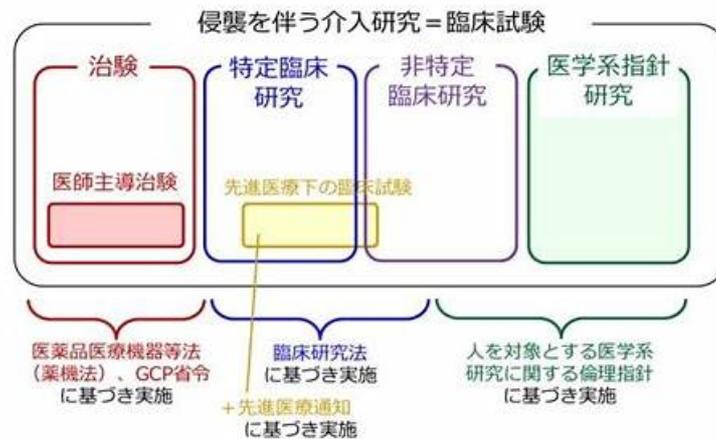


実際的なCPHQダウンロード試験-試験の準備方法-最高のCPHQ認定試験



ちなみに、Topexam CPHQの一部をクラウドストレージからダウンロードできます：<https://drive.google.com/open?id=1kM4cj7UnZ6iQMWyibXfz6mFNLEZW7d1V>

ウェブサイトのページには、CPHQの実際のクイズに関する重要な情報、試験の名前とコード、更新時間、質問と回答の合計数、製品の特性とメリット、価格、クライアントへの割引が記載されています。、CPHQトレーニング資料の詳細と保証、連絡方法、当社製品に関するクライアントの評価、および関連する試験。CPHQ本物のクイズを購入する前に、ウェブサイトのページが提供する情報を注意深く分析できます。

CPHQ認定試験は、看護師、医師、管理者、コンサルタントを含む品質管理に関与する医療従事者が受験することができます。試験は、医療品質とパフォーマンスの測定、医療データの分析、患者安全、医療配信システムの4つの分野をカバーしています。試験は、150問の多肢選択問題から成り、100問の採点対象問題と50問の非採点のパイロット問題に分かれています。

CPHQ認定試験は、医療品質と患者安全の向上に献身している医療専門家にとって、必要不可欠な資格です。これは、卓越性へのコミットメントと、医療品質管理の追求において超越する意欲を示します。CPHQ認定を取得することで、医療専門家はキャリアを向上させ、収益性を高め、医療業界に意義ある影響を与えることができます。

>> CPHQダウンロード <<

CPHQ認定試験、CPHQテスト難易度

IT業界を愛しているあなたは重要なNAHQのCPHQ試験のために準備していますか。我々Topexamにあなたを助けさせてください。我々はあなたのNAHQのCPHQ試験への成功を確保しているだけでなく、楽な準備過程と行き届いたアフターサービスを承諾しています。

NAHQ CPHQ (Certified Professional in Healthcare Quality Examination) 認定試験は、医療品質の専門家が自分の知識とスキルを検証するために設計されたプロの認定試験です。この認定は、National Association for Healthcare Quality (NAHQ) によって提供され、医療品質管理の卓越性の標準として世界的に認められています。CPHQ認定は、名声ある資格であり、試験に合格することで医療品質管理における高度な専門知識があることが証明されます。

NAHQ Certified Professional in Healthcare Quality Examination 認定 CPHQ 試験問題 (Q251-Q256):

質問 # 251

Familiarity with terms describing the psychometric properties of survey instruments and methods for data collection can help an organization choose a survey that will provide it with credible information for quality improvement. There

are two different and complementary approaches to assessing the reliability and validity of a questionnaire. Which of the following are out of those approaches?

- A. Technical excellence testing
- **B. Both A and C**
- C. Psychometric testing
- D. Cognitive testing

正解: B

質問 # 252

Which of the following actions best demonstrates that an organization has begun the work necessary to achieve the Malcolm Baldrige award?

- **A. reviewing the Malcolm Baldrige standards to determine organization alignment**
- B. creating a team to revise operations to conform to the Malcolm Baldrige requirements
- C. determine effects on Centers for Medicare and Medicaid Services (CMS) Conditions of Participation.
- D. develop a crosswalk between Malcolm Baldrige and Joint Commission requirements

正解: A

解説:

The Malcolm Baldrige National Quality Award is the highest level of national recognition that a U.S. organization can receive for performance excellence¹. The award criteria focus on eight performance dimensions: Leadership and Governance, Strategy, Operations, Operational Continuity, Workforce, Customers and Markets, Community Engagement, and Finance¹.

To achieve the Malcolm Baldrige award, an organization must demonstrate organizational resilience and long-term success through favorable performance levels and trends, comparisons to competitors and industry benchmarks (as appropriate), and relevant metrics¹. Therefore, reviewing the Malcolm Baldrige standards to determine organization alignment is the best demonstration that an organization has begun the work necessary to achieve the Malcolm Baldrige award.

