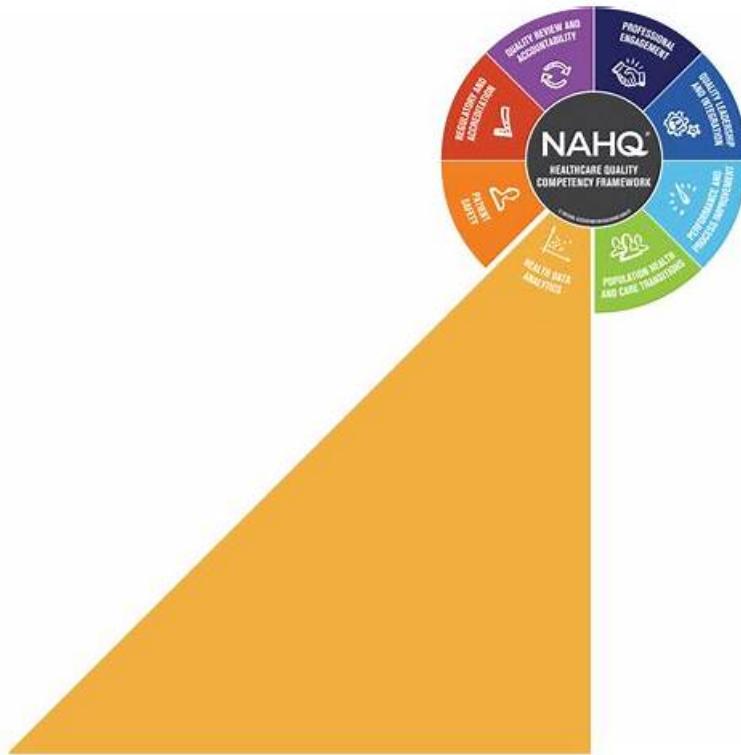


# NAHQ CPHQ資格トレーリング & CPHQ日本語資格取得



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>> NAHQ CPHQ資格トレーリング <<

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## NAHQ Certified Professional in Healthcare Quality Examination 認定 CPHQ 試験問題 (Q432-Q437):

### 質問 # 432

Which of the following Is an algorithm that Is designed to classify patients according to their acuity?

- A. diagnosis-related groups
- B. prevalence rate
- C. statistical analysis
- D. severity Indexing

正解: D

解説:

The concept of classifying patients according to their acuity is best represented by the term "severity indexing"12.

Understanding Acuity: Acuity refers to the measurement of the intensity of nursing care required by a patient. It is a concept used in healthcare to assess the condition of a patient1.

Severity Indexing: Severity indexing is an algorithm designed to classify patients according to their acuity. It is used to determine the level of care a patient requires based on their condition12. Application in Healthcare: Severity indexing is used in various healthcare settings, including hospitals and clinics, to ensure that patients receive the appropriate level of care. It helps healthcare providers allocate resources effectively and provide timely care to patients12.

Benefits: By classifying patients according to their acuity, healthcare providers can prioritize care for those who need it most. This can lead to improved patient outcomes and more efficient use of healthcare resources12.

In conclusion, severity indexing is a crucial tool in healthcare that allows for the effective classification of patients according to their acuity, ensuring that each patient receives the appropriate level of care.

Severity indexing is an algorithm used to classify patients according to the severity of their illness or the intensity of their care needs, which is commonly known as patient acuity. This system helps in managing and allocating healthcare resources more effectively by identifying patients who require more intensive care and those who have less acute needs. Severity indexing facilitates triage, ensures appropriate levels of care, and can aid in predicting patient outcomes.

Reference: The concept of severity indexing is consistent with quality improvement practices and patient classification systems advocated by healthcare quality resources, including the NAHQ. Understanding patient acuity is crucial for efficient care delivery and resource utilization.

### 質問 # 433

After discharge, most patients with a mental health diagnosis have not been compliant with follow-up visits.

Which of the following Is the best way to Improve patient compliance?

- A. Initiate a process where the discharge planners call patients prior to the follow-up visit
- B. Benchmark with other facilities in the area to determine the rate of patient compliance.
- C. Communicate to noncompliant patients that appointments should be kept.
- D. Include handouts in the discharge documents on the Importance of keeping follow-up appointments.

正解: A

解説:

According to the National Association for Healthcare Quality (NAHQ), one of the core competencies of healthcare quality professionals is patient safety, which includes ensuring effective transitions of care and reducing preventable readmissions12. One of the strategies to achieve this goal is to improve patient compliance with follow-up visits, which can help monitor patient outcomes, prevent complications, and provide continuity of care34.

Among the four options given, the best way to improve patient compliance is to initiate a process where the discharge planners call patients prior to the follow-up visit. This is because:

A phone call can serve as a reminder for the patient to keep the appointment, as well as an opportunity to address any barriers or concerns that the patient may have34.

A phone call can also help establish rapport and trust between the patient and the discharge planner, which can increase patient satisfaction and adherence4.

A phone call can also allow the discharge planner to confirm the patient's understanding of the discharge instructions, medication regimen, and follow-up plan, and to provide any additional education or support that the patient may need<sup>34</sup>. The other options are less effective because:

Benchmarking with other facilities in the area to determine the rate of patient compliance may provide some insight into the current performance and best practices, but it does not directly address the specific needs and preferences of the individual patient<sup>5</sup>. Including handouts in the discharge documents on the importance of keeping follow-up appointments may increase the patient's awareness and knowledge, but it may not be sufficient to motivate the patient to act on the information, especially if the patient has low health literacy, cognitive impairment, or mental health issues.

