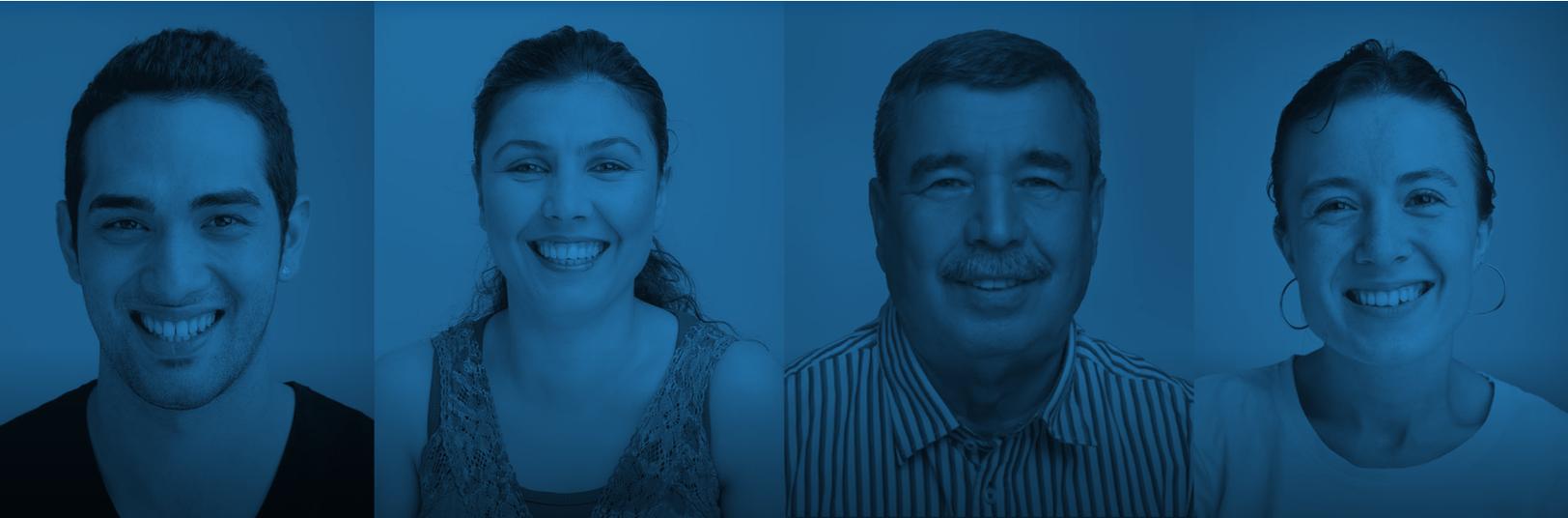




# 2016 Certificant Recertification Handbook



**NAHQ**  
NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY

**HQCC**  
HEALTHCARE QUALITY CERTIFICATION COMMISSION

# CPHQ CE HOURS

Certification in the healthcare quality field promotes excellence and professionalism. The Certified Professional in Healthcare Quality® (CPHQ) program validates individuals who demonstrate their knowledge and expertise in this field by passing a written examination. The CPHQ credential provides the healthcare employer and public with the assurance that certified individuals possess the necessary skills, knowledge, and experience in healthcare quality to perform competently.

The high standards of the certification program are ensured by the close working relationships among the National Association for Healthcare Quality (NAHQ), Healthcare Quality Certification Commission (HQCC), healthcare quality professionals, and testing experts. HQCC adheres to standards of the National Commission for Certifying Agencies (NCCA) in the development and implementation of its certification program, as well as guidelines issued by the Equal Employment Opportunity Commission (EEOC) and the Standards for Educational and Psychological Testing (1999) prepared by the Joint Committee on the Standards for Educational and Psychological Testing of the American Educational Research Association (AERA), the American Psychological Association (APA), and the National Council on Measurement in Education (NCME).

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 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, and your recertification application is due on that day. If you do not recertify by the deadline, you can recertify by January 31 of the following year with a late fee. During each 2-year cycle, 30 CE hours are required.

**The recertification application is only available online at [www.cphq.org](http://www.cphq.org).**

Each certificant will receive a certificate 6–8 weeks after completing recertification (Domestic, via USPS mail. International via email). If you do not receive your certificate, contact [info@cphq.org](mailto:info@cphq.org) within 6 months of recertifying. After 6 months, a replacement certificate will be issued for a fee.

**All CE that follows the CPHQ content outline is accepted. It is not a requirement to have the hours approved as CPHQ hours.**

## Recertification Fees\*

	"Early Bird" Before Sep. 30	Oct. 1– Dec. 31	Grace Period: Jan. 1–31
NAHQ Member	\$175	\$225	\$275
Nonmember	\$200	\$250	\$300

**\* Though candidates must apply for certification online, payment can be sent by mail with the completed printed application. An additional \$25 fee must be included if payment is submitted in any way other than online.**

# WAYS TO EARN CE

The following items are some examples of, but not limited to, CE for CPHQ recertification.

