

# Features of NAHQ CPHQ Desktop and Web-based Practice Exams

## 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

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## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q615-Q620):

### NEW QUESTION # 615

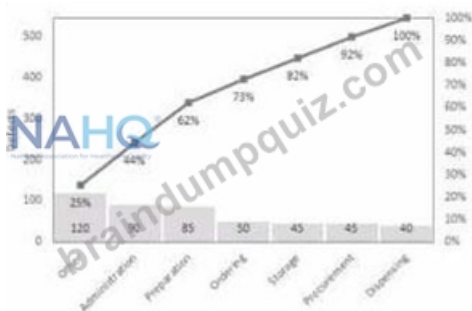
The downside of \_\_\_\_\_ is cost. It is very costly and time consuming, and it often requires several full time data analysts.

- A. Flow charts
- **B. Prospective data collection approach**
- C. Retrospective approach
- D. Scanners

**Answer: B**

### NEW QUESTION # 616

A healthcare quality Improvement team is working on an action plan to address medication system defects. Based on the data from the chart below, what would be the next step?



- A. Begin working to address the "Other" defects.
- B. Begin working to address the "Administration" defects.
- **C. Conduct further analysis on "Administration" defects.**
- D. Conduct further analysis on "Other" defects.

**Answer: C**

Explanation:

The chart provided in the question shows the number of defects in different categories of a medication system. The category with the highest number of defects is "Other," followed by "Administration." However, the line graph overlaid on the bar graph shows the percentages of cumulative defects addressed, which increases from left to right. This suggests that while a significant portion of the defects in the "Other" category have been addressed, there are still many unaddressed defects in the "Administration" category.

Given this information, the next step for the healthcare quality improvement team would be to conduct further analysis on the "Administration" defects. This is because, although the "Administration" category does not have the highest number of defects, it has a significant number of defects that have not yet been addressed. Further analysis would help the team understand the root causes of these defects and develop effective strategies to address them<sup>123</sup>.

This approach aligns with the principles of healthcare quality improvement, which emphasize the importance of using data to guide decision-making and prioritizing areas where improvement is most needed<sup>123</sup>. It also aligns with the principles of Failure Mode and Effects Analysis (FMEA), a structured process used to identify system failures of high-risk processes before they occur<sup>1</sup>. In this context, the

"Administration" defects could be considered a high-risk process that requires further analysis.

Please note that this answer is based on the general principles of healthcare quality improvement and the information provided in the chart. The specific action plan for addressing medication system defects may vary depending on the specific context and needs of the healthcare organization<sup>123</sup>.

### NEW QUESTION # 617

A Japanese tool called 5S (each step starts with letter "S") is a systematic program that helps workers take control of their workspace so that it actually works for them (and their customers) instead of being a neutral or, as is quite common, competing factor.

Which of the following is/are NOT out of these five 5S? (Choose two.)

- A. Seiton
- B. Seiso
- C. Shitsake
- D. Seiku

**Answer: C,D**

### NEW QUESTION # 618

A quality professional Is the leader of a team in the storming phase of development.

Which of the following should the quality professional be prepared to do?

- A. Redirect conflict to energize the team.
- B. Be willing to share leadership responsibilities.
- C. Move to a more supportive leadership style.
- D. Direct and provide role clarification.

**Answer: D**

Explanation:

The storming phase is the second stage of team development, where conflicts and differences in opinions may arise<sup>12</sup>. During this phase, the team is still figuring out how to work well together<sup>1</sup>. The leader's role is crucial at this stage. They need to provide clear direction for the project and help individuals on the team get to know and accept each other<sup>3</sup>. This involves directing the team and providing role clarification<sup>3</sup>, which aligns with option A.

### NEW QUESTION # 619

The main goal of a clinical pathway/guideline Is to

- A. ensure precise treatment plans are followed.
- B. assist in documentation of care.
- C. document practitioner variances.
- D. guide the patient's care toward identified outcomes.

**Answer: D**

Explanation:

\* A clinical pathway/guideline is a tool that helps healthcare providers to deliver evidence-based, patient-centered, and standardized care for a specific condition or population<sup>12</sup>.

\* The main goal of a clinical pathway/guideline is to improve the quality and consistency of care, reduce unnecessary variations, optimize outcomes, and enhance patient satisfaction<sup>123</sup>.

\* A clinical pathway/guideline is not meant to assist in documentation of care (option A), although it may include documentation requirements as part of the quality improvement process<sup>1</sup>.

\* A clinical pathway/guideline is not meant to document practitioner variances (option B), although it may allow for deviations from the recommended care based on individual patient needs and preferences, clinical judgment, and resource availability<sup>12</sup>. Variances should be monitored and evaluated for their impact on outcomes and quality<sup>1</sup>.

\* A clinical pathway/guideline is not meant to ensure precise treatment plans are followed (option D), although it may provide recommendations for specific interventions, tests, or medications based on the best available evidence<sup>12</sup>. A clinical pathway/guideline should be flexible and adaptable to the local context and the patient's situation<sup>12</sup>. References: 1: Clinical Pathways 2: NICE clinical guidelines 3: Clinical Practice Guidelines

### NEW QUESTION # 620

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