

Web-Based NAHQ CPHQ Practice Exam Software

NAHQ CPHQ PRACTICE TEST WITH COMPLETE SOLUTION

True - answerThe governing body is responsible for setting policy, financial and strategic direction, quality of care, and setting goals and objectives

A. True

B. False

False - answerThe governing body is responsible for implementing strategies and collecting measurements of quality indicators.

A. True

B. False

d. 80% - answerAccording to TJC (2012), how many serious medical errors involved miscommunication between caregivers when patients are transferred or handed-off?

a. 67%

b. 25%

c. 32%

d. 80%

True - answerObservation and documentation of interpersonal and communication skills is an example of an FPPE.

A. True

B. False

True - answerAn example of criteria that might be tracked for OPPE is morbidity and mortality data

A. True

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NAHQ CPHQ (Certified Professional in Healthcare Quality) Exam is a certification exam designed for healthcare professionals who specialize in quality improvement. CPHQ exam is meant to assess the knowledge and skills of healthcare quality professionals and evaluate their ability to implement effective quality improvement strategies.

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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q628-Q633):

NEW QUESTION # 628

A Rapid Process Improvement Team began a new process on January 7 to reduce targeted events per bed day outcome. The team asked the quality analyst to help determine whether the new process was successful and should be continued. Based on the control chart the quality analyst produced, which of the following is the best conclusion?

- A. There was a spike in the process, recommend discontinuing the process.
- B. There was a decreasing trend in the process, recommend discontinuing the process.
- C. There was an increasing shift in the process, recommend discontinuing the process.
- D. There was a decreasing shift in the process, recommend continuing the process.

Answer: D

Explanation:

* Reviewing the Control Chart Data The control chart shows "Events/Bed Day" over time, with the Upper Control Limit (UCL), Lower Control Limit (LCL), and a center line (CL) marking the baseline average of the process before the intervention.

* Identifying the Impact of the New Process

* The intervention to reduce events per bed day was implemented on January 7.

* Following this date, there is a noticeable and consistent decrease in the number of events per bed day, with data points gradually moving downward.

* Eventually, the values settle well below the original center line, indicating a decreasing shift in the process.

* Differentiating Between Trends and Shifts

* A shift is characterized by a sustained change in process level, often due to a successful intervention, as seen here with lower event rates maintained over time.

* In this case, the shift is in a favorable direction, as the targeted events per bed day have reduced significantly and consistently.

* A trend would indicate a continuous movement in a direction, but this chart shows that after an initial decline, the process stabilizes at a lower rate.

* Conclusion Since the process has demonstrated a decreasing shift, indicating improvement and reduced events per bed day, the correct recommendation is to continue the process, as it appears successful in achieving the goal.

References:

* NAHQ "Statistical Process Control and Process Improvement Strategies"

* "Evaluating Shifts and Trends in Control Charts for Quality Improvement" (NAHQ, 2021)

NEW QUESTION # 629

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 ordered¹. 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 points^{1,2,3}.

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 calculation^{1,2,3}.

NEW QUESTION # 630

The weighting issue also arises when comparing hospitals or clinics within a system. What happens if the service case mix is similar?

- A. One can compare by hospitals or clinics within a system
- B. Scores should be weighted before comparisons are made among hospitals
- C. Scores should be weighted after comparisons are made among hospitals
- D. One can compare by hospitals or clinics even out of a system

Answer: A

NEW QUESTION # 631

A team has been working together for six months to improve a patient outcome, and the desired result has not been achieved. An assessment of team effectiveness was conducted and revealed the following:

The healthcare quality professional should recommend

- A. developing interventions to maintain team member satisfaction.
- B. continuing to monitor as the team is performing within acceptable limits.
- C. creating a reward system based on team member growth.
- D. evaluating barriers impacting team productivity.

Answer: D

Explanation:

The assessment reveals that while team member satisfaction and growth scores are high (96% and 95% respectively), team productivity is slightly lower at 90%. Since the desired patient outcome has not been achieved, it is important to identify and address any barriers that may be hindering the team's productivity. By evaluating these barriers, the team can better understand the factors impacting their ability to meet their goals, such as workflow inefficiencies, resource limitations, or external factors affecting performance.

The other options are less relevant in this context:

Developing interventions to maintain team member satisfaction (B) is unnecessary at this point, as satisfaction is already high.

Continuing to monitor as the team is performing within acceptable limits (C) does not address the fact that the desired outcomes have not been achieved.

Creating a reward system based on team member growth (D) is unrelated to the immediate issue of productivity and patient outcomes.

References:

National Association for Healthcare Quality (NAHQ) - Certified Professional in Healthcare Quality (CPHQ) Study Materials. Team Effectiveness and Productivity Barriers, NAHQ Documentation.

NEW QUESTION # 632

Which of the following is a privacy breach according to HIPAA?

- A. A caregiver accessed her spouse's lab results.
- B. A legal guardian is provided with discharge instructions.
- C. A risk manager enters the electronic health record (EHR) to investigate a complaint.
- D. A peer review committee reviews a case in question.

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Under Patient Safety and Compliance with Privacy Regulations, HIPAA (Health Insurance Portability and Accountability Act) strictly prohibits unauthorized access to protected health information (PHI).

A caregiver accessing her spouse's medical record without authorization constitutes a privacy breach because it violates patient confidentiality and lacks a legitimate treatment, payment, or operational purpose.

The other activities listed are permitted under healthcare operations or authorized representation exceptions.

References:

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