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## CPHQ Practice Test 2024/25 Practice questions for the CPHQ (Certified Professional in Healthcare Quality)

Which of the following action plans is the first step in correcting inappropriate blood usage in an emergency department?

- A. in-service on ordering blood usage for the physicians
- B. elimination of wasted blood
- C. improvements in documentation
- D. development of a new procurement procedure   ANSWER
- A. in-service on ordering blood usage for the physicians

Which of the following is most appropriate in preparation for an external survey of a healthcare facility?

- A. Assign key staff to answer all questions.
- B. Ask department heads to prepare a presentation for the survey team.
- C. Educate staff about the types of questions they may be asked.
- D. Set up teams to make a good showing for the survey.   ANSWER
- C. Educate staff about the types of questions they may be asked.

The following table shows the percentage of hospital-acquired pressure ulcers: Which of the following should the healthcare quality professional do next?

- A. Implement a new pressure ulcer protocol.
- B. Re-educate staff.
- C. Continue to track and trend the data.
- D. Conduct a focused analysis of pressure ulcer cases   ANSWER
- D. Conduct a focused analysis of pressure ulcer cases

Leadership can best integrate performance improvement within an organization through:

- A. multidisciplinary teams.
- B. newsletters.
- C. focus groups.
- D. seminars.   ANSWER
- A. multidisciplinary teams  
(best integrate performance improvement by promoting an interdisciplinary approach to the process and including multiple subject matter experts.)

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the CPHQ Exam Materials, then seek the information you need, the test samples are easy to obtain. In addition, you can freely download those CPHQ learning materials for your consideration.

The CPHQ Exam is administered by the National Association for Healthcare Quality (NAHQ). CPHQ exam consists of 150 multiple-choice questions and is taken over a four-hour period. The questions are divided into five domains: healthcare structure and processes, healthcare outcomes, healthcare data analytics, healthcare performance and improvement, and leadership and management.

## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q746-Q751):

### NEW QUESTION # 746

A quality director has been tasked with the responsibility for education and implementation of a new process improvement initiative. To affect the needed change in culture, the quality director should

- A. Maintain visibility and engage throughout the process
- B. Communicate that the costs are justified by the benefits
- C. Require regular quarterly reporting on progress
- D. Establish training for managers and supervisors

**Answer: A**

Explanation:

Changing organizational culture for a process improvement initiative requires leadership presence, engagement, and role modeling to build trust and commitment.

Option A (Establish training for managers and supervisors): Training is important but focuses on skills, not cultural change, which requires broader engagement.

Option B (Communicate that the costs are justified by the benefits): Cost-benefit communication may support buy-in but does not directly drive cultural change.

Option C (Maintain visibility and engage throughout the process): This is the correct answer. The NAHQ CPHQ study guide states, "Cultural change requires visible leadership engagement to model behaviors, build trust, and sustain momentum for improvement initiatives" (Domain 3). The quality director's active involvement fosters a culture of quality.

Option D (Require regular quarterly reporting on progress): Reporting monitors progress but does not directly influence culture, which relies on leadership presence.

CPHQ Objective Reference: Domain 3: Organizational Leadership, Objective 3.3, "Foster a culture of quality through leadership engagement," emphasizes visibility and engagement. The NAHQ study guide notes, "Leaders must be actively involved to drive cultural change for quality" (Domain 3).

Rationale: Visible engagement by the quality director ensures cultural alignment, as per CPHQ's leadership principles for quality improvement.

Reference: NAHQ CPHQ Study Guide, Domain 3: Organizational Leadership, Objective 3.3.

### NEW QUESTION # 747

When reviewing the outcome measures of five regional psychiatric centers, variables such as illness severity, comorbid psychiatric and medical diagnoses, and substance-use issues are identified. Which of the following methods best controls for these variables?

- A. Chi-square test
- B. case-mix adjustment
- C. weighted average
- D. analysis of variance

**Answer: B**

Explanation:

Explanation: Case-mix adjustment (A) controls for variables like illness severity and comorbidities, standardizing outcome comparisons across psychiatric centers. Analysis of variance (B), weighted average (C), and Chi-square test (D) do not adjust for patient complexity. NAHQ emphasizes case-mix adjustment for equitable comparisons.

NAHQ CPHQ Study Guide, Health Data Analytics Section, "Case-Mix Adjustment and Outcome Measures"; NAHQ CPHQ Practice Exam, Statistical Methods for Quality Analysis.

### NEW QUESTION # 748

A manager can build psychological safety among their team by:

- A. Posting the unit goals in the breakroom after they are developed by the management team.
- B. Allowing employees to discuss items on the agenda that is created by the management team.
- C. Making a change to the employees' schedule without the input of the unit scheduler.
- **D. Conducting a collaborative debrief with the team after a medication error is detected.**

**Answer: D**

Explanation:

Psychological safety refers to an environment where team members feel safe to express concerns, admit mistakes, and offer ideas without fear of punishment or ridicule (Edmondson, Psychological Safety, 2019).

Conducting collaborative debriefs after incidents such as medication errors promotes openness, shared learning, and trust. This approach encourages reporting and teamwork essential for patient safety and continuous improvement (The Joint Commission, Patient Safety Culture, 2024). Options A, C, and D are more top-down, offering limited opportunity for team engagement or shared ownership. A collaborative debrief embodies principles of inclusiveness and respect, critical components of psychological safety.

References:

Edmondson, A., Psychological Safety, 2019

The Joint Commission, Patient Safety Culture, 2024

### NEW QUESTION # 749

Six sigma (3.4 defects per million) is a system for improvement developed over time by Hewlett-Packard, Motorola, General Electric, and others in the 1980s and 1990s. The aim of six sigma is:

- A. To counter the wastage of activities
- **B. To reduce variations (eliminate defects) in processes**
- C. To control and analyze the related and unrelated activities
- D. To remove bloages in process

**Answer: B**

### NEW QUESTION # 750

Leadership has decided to use John Kotter's Change Management Model to improve how practitioners perceive the importance of maintaining the electronic medical record problem list. What is the initial step?

- A. Educate stakeholders on regulatory requirements
- **B. Demonstrate to stakeholders the impact poorly maintained problem lists have on patient safety**
- C. Assess stakeholders' knowledge of the origins of the problem list
- D. Explain that leadership wants to improve the documentation process

**Answer: B**

Explanation:

The NAHQ CPHQ exam blueprint references Kotter's Change Model, which begins with creating a sense of urgency. Stakeholders must understand why change is necessary before they will engage.

Option A is correct because demonstrating patient safety risks creates urgency and emotional buy-in, which is essential for successful change.

Options B, C, and D provide information but do not create urgency. The CPHQ framework emphasizes that effective change begins by connecting improvement efforts to patient harm and organizational risk.

### NEW QUESTION # 751

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