NAHQ CPHQ Mock Exam

Shared by Rose on 17-06-2026

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Question 1

Question Type: MultipleChoice

Ahospital is using the above chart to monitor the average length of stay (ALOS) for patients diagnosed with acute myocardial infarction (AMI). Which of the following conclusions should be made?

Options:

A- Data collection should be continued for an additional quarter.
B- The average length of stay is consistent with the national average.
C- The average length of stay is highest during the fourth quarter.
D- Standard deviation is needed to determine the degree of control.

Answer:

C

Explanation:

Without access to the specific chart referenced, we can analyze the options based on typical data monitoring practices for Average Length of Stay (ALOS) in patients with Acute Myocardial Infarction (AMI).

Option A: 'Data collection should be continued for an additional quarter.'

Continuous data collection is a standard practice in healthcare quality management to monitor trends over time. However, this option does not provide a specific conclusion about the current data.

Option B: 'The average length of stay is consistent with the national average.'

To conclude this, a comparison between the hospital's ALOS data and national benchmarks is necessary. Without such comparative data, this conclusion cannot be drawn.

Option C: 'The average length of stay is highest during the fourth quarter.'

If the chart indicates a peak in ALOS during the fourth quarter, this conclusion is directly supported by the data. Identifying such seasonal variations is crucial for resource planning and quality improvement initiatives.

Option D: 'Standard deviation is needed to determine the degree of control.'

Standard deviation is a statistical measure that quantifies the amount of variation or dispersion in

a set of data values. While calculating standard deviation can provide insights into data variability, it is not a conclusion but rather an analytical step.

Therefore, based on the typical interpretation of such data, Option C is the most appropriate conclusion, assuming the chart shows an increase in ALOS during the fourth quarter.

National Association for Healthcare Quality (NAHQ) -- 'Healthcare Quality Competency Framework'

nahq.org

Question 2

Question Type: MultipleChoice

Which of the following process improvement training methods would be effective to support a continuous survey readiness program?

Options:

A- Written assignments
B- Aligning policies with accreditation standards
C- Staff knowledge assessment with education
D- Formal classroom training

Answer:

C

Explanation:

Supporting continuous survey readiness requires ongoing evaluation and education to ensure staff knowledge aligns with current accreditation standards. Staff knowledge assessments coupled with targeted education allow organizations to identify gaps, tailor learning, and reinforce critical concepts regularly (The Joint Commission, Survey Readiness Resources, 2024; NAHQ, CPHQ Study Guide, 2024). Written assignments (A) and classroom training (D) have value but may not provide ongoing, tailored feedback. Aligning policies (B) is important organizationally but does not directly address staff preparedness or knowledge retention. Assessment-driven education supports a dynamic, responsive readiness program that fosters continuous compliance.

The Joint Commission, Survey Readiness Resources, 2024

NAHQ, CPHQ Study Guide, 2024

Question 3

Question Type: MultipleChoice

Ahospital has been experiencing a significant Increase in the number of medication errors. The hospital's governing board has adopted barcoding technology with electronic documentation at the point of care. Which of the following medication errors will most likely be reduced by the Implementation of this technology?

Options:

A- prescribing errors
B- transcription errors
C- administration errors
D- dispensing errors

Answer:

C

Explanation:

Barcoding technology with electronic documentation at the point of care is primarily designed to reduce medication errors that occur during the administration stage123.This technology, known as Bar-coded Medication Administration (BCMA), provides point-of-care verification of the correct patient and medication3.

When a medication is administered, the healthcare professional scans the barcode on the patient's identification band and the barcode on the medication. The system then checks the scanned information against the medication order in the patient's electronic health record.This process helps ensure that the right patient is receiving the right medication at the right dose and at the right time, thereby significantly reducing administration errors1234.

While barcoding technology can also help reduce other types of errors such as dispensing errors3, its impact is most significant on administration errors. Therefore, in the context of the question, the implementation of barcoding technology with electronic documentation at the point of care will most likely reduce administration errors.

Question 4

Question Type: MultipleChoice

Which option best is the most effective method for communicating an organization's quality improvement efforts?

