

**Certified Professional in  
Healthcare Quality**



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**CPHQ: The Mark of Distinction in  
Healthcare Quality**

Texas Association for Healthcare Quality  
2009 Annual Conference and Membership Meeting  
October 15-16, 2009  
Austin, Texas

Jack L. Peterson, MS, FAAMA, CPHQ  
Healthcare Quality Certification Board Director, 2006-2009

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**Overview**

- CPHQ
  - HQCB
  - Credential & Data
  - Test Content
  - Eligibility
  - Test Taking Tips
  - Benefits

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## Healthcare Quality Certification Board (HQCB)

- Formed in 1976 as the "Quality Assurance Certification Board"
- A separate Board from NAHQ
- The certifying arm of NAHQ

• MISSION:

The Healthcare Quality Certification Board, by providing the only accredited international healthcare quality certification, improves the quality of healthcare by advancing the theory, practice and development of diverse quality professionals.

- Establishes policies, procedures, and standards for certification and recertification in the field of healthcare quality management.
- Grants *Certified Professional in Healthcare Quality (CPHQ)* status, recognizing professional and academic achievement through the individual's participation in this international voluntary certification program

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## HQCB Vision

The HQCB is a globally recognized leader dedicated to improving the quality of healthcare by providing a valid process for assessing the competency of professionals in healthcare quality.



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## A Certified Professional in Healthcare Quality (CPHQ) is...

An individual who has passed the HQCB's accredited, international examination demonstrating:

- Competent knowledge regarding quality principles
- Understanding of program development and management concepts and skills
- Coordination of survey processes
- Communication and education techniques
- Departmental management

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## History of the CPHQ Exam

- 1976 - Exam Committee formation
- 1984 - The first exam administered
- 2000 - International expansion
- 2002 - Computer-based testing
- 2005 - Web-based international testing




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## Approved by National Organization for Competency Assurance (NOCA)

- NOCA promotes excellence in competency assurance for practitioners in all occupations and professions by approving their certification processes.
- Assures the public and employers of the quality, validity, and legal defensibility of the CPHQ credential and attests to the professional commitment of those who achieve this recognition.
- HQCB completed it's initial Survey in 1988. Has successfully recertified every 5 years since.
- CPHQ is the only fully-accredited credential in the field of international quality management




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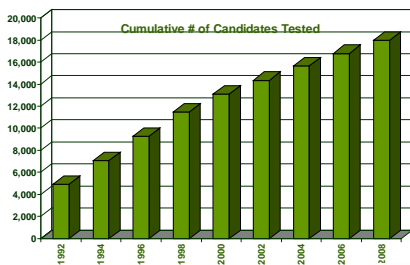
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## Total CPHQ Candidates Tested



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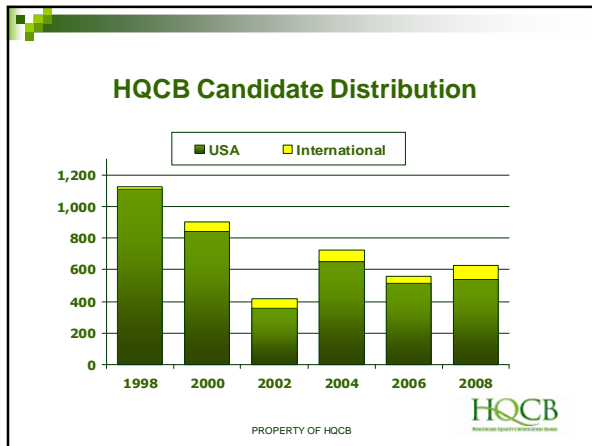
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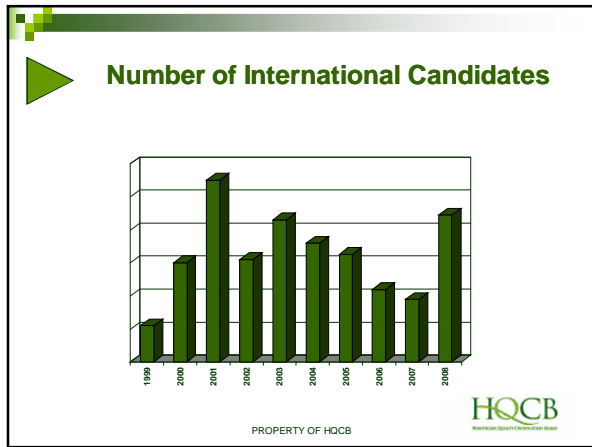
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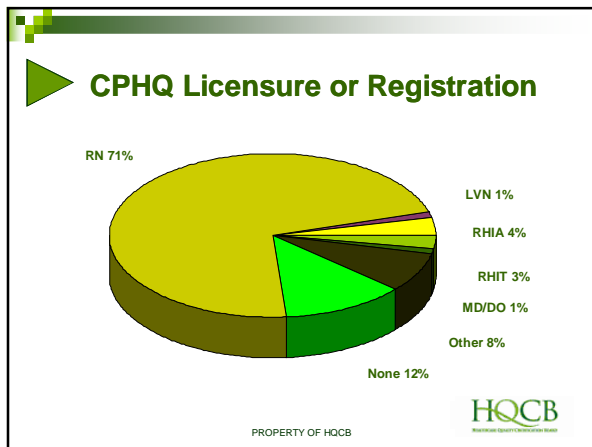
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**Content Validity of Exam Based on International Practice Analysis**

