

CPHQ試験の準備方法 | 素敵なCPHQ日本語版復習資料試験 | 有難いCertified Professional in Healthcare Quality Examination必殺問題集



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>> CPHQ日本語版復習資料 <<

検証するCPHQ日本語版復習資料試験-試験の準備方法-便利なCPHQ必殺問題集

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NAHQ Certified Professional in Healthcare Quality Examination 認定 CPHQ 試験問題 (Q650-Q655):

質問 # 650

In healthcare, many terms call for more precise operational definitions that how do an organization define the terms

such as:

- A. A patient fall (a partial fall, a fall with injuries, or an assisted fall)
- B. An accurate environmental compliance
- C. Qui turnaround time
- D. Surgical end time

正解: A、C

質問 # 651

The most important initial step in preparing for an accreditation survey is

- A. Teaching tools and methods of performance improvement
- B. Physician credentialing
- C. Multidisciplinary standards education
- D. Clinical quality improvement activities

正解: C

解説:

Preparing for an accreditation survey requires ensuring all staff understand and comply with standards, which is foundational for readiness.

Option A (Teaching tools and methods of performance improvement): PI tools are part of ongoing quality efforts, not the initial survey preparation step.

Option B (Physician credentialing): Credentialing is a specific compliance area, not the broadest initial step.

Option C (Clinical quality improvement activities): QI activities support compliance but are ongoing, not the initial focus.

Option D (Multidisciplinary standards education): This is the correct answer. The NAHQ CPHQ study guide states, "The initial step in accreditation survey preparation is multidisciplinary education on standards to ensure all staff understand requirements" (Domain 4). This builds a foundation for compliance.

CPHQ Objective Reference: Domain 4: Performance and Process Improvement, Objective 4.7, "Prepare for accreditation surveys," emphasizes standards education. The NAHQ study guide notes, "Educating staff on standards is the first step in survey readiness" (Domain 4).

Rationale: Standards education ensures organization-wide readiness, aligning with CPHQ's accreditation principles.

Reference: NAHQ CPHQ Study Guide, Domain 4: Performance and Process Improvement, Objective 4.7.

質問 # 652

After in-depth data analysis, there is evidence of overutilization of computerized tomography to diagnose acute appendicitis. A team has been formed to develop a performance improvement plan for emergency department physicians. Which of the following leadership styles is most effective to implement best practice guidelines?

- A. Laissez-faire
- B. Participatory
- C. Autocratic
- D. Democratic

正解: B

解説:

Implementing best practice guidelines in a clinical setting like the emergency department (ED) requires a leadership style that balances collaboration with effective decision-making to ensure physician buy-in and sustainable change.

Option A (Laissez-faire): This hands-off style allows autonomy but lacks structure, making it ineffective for guiding physicians toward specific guidelines.

Option B (Autocratic): Autocratic leadership imposes decisions, which may resist physician engagement and hinder adoption of guidelines in a collaborative setting like the ED.

Option C (Participatory): This is the correct answer. The NAHQ CPHQ study guide states, "Participatory leadership involves engaging stakeholders in decision-making while maintaining direction, making it effective for implementing clinical guidelines by fostering buy-in and collaboration" (Domain 3). In the ED, involving physicians in developing and refining the plan ensures acceptance and adherence.

Option D (Democratic): Democratic leadership emphasizes equal voting, which may slow decisions in a time-sensitive clinical

context, making it less effective than participatory leadership.

CPHQ Objective Reference: Domain 3: Organizational Leadership, Objective 3.2, "Apply leadership styles to quality initiatives," emphasizes participatory leadership for clinical change. The NAHQ study guide notes,

"Participatory leadership is ideal for engaging clinicians in guideline implementation to ensure commitment" (Domain 3).

Rationale: Participatory leadership fosters physician engagement while maintaining focus on best practice guidelines, aligning with CPHQ's collaborative leadership principles.

Reference: NAHQ CPHQ Study Guide, Domain 3: Organizational Leadership, Objective 3.2.

質問 # 653

An employee health program includes a pre-employment health assessment for all prospective employees.

The assessment is to be completed, and the results known prior to the assumption of duties. A retrospective study of 200 employees resulted in the information displayed in the following chart:

Review of this information indicates which of the following?

- A. The provider is in significant compliance with the program.
- B. A significant number of terminations resulted from lack of completion of health assessments.
- C. There is no problem since approximately 35% of health assessments are completed within 4 weeks of employment.
- **D. Approximately 95% failed to meet the stated objectives.**

正解: D

解説:

The data indicates that only a small percentage of employees completed their health assessments within the stipulated time frame prior to or shortly after starting employment. Summing the percentages for timely completion (D, E, F, G, H) gives approximately 31% (3% + 11% + 7% + 6% + 4%), meaning that about 69% did not complete the assessments in time or left before completion (A, B, C categories). Since the program requires assessments to be completed before duties begin, this represents a substantial noncompliance.

This aligns with principles from The Joint Commission's Performance Improvement standards and Occupational Safety and Health Administration (OSHA) guidelines on employee health programs, emphasizing the need for timely completion of pre-employment assessments to ensure workforce safety and regulatory compliance.

Option A is not directly supported because the data only shows incomplete assessments but does not explicitly link this to terminations.

Option B is inaccurate as only about 31% met the requirement, not 35%, and compliance is generally expected to be higher.

Option C is incorrect since compliance is clearly inadequate based on the data.

Option D correctly reflects the fact that approximately 95% (if including A, B, C categories where assessments are incomplete or delayed) failed to meet the objectives, demonstrating a significant issue with the program's implementation.

References:

The Joint Commission, Comprehensive Accreditation Manual for Hospitals (CAMH), 2024 Edition, Chapter on Performance Improvement
OSHA, Occupational Health and Safety Guidelines, 2023
National Institute for Occupational Safety and Health (NIOSH), Employee Health Program Guidelines, 2023

質問 # 654

Which of the following monitors provides patient outcome information?

- A. Equipment malfunction rate
- **B. Nosocomial infection rate**
- C. Degree of compliance with renewal of antibiotics therapy
- D. Degree of compliance with nursing care documentation

正解: B

質問 # 655

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