NAHQ CPHQ Practice Questions

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Question 1

Question Type: MultipleChoice

Once pilot testing is complete and the actions are determined to be effective, which of the following is the next step using a rapid cycle methodology?

Options:

A- Benchmarking
B- Defining scope
C- Setting aims
D- Spreading change

Answer:

D

Explanation:

In rapid cycle improvement methodologies such as Plan-Do-Study-Act (PDSA), after pilot testing and confirming effectiveness, the next critical step is spreading change---implementing successful changes broadly across the organization or relevant units to maximize impact (Institute for Healthcare Improvement, Rapid Cycle Improvement, 2023; The Joint Commission, Performance Improvement, 2024). Defining scope and setting aims are earlier steps to establish the project framework. Benchmarking is typically used for comparative analysis rather than the spread phase. The spread phase involves standardizing improvements, educating staff, and embedding changes into daily operations to ensure sustainability.

Institute for Healthcare Improvement, Rapid Cycle Improvement, 2023

The Joint Commission, Performance Improvement Standards, 2024

Question 2

Question Type: MultipleChoice

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

Options:

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

Answer:

D

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. Theprimary 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.

Reference

NAHQ Body of Knowledge: Quality Improvement Objective Setting

NAHQ CPHQ Exam Preparation Materials: Developing SMART Objectives

Question 3

Question Type: MultipleChoice

The following data are known:

Which ofthe following accurately describes this chart?

Options:

A- The lower control limits were the same in Report Time A and B.
B- The mode was 0.7517 In Report Time B.
C- There was one outlier in Report Time A.
D- There were no special cause variations.

Answer:

C

Explanation:

The P Chart of Hand Hygiene: Compliance before Pt. Contact is divided into Report Time A and Report Time B. The chart plots proportion on the Y-axis ranging from 0.3 to 1, and dates from 2019 January to 2020 November on the X-axis. There are three horizontal lines indicating UCL = 0.9677, P = 0.7517, and LCL = 0.9677. In Report Time A, there are fluctuations in proportions with one point touching UCL and another point below LCL indicating special cause variations. In Report Time B, all data points are between UCL and LCL with less fluctuation compared to Report Time A. The red line indicates tests performed with unequal sample sizes.

Question 4

Question Type: MultipleChoice

An ambulatory care practice has reviewed data to identify patients with multiple visits to the emergency room within the last six months. The population health management technique for this type of data review is called

Options:

A- Cold-spotting
B- Hot-spotting
C- Syndromic surveillance
D- Public health surveillance

Answer:

B

Explanation:

Population health management uses data to identify and target high-risk or high-utilization patients for interventions to improve outcomes and reduce costs.

Option A (Cold-spotting): Cold-spotting identifies areas or populations with low healthcare utilization, not relevant to high ER use.

Option B (Hot-spotting): This is the correct answer. The NAHQ CPHQ study guide states, ''Hot-spotting is a population health technique that identifies patients with high healthcare utilization, such as frequent ER visits, for targeted interventions'' (Domain 5). Developed by Dr. Jeffrey Brenner, it focuses on high-cost, high-need patients.

Option C (Syndromic surveillance): This monitors disease patterns (e.g., flu outbreaks), not individual utilization.

Option D (Public health surveillance): This tracks population-level health trends, not individual high utilizers.

CPHQ Objective Reference: Domain 5: Population Health and Care Transitions, Objective 5.2, ''Apply population health management techniques,'' includes hot-spotting for high-risk patients. The NAHQ study guide notes, ''Hot-spotting targets high-utilization patients to reduce costs and improve care'' (Domain 5).

Rationale: Hot-spotting directly addresses frequent ER users, aligning with CPHQ's population health strategies.

Question 5

Question Type: MultipleChoice

The ultimate responsibility for ensuring and maintaining patient safety in a healthcare organization lies with the:

Options:

A- Governing body.
B- Vice president of quality.
C- CEO.
D- Patient safety officer.

Answer:

A

Explanation:

The governing body holds the ultimate accountability for patient safety within a healthcare organization. They are responsible for setting policies, ensuring compliance with regulations, and fostering a culture of safety throughout the organization.

