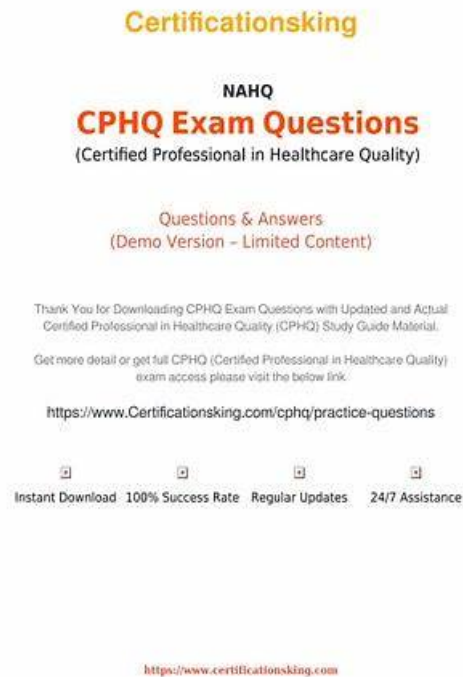


# Latest NAHQ CPHQ Dumps Pdf - CPHQ Reliable Test Tips



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The healthcare industry is constantly evolving and improving to meet the needs of patients worldwide. With this growth comes the need for professionals who are knowledgeable and skilled in ensuring quality patient care. This is where the NAHQ CPHQ (Certified Professional in Healthcare Quality) certification exam comes into play.

To be eligible for the NAHQ CPHQ Exam, candidates must meet certain requirements, including relevant work experience in healthcare quality and education in healthcare quality management. CPHQ exam is offered in a computer-based format and consists of 115 multiple-choice questions. Candidates have up to three hours to complete the exam.

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**2026 Latest CPHQ Dumps Pdf - Certified Professional in Healthcare Quality**

## Examination Realistic Reliable Test Tips Free PDF Quiz

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The Certified Professional in Healthcare Quality (CPHQ) Examination is a certification exam designed for healthcare professionals who are looking to demonstrate their knowledge and expertise in healthcare quality management. CPHQ Exam is administered by the National Association for Healthcare Quality (NAHQ), a professional association that represents healthcare quality professionals worldwide.

### NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q518-Q523):

#### NEW QUESTION # 518

The weight of scoring system is based on an emphasis Baldrige places on \_\_\_\_\_ and an organization's ability to demonstrate performance and improvement in the following areas:

Product and service outcomes



Customer-focused outcomes



Financial and market outcomes



Workforce-focused outcomes



Process effectiveness outcomes



Leadership outcomes



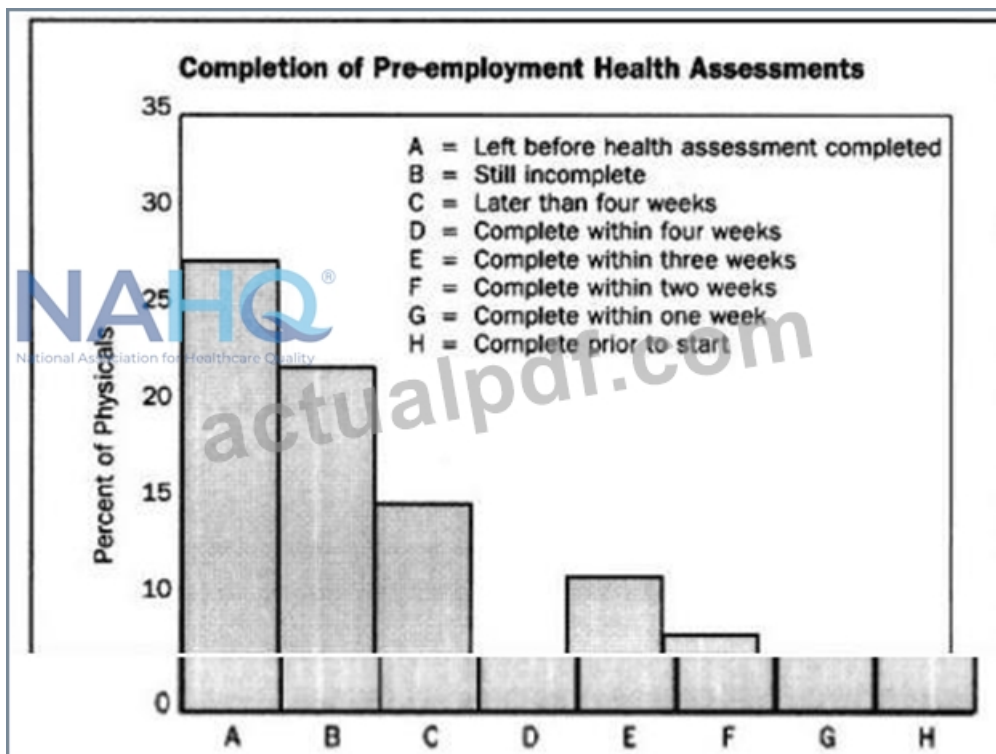
- A. Output
- **B. Results**
- C. Values
- D. System perspective

