

CPHQ최신업데이트인증덤프 - CPHQ시험응시료



참고: Itexamdump에서 Google Drive로 공유하는 무료 2026 NAHQ CPHQ 시험 문제집이 있습니다:
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NAHQ CPHQ 인증시험은 최근 가장 핫한 시험입니다. 인기가 높은 만큼NAHQ CPHQ시험을 패스하여 취득하게 되는 자격증의 가치가 높습니다. 이렇게 좋은 자격증을 취득하는데 있어서의 필수과목인NAHQ CPHQ시험을 어떻게 하면 한번에 패스할수 있을까요? 그 비결은 바로Itexamdump의 NAHQ CPHQ덤프를 주문하여 가장 빠른 시일내에 덤프를 마스터하여 시험을 패스하는것입니다.

CPHQ 시험은 건강 관리 품질 개선, 성과 측정 및 분석, 전략 계획, 리더십 및 의사 소통, 환자 안전 및 위험 관리를 비롯한 다양한 주제를 다룹니다. 이 시험은 150개의 객관식 문항으로 구성되며 3시간 동안 진행됩니다. 시험에 합격하려면 최소 75%의 점수를 획득하여 CPHQ 자격증을 취득해야 합니다. 이 자격증은 2년간 유효하며 계속 교육 크레딧을 통해 갱신하거나 시험을 재응시하여 갱신해야 합니다. CPHQ 자격증은 질 관리 분야에서 경력을 향상시키고 환자에게 제공되는 의료 서비스의 질을 개선하고자 하는 건강 관리 전문가들에게 귀중한 자산입니다.

>> CPHQ최신 업데이트 인증덤프 <<

CPHQ최신 업데이트 인증덤프 시험준비에 가장 좋은 시험기출문제 모음집

Itexamdump에서는 소프트웨어버전과 PDF버전 두가지버전으로 덤프를 제공해드립니다.PDF버전은 구매사이트에서 무료샘플을 다음받아 체험가능합니다. 소프트웨어버전은실력테스트용으로 PDF버전공부후 보조용으로 사용가능합니다. NAHQ 인증CPHQ덤프 무료샘플을 다운받아 체험해보세요.

최신 CPHQ Certification CPHQ 무료샘플문제 (Q706-Q711):

질문 # 706

Administrative databases are an excellent source of data for reporting on clinical quality, financial performance, and certain patient outcomes. Use of administrative database is advantageous for the following reason EXCEPT:

- A. They are less expensive source of data than other alternatives such as chart review or prospective data collection
- B. The volume of available indicators is 1000 times greater than that available through other data collection techniques
- C. The incorporate transaction system already used in the daily business operations of a healthcare organization (frequently referred to as legacy system)
- D. data reporting tools are available as part of the purchased system or through third-party add-ons or services.

정답: B

질문 # 707

The most important determinant of quality improvement success is

- A. Monetary resource allocation
- **B. Organizational culture**
- C. The CQI model selected
- D. The type of organization

정답: B

설명:

Quality improvement (QI) success depends on multiple factors, but the organizational environment plays a pivotal role in enabling sustained change.

Option A (The CQI model selected): Continuous Quality Improvement (CQI) models like PDSA or DMAIC guide improvement, but their effectiveness depends on execution within a supportive environment.

Option B (Organizational culture): This is the correct answer. The NAHQ CPHQ study guide states,

"Organizational culture is the most important determinant of quality improvement success, as a culture of safety, collaboration, and accountability enables effective implementation of QI initiatives" (Domain 4). A supportive culture fosters staff engagement and sustains change.

Option C (Monetary resource allocation): Resources are important, but without a culture that prioritizes quality, funds may be misallocated.

Option D (The type of organization): The type (e.g., hospital, clinic) influences context but is secondary to culture in driving QI success.

CPHQ Objective Reference: Domain 4: Performance and Process Improvement, Objective 4.1, "Foster a culture for quality improvement," emphasizes culture's role. The NAHQ study guide notes, "A strong organizational culture is critical for sustaining QI efforts" (Domain 4).

Rationale: Organizational culture drives engagement and sustainability, making it the key determinant, as per CPHQ's improvement principles.

Reference: NAHQ CPHQ Study Guide, Domain 4: Performance and Process Improvement, Objective 4.1.

질문 # 708

Accountability for quality ultimately rests with the

- A. quality manager.
- B. CEO.
- C. department leader.
- **D. governing body.**

정답: D

설명:

Accountability for quality ultimately rests with the governing body of a health care organization, such as the board of directors or trustees. The governing body is responsible for setting the vision, mission, values, and strategic goals of the organization, as well as overseeing its performance, compliance, and risk management.

