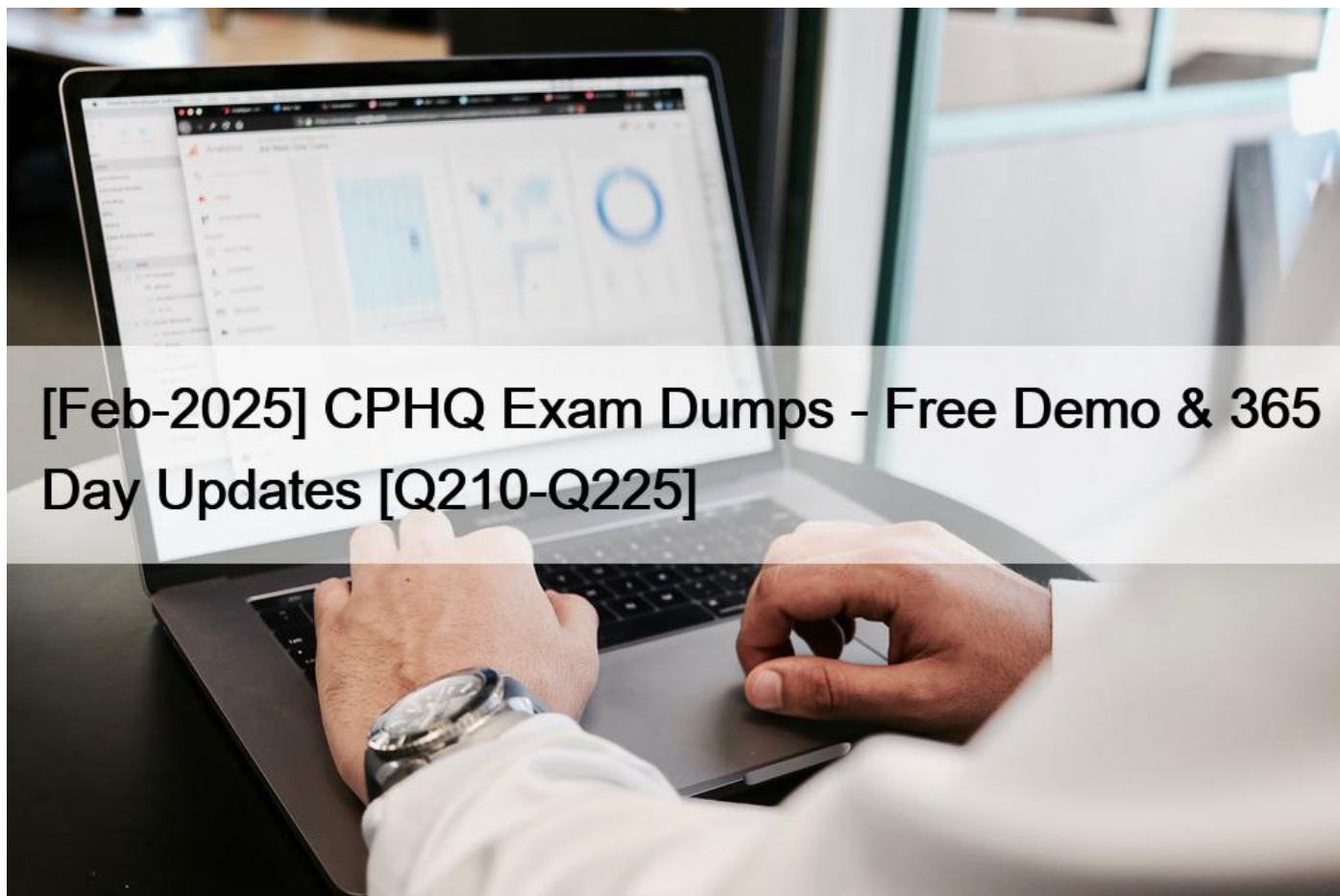


[Feb-2025 CPHQ Exam Dumps - Free Demo & 365 Day Updates [Q210-Q225]



[Feb-2025] CPHQ Exam Dumps - Free Demo & 365 Day Updates [Q210-Q225]

[Feb-2025] CPHQ Exam Dumps - Free Demo & 365 Day Updates
Free Sales Ending Soon - Use Real CPHQ PDF Questions

Q210. Identification of quality Improvement opportunities can best be Identified through

- * payor requirements.
- * patient complaints.
- * organizational strategic goals.
- * suggestions for new legal statutes.