- Completed December 31, 2006
- Defined the tasks of the international Quality Management professional in:
  - Hospitals
  - Clinics
  - Home Care
  - Behavioural / Mental Health
  - Other settings
- Next Practice Analysis will begin in 2010


  
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**International Exam Content Outline Effective October 1, 2007**

- Management and Leadership 22%
- Information Management 24%
- Performance Measurement and Improvement 38%
- Patient Safety 16%


  
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**Specific Tasks Within Content Areas**

- Leadership
  - Strategic & Operational
- Information Management
  - Design & Data Collection
  - Measurement
  - Analysis
  - Communication
- Performance Measurement & Improvement
  - Planning
  - Implementation
  - Education & Training
  - Evaluation & Integration
- Patient Safety
  - Strategic & Operational


  
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**Getting Started**

**CPHQ  
Candidate  
Examination  
Handbook**

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**Eligibility for CPHQ Exam**

- 1 January 2004: Eliminated minimum education and experience criteria.
- Must assess own readiness to take the exam. Recommend candidates have at least two years experience in managing and/or conducting activities in healthcare quality. NOT appropriate for entry level candidates.
- For ALL professionals who aspire to excel and demonstrate their competency in healthcare quality.

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**Testing Centers**

- **DOMESTIC:**  
AMP Assessment Centers are typically located in H&R Block offices. Detailed maps and directions are available on AMP's website [www.goAMP.com](http://www.goAMP.com).
- **INTERNATIONAL:**  
List of computerized Assessment Centers on the AMP website at [www.goAMP.com](http://www.goAMP.com).

Continuing to expand international locations with more locations being added throughout the year.

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## Computer-based Testing

- Each exam includes 15 new questions for “pre-testing” that are not included in final scoring
- All questions included in final scores have been pre-tested for quality and accuracy
- 3 hours to complete exam
- Allows instant pass / fail score reports




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## Test Taking Tips

- **Prepare:** Suggested resources in Candidate Examination Handbook
- **NEW: CPHQ Self-Assessment Examination**
  - 65-question online exam developed to be parallel in content and difficulty to the actual examination.
  - Questions are presented in the same computer format as the certification examination.
  - Can be used to assess whether or not you are prepared for the examination.
  - After selecting a response to each item a detailed explanation will be provided describing the rationale behind the correct response and an explanation of why the wrong answers were not the best from among those provided.

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## More Test Taking Tips

- Review **International Terminology Crosswalk** (Translation available from English to Arabic, Spanish, Chinese on website)
  - Case mix = patient groupings
  - CEO = Chief Executive Officer
  - Unit = Unit / ward / floor
- Buddy Up to Study and Take Test
- Review Content Outline Carefully
- Read Each Question Carefully: Not designed to trick you
- Consider a Mentor: a CPHQ who also has the professional qualities you need

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**Cognitive Levels for Exam Questions**  
 (140 Total, 15 pre-test)

- **Recall** - 32% of exam (40)
  - Test of specific facts & concepts
- **Application** - 53% of exam (63)
  - Requires candidate to interpret or to apply information to a situation
- **Analysis** - 15% of exam (22)
  - Tests the ability to evaluate, problem solve or integrate information and / or judgment into a meaningful whole.

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**Recall**

Which of the following types of budgets itemizes the major equipment to be purchased in the next year?