Communicating to noncompliant patients that appointments should be kept may sound authoritative and judgmental, which may alienate the patient and reduce their willingness to cooperate. Instead, a patient-centered and empathetic approach that acknowledges the patient's challenges and preferences may be more effective. References: 1: [NAHQ Code of Ethics] 2: [NAHQ HQ Principles] 3: The Importance of Patient Follow-Up | MagMutual 4: The Importance of Patient Follow-Up and Service Recovery 5: [The Financial Case for Quality as a Business Strategy] : [Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic] : [Understanding the Evolving Landscape of Healthcare Quality] : <https://nahq.org/about-nahq/code-of-ethics/> : <https://nahq.org/products/hq-principles/> : <https://nahq.org/resources/the-financial-case-for-quality-as-a-business-strategy-2/> : <https://nahq.org/resources/journal-for-healthcare-quality/utilization-of-improvement-methodologies-by-healthcare-quality-professionals-during-the-covid-19-pandemic/> : <https://nahq.org/news-media/news/understanding-the-evolving-landscape-of-healthcare-quality/>

#### 質問 # 434

An external audit of medical records was just completed. In order for the results to be shared with leadership, which of the following must be done?

- A. Obtain specific patient consent
- B. Classify sections with protected health information as confidential
- C. Remove patient identifiers
- D. Acquire authorization from external auditors to share

正解: C

解説:

Sharing external audit results with leadership involves ensuring compliance with privacy regulations, particularly the Health Insurance Portability and Accountability Act (HIPAA), which protects patient health information (PHI).

Option A (Acquire authorization from external auditors to share): Auditors may have confidentiality agreements, but sharing results internally with leadership typically does not require their authorization, as leadership is part of the covered entity.

Option B (Remove patient identifiers): This is the correct answer. The NAHQ CPHQ study guide states, "To share medical record audit results internally, patient identifiers must be removed to comply with HIPAA and protect PHI" (Domain 1). De-identification ensures privacy while allowing leadership to review aggregate findings.

Option C (Classify sections with protected health information as confidential): Classifying PHI as confidential is standard, but it does not address sharing results, which requires de-identification for broader dissemination.

Option D (Obtain specific patient consent): Consent is not required for internal quality improvement activities, as they fall under HIPAA's healthcare operations exemption, provided PHI is protected.

CPHQ Objective Reference: Domain 1: Patient Safety, Objective 1.8, "Ensure compliance with privacy regulations in quality activities," emphasizes de-identification for sharing audit results. The NAHQ study guide notes, "Removing patient identifiers allows safe sharing of audit data for quality improvement" (Domain 1).

Rationale: De-identifying audit results ensures HIPAA compliance, enabling safe sharing with leadership, aligning with CPHQ's patient safety and privacy principles.

Reference: NAHQ CPHQ Study Guide, Domain 1: Patient Safety, Objective 1.8.

#### 質問 # 435

A hospital collects patient satisfaction data by mailing surveys to patients discharged home and analyzes the responses they receive. What is the most significant limitation of this sampling methodology?

- A. Responses will be time-consuming to convert from hard copy responses to soft copies for data storage.
- B. Hospital employees have no control over which patients respond to the survey.
- C. Patients may not respond to all questions in the survey.
- D. Patients who respond to the survey may not be representative of all discharged patients.

正解: D

## 解説:

The most significant limitation of the sampling methodology in which a hospital collects patient satisfaction data by mailing surveys to discharged patients is the potential non-representativeness of the respondents. This can lead to biased results because:

Response Bias: The patients who choose to respond to the survey may have different experiences or opinions compared to those who do not respond. For example, individuals with very positive or very negative experiences may be more motivated to complete and return the survey, while those with neutral experiences may not bother to respond. This creates a response bias.

Nonresponse Bias: If a significant portion of the patient population does not respond to the survey, the data collected may not accurately reflect the overall patient satisfaction. This can result in an overestimation or underestimation of patient satisfaction levels, leading to incorrect conclusions and potentially flawed quality improvement strategies.

Sampling Bias: Since the survey is voluntary, there is no guarantee that the sample of respondents is representative of the entire discharged patient population. Factors such as age, literacy, socioeconomic status, and health condition might influence who responds, further skewing the results.

Impact on Data Validity: The lack of representativeness can compromise the validity of the findings. Decision-makers relying on these survey results may implement changes based on incomplete or biased information, which might not address the needs or concerns of the broader patient population.

References: (Based on Healthcare Quality NAHQ documents and resources)

NAHQ White Paper on Patient Satisfaction Surveys.

Quality Management in Health Care, Discussion on Sampling Methodologies.

NAHQ CPHQ Study Guide, Chapter on Data Collection and Analysis.

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## 質問 # 436

Statistical analysis conducted with control charts is different from what some consider "traditional research" (e.g. hypothesis testing, development of p-values, design of randomized clinic trials). Traditional research is designed to compare the results at time one (e.g. the cholesterol levels of a group of middle-aged men) with the results at time two (typically months after the initial measure).

Research conducted in this manner is referred to as \_\_\_\_\_.

- A. Continuous distribution
- B. Static group comparison
- C. None of these
- D. SPC

正解: B

## 質問 # 437

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現在の急速的な発展に伴い、人材に対する要求がますます高くなっています。国際的なCPHQ認定試験資格証明書を持たれば、多くの求職者の中できっと目立っています。私たちのCPHQ問題集はあなたの競争力を高めることができます。つまり、私たちのCPHQ問題集を利用すれば、CPHQ認定試験資格証明書を取ることができます。それはちょうどあなたがもらいたい物ではないでしょうか?

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