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CPHQ (Certified Professional in Healthcare Quality) Exam Prep

Which of the following action plans is the first step in correcting inappropriate blood usage in an emergency department?

- A. in-service on ordering blood usage for the physicians
- B. elimination of wasted blood
- C. improvements in documentation
- D. development of a new procurement procedure ✓✓ ANSWER
- A. in-service on ordering blood usage for the physicians

Which of the following is most appropriate in preparation for an external survey of a healthcare facility?

- A. Assign key staff to answer all questions.
- B. Ask department heads to prepare a presentation for the survey team.
- C. Educate staff about the types of questions they may be asked.
- D. Set up teams to make a good showing for the survey. ✓✓ ANSWER
- C. Educate staff about the types of questions they may be asked.

The following table shows the percentage of hospital-acquired pressure ulcers: Which of the following should the healthcare quality professional do next?

- A. Implement a new pressure ulcer protocol.
- B. Re-educate staff.
- C. Continue to track and trend the data.
- D. Conduct a focused analysis of pressure ulcer cases. ✓✓ ANSWER
- D. Conduct a focused analysis of pressure ulcer cases

Leadership can best integrate performance improvement within an organization through:

- A. multidisciplinary teams.
- B. newsletters.
- C. focus groups.
- D. seminars. ✓✓ ANSWER
- A. multidisciplinary teams
(best integrate performance improvement by promoting an interdisciplinary approach to the process and including multiple subject matter experts.)

A medication error occurred and resulted in a severe adverse outcome. In addition to informing the patient and/or family, a healthcare quality professional should:

- A. perform a regression analysis.
- B. implement new technology.

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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q544-Q549):

NEW QUESTION # 544

A random sampling also can be drawn by placing equally sized pieces of paper with a range of numbers on them (e.g., 1 to 100) in a bowl and picking a predetermined number to be the sample. The problem with simple random samples is that:

- A. They may over or under-represent segments of population
- B. They may over represent segments of population
- C. They may under represent segments of population
- D. They cannot truly depict the samples

Answer: A

NEW QUESTION # 545

Best practice standards in healthcare continue to evolve in response to new medicines and treatment option. The following list details a number of concerns in the creation of physician profiles EXCEPT:

- A. What do you want to measure, and why is this important?
- B. Are these the most appropriate measures of quality improvement?
- C. How and when standards will be marked?
- D. How will findings influence change?

Answer: C

NEW QUESTION # 546

Some argue that administrative data are less reliable than data gathered by chart review. However, administrative data can be just as reliable as data from chart review when they are properly cleaned and validated, the indicator definitions are clear and concise, and measures from the CR system were validated using approach/es:

- A. Chart review using an appropriate sampling methodology
- B. Comparison to similar measures in standalone database
- C. Chart review performed for the joint commission core measures
- D. All of these

Answer: D

NEW QUESTION # 547

A healthcare quality professional is facilitating the establishment of a Quality Council for an outpatient surgery center. The following positions have been selected for membership: medical director, CEO, and CFO. Which of the following is the most appropriate individual to add?

- A. environmental safety officer
- B. medical records director
- C. nursing director
- D. human resources director

Answer: C

Explanation:

The establishment of a Quality Council in a healthcare setting involves the collaboration of various professionals who play key roles in the organization. In an outpatient surgery center, the medical director, CEO, and CFO are crucial members as they provide medical, administrative, and financial perspectives respectively. However, the addition of a nursing director is equally important. The nursing director brings a critical perspective to the Quality Council as they have direct involvement with patient care and can provide valuable insights into the quality of care being provided. They can also help identify areas for improvement and develop strategies to enhance patient outcomes.

References:

For a continuous quality improvement team to be successful, who must be included on the team? person performing the process The governing body is responsible for setting policy, financial and strategic direction, quality of care, and setting goals and objectives The governing body is responsible for implementing strategies and collecting measurements of quality indicators.

NEW QUESTION # 548

Which of the following payment systems carries the most financial risk for a provider?

- A. capitation
- B. pay for performance
- C. upside-only bundles
- D. fee for service

Answer: A

Explanation:

A payment system is a method of reimbursing providers for the services they deliver to patients. Different payment systems have different implications for the financial risk that providers face, which is the possibility of losing money or not making a profit from their activities.

Financial risk can be influenced by factors such as the volume and mix of services, the cost and quality of care, the patient population, and the market conditions.

Fee for service (FFS) is a payment system where providers are paid for each service they perform, regardless of the outcome or value of the service. This payment system carries the least financial risk for providers, as they can increase their revenue by increasing the quantity of services. However, this payment system may also create incentives for overutilization, inefficiency, and low quality of care.

Capitation is a payment system where providers are paid a fixed amount per patient or per member per month, regardless of the number or type of services they provide. This payment system carries the most financial risk for providers, as they have to cover all the costs of care for their patients within the fixed budget. However, this payment system may also create incentives for efficiency, coordination, and prevention of care.

Pay for performance (P4P) is a payment system where providers are paid based on the quality and outcomes of the care they provide, rather than the quantity or type of services. This payment system carries a moderate financial risk for providers, as they have to meet certain performance measures or benchmarks to receive the full payment or bonus. However, this payment system may also create incentives for quality improvement, patient satisfaction, and value of care.

Upside-only bundles are a payment system where providers are paid a fixed amount for a bundle of services related to a specific condition or episode of care, such as a hip replacement or a hospitalization.

This payment system carries a low financial risk for providers, as they can only share in the savings if they deliver the bundle of services at a lower cost than the fixed amount, but they do not have to bear any losses if they exceed the fixed amount. However, this payment system may also create incentives for coordination, standardization, and efficiency of care.

Reference: Benefits of Risk-Based Payments: How Healthcare Data Improves Profits The future of the payments industry: How managing risk can drive growth Financial crime risk management in digital payments

NEW QUESTION # 549

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