

**THE HEALTHCARE QUALITY HANDBOOK**  
**2006/2007 21<sup>st</sup> Annual Edition**

**INTRODUCTION**

Hi! My amazing journey in healthcare quality continues with this 21<sup>st</sup> Edition of ***The Healthcare Quality Handbook: A Professional Resource and Study Guide***. I cherish the history reflected in these pages, but I thrive on the growth, innovation, and, of course, improvement that represents the current environment and the future of quality in healthcare. Through this *Handbook* and the Workshops I teach, I have had the humbling privilege of connecting with thousands of colleagues like you since 1986, and I am truly grateful.

You are embarking on quite an adventure yourself as you open this Edition. Either you are planning to be certified as a healthcare quality professional, you are new to the field, you are seeking to expand your scope of responsibility, or you are looking for up-to-date resource material for your current role. Whatever your reason for purchasing the *Handbook*, I thank you and wish you the very best in your particular endeavor. As a quality professional willing to use—and perhaps even digest—this 900-page text, you are indeed committed to providing the knowledge, expertise, and service needed to facilitate the delivery of high quality care in your setting. Hopefully this *Handbook* will meet your expectations.

The *Handbook* is revised annually page by page to incorporate new, relevant information important for quality professionals who, like you, are now required to be the key experts and resources on healthcare quality regardless of setting. The content acknowledges the emphasis on leadership and planning, performance measurement and improvement, continuum of care, information management, education/training, communication, external survey preparation, and the role of the healthcare quality professional as represented in the Content Outline for the International Certified Professional in Healthcare Quality (CPHQ) Examination. Revisions also include accreditation and regulatory updates, even though specific standards and regulations are no longer tested on the CPHQ Exam.

The *Handbook* probably covers much more material than is required knowledge for any examination. I incorporate not only what may be intended by the CPHQ Examination Content Outline, but also what seem to be the current "burning issues" in the field. My goal—and my primary reason for continuing to offer a revised *Handbook* each year—is for the healthcare quality professional to be the organization's known quality expert. It is not critical to know all the answers, but to be one who knows how to find out, one who feels confident about his or her skills and ability to serve as a key resource, one who knows enough to be passionate about the role of quality in meeting the organization's strategic goals.

**Disclaimer**

I **cannot guarantee** that every examination issue is covered in ***The Healthcare Quality Handbook***; nor can I guarantee that you will pass the CPHQ Examination by reading this *Handbook*. I **am not privy to the content of the Examination**. The only questions released from past Examinations are in the *Candidate Handbook*. I do my best every year to interpret the Content Outline in the light of what is current and pertinent in the field.

**Copyright and Special Use**

I must ask you to honor all copyrights associated with the *Handbook*. If you need multiple copies for a group, please contact me for discount pricing. If you would like to utilize some of the material for internal, individual facility educational purposes, contact me and I will provide permission, based on the use. If you are part of a corporation, if you anticipate using the material for more than one facility or on an ongoing basis, or if you wish to use specific material for teaching or seminars, copyright permission can be granted for a negotiated fee. Also, I often make available specific Chapters of the *Handbook* to those who wish them for teaching or training purposes. **Please feel free to contact me at any time.**

## Special Thanks

*The Healthcare Quality Handbook* is produced privately every year by a rather labor-intensive effort that involves deeply those whom I love. Thank you to my family—my husband Warren and our now adult children, son Ren and daughter Charise—who over this past twenty years have probably learned much more about quality management than they ever would have wished. Believe it or not, both Ren and Charise are now physicians. Special thanks to my assistant, Angie Taylor, and to my printer, Vince LuVisi, who are responsible for production. Thank you, too, to my healthcare quality colleagues who, year after year, offer their support and helpful input.

It is the quality people in our lives who make us strive to do quality things. The last eleven years have taken extra special caring by my family, colleagues, and friends. You see, on July 23, 1995, my life changed dramatically. I sustained a spinal cord injury and quadriplegia in a car accident. I use a wheelchair and have movement of my arms, but limited use of my hands. Without my God, my family, and my friends and colleagues, these last eleven editions of the *Handbook* definitely would not have happened!

