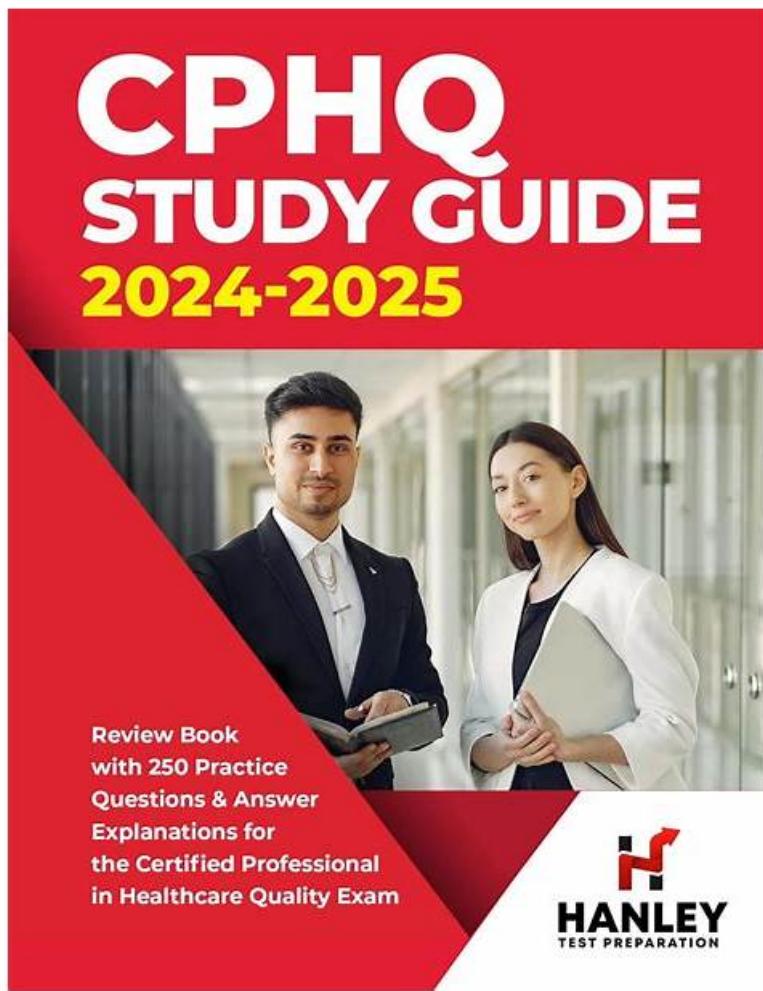


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The CPHQ certification is an important credential for healthcare quality professionals who are looking to advance their careers. Certified Professional in Healthcare Quality Examination certification is recognized by healthcare organizations across the United States and is often required for leadership positions in healthcare quality. In addition, the certification is a requirement for many healthcare quality consulting positions and is highly valued by employers looking to hire qualified healthcare quality professionals.

## **NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q166-Q171):**

### **NEW QUESTION # 166**

X quality professional is reviewing medication adherence data for patients with type 2 diabetes. Based on the table below, which neighborhood should be prioritized for additional interventions?

Percent of Patients with Type 2 Diabetes Not Taking Medications for 30+ Days	---	---	Neighborhood	Year 1	Year 2	A
5%   10%   B   43%   42%   C   20%   40%   D   38%   44%						

- A. Neighborhood A
- B. Neighborhood C
- **C. Neighborhood D**
- D. Neighborhood B

**Answer: C**

Explanation:

Detailed Explanation:

In order to prioritize a neighborhood for additional interventions, the quality professional should consider which neighborhood has the highest percentage of patients who are not adhering to their medication regimen, as this indicates a greater need for support and resources.

Interpretation of Data Trends:

Neighborhood A: Medication non-adherence increased from 5% to 10%.

Neighborhood B: A slight improvement in adherence, with a decrease from 43% to 42%.

Neighborhood C: A significant increase in non-adherence, from 20% to 40%.

Neighborhood D: The highest rate of non-adherence, rising from 38% to 44%.

Analysis of Priority for Intervention:

Neighborhood D has the highest percentage of patients not taking their medications for 30+ days in Year 2 (44%).

Although Neighborhood C shows a sharp increase in non-adherence (from 20% to 40%), Neighborhood D has both a higher baseline and an increase, suggesting a consistently higher risk that requires priority intervention.

Conclusion:

Based on these trends, Neighborhood D should be prioritized because it has the highest current rate of non-adherence and an upward trend, signaling a significant barrier to medication adherence among residents.

References:

This analysis aligns with quality improvement principles such as identifying high-risk populations and targeting interventions based on data analysis and trend evaluation, as recommended in healthcare quality improvement resources and CPHQ study materials on population health management and intervention prioritization.

