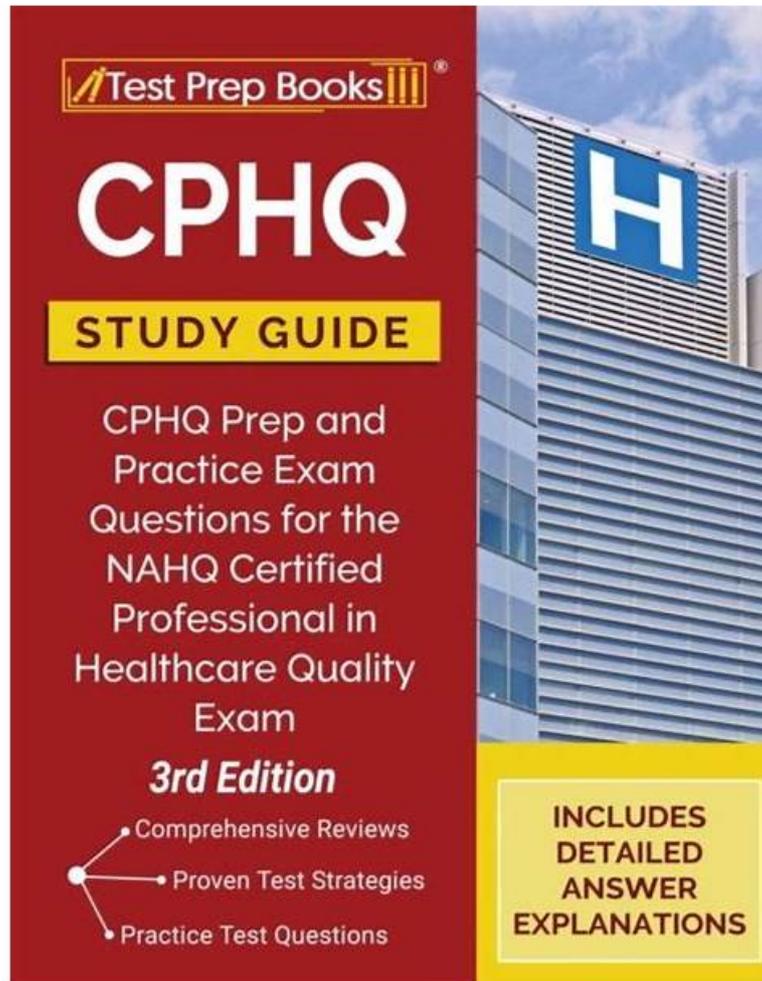


NAHQ CPHQ関連問題資料: Certified Professional in Healthcare Quality Examination - CertJuken最高をもたらします資格取得1年間の無料アップデート付き



ちなみに、CertJuken 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=1iDI7yYlDbgm2YmkEehRnUGzcbKiWBxM4>

ほとんどの時間インターネットにアクセスできない場合、どこかに行く必要がある場合はオフライン状態ですが、CPHQ試験のために学習したい場合。心配しないでください、私たちの製品はあなたの問題を解決するのに役立ちます。最新のCPHQ試験トレンドは、能力を強化し、試験に合格し、認定を取得するのに非常に役立つと確信しています。嫌がらせから抜け出すために、CPHQ学習教材は高品質で高い合格率を備えています。だから、今すぐ行動しましょう！ CPHQクイズ準備を使用してください。

NAHQ CPHQ試験は、キャリアを前進させ、ヘルスケア業界にプラスの影響を与えたいと考えている医療専門家にとって貴重なツールです。これは、候補者が医療の品質慣行と原則を理解していることをテストする厳格な試験であり、それを渡すことは、ヘルスケアの品質管理における卓越性に対する個人のコミットメントを示しています。CPHQ認定は世界中で認識されており、個人のキャリアの機会を増やし、可能性を獲得する可能性があります。

