



NAHQ

CPHQ Exam

Certified Professional in Healthcare Quality

Thank you for Downloading CPHQ exam PDF Demo

You can Buy Latest CPHQ Full Version Download

<https://www.certkillers.net/Exam/CPHQ>

<https://www.certkillers.net>

Version: 10.0

Question: 1

A nursing director for a unit in a cancer hospital is reviewing and assessing outcomes data in the following scatter diagram:



The relationship between the incidence of infection and the decrease in staffing targets is

- A. strong and positive.
- B. weak and negative.
- C. weak and positive.
- D. strong and negative.

Answer: D

Explanation:

The scatter diagram shows that as the decrease in staffing targets becomes more significant (moving right on the horizontal axis), the incidence of infection goes up (moving up on the vertical axis). This indicates a negative relationship because as one variable increases, the other one decreases. The relationship appears to be strong because the points lie closely to an imaginary line that slopes upwards from left to right, which suggests a consistent trend across the data points.

Reference:

In healthcare quality improvement, it is critical to use data to inform decision-making. Scatter diagrams are a common tool used for this purpose. The NAHQ Healthcare Quality Competency Framework emphasizes the importance of analyzing and utilizing data in decision-making, as indicated in the Performance and Process Improvement domain. A strong negative relationship in this context could

indicate that decreased staffing levels are associated with higher infection rates, which is a significant finding for a nursing director assessing outcomes and considering quality improvement initiatives.

Question: 2

A quality Improvement team has Identified specific changes to Implement for a quality Improvement Initiative. As the next step, the team would like to establish a concrete timeline for implementation. Which of the following is the best tool to use for this step?

- A. process map
- B. Gantt chart
- C. Ishikawa diagram
- D. bar graph

Answer: B

Explanation:

A process map is a tool that shows the sequence of steps or activities involved in a process, and identifies the inputs, outputs, and decision points. It can help to identify waste, variation, and inefficiencies in a process, and to design or redesign a process for improvement. However, it does not show the time required or allocated for each step or activity, nor the dependencies or interrelationships among them. Therefore, it is not the best tool to use for establishing a timeline for implementation.

A Gantt chart is a tool that shows the tasks or phases of a project, the duration and order of each task or phase, the milestones or deliverables, and the progress or status of each task or phase. It can help to plan and schedule a project, to monitor and communicate its progress, to identify critical tasks or phases, and to allocate resources and responsibilities. Therefore, it is the best tool to use for establishing a timeline for implementation.

An Ishikawa diagram (also known as a fishbone diagram or a cause-and-effect diagram) is a tool that shows the possible causes of a problem or an effect, and organizes them into categories or branches. It can help to identify the root causes of a problem, to brainstorm potential solutions, and to prioritize areas for improvement. However, it does not show the time or sequence of the causes or solutions, nor the tasks or phases of a project. Therefore, it is not the best tool to use for establishing a timeline for implementation.

A bar graph (also known as a histogram or a column chart) is a tool that shows the frequency or distribution of data in different categories or groups, using vertical or horizontal bars. It can help to compare data across categories or groups, to identify patterns or trends, and to display numerical information visually. However, it does not show the time or sequence of the data, nor the tasks or phases of a project. Therefore, it is not the best tool to use for establishing a timeline for implementation. Reference:

[Gantt Chart | Digital Healthcare Research](#)

[Gantt Chart | Turas | Learn](#)

[Chart Template - Gantt Chart - Health Quality Council](#)

[Project Planning - Institute for Healthcare Quality Improvement](#)

[Best examples of timelines, Gantt charts, and roadmaps for the healthcare sector](#)

[HQ Principles | NAHQ]

Question: 3

The main purpose of conducting tracers as a part of continuous readiness is to

- A. identify current gaps in processes of quality and patient safety that need correcting.
- B. prepare staff to be able to speak to the surveyors in a comfortable and easy manner.
- C. teach quality Improvement professionals how to prepare for accreditation surveys.
- D. minimize the number of recommendations for Improvement during an actual survey.

Answer: A

Explanation:

[Tracers are a method of assessing the quality and safety of care, treatment, or services by following the experience of a patient or a process through the entire health care delivery system¹.](#)

[Tracers are used by The Joint Commission and other accreditation bodies to evaluate the compliance of health care organizations with the standards and requirements for accreditation¹.](#)

[Tracers can help identify the strengths and weaknesses of an organization's processes and practices, as well as the risks and opportunities for improvement²³.](#)

[Tracers can also help engage staff and stakeholders in continuous improvement activities and foster a culture of quality and safety²⁴.](#)

[Therefore, the main purpose of conducting tracers as a part of continuous readiness is to identify current gaps in processes of quality and patient safety that need correcting, as this will help the organization achieve better outcomes and meet the expectations of accreditation¹²³⁴. Reference: 1: \[Tracer Methodology Fact Sheet | The Joint Commission\]\(#\) 2: \[How tracer rounds can support effective continuous improvement in healthcare\]\(#\) 3: \[Unlocking QTRACER's secret to ensure continuous improvement in healthcare\]\(#\) 4: \[Continuous Service Readiness | Joint Commission Resources\]\(#\)](#)

Question: 4

The clinic has a goal to reduce the Healthcare Effectiveness Data and Information Set (HEDIS) measure of 'the percent of diabetic patients with a HgA1c greater than 9.0% for accreditation. Who should be Included on the quality Improvement team?

