

# 100% Pass Quiz CPHQ - Useful Test Certified Professional in Healthcare Quality Examination Answers

## CPHQ Exam Q 1-Q3 (Certified Professional in Healthcare Quality) With Answers 100%

### CPHQ Exam Q 1 (Certified Professional in Healthcare Quality) With Answers 100%

A chief quality officer has the responsibility for education & implementation of a quality improvement process. To affect cultural change, the chief quality officer must:

- A. Believe the costs are justified by the benefits
- B. Be a visible participant in the process
- C. Receive quarterly reports
- D. Limit training to managers & supervisors

**Correct Ans- B. Be a visible participant in the process**

When a healthcare organization is contracting with an outside provider for services the subcontractor must:

- A. Provide a representative to the Quality Council
- B. Meet all regulatory requirements
- C. Have an active risk management program
- D. Have a competitively priced service

**Correct Ans- B**

A healthcare quality professional is developing a policy regarding access to physician quality files. In addition to the date & name of the person requesting the info, which of the following should be included in the policy?

- A. Permission from the applicable physician

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available 24/7 to address any issues. Assessment records are saved for easy tracking. Windows computers support the desktop NAHQ CPHQ practice exam software.

## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q348-Q353):

### NEW QUESTION # 348

A skilled nursing facility has implemented a process to address delays in diagnostic test result availability to the ordering provider. Which of the following measurements will best document improvement in this process?

- A. lost specimen rate
- B. average length of stay
- C. provider satisfaction
- **D. turnaround time**

**Answer: D**

Explanation:

The best measurement to document improvement in the process of addressing delays in diagnostic test result availability is turnaround time. Turnaround time measures the total time from when a diagnostic test is ordered to when the results are available to the ordering provider. This directly reflects the efficiency of the process and the impact of any improvements made to reduce delays. Lost specimen rate (A): This measures a different aspect of the process (specimen handling), not the speed of result availability. Average length of stay (C): This is a broader measure that may be influenced by many factors beyond diagnostic test turnaround time.

Provider satisfaction (D): While important, it is a subjective measure and may not directly reflect process efficiency improvements. Reference

NAHQ Body of Knowledge: Measuring and Improving Turnaround Time in Healthcare Processes NAHQ CPHQ Exam Preparation Materials: Metrics for Process Improvement

### NEW QUESTION # 349

A healthcare organization has decided that the healthcare quality professional will provide performance improvement training to all supervisors. The first step is to

- A. provide a pretraining reading list.
- B. assess the past performance of the group.
- C. develop the content outline.
- **D. determine current knowledge of the supervisors.**

**Answer: D**

Explanation:

The first step in providing performance improvement training to supervisors is to assess their current knowledge. Understanding the existing knowledge level allows the healthcare quality professional to tailor the training content to address gaps, reinforce existing knowledge, and ensure that the training is relevant to the audience's needs. Without this initial assessment, there is a risk that the training might be too basic or too advanced, leading to ineffective learning outcomes.

Develop the content outline (B): While important, developing the content outline should come after assessing the supervisors' current knowledge to ensure the training is appropriately targeted. Assess the past performance of the group (C): Assessing past performance can be helpful, but it is secondary to understanding current knowledge, as the latter directly informs the content and structure of the training.

Provide a pretraining reading list (D): This is a preparatory step that would be more effective after determining what knowledge needs to be covered during the training. Reference NAHQ Body of Knowledge: Education and Training in Quality Improvement NAHQ CPHQ Exam Preparation Materials: Training Program Development and Implementation

### NEW QUESTION # 350

Quality improvement approaches are derivatives and models of the ideas and theories developed by thought leaders and include all of the following EXCEPT:

- **A. ISO 2001**

- B. Baldrige criteria
- C. Associate for process improvements
- D. PDCA/PDSA

**Answer: A**

### NEW QUESTION # 351

A healthcare quality professional is conducting a study to determine how many patients contracted influenza despite receiving flu shots. This study is evaluating

- A. appropriateness.
- **B. efficacy.**
- C. process.
- D. prevalence.

**Answer: B**

Explanation:

The study described is evaluating the efficacy of flu shots, specifically how effective they are in preventing influenza among those who received the vaccination.

\* Definition of Efficacy: Efficacy refers to the ability of an intervention, such as a vaccine, to produce the desired beneficial effect under ideal and controlled circumstances, typically measured in clinical trials.

\* Measuring Efficacy: In this context, the healthcare quality professional is examining how well the flu shots work in preventing influenza, as indicated by the number of patients who still contracted the flu despite being vaccinated.

\* Outcome Focus: The study's focus on the outcome (whether patients contracted the flu) is a direct measure of the vaccine's efficacy, distinguishing it from other metrics like prevalence or process evaluation.

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

\* NAHQ Modules on Outcome Measurement and Evaluation.

\* CPHQ Study Guide, Section on Effectiveness and Efficacy in Healthcare Interventions.

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### NEW QUESTION # 352

A quality professional is creating a training session for clinical leaders about quality improvement. Which of the following should be incorporated into the training?

- A. Explain quality improvement roles for leaders at all levels of the organization.
- B. Introduce complex concepts first to allow time for understanding.
- **C. Give training participants the opportunity to practice what was taught.**
- D. Limit discussion on case studies from external organizations.

**Answer: C**

Explanation:

In a quality improvement training session, it is essential to give participants the opportunity to practice what was taught. This hands-on approach helps reinforce learning, allows participants to apply concepts in a real or simulated environment, and ensures that they are better prepared to implement quality improvement initiatives in their own work settings.

\* Limit discussion on case studies from external organizations (A): Case studies are valuable for illustrating concepts and should not be limited.

\* Introduce complex concepts first to allow time for understanding (C): It is generally better to start with basic concepts and gradually introduce more complex ideas.

\* Explain quality improvement roles for leaders at all levels (D): While important, this is a part of the training content but not the primary focus for effective learning compared to practice opportunities.

References

\* NAHQ Body of Knowledge: Education and Training in Quality Improvement

\* NAHQ CPHQ Exam Preparation Materials: Effective Training Methods

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