CPHQ認定の専門家になることの利点は多数あります。CPHQ認定は、雇用主と同僚に、医療専門家が医療品質管理の複雑さを管理するために必要な知識とスキルを持っていることを示しています。CPHQ認定は、キャリアの進歩の機会、給与の増加、および雇用保障の増加にもつながる可能性があります。さらに、CPHQ認定は、医療開発の機会、ネットワーキングの機会、ヘルスケア品質管理における最新のトレンドとベストプラクティスへのアクセスを医療専門家に提供します。

NAHQ CPHQ資格取得、CPHQ学習体験談

CPHQ認定の取得を支援するために、多くの専門家が数年間、NAHQすべての試験官向けのCPHQ試験トレントを策定するために懸命に取り組んできました。CertJukenこのようにして、当社のCPHQ学習資料は、対象となるだけでなく、すべての知識ポイントを網羅しています。CPHQ練習教材には、CPHQ練習教材の学習プロセスの欠陥を見つけるのに役立つ統計分析機能もあるため、弱いリンクのCertified Professional in Healthcare Quality Examinationトレーニングを強化できます。このようにして、能力が向上したため、成功に自信を持つことができます。

NAHQ Certified Professional in Healthcare Quality Examination 認定 CPHQ 試験問題 (Q159-Q164):

質問 # 159

There is a story of an intensive care unit (ICU) at Dominican Hospital in Santa Cruz County, California.

Dominican, a 379-bed community hospital, is part of the 41-hospital Catholic Healthcare West system. "We used to replace ventilator circuit for incubated patients daily because we thought this helped to prevent pneumonia," explained Lee Vanderpool, vice president. "But the evidence shows that the more you interfere with that device, the more often you risk introducing infection. It turns out it is often better to leave it alone until it begins to become cloudy, or 'gunky,' as the no clinicians say." The hospital staff learned an important lesson from this experience that:

- A. Evidence is more powerful than intuition
- B. Efforts improve mortality rate
- C. Intuition is more powerful than evidence
- D. Introduction of a new protocol, or any new idea, involves education

正解: A

質問 # 160

A quality improvement professional believes that their MRSA facility rates are high. What should the quality improvement professional do first?

- A. Form a quality improvement team
- B. Contact the infection control practitioner to obtain benchmark data.
- C. Report the concerns to senior management and the Quality Council.
- D. Repeat the data collection process to justify the new rate.

正解: B

解説:

The first step for a quality improvement professional who believes that their MRSA facility rates are high is to contact the infection control practitioner to obtain benchmark data. Benchmark data are comparative data that can help identify gaps in performance and set realistic and achievable goals for improvement 1. Benchmark data can be obtained from various sources, such as national or regional databases, professional organizations, peer-reviewed literature, or other similar facilities 2.

By contacting the infection control practitioner, the quality improvement professional can access reliable and valid data on MRSA rates in their facility and compare them with other facilities or standards. This can help them determine the magnitude and significance of the problem, and whether it warrants further investigation and action. The infection control practitioner can also provide guidance on the best practices and protocols for preventing and controlling MRSA infections, and the potential risk factors and causes of high MRSA rates 3.

The other options are not the best first steps for the quality improvement professional. Reporting the concerns to senior management and the Quality Council (option B) may be premature and unnecessary without having sufficient evidence and analysis of the problem. Forming a quality improvement team (option C) may be helpful later in the process, but not before defining and measuring the problem. Repeating the data collection process to justify the new rate (option D) may be wasteful and inaccurate, as it may not account for the variability and trends in the data, and it may not address the underlying causes of the problem. . References:

1: NAHQ Healthcare Quality Competency Framework, Domain 5: Data Analytics, Skill 5.1.1

2: Benchmarking in Healthcare: A Practical Approach | NAHQ

3: Success and failures in MRSA infection control during the COVID-19 pandemic | Antimicrobial Resistance

質問 # 161

A 300-bed healthcare organization has decided to apply for accreditation with a new accreditation body. The accreditation readiness coordinator should first

- A. obtain accreditation results from other facilities.
- B. establish an operating budget for staff accreditation education.
- C. review the standards required for accreditation.
- D. assess staff education needs related to accreditation.