**Answer: B**

#### NEW QUESTION # 519

An employee health program includes a pre-employment health assessment for all prospective employees.

The assessment is to be completed, and the results known prior to the assumption of duties. A retrospective study of 200 employees resulted in the information displayed in the following chart:



Review of this information indicates which of the following?

- A. There is no problem since approximately 35% of health assessments are completed within 4 weeks of employment.
- B. A significant number of terminations resulted from lack of completion of health assessments.
- C. Approximately 95% failed to meet the stated objectives.
- D. The provider is in significant compliance with the program.

**Answer: C**

Explanation:

The data indicates that only a small percentage of employees completed their health assessments within the stipulated time frame prior to or shortly after starting employment. Summing the percentages for timely completion (D, E, F, G, H) gives approximately 31% ( $3\% + 11\% + 7\% + 6\% + 4\%$ ), meaning that about 69% did not complete the assessments in time or left before completion (A, B, C categories). Since the program requires assessments to be completed before duties begin, this represents a substantial noncompliance.

This aligns with principles from The Joint Commission's Performance Improvement standards and Occupational Safety and Health Administration (OSHA) guidelines on employee health programs, emphasizing the need for timely completion of pre-employment assessments to ensure workforce safety and regulatory compliance.

\* Option A is not directly supported because the data only shows incomplete assessments but does not explicitly link this to terminations.

\* Option B is inaccurate as only about 31% met the requirement, not 35%, and compliance is generally expected to be higher.

\* Option C is incorrect since compliance is clearly inadequate based on the data.

\* Option D correctly reflects the fact that approximately 95% (if including A, B, C categories where assessments are incomplete or delayed) failed to meet the objectives, demonstrating a significant issue with the program's implementation.

References:

The Joint Commission, Comprehensive Accreditation Manual for Hospitals (CAMH), 2024 Edition, Chapter on Performance Improvement  
 OSHA, Occupational Health and Safety Guidelines, 2023  
 National Institute for Occupational Safety and Health (NIOSH), Employee Health Program Guidelines, 2023

## NEW QUESTION # 520

Which of the following are the three primary quality management activities?

- A. measurement, assessment, and improvement of outcomes
- B. review trends, assessment, and stakeholder accountability
- C. define goals, assessment, and review results
- D. assessment, improvement, and strategic planning

**Answer: A**

Explanation:

Quality management is a critical aspect of healthcare, and it involves various activities to ensure that healthcare services meet the desired standards. The three primary quality management activities are:

Measurement: This is the first step in quality management. It involves defining and collecting data on various aspects of healthcare service delivery. This could include patient outcomes, process efficiency, or other relevant metrics. The goal is to establish a baseline for understanding the current state of quality.

Assessment: Once data has been collected, it needs to be analyzed to assess the quality of healthcare services.

