



Job Task Analysis Report

NATIONAL ASSOCIATION FOR HEALTHCARE
QUALITY (NAHQ)

CERTIFIED PROFESSIONAL IN HEALTHCARE
QUALITY® (CPHQ®)

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Submitted to:



Executive Summary

This report describes the methodology and procedures used to conduct a Job Task Analysis and develop the exam specifications for the National Association of Healthcare Quality (NAHQ) Certified Professional in Healthcare Quality® (CPHQ®) certification examination.

The three major activities that comprise the Job Task Analysis process described in this report are as follows:

1. **Job Task Analysis Committee Meeting** – A gathering of subject matter experts (SMEs) to discuss and develop a description of the scope of practice
2. **Job Task Analysis Survey** – A large-scale survey of practitioners not involved with the SME panel to validate the task statements developed by the committee
3. **Development of Examination Specifications** – The development of an Examination Content Outline by the committee based on the results of the survey

Several practitioners were assembled by National Association of Healthcare Quality to serve as subject matter experts (SMEs). The individuals selected represent a wide variety of work-related characteristics such as years of experience, work setting, geographic location, and areas of specialty. This helps in developing a scope of practice that is reflective of the roles and responsibilities of the job role and is relatively free from bias. By analyzing the experiences and expertise of current practitioners, the results from the Job Task Analysis become the basis of a validated assessment that reflects the competencies required for competent job performance.

The committee met in January 2021 to develop the task list for the job analysis survey. The survey was available February 26 through March 29, 2021. The committee met again May 14, 2021 and May 19, 2021 to review the results of the survey, finalize the tasks that would comprise the next Examination Content Outline, and finalize the content weighting for the examination.

The Job Task Analysis process utilized in this study yields exam specifications that accurately reflect the scope of practice, allowing for the development of fair, accurate, and realistic assessments of candidates' readiness for certification. The resultant Examination Content Outline indicates a 125-item examination with content distribution requirements at the competency area (content domain) level as well as specifications for the overall distribution of item cognitive complexity level.

The final Examination Content Outline and specifications follow:

CPHQ® Examination Content Outline

Task Statement	Items
1 Quality Leadership and Integration	19
1A Strategic Planning	
1A1 Advise leadership on organizational improvement opportunities	
1A2 Assist with development of action plans or projects	
1A3 Assist with establishing priorities	
1A4 Participate in activities that support the quality governance infrastructure	
1A5 Align quality and safety activities with strategic goals	
1B Stakeholder Engagement	
1B1 Identify resource needs to improve quality	
1B2 Assess the organization's culture of quality and safety	
1B3 Engage stakeholders to promote quality and safety	
1B4 Provide consultative support to the governing body and key stakeholders regarding their roles and responsibilities related to quality improvement	
1B5 Promote engagement and interprofessional teamwork	
2 Performance and Process Improvement	27
2A Implement quality improvement training	
2B Communicate quality improvement information within the organization	
2C Identify quality improvement opportunities	
2D Establish teams, roles, responsibilities, and scope	
2E Participate in activities to identify innovative or evidence-based practices	
2F Lead and facilitate change	
2G Use performance improvement methods (e.g., Lean, PDSA, Six Sigma)	
2H Use quality tools and techniques (e.g., fishbone diagram, FMEA, process map)	
2I Participate in monitoring of project timelines and deliverables	
2J Evaluate team effectiveness	
2K Evaluate the success of performance improvement projects and solutions	
3 Population Health and Care Transitions	11
3A Identify data and resources that are important in determining the health status of defined populations	
3B Identify population health management strategies to integrate into improvement initiatives	
3C Incorporate prevention, wellness, and disease management solutions into improvement initiatives	
3D Incorporate techniques to address health disparities and promote equity into improvement initiatives	
3E Analyze and use clinical, cost, equity, and social determinants of health data to drive and monitor improvement efforts	
3F Identify opportunities for improvement in care transitions	

Task Statement		Items
3G	Collaborate with stakeholders to improve and optimize care processes and transitions	
3H	Incorporate concepts of social determinants of health into improvement activities.	
4	Health Data Analytics	26
4A	Data Management Systems	
4A1	Assist in evaluating and developing data management systems to support quality improvement	
4A2	Design data collection plans:	
4A2a	measure development (e.g., definitions, goals, thresholds, numerators and denominators)	
4A2b	tools and techniques	
4A2c	sampling methodology	
4A3	Identify and select measures (e.g., structure, process, outcome, experience)	
4A4	Collect and validate quantitative and qualitative data	
4A5	Identify external data sources for comparison and benchmarking	
4A6	Design scorecards and dashboards for different audiences	
4B	Measurement and Analysis	
4B1	Use data management systems for organization, analysis, and reporting of data	
4B2	Use data visualization and display techniques	
4B3	Use measurement tools to evaluate process improvement	
4B4	Use statistics to describe data and examine relationships (e.g., measures of central tendency, standard deviation, correlation, regression, t-test)	
4B5	Use statistical process control techniques and tools (e.g., common and special cause variation, control charts, trend analysis)	
4B6	Compare data sources to establish benchmarks	
4B7	Interpret data to support decision-making	
5	Patient Safety	18
5A	Identify technology solutions to enhance patient safety	
5B	Facilitate the ongoing evaluation of safety activities	
5C	Apply techniques to enhance the culture of safety within the organization	
5D	Integrate safety concepts throughout the organization	
5E	Use safety principles (human factors engineering, high reliability, high performance teams, systems thinking)	
5F	Participate in safety and risk management activities related to:	
5F1	safety event/incident reporting	
5F2	sentinel/unexpected event review	
5F3	root cause analysis	
5F4	proactive risk assessment	
6	Quality Review and Accountability	16
6A	Apply standards, best practices, and other information from quality-related organizations	

Task Statement		Items
6B	Evaluate compliance with internal and external requirements for:	
6B1	clinical practice guidelines, pathways, and outcomes	
6B2	quality-based payment programs	
6B3	documentation	
6B4	practitioner performance evaluation	
6B5	patient experience	
6B6	identification of reportable events for accreditation and regulatory bodies	
6C	Maintain confidentiality of performance/quality improvement records and reports	
6D	Implement and evaluate quality initiatives that impact reimbursement	
7	Regulatory and Accreditation	8
7A	Evaluate appropriate accreditation, certification, and recognition options	
7B	Promote awareness of statutory and regulatory requirements within the organization	
7C	Support processes for evaluating, monitoring, and improving compliance with organizational, state, and federal requirements	
7D	Maintain survey or accreditation readiness	
Total		125

Secondary Classification

Cognitive Level	Percent Required	Items Required
Recall	23%	29
Application	57%	71
Analysis	20%	25



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