正解: C

解説:

The accreditation readiness coordinator's first step should be to review the standards required for accreditation. Understanding the specific standards and requirements of the new accreditation body is critical to guide the organization's preparation process. This review will inform the development of education plans, readiness assessments, and any necessary adjustments to policies or procedures to ensure compliance with the accreditation standards.

Establish an operating budget for staff accreditation education (B): Budgeting is important but should follow the understanding of accreditation standards to ensure that the budget aligns with the specific needs.

Obtain accreditation results from other facilities (C): While this can provide valuable insights, it is secondary to understanding the actual standards that need to be met.

Assess staff education needs related to accreditation (D): This is an important step but should be done after the standards are reviewed, as it will guide what specific educational needs to address. Reference NAHQ Body of Knowledge: Accreditation Readiness and Standards Review NAHQ CPHQ Exam Preparation Materials: Preparing for Accreditation

質問 # 162

Which of the following are the most important characteristics of quality metrics?

- A. Repeatable, reliable, and reactive
- B. Valid, reliable, and feasible
- C. Random, unbiased, and reactive
- D. Statistical, random, and feasible

正解: B

解説:

Quality metrics must be valid, reliable, and feasible to be useful and meaningful in healthcare performance improvement. Validity ensures the metric measures what it intends to measure, reflecting true aspects of quality care. Reliability means the metric produces consistent results across different observers and over time, essential for credible comparisons and trend analysis. Feasibility means data can be collected with reasonable effort and cost, enabling regular monitoring and timely decision-making (The Joint Commission, Measurement Standards, 2024; National Quality Forum, Measure Evaluation Criteria, 2024). Without these qualities, data can mislead or fail to drive improvement. For example, a metric lacking validity may not reflect actual patient outcomes, while unreliable data can produce conflicting results, undermining trust. Feasibility is critical to ensure sustainable quality measurement systems. Other options like "random" and "reactive" are less relevant: metrics should be systematic and proactive rather than reactive. This triad of characteristics is emphasized in accreditation standards and quality improvement frameworks.

