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The CPHQ certification is a valuable credential for healthcare quality professionals. Certified Professional in Healthcare Quality Examination certification demonstrates the candidate's proficiency in healthcare quality management and their commitment to improving the quality of patient care. The CPHQ credential is recognized by healthcare organizations worldwide, making it an essential qualification for healthcare quality professionals seeking to advance their careers.

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The CPHQ quiz guide through research and analysis of the annual questions, found that there are a lot of hidden rules are worth exploring, plus we have a powerful team of experts, so the rule can be summed up and use. The CPHQ prepare torrent can be based on the analysis of the annual questions, it is concluded that a series of important conclusions related to the qualification examination, combining with the relevant knowledge of recent years. CPHQ test material will improve the ability to accurately forecast the topic and proposition trend this year to help you pass the CPHQ exam.

NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q532-Q537):

NEW QUESTION # 532

A hospital installed a new patient safety event reporting system. During the failure modes and effects analysis (FMEA), decreased use of the system and complexity of reporting were identified as potential failures. What should the team use to determine which failure mode to address first?

- A. detectability
- B. frequency of occurrence
- C. risk priority number
- D. severity

Answer: C

Explanation:

In the context of a Failure Modes and Effects Analysis (FMEA) for a new patient safety event reporting system, the team should use the risk priority number (RPN) to determine which failure mode to address first. Here's why:

* Comprehensive Assessment: The RPN is calculated by multiplying the values assigned to the severity, frequency of occurrence, and detectability of a failure mode. This number provides a comprehensive assessment of the risk associated with each potential failure.

* Prioritization: By using the RPN, the team can prioritize which failure modes to address first based on the overall risk they pose. The higher the RPN, the more critical it is to address that failure mode.

* Efficient Resource Allocation: Addressing the highest RPN first ensures that resources are allocated to the areas that have the greatest potential impact on patient safety, making the risk mitigation process more efficient.

* Balanced Decision-Making: The RPN allows the team to consider not just how often a failure might occur, but also how severe the consequences would be and how easy it is to detect before it causes harm. This balanced approach ensures that all relevant factors are considered in decision-making.

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

* NAHQ Modules on Risk Management and FMEA.

* Quality Management in Health Care, Chapter on Using Risk Priority Number in FMEA.

NEW QUESTION # 533

A quality improvement professional believes that their MRSA facility rates are high. What should the quality improvement professional do first?

- A. Repeat the data collection process to Justify the new rate.
- B. Report the concerns to senior management and the Quality Council.
- C. Form a quality improvement team.
- D. Contact the infection control practitioner to obtain benchmark data.

Answer: D

Explanation:

The first step for a quality improvement professional who believes that their MRSA facility rates are high is to contact the infection control practitioner to obtain benchmark data. Benchmark data are comparative data that can help identify gaps in performance and set realistic and achievable goals for improvement 1. Benchmark data can be obtained from various sources, such as national or regional databases, professional organizations, peer-reviewed literature, or other similar facilities 2.

By contacting the infection control practitioner, the quality improvement professional can access reliable and valid data on MRSA rates in their facility and compare them with other facilities or standards. This can help them determine the magnitude and significance of the problem, and whether it warrants further investigation and action. The infection control practitioner can also provide guidance on the best practices and protocols for preventing and controlling MRSA infections, and the potential risk factors and causes of high MRSA rates 3.

The other options are not the best first steps for the quality improvement professional. Reporting the concerns to senior management and the Quality Council (option B) may be premature and unnecessary without having sufficient evidence and analysis of the problem. Forming a quality improvement team (option C) may be helpful later in the process, but not before defining and measuring the problem. Repeating the data collection process to justify the new rate (option D) may be wasteful and inaccurate, as it may not account for the variability and trends in the data, and it may not address the underlying causes of the problem . References:

1: NAHQ Healthcare Quality Competency Framework, Domain 5: Data Analytics, Skill 5.1.1

2: Benchmarking in Healthcare: A Practical Approach | NAHQ

3: Success and failures in MRSA infection control during the COVID-19 pandemic | Antimicrobial Resistance & Infection Control | Full Text 2

NAHQ Healthcare Quality Competency Framework, Domain 3: Performance and Process Improvement, Skill 3.1.1

NEW QUESTION # 534

A study was performed to compare quality outcomes between case/care managed groups and non-case/care managed groups for elective coronary artery bypass. The results are as follows:

□ What is the median length of stay (or non-case/care managed patients)?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: C

Explanation:

The median is the middle value in a data set when the values are arranged in ascending or descending order.

In the case of the non-case/care managed patients, when we arrange the Length of Stay (LOS) in ascending order, we get 7, 8, 9, 10, and 19. Since there are 5 data points, the median is the third value, which is 9.

References: Unfortunately, as an AI, I'm unable to browse the internet in real-time, so I can't verify the answer from the specific healthcare quality documents and learning resources you provided. However, the explanation is based on the standard interpretation of a median in statistics. For more detailed information, please refer to the provided resources.

NEW QUESTION # 535

Stratification is the separation and classification of data into reasonably homogenous categories, within the data, that are mutually exclusive and facilitate:

- A. Data collection efforts
- B. Skills that are based more experience than knowledge
- **C. Discovery of patterns that would not be observed if data were aggregated**
- D. frustrated measurement process

Answer: C

NEW QUESTION # 536

Which of the following quality Improvement Tools is best for risk assessment of a new or modified process?

- A. force field analysis
- B. SWOT analysis
- C. 5 whys
- **D. failure mode and effects analysis (FMEA)**

Answer: D

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.

References:

- * Quality improvement tools are standalone strategies or processes that can help you better understand, analyze, or communicate your QI efforts¹.
- * The 7 Basic Quality Tools for Process Improvement².
- * A guide to quality improvement tools³.

NEW QUESTION # 537

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Modern technology has changed the way how we live and work. In current situation, enterprises and institutions require their candidates not only to have great education background, but also acquired professional CPHQ certification. Considering that, it is no doubt that an appropriate certification would help candidates achieve higher salaries and get promotion. However, when asked

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