

NAHQ CPHQ PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which component is essential in a policy on access to physician quality files regarding the validity of the access request?**
 - A. Establishing timing
 - B. Relevancy of the request
 - C. Review frequency
 - D. Tracking of requests

- 2. Which technique is used to select every nth element from a population?**
 - A. convenience sampling
 - B. systematic sampling
 - C. stratified sampling
 - D. simple random sampling

- 3. Patient satisfaction scores indicated areas for improvement in facility attractiveness, patient responsiveness, and communication. What should a healthcare quality professional expect to find?**
 - A. Administration prioritizing and leading units to achieve organizational goals
 - B. Employee satisfaction scores in the 80th percentile compared to other peer organizations
 - C. Unit managers who openly discuss patient satisfaction scores
 - D. Units operating independently with little communication between units

- 4. What is the significance of accreditation in healthcare organizations?**
 - A. It allows the organization to offer a wider range of services
 - B. It indicates that the organization meets specific quality standards
 - C. It provides financial incentives from the government
 - D. It increases patient populations served

- 5. For a quality improvement team to deal effectively with conflict, it is important to appoint which of the following to its membership?**
 - A. facilitator
 - B. human resources representative
 - C. risk manager
 - D. senior leader

- 6. The best approach for training staff about quality and patient safety is to**
- A. conduct multidisciplinary interactive sessions consistent with adult-learning principles
 - B. develop posters and brochures that explain key quality concepts and place them strategically throughout the workplace
 - C. have the CEO meet with each department to explain the department's role in quality and safety
 - D. require staff to complete mandatory online training at convenient times
- 7. Which of the following is a key element of the quality improvement process?**
- A. Allocate financial bonuses to medical staff
 - B. Document service descriptions
 - C. Implement and test changes
 - D. Maintain licensure records
- 8. What does CPHQ stand for?**
- A. Certified Patient Health Quality
 - B. Certified Professional in Healthcare Quality
 - C. Certified Professional for Hospital Quality
 - D. Certified Program in Health Quality
- 9. Which of the following best demonstrates use of the Plan-Do-Check-Act performance improvement model?**
- A. Collect baseline data, form a committee to develop the plan, validate audit data, and formalize the change
 - B. Identify a problem, implement change, educate staff about the change, and rewrite policies and procedures to augment the change
 - C. Prioritize opportunities for improvement, pilot the improvement, compare pre- and post-implementation data, and rollout to the entire organization
 - D. Review current practice, form a multidisciplinary committee, schedule a meeting to develop a plan, and determine actions to be taken

10. In addition to assessing the causes for poor compliance, the most effective way for an organization to improve compliance with Standard Precautions is to

- A. Initiate return demonstration as a part of staff competency
- B. Review and revise handwashing policies and procedures
- C. Show a videotape on Standard Precautions quarterly
- D. Stock personal protective equipment (PPE) in the clean utility room

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Answers

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1. A
2. B
3. A
4. B
5. A
6. A
7. C
8. B
9. A
10. A

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Explanations

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1. Which component is essential in a policy on access to physician quality files regarding the validity of the access request?

- A. Establishing timing**
- B. Relevancy of the request
- C. Review frequency
- D. Tracking of requests

In a policy on access to physician quality files, establishing timing is essential for ensuring the validity of access requests. This component defines when access requests can be made, helping regulate when individuals or entities can review the files. By setting clear timing guidelines, the organization can maintain control over when and how the files are accessed, ensuring that access is appropriate and in alignment with the organization's policies and protocols. This enhances security, confidentiality, and overall data governance of the physician quality files.

2. Which technique is used to select every nth element from a population?

- A. convenience sampling
- B. systematic sampling**
- C. stratified sampling
- D. simple random sampling

Systematic sampling is the technique used to select every nth element from a population. This method involves selecting a random starting point and then picking every nth element from the population to form a sample. It is a structured and systematic approach that helps ensure a representative sample without bias. Convenience sampling (option A) involves choosing individuals who are easiest to reach. This method can introduce bias and may not represent the entire population accurately. Stratified sampling (option C) involves dividing the population into subgroups based on certain characteristics and then selecting samples from each subgroup. This technique is useful when different subgroups have varying characteristics that need to be represented in the sample. Simple random sampling (option D) is a method where every member of the population has an equal chance of being selected. It is another common sampling technique used to ensure representativeness in the sample.

