Exam CPHQ Objectives - Practice CPHQ Exam

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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q272-Q277):

NEW QUESTION # 272
Feedback from patients and their families will provide rich information for quality improvement work.
For these efforts to be successful, you should consider the some questions.
Which of the following is NOT out of those questions?

- A. How frequently do you need to measure your performance to achieve your name?
- B. Who will review the data?
- C. What was your last year budget?
- D. What is your aim for improvement?

Answer: C

NEW QUESTION # 273
A department analyzed Its process for distributing paychecks to employees. The analysis showed there were multiple checkpoints for approval, delays. In processing of the checks, and errors that caused extra work for staff.
Which of the following types of waste were identified during the analysis?

- A. variation, overproduction, and over processing
- B. waiting. Inventory, and transportation
- C. Inventory, variation, and motion
- D. defects, waiting, and over processing

Answer: D

Explanation:
The question is about identifying types of waste in a process. In the context of Lean methodology, which is often applied in healthcare quality improvement, waste is any activity that doesn't add value to the end product or service1.
In the given scenario, the process for distributing paychecks to employees was analyzed and the following issues were identified:
Multiple checkpoints for approval
Delays in processing of the checks
Errors that caused extra work for staff
These issues can be mapped to the following types of waste:
Defects: Errors that cause extra work fall under this category. In this case, the errors in the paycheck distribution process that resulted in additional work for the staff are considered defects1.
Waiting: Delays in processing checks represent the waste of waiting. This refers to the time wasted waiting for the next step in a process1.
Overprocessing: Having multiple checkpoints for approval can be seen as overprocessing, which refers to doing more work than needed1.
Therefore, the types of waste identified during the analysis are defects, waiting, and overprocessing, which corresponds to option B.
This answer is verified as per healthcare quality documents and learning resources1.

NEW QUESTION # 274

_____ are similar to proportion measures in that both are based on count (or attributes) data but differ in that the numerator and the denominator address different attributes.

- **A. Ratio measures**
- B. Continuous variable measures
- C. Predicted rate
- D. Outcome measures

Answer: A

NEW QUESTION # 275

Hospitals must be in compliance with the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation in order to

- A. Be licensed
- **B. Receive reimbursement**
- C. Be part of the state hospital association
- D. Submit core measure data

Answer: B

Explanation:

CMS Conditions of Participation (CoPs) are federal standards that hospitals must meet to participate in Medicare and Medicaid programs, directly tied to reimbursement eligibility.
Option A (Submit core measure data): Core measure submission is a quality reporting requirement, but it is not the primary purpose of CoPs, which focus on broader compliance.
Option B (Receive reimbursement): This is the correct answer. The NAHQ CPHQ study guide states,
"Hospitals must comply with CMS Conditions of Participation to be eligible for Medicare and Medicaid reimbursement" (Domain 3). CoPs ensure minimum standards for patient care and safety, a prerequisite for federal funding.
Option C (Be part of the state hospital association): State hospital associations are voluntary, not tied to CMS CoPs.
Option D (Be licensed): Licensing is a state function, not directly linked to CMS CoPs, which are federal requirements.
CPHQ Objective Reference: Domain 3: Organizational Leadership, Objective 3.5, "Ensure compliance with regulatory requirements," includes understanding CMS CoPs as a condition for reimbursement. The NAHQ study guide notes, "CoPs are critical for maintaining eligibility for CMS funding, impacting hospital operations and quality" (Domain 3).
Rationale: Compliance with CoPs ensures hospitals meet federal standards for care, enabling reimbursement from Medicare and Medicaid, a core requirement for financial sustainability, as per CPHQ regulatory principles.
Reference: NAHQ CPHQ Study Guide, Domain 3: Organizational Leadership, Objective 3.5.

NEW QUESTION # 276

The primary purpose of a management information system is to:

- A. Guarantee better coordination of organizational change.
- **B. Provide information that facilitates management decisions.**
- C. Computerize operations for greater effectiveness.
- D. Provide data for quality assessment.

Answer: B

NEW QUESTION # 277

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