

# CPHQ Paper - Test CPHQ Collection

## Practice Test CPHQ

Supports activities that improve outcomes and reduce variation (this will effect multiple domains within quality, including safety, effectiveness, and efficiencies)

Healthcare leaders are confronted with the challenge of increasing quality while reducing costs. Which of the following approaches best advances improvement efforts?

### Norming

Team cohesion is established during which of the following staging of team growth?

### Conforming

Which of the following IS NOT A PROCESS in the tuckman's stages of group development

Norming

Forming

Performing

Conforming

### Empowerment and training

Which of the following should a quality council provide to best ensure success of performance improvement teams?

### Planning carefully, communicating openly, and leading effectively

A healthcare entity initiating re-structuring must consider the impact on staff to ensure the greatest opportunity for success by:

Mean (The mean is the statistical average of the set. It is often used to describe average length of stay for comparison and is used with the standard deviation to understand the variability around the mean)

The utilization management committee is reviewing length of stay data for a particular procedure. In comparing data by physician, which of the following statistics will be most useful?

### Define the future direction for quality

The primary purpose of an organization's quality improvement strategic plan is to:

Identify and resolve discrepancies

Medication reconciliation is a process intended to:

Conduct a focused analysis of pressure ulcer cases

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

### Studying the process to understand the error

When errors are discovered, staff and supervisors best demonstrate a culture of safety by:

Evaluate compliance with the pathway (Evaluation of compliance with the proven pathways should be conducted first to see if that may be influencing the lack of change in the outcome)

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The healthcare industry is a complex and ever-changing environment that requires qualified professionals to ensure its smooth functioning. Therefore, it is essential to have an expert in healthcare quality management who can provide high-quality patient care. The NAHQ CPHQ (Certified Professional in Healthcare Quality Examination) exam is a standardized test that certifies professionals in healthcare quality management.

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The Certified Professional in Healthcare Quality Examination (CPHQ) certification is one of the hottest career advancement credentials in the modern NAHQ world. The CPHQ certification can help you to demonstrate your expertise and knowledge level. With only one badge of CPHQ certification, successful candidates can advance their careers and increase their earning potential. The NAHQ CPHQ Certification Exam also enables you to stay updated and competitive in the market which will help you to gain more career opportunities.

The Certified Professional in Healthcare Quality (CPHQ) is a globally recognized professional certification offered by the National Association for Healthcare Quality (NAHQ). The CPHQ Certification Exam is designed to validate the professional expertise and knowledge of healthcare quality professionals. It is considered as a benchmark for healthcare quality professionals to showcase their skills and competencies in the field.

## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q194-Q199):

### NEW QUESTION # 194

Which performance improvement tool best evaluates care processes and transitions?

- A. flow chart
- B. affinity diagram
- C. brainstorming
- D. planning grid

**Answer: A**

Explanation:

A flow chart (D) best evaluates care processes and transitions by mapping workflows and identifying inefficiencies. Brainstorming (A), planning grids (B), and affinity diagrams (C) are less suited for process analysis. NAHQ emphasizes flow charts for process evaluation.

NAHQ CPHQ Study Guide, Performance and Process Improvement Section, "Process Mapping and Flow Charts"; NAHQ CPHQ Practice Questions, Performance Improvement Tools.

### NEW QUESTION # 195

Each department in a hospital self-monitors and reports hand hygiene data each quarter. Results typically fall within the 58-72% range, with the exception of Respiratory Therapy, which consistently reports 100% compliance. Which of the following steps should a healthcare quality professional take next?

- A. Validate that the Respiratory Therapy results are accurate.
- B. Require departments not achieving at least 95% compliance to develop corrective action plans.
- C. Recognize the Respiratory Therapy department for its outstanding compliance.
- D. Provide remedial hand hygiene training for the lowest scoring departments.

**Answer: A**

Explanation:

Given that the Respiratory Therapy department consistently reports 100% compliance with hand hygiene, while other departments report significantly lower compliance rates (58-72%), it is important to validate the accuracy of these results. Consistently perfect scores may indicate potential issues such as data reporting inaccuracies, non-adherence to proper auditing procedures, or even "gaming" the system. Ensuring that the data is accurate is critical before taking further actions, such as recognizing the department or implementing corrective measures for others.

