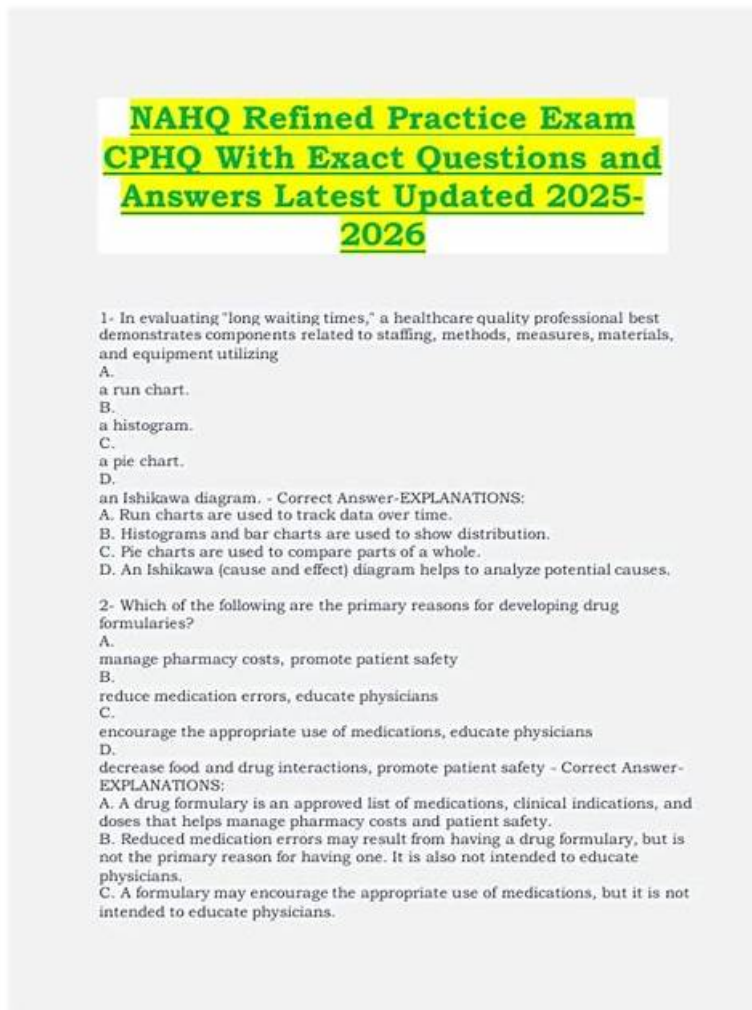


# NAHQ CPHQ Exam Tips & Test CPHQ Answers



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The CPHQ examination is designed for healthcare professionals who work in quality improvement, patient safety, risk management, or performance measurement. CPHQ exam covers a wide range of topics, including quality management, patient safety, data management, healthcare regulations and standards, and leadership and communication. CPHQ Exam consists of 140 multiple-choice questions, and candidates have 3 hours to complete it.

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## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q348-Q353):

### NEW QUESTION # 348

During a risk assessment, It Is noted that a unit manager and staff feel there is a high risk of aggressive patient behavior toward unit staff. Which of the following steps should a healthcare quality professional take first?

- A. Review the facility's restraint policy.
- B. Discuss with administration the need for increased staff.
- C. Continue to survey staff to assess perceptions of risk.
- **D. Organize a staff focus group to explore perceptions.**

**Answer: D**

Explanation:

The question is about the first step a healthcare quality professional should take when there is a perceived high risk of aggressive patient behavior towards unit staff.

\* Identify the Risk: The first step in any risk assessment process is to identify the risk. In this case, the risk identified is the high risk of aggressive patient behavior towards unit staff.

\* Analyze the Risk: Once the risk has been identified, the next step is to analyze the risk. This involves understanding the nature of the risk, its potential impact, and the factors contributing to its occurrence.

\* Organize a Staff Focus Group: Given the options provided, the best first step would be to organize a staff focus group to explore perceptions (Option A). This allows for a deeper understanding of the staff's perception of the risk, which is crucial in formulating an effective response strategy.

\* Discuss with Administration: While discussing with administration the need for increased staff (Option B) could be a potential step, it would not be the first step. It's important to fully understand the risk and its implications before making staffing decisions.

