

# CPXP専門知識、CPXP合格率

## CPXP 2022

Define Complaint Process - correct answer - Issues that are Handled on The Spot.

- Billing Issues ( With no care issues)

- All lost and found issues.

Follow Up on Complaints - correct answer - By Phone, in person or by Letter

- Letter is not required.

Define Grievance - correct answer - Issues not Handled on The Spot

- Any letter or e-mail

- Any attachment or letter with a patient survey

- A Patient Grievance is a written or verbal complaint by a patient, or the patient's representative, regarding the patient's care (when the complaint has not been resolved at that time by staff present), abuse or neglect, or the hospital's compliance with the CMS Hospital Conditions of Participation (CoP).

Complaint - correct answer • Staff present includes any hospital staff member who is immediately available to take care of the patient's complaint

• Staff present is now broadened to mean all involved in resolving the issue that moment or that day.

• If a staff member is available to address the concern, the complaint is not considered a grievance.

Grievance - correct answer If the concern cannot be resolved at the time,

• is postponed for later resolution,

• is referred to another staff for later resolution, • requires investigation, and/or further actions to resolve concern . . . the issue is now a grievance.

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## The Beryl Institute CPXP Exam Syllabus Topics:

| Section                               | Objectives                                                                                                                                                                              |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organizational Culture and Leadership | <ul style="list-style-type: none"><li>- Culture Change</li><li>- Leadership Rounding</li><li>- Employee Engagement</li><li>- Strategic Role of Patient Experience</li></ul>             |
| Partnership and Advocacy              | <ul style="list-style-type: none"><li>- Service Recovery</li><li>- Patient Rights and Advocacy</li><li>- Effective Communication</li><li>- Patient &amp; Family-Centered Care</li></ul> |
| Measurement and Analysis              | <ul style="list-style-type: none"><li>- Statistical Concepts</li><li>- Translating Data into Action</li><li>- Survey Methodology</li><li>- HCAHPS</li></ul>                             |

|                       |                                                                                                                                                                        |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Design and Innovation | <ul style="list-style-type: none"> <li>- Service Design Thinking</li> <li>- PX Program Development</li> <li>- Innovation Methods</li> <li>- Journey Mapping</li> </ul> |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## >> CPXP専門知識 <<

# 試験CPXP専門知識 & 一生懸命にCPXP合格率 | 認定するCPXP日本語受験攻略

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## The Beryl Institute Certified Patient Experience Professional 認定 CPXP 試験問題 (Q38-Q43):

### 質問 # 38

When redesigning the discharge process to incorporate teach-back, which is the BEST way to establish a sense of urgency to facilitate the change?

- A. Train staff on the use of teach-back.
- B. Create a timeline for implementation.
- C. Include teach-back in performance appraisals.
- **D. Demonstrate the positive impact on patient outcomes.**

正解: D

解説:

This question aligns with Organizational Culture and Leadership , particularly change management and creating urgency. According to CPXP principles and change frameworks, establishing urgency requires clearly demonstrating why the change matters , especially by linking it to patient outcomes, safety, and quality of care . Option C is correct because showing the positive impact of teach-back on outcomes (e.g., reduced readmissions, improved understanding, safer transitions) creates a compelling reason for staff to adopt the change. Option A (training) and Option D (timeline) are implementation steps, not drivers of urgency. Option B (performance appraisals) introduces accountability but does not inherently build motivation or understanding. CPXP emphasizes that staff are more likely to engage in change when they see meaningful value and impact , making outcome-driven urgency the most effective approach.

### 質問 # 39

How can patient experience survey results BEST be used to influence organizational efforts?

- A. Align behaviors to survey results throughout the organization to drive desired outcomes.
- B. Recognize and reward outstanding behaviors that drive desired results.
- C. Analyze organizational and unit-level performance to monitor and follow up on performance.
- **D. Establish clear goals, align behaviors, and consistently review performance.**

正解: D

解説:

This question falls under Measurement and Analysis , where CPXP emphasizes not just collecting data, but translating insights into sustained organizational action . The most effective use of patient experience survey results is to establish clear goals, align behaviors, and consistently review performance . This approach ensures that data drives accountability, continuous improvement, and strategic alignment across all levels of the organization. Option A focuses only on monitoring, while B and C address partial elements (behavior alignment and recognition) but lack a comprehensive system. CPXP highlights that meaningful improvement requires a closed-loop system , where data informs goal-setting, behaviors are aligned to those goals, and performance is regularly reviewed and adjusted. This integrated approach ensures that survey results lead to measurable, sustainable improvements in patient experience.

#### 質問 # 40

Which is the MOST commonly reported cause of adverse events affecting limited English proficiency /culturally diverse patients?

- A. Family members, friends, and nonqualified staff are used as medical interpreters.
- B. Administrators fail to hire bilingual staff to fulfill appropriate language services.
- C. Professional interpreters are not adequately trained to translate in medically challenging situations.
- D. Staff overlook cultural nuances, creating assumptions that affect patient safety.

正解: A

解説:

This question aligns with Partnership and Advocacy , particularly health equity, communication, and patient safety. Option B is correct because one of the most commonly reported causes of adverse events for patients with limited English proficiency is the use of untrained interpreters , such as family members, friends, or unqualified staff. CPXP principles emphasize that improper interpretation can lead to miscommunication, omission of critical information, and medical errors , directly impacting patient safety and outcomes.

Professional medical interpreters are trained to accurately convey complex medical information and maintain confidentiality. While options A, C, and D may contribute to disparities, the use of unqualified interpreters is the most consistently identified risk factor. Ensuring access to qualified language services is essential for safe, effective, and equitable patient-centered care.

#### 質問 # 41

What is the KEY ingredient in connecting everyone's role to the patient experience?

- A. Coaching for success
- B. Clarity of purpose
- C. Incentives
- D. Recognition

正解: B

解説:

This question aligns with Organizational Culture and Leadership , focusing on how organizations create alignment between individual roles and the overall patient experience. The key ingredient is clarity of purpose , making Option C correct. When staff clearly understand why their work matters and how it impacts patient outcomes and experiences , they are more engaged, accountable, and motivated to deliver patient-centered care. Clarity of purpose connects daily tasks to a broader mission, reinforcing consistency across the organization. Option A (incentives) and Option D (recognition) can motivate behavior but do not create deep understanding or alignment. Option B (coaching) supports development but depends on an already defined purpose. CPXP principles emphasize that a clearly communicated purpose is foundational to building a culture where every team member contributes meaningfully to the patient experience.

#### 質問 # 42

Which is the BEST example of an empathetic statement by a physician?

- A. " You sound worried; others facing this feel a lot like you do. "
- B. " We will order three more tests to confirm what I am thinking. "
- C. " I know just how you feel. "
- D. " Now, now, don ' t jump to conclusions. "

正解: A

解説:

This question aligns with Partnership and Advocacy , emphasizing empathetic communication and emotional validation. Option B is the best answer because it acknowledges the patient's feelings ("You sound worried") and normalizes their experience , which are key components of empathy in CPXP practice. Empathy involves recognizing emotions, validating them, and responding in a supportive way. Option A is less effective because saying "I know how you feel" can feel dismissive or assumptive. Option C minimizes the patient's concerns, and Option D is purely clinical without addressing emotions. CPXP principles stress that empathetic statements should reflect understanding, avoid judgment, and build emotional connection , helping patients feel heard, supported, and

- [illegible]