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CPHQ PRACTICE QUESTIONS WITH CORRECT ANSWERS

Which of the following action plans is the first step in correcting inappropriate blood usage in an emergency department?

- A. in-service on ordering blood usage for the physicians
- B. elimination of wasted blood
- C. Improvements in documentation
- D. development of a new procurement procedure CORRECT ANSWER
- A. in-service on ordering blood usage for the physicians

Which of the following is most appropriate in preparation for an external survey of a healthcare facility?

- A. Assign key staff to answer all questions.
- B. Ask department heads to prepare a presentation for the survey team.
- C. Educate staff about the types of questions they may be asked.
- D. Set up teams to make a good showing for the survey. CORRECT ANSWER
- C. Educate staff about the types of questions they may be asked.

The following table shows the percentage of hospital-acquired pressure ulcers: Which of the following should the healthcare quality professional do next?

- A. Implement a new pressure ulcer protocol.
- B. Re-educate staff.
- C. Continue to track and trend the data.
- D. Conduct a focused analysis of pressure ulcer cases CORRECT ANSWER
- D. Conduct a focused analysis of pressure ulcer cases

Leadership can best integrate performance improvement within an organization through:

- A. multidisciplinary teams.
- B. newsletters.
- C. focus groups.
- D. seminars. CORRECT ANSWER
- A. multidisciplinary teams
(best integrate performance improvement by promoting an interdisciplinary approach to the process and including multiple subject matter experts.)

A medication error occurred and resulted in a severe adverse outcome. In addition to informing the

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The CPHQ certification exam is administered by the National Association for Healthcare Quality (NAHQ). The NAHQ is a professional organization that is dedicated to promoting healthcare quality improvement through education, research, and advocacy. The NAHQ has been administering the CPHQ certification exam for over 30 years and has established a reputation for providing a high-quality, fair, and reliable certification process.

The CPHQ Certification is a valuable credential for healthcare quality professionals. It demonstrates a commitment to excellence in healthcare quality and patient safety and is highly regarded by employers in the healthcare industry. NAHQ provides a variety of resources to help candidates prepare for the exam, and ongoing support to CPHQ-certified professionals. If you are a healthcare quality professional looking to advance your career, the CPHQ certification is an excellent choice.

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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q759-Q764):

NEW QUESTION # 759

Ordering the correct diagnostic procedure for a patient is a measure of _____. When evaluating the process of care, however, appropriateness is only half the story. The other half is in how well and how promptly (i.e. skill-fully) the procedure was carried out.

- A. Consciousness
- **B. Appropriateness**
- C. Care assessment
- D. Equity

Answer: B

NEW QUESTION # 760

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

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

Answer: C

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 # 761

An organization that demonstrates a culture of safety

- A. has a balanced scorecard.
- **B. learns from errors.**
- C. penalizes reporting of errors.
- D. generates a low number of incident reports.

Answer: B

Explanation:

An organization that demonstrates a culture of safety is one that learns from errors (Answer C) rather than penalizing them. In such an environment, errors are viewed as opportunities for learning and improvement, with the aim of preventing future occurrences. This approach fosters openness and encourages staff to report incidents and near misses without fear of retribution, leading to a safer and more resilient healthcare system.

The other options describe aspects that are either contrary to a safety culture or unrelated:

A balanced scorecard (A) is a strategic management tool and does not directly indicate a culture of safety.

Penalizing reporting of errors (B) would create a culture of fear, which is the opposite of a safety culture.

Generating a low number of incident reports (D) might suggest underreporting rather than a true reflection of safety, especially if it results from a punitive environment.

Reference: National Association for Healthcare Quality (NAHQ) - Certified Professional in Healthcare Quality (CPHQ) Study Materials.

Culture of Safety in Healthcare, NAHQ Documentation.

NEW QUESTION # 762

Data for an organization's annual Influenza vaccine administration yields the following results:

What is the median for the organization's annual vaccine count?

- A. 0
- B. 1
- C. 2
- **D. 3**

Answer: D

Explanation:

The median is the value that's exactly in the middle of a dataset when it is ordered¹². It's a measure of central tendency that separates the lowest 50% from the highest 50% of values². The steps for finding the median differ depending on whether you have an odd or an even number of data points¹²³.

Based on the data provided in the image, we can calculate the median by arranging the vaccine counts in ascending order and finding the middle value. The counts in ascending order are: 5, 10, 16, 18, 30, 55, 71, 90, 114, 144, 195, and 200. Since there are an even number of data points (12), we take the middle value directly without averaging two middle values. So here it is option B - "55". This is consistent with the principles of median calculation¹²³.

NEW QUESTION # 763

Which of the following is NOT out of Quality measurement categories or domains?

- A. patient satisfaction
- B. Financial performance
- C. Clinical quality (including both process and outcome measures)
- **D. Operational status**

Answer: D

NEW QUESTION # 764

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