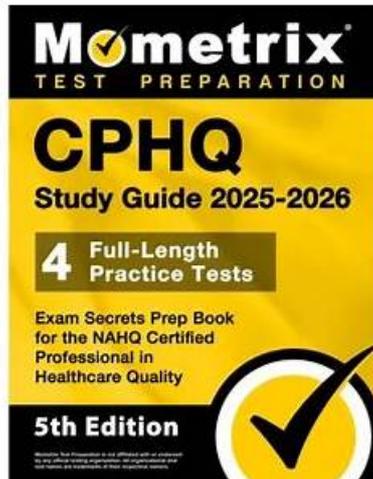# Quiz 2026 The Best NAHQ CPHQ: Certified Professional in Healthcare Quality Examination Popular Exams

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The healthcare industry is a complex and ever-changing environment that requires qualified professionals to ensure its smooth functioning. Therefore, it is essential to have an expert in healthcare quality management who can provide high-quality patient care. The NAHQ CPHQ (Certified Professional in Healthcare Quality Examination) exam is a standardized test that certifies professionals in healthcare quality management.

Revision Books

- **The Healthcare Quality Handbook by Janet A. Brown**

  Supplement your knowledge with third-party resources that are also suggested by NAHQ. First on the list is the 2018 edition of Janet Brown's Healthcare Quality Handbook that features the latest content outline of the test. Comparatively, this book is revised annually to provide quality and up-to-date lessons for those who are prepping for their CPHQ certification exam.

  Because of this, it presents invaluable groundwork of the key healthcare aspects and protocols. It also serves as an optimal tool for anyone aspiring to be more adept with operational roles in healthcare leadership. Furthermore, the content of the book ensures that you can demonstrate competence in your chosen field to improve the healthcare level and credibility of your profession.

- **Essentials of Managed Health Care by Peter R. Kongstvedt**

Carry on with your training and make use of this top-ranking book from Peter R. Kongstvedt. The material supplies you with an authoritative outline of the attributes related to healthcare. Its main focus is on the commercial sector, particularly Medicare and Medicaid. It also takes into account relevant features of health insurance needed in the military field.

On top of that, there will be a historical overview of the managed care plans, along with their functional differences. This historical elaboration makes it easy to further understand the framework of healthcare. In addition, it addresses the influence of the Patient Protection and Affordable Care Act (HR 3590) and the Genetic Information Non-disclosure Act (GINA) on the industry as well.

- **HQ Solutions: Resource for the Healthcare Quality Professional (Fourth Edition)**

If you're in need for another preparatory material, grab a copy of this book. Offering a comprehensive guideline in working with healthcare structures, the material is no doubt a relevant tool in polishing your skillset. Its content is categorized into four sections, which is parallel with the exam outline as listed earlier.

The book provides in-depth guidance on the appropriate way to create quality structures that aid both provider and patient. It also highlights some cost-effective solutions as well as safe and efficient care methods. And course, the material itself is written by industry experts, hence the quality of the contents. So, if you want to master the fundamentals of top-notch healthcare, along with its important data management tools, incorporate this into your list of must-have references. Truly, this is a great companion for both training courses.

>> **CPHQ Popular Exams** <<

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NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q610-Q615):

NEW QUESTION # 610
After a sentinel event, a root cause analysis (RCA) is performed. Which of the following should be included in the RCA?

- A. Create an action plan with the department leaders.
- B. Reporting event to the accrediting body
- C. Disseminate the results to nursing staff.
- D. Continue monitoring for another quarter.
- E. Retraining of individuals involvedThe facility's compliance rate on pain assessment is shown below: Compliance Rate on Pain AssessmentJanuaryFebruaryMarchPhysicians40%50%20%Nurses80%75% 83%Physical Therapists60%55%50%To improve performance, what should be done next?
- F. Hire a pain management specialist.
- G. Implementing process redesign

Answer: E

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
Under the Performance and Process Improvement domain, after data analysis identifies variability or underperformance, the next logical step is to create an action plan in collaboration with responsible department leaders.
This ensures ownership, identification of barriers, and development of specific interventions. Simply monitoring further or sharing data without structured planning will not address underlying causes.
The Root Cause Analysis (RCA) process focuses on identifying contributing system and process factors before implementing process redesign. Training or external hiring (options B and D) are not immediate RCA steps without defined root causes.
References:
NAHQ CPHQ Content Outline - Performance and Process Improvement: Root Cause Analysis, Action Planning, and Follow-Up
NAHQ Healthcare Quality Competency Framework - Performance Improvement: Data-Driven Analysis and Action Implementation

NEW QUESTION # 611
Team effectiveness can best be evaluated by

- A. Completion of the established goals
- B. Each member clearly identifying the goals of the team
- C. Each member in attendance at all meetings
- D. Completion of the development of a mission and vision

Answer: A

Explanation:
Team effectiveness is measured by the team's ability to achieve its intended outcomes, as this reflects the group's performance, collaboration, and impact on organizational objectives.
Option A (Completion of the established goals): This is the correct answer, as team effectiveness is ultimately evaluated by whether the team accomplishes its defined objectives (e.g., reducing readmissions, improving processes). NAHQ CPHQ study materials emphasize that goal attainment is the primary metric for assessing team success, aligning with quality improvement principles like SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound).
Option B (Each member clearly identifying the goals of the team): While understanding goals is important for team alignment, it is a process measure, not an outcome. A team can understand goals but fail to achieve them, so this does not fully evaluate effectiveness.
Option C (Completion of the development of a mission and vision): Developing a mission and vision is a preliminary step for team formation, not a measure of effectiveness. Effectiveness is determined by results, not planning artifacts.
Option D (Each member in attendance at all meetings): Attendance is a process metric that supports team function but does not directly measure effectiveness. A team could have perfect attendance but fail to achieve goals.
Reference: NAHQ CPHQ Study Guide, Domain 3: Organizational Leadership, emphasizes that team effectiveness is evaluated by the achievement of established goals, reflecting successful collaboration and impact.

NEW QUESTION # 612
The concept of cost-effectiveness in Healthcare delivery means:

- A. Little improvement in Health status of patient is obtained at a very high cost
- B. Little improvement in Health status of patient is obtained at a very low cost
- C. Great improvement in Health status of patient is obtained at a very low cost
- D. A proportionately justified improvement in health status of patient is obtained comparing to the cost incurred.

Answer: D

NEW QUESTION # 613
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. pain management
- D. patient flow

Answer: C

Explanation:
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

NEW QUESTION # 614

"A quality improvement team is interested in determining the percentage of medication orders that are delivered to nurses' stations within one hour of the order's receipt in the pharmacy. Before collecting data on this question, the team should determine whether it believes that this percentage could differ by floor, time of day, day of week, type of medication ordered, pharmacist on duty, or volume of orders received. If the team believes that one or more of these factors will influence the outcome, it should take steps to ensure that it collects the data relevant to these factors each time the pharmacy receives an order." This example explains:

- A. Targets and goals of measurement
- B. Confidentiality issues in measurement
- C. How stratification could be applied to pharmacy
- D. Is there any need to sample the data

Answer: C

NEW QUESTION # 615

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