

CPHQ指南， CPHQ最新考古題

CPHQ

TEST BREAKDOWN

Effective January 2018

Exam Administration

EXAMINATION LENGTH

- 3 hours to complete
- 140 questions long (multiple-choice)
- 15 pre-test questions which do not count for or against final score

Distribution of Content for the CPHQ

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| 35 ITEMS | ORGANIZATIONAL LEADERSHIP |
| 30 ITEMS | HEALTH DATA ANALYSIS |
| 40 ITEMS | PERFORMANCE MEASUREMENT AND PROCESS IMPROVEMENT |
| 20 ITEMS | PATIENT SAFETY |

Overview of Content

Organizational Leadership

STRUCTURE & INTEGRATION

- Support organizational commitment to quality
- Participate in organization-wide strategic planning related to quality
- Align quality and safety activities with strategic goals

- Engage stakeholders to promote quality and safety
- Provide consultative support to the governing body and clinical staff regarding their roles and responsibilities
- Facilitate development of the quality structure
- Assist in evaluating or developing data management systems
- Evaluate and integrate external best practices
- Participate in activities to identify and evaluate innovative solutions and practices
- Lead and facilitate change
- Participate in population health promotion and continuum of care activities
- Communicate resource needs to leadership to improve quality
- Recognize quality initiatives impacting reimbursement

**REGULATORY, ACCREDITATION,
& EXTERNAL RECOGNITION**

- Assist the organization in maintaining awareness of statutory and regulatory requirements
- Identify appropriate accreditation, certification, and recognition options
- Assist with survey or accreditation readiness
- Participate in the process for evaluating compliance with internal and external requirements
- Facilitate communication with accrediting and regulatory bodies

**EDUCATION, TRAINING,
& COMMUNICATION**

- Design performance, process, and quality improvement training
- Provide education and training on performance, process, and quality improvement
- Evaluate effectiveness of performance/quality improvement training
- Develop/provide survey preparation training
- Disseminate performance, process, and quality improvement information within the organization

Health Data Analytics

DESIGN & DATA MANAGEMENT

- Maintain confidentiality of performance/quality improvement records and reports
- Design data collection plans
- Participate in identifying or selecting measures
- Assist in developing scorecards and dashboards

- Identify external data sources for comparison
- Collect and validate data

MEASUREMENT AND ANALYSIS

- Use data management systems
- Use tools to display data or evaluate a process
- Use statistics to describe data
- Use statistical process control
- Interpret data to support decision-making
- Compare data sources to establish benchmarks
- Participate in external reporting

PERFORMANCE & PROCESS IMPROVEMENT

IDENTIFYING OPPORTUNITIES FOR IMPROVEMENT

- Facilitate discussion about quality improvement opportunities
- Assist with establishing priorities
- Facilitate development of action plans or projects
- Facilitate implementation of performance improvement methods
- Identify process champions

IMPLEMENTATION & EVALUATION

- Establish teams, roles, responsibilities, and scope
- Use a range of quality tools and techniques
- Participate in monitoring of project timelines and deliverables
- Evaluate team effectiveness
- Evaluate the success of performance improvement projects
- Document performance and process improvement results

PATIENT SAFETY

ASSESSMENT & PLANNING

- Assess the organization's culture of safety
- Determine how technology can enhance the patient safety program
- Participate in risk management assessment activities



P.S. NewDumps在Google Drive上分享了免費的、最新的CPHQ考試題庫：<https://drive.google.com/open?id=1txSC2h9nQhpmSjdAywo25m75sDWFwwMJ>

我相信不論在哪個行業工作的人都希望自己有很好的職業前景。當然在競爭激烈的IT行業裏面也不例外。在IT行業中工作的專業人士也希望自己有個很好的提升機會和很大的提升空間。很多專業的IT人士都知道NAHQ CPHQ認證考試可以幫你滿足這些願望的。而NewDumps是一個能幫助你成功通過NAHQ CPHQ的網站。

