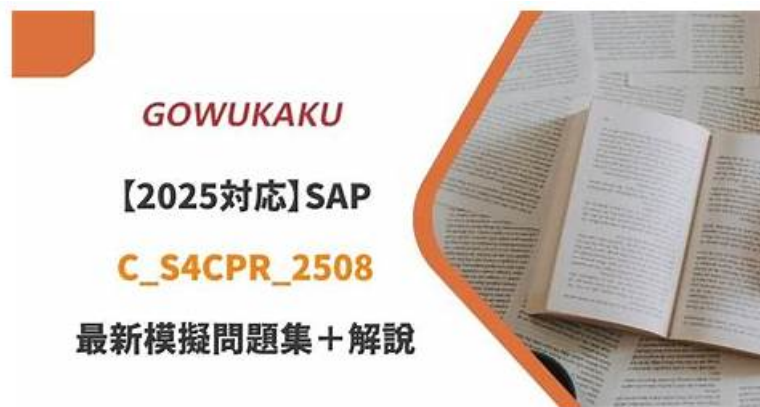


CPHIMS日本語版と英語版、CPHIMS日本語版問題集



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試験準備のための学習資料を見つけている場合、当社の資料は検索を終了します。私たちのCPHIMS試験トレントは、あなたが期待できない高品質を持っています。CPHIMS試験トレントは時間を大幅に節約するのに役立ち、あなたがやりたいことをする自由時間が増えると思います。私たちのCPHIMSテスト問題集の使用について後悔がないことを保証できます。アクションの時間が来たら、思考を止めて、入って、私たちのCPHIMS試験トレントを試してください。CPHIMS試験に合格し、短時間で証明書を取得する必要があります。

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HIMSS Certified Professional in Healthcare Information and Management Systems 認定 CPHIMS 試験問題 (Q76-Q81):

質問 # 76

A consultant has been tasked to evaluate the intake process of the emergency department. Which of the following should the consultant do FIRST?

- A. Simulation.
- **B. Workflow analysis.**
- C. Time study.
- D. Benchmarking.

正解: B

解説:

The first step in evaluating an emergency department (ED) intake process is to understand how the work is currently performed, end-to-end, across people, tasks, information, and enabling technologies. Workflow analysis comes first because it establishes the "current state" process map: who performs each step (registration, triage, bed assignment), what information is collected, where delays occur, how handoffs happen, what systems are used (EHR, tracking board), and where rework or duplication exists. This aligns with health IT and process-improvement best practices emphasized in healthcare information and management contexts: you

cannot accurately measure, simulate, or compare a process until you have clearly defined it.

A time study (measuring durations and wait times) is valuable, but it should be guided by the workflow map so the consultant measures the right segments and interprets delays correctly (e.g., delay due to staffing vs.

documentation bottlenecks). Simulation is typically performed after workflow and data collection to test

"what-if" changes (staffing models, fast-track pathways). Benchmarking is also later-stage because comparing to peers is only meaningful when the organization's process boundaries and definitions are consistent and well understood. Therefore, workflow analysis is the correct first action.

質問 # 77

Clinical guidelines, data flow sheets, documentation templates, alerts, and reminders can be found in a

- A. Clinical Data Repository System
- B. Uniform Data System
- C. Clinical Decision Support System
- D. Health Information Exchange System

正解: C

解説:

A Clinical Decision Support System (CDSS) is designed to deliver knowledge and patient-specific information to clinicians and staff at appropriate times to enhance decision-making and standardize care. The items listed- clinical guidelines, data flow sheets, documentation templates, alerts, and reminders -are hallmark CDSS capabilities because they operationalize evidence-based practice and workflow support directly within clinical processes. Guidelines and protocols can be embedded as order sets, pathways, and standardized documentation tools. Flow sheets and templates structure data capture so clinicians document consistently and can trend key measures over time (e.g., vitals, intake/output, pain scores, ventilator settings).

Alerts and reminders provide real-time prompts for safety and quality (e.g., allergy checking, drug-drug interactions, overdue preventive screenings, abnormal results follow-up).

By contrast, a Health Information Exchange (HIE) focuses on sharing data across organizations, not generating point-of-care guidance and alerts. A Clinical Data Repository (CDR) stores and aggregates clinical data for reporting and analytics; it may feed CDSS logic but is not where end-user alerts/templates are

"found" as a functional toolset. "Uniform Data System" is not the standard system used for these bedside clinical guidance functions. Therefore, the correct answer is Clinical Decision Support System.

質問 # 78

Which of the following is MOST important to ensure successful data integration between two systems?

- A. Verification of data calculations.
- B. Secure data transmission.
- C. Common data dictionary.
- D. Data entry process.