- A. capital
- B. variable
- C. operating
- D. zero-based

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**Recall**

Which of the following types of budgets itemizes the major equipment to be purchased in the next year?

- ✓ **A. CAPITAL**
- B. variable
- C. operating
- D. zero-based

- Key: A
- Task on Content Outline: Management and Leadership – Participate in preparing and managing operating budgets.

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## Application

The separate services of Pharmacy and Nursing are having difficulty developing an action plan for medication errors. Pharmacy Services states that Nursing Services causes the majority of the problems related to errors, while Nursing Services states the opposite. The quality professional's role in resolving this problem is to:

- A. provide them with directives on how to solve the problem.
- B. facilitate discussion between the groups to enable them to assume ownership of their portions of the problem.
- C. assign the task to an uninvolved manager.
- D. refer the problem to the facility-wide quality council.

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## Application

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- A. provide them with directives on how to solve the problem.
  - ✓ **B. FACILITATE DISCUSSION BETWEEN THE GROUPS TO ENABLE THEM TO ASSUME OWNERSHIP OF THEIR PORTIONS OF THE PROBLEM.**
  - C. assign the task to an uninvolved manager.
  - D. refer the problem to the facility-wide quality council.
- Key: B
  - Task on Content Outline: Performance Measurement & Improvement-Facilitate change within the organization.

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## Analysis

The following represents two samples of five hospitals' hysterectomy rates per 1,000 women aged 40-60 years of age:

	Rates	Mean	Standard Deviation
■ Sample A	3, 5, 7, 8, 5	5.6	1.8
■ Sample B	4, 5, 6, 7, 5	5.4	1.1

In analyzing this information, it can be concluded that:

- A. Sample A has more variability than Sample B.
- B. Sample A's performance is superior to Sample B's.
- C. there are more cases in Sample B.
- D. there is a data collection error in Sample B.

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- ✓ **A. Sample A has more variability than Sample B.**
- B. Sample A's performance is superior to Sample B's.
- C. there are more cases in Sample B.
- D. there is a data collection error in Sample B.

- Key: A
- Task on Content Outline: Information Management; Use basic statistical techniques to describe data.

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## After You Pass the Examination

- Can use the designation of CPHQ after your name.
- Recertification required every 2 years
- 30 hours of continuing education required
- The continuing education must cover the topics on the exam outline
- Various Ways of Obtaining Continuing Education
  - Seminar/Conference Attendance
  - Webinar/Audio Conferences
  - College Courses
  - Self Study

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## Professional Benefits of CPHQ

### Elevates:

- ↑ The professional
- ↑ The profession: Quality Management as a distinct discipline in Healthcare
- ↑ The overall quality of healthcare.



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AACN White Paper 2002:  
**“SAFEGUARDING THE PATIENT AND THE PROFESSION”**  
THE VALUE OF CRITICAL CARE NURSE CERTIFICATION

**QUESTION:**

In today's healthcare environment, how can American healthcare consumers receive safe high-quality care from qualified professionals while, at the same time, efforts are underway to control healthcare costs?



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**Public Awareness of Nurse Certification is Growing**

- A 1999 survey by the American Nurses Credentialing Center:
  - Although consumers felt more confident that they were receiving quality care when it was given by a certified nurse, only 1 in 3 were “very aware” that nurses can be specialty certified.
- In 2000 focus groups conducted by the AACN:
  - Confirmed that consumers were aware of nurses' crucial role in healthcare, but generally did not know that they can be certified.
- Fall of 2002 a nationwide study of 1,039 Americans was conducted by Harris Interactive:
  - Nearly 8 out of 10 respondents stated that they were aware nurses could be certified.
  - 9 out of 10 respondents stated that they believed it is very important for nurses who care for critically ill patients to regularly update their knowledge and skills and 3 in 4 were much more likely to select a hospital that employs a high percentage of nurses with specialty certification.

AACN, Safeguarding the Patient and the Profession, 2002



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**CONCLUSION: A Call to Action Around the Value Certification Brings to Healthcare**

- “Everyone in the healthcare equation—patients, employers, nurses—benefits from certification as a mark of excellence. Nurses, specialty certification boards and employers have a shared obligation to honor the public's trust in assuring safe and effective care.”

AACN, Safeguarding the Patient and the Profession, 2002



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## Why Become a CPHQ?