\* Continue to Survey Staff: Continuing to survey staff to assess perceptions of risk (Option C) could be a part of the ongoing risk management process, but it would not be the first step after the risk has been identified.

\* Review the Facility's Restraint Policy: Reviewing the facility's restraint policy (Option D) could be a step taken later in the process, especially if the focus group or surveys indicate that the current policy is inadequate or not being properly implemented.

In conclusion, organizing a staff focus group to explore perceptions is the most appropriate first step after identifying a high risk of aggressive patient behavior towards unit staff. This aligns with the principles of risk assessment which involve identifying, analyzing, and controlling hazards and risks present in a situation.

### NEW QUESTION # 349

Which of the following represents an unintended consequence of payer-driven quality initiatives?

- **A. Increased use of healthcare services**
- B. Improved population health
- C. Improved patient care
- D. Increased use of performance data by stakeholders

**Answer: A**

Explanation:

Detailed Explanation:

Increased use of healthcare services can result from payer-driven quality initiatives as providers may increase testing or services to meet quality metrics.

Option A: Increased use of healthcare services

This unintended consequence may occur as providers aim to meet certain quality standards.

References:

Quality initiative literature highlights how payer-driven metrics can lead to increased service utilization, sometimes beyond clinical necessity.

### NEW QUESTION # 350

What Is the Initial step the quality professional should take when the organization's performance on a patient satisfaction strategic goal is below the desired performance?

- A. Initiate a needs assessment
- B. Research Industry benchmarks.
- C. Form a quality improvement team.
- **D. Review department-specific data.**

**Answer: D**

Explanation:

When an organization's performance on a patient satisfaction strategic goal is below the desired level, the initial step should be to review department-specific data. This allows for a detailed understanding of the performance in different areas or units within the organization. It helps in identifying specific issues that may be contributing to the overall low performance. This targeted approach facilitates the identification of tailored interventions that can be more effective than broad, non-specific actions.

References: The NAHQ emphasizes the use of data to drive quality improvement efforts. Department-specific data provides the detailed insights necessary to undertake focused quality improvement initiatives. This is a fundamental principle in the healthcare quality improvement process, aligning with the systematic approach outlined in the NAHQ's Healthcare Quality Competency Framework.

### NEW QUESTION # 351

Which of the following payment systems carries the most financial risk for a provider?

- A. pay for performance
- **B. capitation**
- C. upside-only bundles
- D. fee for service

**Answer: B**

Explanation:

A payment system is a method of reimbursing providers for the services they deliver to patients.

Different payment systems have different implications for the financial risk that providers face, which is the possibility of losing money or not making a profit from their activities.

Financial risk can be influenced by factors such as the volume and mix of services, the cost and quality of care, the patient population, and the market conditions.

Fee for service (FFS) is a payment system where providers are paid for each service they perform, regardless of the outcome or value of the service. This payment system carries the least financial risk for providers, as they can increase their revenue by increasing the quantity of services. However, this payment system may also create incentives for overutilization, inefficiency, and low quality of care.

Capitation is a payment system where providers are paid a fixed amount per patient or per member per month, regardless of the number or type of services they provide. This payment system carries the most financial risk for providers, as they have to cover all the costs of care for their patients within the fixed budget. However, this payment system may also create incentives for efficiency, coordination, and prevention of care.

Pay for performance (P4P) is a payment system where providers are paid based on the quality and outcomes of the care they provide, rather than the quantity or type of services. This payment system carries a moderate financial risk for providers, as they have to meet certain performance measures or benchmarks to receive the full payment or bonus. However, this payment system may also create incentives for quality improvement, patient satisfaction, and value of care.

Upside-only bundles are a payment system where providers are paid a fixed amount for a bundle of services related to a specific condition or episode of care, such as a hip replacement or a hospitalization. This payment system carries a low financial risk for providers, as they can only share in the savings if they deliver the bundle of services at a lower cost than the fixed amount, but they do not have to bear any losses if they exceed the fixed amount. However, this payment system may also create incentives for coordination, standardization, and efficiency of care.

References:

Benefits of Risk-Based Payments: How Healthcare Data Improves Profits

The future of the payments industry: How managing risk can drive growth Financial crime risk management in digital payments

### NEW QUESTION # 352

Interpersonal relationships are the fundamental part of a management system. They basically coordinate activities of

