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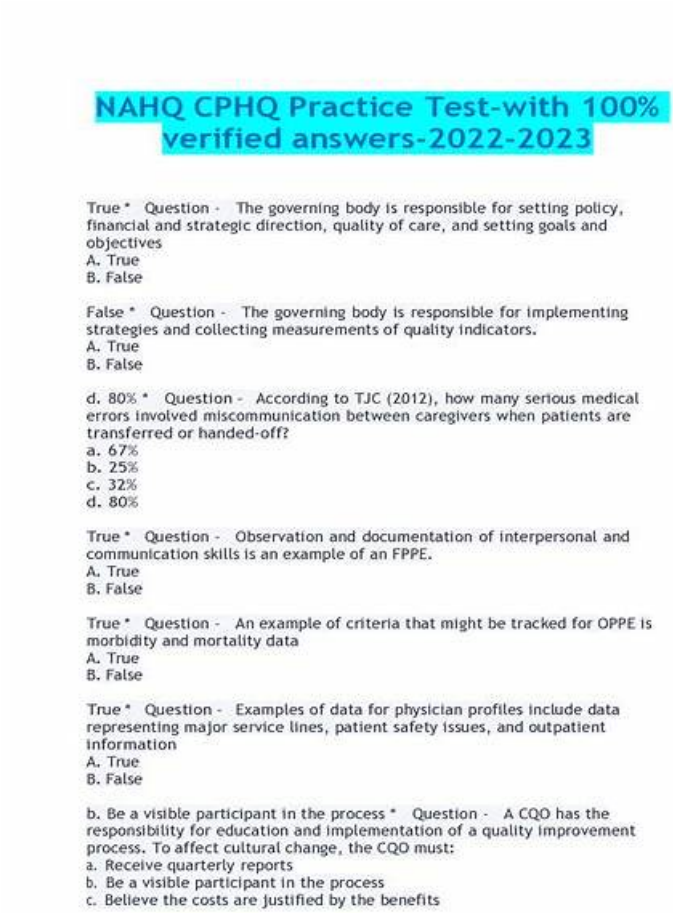

NAHQ CPHQ Practice Test-with 100% verified answers-2022-2023

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

Außerdem sind jetzt einige Teile dieser PrüfungFrage CPHQ Prüfungsfragen kostenlos erhältlich: https://drive.google.com/open?id=10_26REr7NkQZpDrs82E0RQTQ_t2DeOPR

Der Traum von IT ist immer gering in Wirklichkeit. Aber der Traum, die NAHQ CPHQ Zertifizierungsprüfung zu bestehen, ist absolut in reichweite, wenn Sie PrüfungFrage benutzen. Wir PrüfungFrage bietet Ihnen hochwertigen Sevice, und die Genauigkeit der Fragenkataloge zur NAHQ CPHQ Zertifizierungsprüfung ist so hoch, dass die Bestehensrate der NAHQ CPHQ Zertifizierungsprüfung 100% beträgt. Solange Sie PrüfungFrage wählen, können wir Ihhen versprechen, dass Sie die NAHQ CPHQ Zertifizierungsprüfung bestimmt bestehen!

Die CPHQ-Zertifizierungsprüfung ist eine strenge und umfassende Bewertung von Kenntnissen und Fähigkeiten eines Gesundheitsfachmanns im Bereich des Qualitätsmanagements im Gesundheitswesen. Die Prüfung ist darauf ausgelegt, die Fähigkeit des Kandidaten zu testen, sein Wissen über die Qualität und Sicherheit von Patienten im Gesundheitswesen auf reale Szenarien anzuwenden. Die Zertifizierung wird als Maßstab für Exzellenz im Qualitätsmanagement im Gesundheitswesen anerkannt.

Die CPHQ -Prüfung ist die einzige akkreditierte Zertifizierung für Fachkräfte der Gesundheitsqualität und weltweit anerkannt. Die Prüfung soll die Kompetenz einer Person in Bezug auf das Gesundheitswesen und die Patientensicherheit sowie ihre Fähigkeit, Führungsqualitäten bereitzustellen und eine kontinuierliche Qualitätsverbesserung in Gesundheitsorganisationen zu fördern, bewerten. Das Bestehen der CPHQ -Prüfung zeigt eine Verpflichtung zu den höchsten Qualitätsstandards und Patientenversorgung in der Gesundheitsbranche.

Die NAHQ CPHQ (Certified Professional in Healthcare Quality) Zertifizierungsprüfung ist eine professionelle Zertifizierung, die in der gesamten Gesundheitsbranche anerkannt und respektiert wird. Die Zertifizierung richtet sich an Personen, die sich für die Qualität

im Gesundheitswesen interessieren und über das Wissen und die Fähigkeiten verfügen, um Patientenergebnisse zu verbessern, Kosten zu senken und das gesamte Gesundheitserlebnis zu verbessern. Es handelt sich um eine anspruchsvolle Prüfung, die das Wissen und Verständnis eines Einzelnen für die Grundsätze der Gesundheitsversorgungsqualität, die Gesundheitsvorschriften und -politiken sowie die Analyse von Gesundheitsdaten bewertet.