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.

Reference: 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.

Q211. A strategy to address social determinants of health would be to

- * launch a community campaign to promote influenza vaccines.
- * identify high-risk patients with high-cost medications.
- * create patient education materials that are culturally competent.
- * implement a standard questionnaire for pediatric lead screening.

A strategy to address social determinants of health involves creating patient education materials that are culturally competent. Culturally competent materials consider the cultural, linguistic, and literacy needs of the patient population, making the information accessible and relevant. This approach helps to bridge gaps in understanding and engagement, which are often influenced by social determinants such as education, income, and cultural background.

Launch a community campaign to promote influenza vaccines (A): While important for public health, this is not directly focused on social determinants of health.

Identify high-risk patients with high-cost medications (B): This is more related to cost management and clinical care than addressing social determinants.

Implement a standard questionnaire for pediatric lead screening (D): This addresses a specific health issue but does not broadly address social determinants of health.

Reference

NAHQ Body of Knowledge: Addressing Social Determinants of Health in Healthcare NAHQ CPHQ Exam Preparation Materials: Culturally Competent Care and Education

Q212. A social service department regularly monitors the number of inappropriate referrals, the timeliness of discharge planning, and the number of days of discharge delays.

What additional monitor should be added to evaluate the appropriateness of social service interventions?

- * Inadequacy of documentation in progress notes
- * Attainment of social service goals
- * Timeliness of referrals to social services
- * Number of social service referrals from nursing

Q213. The weight of scoring system is based on an emphasis Baldrige places on _____ and an organization's ability to

demonstrate performance and improvement in the following areas:

Product and service outcomes

Customer-focused outcomes

Financial and market outcomes

Workforce-focused outcomes

Process effectiveness outcomes

Leadership outcomes

- * Results

- * Output
- * System perspective
- * Values

Q214. Juran Trilogy includes all the following sub-points under the major heading of quality planning EXCEPT:

- * Identify who the customers are
- * Determine the needs of those customers
- * Develop a process that is able to produce the product
- * Optimize the product feature to meet our needs and customer needs

Q215. Which of the following is used to assess points of vulnerability within a process?

- * force field analysis
 - * histogram chart
 - * failure mode and effects analysis (FMEA)
 - * kaizen
- * Failure mode and effects analysis (FMEA) is a tool for conducting a systematic, proactive analysis of a process in which harm may occur¹².
- * In an FMEA, a team representing all areas of the process under review convenes to predict and record where, how, and to what extent the system might fail¹².
- * FMEA is used to identify all possible failures in a design, a manufacturing or assembly process, or a product or service, and to study the consequences of those failures².
- * FMEA is a prospective assessment that identifies and improves steps in a process and reasonably ensures a safe and clinically desirable outcome¹.
- * FMEA is a common process analysis tool that can help healthcare quality professionals to prevent errors, reduce variation, and improve patient safety¹²³⁴.
- * FMEA is applied when a new or modified process, function, or service with an associated hazard has not yet been implemented, or when improvement goals are planned for an existing process, function, or service².
- * FMEA procedure involves the following steps²:
- * Assemble a cross-functional team of people with diverse knowledge about the process, product, or service, and customer needs.
 - * Identify the scope and boundaries of the FMEA.
 - * Fill in the identifying information at the top of the FMEA form.
 - * Brainstorm potential failure modes and their causes and effects.
 - * Assign a risk priority number (RPN) to each failure mode based on the severity, occurrence, and detectability of the failure.
 - * Prioritize the failure modes for action based on the RPNs.
 - * Identify and implement corrective actions to eliminate or reduce the high-risk failure modes.
 - * Evaluate the results and monitor the effectiveness of the actions.

* Update the FMEA as needed. References: 1: Failure Modes and Effects Analysis – Ministry of Health 2: What is FMEA? Failure Mode & Effects Analysis | ASQ 3: Failure Mode and Effects Analysis | Digital Healthcare Research 4: Healthcare FMEA | Healthcare Failure Mode & Effects Analysis – Quality-One

Q216. Which of the following tools should be used to determine the root cause of variations in a process?