- Possible **tool for career advancement**
  - Tiebreaker if 2 people interview with equal skills
  - Higher salary
  - Increased networking opportunities
- **Professional and Personal Recognition.** Identifies you as a qualified individual to your employer, others. Provides your employer & the public with the assurance that you have the necessary skills & knowledge to perform competently.
- **Personal development:** Increases your **self confidence** as well as the confidence of others in your abilities. Personal satisfaction in being a CPHQ, an internationally recognized commitment to excellence...

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## WORLD CLASS – CERTIFIED - PROFESSIONAL



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## 2 Quotes from a Racecar Legend

“Desire is the key to motivation, but it's determination and commitment to an unrelenting pursuit of your goal - a **commitment to excellence** - that will enable you to attain the success you seek.”



Mario Andretti

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"If you wait, all that happens is you get older."  
 Mario Andretti



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**Contact Information**

[www.cphq.org](http://www.cphq.org)

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 P. O. Box 19604  
 Lenexa, KS 66285-9604, USA  
 International +1-913-895-4609  
 Toll free U.S./Canada 1-800-346-4722  
 Facsimile 1-913-895-4652




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**HQCB Board**

David S. Loose, MSN, CNAA, RN, CPHQ HQCB Chair Alameda, California	Jack L. Peterson, MS, FAAMA, CPHQ Director El Paso, Texas
Joan Boldrey, RN, M.ED, MS, CPHQ, CLNC HQCB Immediate Past Chair West Des Moines, Iowa	Linda S. Breen, MPH, RN, CPHQ Director Oklahoma
Diana L. Martin, RN, MS, BSW, CPHQ, QMRP Incoming Chair Evanston, Wyoming	Paula J. Pillen, BFA, MPA, CFRE, LNH HQCB Public Member Omaha, NE
Michael Greer, RN, MS, CPHQ, CMCN HQCB Secretary/Treasurer Antioch, Tennessee	Thomas Smith, MA, RN, CPHQ NAHQ Immediate Past President Mechanicsville, VA

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## Exam Committee

Includes all the members of the HQCB Board and the following:

- Anita Garrison, RN,MSN, CPHQ,FNAHQ,CMC  
Memphis,TN
- Carrie Donovan, CPHQ  
IBelle Fourche, South Dakota
- Britt J. de Cordier, CPHQ  
Copenhagen, Denmark
- Marie Kehoe, RGN, NScN, CPHQ  
Western Rd, Cork

**Fill out a “Show of Interest” form or contact one of the HQCB or NAHQ Board members if your interested in serving on the HQCB Board or Exam Committee.**

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## Mentoring For Professional Success



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A DIVISION OF J.P. ANDERSON & COMPANY  
www.jpandacorp.com

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## Overview

- Mentored Approach
  - Benefits
  - Description
  - Mentor Qualities
  - Plan Structure
  - Next Steps



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## Mentorship

- Mentorship and the Mentor/Mentee Defined
  - Mentorship: a developmental relationship entered into as a means to attain more refined skills as a quality professional
  - Mentor: experienced individual in quality principles and practice who can guide you
  - Mentee: less experienced individual seeking professional growth with specific objectives




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## Is Being Mentored For You?

- Would you benefit from mentoring?
  - Do you do better at professional development on your own or while working with someone who has "been there"? (personality)
  - Can you devote the time and energy to a structured approach? (structure and time)
  - Is availability of a person you can work with an issue? (rural setting, network)




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## Is Being Mentored For You?

- Am I relatively new to my field?
- Have I recently changed my professional focus?
- Have I switched jobs recently, or often?
- Am I preparing for CPHQ certification or other credential?
- Do I want to progress further in my career?




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## Is Mentoring For You?

- Would you benefit from being a mentor?
  - Is your professional growth at a level others would seek out? (leadership)
  - Can you devote the time and energy to mentoring? (structure and time)
  - Do you want to help others grow professionally and does "passing the baton" sound intriguing? (training)




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## Mentor Qualities

- Match to a Quality Professional (CPHQ)
  - Willing to help
  - Past positive experiences
  - Good reputation
  - Time and energy
  - Up-to-date knowledge base and skill set in test content
  - Learning attitude




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## Mentor Qualities

- Match to a Quality Professional (CPHQ) (cont.)
  - Facilitator rather than lecturer
  - Good listener
  - Respectful of mentee's thoughts and ideas
  - Provides the principle; mentee applies
  - Ties session to objective
  - "Assigns relevant homework or practice
  - While many choices, usually a "best"




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## Structuring a Plan

- Why a Plan
  - Focus on individual growth needs rather than "shotgun"
  - Ordered or organized methodology (next topic builds on one before it)
  - Track progress
  - Know when you're done!




