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The CPHQ certification exam is a rigorous and comprehensive examination that covers a wide range of topics related to healthcare quality improvement. CPHQ exam is designed to test the candidate's knowledge of healthcare quality improvement principles, methods, and tools. CPHQ exam also evaluates the candidate's ability to analyze and interpret data, develop and implement quality improvement initiatives, and evaluate the effectiveness of these initiatives.

The benefits of earning the CPHQ Certification are numerous. CPHQ-certified professionals are recognized as leaders in the healthcare quality field and are eligible for higher pay and greater job opportunities. Additionally, earning the CPHQ certification is a mark of prestige and demonstrates a commitment to excellence in healthcare quality. Overall, the CPHQ certification is an excellent investment for healthcare quality professionals seeking to advance their careers and make a positive impact on patient care.

NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q612-Q617):

NEW QUESTION # 612

Which tool Is used to Identify resources needed to complete a project?

- A. cause-and-effect diagram
- **B. SIPOC diagram**
- C. control chart
- D. value stream man

Answer: B

Explanation:

A SIPOC diagram is a tool used in the Six Sigma methodology. SIPOC stands for Suppliers, Inputs, Process, Outputs, and Customers. During the Define phase of DMAIC, a SIPOC diagram is often used to identify relevant elements of a process improvement project. It helps to understand the process, identify the resources needed, and establish a clear starting and ending point for the process. It's particularly useful in the planning stage of a project to define the scope.

Reference: <https://www.appvizer.com/magazine/operations/project-management/project-resources>

NEW QUESTION # 613

The healthcare quality professional has been asked to participate in the organizations population health program related to cost and utilization.



Based on this Information, what Is the next action the quality professional should take?

- **A. Request Information on total number of patients discharged to each location for both quarters.**
- B. Request Information on the cost per patient for those discharged to skilled nursing facilities.
- C. Analyze the cost differences between patients discharged to home and skilled nursing facilities.
- D. Analyze the appropriateness of discharges to Inpatient rehabilitation centers.

Answer: A

Explanation:

To properly assess the cost and utilization patterns in the population health program, it is essential to understand the volume of patients being discharged to various post-acute care settings. By requesting the total number of patients discharged to each location, the healthcare quality professional can calculate the average cost per patient, which is crucial for assessing efficiency and for comparing costs across different discharge locations. This data will also allow for an evaluation of utilization patterns and help identify

if certain locations are being used more frequently and if the associated costs are justified based on patient outcomes.

References: The response aligns with healthcare quality improvement practices that prioritize a comprehensive understanding of patient flow and associated costs, as recommended by the NAHQ. This includes analysis of patient discharge patterns and post-discharge care utilization as foundational data for assessing quality and cost in healthcare delivery.

NEW QUESTION # 614

When developing objectives for an educational program, the quality professional should recommend

- A. keeping the objectives specific to the short term.
- B. using the Plan-Do-Study-Act cycle of continuous improvement.
- C. stating the end result or desired outcome.
- D. tying the objectives to the organization's financial performance.

Answer: C

Explanation:

According to NAHQ, one of the core competencies for healthcare quality professionals is education and training¹, which involves designing, developing, delivering, and evaluating educational programs that support quality improvement and patient safety².

When developing objectives for an educational program, the quality professional should follow the SMART criteria, which stands for specific, measurable, achievable, relevant, and time-bound³. These criteria help to ensure that the objectives are clear, realistic, and aligned with the desired outcomes of the program⁴.

Therefore, the quality professional should recommend stating the end result or desired outcome of the program, as this will help to define the purpose, scope, and direction of the program, as well as the criteria for measuring its success. For example, an objective for an educational program on infection prevention and control could be: "By the end of this program, participants will be able to identify and apply the best practices for preventing and managing healthcare-associated infections in their settings." The other options are not the best recommendations for developing objectives for an educational program, because:

A: using the Plan-Do-Study-Act cycle of continuous improvement is a method for implementing and evaluating quality improvement projects, not for developing objectives for an educational program.

C: keeping the objectives specific to the short term may limit the scope and impact of the program, as well as the opportunities for learning and improvement.

