

# NAHQ CPHQ Latest Braindumps - New CPHQ Test Tutorial

## NAHQ CPHQ PRACTICE TEST WITH COMPLETE SOLUTION

True - answer The governing body is responsible for setting policy, financial and strategic direction, quality of care, and setting goals and objectives

- A. True
- B. False

False - answer The governing body is responsible for implementing strategies and collecting measurements of quality indicators.

- A. True
- B. False

d. 80% - answer According to TJC (2012), how many serious medical errors involved miscommunication between caregivers when patients are transferred or handed-off?

- a. 67%
- b. 25%
- c. 32%
- d. 80%

True - answer Observation and documentation of interpersonal and communication skills is an example of an FPPE.

- A. True
- B. False

True - answer An example of criteria that might be tracked for OPPE is morbidity and mortality data

- A. True

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## Conclusion

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### NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q103-Q108):

#### NEW QUESTION # 103

An orthopedic surgery practice has been working on improving patient safety for the last 3 years. The following data table is available:

Which of the following is the most appropriate conclusion about patient safety outcomes?

- A. The increase in "time-outs" has reduced patient harm.
- B. The safety event rate has remained stable.
- C. The patient safety culture has remained consistent.
- D. Patient safety outcomes have improved.

#### Answer: A

Explanation:

The most appropriate conclusion from the data provided is that the increase in compliance with "time-outs" performed before procedures has likely contributed to reducing patient harm. "Time-outs" are a critical safety procedure designed to prevent errors such as wrong-site surgeries, and the significant increase in compliance from 30% to 80% correlates with stable Serious Safety Event Rates, suggesting that this practice has helped to maintain or even improve patient safety outcomes.

\* Patient safety culture has remained consistent (A): The data shows variation in survey response rates, suggesting some changes in culture.

\* Patient safety outcomes have improved (B): While some aspects have improved, the Serious Safety Event Rate has remained stable, not significantly improving.

\* The safety event rate has remained stable (D): While true, it doesn't capture the potential impact of the increased "time-outs" on patient safety.

References

\* NAHQ Body of Knowledge: Patient Safety Processes and Time-Outs

\* NAHQ CPHQ Exam Preparation Materials: Analyzing Patient Safety Data

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#### NEW QUESTION # 104

Which of the following is an algorithm that is designed to classify patients according to their acuity?

- A. statistical analysis
- B. severity Indexing
- C. prevalence rate
- D. diagnosis-related groups

#### Answer: B

Explanation:

The concept of classifying patients according to their acuity is best represented by the term "severity indexing"12.

\* Understanding Acuity: Acuity refers to the measurement of the intensity of nursing care required by a patient. It is a concept used in healthcare to assess the condition of a patient1.

\* Severity Indexing: Severity indexing is an algorithm designed to classify patients according to their acuity. It is used to determine the level of care a patient requires based on their condition12.

\* Application in Healthcare: Severity indexing is used in various healthcare settings, including hospitals and clinics, to ensure that

patients receive the appropriate level of care. It helps healthcare providers allocate resources effectively and provide timely care to patients<sup>12</sup>.

\* Benefits: By classifying patients according to their acuity, healthcare providers can prioritize care for those who need it most. This can lead to improved patient outcomes and more efficient use of healthcare resources<sup>12</sup>.

In conclusion, severity indexing is a crucial tool in healthcare that allows for the effective classification of patients according to their acuity, ensuring that each patient receives the appropriate level of care.

Severity indexing is an algorithm used to classify patients according to the severity of their illness or the intensity of their care needs, which is commonly known as patient acuity. This system helps in managing and allocating healthcare resources more effectively by identifying patients who require more intensive care and those who have less acute needs. Severity indexing facilitates triage, ensures appropriate levels of care, and can aid in predicting patient outcomes.

References: The concept of severity indexing is consistent with quality improvement practices and patient classification systems advocated by healthcare quality resources, including the NAHQ. Understanding patient acuity is crucial for efficient care delivery and resource utilization.

#### **NEW QUESTION # 105**

A nursing unit has collected the following data:

Which of the following is the best method to display this data?

- A. Pareto Chart
- B. Bar Chart
- C. Gantt Chart
- D. Run Chart

**Answer: B**

Explanation:

Detailed Explanation:

A bar chart is ideal for comparing categorical data across groups, which makes it suitable for displaying assessments and documentation completeness by personnel.

Option A: Bar Chart

Bar charts display data for different categories, making it easy to compare the performance of each individual.

Option C:

A Pareto chart shows the frequency of issues but does not allow for individual comparisons as effectively as a bar chart.

