Certified Professional in Healthcare Quality®

2020 Candidate Recertification Handbook

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It is the candidate's responsibility to read and understand the contents of this handbook before applying for recertification.

This handbook contains current information about the Certified Professional in Healthcare Quality® (CPHQ) recertification developed by the Healthcare Quality Certification Commission (HQCC). It is essential that you keep it readily available for reference. All previous versions of this handbook are null and void.

For address changes, requests for a current candidate handbook, and information about the development and administration of the CPHQ examination, certification program, and recertification, direct correspondence to:

Certification/Recertification
HQCC Headquarters
8600 W. Bryn Mawr Avenue, Suite 710 N
Chicago, IL 60631, USA

For general inquiries and questions about the exam or recertification, contact HQCC:
Phone: 847.375.4720   **Fax:** 847.375.6320   **E-mail:** info@nahq.org

Candidates can register for the examination online at www.nahq.org. It is the candidates responsibility to have the most up-to-date email address and home address on file.

Affiliation
HQCC, previously known as the Healthcare Quality Certification Board (HQCB), is the certifying arm of the not-for-profit National Association for Healthcare Quality (NAHQ), which was formed in 1976 to advance the profession of healthcare quality through the development of a certification program. HQCC establishes policies, procedures, and standards for certification and recertification in the field of healthcare quality. The granting of CPHQ status by HQCC recognizes professional and academic achievement through the individual's participation in this voluntary certification program.

Accreditation
The CPHQ certification program is fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence (ICE), Washington, DC.

Statement of Nondiscrimination
The certification examination is offered to all eligible candidates, regardless of age, gender, race, religion, national origin, marital status, or disability. Neither NAHQ nor AMP, a PSI business, the examination service provider, discriminates on the basis of age, gender, race, religion, national origin, marital status, gender identity, sexual orientation, or disability.

RECERTIFICATION PROGRAM

Introduction to the CPHQ Program

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).

Recertification Requirements

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. CE can only be earned during your recertification cycle and cannot be earned during the grace period. Current employment in the quality management field is not required to maintain active CPHQ status. Although NAHQ does send out communications to candidates that are eligible to recertify, it is the candidate's responsibility to know their deadline for their recertification of the CPHQ. The process for obtaining recertification is described on the website at www.nahq.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 by that day. If you do not recertify by the deadline, you can recertify by January 31 of the following year with a late fee however CE cannot be earned during this timeframe. During each 2-year cycle, 30 CE hours are required.

For example:

If you:	You will be expected to renew by:
sat for the exam in 2018	December 31, 2020
last recertified in 2018	December 31, 2020
sat for the exam in 2019	December 31, 2021
last recertified in 2019	December 31, 2021

Recertification Fees

	Early Bird: Before Sept. 30	Oct. 1 – Dec. 31	Grace Period: Jan. 1 - 31
NAHQ Member	$175	$225	$275
Nonmember	$230	$280	$330

*Though all candidates must submit their required CPHQ CE hours via the online application, candidates may choose to pay the recertification fee by check rather than by credit card. An additional $25 processing fee must be included if payment is made by check. Please fill out the form at the back of this packet and mail it along with your check to NAHQ, 8600 W. Bryn Mawr Avenue, Suite 710 N, Chicago, IL 60631, USA.

Ways to Earn CE

All CE must relate to at least one area included in the most current examination content outline and was earned during your recertification cycle dates. CE cannot be earned during the Grace Period. It is not a requirement to have the hours approved as CPHQ hours.

Earning a certification cannot be applied towards your CPHQ recertification. However, if you attended a review course or workshop in preparation for earning the certification, those may be awarded towards CE.

The following are some examples of acceptable CE activities 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.

Speaking Engagements and Workshop Presentations
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.

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

CE Article Quizzes
Read the designated CE article in NAHQ's *Journal for Healthcare Quality*. One CE hour can be earned for passing the CE article quiz. Visit www.nahq.org to access the CE article quizzes.

Formal Publication of Articles or Books
Formal publication of articles or books relevant to the CPHQ 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.

RECERTIFICATION PROCESS

How to Track Your CEs and Recertify
The recertification application is only available online at www.nahq.org.

1. **LOG IN.**

To access the recertification application or to input your CE hours, log in to your NAHQ account.

All active certificants already have an account in our database. If you need assistance with accessing your account, contact Member Services at info@nahq.org or 847.375.4720. Please do not create a new account if you cannot log into your old account.

Welcome
Please log in or create an account to continue.

IMPORTANT LOGIN INFORMATION
If you haven't logged into NAHQ's platform since February 1, 2018, please reset your password by clicking on "Forgot your password". If you are redirected to the same login page or the link to reset your password does not work, please contact us at info@nahq.org or 847.375.4720 between 9 am-6 pm ET/8 am-5 pm CT, Monday-Friday.