NAHQ Body of Knowledge: Quality Leadership and Integration

NAHQ CPHQ Exam Preparation Materials: Organizational Accountability in Patient Safety

Question 6

Question Type: MultipleChoice

Establishing a culture of safety begins with having the right

Options:

A- recruitment strategies.
B- plan.
C- leadership.
D- educational programs.

Answer:

C

Explanation:

A culture of safety in healthcare is the extent to which an organization's culture supports and promotes patient safety1.It refers to the values, beliefs, and norms that are shared byhealthcare practitioners and other staff throughout the organization that influence their actions and behaviors2.

A culture of safety requires a collaborative and data-driven approach that involves multiple stakeholders, such as clinicians, managers, patients, and quality professionals3. It also requires a commitment to continuous improvement, learning from errors, and addressing system-level factors that contribute to patient harm.

According to the National Association for Healthcare Quality (NAHQ), one of the core competencies for healthcare quality professionals is to lead and facilitate change initiatives that align with the organization's strategic goals and priorities. NAHQ also states that healthcare

quality professionals should advocate for a culture of safety and quality across the organization.

Therefore, the option that best reflects the first step in establishing a culture of safety is C. leadership. Leadership is essential for creating a vision, setting expectations, providing resources, and empowering staff to participate in safety improvement efforts. Leadership also influences the organizational climate, which affects the attitudes and behaviors of staff towards patient safety.

The other options are less likely to be the first step in establishing a culture of safety, as they are either too specific, too vague, or too dependent on other factors. For example, recruitment strategies, plan, and educational programs are important components of a culture of safety, but they are not sufficient or effective without strong and supportive leadership .Reference:

1: Safety Culture in Healthcare: A 7-Step Framework

2: What Is Patient Safety Culture?

3: 9 Effective Performance Management Strategies for Healthcare

A Guide to Performance Improvement in Healthcare

Healthcare Quality Solutions: Ready Your Workforce for Quality

Code of Ethics

Safety Culture in Healthcare Settings

Understanding the Evolving Landscape of Healthcare Quality

Question 7

Question Type: MultipleChoice

A surgeon left a sponge in one patient, resulting in a multi-million dollar lawsuit. The organization immediately changed the operating room procedure so that after every surgery, patients receive an x-ray before leaving the operating room. Which of the following should the organization have done prior to changing the procedure?

Options:

A- Enforce 'time-outs'
B- Identify the root cause of the error
C- Evaluate radiation exposure levels
D- Conduct a cost benefit analysis

Answer:

B

Explanation:

A retained surgical sponge is a serious safety event (never event), requiring a thorough investigation to prevent recurrence. Changing procedures without understanding the cause risks ineffective solutions.

Option A (Enforce 'time-outs'): Time-outs prevent wrong-site surgery but are not directly related to sponge retention, which involves counts.

Option B (Identify the root cause of the error): This is the correct answer. The NAHQ CPHQ study guide states, ''Before changing procedures after a serious safety event, organizations should conduct a root cause analysis (RCA) to identify underlying causes and ensure effective solutions'' (Domain 1). For example, RCA might reveal issues with sponge counting protocols.

Option C (Evaluate radiation exposure levels): Radiation evaluation is relevant for the new x-ray procedure but should follow RCA to ensure the change addresses the root cause.

Option D (Conduct a cost benefit analysis): Cost analysis is secondary to understanding the cause and ensuring patient safety.

CPHQ Objective Reference: Domain 1: Patient Safety, Objective 1.5, ''Conduct root cause analysis for safety events,'' emphasizes RCA before process changes. The NAHQ study guide notes, ''RCA ensures changes target the true causes of errors'' (Domain 1).

Rationale: Identifying the root cause via RCA ensures effective, targeted changes, as per CPHQ's safety principles.

Question 8

Question Type: MultipleChoice

Practice guidelines should be based on

Options:

A- cost-benefit analysis.
B- scientific evidence.
C- computer-generated data.
D- utilization review criteria.