3. Patient satisfaction scores indicated areas for improvement in facility attractiveness, patient responsiveness, and communication. What should a healthcare quality professional expect to find?

- A. Administration prioritizing and leading units to achieve organizational goals**
- B. Employee satisfaction scores in the 80th percentile compared to other peer organizations
- C. Unit managers who openly discuss patient satisfaction scores
- D. Units operating independently with little communication between units

In this scenario, the healthcare quality professional should expect to find administration prioritizing and leading units to achieve organizational goals. This is because when patient satisfaction scores indicate areas for improvement in facility attractiveness, patient responsiveness, and communication, it is crucial for the administration to take charge and influence the units in working towards enhancing these critical aspects of patient care. By prioritizing these goals and leading the units, the administration can ensure that necessary changes are implemented effectively and efficiently to address the identified areas for improvement. Option B is incorrect because employee satisfaction scores do not directly address the patient satisfaction issues highlighted. Option C is incorrect as merely discussing patient satisfaction scores does not guarantee effective action or improvement. Option D is incorrect because units operating independently and lacking communication would hinder the collaboration needed to address the identified areas for improvement.

4. What is the significance of accreditation in healthcare organizations?

- A. It allows the organization to offer a wider range of services
- B. It indicates that the organization meets specific quality standards**
- C. It provides financial incentives from the government
- D. It increases patient populations served

Accreditation holds significant importance in healthcare organizations as it serves as a formal recognition that the organization meets established standards of quality, safety, and effectiveness in patient care. This recognition is typically granted by an external body after a rigorous evaluation process that assesses various aspects of the organization, including its policies, procedures, and overall performance. By achieving accreditation, healthcare organizations demonstrate their commitment to delivering high-quality services, which can enhance their reputation and instill confidence in patients and stakeholders. Furthermore, accreditation often leads to improved clinical outcomes, as organizations are encouraged to engage in continuous quality improvement practices to maintain their accredited status. This emphasis on adherence to quality standards contributes to better patient safety and care processes, ultimately benefitting the healthcare system as a whole.

5. For a quality improvement team to deal effectively with conflict, it is important to appoint which of the following to its membership?

A. facilitator

B. human resources representative

C. risk manager

D. senior leader

Appointing a facilitator to the quality improvement team is essential for effectively dealing with conflicts that may arise during the quality improvement process. A facilitator possesses the skills and expertise needed to guide discussions, manage communication among team members, foster collaboration, and help the team reach consensus on decisions. The facilitator can create a safe environment for open and honest dialogue, mediate conflicts constructively, and ensure that all team members are actively engaged and their perspectives are considered. This role helps in resolving conflicts efficiently and maintaining a productive and harmonious team dynamic. While human resources representatives, risk managers, and senior leaders each play crucial roles in healthcare quality improvement efforts, they may not be specifically trained in conflict resolution and facilitation techniques. Therefore, appointing a facilitator to the team is the most suitable choice to navigate conflicts effectively and promote a successful quality improvement initiative.

6. The best approach for training staff about quality and patient safety is to

A. conduct multidisciplinary interactive sessions consistent with adult-learning principles

B. develop posters and brochures that explain key quality concepts and place them strategically throughout the workplace

C. have the CEO meet with each department to explain the department's role in quality and safety

D. require staff to complete mandatory online training at convenient times

The best approach for training staff about quality and patient safety is to conduct multidisciplinary interactive sessions consistent with adult-learning principles. This method allows for active engagement from staff members, promotes discussion and collaboration among different departments, and aligns with the principles of adult learning, which emphasize the importance of relevant and interactive learning experiences. This approach is more effective than simply providing informational materials like posters and brochures (option B), meeting individually with the CEO for each department (option C), or mandating online training at specific times (option D). Conducting interactive sessions ensures that staff members are actively involved in the learning process and can better retain and apply the quality and patient safety concepts discussed during the training.