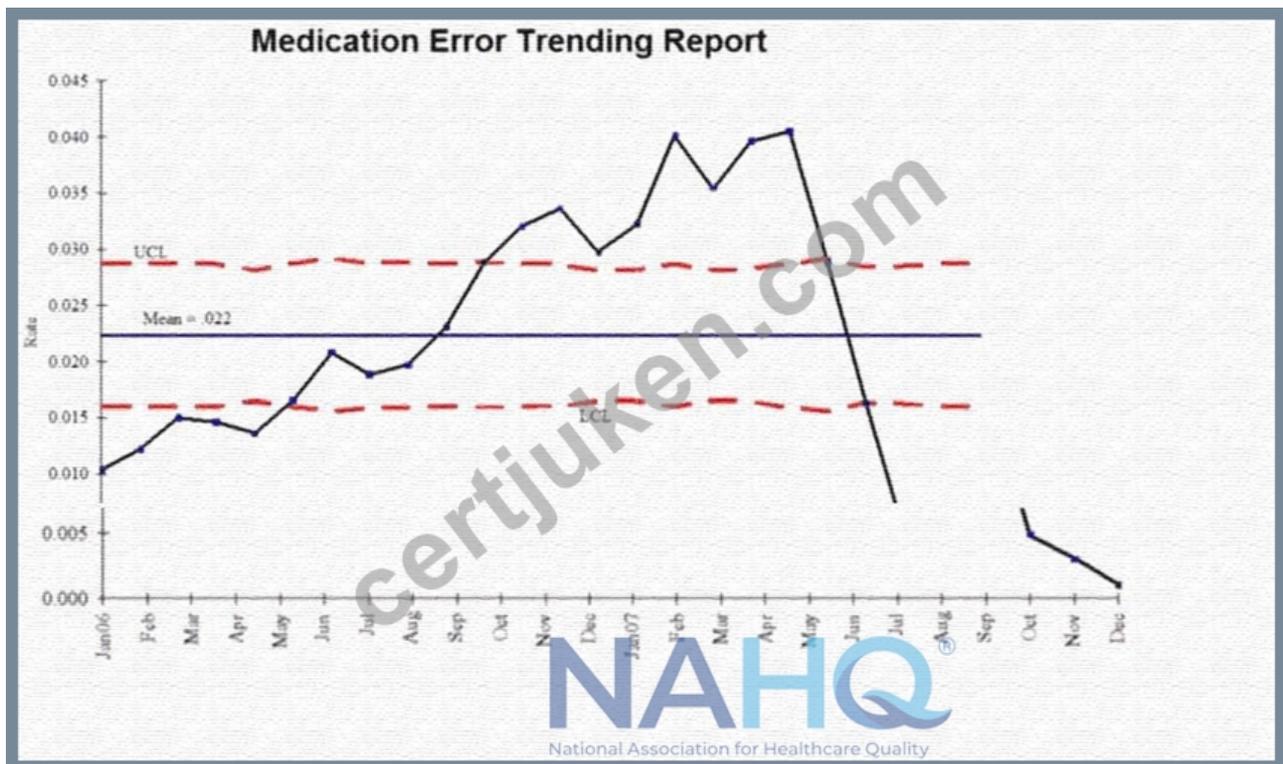
References:

The Joint Commission, Measurement Standards, 2024

National Quality Forum (NQF), Measure Evaluation Criteria, 2024

質問 # 163

A Pharmacy and Therapeutics Committee has reviewed the following control chart for presentation to a governing body. Which of the following conclusions is most appropriate?



- A. There has been a significant reduction in reported errors.
- B. The strategic goal for improving patient safety has been met.
- C. The most serious errors are occurring in the spring and summer.
- D. The strategic goal for improving reporting of errors has been met.

正解: A

解説:

The control chart shows a clear pattern of medication errors increasing above the upper control limit during the early months, indicating a period of instability or special cause variation. After this peak, there is a marked and consistent decline in error rates, falling well below the mean and approaching the lower control limit by the end of the year.

According to The Joint Commission and Institute for Healthcare Improvement (IHI) guidelines on control charts and statistical process control:

* When data points fall outside control limits, this indicates special cause variation that warrants investigation.

* The sustained decrease below the mean and toward the lower control limit strongly suggests a significant reduction in the medication error rate over time, which is statistically and clinically important.

* Option A is premature; improving patient safety is multifactorial and while error rates decreased, meeting a strategic goal requires additional evidence of sustained improvement and outcome measures.

* Option B accurately reflects the data trend showing a significant reduction in reported medication errors.

* Option C is not supported; while errors increased in spring and summer, the chart does not specify the severity of errors, only the rate.

* Option D is incorrect as there is no evidence that reporting of errors improved; instead, errors themselves declined.

References:

The Joint Commission, Comprehensive Accreditation Manual for Hospitals (CAMH), 2024 Edition, Patient Safety Chapter Institute for Healthcare Improvement (IHI), Statistical Process Control and Control Charts, 2023 Agency for Healthcare Research and Quality (AHRQ), Medication Safety Program Guidelines, 2023

質問 # 164

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CPHQ試験はIT業界でのあなたにとって重要です。あなたはCPHQ試験に悩んでいますか？試験に合格できないことを心配していますか？我々の提供した一番新しく全面的なNAHQのCPHQ問題集はあなたのすべての需要を満たすことができます。資格をもらうのはあなたの発展の第一歩で、我々のCPHQ日本語対策はあなたを助けて試験に合格して資格をもらうことができます。