Answer:

B

Explanation:

Practice guidelines should be based on scientific evidence. This ensures that the guidelines reflect the best available knowledge and research, leading to recommendations that are both effective and reliable. Evidence-based practice guidelines help improve patient outcomes by ensuring that clinical decisions are informed by rigorous and up-to-date research findings.

Cost-benefit analysis (A): While important in decision-making, it is not the primary basis for developing practice guidelines.

Computer-generated data (C): This can assist in analyzing data but is not a substitute for evidence-based research.

Utilization review criteria (D): These criteria are more focused on managing healthcare services rather than forming the foundation of clinical guidelines.

Reference

NAHQ Body of Knowledge: Evidence-Based Practice Guidelines

NAHQ CPHQ Exam Preparation Materials: Foundations of Practice Guidelines

Question 9

Question Type: MultipleChoice

A key concept in patient safety planning is to design procedures that

Options:

A- meet the needs of individual departments.
B- standardize patient care practices.
C- make errors non-transparent.
D- prevent all occurrences.

Answer:

B

Explanation:

A key concept in patient safety planning is to design procedures that standardize patient care practices. Standardization reducesvariability in care, which helps prevent errors and ensures that all patients receive the same high standard of care. By establishing clear, consistent procedures, healthcare organizations can minimize the risk of mistakes and improve overall patient safety.

Meet the needs of individual departments (A): While departmental needs are important, the focus of patient safety is on standardizing practices across the organization.

Make errors non-transparent (C): Transparency is crucial in patient safety to learn from errors and improve practices.

Prevent all occurrences (D): While the goal is to minimize errors, it is unrealistic to prevent all occurrences; instead, the focus is on managing and mitigating risks.

Reference

NAHQ Body of Knowledge: Standardization in Patient Safety

NAHQ CPHQ Exam Preparation Materials: Principles of Patient Safety Planning

Question 10

Question Type: MultipleChoice

A recent Journal article has Identified three new patient safety Initiatives. When reviewing these Initiatives, the first action of a healthcare quality professional Is to

Options:

A- collect data on the three Initiatives.
B- Incorporate the initiatives into the organization's patient safety plan.
C- assign owners to the identified initiatives.
D- determine the applicability of the Initiatives to an organization.

Answer:

D

Explanation:

When a healthcare quality professional encounters new patient safety initiatives, their first action should be to determine the applicability of these initiatives to their organization12. This involves assessing whether the initiatives align with the organization's current goals, resources, and patient population.

This step is crucial because not all initiatives may be relevant or beneficial to every organization. For example, an initiative aimed at improving pediatric care may not be applicable to a healthcare organization that primarily serves adults.

Once the applicability of the initiatives has been determined, the healthcare quality professional can then proceed with other steps such as collecting data on the initiatives, incorporating them into the organization's patient safety plan, and assigning owners to the identified initiatives2.

This approach ensures that the organization's resources are used efficiently and effectively, focusing on initiatives that are most likely to improve patient safety within the specific context of the organization12.

Question 11

Question Type: MultipleChoice

In addition to the mean, which of the following are measures of central tendency?

Options:

A- Standard deviation and variance
B- Standard deviation and median
C- Mode and variance
D- Mode and median

Answer:

D

Explanation:

Measures of central tendency describe the center of a data distribution, commonly used in quality data analysis to summarize performance metrics.

Option A (Standard deviation and variance): These are measures of dispersion, not central tendency, as they describe data spread.

Option B (Standard deviation and median): Median is a measure of central tendency, but

standard deviation is not.

Option C (Mode and variance): Mode is a measure of central tendency, but variance is not.

Option D (Mode and median): This is the correct answer. The NAHQ CPHQ study guide states, ''Measures of central tendency include the mean, median, and mode, representing the average, middle value, and most frequent value, respectively'' (Domain 2).

CPHQ Objective Reference: Domain 2: Health Data Analytics, Objective 2.1, ''Understand statistical measures for data analysis,'' includes central tendency measures. The NAHQ study guide notes, ''Mean, median, and mode are essential for summarizing quality data'' (Domain 2).

Rationale: Mode and median, along with mean, are standard measures of central tendency, as per CPHQ's statistical analysis principles.

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