



**HQCC**

HEALTHCARE QUALITY CERTIFICATION COMMISSION



**2011 Guide to CPHQ  
Credential  
Recertification**

# CPHQ CE Hours

Certification in the healthcare quality management field promotes excellence and professionalism. The Certified Professional in Healthcare Quality (CPHQ) program certifies individuals who demonstrate they have acquired a body of knowledge and expertise in this field by passing a written examination. The CPHQ designation provides the healthcare employer and public with the assurance that certified individuals possess the necessary skills, knowledge, and experience in healthcare quality management to perform competently.

Following successful completion of the CPHQ examination, the certificant is required to maintain certification by fulfilling continuing education (CE) requirements, which are reviewed and established annually by the Healthcare Quality Certification Commission (HQCC). The current requirements include obtaining and maintaining documentation of 30 CE hours over the 2-year recertification cycle and payment of a recertification fee. All CE must relate to areas covered in the most current examination content outline. Current employment in the quality management field is not required to maintain active CPHQ status. The process for obtaining recertification is described on the website at [www.cphq.org](http://www.cphq.org).

## Recertification Cycle

Each recertification cycle is 2 years in length, beginning January 1 of the year following completion of the certification examination or prior to the recertification cycle. The cycle ends December 31 of the second year. During each 2-year cycle, 30 CE hours are required.

**All continuing education that follows the CPHQ Content Outline is accepted. It is not a requirement to have the hours approved as CPHQ hours.**

The following items are some examples of, but not limited to, continuing education for CPHQ recertification:

### Seminar Attendance

Calculate only educational hours; 60 minutes of education equals 1 CE hour.

### College Courses

Calculate 15 CE hours for each semester credit hour; 10 for each quarter hour. Examples of acceptable courses are statistics, organizational design, business finance, marketing, human resources, and ethics. Courses dealing with general education or clinical content are NOT accepted.

### Self-Study

All 30 CE hours may be earned through self-study activities. The following are a few examples including, but not limited to, the following:

- **NAHQ's *Journal for Healthcare Quality*:** One CE hour for each article designated as a CE activity. NAHQ offers other products. Contact NAHQ at 800.966.9392 or visit [www.nahq.org](http://www.nahq.org).
- **Writing questions for the CPHQ Examination:** A maximum of 10 CE hours may be earned. The CPHQ Secrets of Competency Writing Webcast must be attended in order to submit questions for the exam. This can be found in the NAHQ Online Store.
- **Reading and summarizing articles:** Any journal, book, or magazine with appropriate content not older than 2 years may be used. Read the article, list the title of each article, and write a summary. Each article summarized is worth 3 CE hours toward recertification. It is not necessary to submit a copy of the actual article that was read or the typed summary. Please keep copies of the summaries in the event you are chosen for audit.

### CPHQ Speaking Engagement/Workshops Presented

Examples include presentations/abstracts made by you to your state or local quality association or as a guest speaker at a college course in healthcare. Presentations given as part of your job or work responsibilities are not accepted for recertification. Four CE hours are awarded for each 1 hour of presentation. Presentations given more than once with the same content may be claimed only once during each cycle.

## Formal Publication of Articles or Books

Formal publications of articles or books written by the CPHQ appropriate to the exam content are accepted for 4 CE hours per each full published page. Poster presentations at conferences are recognized for 4 CE hours for the author.

## Application Refusal

Applications may be refused, candidates may be barred from future examinations, or candidates or individuals already certified may be sanctioned, including revocation of the CPHQ designation, for the following reasons:

1. attesting to false information on the application or on recertification documents or during the random audit procedure
2. unauthorized possession or distribution of any official testing or examination materials
3. representing oneself falsely as a designated CPHQ.

## Credential Revocation

If you do not recertify by your expiration date, your certification will be revoked for failure to comply with recertification requirements. Individuals whose credentials have been revoked *may not* use the CPHQ credential when representing themselves. **You will be required to sit for the examination to begin using the credential again.**

## Inactive Status Policy

Because the field of healthcare quality is always changing and evolving, the CPHQ must pursue ongoing education to stay current. For this reason, an inactive path or waiver of the CE requirement is not available.

## Retirement of CPHQ Credential

CPHQs no longer working in the healthcare quality field have the opportunity to retire their CPHQ credential. Retired status indicates that the CPHQ designation may not be used in connection with any job-related activities as an employee or consultant. Retired CPHQs do not receive certification-related mailings. The credential may only be restored by passing the examination.