While creating a team to revise operations to conform to the Malcolm Baldrige requirements (Option A) is a step in the process, it does not necessarily demonstrate that the organization has begun the work necessary to achieve the award. The same applies to developing a crosswalk between Malcolm Baldrige and Joint Commission requirements (Option B) and determining effects on CMS Conditions of Participation (Option C). These actions could be part of the process, but they do not directly demonstrate that the organization has begun the work necessary to achieve the Malcolm Baldrige award.

Beginning work toward achieving the Malcolm Baldrige National Quality Award necessitates a comprehensive understanding of the criteria and how an organization currently aligns with them. This would involve a thorough review of the Baldrige Excellence Framework, which includes the standards for performance excellence. By assessing current practices against the Baldrige criteria, an organization can identify areas of strength and opportunities for improvement. This review serves as a foundational step in the Baldrige journey, guiding the development of a detailed action plan to address gaps and enhance performance.

References: The Baldrige Performance Excellence Program provides a framework for organizations to improve performance and achieve excellence. The NAHQ references the Baldrige framework as a comprehensive standard for quality that healthcare organizations can aspire to and align with as part of their continuous quality improvement efforts.

質問 # 253

In a confidential reporting system, the reporter's Identity Is

- A. hidden from everyone.
- B. known to regulatory groups.
- **C. hidden from authorities.**
- D. known to legal authorities.

正解: C

解説:

A confidential reporting system is a voluntary system that allows healthcare professionals to report patient safety incidents or nearmisses without fear of legal or professional repercussions¹².

The purpose of a confidential reporting system is to enhance the data available to assess and resolve patient safety and quality issues, and to encourage the reporting and analysis of medical errors¹².

A confidential reporting system is different from an anonymous reporting system, where the reporter's identity is unknown, or a nonconfidential reporting system, where the reporter's identity is disclosed³.

In a confidential reporting system, the reporter's identity is hidden from authorities, such as legal authorities, regulatory groups, or the public¹². However, the reporter's identity may be known to the entity that operates the reporting system, such as a patient safety organization (PSO) or a healthcare organization¹².

The reporter's identity is protected by federal privilege and confidentiality protections under the Patient Safety and Quality Improvement Act of 2005 (PSQIA)¹². This means that the reporter's identity and the information reported cannot be used for legal or regulatory purposes, or disclosed to anyone without the reporter's consent¹².

Therefore, the correct answer is A. hidden from authorities, because in a confidential reporting system, the reporter's identity is not revealed to anyone outside the reporting system, unless the reporter agrees to do so. References: 1: Understanding Patient Safety Confidentiality 2: Confidential Physician Feedback Reports:

Designing for Optimal Impact on Performance 3: Quality - Safety & Confidentiality - General - AIHC

質問 # 254

A national health plan has recently acquired a local health plan. At the year anniversary of the merger, the - local health plan staff still struggles with the transition to the new organizational values. Which of the following Is the most likely explanation for the difficulty?

- A. Lack of buy-in of the new mission and vision.
- B. Continued support of both mission statements.
- C. Incomplete data integration.
- D. Staff transition program training Incomplete.

正解: A

解説:

Organizational values are the shared beliefs, principles, and standards that guide the behavior and decisions of an organization and its members¹².

Organizational values are important for healthcare quality because they influence the culture, strategy, performance, and improvement of the organization and its services¹²³.

A merger between two health plans is a major organizational change that requires alignment and integration of the values, goals, policies, and practices of both entities⁴⁵.

A lack of buy-in of the new mission and vision is the most likely explanation for the difficulty in the transition to the new organizational values, because it indicates that the local health plan staff do not share or support the direction, purpose, and identity of the merged organization⁴⁵⁶.

A lack of buy-in can result from poor communication, insufficient involvement, inadequate training, conflicting interests, or resistance to change among the local health plan staff⁴⁵⁶.

A lack of buy-in can lead to low morale, reduced engagement, decreased productivity, increased turnover, and diminished quality of care among the local health plan staff⁴⁵⁶.

Therefore, option C is the most likely explanation for the difficulty in the transition to the new organizational values, as it reflects the psychological and behavioral aspects of the organizational change process.

Option A, incomplete data integration, is not the most likely explanation, because it is a technical issue that can be resolved with adequate resources and systems⁴⁵.

Option B, staff transition program training incomplete, is not the most likely explanation, because it is a procedural issue that can be addressed with proper planning and implementation⁴⁵.

Option D, continued support of both mission statements, is not the most likely explanation, because it is a structural issue that can be clarified with clear and consistent leadership⁴⁵. References: 1: What are Values in Health Care 2: Quality of care - World Health Organization (WHO) 3: How organisations contribute to improving the quality of healthcare ... 4: Mergers and Acquisitions in Health Care: Opportunities and Challenges 5: [The Impact of Mergers and Acquisitions on Quality of Care] 6: [Employee Buy-In: What Is

It and How to Achieve It] 7: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194800/> : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495271/> : <https://www.businessnewsdaily.com/10646-employee-buy-in.html>

質問 # 255

When working with a new quality Improvement team, the quality professional should stress the importance of

- A. getting the desired result on the first cycle of change.
- B. involving the entire department on the first cycle of change.
- C. creating large goals to have a system-wide Impact.
- D. making small changes in each cycle of change.