- A. clinic manager, provider champion. HEDIS chart abstractor
- B. clinic manager, quality Improvement specialist, provider champion
- C. HEDIS chart abstractor, coder, primary care provider
- D. primary care provider, quality improvement specialist, coder

Answer: B

Explanation:

[The HEDIS measure of the percent of diabetic patients with a HgA1c greater than 9.0% is an indicator of poor glycemic control and a risk factor for complications¹². Reducing this measure is a quality improvement goal that requires a multidisciplinary approach and data-driven strategies³⁴.](#)

[A quality improvement team is a group of individuals with different roles and responsibilities who work together to achieve a common aim⁵⁶. The team should include representatives from various areas of the clinic, such as management, clinical staff, and data analysts⁷⁸.](#)

[The clinic manager is responsible for providing effective and consistent leadership, communicating the](#)

[vision and the steps for improvement, engaging the team in planning and monitoring, allocating resources and training, and fostering a culture of open communication and continuous learning](#)⁷⁸. The quality improvement specialist is responsible for analyzing and reviewing the clinical and business data, suggesting and selecting the key priority areas, implementing and evaluating the improvement interventions, and reporting the results and outcomes⁷⁸.

[The provider champion is responsible for modeling enthusiasm and support for quality improvement, leading the clinical discussions and decisions, influencing and educating other providers and staff, and ensuring adherence to evidence-based guidelines and best practices](#)⁷⁸.

The HEDIS chart abstractor, the coder, and the primary care provider are also important members of the quality improvement process, but they are not sufficient to form a comprehensive and effective team. The HEDIS chart abstractor and the coder are mainly involved in collecting and coding the data, while the primary care provider is mainly involved in delivering the care. [They need the guidance and coordination of the clinic manager, the quality improvement specialist, and the provider champion to align their efforts and achieve the desired outcomes](#)⁷⁸. Reference: 1: [Hemoglobin A1c Control for Patients with Diabetes \(HBD\)](#) 2: [Glycemic Status Assessment for Patients with Diabetes](#) 3: [Quality Improvement Team Roles and Responsibilities - PracticeAssist](#) 4: [The Roles & Responsibilities of A Quality Management Team](#) 5: [QUALITY IMPROVEMENT TEAMS COMPOSITION](#) 6: [Comprehensive Diabetes Care - NCQA](#) 7: [HEDIS 2022 Manual - Johns Hopkins Medicine](#) 8: [HEDIS® Hemoglobin A1c Control for Patients with Diabetes \(HBD\)](#) 9: [GSD - Glycemic Status Assessment for Patients With Diabetes](#)

Question: 5

During a recent code blue situation at an organization, there was a delay in administering the defibrillator's shock. A root cause analysis found the delay was due to the fact that defibrillator pads available on the unit were not compatible with the unit's defibrillator. Which of the following applications of human factors engineering could have prevented this delay?

- A. forcing functions
- B. checklists
- C. resiliency efforts
- D. usability testing

Answer: A

Explanation:

[Human factors engineering is a science that uses a systems approach to consider human psychological, social, physical, and biologic characteristics and applies the information to design equipment, processes, and environments to optimize human performance, health, and safety](#)¹.

[One of the applications of human factors engineering is forcing functions, which are design features that prevent users from making errors or performing unsafe actions](#)². For example, a forcing function can prevent a user from inserting a wrong key into a lock, or plugging a wrong device into a socket. In the case of the defibrillator pads, a forcing function could have prevented the delay by making the pads incompatible with the wrong defibrillator, or by alerting the user of the mismatch before attempting to use the device. This would have ensured that only the correct pads were used with the correct defibrillator, and avoided the potential harm to the patient.

The other options are not applications of human factors engineering, but rather methods or strategies that can be used to improve quality and safety in health care. [Checklists are tools that help users](#)

[remember and follow a series of steps or tasks](#)³. Resiliency efforts are actions that help users cope with and recover from adverse events or situations. [Usability testing is a process that evaluates how easy and effective a product or system is to use by the intended users. Reference: 1: Human Factors in Healthcare | SpringerLink 2: Human Factors Engineering | PSNet 3: Checklist Use in Healthcare: A Practical Guide to Improving Quality and Safety : Resilience in Healthcare: A Systematic Review and Synthesis of the Literature : Usability Testing of Medical Devices](#)

Thank You for trying CPHQ PDF Demo

To Buy New CPHQ Full Version Download visit link below

<https://www.certkillers.net/Exam/CPHQ>

Start Your CPHQ Preparation

[Limited Time Offer] Use Coupon “**CKNET**” for Further discount on your purchase. Test your CPHQ preparation with actual exam questions.

<https://www.certkillers.net>