

# Test CPHQ Questions Pdf | New CPHQ Practice Materials

**CPHQ Practice Questions**

**Question 1**

The scientific method in quality improvement is represented by

- A. Failure Mode and Effects Analysis.
- B. Statistical process control.
- C. Sequential problem solving.
- D. The PDCA cycle.

**Answer: D**

The Plan-Do-Check-Act (PDCA) Cycle exemplifies the scientific method in quality improvement: planning a change, doing it, checking to see its effect, and then acting on what we have learned by either rejecting the change or making it a standard part of the process.

**Content Category:** Management and Leadership  
**Cognitive level required for a response:** Recall  
**Tasks on the CPHQ exam content outline to which the question is linked:** Determine applicability of performance improvement models (e.g. PDCA, Six Sigma, Lean)

**Question 2**

Clinical practice guidelines reduce

- A. Random variation.
- B. Anticipated variation.
- C. Assignable variation.
- D. All types of variation.

**Answer: C**

Clinical practice guidelines reduce assignable variation. The latter arises from identifiable causes that can be tracked and eliminated. In the context of clinical practice guidelines, assignable variation represents inappropriate variation.

**Content Category:** Performance Measurement and Improvement  
**Cognitive level required for a response:** Recall  
**Tasks on the CPHQ exam content outline to which the question is linked:** Facilitate evaluation/selection of evidence-based practice guidelines (e.g. for standing orders or as guidelines for physician ordering practice)

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The CPHQ certification is highly valued in the healthcare industry and is recognized globally. It is a mark of excellence and demonstrates the candidate's commitment to advancing their knowledge and skills in healthcare quality. The CPHQ certification is ideal for healthcare professionals in various roles, including quality managers, risk managers, patient safety professionals, and healthcare executives. By earning the CPHQ Certification, the candidate can demonstrate their expertise in healthcare quality and enhance their career prospects. CPHQ exam is computer-based and can be taken at various testing centers worldwide.

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## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q37-Q42):

### NEW QUESTION # 37

A behavioral health hospital implemented restraint audits in each of its nursing units. After two months of data collection, what should the healthcare quality professional do next?

- A. Discontinue data collection for units where audit criteria were met.
- **B. Create an aggregate utilization summary to identify trends.**
- C. Assign a learning module on restraint use for the clinical team.
- D. Recommend peer review of providers who frequently order restraints.

**Answer: B**

Explanation:

After collecting data, it's essential to analyze and summarize the findings to identify patterns and trends. An aggregate utilization summary helps in understanding the overall use of restraints, pinpointing areas of concern, and developing targeted interventions to improve patient care and safety.

Reference: Certified Professional in Healthcare Quality - NAHQ.

### NEW QUESTION # 38

An emergency department's quality improvement report for the first quarter showed the following data:

January	February	March
Total patients treated	1,000	1,100
Treated and admitted	100	100
Treated and discharged	900	1,000
Charts reviewed for quality	1,000	1,100
Misinterpreted X-rays	20	10
Problems associated with history and physical	10	6
Problems associated with treatment	4	4

Which of the following additional information should be included in this report for each month?

- **A. number of incomplete medical records**
- B. number of X-rays performed
- C. turnaround time for laboratory results
- D. number of inappropriate admissions

**Answer: A**

Explanation:

To enhance the quality improvement report for the emergency department, adding the number of incomplete medical records for each month would be beneficial for several reasons:

\* **Completeness of Documentation:** Incomplete medical records can significantly impact patient care quality and safety. They can lead to gaps in information, which may result in miscommunication, delays in treatment, or inappropriate care.

\* **Compliance with Standards:** Monitoring incomplete records helps ensure that the department complies with medical documentation standards, which are critical for legal, regulatory, and quality assurance purposes.

\* **Improvement Focus:** Including this metric in the report highlights an area that may require attention, helping the department to focus on improving documentation practices. It can also identify trends or issues in the record-keeping process that need to be addressed.

\* **Support for Clinical Decisions:** Complete medical records are essential for making informed clinical decisions. By tracking incomplete records, the department can take steps to ensure that all necessary information is available to healthcare providers when making decisions about patient care.

References: (Based on Healthcare Quality NAHQ documents and resources)

\* NAHQ Modules on Clinical Documentation and Record Keeping.

\* Quality Management in Health Care, Chapter on Importance of Complete Medical Records.

### NEW QUESTION # 39

What is the best method to communicate detailed patient experience scores?

- A. Discuss the information at unit level meetings.
- B. Disseminate the information in a publication.
- C. Disseminate organization-wide via email.
- D. Present the information at general meetings.

**Answer: A**

Explanation:

Detailed Explanation:

Discussing patient experience scores at unit-level meetings is the most effective way to ensure that detailed feedback reaches staff directly involved in patient care. Unit-level discussions allow for targeted discussions, specific action planning, and immediate feedback.

Option C: Discuss the information at unit level meetings

Unit meetings are ideal for addressing specifics relevant to each team, enabling them to understand and act on the data.

Other Options:

General meetings and organization-wide emails provide less specificity and may not reach or engage frontline staff effectively.

References:

Quality improvement literature emphasizes the importance of engaging frontline staff in unit-level feedback to directly influence patient experience.

### NEW QUESTION # 40

Crossing the Quality Chasm provided a blueprint for the future that classified and unified the components of quality through six aims for improvement, chain of effects, and simple rules for redesign of healthcare. The six aims for improvement, viewed also six dimensions of quality. Which of the following is NOT out of those dimensions?

- A. Care centered
- B. Safe
- C. Effective
- D. Efficient

**Answer: A**

### NEW QUESTION # 41

Managed care outcomes related to HEDIS measures are most commonly obtained through

- A. satisfaction survey results.
- B. claims data.
- C. grievances.
- D. medical records.

**Answer: B**

Explanation:

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry<sup>12</sup>. It is used by more than 90 percent of health plans to measure performance on important dimensions of care and service<sup>1</sup>. Just as important, it is absolutely crucial for meeting the information needs of health plans<sup>1</sup>. HEDIS measures are typically obtained through claims data<sup>12</sup>. Claims data are used because they are readily available, reliable, and can be used to track a health plan's ability to manage health outcomes<sup>2</sup>.

Reference: 12.

### NEW QUESTION # 42

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