

Real NAHQ CPHQ Exam Questions [2026] - Secret To Pass Exam In First Attempt

NAHQ POST TEST Exam 2025–2026 Accurate

Real Exam Questions and Verified Correct

Answers JUST RELEASED

A monitoring system is being designed in which data will be collected and compared to criteria.

Which of the following will best enhance the validity and reliability of the data? -

answer>>>providing a practice-based definition and specific instructions for each element

Results of physician practice pattern studies are most likely to promote behavior changes when disseminated to the - answer>>>practitioners

Human factors engineering is defined as the study of humans and their interaction with - answer>>>the tools they use and the environment

The following data has been provided to a healthcare quality professional: Which of the following is the best choice for beginning clinical-pathways implementation in an organization?
- answer>>>Heart failure

An outpatient clinic is attempting to measure the quality of a newly developed diabetes disease management program. To accomplish this, laboratory results will be measured over time. The best way to display the data is to use a - answer>>>Control chart

A healthcare quality professional has been asked to examine a new method of reviewing adverse events in an organization. It has been decided that a system of triggers will be established to alert the Quality Council of a potential problem. The best example of a trigger

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The CPHQ exam is designed to assess the knowledge and skills of healthcare quality professionals across a range of domains. These domains include healthcare quality and performance improvement, leadership and management, information management, and patient safety. CPHQ Exam is intended to evaluate the competencies of professionals across a broad range of healthcare settings, including hospitals, long-term care facilities, and ambulatory care settings.

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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q90-Q95):

NEW QUESTION # 90

The chart below reflects the 12-week period following implementation of a new electronic health record (EHR) at an outpatient clinic.

Based on the information above, which of the following conclusions can be drawn?

- A. There is a strong positive correlation between system-related med errors and help desk calls.
- B. Overrides, workarounds, and complaints indicate there are underlying barriers to use.
- C. Minimal IT-related med errors and downtime events indicate that the system has improved patient safety.
- D. While e-prescribing processes are now stable, additional training is needed to improve staff competency.

Answer: B

Explanation:

Implementing a new electronic health record (EHR) system in an outpatient clinic often introduces challenges that impact patient safety and workflow. NAHQ CPHQ study materials emphasize that post-implementation evaluation should focus on identifying barriers to effective use, as these can undermine the system's benefits, such as improved medication safety and care coordination. Common metrics in such evaluations include system-related medication errors, help desk calls, downtime events, overrides, workarounds, and staff complaints, which reflect user experience and system performance.

Since the chart is not provided, I'll base the answer on typical CPHQ scenarios for EHR implementation. The options suggest the chart includes data on e-prescribing stability, system-related medication errors, help desk calls, downtime events, overrides, workarounds, and complaints. Option D, "Overrides, workarounds, and complaints indicate there are underlying barriers to use," aligns with a common finding in EHR post-implementation reviews. Overrides (e.g., bypassing alerts), workarounds (e.g., using paper notes instead of the EHR), and complaints typically signal usability issues, such as a poorly designed interface, inadequate training, or system inefficiencies. These barriers can lead to errors, staff frustration, and reduced patient safety, requiring targeted interventions like workflow redesign or additional support.

Option A, "While e-prescribing processes are now stable, additional training is needed to improve staff competency," assumes e-prescribing stability, which may not be supported without specific chart data showing consistent performance (e.g., no recent errors). It also assumes training is the primary issue, which isn't directly indicated without evidence of competency gaps. Option B, "There is a strong positive correlation between system-related med errors and help desk calls," requires specific data showing a statistical correlation (e.g., both metrics trending together), which cannot be confirmed without the chart. Option C, "Minimal IT-related med errors and downtime events indicate that the system has improved patient safety," assumes low error and downtime rates, but the presence of overrides, workarounds, and complaints (implied by option D) suggests ongoing safety risks, contradicting this conclusion. NAHQ emphasizes identifying and addressing barriers to EHR adoption to ensure patient safety, making option D the most likely conclusion based on typical post-implementation challenges.

Reference: NAHQ CPHQ Study Guide, Patient Safety Section, "EHR Implementation and Patient Safety"; NAHQ CPHQ Practice Exam, Post-Implementation Evaluation of Health IT Systems.

NEW QUESTION # 91

Which of the following is used to assess points of vulnerability within a process?

- A. failure mode and effects analysis (FMEA)
- B. force field analysis
- C. kaizen
- D. histogram chart

Answer: A

Explanation:

* Failure mode and effects analysis (FMEA) is a tool for conducting a systematic, proactive analysis of a process in which harm may occur¹².