Options:

A- Report results of key quality measures at quarterly staff meetings
B- Instruct staff to review hospital's performance data on the Medicare website
C- Email the quality improvement committee meeting minutes to all staff
D- Send updated scorecards that show the results of key indicators

Answer:

D

Explanation:

Effective communication of quality improvement efforts ensures staff are informed, engaged, and motivated to contribute to initiatives, requiring clear, accessible, and relevant information.

Option A (Report results of key quality measures at quarterly staff meetings): Quarterly meetings limit frequency and reach, potentially missing staff who cannot attend, making this less effective.

Option B (Instruct staff to review hospital's performance data on the Medicare website): Directing staff to external sources is passive and unlikely to ensure engagement or understanding of internal efforts.

Option C (Email the quality improvement committee meeting minutes to all staff): Meeting minutes are detailed and may not be easily digestible or relevant to all staff, reducing effectiveness.

Option D (Send updated scorecards that show the results of key indicators): This is the correct answer. The NAHQ CPHQ study guide states, ''Scorecards provide a concise, visual summary of key performance indicators, making them an effective tool for communicating quality improvement progress to staff'' (Domain 3). Regular scorecards ensure broad, consistent, and actionable communication.

CPHQ Objective Reference: Domain 3: Organizational Leadership, Objective 3.4, ''Develop communication strategies for improvement initiatives,'' emphasizes using clear, visual tools like scorecards to engage staff. The NAHQ study guide notes, ''Scorecards are effective for sharing performance data in a way that is accessible and motivating'' (Domain 3).

Rationale: Scorecards deliver targeted, visual data regularly, ensuring staff across roles are informed and engaged, aligning with CPHQ's emphasis on effective communication for quality improvement.

Question 5

Question Type: MultipleChoice

When developing objectives for an educational program, the quality professional should recommend

Options:

A- using thePlan-Do-Study-Act cycle of continuous improvement.
B- stating the end result or desired outcome.
C- keeping the objectives specific to the short term.
D- tying the objectives to the organization's financial performance.

Answer:

B

Explanation:

According to NAHQ, one of the core competencies for healthcare quality professionals iseducation and training1, which involves designing, developing, delivering, and evaluating educational programs that support quality improvement and patient safety2.

When developing objectives for an educational program, the quality professional should follow theSMARTcriteria, which stands forspecific, measurable, achievable, relevant, and time-bound3.These criteria help to ensure that the objectives are clear, realistic, and aligned with the desired outcomes of the program4.

Therefore, the quality professional should recommend stating the end result or desired outcome of the program, as this will help to define the purpose, scope, and direction of the program, as well as the criteria for measuring its success. For example, an objective for an educational program on infection prevention and control could be: ''By the end of this program, participants will be able to identify and apply the best practices for preventing and managing healthcare-associated infections in their settings.''

The other options are not the best recommendations for developing objectives for an educational program, because:

A . using the Plan-Do-Study-Act cycle of continuous improvement is a method for implementing and evaluating quality improvement projects, not for developing objectives for an educational program.

C . keeping the objectives specific to the short term may limit the scope and impact of the program, as well as the opportunities for learning and improvement.

D .tying the objectives to the organization's financial performance may not reflect the true value and outcomes of the program, as quality improvement and patient safety may have other benefits that are not easily quantified in monetary terms.Reference:1:Competency Framework | NAHQ2: NAHQ Healthcare Quality Competency Framework3: [HQ Principles | NAHQ]4: How to Write SMART Learning Objectives - Convergence Training : Writing Measurable Learning Outcomes - Gavilan College : Infection Prevention and Control Education & Resources - APIC : Plan-Do-Study-Act (PDSA) Worksheet | IHI - Institute for Healthcare Improvement : Setting Goals and Objectives for Projects | Smartsheet : [The Financial Case for Quality as a Business Strategy | NAHQ]

Question 6

Question Type: MultipleChoice

Several leaders in a healthcare facility have differing opinions regarding the pursuit of alternative certifications and recognitions. The Chief Quality Officer (CQO) has opted to retain an external quality consultant to determine relevance, appropriateness, and readiness for an alternative certification. The most appropriate role for an external consultant is to

Options:

A- Uncover other opportunities for improvement within the facility
B- Support the CQO's choice for alternative certification
C- Evaluate the facility's needs, goals, and stakeholder input
D- Determine the final certification selection

Answer:

C

Explanation:

An external quality consultant provides objective expertise to guide decision-making, particularly when internal stakeholders have conflicting views. Their role is to assess the organization's

context and provide recommendations, not to make final decisions or advocate for a specific choice without evidence.

