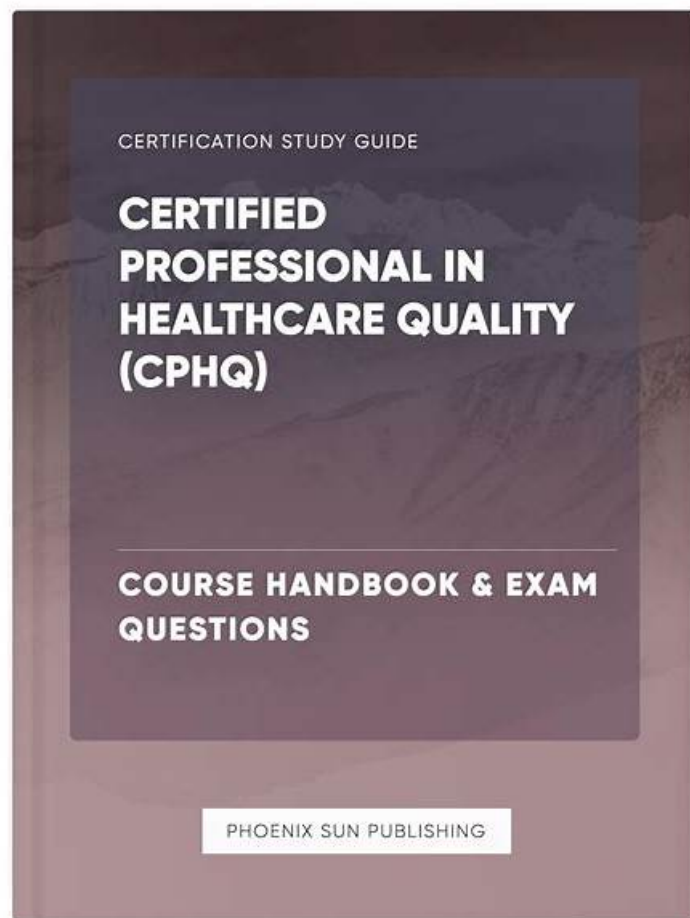


CPHQ熱門考題是通過Certified Professional in Healthcare Quality Examination的有用材料



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CPHQ是NAHQ認證考試，所以通過CPHQ是踏上NAHQ 認證的第一步。也因此CPHQ認證考試變得越來越火熱，參加CPHQ考試的人也越來越多，但是CPHQ認證考試的通過率並不是很高。當你選擇CPHQ考試時有沒有選擇相關的考試課程？

CPHQ 認證考試由國家醫療保健質量協會 (NAHQ) 管理。NAHQ 是一個專業組織，致力於通過教育、研究和倡導來促進醫療保健質量改進。NAHQ 已經管理 CPHQ 認證考試超過 30 年，並樹立了提供高質量、公正、可靠的認證程序的聲譽。

>> CPHQ熱門考題 <<

CPHQ認證資料 - 最新CPHQ考古題

在現在這個人才濟濟的社會裏，還是有很多行業是缺乏人才的，比如IT行業就相當缺乏技術性的人才。而NAHQ CPHQ 認證考試就是個檢驗IT技術的認證考試之一。PDFExamDumps是一個給你培訓NAHQ CPHQ 認證考試相關技術知識的網站。

CPHQ 認證是醫療保健品質專業人員展示其專業知識和承諾的優秀方式。該認證被雇主和同事認可為醫療保健品質管理的卓越標誌。通過 CPHQ 考試的專業人員被認為是醫療保健品質領域的專家，且該認證可以打開新的職業機會和晉升可能性。

CPHQ考試是一項綜合性考試，涵蓋了與醫療保健質量和病人安全有關的各個主題。考試涵蓋的主題包括領導和治理、病人安全、數據管理與分析、績效測量和改進、以及醫療保健法規和標準。

最新的 CPHQ Certification CPHQ 免費考試真題 (Q321-Q326):

問題 #321

A quality professional is conducting a root cause analysis related to a sentinel event. Which tool would be most useful to identify potential causes of the event?

- A. Failure mode and effects analysis (FMEA)
- B. Prioritization matrix
- **C. Fishbone diagram**
- D. Spaghetti diagram

答案: C

解題說明:

A fishbone diagram, also known as a cause-and-effect diagram, is instrumental in identifying potential causes of a problem by categorizing them into major areas such as methods, equipment, and personnel. The NAHQ CPHQ Detailed Content Outline lists the fishbone diagram as a key quality tool for root cause analysis.cdn.

nahq.org

This visual tool facilitates a structured brainstorming process, enabling teams to delve into the underlying causes of sentinel events systematically.

問題 #322

A stated purpose of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) public reporting is that accountable health care should:

- A. Provide valid and reliable data
- B. Ensure data is collected and reported annually
- **C. Require both measurement and transparency**
- D. Validate patient experience and satisfaction with care

答案: C

解題說明:

Detailed Explanation:

HEDIS's goal is to ensure measurement and transparency in healthcare performance, making it possible to compare providers on standardized metrics.

Option C: Require both measurement and transparency

This aligns with NCQA's mission to promote accountability and transparency in healthcare.

References:

The CPHQ study materials on HEDIS emphasize measurement and transparency as core objectives of NCQA's public reporting standards.

問題 #323

An alternative to a walk-through is a similar technique called _____. A staff member asks permission to accompany a patient through the visit and take notes on patients' experience.

- A. Patient graphing
- **B. Patient shadowing**
- C. Patient profiling
- D. Patient counselling

答案: B

問題 #324

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

答案： C

問題 #325

What Is the Initial step the quality professional should take when the organization's performance on a patient satisfaction strategic goal is below the desired performance?

- A. Form a quality improvement team
- **B. Review department-specific data.**
- C. Initiate a needs assessment
- D. Research Industry benchmarks.

答案： B

解題說明：

When an organization's performance on a patient satisfaction strategic goal is below the desired level, the initial step should be to review department-specific data. This allows for a detailed understanding of the performance in different areas or units within the organization. It helps in identifying specific issues that may be contributing to the overall low performance. This targeted approach facilitates the identification of tailored interventions that can be more effective than broad, non-specific actions.

References: The NAHQ emphasizes the use of data to drive quality improvement efforts. Department-specific data provides the detailed insights necessary to undertake focused quality improvement initiatives. This is a fundamental principle in the healthcare quality improvement process, aligning with the systematic approach outlined in the NAHQ's Healthcare Quality Competency Framework.

問題 #326

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CPHQ認證資料: https://www.pdfexamdumps.com/CPHQ_valid-braindumps.html

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