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MENTORSHIP PLAN  
(Name of Person Being Mentored)

## Structuring a Plan

- What It Might Look Like

Learning Objective	Lesson	Date(s)	Resource(s)	Methodology	Measure
Describe the NPSGs for 2009	Introduction to 2009 NPSGs (1:00)	12/8/08 8:00am	The Joint Commission email release	TJC Release review and discussion	Teach Patient Safety Committee about material at January meeting
Demonstrate ability to access quality related information resources and websites	Websites and Information Resources (1:30)	12/15/08 8:00am	Websites: ASQ, IHI, NSC, NAIHQ, HQCB, TH&SC, TAC, CMS, NPSG	Computer internet session	Log on to each web site, review content with Mentor and add websites to "Favorites" develop w/MD a pediatrics indicator using NCC/Society sites




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## Structuring a Plan

- Developing The Plan Content
  - Determine your strong and weak content areas (leadership, information management, performance measurement & improvement, and patient safety)
  - Within these, identify tasks in which growth is desired




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## Structuring a Plan

- Developing The Plan Content (cont.)
  - Add any other non-exam topic, issue or learning method desired to your list – could include
    - Resources (web, books, white papers)
    - Company policies and procedures
    - Local initiatives (disease-specific programs, state and federal requirements)
    - JCAHO standards, accreditations and their application
    - Actual practice (leading a PI team)
    - Attending a seminar




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## Structuring a Plan

- Developing The Plan Content (cont.)
  - Determine the order of your learning, experience or application
    - First things first (learn the “what” before the “how”)
    - Focus on principle first and application second
    - Strive to reflect or note how a later topic builds on an earlier one




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## Structuring a Plan

- Establish Dedicated Time(s) and Date(s)
  - Set aside time for learning
    - Strive for a set time and day (incorporate into routine)
    - Avoid distractions (phones, emails, noise)
    - Avoid distracting situations (examine existing daily/weekly/monthly routine)
    - Stay flexible, yet relentless




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## Structuring a Plan

- Put It In Writing
  - Suggested aspects
    - Learning objective (why included)
    - Lesson (specific, narrow)
    - Date(s) (progress)
    - Resources (reading, research, study)
    - Methods (discussion, practice, review)
    - Measures (how you know you know)




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MENTORSHIP PLAN  
(Title of Person Being Mentored)

## Structuring a Plan

- What It Might Look Like (more examples)

Learning Objective	Lesson	Methods	Resources	Measures
Understand the process of quality measurement by relating to the American Quality movement	Writing a case statement to quality	1/20/06 6/06pm	see attached book, sections 1-1 and 2.1; Clarity's 1st Phase	write and discussion see item 1 in calendar
Apply the strategic approach to the service center for quality	The Financial Center for Quality	1/20/06 6/06pm	Presentation slide	Q&A
Develop understanding and be able to write the framework of accurate journaling information to managers	Accurate use of data	1/20/06	Acc. Journaling for Acc. Journaling Sheet	Journaling sheet and discussion Journaling sheet 4 pages, help in finding the accurate information to managers and provide an original example
Provide a variety of reports that can be used to measure	Basic statistical measures	2/1/06	Monday's journal	see item for each basic statistical measure
Process requirements associated with change management from the perspective of 3 authors	Change Management	2/28/06	1/13/06, 1/13/06, 1/13/06, Our history is telling	Journaling sheet and discussion see item for each change management




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## Next Steps

- Execute Your Plan
  - Follow the plan as close as you can
    - Issues may arise in executing, but get back on track as quickly as possible
  - Connect with your progress
    - Keep the plan close at hand and use it to review your progress and the next steps
  - Make adjustments if needed
    - New developments that can aid your learning (new research findings, added resources)




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## Next Steps

- Other Examination Preparation Considerations
  - Review course (offered by state and national associations)
  - Self Assessment Examination (SAE)
  - Study Group




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## Next Steps

- Take the CPHQ Examination
- When you pass, you will have
  - A credential supportive of career advancement
  - Satisfaction of achieving a widely-recognized milestone
  - Attestation of your standing as a qualified quality professional




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## Contact Information

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