Please watch the video to see step-by-step instructions of the login process.

Watch Video

Log In
Email*

Password

Log In

Forgot your password?

Don't have an account?

2. VIEW MILESTONES.

Once logged in, click on the **My Certification** tab located on the left-hand side of the page.

In the box labeled with your current recertification period, click on **View Milestones**.

3. COMPLETE MILESTONE 1.

After selecting **View Milestones**, you will see two milestones that need to be completed, Milestone 1: CEs and Milestone 2: Recertification Enrollment.

Click on **Manage CE**s within Milestone 1 to view and enter your CE activities.

If you completed a NAHQ activity worth CE credit within this recertification period, it will automatically populate in the card titled NAHQ CEs.

NAHQ CEs

A list of CEs generated by the system, based on My Learning activity and Catalog purchases.

Learning Lab: Tracing Your Way to Success

Units Earned	1.00
Date Completed	6/22/2018
Domain	

Learning Lab: Follow the Money: Dealing with Qual. and Eco. at the Same Time

Units Earned	1.00
Date Completed	6/22/2018
Domain	

If you need to add a Non-NAHQ CE activity, select **+ New CE** located on the right-hand side of the page, and fill in the required fields.

⊝ My Certification　　　　**+ New CE**

Not Seeing Your NAHQ CEs Here?

If you completed a NAHQ activity worth CE credit within this recertification period and do not see it listed here, please do not submit it manually. We are experiencing an error with this feature but working to resolve it quickly.

Milestone Progress

Required Units	30.00
Units Earned	30.00
Units Remaining	0.00

4. COMPLETE MILESTONE 2.

Once you complete Milestone 1 by totaling 30 or more CE hours, select **Personal Snapshot** on the left-hand side of the page.

Scroll down to the Certification card, and click **Recertify Now*** to complete Milestone 2: Recertification Enrollment.

You will only see the **Recertify Now button once recertification is open.*

Certification

A summary of your current CPHQ status.

CPHQ Recertification 2017-2018

Status	Enrolled
Start Date	1/1/2017
End Date	12/31/2018

Recertify Now

My Certification

To complete Milestone 2, you will need to agree to the declaration and submit the recertification fee*. This will complete your recertification application. Within a few minutes, you will receive a confirmation e-mail.

Credit card is the primary payment method, but you may opt to pay by check. If paying by check, complete the application at the end of this handbook and mail it in with your check. Please note there is a $25 processing fee for paying by check. See page 5 of this handbook for recertification fee rates and add $25 to the total amount owed.

If you return to your Personal Snapshot page and scroll down to the Certification card, you will see that the status of your recertification is now Completed.

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

Please contact Member Services at info@nahq.org or 847.375.4720 if you experience any issues with this process.

APPLICATION AUDITS

Each year the HQCC randomly selects 5% of applications to be audited. If your application is selected for audit, you will receive an e-mail with detailed instructions on how to complete the audit process.

You will be requested to upload documentation for the CE activities you listed in your recertification application within 14 days of being notified of the audit. You will not need to upload documentation for NAHQ CEs. You will only need to upload documentation for Non-NAHQ CEs.

For your Non-NAHQ CEs, be prepared to submit a photocopy of your CE certificates or written documentation of activities for which a CE certificate was not provided (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 for 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 certificants 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 and pass the examination to begin using the credential again.

Inactive Status Policy
Because the field of healthcare quality is ever-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.

CPHQ-Retired Status
HQCC developed the CPHQ-Retired status to recognize CPHQs who have retired from their professional healthcare quality career but wish to maintain their credential. To be eligible for CPHQ-Retired status, you must:
- Retire from the healthcare quality profession with no plans to return or to renew your CPHQ certification
- Be a current CPHQ at the time of retirement

The CPHQ-Retired status is 2 years in length, beginning January 1 of the year following the certification expiration date. The cycle ends December 31 of the second year, and your recertification application is due by that day.

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 reenter 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.

Application Procedure:
- To obtain the CPHQ-Retired status, you must complete the CPHQ-Retired application process during your current recertification cycle. CPHQ-Retired status will not be granted once certification has lapsed.
- 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 (form can be found on the here) and paying the associated fee.
- The HQCC staff will acknowledge the change to CPHQ-Retired status in the database.