7. Which of the following is a key element of the quality improvement process?

- A. Allocate financial bonuses to medical staff
- B. Document service descriptions
- C. Implement and test changes**
- D. Maintain licensure records

A key element of the quality improvement process is centered around implementing and testing changes. This aspect is crucial because quality improvement is an iterative process aimed at enhancing outcomes and practices within a healthcare setting. By implementing changes, organizations can introduce new methods, protocols, or treatments that may lead to better patient outcomes or more efficient operations. Testing these changes allows for the evaluation of their effectiveness before a full-scale rollout. It provides a structured way to assess whether the intended improvements are realized and to identify any adjustments needed for better results. In quality improvement, it is essential not just to propose changes but to actively engage in the process of refining and perfecting those changes based on real-world applications and data. This cycle of testing and refining helps build a culture of continuous improvement in healthcare settings.

8. What does CPHQ stand for?

- A. Certified Patient Health Quality
- B. Certified Professional in Healthcare Quality**
- C. Certified Professional for Hospital Quality
- D. Certified Program in Health Quality

The correct answer, Certified Professional in Healthcare Quality, accurately reflects the full meaning of the CPHQ designation. This certification is designed for professionals who are involved in healthcare quality management and improvement. It signifies that an individual has met specific criteria, demonstrating their competence and expertise in the field of healthcare quality. Holding a CPHQ designation indicates a commitment to high-quality healthcare practices and an understanding of the complexities involved in quality measurement, improvement techniques, and regulatory compliance. This certification is nationally recognized and is geared towards various healthcare settings, making it valuable for career advancement and professional development in the healthcare quality sector. In contrast, the other options do not accurately represent the established certification or its focus. They either mischaracterize the roles associated with quality in healthcare or use different terminology that does not align with the CPHQ standard.

9. Which of the following best demonstrates use of the Plan-Do-Check-Act performance improvement model?

- A. Collect baseline data, form a committee to develop the plan, validate audit data, and formalize the change**
- B. Identify a problem, implement change, educate staff about the change, and rewrite policies and procedures to augment the change
- C. Prioritize opportunities for improvement, pilot the improvement, compare pre- and post-implementation data, and rollout to the entire organization
- D. Review current practice, form a multidisciplinary committee, schedule a meeting to develop a plan, and determine actions to be taken

The correct answer is A because it aligns closely with the steps in the Plan-Do-Check-Act (PDCA) performance improvement model. In this option, the process begins with collecting baseline data, which corresponds to the planning phase of PDCA. Forming a committee to develop the plan is part of the doing phase. Validating audit data fits into the checking phase where the results are assessed. Finally, formalizing the change represents the acting phase of PDCA, where the change is implemented formally. Options B, C, and D have elements that are not fully aligned with the PDCA model. For example, option B does not clearly outline a step for checking the effectiveness of the change, option C misses a formal check step between pilot testing and full implementation, and option D lacks a distinct step for acting on the plan developed.

10. In addition to assessing the causes for poor compliance, the most effective way for an organization to improve compliance with Standard Precautions is to

- A. Initiate return demonstration as a part of staff competency**
- B. Review and revise handwashing policies and procedures
- C. Show a videotape on Standard Precautions quarterly
- D. Stock personal protective equipment (PPE) in the clean utility room

The most effective way for an organization to improve compliance with Standard Precautions is to initiate return demonstration as a part of staff competency. This approach ensures that staff members not only understand the policies and procedures regarding Standard Precautions but are also able to demonstrate their practical application. By requiring staff to actively participate in return demonstrations, the organization can confirm that employees have the necessary knowledge and skills to adhere to Standard Precautions effectively. Regarding the other options: - Reviewing and revising handwashing policies and procedures (Option B) can be helpful, but actual demonstration and application of skills through return demonstrations (Option A) are more effective in improving compliance. - Showing a videotape on Standard Precautions quarterly (Option C) may provide information, but it lacks the interactive and hands-on approach that a return demonstration offers. - Stocking personal protective equipment (PPE) in the clean utility room (Option D) is important for accessibility but doesn't directly address the behavioral aspects of compliance that a return demonstration can achieve.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://nahqcphq.examzify.com>

We wish you the very best on your exam journey. You've got this!

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