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CPHQ Practice Test 2024/25 Practice questions for the CPHQ (Certified Professional in Healthcare Quality)

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.)

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NAHQ CPHQ (Certified Professional in Healthcare Quality Examination) Certification Exam is a professional certification exam designed for healthcare quality professionals who seek to validate their knowledge and skills in the field. Certified Professional in Healthcare Quality Examination certification is offered by the National Association for Healthcare Quality (NAHQ) and is recognized globally as a standard of excellence in healthcare quality management. The CPHQ Certification is a prestigious credential, and passing the exam demonstrates a high level of expertise in healthcare quality management.

NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q280-Q285):

NEW QUESTION # 280

Which of the following quality Improvement Tools Is best for risk assessment of a new or modified process?

- A. failure mode and effects analysis (FMEA)
- B. SWOT analysis
- C. 5 whys
- D. force field analysis

Answer: A

Explanation:

Failure Mode and Effects Analysis (FMEA) is a systematic method for evaluating a process to identify where and how it might fail, to assess the relative impact of different failures, and to identify the parts of the process that are most in need of change. FMEA includes review of the following: Steps in the process: Identify what could go wrong during each step.

Failure modes: Identify potential failure modes for each step.

Failure effects: For each failure mode, identify potential effects.

Severity: Assign a severity rating for each effect of failure.

Occurrence: Assign an occurrence rating for each failure mode.

Detection: Assign a detection rating for each failure mode and effect.

Risk Priority Number (RPN): Calculate the RPN for each effect.

FMEA is particularly useful in healthcare for risk assessment of a new or modified process because it not only identifies potential failures, but also prioritizes them based on their impact, frequency of occurrence, and detectability, allowing for targeted and efficient process improvement.

Reference: Quality improvement tools are standalone strategies or processes that can help you better understand, analyze, or communicate your QI efforts¹. The 7 Basic Quality Tools for Process Improvement².

A guide to quality improvement tools³.

NEW QUESTION # 281

To promote staff engagement In a new Initiative, educators should focus on staff

- A. who appear resistant to change.
- B. perceptions of the benefits of change.
- C. who want to advance In the organization.
- D. attitudes of business as usual.

Answer: B

Explanation:

To promote staff engagement in a new initiative, it's crucial to focus on staff perceptions of the benefits of change¹²³. This involves communicating the value and benefits of the new initiative to the staff, and how it will improve their work or the outcomes for patients¹². Staff are more likely to engage with a new initiative if they perceive it as beneficial and worthwhile²³. This can be achieved through clear communication, education, and providing proof that new practices will be worthwhile³. It's also important to create a culture that empowers staff to achieve positive change².

References:

<https://www.bmjjournals.org/content/368/bmj.m872>

<https://hbr.org/2022/02/3-ways-hospitals-can-boost-worker-engagement>

NEW QUESTION # 282

Which of the following Is the best approach to prepare care team members tor Interacting with accreditation surveyors?

- A. Provide techniques to defer surveyor questions to leaders.
- B. Review patient recordsproactively.
- C. **Brief them on survey activities and what questions to expect.**
- D. Summarize and discuss past survey findings.

Answer: C

Explanation:

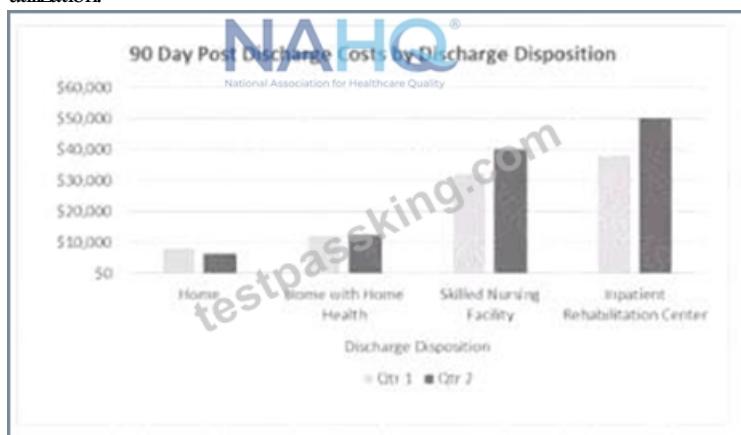
Preparing care team members for interacting with accreditation surveyors is a crucial part of the accreditation process. The best approach is to brief them on survey activities and what questions to expect (Option C). This involves providing them with an understanding of the survey objectives, the day's schedule, and the types of questions that surveyors may ask1. This approach helps to ensure that team members are well-prepared and confident when interacting with surveyors. Reviewing patient records proactively (Option A) and summarizing and discussing past survey findings (Option B) can also be helpful, but these activities are more focused on identifying and addressing potential issues before the survey, rather than preparing team members for the survey itself. Providing techniques to defer surveyor questions to leaders (Option D) could potentially create a perception of lack of transparency or evasion, which could negatively impact the survey results.

References:

<https://www.jointcommission.org/what-we-offer/accreditation/health-care-settings/laboratory-services/prepare/pr>

NEW QUESTION # 283

The healthcare quality professional has been asked to participate in the organizations population health program related to cost and utilization.



Based on this Information, what Is the next action the quality professional should take?

- A. **Request Information on total number of patients discharged to each location for both quarters.**
- B. Request Information on the cost per patient for those discharged to skilled nursing facilities.
- C. Analyze the appropriateness of discharges to Inpatient rehabilitation centers.
- D. Analyze the cost differences between patients discharged to home and skilled nursing facilities.

Answer: A

Explanation:

To properly assess the cost and utilization patterns in the population health program, it is essential to understand the volume of patients being discharged to various post-acute care settings. By requesting the total number of patients discharged to each location, the healthcare quality professional can calculate the average cost per patient, which is crucial for assessing efficiency and for comparing costs across different discharge locations. This data will also allow for an evaluation of utilization patterns and help identify if certain locations are being used more frequently and if the associated costs are justified based on patient outcomes.

References: The response aligns with healthcare quality improvement practices that prioritize a comprehensive understanding of patient flow and associated costs, as recommended by the NAHQ. This includes analysis of patient discharge patterns and post-discharge care utilization as foundational data for assessing quality and cost in healthcare delivery.

NEW QUESTION # 284

Systematic sampling is achieved by numbering or ordering each element in the population (e.g., time order, alphabetical order, and medical order) and then selecting every k th element. The key point that most people ignore when doing a systematic sample is that:

- A. The starting point for selecting every k th element should be guaranteed through a random process and should be equal to or less than k but greater than zero.
- B. The starting point for selecting every k th element should be guaranteed through a random process and should be equal to or greater than zero.
- C. The starting point for selecting every k th element should be guaranteed through a random process and should be greater than zero.
- D. The starting point for selecting every k th element should be guaranteed through a random process and should be less than k but greater than zero.

Answer: A

NEW QUESTION # 285

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