This could involve comparing actual outcomes against desired outcomes, identifying gaps in service delivery, or looking for trends and patterns in the data.

Improvement of outcomes: Based on the assessment, targeted interventions are designed and implemented to improve outcomes. This could involve changes to processes, training for staff, or other interventions. The effectiveness of these interventions is then measured and assessed, creating a continuous cycle of quality improvement.

References: The information is based on standard quality management principles and practices, which are widely recognized and utilized in the healthcare industry<sup>123</sup>.

### NEW QUESTION # 521

A strategic plan is developed by making decisions about the future of the organization.

Which of the following is true about the strategic plan?

- A. It is developed by a corporate planner.
- B. It ensures achievement of the objectives outlined in the plan.
- **C. It should be shared with everyone in the organization.**
- D. It is developed by the healthcare quality professional.

**Answer: C**

Explanation:

A strategic plan is a tool that helps organizations prioritize their goals, anticipate potential roadblocks, and quickly adapt to seize new opportunities<sup>12</sup>. It involves looking at the organization's internal and external environments using established strategic tools<sup>2</sup>. This ensures the organization is moving towards its long-term goals and objectives, even when making short-term decisions<sup>2</sup>. Sharing the strategic plan with everyone in the organization is crucial as it ensures alignment across different levels and functions, fosters a sense of ownership and commitment among employees, and facilitates effective execution of the plan<sup>12</sup>.

Reference: <https://www.cascade.app/blog/strategic-planning-in-healthcare>

### NEW QUESTION # 522

Which of the following actions best demonstrates that an organization has begun the work necessary to achieve the Malcolm Baldrige award?

- A. creating a team to revise operations to conform to the Malcolm Baldrige requirements
- **B. reviewing the Malcolm Baldrige standards to determine organization alignment**
- C. develop a crosswalk between Malcolm Baldrige and Joint Commission requirements
- D. determine effects on Centers for Medicare and Medicaid Services (CMS) Conditions of Participation.

**Answer: B**

Explanation:

The Malcolm Baldrige National Quality Award is the highest level of national recognition that a U.

S. organization can receive for performance excellence<sup>1</sup>. The award criteria focus on eight performance dimensions: Leadership and Governance, Strategy, Operations, Operational Continuity, Workforce, Customers and Markets, Community Engagement, and Finance<sup>1</sup>.

To achieve the Malcolm Baldrige award, an organization must demonstrate organizational resilience and long-term success through favorable performance levels and trends, comparisons to competitors and industry benchmarks (as appropriate), and relevant metrics<sup>1</sup>. Therefore, reviewing the Malcolm Baldrige standards to determine organization alignment is the best demonstration that an organization has begun the work necessary to achieve the Malcolm Baldrige award.

While creating a team to revise operations to conform to the Malcolm Baldrige requirements (Option A) is a step in the process, it does not necessarily demonstrate that the organization has begun the work necessary to achieve the award. The same applies to developing a crosswalk between Malcolm Baldrige and Joint Commission requirements (Option B) and determining effects on CMS

Conditions of Participation (Option C). These actions could be part of the process, but they do not directly demonstrate that the organization has begun the work necessary to achieve the Malcolm Baldrige award.

Beginning work toward achieving the Malcolm Baldrige National Quality Award necessitates a comprehensive understanding of the criteria and how an organization currently aligns with them. This would involve a thorough review of the Baldrige Excellence Framework, which includes the standards for performance excellence. By assessing current practices against the Baldrige criteria, an organization can identify areas of strength and opportunities for improvement. This review serves as a foundational step in the Baldrige journey, guiding the development of a detailed action plan to address gaps and enhance performance.

References: The Baldrige Performance Excellence Program provides a framework for organizations to improve performance and achieve excellence. The NAHQ references the Baldrige framework as a comprehensive standard for quality that healthcare organizations can aspire to and align with as part of their continuous quality improvement efforts.

### NEW QUESTION # 523

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