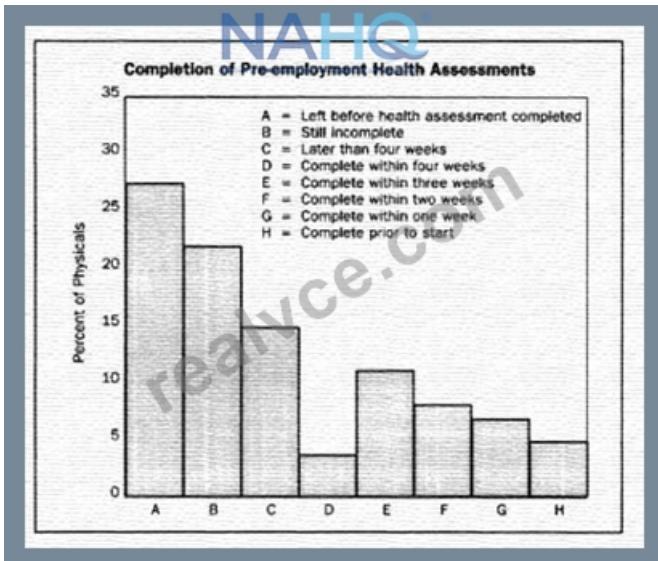
References:

Barcharts are recommended in healthcare data visualization for comparing categorical data across different groups, as noted in quality improvement tools in CPHQ resources.

#### **NEW QUESTION # 106**

An employee health program includes a pre-employment health assessment for all prospective employees.

The assessment is to be completed and the results known prior to the assumption of duties. A retrospective study of 200 employees resulted in the following chart:



Analysis of the chart shows which of the following conclusions?

- A. The majority of assessments are completed after the employee begins work.
- B. Few employees fail to complete the health assessment.
- C. The process is operating as expected.
- D. The assessments are being completed efficiently.

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In the Performance and Process Improvement domain, the chart provided is a bar chart (histogram) showing the timing of pre-employment health assessments.

The largest percentage of employees falls under category A ("Left before health assessment completed") and B ("Still incomplete"), followed by C ("Later than four weeks").

This pattern shows that a majority of assessments were not completed before employment began, indicating non-compliance with the intended process requirement that assessments be finalized prior to duty assumption.

This variation represents a process breakdown requiring root cause analysis and corrective action to ensure timely completion.

References:

NAHQ CPHQ Content Outline - Performance and Process Improvement: Data Interpretation and Process Evaluation NAHQ Healthcare Quality Competency Framework - Performance Improvement: Identifying and Addressing Process Gaps Key takeaway: The visual data distribution clearly highlights nonconformance with policy and delayed assessment completion, signaling the need for immediate process redesign or accountability measures.

### NEW QUESTION # 107

A surgeon left a sponge in one patient, resulting in a multi-million dollar lawsuit. The organization immediately changed the operating room procedure so that after every surgery, patients receive an x-ray before leaving the operating room. Which of the following should the organization have done prior to changing the procedure?

- A. Conduct a cost benefit analysis
- B. Enforce "time-outs"
- C. Evaluate radiation exposure levels
- D. Identify the root cause of the error

**Answer: D**

Explanation:

A retained surgical sponge is a serious safety event (never event), requiring a thorough investigation to prevent recurrence. Changing procedures without understanding the cause risks ineffective solutions.

Option A (Enforce "time-outs"): Time-outs prevent wrong-site surgery but are not directly related to sponge retention, which involves counts.

Option B (Identify the root cause of the error): This is the correct answer. The NAHQ CPHQ study guide states, "Before changing procedures after a serious safety event, organizations should conduct a root cause analysis (RCA) to identify underlying causes and

ensure effective solutions" (Domain 1). For example, RCA might reveal issues with sponge counting protocols.

Option C (Evaluate radiation exposure levels): Radiation evaluation is relevant for the new x-ray procedure but should follow RCA to ensure the change addresses the root cause.

Option D (Conduct a cost benefit analysis): Cost analysis is secondary to understanding the cause and ensuring patient safety.

CPHQ Objective Reference: Domain 1: Patient Safety, Objective 1.5, "Conduct root cause analysis for safety events," emphasizes RCA before process changes. The NAHQ study guide notes, "RCA ensures changes target the true causes of errors" (Domain 1).

Rationale: Identifying the root cause via RCA ensures effective, targeted changes, as per CPHQ's safety principles.

Reference: NAHQ CPHQ Study Guide, Domain 1: Patient Safety, Objective 1.5.

## NEW QUESTION # 108

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