- * histogram
- * Ishikawa diagram
- * Shewhart chart
- * scatter plot

The Ishikawa diagram, also known as a fishbone diagram or cause-and-effect diagram, is the best tool to determine the root cause of variations in a process. This diagram helps teams visually map out all potential causes of a problem, categorizing them into major factors such as methods, machinery, materials, and people.

By exploring these potential causes systematically, teams can identify the root causes of variations and focus their improvement efforts accordingly.

- * Histogram (A): A histogram is used to display the distribution of data points but does not help in identifying root causes.
- * Shewhart chart (C): Also known as a control chart, it monitors process stability over time but is not specifically for root cause analysis.
- * Scatter plot (D): A scatter plot shows relationships between two variables but does not identify root causes of variations.

References

- * NAHQ Body of Knowledge: Root Cause Analysis Tools in Quality Improvement
- * NAHQ CPHQ Exam Preparation Materials: Using Ishikawa Diagrams for Root Cause Analysis

=====

Q217. A strategic plan Is developed by making decisions about the future of the organization.

Which of the following Is true about the strategic plan?

- * It is developed by the healthcare quality professional.
- * It should be shared with everyone in the organization.
- * It ensures achievement of the objectives outlined in the plan.
- * It Is developed by a corporate planner.

A strategic plan is a tool that helps organizations prioritize their goals, anticipate potential roadblocks, and quickly adapt to seize new opportunities¹². It involves looking at the organization’s internal and external environments using established strategic tools². This ensures the organization is moving towards its long-term goals and objectives, even when making short-term decisions². Sharing the strategic plan with everyone in the organization is crucial as it ensures alignment across different levels and functions, fosters a sense of ownership and commitment among employees, and facilitates effective execution of the plan¹².

Reference: <https://www.cascade.app/blog/strategic-planning-in-healthcare>

Q218. Which of the following is NOT out of Quality measurement categories or domains?

- * Clinical quality (including both process and outcome measures)
- * Financial performance

- * Operational status
- * patient satisfaction

Q219. The primary purpose of an emergency preparedness program is to

- * Conduct evaluations of emergency training
- * Provide evaluations of semi-annual evacuation drills
- * Prevent internal disasters that disrupt the facility's ability to provide care and treatment
- * Manage the consequences of disasters that disrupt the facility's ability to provide care

Q220. Which of the following is the most effective means of communicating commitment to patient safety?

- * CEO presenting most recent medication error rates to the governing body
- * articles by a CEO in the employee newsletter
- * posters and bulletin boards on units displaying up-to-date patient falls data
- * senior leaders having discussions on units with front-line staff

Effective communication in healthcare is paramount for patient safety. It is the accurate transfer of information between two or more providers¹. Communication fails when it is incomplete, ineffective, or inappropriate, resulting in patient harm¹. Good teamwork and effective communication rely on mutual respect, problem-solving, and sharing of ideas¹.

Senior leaders having discussions on units with front-line staff is a direct and effective means of communication. It allows for immediate feedback, clarification of doubts, and a better understanding of the situation on the ground². This direct interaction can foster a culture of safety, encourage the sharing of ideas, and promote problem-solving¹.

In contrast, the other options (A, B, and C) are less direct and may not effectively communicate the commitment to patient safety. For example, presenting error rates or displaying data on bulletin boards (options A and C) are important but may not lead to immediate action or feedback. Similarly, articles in a newsletter (option B) may not reach all staff or may not be read thoroughly.

References: 1, 2

<https://psnet.ahrq.gov/perspective/approach-improving-patient-safety-communication>

Q221. In healthcare, many terms call for more precise operational definitions that how do an organization define the terms such as (Choose two):

- * Qui turnaround time
- * An accurate environmental compliance
- * A patient fall (a partial fall, a fall with injuries, or an assisted fall)
- * Surgical end time

Q222. The quality improvement tool used to identify special-cause variation in a process is a:

- * Pareto Chart
- * Flowchart
- * Run Chart
- * Control Chart

Detailed Explanation:

Special-cause variation represents unexpected deviations due to specific circumstances and can be identified using control charts.

Option D: Control Chart

Control charts are designed to distinguish between common-cause and special-cause variations, using control limits to flag unusual patterns.

Option C: Run Chart

Run charts show trends but lack control limits to distinguish special-cause variation.

Options A and B:

Pareto charts and flowcharts categorize and map issues or processes, respectively, without indicating special- cause variation.

