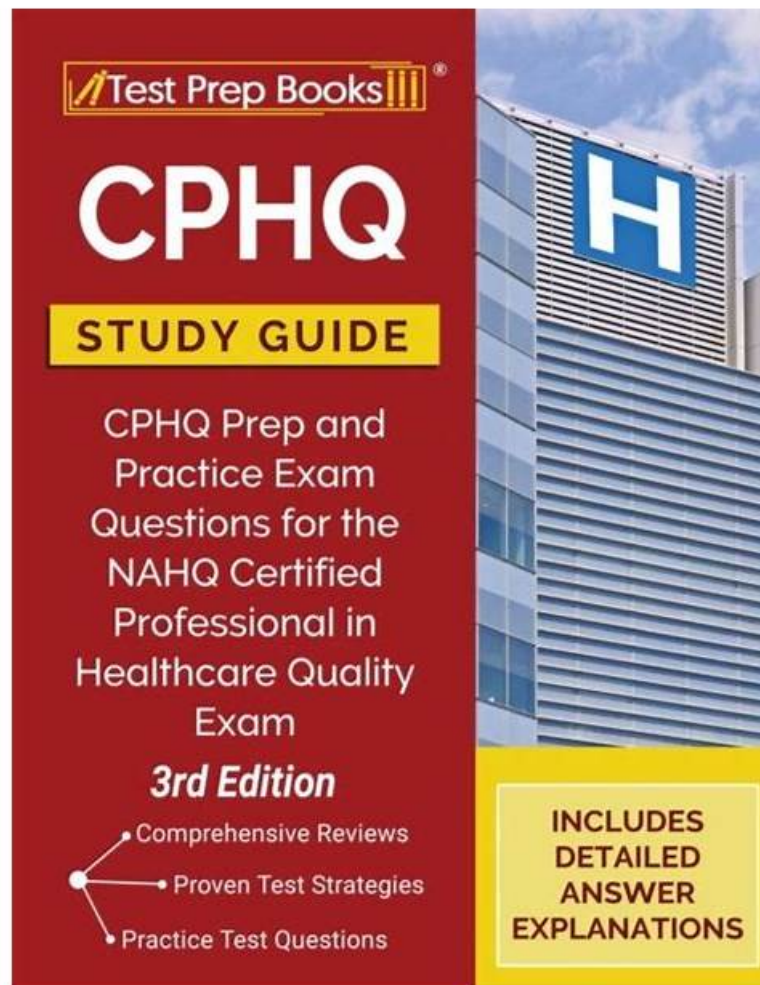


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NAHQ CPHQ Certification is a prestigious credential that demonstrates a healthcare professional's commitment to enhancing the quality and safety of healthcare delivery. With this certification, professionals can advance their career in healthcare quality management and become leaders in their field. The CPHQ certification provides a competitive advantage in the job market and enhances the credibility of healthcare professionals in the eyes of their colleagues and employers.

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## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q146-Q151):

### NEW QUESTION # 146

There is an increased incidence of type 2 diabetes among patients living near a healthcare organization as compared to the state. Considering social determinants of health, which of the following strategies can be used to address this problem?

- A. Collaborate with local farmers' markets to make fresh produce more widely available.
- B. Educate newly diagnosed patients on diabetes disease management.
- C. Review evidence-based diabetes management protocols with primary care providers.
- D. Set up a community-based education program about blood glucose monitoring.

**Answer: A**

Explanation:

Addressing the increased incidence of type 2 diabetes through the lens of social determinants of health involves addressing broader factors that impact health. Collaborating with local farmers' markets to make fresh produce more widely available is a strategy that addresses the social determinants of health by improving access to healthy food options. This approach can help reduce the risk of diabetes by making it easier for community members to make healthy dietary choices, thereby addressing one of the root causes of the increased diabetes incidence.

Educate newly diagnosed patients on diabetes disease management (A): While important, this strategy focuses on managing diabetes after it occurs rather than addressing the social determinants that contribute to its onset.

Set up a community-based education program about blood glucose monitoring (B): This is also important for management but does not directly address the social determinants that lead to the higher incidence.

Review evidence-based diabetes management protocols with primary care providers (C): This improves care quality but does not address the social factors contributing to the disease.

References

NAHQ Body of Knowledge: Addressing Social Determinants of Health in Quality Improvement NAHQ CPHQ Exam Preparation Materials: Strategies for Managing Social Determinants of Health

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### NEW QUESTION # 147

Prior to a regulatory or accreditation visit, a healthcare quality professional should:

- A. Perform time-outs.
- B. Evaluate employee performance.
- C. Hire a consultant.
- D. Complete a gap analysis.

**Answer: D**

Explanation:

Detailed Explanation:

A gap analysis identifies areas of non-compliance or deficiencies in standards, allowing for targeted improvements before a regulatory or accreditation visit.

Option D: Complete a gap analysis

This is a proactive approach to ensure that all standards are met and any deficiencies are addressed.

References:

CPHQ resources recommend gap analyses as essential preparation for regulatory and accreditation readiness.