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

Certified Professional in Healthcare Quality
Detailed Content Outline[1]

1. Organizational Leadership (35 items)

A. Structure and Integration

1. Support organizational commitment to quality
2. Participate in organization-wide strategic planning related to quality
3. Align quality and safety activities with strategic goals
4. Engage stakeholders to promote quality and safety (e.g., emergency preparedness, corporate compliance, infection prevention, case management, patient experience, provider network, vendors)
5. Provide consultative support to the governing body and clinical staff regarding their roles and responsibilities (e.g., credentialing, privileging, quality oversight, risk management)
6. Facilitate development of the quality structure (e.g., councils and committees)
7. Assist in evaluating or developing data management systems (e.g., data bases, registries)
8. Evaluate and integrate external best practices (e.g., resources from AHRQ, IHI, NQF, WHO, HEDIS, outcome measures)
9. Participate in activities to identify and evaluate innovative solutions and practices
10. Lead and facilitate change (e.g., change theories, diffusion, spread)
11. Participate in population health promotion and continuum of care activities (e.g., handoffs, transitions of care, episode of care, outcomes, healthcare utilization)
12. Communicate resource needs to leadership to improve quality (e.g., staffing, equipment, technology)
13. Recognize quality initiatives impacting reimbursement (e.g., pay for performance, value-based contracts)

B. Regulatory, Accreditation, and External Recognition

1. Assist the organization in maintaining awareness of statutory and regulatory requirements (e.g., CMS, HIPAA, OSHA, PPACA)
2. Identify appropriate accreditation, certification, and recognition options (e.g., AAAHC, CARF, DNV GL, ISO, NCQA, TJC, Baldrige, Magnet)
3. Assist with survey or accreditation readiness
4. Participate in the process for evaluating compliance with internal and external requirements for:
    a. clinical practice guidelines and pathways (e.g., medication use, infection prevention)
    b. service quality
    c. documentation
    d. practitioner performance evaluation (e.g., peer review, credentialing, privileging)
    e. gaps in patient experience outcomes (e.g., surveys, focus groups, teams, grievance, complaints)
    f. identification of reportable events for accreditation and regulatory bodies
5. Facilitate communication with accrediting and regulatory bodies

**Certified Professional in Healthcare Quality
Detailed Content Outline[1]**

C.	**Education, Training, and Communication**

1. Design performance, process, and quality improvement training
2. Provide education and training on performance, process, and quality improvement (e.g., including improvement methods, culture change, project and meeting management)
3. Evaluate effectiveness of performance/quality improvement training
4. Develop/provide survey preparation training (e.g., accreditation, licensure, or equivalent)
5. Disseminate performance, process, and quality improvement information within the organization

2. Health Data Analytics (30 items)

A. Design and Data Management

1. Maintain confidentiality of performance/quality improvement records and reports
2. Design data collection plans:
   a. measure development (e.g., definitions, goals, and thresholds)
   b. tools and techniques
   c. sampling methodology
3. Participate in identifying or selecting measures (e.g., structure, process, outcome)
4. Assist in developing scorecards and dashboards
5. Identify external data sources for comparison (e.g., benchmarking)
6. Collect and validate data

B. Measurement and Analysis

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

3. Performance and Process Improvement (40 items)

A. Identifying Opportunities for Improvement

1. Facilitate discussion about quality improvement opportunities
2. Assist with establishing priorities
3. Facilitate development of action plans or projects
4. Facilitate implementation of performance improvement methods (e.g., Lean, PDCA/PDSA, Six Sigma)
5. Identify process champions

Certified Professional in Healthcare Quality
Detailed Content Outline[1]

B.	**Implementation and Evaluation**

1. Establish teams, roles, responsibilities, and scope
2. Use a range of quality tools and techniques (e.g., fishbone diagram, FMEA, process map)
3. Participate in monitoring of project timelines and deliverables
4. Evaluate team effectiveness (e.g., dynamics, outcomes)
5. Evaluate the success of performance improvement projects
6. Document performance and process improvement results

4. Patient Safety (20 items)

A. Assessment and Planning

1. Assess the organization's culture of safety
2. Determine how technology can enhance the patient safety program (e.g., electronic health record (EHR), abduction/elopement security systems, smart pumps, alerts)
3. Participate in risk management assessment activities (e.g., identification and analysis)

B. Implementation and Evaluation

1. Facilitate the ongoing evaluation of safety activities
2. Integrate safety concepts throughout the organization
3. Use safety principles:
   a. human factors engineering
   b. high reliability
   c. systems thinking
4. Participate in safety and risk management activities related to:
   a. incident report review (e.g., near miss and actual events)
   b. sentinel/unexpected event review (e.g., never events)
   c. root cause analysis
   d. failure mode and effects analysis

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[1] Approximately 23% of the items will require recall on the part of the candidate, 57% will require application of knowledge, and 20% will require analysis. Each test form will include 15 unscored pretest items in addition to the 125 scored items.