

# NAHQ

## Exam CPHQ

**Certified Professional in Healthcare Quality Examination**

Version: 6.0

[ Total Questions: 121 ]

**Question No : 1**

The success of a performance improvement program will be most influenced by the

- A. culture of the organization.
- B. reliability of data management software.
- C. educational preparation of quality leaders.
- D. people skills of the facility leaders.

**Answer: A**

**Question No : 2**

When a team evaluating the use of restraints starts to discuss a liability claim related to a patient, the facilitator should

- A. consult the risk manager.
- B. redirect the team.
- C. review team ground rules.
- D. request the medical record.

**Answer: C**

**Question No : 3**

Which of the following is used to summarize a characteristic in a population?

- A. control chart
- B. case control study
- C. regression analysis
- D. frequency distribution

**Answer: D**

**Question No : 4**

A healthcare quality professional has been asked to examine a new method of reviewing

adverse events in an organization. It has been decided that a system of triggers will be established to alert the Quality Council of a potential problem. The best example of a trigger that should be set with a threshold of zero is a

- A. patient complaint regarding wait times.
- B. medical record not completed by a physician.
- C. staff member not using proper handwashing technique.
- D. near miss from failure to perform a "time-out."

**Answer: D**

**Question No : 5**

An operating room circulating nurse reported that the instrument count indicated a missing clamp. X-ray findings were negative, and the patient showed no adverse effects. This occurrence is an example of which of the following?

- A. malpractice
- B. potentially compensable event
- C. clinical incompetency
- D. claims management

**Answer: B**

**Question No : 6**

The phrase "reaching consensus" is often used in performance improvement. The term consensus refers to

- A. unanimous agreement
- B. everyone being totally satisfied.
- C. a majority vote of those present
- D. support by all members.

**Answer: A**

**Question No : 7**

Deemed status refers to

- A. surveyors who work for both an accrediting body and a healthcare organization.
- B. physicians who have been reported to the National Practitioner Database.
- C. accreditation equivalency with a Centers for Medicare & Medicaid Services (CMS) survey.
- D. a healthcare organization that passes a Centers for Medicare & Medicaid Services (CMS) survey.

**Answer: C**

**Question No : 8**

A facility is becoming part of a healthcare network. Which of the following employee education programs is most important?

- A. consumer expectations
- B. organizational change
- C. conflict resolution
- D. quality teams

**Answer: A**

**Question No : 9**

Which of the following charts would most likely be used first in a root cause analysis?

- A. Pareto
- B. control
- C. flow
- D. Gantt

**Answer: C**

**Question No : 10**

Leadership can best integrate performance improvement within an organization through

- A. multidisciplinary teams.
- B. seminars.
- C. newsletters.
- D. focus groups.

**Answer: A**

**Question No : 11**

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

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

**Answer: B**

**Question No : 12**

An outpatient clinic is attempting to measure the quality of a newly developed diabetes disease management program. To accomplish this, laboratory results will be measured overtime. The best way to display the data is to use a

- A. Gantt chart.
- B. Pareto chart.
- C. flow chart.
- D. control chart.

**Answer: D**

**Question No : 13**

A quality improvement manager must decide how to present data that demonstrates the relationship between two process characteristics. Which of the following data display techniques is most appropriate?

- A. scatter diagram
- B. Pareto chart
- C. line graph
- D. bar chart

**Answer: A**

**Question No : 14**

The primary purpose of integrating financial and quality management information is to

- A. develop physician profiles.
- B. identify potential cash flow problems.
- C. determine medical necessity of treatment.
- D. identify problems in resource management

**Answer: D**

**Question No : 15**

The following data has been provided to a healthcare quality professional:

Condition/ Procedure	Volume	Readmission Rate	Physician Champion	LOS Variance
Diabetes	10	.02	Yes	No
Heart Failure	40	.10	Yes	Yes
Gastroenteritis	80	.05	No	Yes
Total Knee Replacement	15	.08	No	No

Which of the following is the best choice for beginning clinical-pathways implementation in an organization?

- A. total knee replacement
- B. diabetes
- C. gastroenteritis
- D. heart failure

**Answer: D**

**Question No : 16**

When developing a strategic plan that integrates patient safety, which of the following factors is most critical?

- A. cost-benefit of patient safety programs
- B. culture of performance improvement
- C. patient-to-staff ratio
- D. resources for advanced technology

**Answer: B**

**Question No : 17**

Leaders enhance employee commitment to organizational values by fostering which of the following types of communication?

- A. clear, written, top-down
- B. timely, open, two-way
- C. formal, electronic, "need to know"
- D. face-to-face, oral, scheduled

**Answer: B**

**Question No : 18**

Team cohesion is established during which of the following stages of team growth?

- A. storming
- B. performing
- C. norming
- D. forming

**Answer: C**

**Question No : 19**

An organization can best measure its effectiveness in meeting customer expectations by

- A. using satisfaction data.
- B. tracking length of stay.
- C. benchmarking occupancy rates.
- D. creating a run chart of complaints.

**Answer: A**

**Question No : 20**

When examining the relationship between staff and patient outcomes, which of the following would be most appropriate to assess?

- A. occurrence reports and sentinel events
- B. staff turnover and budget
- C. overtime data and absenteeism rates
- D. patient safety data and overtime data

**Answer: A**

**Question No : 21**

When errors are discovered, staff and supervisors best demonstrate a culture of safety by

- A. planning which details of the error to disclose to senior leadership.
- B. studying the process to understand the error.
- C. performing a root cause analysis to determine which individuals were involved.
- D. developing a plan for just-in-time training.

**Answer: B**

**Question No : 22**

Which of the following are attributes of a culture of safety?