## Seminar Attendance

**Calculate only educational hours:** 60 minutes of education equals 1 CE hour. Any course, conference, seminar, or summit that aligns with the content outline is acceptable.

## College Courses

**Calculate 15 CE hours for each semester credit hour:** 10 for each quarter hour. Courses with general education or clinical content are NOT accepted.

## Self-Study

**Read NAHQ's *Journal for Healthcare Quality*:** One CE hour for each article designated as a CE activity. Contact NAHQ at 800.966.9392 or visit [www.nahq.org](http://www.nahq.org).

**Write items for the CPHQ examination:** CPHQ test items may be submitted only at the request of HQCC. The *CPHQ Secrets of Competency Writing Webcast* must be attended in order to submit questions for the exam.

For the 2015/2016 recertification cycle you may submit reading and summarizing articles: Any journal, book, or magazine with appropriate content no 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. This will not be accepted for the 2016/2017 and future cycles.

## Speaking Engagements and Workshops Presented

Examples include presentations and 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 per 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 publication of articles or books written by the CPHQ and appropriate to the exam content outline 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 Audits

Each year the HQCC randomly selects 10% of applications to be audited. If your application is selected for audit, you will be requested to send the documentation for all listed CE activities within 14 days of notice of your audit. Be prepared to submit a photocopy of each of your CE certificates and written documentation of other activities (e.g., a journal's table of contents showing you as author of an article, school transcript, etc.). If a CE program you attended does not meet the definition of an approved program, submit a copy of the behavioral objectives and an outline of the content (e.g., a program brochure) in addition to a copy of the CE certificate. If we do not receive your documentation by the stipulated deadline or if your documentation does not support 30 hours of continuing education, your certification will lapse and you must cease using the credential. In order to regain your certification after this date, you will be required to pay and sit for the CPHQ examination again. Recertification fees are nonrefundable, even if you fail the audit process.

# CPHQ STATUS

## 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:

- attesting to false information on the application, on recertification documents, or during the random audit procedure
- unauthorized possession or distribution of any official testing or examination materials
- 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. HQCC does not approve any appeals for missed deadlines. 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 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

HQCC developed the CPHQ-Retired status to recognize CPHQs who have retired from their professional healthcare quality career but wish to maintain their credentials.

To be eligible for CPHQ-Retired status, you must

- retire from the healthcare quality profession with no plans to return or to renew certification
- be a current CPHQ at the time of retirement.

An individual who has been granted CPHQ-Retired status may use the designation CPHQ-Retired. The CPHQ-Retired designation may be used below the name but not after a signature nor on a professional name badge. If you have been granted CPHQ-Retired status, you may not represent yourself as a CPHQ. If you are a CPHQ-Retired and re-enter the workforce, you may no longer use the retired designation and can regain the CPHQ credential only by meeting the current eligibility criteria, paying the examination fee, and passing the CPHQ examination. The application must be submitted during the current recertification cycle. Retirement status will not be granted once certification has lapsed. Retirement status will begin on January 1 of the year following the certification expiration date.

Procedure:

- A CPHQ wishing to retire the professional credential will notify the HQCC of this intent in writing, by completing the application for CPHQ-Retired status (email [info@cphq.org](mailto:info@cphq.org) for the form) and paying the associated fee.
- The HQCC staff will acknowledge the change to retired status in the database.
- Retired individuals wishing to re-activate their CPHQ credential may do so by retesting.

# CONTENT OUTLINE

The content validity of the CPHQ examination is based on a practice analysis that surveyed healthcare quality professionals on the tasks they perform. Each question on the examination is linked directly to one of the tasks listed on the following pages. In other words, each question is designed to test whether the candidate possesses the knowledge necessary to perform the task and has the ability to apply it to a job situation.

Each of the tasks was rated as significant to practice by healthcare quality professionals who responded to the survey.

One rule used by the exam committee requires that a task be significant to practice in the major types and sizes of healthcare facilities, including those employed in managed care. Thus the examination content is valid for this segment of healthcare quality professionals as well as those employed in hospitals, clinics, home care, behavioral and mental health centers, or other care settings.

The following is a list of tasks that forms the content outline of the CPHQ examination and to which the examination questions are linked.