D: tying the objectives to the organization's financial performance may not reflect the true value and outcomes of the program, as quality improvement and patient safety may have other benefits that are not easily quantified in monetary terms. References: 1: Competency Framework | NAHQ 2: NAHQ Healthcare Quality Competency Framework 3: [HQ Principles | NAHQ] 4: How to Write SMART Learning Objectives - Convergence Training : Writing Measurable Learning Outcomes - Gavilan College : Infection Prevention and Control Education & Resources - APIC : Plan-Do-Study-Act (PDSA) Worksheet | IHI - Institute for Healthcare Improvement : Setting Goals and Objectives for Projects | Smartsheet : [The Financial Case for Quality as a Business Strategy | NAHQ]

NEW QUESTION # 615

Which of the following tools provides the best way to display quarterly comparisons of patient satisfaction surveys?

- A. run chart
- B. pie chart
- C. flowchart
- D. fishbone diagram

Answer: A

Explanation:

Comprehensive Step by Step Explanation

A run chart is the best tool to display quarterly comparisons of patient satisfaction surveys.

Here's why:

Purpose of the Tools: Each of the tools mentioned in the options serves a different purpose.

A fishbone diagram (also known as Ishikawa or cause and effect diagram) is used for root cause analysis. It helps identify, explore, and display the possible causes of a specific problem or quality characteristic¹.

A pie chart is a type of graph in which a circle is divided into sectors that each represent a proportion of the whole¹. It's useful for showing simple proportional part-to-whole information, but it's not ideal for comparisons over time¹.

A flowchart is a type of diagram that represents a workflow or process, showing the steps as boxes of various kinds, and their order by connecting them with arrows¹. This diagrammatic representation can give a step-by-step solution to a given problem.

A run chart, on the other hand, is a graph that displays observed data in a time sequence¹. It is an effective tool to use for displaying and analyzing the trend of data over time¹.

Why Run Chart: In the context of displaying quarterly comparisons of patient satisfaction surveys, a run chart is the most appropriate tool. It allows for the visualization of data trends over time, which is exactly what's needed when comparing patient satisfaction on a quarterly basis¹. The x-axis represents time (in this case, quarters), and the y-axis represents the variable being measured (in this case, patient satisfaction). Each point on the chart represents a specific time period's data (a quarter's patient satisfaction survey results). The points are connected in the order of the time periods, creating a line that makes trends easy to spot¹.

Limitations of Other Tools: The other tools (fishbone diagram, pie chart, and flowchart) are not designed to display trends over time, which is crucial when comparing quarterly data¹.

Therefore, based on the purpose of each tool and the need to display trends over time, a run chart is the best tool to display quarterly comparisons of patient satisfaction surveys.

NEW QUESTION # 616

Which of the following is a social determinant of health?

- A. Poorly managed chronic condition
- B. High body mass index
- C. Low literacy level
- D. Advanced age

Answer: C

Explanation:

Social determinants of health (SDOH) are non-medical factors that influence health outcomes, such as education, income, and social support, distinct from clinical or biological factors.

Option A (High body mass index): BMI is a clinical health outcome, not an SDOH.

Option B (Advanced age): Age is a demographic factor, not a primary SDOH, though it may interact with social factors.

Option C (Low literacy level): This is the correct answer. The NAHQ CPHQ study guide states, "Low literacy level is a social determinant of health, impacting health behaviors and access to care" (Domain 5). It affects understanding of medical instructions and health navigation.

Option D (Poorly managed chronic condition): This is a health outcome, not an SDOH.

CPHQ Objective Reference: Domain 5: Population Health and Care Transitions, Objective 5.4, "Incorporate SDOH into health strategies," includes literacy as an SDOH. The NAHQ study guide notes, "Literacy significantly influences health literacy and outcomes" (Domain 5).

Rationale: Low literacy is a key SDOH, impacting health management, as per CPHQ's population health principles.

Reference: NAHQ CPHQ Study Guide, Domain 5: Population Health and Care Transitions, Objective 5.4.

NEW QUESTION # 617

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