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NAHQ CPHQ PRACTICE TEST QUESTIONS WITH CORRECT ANSWERS 2025

The governing body is responsible for setting policy, financial and strategic direction, quality of care, and setting goals and objectives.

A. True

B. False - CORRECT ANSWER - True

The governing body is responsible for implementing strategies and collecting measurements of quality indicators.

A. True

B. False - CORRECT ANSWER - False

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% - CORRECT ANSWER - d. 80%

Observation and documentation of interpersonal and communication skills is an example of an FPPE.

A. True

B. False - CORRECT ANSWER - True

An example of criteria that might be tracked for OPPE is morbidity and mortality data.

A. True

B. False - CORRECT ANSWER - True

Examples of data for physician profiles include data representing major service lines, patient safety issues, and outpatient information.

A. True

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The Certified Professional in Healthcare Quality Examination (CPHQ) is a certification exam offered by the National Association for Healthcare Quality (NAHQ). The CPHQ Exam is designed for healthcare professionals who are responsible for ensuring the quality of healthcare services and patient safety. Certified Professional in Healthcare Quality Examination certification is recognized internationally and is a valuable credential for healthcare quality professionals.

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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.

NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q702-Q707):

NEW QUESTION # 702

Which of the following interventions has the greatest potential for positive impact due to its ability to address social determinants of health?

- A. public transportation system expansion
- B. tobacco control interventions
- C. access to clean syringes
- D. worksite obesity prevention program

Answer: A

Explanation:

Explanation: Public transportation system expansion (A) addresses a key social determinant of health (transportation barriers), improving access to healthcare, employment, and healthy food, with broad population impact. Clean syringes (B), tobacco control (C), and obesity programs (D) have narrower scopes.

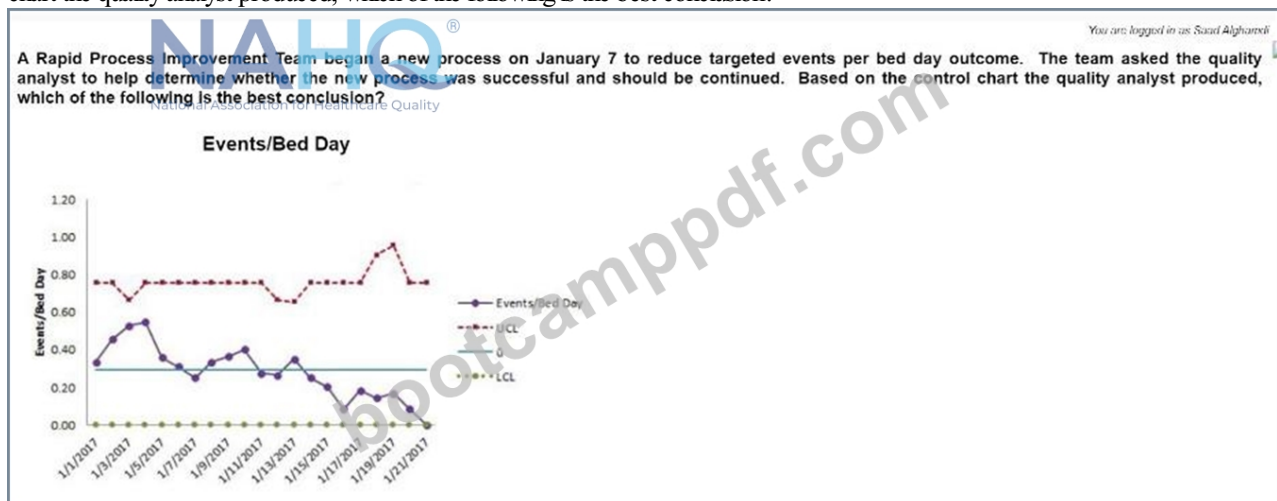
NAHQ prioritizes systemic SDOH interventions.

NAHQ CPHQ Study Guide, Population Health and Care Transitions Section, "Social Determinants of Health Interventions";

NAHQ CPHQ Practice Exam, Population Health Strategies.

NEW QUESTION # 703

A Rapid Process Improvement Team began a new process on January 7 to reduce targeted events per bed day outcome. The team asked the quality analyst to help determine whether the new process was successful and should be continued. Based on the control chart the quality analyst produced, which of the following is the best conclusion?