# Content Outline

## 1. Management and Leadership (28 items or 22%)

### A. Strategic

1. Facilitate development of leadership values and commitment
2. Facilitate assessment and development of the organization's quality culture
3. Participate in organization-wide strategic planning
4. Identify internal customer/supplier relationships
5. Identify external customer/supplier relationships
6. Participate in developing an organizational vision statement
7. Participate in developing an organizational mission statement
8. Develop goals and objectives
9. Develop and use performance measures (e.g., balanced scorecards, dashboards, core measures)
10. Determine lines of authority/accountability
11. Evaluate applicability of performance improvement models (e.g., FOCUS, PDCA, Six Sigma)
12. Evaluate applicability of national/international excellence/quality models
13. Facilitate evaluation and/or selection of appropriate voluntary accreditation process(es)
14. Develop a performance improvement plan
15. Link performance improvement activities with strategic goals
16. Demonstrate financial benefits of a quality program
17. Facilitate change within the organization

### B. Operational

1. Facilitate establishment of a performance improvement oversight group (e.g., Quality Council, Steering Council, QM Committee)
2. Identify the need for a performance improvement team or teams

3. Identify the appropriate team structure (e.g., cross functional, self-directed)
4. Identify champions (e.g., process owners, quality, patient safety)
5. Monitor the activities of consultants (e.g., quality and patient safety)
6. Assist in developing objective performance measures/indicators
7. Contribute to development and revision of a written plan for a risk management program
8. Contribute to development and revision of a written plan for a risk management program
9. Coordinate survey processes (i.e., accreditation, licensure, or equivalent)
10. Participate in cost analysis
11. Participate in developing and managing a budget for a department

## 2. Information Management (30 items or 24%)

### A. Design and Data Collection

1. Maintain confidentiality of performance improvement activities, records, and reports
2. Organize information for committee meetings (e.g., agendas, reports, meetings)
3. Assess customer needs/expectations (e.g., surveys, focus groups, teams)
4. Perform or coordinate data inventory listing activities (i.e., what is available from which sources?)
5. Perform or coordinate data definition activities
6. Perform or coordinate data collection methodology
7. Assist with the evaluation of computer software applications
8. Evaluate computerized systems for data collection and analysis
9. Implement computerized systems for data collection and analysis
10. Use epidemiological theory in data collection and analysis

11. Collect qualitative and quantitative data
12. Aggregate/summarize data for analysis

## **B. Measurement**

1. Use or coordinate the use of process analysis tools to display data (e.g., fishbone, Pareto chart, run chart, scattergram, control chart)
2. Use basic statistical techniques to describe data (e.g., mean, standard deviation)
3. Use or coordinate the use of statistical process control components (e.g., common and special cause variation, random variation, trend analysis)
4. Use the results of statistical techniques to evaluate data (e.g., t-test, regression)

## **C. Analysis**

1. Use comparative data to measure or analyze performance
2. Interpret benchmarking data
3. Interpret incident/occurrence reports
4. Interpret outcome data
5. Interpret data to support decision making

## **D. Communication**

1. Interact with medical staff and support personnel regarding individual patient management issues
2. Promote organizational values and commitment among staff
3. Compile and write performance improvement reports
4. Integrate quality concepts within the organization
5. Coordinate the dissemination of performance improvement information within the organization
6. Ensure accuracy in public reporting activities (e.g., organizational transparency, website content)
7. Facilitate communication with accrediting and regulatory bodies

## **3. Performance Measurement and Improvement (47 items or 38%)**

### **A. Planning**

1. Facilitate establishment of priorities for process improvement activities
2. Facilitate development of performance improvement action plans and projects
3. Facilitate development or selection of process and outcome measures
4. Facilitate evaluation or selection of evidence-based practice guidelines (e.g., for standing orders or as guidelines for physician ordering practice)
5. Participate in the development of clinical/critical pathways or guidelines
6. Aid in evaluating the feasibility to apply for external quality awards (e.g., Malcom Baldrige, Magnet)

### **B. Implementation**

1. Coordinate the performance improvement process
2. Lead performance improvement teams
3. Facilitate performance improvement teams
4. Participate on performance improvement teams
5. Participate in the credentialing and privileging process
6. Coordinate or participate in quality improvement projects
7. Participate in the process of:
  - a. medication usage review
  - b. medical record review
  - c. Infection control processes
  - d. peer review
  - e. service-specific review (e.g., pathology, radiology, pharmacy, nursing)
  - f. patient advocacy (e.g., patient rights, ethics)
8. Perform or coordinate risk management:
  - a. risk prevention
  - b. risk identification

