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NAHQ CPHQ Exam is designed to test a candidate's understanding of healthcare quality practices and principles. It covers a wide range of topics, including healthcare data analytics, performance measurement, patient-centered care, and healthcare regulations. CPHQ exam is intended for healthcare professionals who are involved in quality management, such as quality directors, managers, and coordinators. It is also ideal for healthcare consultants, patient safety professionals, and healthcare administrators who want to have a better understanding of quality and safety in healthcare.

NAHQ CPHQ Exam consists of 150 multiple-choice questions that are designed to test the candidate's knowledge, skills, and abilities in healthcare quality management. CPHQ exam is administered in a computer-based format and is available worldwide. Candidates have four hours to complete the exam, and the passing score is 105 out of 150.

## NAHQ Certified Professional in Healthcare Quality Examination Sample Questions (Q210-Q215):

### NEW QUESTION # 210

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. Ninety-five percent of hospital staff will complete training on hospital values.
- D. Improve overall hospital rating in Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) within 2 years.

**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 # 211

Identification of quality Improvement opportunities can best be Identified through

- A. organizational strategic goals.
- B. suggestions for new legal statutes.
- **C. patient complaints.**
- D. payor requirements.

**Answer: C**

Explanation:

Patient complaints are a direct reflection of patient experience and can provide specific, actionable insights into areas needing improvement. Unlike payor requirements and legal statutes which are external mandates, or organizational strategic goals which are broad and may not capture immediate patient concerns, patient complaints can highlight specific, often overlooked areas in the patient's care experience. By addressing the issues raised in complaints, a healthcare organization can make targeted improvements that directly enhance patient satisfaction and care quality.

References:NAHQ's resources suggest that patient feedback is a critical component of quality improvement.

This aligns with the principles of the Patient-Centered Care domain in the NAHQ Healthcare Quality Competency Framework, which highlights the importance of respecting patients' values and preferences and using patient feedback to drive improvements.

#### NEW QUESTION # 212

The creation of an information technology infrastructure to analyze the performance of all physicians in a healthcare system can be useful in:

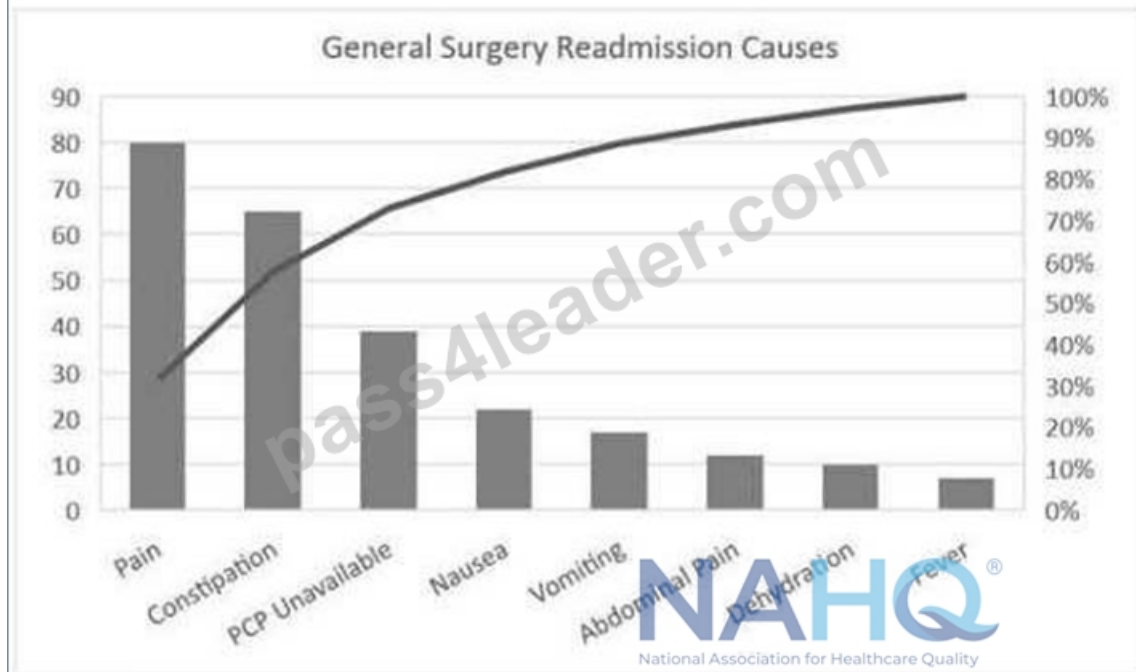
- **A. Organizations can develop clinical pathways**
- B. Clinical issues can be sorted out
- **C. Identifying the disease the hospital, physician, or physical group treats most**
- D. Physician report cards can be issued

**Answer: A,C**

#### NEW QUESTION # 213

Based on the chart below, which of the following should be addressed first?

A General Surgery division has identified the following list of readmission causes:



- A. pain, constipation, PCP unavailable, nausea, and vomiting
- B. pain, constipation, PCP unavailable, and nausea
- C. pain and constipation
- **D. pain, constipation, and PCP unavailable**

**Answer: D**

Explanation:

Based on the provided Pareto chart of general surgery readmission causes, the most significant causes should be addressed first to have the greatest impact on reducing readmissions.

Pareto Principle (80/20 Rule): The chart illustrates that a small number of causes contribute to the majority of the readmissions. The top three causes-pain, constipation, and PCP (Primary Care Provider) unavailable-account for the most significant portion of the readmissions. Prioritization of Interventions: By addressing these top three causes first, the healthcare team can potentially prevent the majority of readmissions, making the intervention more efficient and effective.

Strategic Focus: Focusing on pain, constipation, and the unavailability of PCPs aligns with the principle of focusing on the "vital few" causes rather than spreading resources thinly across many less significant issues.

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

NAHQ Quality Improvement and Data Analysis Modules.

CPHQ Study Guide, Section on Pareto Analysis in Quality Improvement.

#### NEW QUESTION # 214

The focus for performance Improvement should be

- A. standards and regulations.
- B. policies and procedures.
- **C. systems.**
- D. employees.

**Answer: C**

Explanation:

The focus of performance improvement in healthcare is often on the systems rather than the individual1.

This approach is part of continuous quality improvement (CQI), which emphasizes the organization and its systems1. It promotes the need for objective data to analyze and improve processes1. The ultimate aim of performance improvement in healthcare is to optimize healthcare delivery by focusing on patient care outcomes, client safety, efficiency, cost reduction, and minimizing risks and liability2. Therefore, the answer is B. systems. This is because improving systems can lead to better outcomes, increased safety, and

more efficient and cost-effective healthcare delivery<sup>2</sup>.

### NEW QUESTION # 215

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