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## 2026 NAHQ Unparalleled CPHQ: Certified Professional in Healthcare Quality Examination Real Torrent

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## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q211-Q216):

### NEW QUESTION # 211

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. uses a cane
- C. needs help with toileting
- D. has problems sleeping

**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 # 212

Data identify a need to reduce medication errors in an institution. When requesting support to form a medication error reduction team from executive leadership, a healthcare quality professional should demonstrate

- A. past compliance with mandatory state reporting.
- B. technology is inadequate to address the issue.
- C. the initiative will lead to improved patient safety.
- D. the organization has a need for a new strategic goal.

**Answer: C**

Explanation:

Demonstrating that a medication error reduction team will improve patient safety (D) aligns with leadership's focus on quality and risk reduction. Inadequate technology (A), past compliance (B), and new strategic goals (C) are less compelling. NAHQ prioritizes patient safety outcomes.

NAHQ CPHQ Study Guide, Patient Safety Section, "Medication Safety and Leadership Engagement"; NAHQ CPHQ Practice Questions, Quality Initiative Justification.

### NEW QUESTION # 213

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:

Focus Area	Department A % Compliance	Department B % Compliance	Department C % Compliance
Infection Prevention	100%	82%	95%
Environment of Care	92%	98%	78%
Pain Management	80%	88%	65%
Patient Flow	96%	87%	60%

Which focus area presents the greatest opportunity for the organization?

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

**Answer: C**

### NEW QUESTION # 214

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. 5 whys
- C. force field analysis
- D. SWOT 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 efforts<sup>1</sup>. The 7 Basic Quality Tools for Process Improvement<sup>2</sup>.

A guide to quality improvement tools<sup>3</sup>.

### NEW QUESTION # 215

Accountability for quality ultimately rests with the

- A. department leader.
- B. CEO.
- C. quality manager.
- D. governing body.

**Answer: D**

Explanation:

\* Accountability for quality ultimately rests with the governing body of a health care organization, such as the board of directors or trustees. The governing body is responsible for setting the vision, mission, values, and strategic goals of the organization, as well as overseeing its performance, compliance, and risk management. The governing body also appoints, evaluates, and supports the CEO, who is accountable to the governing body for implementing the organization's strategy and ensuring quality and safety throughout the organization.

\* The quality manager, the CEO, and the department leader are all important roles in ensuring quality within their respective scopes of authority and responsibility, but they are not the ultimate source of accountability for quality. The quality manager is responsible for designing, coordinating, and evaluating quality improvement initiatives, as well as providing education, training, and support to staff and leaders on quality methods and tools. The CEO is responsible for providing leadership, direction, and oversight to the organization's operations, finances, and culture, as well as ensuring alignment and integration of quality across all functions and levels. The department leader is responsible for managing the daily activities, resources, and performance of a specific unit or service, as well as ensuring compliance with quality standards and policies within their area of responsibility.

\* However, none of these roles can ensure quality without the support, guidance, and accountability of the governing body, which has the ultimate authority and responsibility for the organization's quality and safety. The governing body sets the tone and expectations for quality at the top, and holds the CEO and other leaders accountable for delivering quality outcomes and improving quality processes. The governing body also monitors and evaluates the organization's quality performance and improvement efforts, and ensures that the organization has the necessary resources, structures, and systems to support

\* quality. The governing body also ensures that the organization engages with external stakeholders, such as regulators, accreditors, payers, and patients, to demonstrate its commitment and accountability for quality.

References:

\* NAHQ Code of Ethics, Principle 1: The healthcare quality professional acts as a change agent and leader within the organization and community, promoting a culture of excellence in quality, safety, and performance outcomes.

\* NAHQ Learning Lab: The Role of the Healthcare Quality Professional in Population Health Management, Module 1: Introduction to Population Health Management, Slide 9: The Role of the Governing Body  
\* NAHQ Journal for Healthcare Quality, Volume 41, Issue 2, March/April 2019, Article: The Role of the Board in Quality and Safety Performance: Perceptions of Board Members and Quality Leaders, Page 72: Abstract and Page 77: Discussion

## NEW QUESTION # 216

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