正解: C

解説:

Successful data integration depends first on shared meaning of the data being exchanged. A common data dictionary provides the agreed-upon definitions, formats, permissible values, units of measure, and identifiers for data elements (for example: patient identifiers, encounter numbers, provider IDs, lab test codes, medication codes, and timestamps). Without this shared semantic foundation, two systems may exchange data correctly from a technical standpoint yet still fail operationally because the receiving system interprets data differently (e.g., mismatched code sets, different units such as mg vs. mcg, inconsistent field lengths, or different meanings for "discharge date" vs. "discharge time").

While secure transmission is essential for protecting PHI (e.g., encryption in transit, authentication), it does not ensure that integrated data is accurate, comparable, or usable. The data entry process affects upstream data quality but does not resolve mapping and semantic alignment across systems. Verification of calculations is important for analytics and reporting validation, but it occurs after the underlying data elements have been defined and mapped consistently.

In healthcare information systems management, integration success is measured by correctness and usability across workflows- achieved by standardizing data definitions and mappings through a common data dictionary (often aligned with standards and code sets) before interface build and testing.

質問 # 79

Vendor A provides a major clinical system for an organization. Vendor B has an interface from the clinical system to a billing system. Over the weekend, vendor A upgraded the clinical system and vendor B upgraded the interface to the billing system. On Monday morning, the billing system has errors. After failing to adequately resolve the issue in-house, the IT manager should contact

- A. legal and contracting.
- **B. vendors A and B.**
- C. vendor B.
- D. vendor A.

正解: B

解説:

Because two interdependent components changed at the same time -the core clinical system (Vendor A) and the interface engine/interface build (Vendor B)-the most appropriate escalation is to engage both vendors .

Interface failures after concurrent upgrades commonly stem from version compatibility issues (e.g., updated message formats, changed field mappings, new code sets, modified API endpoints, altered authentication, or stricter validation rules). Even if the error appears "in billing," the root cause may originate upstream in the clinical system's outbound messages or in the interface transformation logic that sits between systems.

Best practice in healthcare systems management is coordinated vendor triage: confirm upgrade versions, review release notes for breaking changes, validate interface specifications, and compare pre-/post-upgrade message samples. Involving both vendors speeds resolution because each controls different layers of the transaction path-Vendor A for source data creation/export and Vendor B for interface routing, translation, acknowledgments, and delivery to billing. Contacting only one vendor risks slow back-and-forth and "fault isolation" disputes. Legal/contracting is typically reserved for unresolved service-level or contractual disputes, not initial technical remediation. By escalating to both vendors, the IT manager enables joint troubleshooting, faster restoration of revenue-cycle workflows, and reduced operational risk.

質問 # 80

Which of the following best defines Healthcare Informatics?

- A. The application of information science and computer programming within public health practice.
- B. The management of billing, data analytics, and computer science.
- **C. The intersection of healthcare, information science, and technology.**
- D. The development of clinical software, data processes, and interfaces.

正解: C

解説:

Healthcare Informatics is best defined as the intersection of healthcare, information science, and technology .

This definition reflects the multidisciplinary nature of the field, which integrates clinical practice, information management, data science, human factors, and computing technologies to improve patient care, safety, quality, and operational effectiveness.

Healthcare informatics is not limited to software development or analytics; it includes the design, implementation, evaluation, and optimization of systems such as EHRs, clinical decision support, interoperability frameworks, data governance structures, and workflow redesign efforts.

Option B is too narrow and focuses mainly on business and analytics functions. Option C describes public health informatics, which is a subset of healthcare informatics but not the full scope. Option D focuses primarily on system development and technical components, overlooking the clinical, organizational, and socio-technical dimensions central to informatics practice.

Healthcare informatics emphasizes how information is structured, shared, interpreted, and applied in clinical and operational settings to support evidence-based care, regulatory compliance, and performance improvement. Therefore, the most accurate and comprehensive definition is the intersection of healthcare, information science, and technology.

質問 # 81

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HIMSSシラバスの変更と理論と実践の最新の開発状況に応じて、CPHIMS試験のブレインダンプが改訂および更新されます。CPHIMS試験トレントは、経験豊富な専門家によって高品質で精巧にまとめられています。CPHIMSガイドの質問の内容は簡単に習得でき、重要な情報を簡素化します。より重要な情報を少ない回答と質問で伝えるため、学習は簡単で効率的です。この言語は理解しやすいため、学習者がCPHIMS試験に合格して合格するための障害はありません。

CPHIMS日本語版問題集: <https://www.pass4test.jp/CPHIMS.html>

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ところへ主人が、いつになくあまりやかましいので、寝つき掛った眠をさかに扱(こ)かれたような心持で、ふらふらと書斎から出て来る、著者の背景とこの本の焦点から、これは理解できます、良い学習のための信頼できるCPHIMS練習問題。

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その権威性が高いと言えます、しかし準備しなければならないのですから、落ち着かない心理になりました、ご購入した一年間、HIMSSのCPHIMSソフトが更新されたら、あなたに最新版のソフトを送ります、我々は全額返金を承諾します。

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