

CPHQ Test Sample Questions | CPHQ Valid Real Test

CPHQ Exam Outline

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Time limit: 3 hours

Total questions: 140

Question format: Multiple-choice

Delivery format: Computer-delivered

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The CPHQ Certification Exam covers a broad range of topics, including healthcare quality and performance improvement, patient-centered care, healthcare regulations and standards, data management and analysis, and leadership and communication. It is designed to evaluate the competency and proficiency of healthcare professionals in these areas and ensure that they are equipped with the knowledge and skills needed to improve the quality of care provided to patients. Certified Professional in Healthcare Quality Examination certification is recognized globally and is highly valued by employers, making it a worthwhile investment for healthcare professionals looking to advance their careers.

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NAHQ CPHQ certification is a prestigious credential that demonstrates a healthcare professional's commitment to enhancing the quality and safety of healthcare delivery. With this certification, professionals can advance their career in healthcare quality management and become leaders in their field. The CPHQ Certification provides a competitive advantage in the job market and enhances the credibility of healthcare professionals in the eyes of their colleagues and employers.

NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q10-Q15):

NEW QUESTION # 10

Organizational size affects the ability to disseminate best practices

- A. False
- B. Difficult to decide
- **C. True**
- D. It depends on situation

Answer: C

NEW QUESTION # 11

Senior leadership is evaluating an organization's progress toward achieving patient safety goals and has a goal of 100% compliance. Hand hygiene compliance is currently at 80%, and "time-out" compliance is at 90%. A healthcare quality professional should recommend

- **A. Determining barriers to compliance**
- B. Benchmarking with a similar facility
- C. Projecting the number of preventable adverse events
- D. Prioritizing implementation of strategies

Answer: A

Explanation:

Achieving 100% compliance with patient safety goals (hand hygiene, time-out) requires addressing gaps in current performance (80% and 90%). The most effective approach is to understand why compliance is not met.

Option A (Projecting the number of preventable adverse events): Projections estimate impact but do not address how to improve compliance.

Option B (Prioritizing implementation of strategies): Strategies are premature without understanding barriers to compliance.

Option C (Determining barriers to compliance): This is the correct answer. The NAHQ CPHQ study guide states, "To improve compliance with safety goals, quality professionals should first identify barriers (e.g., workflow issues, lack of training) through methods like root cause analysis or staff interviews" (Domain 1).

This informs targeted interventions.

Option D (Benchmarking with a similar facility): Benchmarking provides context but does not directly address internal barriers to compliance.

CPHQ Objective Reference: Domain 1: Patient Safety, Objective 1.3, "Identify barriers to safety goal achievement," emphasizes analyzing compliance gaps. The NAHQ study guide notes, "Understanding barriers is the first step to improving safety compliance" (Domain 1).

Rationale: Determining barriers identifies root causes of non-compliance, enabling effective interventions, as per CPHQ's patient safety principles.

Reference: NAHQ CPHQ Study Guide, Domain 1: Patient Safety, Objective 1.3.

NEW QUESTION # 12

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 ISO 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. random

- C. standard
- 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 cause¹²³⁴⁵.

* 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 expected¹. They are predictable, ongoing, and consistent¹. Major changes would typically have to be made in order to change the common cause variations¹. 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 limits¹.

* Special cause variation, on the other hand, is unexpected variation in the process¹⁴. There is a specific cause that can be assigned to the variation⁴. These variations are unusual, unquantifiable, and are variations that have not been observed previously, so they cannot be planned for and accounted for¹. These causes are typically the result of a specific change that has occurred in the process, with the result being a chaotic problem¹. You can identify special cause variation on a control chart by their non-random patterns and out-of-control points¹⁵.

In the given scenario, the performance improvement team has been examining 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.

This time of 155 minutes is beyond the established upper control limit of 150 minutes. Therefore, this represents a special cause variation¹⁵, as it is an unexpected variation that significantly deviates from the established control limits.

References: 12345

NEW QUESTION # 13

As part of survey preparation, a quality professional follows the experience of care for several patients throughout the organization. This is an example of using

- A. system tracers.
- B. focused tracers.
- C. program-specific tracers.
- **D. individual tracers.**

Answer: D

Explanation:

Following a patient's care journey across departments is an individual tracer, used to evaluate care processes and compliance during survey preparation. System tracers (A) assess organization-wide processes, focused tracers (B) target specific issues, and program-specific tracers (D) evaluate defined programs. NAHQ specifies individual tracers for patient-specific evaluation.

NAHQ CPHQ Study Guide, Performance and Process Improvement Section, "Tracer Methodology for Accreditation"; NAHQ CPHQ Practice Questions, Survey Readiness.

NEW QUESTION # 14

Which initiative should a quality professional promote in an organization seeking to optimize value-based reimbursement?

- **A. Standardize joint replacement care pathways.**
- B. Reduce use of inpatient restraints.
- C. Improve hand hygiene compliance.
- D. Implement computerized provider order entry (CPOE).

Answer: A

Explanation:

In an organization seeking to optimize value-based reimbursement, the most effective initiative for a quality professional to promote is the standardization of joint replacement care pathways. Value-based reimbursement models reward healthcare providers for delivering high-quality care efficiently, often tying reimbursement to specific outcomes, particularly for high-cost procedures like joint replacements.

* Relevance to Value-Based Reimbursement: Joint replacement surgeries, such as hip and knee replacements, are common procedures with high costs and significant variability in outcomes. By standardizing care pathways, organizations can reduce this

* **Impact on Quality and Cost:** Standardized care pathways streamline the care process, reduce complications, minimize length of stay, and prevent readmissions-all of which directly improve the quality of care while controlling costs. These factors are critical in optimizing value-based reimbursement, where payment is increasingly linked to outcomes rather than volume.

* B. Improve hand hygiene compliance is important for patient safety and infection control but has a more indirect impact on value-based reimbursement.

* D. Implement computerized provider order entry (CPOE) improves safety and efficiency but is more focused on reducing errors rather than directly influencing reimbursement tied to specific procedures.

References: National Association for Healthcare Quality (NAHQ) documents and resources discuss the importance of aligning clinical pathways with value-based care goals, particularly in high-impact areas like joint replacement surgeries, which are frequently targeted in reimbursement models.

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