NewDumps是個為很多參加IT相關認證考試的考生提供方便的網站。很多選擇使用NewDumps的產品的考生一次性通過了IT相關認證考試，經過他們回饋證明了我們的NewDumps提供的幫助是很有效的。NewDumps的專家團隊是由資深的IT人員組成的一個龐大的團隊，他們利用自己的專業知識和豐富的行業經驗研究出來的CPHQ認證考試的培訓資料對你們通過CPHQ認證考試很有幫助的。NewDumps提供的CPHQ認證考試的類比測試軟體和相關試題是對CPHQ的考試大綱做了針對性的分析而研究出來的，是絕對可以幫你通過你的第一次參加的CPHQ認證考試。

>> CPHQ指南 <<

高質量的CPHQ指南和資格考試中的領導者和完整覆蓋的NAHQ Certified Professional in Healthcare Quality Examination

經過相關的研究材料證明，通過NAHQ的CPHQ考試認證是非常困難的，不過不要害怕，我們NewDumps擁有經驗豐富的IT專業人士的專家，經過多年艱苦的工作，我們NewDumps已經編譯好最先進的NAHQ的CPHQ考試認證培訓資料，其中包括試題及答案，因此我們NewDumps是你通過這次考試的最佳資源網站。不需要太多的努力，你將獲得很高的分數，你選擇NewDumps NAHQ的CPHQ考試培訓資料，對你考試是非常有幫助的。

最新的 CPHQ Certification CPHQ 免費考試真題 (Q280-Q285):

問題 #280

A healthcare quality professional is facilitating the establishment of a Quality Council for an outpatient surgery center. The following positions have been selected for membership: medical director, CEO, and CFO.

Which of the following is the most appropriate individual to add?

- A. environmental safety officer
- B. human resources director
- C. medical records director
- D. nursing director

答案: D

解題說明:

The establishment of a Quality Council in a healthcare setting involves the collaboration of various professionals who play key roles in the organization. In an outpatient surgery center, the medical director, CEO, and CFO are crucial members as they provide medical, administrative, and financial perspectives respectively. However, the addition of a nursing director is equally important. The nursing director brings a critical perspective to the Quality Council as they have direct involvement with patient care and can provide valuable insights into the quality of care being provided. They can also help identify areas for improvement and develop strategies to enhance patient outcomes.

Reference: For a continuous quality improvement team to be successful, who must be included on the team? person performing the process The governing body is responsible for setting policy, financial and strategic direction, quality of care, and setting goals and objectives The governing body is responsible for implementing strategies and collecting measurements of quality indicators.

問題 #281

All patients who have been selected to provide feedback should have an equal opportunity to respond. Any situation that makes certain patients less likely to be included in a sample leads to bias.

Survey vendors also can minimize sampling bias through:

- A. Probability sampling
- B. Judgment
- C. Cluster sampling
- D. Experience

答案: A

問題 #282

An organization has implemented a quality improvement project. The goal is a mean compliance rate of 90%.

The results of observations are found in the table below:

Which focus area presents the greatest opportunity for the organization?

- A. environment of care
- B. infection prevention
- C. patient flow
- D. pain management

答案: D

解題說明:

The data in the table shows that Department C has the lowest compliance rate in pain management at 65%, which is well below the organization's goal of a 90% mean compliance rate. This indicates that pain management presents the greatest opportunity for improvement. Focusing on pain management in Department C could yield significant gains in overall patient care and satisfaction, as managing pain effectively is a critical component of quality care.

* Patient flow (A): Although Department C also has low compliance in patient flow, pain management has the lowest compliance rate, making it a higher priority.

* Environment of care (B): Compliance rates are higher in this focus area, especially in Department B.

* Infection prevention (D): Compliance rates are generally higher across all departments in this area, so it is not the most pressing issue.

References

* NAHQ Body of Knowledge: Quality Improvement Prioritization

* NAHQ CPHQ Exam Preparation Materials: Analyzing Performance Data for Improvement

問題 #283

Which of the following is the best example of effective learning in a learning organization?

