



# CPHQ<sup>Q&As</sup>

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### QUESTION 1

When quality is measured in terms of structure the focus is on the relatively static characteristics of the individuals who provide care and of the settings where the care is delivered.

These characteristics include \_\_\_\_\_ of professionals who provide care and the adequacy of the facility's equipment, and overall organization.

- A. Education
- B. Training
- C. Certification
- D. A, B and C

Correct Answer: D

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### QUESTION 2

Basically an operational definition is a description in quantifiable terms, of what to measure and the specific steps needed to measure it constantly.

A good operational definition: (Choose two.)

- A. Gives communicable meaning to a concept or an idea
- B. Is no doubt clear but somewhat ambiguous
- C. Is a decision-making criteria
- D. Enables consistently in data collection

Correct Answer: AD

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### QUESTION 3

Once you have resolved these issues, the data collection should go smoothly. Unfortunately, many quality improvement teams do not spend sufficient time discussing their data collection plans. They want to move immediately to data collection step.

This haste usually guarantees that the team will: (Choose three.)

- A. Reschedule the time and cost
- B. Collect too much (or too little) data
- C. Collect the wrong data
- D. Become frustrated with the entire measurement journey



Correct Answer: BCD

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#### QUESTION 4

Many organizations establish condition-specific patient registries for their more sophisticated quality improvement projects because they do not have a reliable source of clinical information.

The use of patient registries is advantageous for the following reasons EXCEPT:

- A. They are rich source of information because they are customized
- B. They can collect all the data that the physician or health system determines are most important
- C. They are not subject to shortcomings of review records
- D. They can be used for quality improvements and research purposes

Correct Answer: C

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#### QUESTION 5

Strong disagreement does arise, among the five parties' definitions (i.e. the clinician's, the patient's, the payers, the manager's and the society's), even outside the realm of cost effectiveness.

Conflicts typically arise when:

- A. Practitioners who are highly skilled in trauma and other emergency care
- B. Each group emphasizes a particular aspect of care
- C. One party holds that a particular practitioner or clinic is a high quality provider by virtue of having high ratings on single aspect of care
- D. The facility receives top marks from a team of expert clinicians whose primary focus is on technical performance

Correct Answer: C

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