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QUESTION NO: 1

Measures of central tendency describe the:

- A. Typical or middle data point
- B. Extent to which the data points are scattered
- C. Type and number of classes for dividing the data
- D. Average distance of any point in the data set from the mean

ANSWER: A

QUESTION NO: 2

“A quality improvement team is interested in determining the percentage of medication orders that are delivered to nurses’ stations within one hour of the order’s receipt in the pharmacy. Before collecting data on this question, the team should determine whether it believes that this percentage could differ by floor, time of day, day of week, type of medication ordered, pharmacist on duty, or volume of orders received. If the team believes that one or more of these factors will influence the outcome, it should take steps to ensure that it collects the data relevant to these factors each time the pharmacy receives an order.”

This example explains:

- A. How stratification could be applied to pharmacy
- B. Is there any need to sample the data
- C. Targets and goals of measurement
- D. Confidentiality issues in measurement

ANSWER: A

QUESTION NO: 3

A Japanese tool called 5S (each step starts with letter “S”) is a systematic program that helps workers take control of their workspace so that it actually works for them (and their customers) instead of being a neutral or, as is quite common, competing factor.

Which of the following is/are NOT out of these five 5S? (Choose two.)

- A. Seiton
- B. Seiso

C. Shitsake

D. Seiku

ANSWER: C D

QUESTION NO: 4

TQC is excellence driven rather than defect driven-a system that integrates:

- A. Quality development, quality improvement and quality maintenance
- B. Quality improvement and quality maintenance
- C. Quality development, quality improvement and quality assessment
- D. Quality improvement and quality maintenance

ANSWER: A

QUESTION NO: 5

Some argue that administrative data are less reliable than data gathered by chart review. However, administrative data can be just as reliable as data from chart review when they are properly cleaned and validated, the indicator definitions are clear and concise, and measures from the CR system were validated using approach/es:

- A. Chart review using an appropriate sampling methodology
- B. Chart review performed for the joint commission core measures
- C. Comparison to similar measures in standalone database
- D. All of these

ANSWER: D

QUESTION NO: 6

To identify outpatient data sources, the team should consider the following questions EXCEPT (Choose two):

- A. Is the physician in organized medical groups that have outpatient electronic medical records, which could be a source of data? Will their financial or billing systems be able to identify all patients with diabetes in their practices? If not, can the health plans in the area supply the data by practice site or individual physician?

- B.** Some of the most important diabetes measures are based on laboratory testing. Do the physicians have their own labs? If so, do they achieve the laboratory data for 12-24-month snapshot? If they do not do their own lab testing, do they use a common reference lab that would be able to supply the data?
- C.** Do the measures selected by team reflect the aspects of care that have the most influence on patient's outcome
- D.** Do the source outpatient data is the same as inpatient data

ANSWER: C D

QUESTION NO: 7

For example, a bathroom scale that always reads 185 pounds is reliable. Although the scale may be reliable and consistent, it is not valid if the person does not weigh 185 pounds.

So in conventional use, the term validity refers to (Choose two):

- A.** The degree to which the measurement made by a interviews corresponds to some fair value
- B.** The degree to which the measurement made by a focus group corresponds to some true or real value
- C.** The extent to which an empirical measure accurately reflects the meaning of the concept under consideration
- D.** The degree to which the measurement made by a survey corresponds to some true or real value

ANSWER: C D

QUESTION NO: 8

Crossing the Quality Chasm provided a blueprint for the future that classified and unified the components of quality through six aims for improvement, chain of effects, and simple rules for redesign of healthcare. The six aims for improvement, viewed also six dimensions of quality.

Which of the following is NOT out of those dimensions?

- A.** Safe
- B.** Care centered
- C.** Efficient
- D.** Effective

ANSWER: B

QUESTION NO: 9

“Underuse is evidence by the fact that many scientifically sound practices are not used as often they should be. For example, biannual mammography screening in woman ages 40 to 69 has been proven beneficial and yet is performed less than 75 percent of the time.”

This is the categorization of:

- A. Defects
- B. La of professionalism in Medical field
- C. La of care
- D. Healthcare practice

ANSWER: A

QUESTION NO: 10

Within any unit, organization, or system, there will be barriers to spread and adoption (e.g., organizational culture, communication, leadership support).

However, failure to transfer knowledge effectively may result in (Choose two):

- A. Unnecessary waste
- B. Inconsistency
- C. organizational persistence
- D. Benchmarks

ANSWER: A B

QUESTION NO: 11

The data collection phase of the journey consists of two parts: (1) Planning for data collection and (2) The actual data gathering. A well designed data collection strategy should address different analytical questions.

Which of the following is/are the part of planning section for data collection? (Choose two.)

- A. Will the data add value to your quality improvement efforts?
- B. How often and for how long will you collect the data?
- C. Will collecting these data have negative effects on patients or employees?
- D. Do you have target and goals for the measures?

ANSWER: A B

QUESTION NO: 12

The ability to report survey results at an actionable level is critical; in most cases, actionable level means (Choose two):

- A. The nursing unit
- B. Location of service
- C. Average time frame of a service
- D. Service level

ANSWER: A B

QUESTION NO: 13

The performance improvement methodology is a carefully chosen, strategically driven, value based, systematic, organization-wide approach to the achievement of specific, meaningful, highpriority organizational improvements.

The plan should include:

- A. The identified and prioritized opportunities for improvement project
- B. The staff needed to conduct the internal survey
- C. Needed human and material resources
- D. Estimated time frames

ANSWER: A

QUESTION NO: 14

Physicians' actions have been noted be a major contributor to unexplained clinical variation in healthcare. Unexplained clinical variation leads to increased healthcare costs, medical errors, patient frustration, and poor clinical outcomes. The increase in information being collected on physician practice patterns has begun to expose widespread variations in practice.

In healthcare, variation exists among providers by (Choose two):

- A. Specialty and practice setting
- B. Geographical region
- C. Facilities

D. Staff performance

ANSWER: A B

QUESTION NO: 15

When formulating medical standards, a critical decision that must be made is the _____ at which the standard should be set.

- A. Depth
- B. Clarity
- C. Level
- D. utility of measurement

ANSWER: C