### NEW QUESTION # 148

A hospital collects patient satisfaction data by mailing surveys to patients discharged home and analyzes the responses they receive. What is the most significant limitation of this sampling methodology?

- A. Patients who respond to the survey may not be representative of all discharged patients.
- B. Responses will be time-consuming to convert from hard copy responses to soft copies for data storage.
- C. Patients may not respond to all questions in the survey.
- D. Hospital employees have no control over which patients respond to the survey.

**Answer: A**

Explanation:

The most significant limitation of the sampling methodology in which a hospital collects patient satisfaction data by mailing surveys to discharged patients is the potential non-representativeness of the respondents.

This can lead to biased results because:

\* Response Bias: The patients who choose to respond to the survey may have different experiences or opinions compared to those who do not respond. For example, individuals with very positive or very negative experiences may be more motivated to complete and return the survey, while those with neutral experiences may not bother to respond. This creates a response bias.

\* Nonresponse Bias: If a significant portion of the patient population does not respond to the survey, the data collected may not accurately reflect the overall patient satisfaction. This can result in an overestimation or underestimation of patient satisfaction levels, leading to incorrect conclusions and potentially flawed quality improvement strategies.

\* Sampling Bias: Since the survey is voluntary, there is no guarantee that the sample of respondents is representative of the entire discharged patient population. Factors such as age, literacy, socioeconomic status, and health condition might influence who responds, further skewing the results.

\* Impact on Data Validity: The lack of representativeness can compromise the validity of the findings.

Decision-makers relying on these survey results may implement changes based on incomplete or biased information, which might not address the needs or concerns of the broader patient population.

References: (Based on Healthcare Quality NAHQ documents and resources)

\* NAHQ White Paper on Patient Satisfaction Surveys.

\* Quality Management in Health Care, Discussion on Sampling Methodologies.

\* NAHQ CPHQ Study Guide, Chapter on Data Collection and Analysis.

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### NEW QUESTION # 149

Which of the following is true regarding critical values?

- A. specific to nursing units
- B. provided by accrediting agencies
- C. defined by law
- D. determined by the organization

**Answer: D**

Explanation:

Critical values are specific test results that fall significantly outside the normal range and may indicate a life-threatening situation.

These values are determined by the organization based on clinical judgment and the specific context of the healthcare setting. Each organization is responsible for defining what constitutes a critical value for various tests, ensuring that these values are communicated promptly to the responsible clinician.

\* Defined by law (A): Critical values are not universally defined by law; they are established by individual organizations based on their clinical needs and practices.

\* Provided by accrediting agencies (C): While accrediting agencies may provide guidelines on how to manage critical values, they do not define the specific values.

\* Specific to nursing units (D): Critical values are not specific to nursing units but are applicable across the organization and require prompt communication.

References

\* NAHQ Body of Knowledge: Critical Values in Laboratory Management

\* NAHQ CPHQ Exam Preparation Materials: Managing Critical Values in Healthcare

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### NEW QUESTION # 150

A healthcare quality professional receives the following Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results:

	How well doctors communicate	Easy to get necessary care	Overall satisfaction with the health plan	Overall satisfaction with personal doctor
Health Plan	86.7%	74.2%	70.6%	78.1%
Quality Compass Mean	89.5%	82.5%	73.5%	78.4%

Which of the following should be the next action by the professional?

- A. Solicit Input from the member advocacy panel regarding barriers to service.
- B. Recommend a member education Initiative on access to care standards.
- C. Request a population demographic report on current membership diversity.
- **D. Initiate a practitioner communication initiative on access to care standards.**

**Answer: D**

Explanation:

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results provide insights into patients' experiences with healthcare services<sup>12</sup>. In this case, the survey results indicate that there may be issues with how well doctors communicate and the ease of getting necessary care. These are areas where practitioners can directly influence patient experience. Therefore, initiating a practitioner communication initiative on access to care standards (option B) would be an appropriate next step. This initiative could involve training or workshops to improve communication skills and strategies to enhance access to care<sup>3</sup>. It's also important to continuously monitor CAHPS survey results to track progress and identify new areas for improvement<sup>4</sup>.

The CAHPS survey results indicate that the health plan's score on how well doctors communicate is lower than the Quality Compass Mean. Since communication with healthcare providers is a key aspect of patient experience and can greatly affect patient satisfaction and outcomes, focusing on improving practitioners' communication skills is essential. A practitioner communication initiative could address the gap in communication scores by providing training and resources to enhance how doctors interact with patients. This initiative would likely involve coaching for practitioners on how to effectively listen, explain, and engage with patients to ensure they understand their health conditions and the care provided.

References: The National Association for Healthcare Quality (NAHQ) provides resources on improving communication as part of quality improvement in healthcare. Such initiatives are supported by evidence showing that effective communication can lead to better patient satisfaction, adherence to treatment plans, and overall health outcomes. This is also in line with the principles outlined in the NAHQ Healthcare Quality Competency Framework under the domain of Patient Safety and Person-Centered Care, which emphasizes the importance of communication in providing high-quality, safe, and patient-centered care.

### NEW QUESTION # 151

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