\* Provide remedial hand hygiene training for the lowest scoring departments (A): This might be necessary, but the priority is to first validate the data from Respiratory Therapy.

\* Recognize the Respiratory Therapy department for its outstanding compliance (B): Recognition should only occur after confirming the accuracy of the reported data.

\* Require departments not achieving at least 95% compliance to develop corrective action plans (D): This is a standard approach, but validation of the 100% compliance report takes precedence.

References

\* NAHQ Body of Knowledge: Data Validation and Integrity in Quality Reporting

\* NAHQ CPHQ Exam Preparation Materials: Auditing and Validating Quality Data

### NEW QUESTION # 196

Stratification is the separation and classification of data into reasonably homogenous categories. It allows understanding of differences in the data caused by all of the following EXCEPT:

- A. Day of the week
- B. Type of order
- C. Area of facility
- D. Time of the day

**Answer: C**

### NEW QUESTION # 197

What is the initial step an organization should take when the strategic goal of improving patient satisfaction has not been met?

- A. Review department-specific data
- B. Perform a needs assessment
- C. Implement benchmarking
- D. Conduct a root cause analysis

**Answer: D**

Explanation:

Failing to meet a strategic goal like improving patient satisfaction requires identifying the underlying reasons for the shortfall to inform effective interventions.

Option A (Implement benchmarking): Benchmarking compares performance to peers, useful later but not the initial step to understand internal issues.

Option B (Review department-specific data): Data review is part of root cause analysis but is too narrow as an initial step, as it assumes departmental issues.

Option C (Perform a needs assessment): Needs assessments identify gaps in resources or training, but they follow understanding the cause of failure.

Option D (Conduct a root cause analysis): This is the correct answer. The NAHQ CPHQ study guide states, "When a strategic goal like patient satisfaction is not met, the initial step is to conduct a root cause analysis to identify underlying causes, such as process or communication failures" (Domain 4). RCA uses tools like fishbone diagrams to pinpoint issues.

CPHQ Objective Reference: Domain 4: Performance and Process Improvement, Objective 4.5, "Identify causes of performance gaps," emphasizes RCA for unmet goals. The NAHQ study guide notes, "RCA is critical to understand why strategic objectives are not achieved" (Domain 4).

Rationale: RCA identifies the root causes of the satisfaction gap, aligning with CPHQ's improvement principles.

Reference: NAHQ CPHQ Study Guide, Domain 4: Performance and Process Improvement, Objective 4.5.

### NEW QUESTION # 198

A performance Improvement team has been meeting to examine delays in getting admissions from the emergency room to the nursing units. After six months of collecting data, the upper control limit was 150 minutes, and the lower control limit was 60 minutes. The next month's data shows a time of 155 minutes. The team should understand that this represents what type of variation?

- A. special cause
- B. standard
- C. random
- D. common cause

**Answer: A**

Explanation:

In the context of performance improvement and quality control, variations in a process are typically categorized as either common cause or special cause<sup>12345</sup>.

\* Common cause variation is the kind of variation that is part of a stable process. These are variations that are natural to a system and are quantifiable and expected<sup>1</sup>. They are predictable, ongoing, and consistent<sup>1</sup>. Major changes would typically have to be made in order to change the common cause variations<sup>1</sup>. You can identify common cause variation points on the control chart of a process measure by its random pattern of variation and its adherence to the control limits<sup>1</sup>.

\* Special cause variation, on the other hand, is unexpected variation in the process<sup>14</sup>. There is a specific cause that can be assigned to the variation<sup>4</sup>. These variations are unusual, unquantifiable, and are variations that have not been observed previously, so they cannot be planned for and accounted for<sup>1</sup>. These causes are typically the result of a specific change that has occurred in the process, with the result being a chaotic problem<sup>1</sup>. You can identify special cause variation on a control chart by their non-random patterns and out-of-control points<sup>15</sup>.

