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## NAHQ CPHQ Practice Test-with 100% verified answers-2022-2023

True \* Question - The governing body is responsible for setting policy, financial and strategic direction, quality of care, and setting goals and objectives  
A. True  
B. False

False \* Question - The governing body is responsible for implementing strategies and collecting measurements of quality indicators.  
A. True  
B. False

d. 80% \* Question - According 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 \* Question - Observation and documentation of interpersonal and communication skills is an example of an FPPE.  
A. True  
B. False

True \* Question - An example of criteria that might be tracked for OPPE is morbidity and mortality data  
A. True  
B. False

True \* Question - Examples of data for physician profiles include data representing major service lines, patient safety issues, and outpatient information  
A. True  
B. False

b. Be a visible participant in the process \* Question - A CQO has the responsibility for education and implementation of a quality improvement process. To affect cultural change, the CQO must:  
a. Receive quarterly reports  
b. Be a visible participant in the process  
c. Believe the costs are justified by the benefits

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The Certified Professional in Healthcare Quality (CPHQ) Examination is a certification exam designed for healthcare professionals who are looking to demonstrate their knowledge and expertise in healthcare quality management. CPHQ Exam is administered by the National Association for Healthcare Quality (NAHQ), a professional association that represents healthcare quality professionals worldwide.

## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q477-Q482):

### NEW QUESTION # 477

Which of the following represents a quality management system with criteria that serve as a tool to assess and award best-in-class organizations?

- A. The Joint Commission
- **B. Baldrige Performance Excellence Program**
- C. DNV GL Healthcare
- D. American Osteopathic Association (AOA)

**Answer: B**

Explanation:

Detailed Explanation:

Quality management systems with criteria for assessing and awarding best-in-class organizations are designed to recognize excellence and foster continuous improvement. Here's an analysis of each option:

Option A: Baldrige Performance Excellence Program

This program is known for its rigorous criteria for performance excellence, which organizations can use as a framework to assess their quality and operational performance. Baldrige also offers awards to organizations demonstrating high achievement, making it the most relevant answer for a "best-in-class" designation.

Option B: DNV GL Healthcare

DNV GL is a certification body that provides standards for quality and safety but does not serve as an award program for best-in-class organizations.

Option C: American Osteopathic Association (AOA)

AOA focuses on osteopathic medicine and healthcare standards but is not a quality management system aimed at recognizing best-in-class organizations.

Option D: The Joint Commission

The Joint Commission accredits healthcare organizations but does not function as a competitive award system.

References:

The Baldrige Performance Excellence Program's criteria are widely recognized in healthcare quality resources for their role in performance assessment and recognition, as described in healthcare quality improvement literature and CPHQ study materials on quality management systems.

### NEW QUESTION # 478

Which of the following is required for the successful development of clinical pathways?

- A. Quality improvement tools
- B. Staff education
- **C. Physician involvement**
- D. Patient education materials

**Answer: C**

Explanation:

Clinical pathways are evidence-based, standardized care plans designed to optimize patient outcomes and reduce variations in care. Their successful development requires collaboration among key stakeholders, with physician involvement being critical due to their role in clinical decision-making and protocol adoption.

Option A (Staff education): While staff education is important for implementing clinical pathways, it is a secondary step that follows pathway development. Education ensures adherence but is not a requirement for creating the pathways themselves.

Option B (Patient education materials): Patient education materials support patient engagement but are not essential for developing clinical pathways, which focus on provider-driven care processes.

Option C (Quality improvement tools): Quality improvement tools (e.g., flowcharts, PDSA cycles) may be used to refine pathways, but they are not a requirement for development. The primary need is clinical expertise and stakeholder input.

Option D (Physician involvement): Physician involvement is essential for developing clinical pathways, as they provide clinical expertise, ensure pathways align with evidence-based practice, and drive adoption among peers. NAHQ CPHQ study materials emphasize that multidisciplinary collaboration, particularly with physicians, is critical for creating effective pathways, as physicians are key decision-makers in patient care protocols.

Reference: NAHQ CPHQ Study Guide, Domain 4: Performance and Process Improvement, highlights the importance of physician engagement in developing clinical pathways to ensure clinical relevance and successful implementation.

#### NEW QUESTION # 479

A hospital has been experiencing a significant Increase in the number of medication errors. The hospital's governing board has adopted barcoding technology with electronic documentation at the point of care.

Which of the following medication errors will most likely be reduced by the Implementation of this technology?

- A. transcription errors
- B. prescribing errors
- C. dispensing errors
- D. administration errors

**Answer: D**

Explanation:

Barcoding technology with electronic documentation at the point of care is primarily designed to reduce medication errors that occur during the administration stage<sup>123</sup>. This technology, known as Bar-coded Medication Administration (BCMA), provides point-of-care verification of the correct patient and medication<sup>3</sup>.

When a medication is administered, the healthcare professional scans the barcode on the patient's identification band and the barcode on the medication. The system then checks the scanned information against the medication order in the patient's electronic health record. This process helps ensure that the right patient is receiving the right medication at the right dose and at the right time, thereby significantly reducing administration errors<sup>1234</sup>.

While barcoding technology can also help reduce other types of errors such as dispensing errors<sup>3</sup>, its impact is most significant on administration errors. Therefore, in the context of the question, the implementation of barcoding technology with electronic documentation at the point of care will most likely reduce administration errors.

#### NEW QUESTION # 480

Which of the following should be a part of an organization's program of continuous readiness for accreditation?

- A. Conduct quarterly training on accreditation standards.
- B. Perform periodic audits to ensure standards for accreditation are met.
- C. Maintain detailed agendas for environment of care rounding.
- D. Schedule the accreditation survey when the organization's CEO is available.

**Answer: B**

Explanation:

An organization's program of continuous readiness for accreditation should include a variety of activities to ensure that the organization is always prepared for an accreditation survey. One of these activities is performing periodic audits to ensure that the standards for accreditation are being met. These audits can help identify areas of non-compliance and provide an opportunity for improvement before an accreditation survey. This approach ensures that the organization is not only prepared for the survey but is also committed to continuous quality improvement, which is a key aspect of accreditation.

Reference: 1

#### NEW QUESTION # 481

Efficiency refers how well resources are used in achieving a given result. Efficiency whenever the resources used to produce a given output are \_\_\_\_\_.

- A. Improves, reduced
- B. It is truly situation dependent

- C. Reduces, reduced
- D. Increases, increased

**Answer: A**

## NEW QUESTION # 482

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