I consider this *Handbook* to be an annual miracle, particularly since the 1995 accident. As computers go, we have overcome viruses, spyware, two crashes, a major software problem, and rolling energy blackouts. Personally, I was standing with a walker, walking brief stretches (with walker and assistance), and making slow, steady progress with strength and use of my hands. Then, over the last ten years, I have experienced an as yet unexplained slowly progressive loss of use of my legs, with increased neuropathic pain and spasticity, along with left sciatic pain. In 1997 I was diagnosed with breast cancer. I had a recurrence in 2004 and a second recurrence this year, with the subsequent surgeries; even so, I consider myself a cancer survivor. In spite of circumstances, my hope and faith is in my Lord for strength, wisdom, and recovery—and once again the *Handbook* lives!

I am very grateful to my colleagues who have provided attachments for the *Handbook*, some for many years:

Jeanette Weinberg, RN, CPHQ, Director of Quality Improvement  
Methodist Hospital of Southern California, Arcadia, CA

Janice Walker, RN, CPHQ, Senior Vice President  
Beech Street PPO Network, Lake Forest, CA

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CHA Health, Lexington, KY

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Northwestern Memorial Hospital, Chicago, IL

Bill Yee, Pharm.D., FASHP, FCSHP  
Clinical Coordinator, Pharmacy; Quality Analyst, Quality Services  
St. Joseph's Medical Center, Stockton, CA

In 2001 I had an opportunity to work closely with Marilyn Ellicott and the Review Course Team for the National Association for Healthcare Quality (NAHQ). Marilyn also helped identify appropriate content to **bold** in each Table of Contents that is now updated each year. A special thank you to these colleagues:

Marilyn Ellicott, RN, CPHQ, Team Leader  
President, Sagebrush Strategies  
Lubbock, Texas

Andrea Barlow, MA, RN, CPHQ, LHCRM  
Quality Management/ RM Consultant  
St. Petersburg, Fl

Nancy Claflin, PhD, MS, RN, CCRN, CPHQ, FNAHQ  
Chair, Education Department  
VA Medical Center  
Phoenix, AZ

Linda DaMert, RN, CPHQ  
Independent Healthcare Consultant  
Strongsville, OH

### **Passing the Passion for Quality to You**

In my ongoing dealings with my own IPA and now three different HMOs, I have learned first hand—as a patient—of our desperate need for a seamless continuum of care, care coordination and case management, and an effective quality strategy. Even so, I still believe that such a quality healthcare delivery system is achievable!

Now this quality passion is passed to you, my colleague. This is a wonderful time for the healthcare quality professional. Both the organization and the public really are listening. Take advantage of this search for quality. Become the expert. Then you truly can make a quality difference in your organization. Our patients certainly do deserve our very best efforts.

God bless you and best wishes in your study!

*Janet*

## ABOUT THE *HANDBOOK*

### Using the Handbook

The eight Chapters begin with Concepts, focusing on those general principles that are foundational for our understanding of healthcare quality today. Chapter II, Strategic Leadership, is the key element to the organization's success in achieving a quality organization. In Chapter III, the overall management of quality, utilization/case management, and risk systems provide the structure for all the PI processes discussed in Chapter IV. After looking at the management of quality systems and processes, management of information (Chapter V) and then the concepts related to people in organizational processes (Chapter VI) are explored. Chapter VII deals with the organization's participation in accreditation, licensure, registration, and quality awards. Chapter VIII is provided for U.S.-based organizations interested in federal legislation.

The *Handbook* is not indexed, but each Chapter has a very detailed Table of Contents with page numbers.

The first Glossary in the Glossaries tab encompasses all key terms used in the *Handbook*. It is very helpful for basic definitions, for those new to the field, and for CPHQ Exam study.

The Answers to Study Questions are at the end of the Glossaries tab.

Messages, caveats, and other extra information I choose to include throughout the *Handbook*, are bordered like this.

The resources used each year are listed in the "References" Section, including Web sites. The 2006 references are indicated by a "◆".

