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True \* Question - The governing body is responsible for setting policy, financial and strategic direction, quality of care, and setting goals and objectives  
A. True  
B. False

False \* Question - The governing body is responsible for implementing strategies and collecting measurements of quality indicators.  
A. True  
B. False

d. 80% \* Question - According to TJC (2012), how many serious medical errors involved miscommunication between caregivers when patients are transferred or handed-off?  
a. 67%  
b. 25%  
c. 32%  
d. 80%

True \* Question - Observation and documentation of interpersonal and communication skills is an example of an FPPE.  
A. True  
B. False

True \* Question - An example of criteria that might be tracked for OPPE is morbidity and mortality data  
A. True  
B. False

True \* Question - Examples of data for physician profiles include data representing major service lines, patient safety issues, and outpatient information  
A. True  
B. False

b. Be a visible participant in the process \* Question - A CQO has the responsibility for education and implementation of a quality improvement process. To affect cultural change, the CQO must:  
a. Receive quarterly reports  
b. Be a visible participant in the process  
c. Believe the costs are justified by the benefits

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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.

The CPHQ Exam is designed for healthcare professionals who are involved in quality improvement initiatives, including healthcare quality directors, managers, coordinators, and analysts. It is also suitable for healthcare consultants, auditors, and researchers who specialize in healthcare quality. CPHQ exam is open to individuals with a minimum of two years of experience in healthcare quality or a related field.

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### NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q131-Q136):

#### NEW QUESTION # 131

Accountability for quality ultimately rests with the

- A. governing body.
- B. quality manager.
- C. CEO.
- D. department leader.

**Answer: A**

Explanation:

Accountability for quality ultimately rests with the governing body of a health care organization, such as the board of directors or trustees. The governing body is responsible for setting the vision, mission, values, and strategic goals of the organization, as well as overseeing its performance, compliance, and risk management.

The governing body also appoints, evaluates, and supports the CEO, who is accountable to the governing body for implementing the organization's strategy and ensuring quality and safety throughout the organization.

The quality manager, the CEO, and the department leader are all important roles in ensuring quality within their respective scopes of authority and responsibility, but they are not the ultimate source of accountability for quality. The quality manager is responsible for designing, coordinating, and evaluating quality improvement initiatives, as well as providing education, training, and support to staff and leaders on quality methods and tools. The CEO is responsible for providing leadership, direction, and oversight to the organization's operations, finances, and culture, as well as ensuring alignment and integration of quality across all functions and levels. The department leader is responsible for managing the daily activities, resources, and performance of a specific unit or service, as well as ensuring compliance with quality standards and policies within their area of responsibility.

However, none of these roles can ensure quality without the support, guidance, and accountability of the governing body, which has the ultimate authority and responsibility for the organization's quality and safety.

The governing body sets the tone and expectations for quality at the top, and holds the CEO and other leaders accountable for delivering quality outcomes and improving quality processes. The governing body also monitors and evaluates the organization's quality performance and improvement efforts, and ensures that the organization has the necessary resources, structures, and systems to support quality. The governing body also ensures that the organization engages with external stakeholders, such as regulators, accreditors, payers, and patients, to demonstrate its commitment and accountability for quality.

References:

NAHQ Code of Ethics, Principle 1: The healthcare quality professional acts as a change agent and leader within the organization and community, promoting a culture of excellence in quality, safety, and performance outcomes.

NAHQ Learning Lab: The Role of the Healthcare Quality Professional in Population Health Management, Module 1: Introduction to Population Health Management, Slide 9: The Role of the Governing Body NAHQ Journal for Healthcare Quality, Volume 41, Issue 2, March/April 2019, Article: The Role of the Board in Quality and Safety Performance: Perceptions of Board Members and Quality Leaders, Page 72: Abstract and Page 77: Discussion

#### NEW QUESTION # 132

Which of the following is the best example of mistake-proofing?

- A. Using control charts to identify special cause variation related to surgical count processes
- B. Adopting readmission prevention innovations that increase patient engagement with safety

- C. Developing special packaging with high-alert warning signals for medication labels
- D. Ongoing daily inspection of medication processes to identify new failure modes

**Answer: C**

Explanation:

Mistake-proofing (poka-yoke) involves designing systems or devices that prevent errors before they occur, such as special packaging with clear warning signals that reduce the risk of medication errors (Lean Enterprise Institute, Poka-Yoke, 2024; The Joint Commission, Patient Safety Tools, 2024).

\* Other options involve monitoring or engagement but not direct prevention by design.

References:

Lean Enterprise Institute, Poka-Yoke, 2024

The Joint Commission, Patient Safety Tools, 2024

### NEW QUESTION # 133

Statistical analysis conducted with control charts is different from what some consider "traditional research" (e.g. hypothesis testing, development of p-values, design of randomized clinic trials). Traditional research is designed to compare the results at time one (e.g. the cholesterol levels of a group of middle-aged men) with the results at time two (typically months after the initial measure).

Research conducted in this manner is referred to as \_\_\_\_\_.

- A. SPC
- B. Static group comparison
- C. None of these
- D. Continuous distribution

**Answer: B**

### NEW QUESTION # 134

In an aging population, one of the challenges associated with the use of practice guidelines is

- A. changing the behavior to improve care is a complex process.
- B. the constant evolution of healthcare makes it difficult to keep practice guidelines relevant.
- C. the cost of instructions to implement new guidelines increases yearly.
- D. most practice guidelines only address a single issue, not multiple co-morbidities.

**Answer: D**

Explanation:

In an aging population, one of the significant challenges associated with the use of practice guidelines is that most practice guidelines only address a single issue and do not consider the multiple co-morbidities that are common in older patients. As the population ages, patients often have complex health needs that involve several chronic conditions simultaneously. Single-issue guidelines may not adequately address these complexities, leading to potential gaps in care.

\* The cost of instructions to implement new guidelines increases yearly (A): While costs may be a concern, the primary challenge in an aging population is addressing co-morbidities.

\* The constant evolution of healthcare makes it difficult to keep practice guidelines relevant (B):

This is a challenge, but it applies broadly, not specifically to the aging population.

\* Changing behavior to improve care is a complex process (C): This is true but is a broader challenge that applies to many aspects of healthcare improvement, not specifically to the aging population.

References

\* NAHQ Body of Knowledge: Challenges in Implementing Practice Guidelines

\* NAHQ CPHQ Exam Preparation Materials: Practice Guidelines and Comorbidities

### NEW QUESTION # 135

Which of the following is true of a clinical pathway?

- A. required for accountable care organizations
- B. limited to one patient care setting



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