The governing body also appoints, evaluates, and supports the CEO, who is accountable to the governing body for implementing the organization's strategy and ensuring quality and safety throughout the organization.

The quality manager, the CEO, and the department leader are all important roles in ensuring quality within their respective scopes of authority and responsibility, but they are not the ultimate source of accountability for quality. The quality manager is responsible for designing, coordinating, and evaluating quality improvement initiatives, as well as providing education, training, and support to staff and leaders on quality methods and tools. The CEO is responsible for providing leadership, direction, and oversight to the organization's operations, finances, and culture, as well as ensuring alignment and integration of quality across all functions and levels. The department leader is responsible for managing the daily activities, resources, and performance of a specific unit or service, as well as ensuring compliance with quality standards and policies within their area of responsibility.

However, none of these roles can ensure quality without the support, guidance, and accountability of the governing body, which has the ultimate authority and responsibility for the organization's quality and safety.

The governing body sets the tone and expectations for quality at the top, and holds the CEO and other leaders accountable for delivering quality outcomes and improving quality processes. The governing body also monitors and evaluates the organization's quality performance and improvement efforts, and ensures that the organization has the necessary resources, structures, and systems to support quality. The governing body also ensures that the organization engages with external stakeholders, such as regulators, accreditors, payers, and patients, to demonstrate its commitment and accountability for quality.

References:

NAHQ Code of Ethics, Principle 1: The healthcare quality professional acts as a change agent and leader within the organization and community, promoting a culture of excellence in quality, safety, and performance outcomes.

NAHQ Learning Lab: The Role of the Healthcare Quality Professional in Population Health Management, Module 1: Introduction to Population Health Management, Slide 9: The Role of the Governing Body NAHQ Journal for Healthcare Quality, Volume 41, Issue 2, March/April 2019, Article: The Role of the Board in Quality and Safety Performance: Perceptions of Board Members and Quality Leaders, Page 72: Abstract and Page 77: Discussion

질문 # 709

Health organizations measure performance to meet multiple internal and external needs and demands. Internal quality improvement literature identifies some fundamental purposes for conducting performance measurement such as:

- A. Both A and B
- B. Control of evaluation
- C. Assessment of current performance
- D. Demonstration and verification of performance improvement activities

정답: A

질문 # 710

Which initiative should a quality professional promote in an organization seeking to optimize value-based reimbursement?

- A. Implement computerized provider order entry (CPOE).
- B. Reduce use of inpatient restraints.
- C. Improve hand hygiene compliance.
- D. Standardize joint replacement care pathways.

정답: D

설명:

In an organization seeking to optimize value-based reimbursement, the most effective initiative for a quality professional to promote is the standardization of joint replacement care pathways. Value-based reimbursement models reward healthcare providers for delivering high-quality care efficiently, often tying reimbursement to specific outcomes, particularly for high-cost procedures like joint replacements.

* Relevance to Value-Based Reimbursement: Joint replacement surgeries, such as hip and knee replacements, are common procedures with high costs and significant variability in outcomes. By standardizing care pathways, organizations can reduce this variability, ensuring more consistent and predictable outcomes, which are key metrics in value-based reimbursement.

* Impact on Quality and Cost: Standardized care pathways streamline the care process, reduce complications, minimize length of stay, and prevent readmissions—all of which directly improve the quality of care while controlling costs. These factors are critical in optimizing value-based reimbursement, where payment is increasingly linked to outcomes rather than volume.

* Comparison to Other Options:

* B. Improve hand hygiene compliance is important for patient safety and infection control but has a more indirect impact on value-based reimbursement.

* C. Reduce use of inpatient restraints focuses on patient safety and ethical care but does not have the same direct financial impact as standardizing high-cost procedures.

* D. Implement computerized provider order entry (CPOE) improves safety and efficiency but is more focused on reducing errors rather than directly influencing reimbursement tied to specific procedures.

References: National Association for Healthcare Quality (NAHQ) documents and resources discuss the importance of aligning clinical pathways with value-based care goals, particularly in high-impact areas like joint replacement surgeries, which are frequently targeted in reimbursement models.

질문 # 711

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NAHQ CPHQ인증시험에 응시하고 싶으시다면 좋은 학습자료와 학습 가이드가 필요합니다. NAHQ CPHQ시험은 IT 업계에서도 아주 중요한 인증입니다. 시험패스를 원하신다면 충분한 시험준비는 필수입니다.

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