>> CPHQ Fragen&Antworten <<

CPHQ Fragen Antworten - CPHQ Unterlage

Wollen Sie Ihre IT-Fähigkeiten beweisen? Möchten Sie mehr Anerkennung und Berufschancen bekommen? Die Prüfungszertifizierung der NAHQ CPHQ ist ein bedeutendester Ausweis für Sie. Die Wichtigkeit der Zertifizierung der NAHQ CPHQ wissen fast alle Angestellte aus IT-Branche. Die Tatkraft von Menschen ist limitiert. Wenn Sie in einer kurzen Zeit diese wichtige NAHQ CPHQ Prüfung bestehen möchten, brauchen Sie unsere die Prüfungssoftware von uns PrüfungFrage als Ihr bester Helfer für die Prüfungsvorbereitung. Umfassende Prüfungsaufgaben enthaltende und Mnemotechnik entsprechende Software kann Ihnen beim Erfolg der NAHQ CPHQ gut helfen!

NAHQ Certified Professional in Healthcare Quality Examination CPHQ Prüfungsfragen mit Lösungen (Q463-Q468):

463. Frage
Cold-spotting involves identifying populations that

- A. receive care through state and federally funded programs.
- B. lack access to healthcare or other community support.
- C. utilize healthcare services frequently.
- D. engage in high-risk behaviors.

Antwort: B

Begründung:
Explanation: Cold-spotting identifies populations lacking access to healthcare or communitysupport (B), enabling targeted interventions. High-risk behaviors (A), funded programs (C), and frequent utilizers (D) are not cold-spot focus. NAHQ emphasizes cold-spotting for access disparities.
NAHQ CPHQ Study Guide, Population Health and Care Transitions Section, "Cold-Spotting and Population Health"; NAHQ CPHQ Practice Exam, Health Equity Strategies.

464. Frage
In aligning an organization's performance Improvement plan with strategic goals, a healthcare quality professional should consider

- A. staff satisfaction data, benchmarking data, and occurrence reports.
- B. customer expectations, benchmarking data, and patient outcome data.
- C. customer expectations, occurrence reports, and utilization review data.
- D. staff satisfaction data, risk management data, and utilization review data.

Antwort: B

Begründung:
A performance improvement plan (PIP) is a set of focused activities designed to monitor, analyze, and improve the quality of processes and outcomes in a healthcare organization12.
A PIP should be aligned with the strategic goals of the organization, which are the long-term objectives that reflect the vision, mission, and values of the organization3.
To align a PIP with strategic goals, a healthcare quality professional should consider the following factors45:
Customer expectations: These are the needs, preferences, and perceptions of the patients, families, and other stakeholders who receive or are affected by the healthcare services. Customer expectations are a key driver of quality improvement, as they reflect the degree of satisfaction and loyalty of the customers.
Customer expectations can be measured by surveys, feedback, complaints, and compliments6 .
Benchmarking data: These are the comparative data that show how the organization performs relative to other similar or best-in-class organizations in terms of quality, efficiency, and effectiveness.

Benchmarking data can help identify gaps, opportunities, and best practices for improvement.
Benchmarking data can be obtained from external sources, such as national databases, accreditation agencies, or professional associations, or from internal sources, such as historical data, peer groups, or departments.
Patient outcome data: These are the data that show the results or impacts of the healthcare services on the health status, quality of life, and satisfaction of the patients. Patient outcome data are the ultimate indicators of quality improvement, as they reflect the effectiveness and value of the healthcare services.
Patient outcome data can be measured by clinical indicators, such as mortality, morbidity, complications, or readmissions, or by patient-reported indicators, such as functional status, symptom relief, or experience of care.
By considering these factors, a healthcare quality professional can align a PIP with strategic goals in the following ways45:
Identify the strategic goals and priorities of the organization and ensure that they are clear, specific, measurable, achievable, relevant, and time-bound (SMART).
Assess the current performance of the organization in relation to the strategic goals and priorities, using customer expectations, benchmarking data, and patient outcome data as sources of information and evidence.
Identify the gaps and opportunities for improvement based on the assessment of the current performance and the comparison with the strategic goals and priorities.
Develop and implement improvement actions that address the gaps and opportunities for improvement, using evidence-based methods and tools, such as the Plan-Do-Study-Act (PDSA) cycle, root cause analysis, or process mapping.
Monitor and evaluate the improvement actions and their effects on the performance of the organization, using customer expectations, benchmarking data, and patient outcome data as measures of success and feedback.
Communicate and disseminate the improvement results and the lessons learned to the relevant stakeholders, such as the leadership, staff, customers, and partners, and celebrate the achievements and recognize the contributions.
Review and revise the improvement actions and the PIP as needed, based on the monitoring and evaluation results and the changing needs and expectations of the customers and the organization.
Reference: 1: Health Care Quality Improvement (QI) Action Plan Template 2: Quality Improvement (QI) Toolkit with Templates, Instructions, and ... 3: The Top 4 Examples of Quality Improvement in Healthcare 4:
Model Quality & Performance Improvement Plan 5: 8 Examples Of Quality Improvement Initiatives In Healthcare 6: [Shaping the Future of the Healthcare Quality Profession] :
[The Role of the Healthcare Quality Professional in Population Health Management]: [Healthcare Quality Solutions: Ready Your Workforce for Quality]: [HQ Principles]: [The Financial Case for Quality as a Business Strategy]: [Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic]