- A. staff using the results of a root cause analysis to change processes and improve patient safety
- B. management team auditing staff performance after a training program
- C. management team taking a posttest after reading a bulletin on a regulatory standard
- D. staff watching a video on how to complete a patient admission assessment

答案: A

解題說明：

A learning organization is one that facilitates the learning of its members and continuously transforms itself.

The best example of effective learning in such an organization is when the staff uses the results of a root cause analysis to change processes and improve patient safety. This is because it involves learning from past mistakes, implementing changes based on what was learned, and improving future outcomes, which is the essence of a learning organization.

References:

- * NAHQ Code of Ethics
- * The Role of the Healthcare Quality Professional in Population Health Management
- * Utilization of Improvement Methodologies by Healthcare Quality Professionals during the COVID-19 Pandemic

問題 #284

The desired outcome of peer review is to

- A. limit privileges of at-risk providers.
- **B. Improve the quality of care.**
- C. compare provider performance.
- D. evaluate process Improvement Initiatives.

答案： B

解題說明：

* According to the National Association for Healthcare Quality (NAHQ), peer review is a quality control measure for medical research and practice, in which professionals review each other's work to ensure that it is accurate, relevant, and significant¹².

* The overall purpose of peer review is to improve the quality of care by enhancing the scientific validity, transparency, and integrity of published research, as well as the clinical performance, safety, and outcomes of healthcare providers¹²³⁴.

* Among the four options given, the best answer is C. Improve the quality of care, because this is the ultimate goal and benefit of peer review, regardless of the specific methods, metrics, or settings involved¹²³⁴.

* The other options are less accurate because:

* A. Evaluate process improvement initiatives is a possible outcome of peer review, but not the desired one. Peer review can help assess the effectiveness, efficiency, and sustainability of process improvement initiatives, but the aim is not to evaluate them for their own sake, but to improve the quality of care for patients¹²⁵.

* B. Compare provider performance is a possible outcome of peer review, but not the desired one. Peer review can help compare provider performance against established standards, benchmarks, or best practices, but the aim is not to rank or judge them, but to identify areas of strength and weakness, and to provide feedback and support for improvement¹²⁶.

* D. Limit privileges of at-risk providers is a possible outcome of peer review, but not the desired one. Peer review can help identify and address at-risk providers who may pose a threat to patient safety or quality of care, but the aim is not to punish or exclude them, but to protect patients and to help providers remediate their performance or behavior¹²⁷. References: 1: [Peer review: What is it and why do we do it?] 2: [Peer Review Matters: Research Quality and the Public Trust] 3:

[Peer review of quality of care: methods and metrics] 4: [What is the purpose of peer review in health care?] 5: [Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic] 6: [Shaping the Future of the Healthcare Quality Profession] 7:

[Understanding the Evolving Landscape of Healthcare Quality] : <https://www.medicalnewstoday.com/articles/281528> : <https://pubs.asahq.org/anesthesiology/article/134/1/1/114542/Peer-Review-Matters-Research-Quality-and-the> : <https://qualitysafety.bmj.com/content/32/1/1> : <https://www.mslgroupplc.com/mls-blog/what-is-the-purpose-of-peer-review-in-health-care> : <https://nahq.org/resources/journal>

問題 #285

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你在煩惱什麼呢？是因為NAHQ的CPHQ認證考試而煩惱嗎？確實，CPHQ考試是一門很難通過的考試。但是你也不用過分擔心。只要你利用了適當的方法，輕鬆地通過考試也不是不可能的。那麼你知道什麼是適當的方法嗎？使用NewDumps的CPHQ資料就是一種最好不過的方法。NewDumps一直以來幫助了很多參加IT認定考試的考生，並且得到了大家的一致好評。這個資料可以保證你一次通過考試，請放心使用。

CPHQ最新考古題: <https://www.newdumps.pdf.com/CPHQ-exam-new-dumps.html>

你覺得成功很難嗎，我們NewDumps CPHQ最新考古題確保你第一次嘗試通過考試，取得該認證專家的認證，所有購買 NewDumps CPHQ最新考古題 CPHQ最新考古題認證題庫學習資料的客戶在購買後都將得到三個月的免費更新