### Studying for the CPHQ Examination

#### **General Information:**

- ***The Healthcare Quality Handbook*** intentionally is not organized like the Content Outline for the CPHQ Examination. The flow of material moves from general concepts and principles to the more specific management and implementation activities for use as an ongoing resource. An outline format is used to help you focus on main points and related subpoints.
- Think in terms of **general principles** of quality—most of which are applicable across healthcare settings. For example, if leadership commitment is necessary for successful QI in hospitals, then the same principle applies to managed care organizations, ambulatory care, or any other setting.
- One way to stay principle-focused and keep the information in context is to read the entire *Handbook* through once before rereading and studying Chapter by Chapter (sounds overwhelming, but it is a very effective study technique).
- Read to understand key concepts and general principles and how one principle relates to, or integrates with, another.
- The Exam is principle-based. Only 32% is recall (knowledge of specific facts and concepts); 53% is application (interpreting or applying information to a situation) and 15% is analysis (evaluating, problem solving, integrating information into a meaningful whole).

- Use a highlighter to prioritize for later review. Use the wide margins for your notes; avoid taking notes on a separate pad.
- Create a small legend for later review as you read through, for example:
  - "OK" or ☺ or Ø for information you already know, work with;
  - ✓ or → or ✱ if you need to study further.
- Review the HQCB "**International CPHQ Examination Content Outline**" found under the Content Outlines tab. Spend the most time studying those areas with which you are **not** as familiar or in which you do **not** currently work. Consider also the number of Exam questions in each area.
- The *Handbook* Sections that relate more directly to the Exam Content Outline are in **bold format** in the **Table of Contents** at the beginning of each Chapter.

▪ Throughout the *Handbook*, specific **Exam Notes** identifying material that is **not** apt to be on the Exam are bordered like this. Information in these brackets—{ }—is not likely to be on the Exam.

- Utilize the first **Glossary**, Handbook Terms and Working Definitions (even read through it), to distill concepts. The Glossaries of Legal Terms and Information System Terms are not as pertinent to the Exam.
- As you study, use a **logical thought process**, e.g., "if-then" thinking. For example, based on the principle "structure leads to process leads to outcome" (CHI, Section I-4), if the outcome is a good one (outcome measures indicate the outcome or result is as anticipated), then you can assume the processes associated with the outcome *do not* need to be measured.
- The **Study Questions** at the end of each Chapter are provided as an opportunity to practice critical thought process, using the types of multiple-choice questions that may be found on the Exam. Ask yourself for each question, "Why is the correct answer correct?" and "Why might the wrong answers (called "distracters") be wrong?" ***The Study Questions should not be used as a "Pretest" in preparing for the CPHQ Exam.*** They are not intended to cover all areas of the Exam Content Outline, nor do they incorporate all the rules of good exam questions.

I recommend that you do not mark the correct answer. After you have been through most or all of the *Handbook* content, it may be beneficial to go back through all of the Study Questions to practice this process. Another idea is to go back to review all previous Chapter Study Questions after reading each Chapter. Material in one Chapter may help clarify Questions in other Chapters, since the concepts are so integrated.

- The *Handbook* has always referenced applicable **accreditation standards**. Due to the now international focus of the CPHQ Exam, accreditation and legislative/regulatory issues specific to the United States are no longer tested. However, accreditation standards often reflect changes in legislation, regulation, case law, or healthcare philosophy, and they provide the framework for many of the principles, systems, policies, and processes by which we operate. Do not memorize or "overstudy" these standards; rather use the concepts, rationale, and elements (JCAHO) or intents and elements (NCQA) to clarify principles and think about applications on the job.