465. Frage
There is an increasedincidence of type 2 diabetes among patients living near a healthcare organization as compared to the state. Considering social determinants of health, which of the following strategies can be used to address this problem?

- A. Educate newly diagnosed patients on diabetes disease management.
- B. Collaborate with local farmers' markets to make fresh produce more widely available.
- C. Set up a community-based education program about blood glucose monitoring.
- D. Review evidence-based diabetes management protocols with primary care providers.

Antwort: B

Begründung:
Addressing the increased incidence of type 2 diabetes through the lens of social determinants of health involves addressing broader factors that impact health. Collaborating with local farmers'markets to make fresh produce more widely available is a strategy that addresses the social determinants of health by improving access to healthy food options. This approach can help reduce the risk of diabetes by making it easier for community members to make healthy dietary choices, thereby addressing one of the root causes of the increased diabetes incidence.
Educate newly diagnosed patients on diabetes disease management (A): While important, this strategy focuses on managing diabetes after it occurs rather than addressing the social determinants that contribute to its onset.
Set up a community-based education program about blood glucose monitoring (B): This is also important for management but does not directly address the social determinants that lead to the higher incidence.
Review evidence-based diabetes management protocols with primary care providers (C): This improves care quality but does not address the social factors contributing to the disease.
References
NAHQ Body of Knowledge: Addressing Social Determinants of Health in Quality Improvement NAHQ CPHQ Exam Preparation Materials: Strategies for Managing Social Determinants of Health
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466. Frage
Which of the following is true of a clinical pathway?

- A. Used to reduce variations in care
- B. Depicted using a value stream map
- C. Limited to one patient care setting
- D. Required for accountable care organizations

Antwort: A

Begründung:
Clinical pathways are standardized, evidence-based protocols designed to optimize care for specific conditions or procedures, ensuring consistency and quality.
Option A (Used to reduce variations in care): This is the correct answer. NAHQ CPHQ study materials state that clinical pathways reduce unwarranted variations in care by standardizing processes, improving outcomes, and aligning with evidence-based practices.
Option B (Depicted using a value stream map): Value stream maps are Lean tools for visualizing process flow, not for depicting clinical pathways, which are typically presented as algorithms or protocols.
Option C (Required for accountable care organizations): While clinical pathways may support ACO goals (e.
g., cost and quality), they are not a regulatory requirement for ACOs.
Option D (Limited to one patient care setting): Clinical pathways can span multiple settings (e.g., hospital to outpatient) to ensure continuity, so they are not limited to one setting.
Reference: NAHQ CPHQ Study Guide, Domain 4: Performance and Process Improvement, defines clinical pathways as tools to reduce variations in care through standardized protocols.

467. Frage
A root cause analysis is required after what type of occurrence?

- A. Patient death
- B. Sentinel event
- C. Medication error
- D. Near miss

Antwort: B

Begründung:
Root cause analysis (RCA) is a structured process to identify underlying causes of significant safety events to prevent recurrence. It is typically reserved for serious incidents with high potential for harm.
Option A (Patient death): Not all patient deaths require RCA unless they meet sentinel event criteria (e.g., unexpected death due to error).
Option B (Medication error): Medication errors may warrant RCA if severe, but not all errors meet this threshold.
Option C (Sentinel event): This is the correct answer. The NAHQ CPHQ study guide states, "A root cause analysis is required for sentinel events, defined as unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof" (Domain 1). The Joint Commission mandates RCA for sentinel events like wrong-site surgery.
Option D (Near miss): Near misses are analyzed to improve systems but typically do not require formal RCA unless they indicate significant risk.
CPHQ Objective Reference: Domain 1: Patient Safety, Objective 1.5, "Conduct root cause analysis for significant safety events," specifies RCA for sentinel events. The NAHQ study guide notes, "RCA is a critical tool for analyzing sentinel events to prevent future harm" (Domain 1).
Rationale: Sentinel events, due to their severity, mandate RCA to identify and address root causes, aligning with CPHQ's patient safety principles.
Reference: NAHQ CPHQ Study Guide, Domain 1: Patient Safety, Objective 1.5.

468. Frage
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