# Content Outline

- c. mortality review
  - d. failure mode and effects analysis
  - e. collaborate with quality department.
9. Perform or coordinate risk management: risk prevention

## C. Education and Training

1. Develop organizational performance improvement training (e.g., quality, patient safety)
2. Provide performance improvement training
3. Evaluate effectiveness of performance improvement training
4. Facilitate change within the organization through education
5. Develop/provide survey preparation training (e.g., accreditation, licensure, or equivalent)

## D. Evaluation/Integration

1. Evaluate team performance
2. Analyze/interpret performance/productivity reports
3. Analyze patient/member/customer satisfaction
4. Conduct or coordinate practitioner profiling
5. Perform or coordinate complaint analysis
6. Incorporate performance improvement into the employee performance appraisal system
7. Incorporate findings from performance improvement into credentialing/appointment/privilege delineation process
8. Integrate results of data analysis into the performance improvement process
9. Integrate outcome of risk management assessment into the performance improvement process
10. Integrate outcome of utilization management assessment into the performance improvement process

11. Integrate quality findings into governance and management activities (e.g., bylaws, administrative policies, and procedures)
12. Integrate accreditation and regulatory recommendations into the organization

## 4. Patient Safety (20 items or 16%)

### A. Strategic

1. Facilitate assessment and development of the organization's patient safety culture
2. Identify applicability of patient safety goals (e.g., Joint Commission, JCI, NQF, IHI)
3. Facilitate development of a patient safety program
4. Link patient safety concepts within the organization
5. Integrate patient safety findings into governance and management activities (e.g., bylaws, administrative policies, and procedures)

### B. Operational

1. Contribute to development and revision of a written plan for a patient safety program
2. Coordinate a patient safety program
3. Assess how technology can enhance the patient safety program (e.g., computerized physician ordering [CPOE], barcode medication administration [BCMA], electronic medical record [EMR])
4. Integrate technology to enhance the patient safety program
5. Integrate patient safety goals into organizational activities (e.g., Joint Commission, JCI, NQF, IHI)
6. Participate in the process of patient safety goals review
7. Perform or coordinate risk management
  - a. incident report review
  - b. sentinel/unexpected event review
  - c. root cause analysis



# Application for CPHQ Recertification



## Online Recertification

Online CPHQ recertification is available at [www.cphq.org](http://www.cphq.org).

You will need the following to complete online recertification:

- an active e-mail address
- your CPHQ ID number, located on your wallet card and certificate
- your 5-digit Zip code (or country, if no Zip code)
- 30 continuing education (CE) hours
- your continuing education course names, course dates, and hours.

**PLEASE USE THIS HARD COPY APPLICATION ONLY IF YOU CHOOSE TO RECERTIFY BY MAIL OR FAX.**

## Recertification by Mail or Fax

Complete this form along with the Documentation Form and provide complete credit card information or attach a check. The recertification application deadline is **December 31** for all certificants due to renew in that year.

Each recertification cycle is 2 years in length, beginning January 1 of the year following completion of the certification examination or prior to the recertification cycle. The cycle ends December 31 of the second year. During each 2-year cycle, 30 CE hours are required.

Documentation is not required at the time of recertification, but please retain the supportive documentation for your records or audit. A random sample of CE summaries are audited each cycle. If you are chosen for audit, a letter will be mailed to you explaining the procedure.

Individuals who meet the recertification requirements will receive a new wallet card and a recertification seal to be affixed to their original CPHQ certificate. **Please allow 4-6 weeks for processing of your hard-copy recertification application.**

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

If you were certified under a different name, please print former name \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

E-mail \_\_\_\_\_

Current Mailing Address (Street/Apt #) \_\_\_\_\_

City/State/ZIP/Country \_\_\_\_\_

Is this an address change?  Yes  No

## Recertification Fees

The \$175 USD recertification fee is nonrefundable. Make checks payable to AMP/Examination Services.

## Payment Method

**Payment must be included with this application.** Faxed applications are accepted for applicants paying by credit card. If faxing, please include a cover sheet and do not mail in the original as this may result in a second charge to your credit card. **Please allow 2 weeks for processing of your payment.**

Check  Visa  Mastercard  American Express  Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: AMP/CPHQ Examination Services

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