### More Specific Exam Information:

- As you know, there are now 140 **all multiple-choice questions** on the CPHQ Exam. 125 questions are scored. The additional 15, added in 2002 as “pretest” questions, are not scored and will not impact your final score, but unfortunately you will not know which questions they are. Pretesting these questions is the only way the Healthcare Quality Certification Board can prepare three Exams per year for the new computerized system.
- You probably also know that there is **no penalty for wrong answers**, so do answer each question on the Exam.
- Remember that the Exam is only one-third recall. It is **principle-based**, meaning that the quality principle should apply regardless of healthcare setting or discipline. So don't let yourself get distracted because an application question is placed in a hospital or ambulatory care. Of course there are differences setting by setting, but the principle should apply. An example: Privileging may occur predominantly in hospitals, but when you understand the definition and rationale, it might also be a valid process for medical groups, IPAs, ambulatory surgery centers, and other settings.
- As I have processed some of the Study Questions with colleagues studying for the Exam, I am struck once again by how important it is to **take enough time reading the question** to identify **key words** that define the intent or focus of that question—before reading the possible answers.
- Larry Fabray of Applied Measurement Professionals, Inc., the testing company for the CPHQ Exam confirms that your first answer may not always be the best answer when you are in doubt. You may want to go through the exam one time, marking those questions about which you are uncertain. Then go back a second time, rereading those questions carefully before selecting the answer. One new CPHQ said she had used that approach, found that new insights came (or light bulbs went off) the second time around, and was much more confident in her answers, including those she changed. The computerized format allows you to click in a little box if you want to add a question to a list to which you can return. You can even type a note, e.g., “a or b?”. However, you might want to select an answer (your best guess at the time), just in case you can't get back to all questions on your list.
- One colleague told me that she had received the following testing advice: When taking the Exam, if the answer is not immediately apparent, pare down the four possible answers to the best two, then turn each of the remaining two into a true-false statement. Doing that may make the correct answer more obvious. She did pass the Exam.
- The computerized format allows you to keep track of the time, but you may not want to use it constantly. You can toggle it on and off.
- If you want to see what a similar style computerized Exam looks like, go to [www.goamp.com](http://www.goamp.com). Under "Candidates", go to "online store." At LXR Store, click on the "Web Tests" button, then "Web Test Demonstration." You will need to "purchase" the "LXR Demo Web Test", but there is no charge. After registering, you will receive a "Sign-Up Confirmation" e-mail, with specific ID and password. You will have one month to practice with the test. As you begin, click on "Help" to learn about the buttons along the bottom of the screen. This demo has "grade" at the bottom of each screen to tell you the answer, an option not available on the CPHQ Exam. Also, the CPHQ Exam is all multiple choice, with only one possible answer per question, whereas the demo has a variety of question types. Otherwise it is similar and at least gives you an idea of what the CPHQ Exam process is like.

## ABOUT THE AUTHOR

Janet A. Brown, BA, BSN, RN, CPHQ, FNAHQ, is well-known as an author, educator, and consultant in healthcare quality. She took the first certification exam in 1984 and then helped 12 colleagues become certified the next year. Her passionate interest in promoting certification and professional growth grew out of that first half-day study group and a 50-page set of handouts. She has since taught more than 90 2-day healthcare quality workshops for those studying for certification, new to the field, being recertified, and/or seeking a current update.

Janet has been active in the healthcare quality field for more than 25 years and has owned her own business, now JB Quality Solutions, Inc., since 1984. She worked as a consultant for 15 years with hospitals, ambulatory care centers and surgical centers, mental health facilities, review agencies, and managed care organizations in quality management, utilization and case management, clinical risk management, information management, strategic planning, and systems development. Now she concentrates on writing and teaching.

In addition to the *Handbook*, Janet is co-author of *Managing Managed Care: The Mental Health Practitioner's Survival Guide* (first edition, 1992), *Managing Managed Care II: A Handbook for Mental Health Professionals* (second edition, 1996), and *Casebook for Managing Managed Care: A Self-Study Guide for Treatment Planning, Documentation, and Communication*, 2000, all published by American Psychiatric Publishing, Inc.

Janet is a Past President (1995-1996) and current Fellow of the National Association for Healthcare Quality (NAHQ) and was the founding chair of NAHQ's national Healthcare Quality Foundation. From 1996 to 2004, she served on the Technical Advisory Committee for L.A. Care, the Medicaid managed care health plan for Los Angeles County, with more than 800,000 members.