Option A (Uncover other opportunities for improvement within the facility): While a consultant may identify additional improvement areas, this is not their primary role in the context of evaluating certifications. Their focus should be on the specific task of assessing certification relevance and readiness.

Option B (Support the CQO's choice for alternative certification): A consultant's role is to provide an unbiased evaluation, not to simply endorse the CQO's preference. This option conflicts with the principles of objective consulting.

Option C (Evaluate the facility's needs, goals, and stakeholder input): This is the correct answer. NAHQ CPHQ study materials emphasize that external consultants should conduct a thorough, objective assessment of the organization's needs, strategic goals, and stakeholder perspectives to determine the appropriateness and feasibility of certifications (e.g., Magnet, Baldrige). This ensures alignment with organizational priorities and readiness.

Option D (Determine the final certification selection): Consultants provide recommendations but do not have the authority to make final decisions, which typically rest with organizational leadership (e.g., CQO, executive team).

Question 7

Question Type: MultipleChoice

A performance improvement project was initiated at the beginning of the flu season to increase the influenza vaccinations given in a pediatric clinic. The organization implemented a template to document patient influenza vaccine status and to offer the vaccine to any patients identified as not having been vaccinated. To evaluate and document the process improvement results over time, the quality professional should use which of the following?

Options:

A- Control chart
B- Matrix diagram
C- Process decision program chart
D- Force field analysis

Answer:

A

Explanation:

To evaluate and document process improvement results over time, especially in monitoring the rate of influenza vaccinations in a pediatric clinic, a control chart (Option A) is the most appropriate tool. Control charts are statistical tools used to study how a process changes over time. They display data in a time-ordered sequence and help identify trends, shifts, or any variations that may indicate a problem within the process.

In this scenario,plotting the number or percentage of patients vaccinated over time on a control chart would allow the quality professional to:

Monitor Performance: Observe the vaccination rates throughout the flu season.

Detect Variations: Identify any unusual patterns or variations that may need further investigation.

Assess Impact: Evaluate the effectiveness of the implemented template in increasing vaccination rates.

The other tools listed are less suited for this purpose:

Matrix Diagram (Option B): Used to show relationships between different elements, but not for tracking performance over time.

Process Decision Program Chart (Option C): Helps anticipate potential problems in a plan and identify countermeasures, but does not monitor ongoing processes.

**Force Field Analysis (Option D): Used to identify and analyze the forces driving and restraining change in a situation, but not for tracking data over time.

Therefore, a control chart is the most appropriate tool to evaluate and document the process improvementresults in this context.

National Association for Healthcare Quality (NAHQ) -- 'Healthcare Quality Competency Framework'

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Question 8

Question Type: MultipleChoice

A team wants to select a group of patients to measure satisfaction with care. Which of the following is an example of probability sampling?

Options:

A- Random sampling
B- Convenience sampling
C- Focus group sampling
D- Quota sampling

Answer:

A

Explanation:

Probability sampling ensures every individual in a population has a known, non-zero chance of being selected, providing a representative sample for statistical analysis.

Option A (Random sampling): This is the correct answer. Random sampling, where each patient has an equal chance of selection (e.g., using a random number generator), is a probability sampling method. NAHQ CPHQ study materials highlight random sampling as a rigorous approach for surveys to ensure unbiased results.

Option B (Convenience sampling): Convenience sampling (e.g., surveying available patients) is non-probability sampling, as it does not ensure representativeness and is prone to bias.

Option C (Focus group sampling): Focus group sampling is typically purposive (non-probability), selecting participants based on specific criteria, not random chance.

Option D (Quota sampling): Quota sampling is non-probability, as it involves selecting a fixed number of participants from predefined groups, not ensuring equal selection probability.

Question 9

Question Type: MultipleChoice

A healthcare quality professional led a process improvement project to decrease the elapsed time for the stroke protocol. Which of the following tools will best help the quality professional to exhibit project activities and results?