References:

CPHQ materials emphasize control charts for identifying special causes, as they provide statistical boundaries essential for quality control.

Q223. Based on this matrix, which of the following ideas should the team address first?

A team has developed the following matrix:



- * 1 and 7
- * 3 and 4
- * 2 and 5
- * 6 and 8

Based on the matrix provided, ideas 2 and 5 should be addressed first because they are in the quadrant that represents both high impact and high feasibility. Prioritizing ideas that are both highly feasible and likely to have a significant impact ensures that the organization can quickly and effectively implement changes that will yield the most benefit.

High Impact and High Feasibility: Ideas in this quadrant are typically the most promising because they are not only achievable (high feasibility) but also expected to produce meaningful improvements (high impact).

Strategic Prioritization: Addressing these ideas first allows the team to generate quick wins, which can build momentum and support for further quality improvement efforts.

Comparison to Other Options:

A: 1 and 7: High impact but low feasibility-these ideas might be more challenging to implement and could require more resources or time.

B: 3 and 4: Low impact and low feasibility-these ideas are neither easy to implement nor likely to have a significant effect, making them lower priorities.

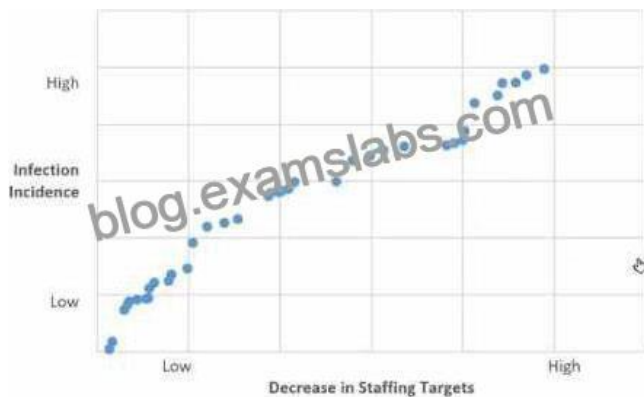
D: 6 and 8: High feasibility but low impact-while these ideas are easier to implement, their impact might be minimal, so they should not be the primary focus initially.

Reference: NAHQ materials on prioritization in quality improvement emphasize the importance of focusing on initiatives that combine high impact with high feasibility to optimize resource use and maximize outcomes.

Q224. Which of following objectives is/are NOT essential for successful quality improvement project and data collection initiative?

- * Identify the purpose of the data measurement activity (for monitoring at regular intervals, investigation over a limited period, or one-time study).
- * Identify the most appropriate data sources.
- * Identify the most important measures for collection (the critical few).
- * Commonsense all the data collected that will provide the actual information.

Q225. A nursing director for a unit in a cancer hospital Is reviewing and assessing outcomes data in the following scatter diagram:



The relationship between the incidence of infection and the decrease in staffing targets is

- * strong and positive.
- * weak and negative.
- * weak and positive.
- * strong and negative.

The scatter diagram shows that as the 'Decrease in Staffing Targets' increases, the 'Infection Incidence' also increases. This suggests a positive relationship between the two variables, where a higher reduction in staffing targets correlates with a higher incidence of infection.

This relationship appears to be strong as the points are relatively closely clustered along a trend that moves upward from left to right across the plot.

The CPHQ certification exam is a challenging and rigorous test that requires extensive preparation and study. Candidates must possess a strong understanding of healthcare quality management principles and practices, as well as the ability to apply them to real-world scenarios. CPHQ exam is designed to evaluate a candidate's knowledge, skills, and abilities in healthcare quality management, and passing the exam demonstrates that the candidate has met the rigorous standards set by NAHQ.

NAHQ CPHQ (Certified Professional in Healthcare Quality) Exam is a certification exam designed for healthcare professionals who want to demonstrate their expertise in healthcare quality management. CPHQ exam is developed and administered by the National Association for Healthcare Quality (NAHQ), a non-profit organization that promotes healthcare quality through education, networking, and advocacy. The CPHQ certification is recognized as the gold standard in healthcare quality management and is highly regarded by employers in the healthcare industry.

CPHQ Dumps - Pass Your Certification Exam:

<https://www.examslabs.com/NAHQ/CPHQ-Certification/best-CPHQ-exam-dumps.html>