## Certified Professional in Healthcare Quality Examination Specifications<sup>1</sup>

### 1. Quality Leadership and Structure (20 Items)

#### A. Leadership

1. Support organizational commitment to quality
2. Align quality and safety activities with strategic goals
3. Engage stakeholders
4. Provide consultative support to the governing body and medical staff regarding their roles and responsibilities (e.g., credentialing, privileging, quality oversight)
5. Participate in the integration of environmental safety programs within the organization (e.g., air quality, infection control practices, building, hazardous waste)
6. Assist with survey or accreditation readiness
7. Evaluate and integrate external quality innovations (e.g., resources from IHI, WHO, AHRQ, NQF)
8. Promote population health and continuum of care (e.g., handoffs, transitions of care, episode of care, utilization)

#### B. Structure

1. Assist in developing organizational measures (e.g., balanced scorecards, dashboards)
2. Assist the organization in maintaining awareness of statutory and regulatory requirements (e.g., OSHA, HIPAA, PPACA)
3. Assist in selecting and using performance improvement approaches (e.g., PDCA, Six Sigma, Lean thinking)
4. Facilitate development of the quality structure (e.g., councils and committees)
5. Communicate the impact of health information management on quality (e.g., ICD10, coding, electronic health record, meaningful use)
6. Ensure effective grievance and complaint management
7. Facilitate selection of and preparation for quality recognition programs and accreditation and certification options (e.g., Magnet, Baldrige, TJC, DNV, CARF, ISO, NCOA)
8. Communicate the financial benefits of a quality program
9. Recognize quality initiatives impacting reimbursement (e.g., capitation, pay for performance)

### 2. Information Management (25 Items)

#### A. Design and Data Collection

1. Maintain confidentiality of performance/quality improvement records and reports
2. Apply sampling methodology for data collection
3. Coordinate data collection
4. Assess customer needs/expectations (e.g., surveys, focus groups, teams)
5. Participate in development of data definitions, goals, triggers, and thresholds
6. Identify or select measures (e.g., structure, process, outcome)
7. Assist in evaluating quality management information systems
8. Identify external data sources for comparison (e.g., benchmarking)
9. Validate data integrity



## Certified Professional in Healthcare Quality Examination Specifications<sup>1</sup>

### B. Measurement and Analysis

1. Use tools to display data or evaluate a process (e.g., fishbone, Pareto chart, run chart, scattergram, control chart)
2. Use statistics to describe data (e.g., mean, standard deviation)
3. Use statistical process controls (e.g., common and special cause variation, random variation, trend analysis)
4. Interpret data to support decision making
5. Compare data sources to establish benchmarks
6. Participate in external reporting (e.g., core measures, patient safety indicators)

## 3. Performance Measurement and Process Improvement (52 Items)

### A. Planning

1. Assist with establishing priorities
2. Facilitate development of action plans or projects
3. Participate in selection of evidence-based practice guidelines
4. Identify opportunities for participating in collaboratives
5. Identify process champions

### B. Implementation and Evaluation

1. Establish teams and roles
2. Participate in monitoring of project timelines and deliverables
3. Evaluate team effectiveness (e.g., dynamics, outcomes)
4. Participate in the process for evaluating compliance with internal and external requirements for:
  - a. clinical practice (e.g., medication use, infection prevention)
  - b. service quality
  - c. documentation
  - d. practitioner performance evaluation (i.e., peer review)
5. Perform or coordinate risk management activities (e.g., identification, analysis, prevention)

### C. Education and Training

1. Design organizational performance/quality improvement training (e.g., quality, patient safety)
2. Provide training on performance/quality improvement, program development, and evaluation concepts
3. Evaluate effectiveness of performance/quality improvement training
4. Develop/provide survey preparation training (e.g., accreditation, licensure, or equivalent)



## Certified Professional in Healthcare Quality Examination Specifications<sup>1</sup>

### D. Communication

1. Facilitate conversations with staff regarding quality issues
2. Compile and write performance/quality improvement reports
3. Disseminate performance/quality improvement information within the organization
4. Facilitate communication with accrediting and regulatory bodies
5. Lead and facilitate change (e.g., change theories, diffusion, spread)
6. Organize meeting materials (e.g., agendas, reports, minutes)

## 4. Patient Safety (28 Items)

### A. Assessment and Planning

1. Assess the organization's patient safety culture
2. Determine how technology can enhance the patient safety program (e.g., computerized physician order entering (CPOE), barcode medication administration (BCMA), electronic medical record (EMR), abduction/elopement security systems, human factors engineering)

### B. Implementation and Evaluation

1. Assist with implementation of patient safety activities
2. Facilitate the ongoing evaluation of patient safety activities
3. Participate in these patient safety activities:
  - a. incident report review
  - b. sentinel/unexpected event review
  - c. root cause analysis
  - d. failure mode and effects analysis (proactive risk assessment)
  - e. patient safety goals review
  - f. identification of reportable events for accreditation and regulatory bodies
4. Integrate patient safety concepts throughout the organization
5. Educate staff regarding patient safety issues

<sup>1</sup> Approximately 26% of the items will require recall on the part of the candidate, 57% will require application of knowledge, and 17% will require analysis. Each test form will include 15 unscored pretest items in addition to the 125 scored items.