- A. There was a decreasing shift in the process, recommend continuing the process.
- B. There was a decreasing trend in the process, recommend discontinuing the process.
- C. There was a spike in the process, recommend discontinuing the process.
- D. There was an increasing shift in the process, recommend discontinuing the process.

Answer: A

Explanation:

* Reviewing the Control Chart Data The control chart shows "Events/Bed Day" over time, with the Upper Control Limit (UCL), Lower Control Limit (LCL), and a center line (CL) marking the baseline average of the process before the intervention.

* Identifying the Impact of the New Process

* The intervention to reduce events per bed day was implemented on January 7.

* Following this date, there is a noticeable and consistent decrease in the number of events per bed day, with data points gradually moving downward.

* Eventually, the values settle well below the original center line, indicating a decreasing shift in the process.

* Differentiating Between Trends and Shifts

* A shift is characterized by a sustained change in process level, often due to a successful intervention, as seen here with lower event rates maintained over time.

* In this case, the shift is in a favorable direction, as the targeted events per bed day have reduced significantly and consistently.

* A trend would indicate a continuous movement in a direction, but this chart shows that after an initial decline, the process stabilizes at a lower rate.

* Conclusion Since the process has demonstrated a decreasing shift, indicating improvement and reduced events per bed day, the correct recommendation is to continue the process, as it appears successful in achieving the goal.

References:

* NAHQ "Statistical Process Control and Process Improvement Strategies"

* "Evaluating Shifts and Trends in Control Charts for Quality Improvement" (NAHQ, 2021)

NEW QUESTION # 704

Using the Information below, which patient population is at the highest risk for falling?

	Patients who fell	Patients who did not fall
Needs help with toileting	22	13
Has balance problems	27	18
Falls prior to admission	30	12
Has problems remembering	28	35
Uses a cane	21	11
Has problems sleeping	35	36

- A. falls prior to admission
- B. has problems sleeping
- C. needs help with toileting
- D. uses a cane

Answer: A

Explanation:

* The question is asking which patient population is at the highest risk for falling.

* By analyzing the provided table, it can be observed that patients who had "falls prior to admission" have the highest number of falls after admission (30 patients) compared to other categories.

* This data indicates that having a history of falls before being admitted increases the risk of falling again.

* Although I don't have direct access to external websites including NAHQ, it's generally understood in healthcare quality and safety that a history of falls is a significant risk factor for future falls. This is likely supported by resources and documents on patient safety and fall prevention available on professional healthcare quality websites.

NEW QUESTION # 705

A goal of measurement is to collect valid and reliable data that reflects

- A. potential performance
- B. targeted performance.
- C. actual performance.
- D. desired performance.

Answer: C

NEW QUESTION # 706

The purpose of sentinel event review of never events is to

- A. monitor staff and leadership involvement in the systematic analysis.
- B. specify sustainable systems-based improvements.
- C. identify individual performance gaps that resulted in the sentinel event.
- D. engage leadership in identifying barriers to effective communication.

Answer: B

Explanation:

The primary purpose of a sentinel event review, particularly in the context of never events, is to identify and implement sustainable systems-based improvements.

Here's why:

Focus on Systemic Issues: Sentinel event reviews aim to uncover underlying system flaws that contributed to the event. By focusing on systems-based improvements, the organization can prevent recurrence and enhance overall safety.

Long-term Impact:

Sustainable improvements ensure that changes made as a result of the review have a lasting impact on patient safety, rather than just addressing the immediate issue.

Holistic Approach:

Addressing system-wide issues, rather than just individual performance gaps, promotes a culture of safety and continuous improvement across the organization. Compliance and Accreditation:

Regulatory bodies and accreditation organizations emphasize the importance of systems-based improvements following sentinel event reviews, aligning with best practices in patient safety.

While engaging leadership, identifying performance gaps, and monitoring involvement are important aspects of a sentinel event review, the ultimate goal is to implement changes that improve the safety of the system as a whole.

Reference: NAHQ Guide to Sentinel Event Management and Never Event Prevention NAHQ Healthcare Quality Competency Framework: Patient Safety and Risk Management

NEW QUESTION # 707

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