### **NEW QUESTION # 167**

Which of the following quality improvement tools is best suited for communicating the scope of a proposed quality improvement project?

- A. Poka-yoke
- **B. A3**
- C. Kaizen
- D. Value-stream map

**Answer: B**

Explanation:

An A3 report is a structured, one-page summary tool widely used to communicate project scope, objectives, analysis, and plans in

quality improvement initiatives (Lean Enterprise Institute, A3 Problem Solving, 2024; The Joint Commission, QI Tools, 2024).

\* Kaizen refers to continuous improvement events, not communication tools.

\* Value-stream maps depict workflow but may be too detailed for initial scope communication.

\* Poka-yoke is a mistake-proofing technique, not a communication tool.

References:

Lean Enterprise Institute, A3 Problem Solving, 2024

The Joint Commission, Quality Improvement Tools, 2024

## NEW QUESTION # 168

Which of the following action plans contains all key components of a SMART goal to support a strategic plan initiative?

- A. Improve Leapfrog Safety Grade score by one letter grade within 2 calendar years.
- B. Ninety-five percent of survey tracers related to environment of care will be completed on time.
- C. Improve overall hospital rating in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) within 2 years.
- D. Ninety-five percent of hospital staff will complete training on hospital values.

**Answer: A**

Explanation:

Detailed Explanation:

A SMART goal is Specific, Measurable, Achievable, Relevant, and Time-bound. Here's how each option measures up:

Option B: Improve Leapfrog Safety Grade score by one letter grade within 2 calendar years This is a well-defined SMART goal as it is specific (Leapfrog Safety Grade), measurable (one letter grade improvement), achievable, relevant to healthcare quality, and time-bound (2 years).

Option A:

Lacks a time frame and could benefit from further specification.

Option C:

States "within 2 years," but lacks a clear, measurable target for improvement.

Option D:

Specifies a completion rate and time frame but does not clearly connect to a strategic improvement goal.

References:

CPHQ and healthcare quality improvement resources emphasize the SMART criteria as essential components for setting actionable and effective goals.

## NEW QUESTION # 169

The median is defined as the

- A. most frequently occurring value in a data set.
- B. difference between a data item and the mean of a data set.
- C. arithmetic average of a data set.
- D. number that divides an ordered data set into two equal parts.

**Answer: D**

Explanation:

The median is a measure of central tendency in statistics that represents the middle value of an ordered data set.

\* Data Set Ordering: To find the median, the data set must first be arranged in ascending or descending order.

\* Middle Value Identification: The median is the value that divides the data set into two equal parts, with 50% of the data points lying below it and 50% above it. If the number of observations is odd, the median is the middle number; if even, it is the average of the two middle numbers.

\* Robustness: Unlike the mean, the median is not affected by extreme values (outliers), making it a more robust measure of central tendency in skewed distributions.

References: (Based on Healthcare Quality NAHQ documents and resources)

\* NAHQ Study Guide on Statistical Methods in Quality Improvement.

\* Quality Management in Health Care, Chapter on Measures of Central Tendency.

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## NEW QUESTION # 170

Which of the following best describes how a quality professional should conduct an organizational assessment to ensure safe transitions of care?

- A. Audit documentation of patient discharge summaries.
- **B. Evaluate processes for discharges and transfers.**
- C. Assess case management discharge and transfer records.
- D. Review patient feedback about transfers to skilled nursing facilities.

**Answer: B**

### Explanation:

To ensure safe transitions of care, a quality professional should focus on evaluating the processes for discharges and transfers (Answer A). This approach involves examining the protocols and procedures that are in place for discharging patients from one level of care to another, such as from a hospital to a skilled nursing facility or home. Evaluating these processes helps identify potential gaps, inconsistencies, or risks that could compromise patient safety during transitions. It also ensures that all necessary information, including medication lists, follow-up care instructions, and patient education, is communicated effectively between care providers. The other options are important aspects but do not encompass the entire scope of ensuring safe transitions:

\* Auditing documentation of patient discharge summaries (B) focuses only on the documentation aspect, not the content.

\* Reviewing patient feedback about transfers to skilled nursing facilities (C) is valuable but limited to patient perceptions rather than the documentation of patient discharge summaries (B) focuses only on the documentation aspect, not the overall process.

\* Reviewing patient feedback about transfers to skilled nursing facilities (C) is valuable but limited to patient perceptions rather than assessing the entire transition process.

\* Assessing case management discharge and transfer records (D) looks at specific records but may miss broader process issues.

## References:

\* National Association for Healthcare Quality (NAHQ) - Certified Professional in Healthcare Quality (CPHQ) Study Materials.

\* Safe Transitions of Care Practices, NAHQ Documentation.

## NEW QUESTION # 171

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