

# Guide to Recertification

**DEADLINE  
DECEMBER 31**

## Online Recertification

HQCB has made available online recertification of your CPHQ credential. Please visit the HQCB website at [www.cphq.org](http://www.cphq.org) and go to the **Recertification page**. On the Recertification page click the **link to CPHQ Online Recertification**.

You will need the following to complete the recertification of your CPHQ credential online:

- ✓ An Active E-Mail address.
- ✓ Your CPHQ ID number—located on your wallet card and certificate or call the HQCB Executive Office.
- ✓ Your zip code—5 digit code is sufficient.
- ✓ Your continuing education course names, course dates and hours.
- ✓ CPHQ examination course area (see CPHQ exam content outline).

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

**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. Sixty minutes of education equals one (1) CE hour.

## College Courses

Calculate fifteen (15) CE hours for each semester credit hour; ten (10) or 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 thirty (30) CE hours may be earned through self-study activities. **Following are a few examples including, but not limited to:**

NAHQ's *Journal for Healthcare Quality*. The HQCB has approved one (1) CE hour for each article designated as a CE activity. NAHQ also offers other CE 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 ten (10) CE hours may be earned this way. The Draft Question Submission form is available on the website at [www.cphq.org](http://www.cphq.org).

Reading and Summarizing Articles: Any journal, book or magazine with appropriate content not older than two years may be used. Read the article, list the title of each article and write a summary. Each article summarized is worth three (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 Engagements/Workshops Presented

This category refers to volunteer activities. Examples would 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 (4) CE hours are awarded for each one (1) hour of presentation.



The goal of recertification is to assure as much as possible the continuing competence of each Certified Professional in Healthcare Quality (CPHQ) and maintain the international professional standard of those engaged in quality management.



The CPHQ certification program is fully accredited by the National Commission for Certifying Agencies (NCCA), the accreditation arm of the National Organization for Competency Assurance (NOCA), Washington, D.C.

Neither the Healthcare Quality Certification Board (HQCB) nor its service providers discriminate on the basis of age, gender, race, handicap, marital status, religion or national origin.

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Presentations given more than one time with the same content may be claimed only one time during each cycle.

## Formal Publication of Articles or Books

Formal Publication of Articles or Books: written by the CPHQ appropriate to the exam content are accepted for four (4) CE hours per each full published page.

Poster presentations at conferences are recognized for four (4) CE hours for the author.

## Revocation of Credential

If the CPHQ does not recertify by their expiration date, their certification will be revoked for failure to comply with recertification requirements.

Individuals whose credentials have been revoked may not use the credential designation of CPHQ in representing themselves and will be required to sit for the examination if they wish to become certified as a CPHQ in the future.

## Inactive Status Policy

Because the field of healthcare quality is always changing and evolving, the CPHQ must pursue ongoing education to keep pace. For this reason, the Board does not provide an “inactive” path or waiver of the CE requirements.

## Retirement of CPHQ Credential

All CPHQs who are no longer working in the healthcare quality field are afforded the opportunity to retire their professional credential. “Retired” status means 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 HQCB mailings.

The credential may only be restored by retaking and passing the examination.

## CPHQ 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 case/care/disease/utilization 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, minutes)
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., Malcolm 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
  - 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 the 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 activities with strategic goals
5. Integrate patient safety concepts within the organization
6. 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 order entering (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

**125 TOTAL ITEMS**



**DEADLINE  
DECEMBER 31**

Mail to:  
HQCB  
PO Box 19604  
Lenexa, KS 66285  
**Overnight Address:**  
18000 W. 105th St.  
Olathe, KS 66061-7543  
Phone: 913-895-4609  
Toll Free: 1-800-346-4722  
Fax: 913-895-4652  
E-Mail: info@cphq.org  
Website: www.cphq.org

# Certified Professional in Healthcare Quality

## Recertification Application

### **Recertification Procedures** Please use this hard copy application ONLY if you choose to recertify by mail or fax.

Complete this form along with the Documentation Form and attach the fees or complete the credit card information. 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 procedures.

Each recertification cycle is two years in length beginning January 1 of the year following the completion of the certification examination or prior recertification cycle. The cycle ends on December 31 of the second year. 30 CE hours are required during each two year cycle.

Recertification application deadline is **December 31** for all certificants..

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

Name \_\_\_\_\_  
(Last/Family) (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 # \_\_\_\_\_

\_\_\_\_\_ Is this an address change?  Yes  No  
City/State/Zip/Country

### **Recertification Fees**

\$175.00 USD. The recertification fees are non-refundable. Tax ID# 95-3062349. Checks payable to HQCB.

### **Payment Method**

**Fees must be included with this application.** Faxed applications are accepted if 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 two weeks for processing of your payment.**

Check  MasterCard  VISA  American Express  Discover

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

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



# HQCB

HEALTHCARE QUALITY CERTIFICATION BOARD



# Guide to Recertification of the CPHQ Credential

## HQCB

Healthcare Quality  
Certification Board  
P.O. Box 19604  
Lenexa, KS 66285

PRSRT STD  
U.S. Postage

**PAID**

Shawnee Mission,  
KS 66203  
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**KEEP FOR CPHQ RECERTIFICATION  
DUE BY DECEMBER 31**