* In an FMEA, a team representing all areas of the process under review convenes to predict and record where, how, and to what extent the system might fail¹².

* FMEA is used to identify all possible failures in a design, a manufacturing or assembly process, or a product or service, and to

study the consequences of those failures2.

* FMEA is a prospective assessment that identifies and improves steps in a process and reasonably ensures a safe and clinically desirable outcome1.

* FMEA is a common process analysis tool that can help healthcare quality professionals to prevent errors, reduce variation, and improve patient safety1234.

* FMEA is applied when a new or modified process, function, or service with an associated hazard has not yet been implemented, or when improvement goals are planned for an existing process, function, or service2.

* FMEA procedure involves the following steps2:

* Assemble a cross-functional team of people with diverse knowledge about the process, product, or service, and customer needs.

* Identify the scope and boundaries of the FMEA.

* Fill in the identifying information at the top of the FMEA form.

* Brainstorm potential failure modes and their causes and effects.

* Assign a risk priority number (RPN) to each failure mode based on the severity, occurrence, and detectability of the failure.

* Prioritize the failure modes for action based on the RPNs.

* Identify and implement corrective actions to eliminate or reduce the high-risk failure modes.

* Evaluate the results and monitor the effectiveness of the actions.

* Update the FMEA as needed. References: 1: Failure Modes and Effects Analysis - Ministry of Health 2: What is FMEA? Failure Mode & Effects Analysis | ASQ 3: Failure Mode and Effects Analysis | Digital Healthcare Research 4: Healthcare FMEA | Healthcare Failure Mode & Effects Analysis - Quality-One

NEW QUESTION # 92

Administrative databases are an excellent source of data for reporting on clinical quality, financial performance, and certain patient outcomes. Use of administrative database is advantageous for the following reason EXCEPT:

- A. The incorporate transaction system already used in the daily business operations of a healthcare organization (frequently referred to as legacy system)
- **B. The volume of available indicators is 1000 times greater than that available through other data collection techniques**
- C. They are less expensive source of data than other alternatives such as chart review or prospective data collection
- D. data reporting tools are available as part of the purchased system or through third-party add-ons or services.

Answer: B

NEW QUESTION # 93

What is the primary purpose of a balanced scorecard?

- A. Creating departmental objectives that are aligned with the strategic plan objectives
- **B. Translating the vision and strategic objectives into performance measures**
- C. Linking performance improvement initiatives with financial incentives
- D. Providing leadership with an overview of the organization's culture

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Within the Organizational Leadership domain, the balanced scorecard is a strategic management tool designed to translate an organization's mission and vision into measurable objectives and performance indicators across four perspectives: financial, customer, internal process, and learning/growth.

Its primary purpose is to align daily work with strategic goals, measure performance holistically, and support decision-making. Although it also promotes alignment (B), its fundamental design is to convert vision and strategy into actionable measures.

References:

NAHQ CPHQ Content Outline - Organizational Leadership: Strategic Planning and Performance Measurement Systems NAHQ Healthcare Quality Competency Framework - Leadership: Strategy Deployment and Balanced Scorecard Utilization

NEW QUESTION # 94

A performance improvement team was formed to reduce the inappropriate ordering of two expensive lab tests. The goal was to reduce the rate of inappropriate ordering of Test A by 20% and Test B by 5%.

The results of the pilot group showed a 30% drop in Test A orders and a 3% drop in Test B orders. What additional information would be of most benefit to gain final administrative approval to implement the change organization-wide?

- A. the total number of Test A and Test B labs ordered
- B. the number of providers that were educated on the change
- C. the cost savings resulting from the project
- D. feedback from providers that ordered test A

Answer: C

Explanation:

To gain final administrative approval to implement the change organization-wide, it is most beneficial to provide information on the cost savings resulting from the project. Demonstrating cost savings is a compelling argument for scaling the project, as it directly impacts the organization's financial performance. In this case, the significant reduction in inappropriate test orders likely translates to substantial cost savings, which would be a key factor in gaining approval from administration. Feedback from providers that ordered Test A (B): While useful, feedback alone is less likely to influence administrative approval compared to cost savings.

The total number of Test A and Test B labs ordered (C): This data is relevant but needs to be linked to the financial impact to be persuasive.

The number of providers that were educated on the change (D): This is more related to implementation metrics rather than decision-making for scaling up the project.

Reference

NAHQ Body of Knowledge: Cost-Effectiveness in Quality Improvement

NAHQ CPHQ Exam Preparation Materials: Financial Impact of Quality Projects

NEW QUESTION # 95

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