

# Free PDF NAHQ - CPHQ Updated Valid Exam Pass4sure

## NAHQ Practice CPHQ Questions with Verified Answers

1- In evaluating "long waiting times," a healthcare quality professional best demonstrates components related to staffing, methods, measures, materials, and equipment utilizing

- A.a run chart.
- B.a histogram.
- C.a pie chart.
- D.an Ishikawa diagram.

**- EXPLANATIONS:**

- A. Run charts are used to track data over time.
- B. Histograms and bar charts are used to show distribution.
- C. Pie charts are used to compare parts of a whole.
- D. An Ishikawa (cause and effect) diagram helps to analyze potential causes.

2- Which of the following are the primary reasons for developing drug formularies?

- A.manage pharmacy costs, promote patient safety
- B.reduce medication errors, educate physicians
- C.encourage the appropriate use of medications, educate physicians
- D.decrease food and drug interactions, promote patient safety

**- EXPLANATIONS:**

- A. A drug formulary is an approved list of medications, clinical indications, and doses that helps manage pharmacy costs and patient safety.
- B. Reduced medication errors may result from having a drug formulary, but is not the primary reason for having one. It is also not intended to educate physicians.
- C. A formulary may encourage the appropriate use of medications, but it is not intended to educate physicians.
- D. A formulary is intended to promote patient safety, but the primary purpose is not intended to decrease food and drug interactions.

3- Management using quality improvement principles should emphasize the importance of

- A.staff orientation.
- B.customers' expectations.
- C.quarterly statistical reports.
- D.team selection.

**- EXPLANATIONS:**

- A. Staff orientation is only one component of quality improvement principles.
- B. The basis of quality improvement is knowing what the customer needs and wants.
- C. Quarterly statistical reports are only one component of quality improvement principles.
- D. Team selection is only one component of quality improvement principles.

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The CPHQ exam consists of 150 multiple-choice questions, which are administered over a four-hour period. CPHQ exam is computer-based and is available at testing centers across the United States and internationally. CPHQ exam is designed to assess a candidate's knowledge of healthcare quality management principles and practices, as well as their ability to apply these principles in real-world situations.

The CPHQ exam covers a wide range of topics, including healthcare quality improvement, performance measurement and analysis, strategic planning, leadership and communication, patient safety, and risk management. CPHQ Exam consists of 150 multiple-choice questions and is administered over a period of 3 hours. Candidates must score a minimum of 75% to pass the exam and obtain the CPHQ certification. Certified Professional in Healthcare Quality Examination certification is valid for two years and must be renewed through continuing education credits or retaking the exam. The CPHQ credential is a valuable asset for healthcare professionals looking to advance their careers in quality management and improve the quality of care provided to patients.

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The CPHQ Certification Exam is an essential requirement for healthcare quality professionals who want to advance their careers in the field of healthcare quality. It is designed to assess the knowledge and skills of professionals in various areas of healthcare quality, including data analysis, performance improvement, risk management, patient safety, and healthcare regulations.

## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q451-Q456):

### NEW QUESTION # 451

Which of the following approaches best allows an agency to align its activities with organizational goals?

- A. data outcomes management
- B. benchmarks
- C. force field analysis
- D. balanced scorecard

**Answer: D**

Explanation:

The Balanced Scorecard is a strategic planning and management system that organizations use to align business activities with the vision and strategy of the organization, improve internal and external communications, and monitor organization performance against strategic goals<sup>12</sup>. It translates an organization's mission and strategy into a set of performance measures that provide the framework for a strategic measurement and management system<sup>1</sup>. The Balanced Scorecard approach provides a clear prescription as to what companies should measure in order to 'balance' the financial perspective<sup>2</sup>.

References: 1

<https://asana.com/resources/strategic-planning-models>  
<https://asana.com/resources/strategic-planning-models>

### NEW QUESTION # 452

In a healthcare organization Implementing ongoing performance Improvement (PI), which of the following will most likely benefit the PI goals of the organization?

- A. a comprehensive process developed, implemented, and monitored by the quality management department
- B. discrete systems relevant to, and monitored by, individual departments
- C. cross-functional processes evaluated by multidisciplinary teams with the support of management
- D. a system selected by middle and senior management resulting from proposals by consultants

**Answer: C**

Explanation:

\* Performance improvement (PI) in healthcare refers to the systematic process of identifying, analyzing, and enhancing the various aspects of healthcare delivery to improve patient outcomes, safety, and satisfaction<sup>1</sup>.

\* PI requires a collaborative and data-driven approach that involves multiple stakeholders, such as clinicians, managers, patients, and quality professionals<sup>2</sup>.

\* According to the National Association for Healthcare Quality (NAHQ), one of the core competencies for healthcare quality professionals is to facilitate teams and lead change initiatives that align with the organization's strategic goals and priorities<sup>3</sup>.

\* NAHQ also recommends using a variety of performance improvement methodologies, such as Lean, Six Sigma, robust process improvement, and A3 problem-solving, to address complex and cross-functional issues in healthcare.

\* Therefore, the option that most likely benefits the PI goals of the organization is C. cross-functional processes evaluated by multidisciplinary teams with the support of management. This option reflects the best practices of PI in healthcare, as it fosters a culture of quality, engages diverse perspectives, and leverages data and evidence to drive improvement<sup>23</sup>.

- \* The other options are less likely to benefit the PI goals of the organization, as they are either too narrow, too top-down, or too siloed. These options may limit the scope, effectiveness, and sustainability of PI efforts, as they do not involve the relevant stakeholders, address the root causes, or align with the strategic vision of the organization<sup>23</sup>. References:
- \* 1: A Guide to Performance Improvement in Healthcare
- \* 2: 9 Effective Performance Management Strategies for Healthcare
- \* 3: Healthcare Quality Solutions: Ready Your Workforce for Quality
- \* : Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic

#### NEW QUESTION # 453

The ability to report survey results at an actionable level is critical; in most cases, actionable level means (Choose two):

- A. Location of service
- B. Service level
- C. Average time frame of a service
- D. The nursing unit

**Answer: A,D**

#### NEW QUESTION # 454

A performance improvement team is looking at data from similar medical centers to improve patterns of care.

This method of assessment is known as:

- A. Peer review
- B. Outcome measurement
- C. Benchmarking
- D. Statistical analysis

**Answer: C**

Explanation:

Detailed Explanation:

Benchmarking involves comparing practices and outcomes with similar organizations to identify areas for improvement.

Option B: Benchmarking

Benchmarking provides standards or comparisons that help teams identify best practices and improvement areas.

Option A:

Outcome measurement assesses results but does not compare across facilities.

References:

Benchmarking is widely covered in quality improvement frameworks for identifying performance gaps, as outlined in CPHQ study guides.

#### NEW QUESTION # 455

Best- practice standards in healthcare continue to evolve in response to new medicines and treatment option. The following list details a number of concerns in the creation of physician profiles EXCEPT:

- A. Are these the most appropriate measures of quality improvement?
- B. How and when standards will be marked?
- C. How will findings influence change?
- D. What do you want to measure, and why is this important?

**Answer: B**

#### NEW QUESTION # 456

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