Options:

A- Value stream map
B- Process map

C- Storyboard
D- Prioritization matrix

Answer:

C

Explanation:

A storyboard is a visual tool commonly used in quality improvement projects to summarize and communicate the key elements of a project, including problem identification, data analysis, interventions, and results. It effectively presents complex information in a concise, understandable format, making it ideal for sharing with stakeholders and leadership (The Joint Commission, QI Tools, 2024; NAHQ CPHQ Study Guide, 2024). In the context of a stroke protocol improvement, the storyboard would highlight time reduction achievements and project milestones.

A value stream map (Option A) and process map (Option B) focus on workflow analysis but are less suited to reporting overall project outcomes.

A prioritization matrix (Option D) helps select improvement areas but does not present results.

Thus, the storyboard is the best tool to showcase project activities and results comprehensively.

The Joint Commission, Quality Improvement Tools, 2024

NAHQ, CPHQ Study Guide, 2024

Question 10

Question Type: MultipleChoice

A patient safety manager is asked to recommend the best action to reduce medication errors at a hospital. Which of the following is the most appropriate next step?

Options:

A- Re-educate the nursing staff on correct medication administration procedures.
B- Conduct research on implementation of a bar code medication administration system.
C- Ask the unit managers to counsel staff following medication errors.
D- Drill down onthe data to identify trends before making recommendations.

Answer:

D

Explanation:

The most appropriate next step for the patient safety manager in reducing medication errors is to drill down on the data to identify trends before making recommendations. Understanding the underlying causes and patterns of medication errors through data analysis is essential for developing targeted and effective interventions. By identifying trends, the safety manager can focus on the specific areas that need improvement, ensuring that any actions taken are evidence-based.

Re-educate the nursing staff on correct medication administration procedures (A): Education may be necessary but should be informed by an understanding of the root causes of errors.

Conduct research on implementation of a bar code medication administration system (B): This could be a potential solution, but it should follow a thorough analysis of error trends.

Ask the unit managers to counsel staff following medication errors (C): This addresses individual errors but does not tackle systemic issues that may be identified through data analysis.

Reference

NAHQ Body of Knowledge: Data Analysis in Patient Safety

NAHQ CPHQ Exam Preparation Materials: Medication Error Reduction Strategies

Question 11

Question Type: MultipleChoice

A quality professional noted that the medication error rate in a specialty clinic has been steadily increasing over the past 4 months and was now above the acceptable threshold. The clinic used a bar coding system that required the medication to be scanned prior to administration. When this occurred, pop-up screens on the computer asked the clinician a series of questions intended to ensure the correct medication and dose was being given to the correct patient. The equipment and medications used were the same, and the bar coding system had been in place for 14 months. Which option best is most likely to be the root cause of the increased medication errors?

Options:

A- Overdue preventive maintenance for bar code scanners

B- Shared computers used by nurses and physicians in clinic
C- Visual alarm fatigue experienced by nurses administering medications
D- Mislabeling of the medication by the drug manufacturer

Answer:

C

Explanation:

The increasing medication error rate despite a stable bar coding system suggests a human or process-related issue, as equipment and medications are unchanged.

Option A (Overdue preventive maintenance for bar code scanners): Maintenance issues could cause scanning failures, but the question states the system has been in place for 14 months with no mention of technical issues, making this less likely.

Option B (Shared computers used by nurses and physicians in clinic): Shared computers may cause workflow inefficiencies but are unlikely to directly cause medication errors, as the bar coding system prompts specific safety checks.

Option C (Visual alarm fatigue experienced by nurses administering medications): This is the correct answer. The NAHQ CPHQ study guide states, ''Alarm fatigue occurs when clinicians become desensitized to frequent alerts, leading to missed safety checks and errors'' (Domain 1). The pop-up screens in the bar coding system likely generate alerts, and over time, clinicians may bypass these due to fatigue, increasing errors.

Option D (Mislabeling of the medication by the drug manufacturer): Mislabeling is unlikely, as the medications are unchanged, and errors would likely have been detected earlier in the 14-month period.

CPHQ Objective Reference: Domain 1: Patient Safety, Objective 1.4, ''Identify and mitigate human factors contributing to errors,'' includes alarm fatigue as a common cause of medication errors. The NAHQ study guide notes, ''Alarm fatigue is a significant patient safety risk in systems with frequent electronic alerts, leading to errors in medication administration'' (Domain 1).

Rationale: Alarm fatigue explains the increasing errors in a stable system, as clinicians may ignore or bypass pop-up alerts, a known safety risk in CPHQ's patient safety framework.