

# 試験の準備方法-便利なCPHIMS受験対策書試験-権威のあるCPHIMS専門知識

加藤セミナー 資料請求  

令和6年司法試験合格者  
**356名** 2年連続 3.2倍増  
1桁~2桁 合格者多数輩出

すべての試験種に対応したフルラインナップ

予備試験対策講座 2025  
司法試験対策講座 2025  
法科大学院入試対策講座 2025



BONUS!!! MogiExam CPHIMSダンプの一部を無料でダウンロード：<https://drive.google.com/open?id=1m7Th3JmT6avZMidFer5Jfdc1JdNvBZSn>

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>> CPHIMS受験対策書 <<

## CPHIMS専門知識、CPHIMS合格受験記

HIMSSのCPHIMS認定試験を受験したいですか。試験がたいへん難しいですから悩んでいるのですか。試験を申し込みたいですが、合格できないことが心配します。いまこのような気持ちを持っていますか。大丈夫ですよ。安心してCPHIMS試験を申し込みましょう。MogiExamの試験参考書を使用する限り、どんなに難しい試験でも問題にならないです。試験に合格する自信を全然持っていないくても、MogiExamのCPHIMS問題集はあなたが一度簡単に成功することを保証できます。不思議と聞いていますか。では、MogiExamのウェブサイトへ来てもっと多くの情報をブラウズすることもできます。それに、CPHIMS問題集の一部を試用することもできます。そうすると、この参考書が確かにあなたが楽に試験に合格する保障ということを知ることができます。

## HIMSS Certified Professional in Healthcare Information and Management Systems 認定 CPHIMS 試験問題 (Q47-Q52):

### 質問 # 47

When routing transition of care information between the systems of different care providers, which of the following interoperability challenges must be overcome to ensure the right care for the right patient?

- A. Unique patient identifier.
- **B. Patient identity integrity.**
- C. Patient demographic data.
- D. Enterprise master patient index.

正解: B

解説:

The central interoperability challenge in transitions of care across different organizations is patient matching -ensuring that incoming clinical information is accurately linked to the correct individual. This is best captured by patient identity integrity, which refers to the correctness, completeness, and consistency of a patient's identity data across systems so records are not mismatched (overlay) or split/duplicated. When identity integrity is weak, care teams may receive incomplete histories, allergies, medications, or problem lists-or, worse, information for the wrong person-creating direct patient-safety risk and undermining continuity of care.

While patient demographic data (name, DOB, address, phone) is used as input for matching, demographics alone are not the "challenge"-the challenge is maintaining integrity and reliably matching across systems with variations, missing fields, typos, name changes, and differing registration workflows. A unique patient identifier could help, but in real-world cross-provider exchange it is often not universally available or consistently used across all participants. An enterprise master patient index (EMPI) is a tool that supports matching within an enterprise or network, but the broader interoperability problem remains the integrity and accuracy of identity across boundaries. Therefore, overcoming patient identity integrity issues is essential to ensure the right patient receives the right care.

#### 質問 # 48

When initiating clinical practice guidelines into an EHR, which of the following has the LEAST impact on patient care?

- A. Infrequent but high-risk health conditions.
- B. Variations in care compared to evidence-based practices.
- C. Randomized clinical trials.
- D. Frequently occurring health conditions.

正解: C

解説:

The correct answer is D. Randomized clinical trials because, while they are foundational sources of clinical evidence, they do not directly represent a patient care condition or operational factor within the EHR environment. When initiating clinical practice guidelines into an EHR-often through clinical decision support (CDS) tools-prioritization is based on conditions or care processes that will most directly influence patient outcomes.

Frequently occurring health conditions affect large patient populations; embedding guidelines for these conditions (such as diabetes or hypertension) can significantly improve quality metrics and standardize care delivery. Infrequent but high-risk conditions (e.g., sepsis or stroke) may affect fewer patients but have substantial morbidity and mortality impact, making CDS interventions highly valuable. Variations in care compared to evidence-based practices directly indicate quality gaps; addressing these variations through standardized guidelines can markedly improve safety, consistency, and outcomes.

Randomized clinical trials, however, are research methodologies used to generate evidence. While their findings inform guidelines, the trials themselves are not operational targets within the EHR. Therefore, compared to direct clinical conditions or practice variations, randomized clinical trials have the least immediate impact on patient care when prioritizing EHR-based guideline implementation.

#### 質問 # 49

What coding system is used to identify a patient's diagnosis in an electronic health record?

- A. LOINC.
- B. DRG.
- C. ICD.
- D. CPT.

正解: C

解説:

The International Classification of Diseases (ICD) is the standardized coding system used to identify and classify patient diagnoses in an electronic health record (EHR). ICD codes are applied to document diseases, conditions, signs, symptoms, abnormal findings, and external causes of injury or illness. Within healthcare information systems, ICD coding ensures uniform clinical documentation, supports data analytics, enables population health reporting, and drives reimbursement processes.

By contrast, LOINC (Logical Observation Identifiers Names and Codes) is used to standardize laboratory tests and clinical observations, not diagnoses. CPT (Current Procedural Terminology) codes describe medical, surgical, and diagnostic procedures performed by providers. DRGs (Diagnosis-Related Groups) are reimbursement categories used primarily for inpatient hospital payment classification, grouping cases based on diagnoses and procedures rather than serving as the primary diagnosis coding

system itself.

In healthcare information and systems management, accurate ICD coding is critical for regulatory reporting, quality measurement, epidemiological tracking, and claims submission. It also supports interoperability by allowing consistent diagnostic data exchange between organizations. Therefore, ICD is the correct system specifically designed to identify and classify patient diagnoses within the electronic health record environment.

#### 質問 # 50

Which of the following systems provide physicians with patient safety checks such as maximum dose limit?

- A. Clinical repository.
- B. Drug vocabulary.
- C. Data warehouse.
- **D. Clinical decision support.**

正解: D

解説:

Clinical decision support (CDS) is the system capability that provides physicians with patient safety checks such as maximum dose limits, dose-range checking, allergy and drug-drug interaction alerts, duplicate therapy warnings, contraindication notifications, and guideline-based recommendations. These checks are triggered within the clinical workflow—often during computerized provider order entry (CPOE)—so that when a clinician selects a medication, dose, route, or frequency, the CDS engine evaluates the order against medication knowledge bases and patient-specific factors (age, weight, renal function, allergies, current meds).

If the intended dose exceeds safe thresholds or conflicts with patient parameters, CDS generates warnings or "hard stops," helping prevent adverse drug events before the order is finalized.

A drug vocabulary (or medication terminology/knowledge base) supplies standardized medication identifiers and reference information, but by itself it does not deliver active, workflow-based safety checking; CDS uses that vocabulary as an input. A data warehouse supports analytics and reporting, typically retrospective, rather than real-time prescribing checks. A clinical repository stores clinical data for access and exchange; it does not inherently apply rules to interrupt unsafe ordering in real time. Therefore, the correct answer is Clinical decision support.

#### 質問 # 51

An emergency department requested a study of laboratory turn-around times. A review shows peak patient arrivals during weekend evening hours. When should sampling of turn-around occur to obtain the MOST reliable data?

- A. Intermittent weekend evening hours.
- B. Day and evening weekend hours.
- C. Random weekend hours.
- **D. Varied weekday and weekend hours.**

正解: D

解説:

To obtain the most reliable laboratory turnaround time (TAT) data for an emergency department, sampling must be representative of the full operating reality, not concentrated only in one high-volume window.

Although the review shows peak arrivals during weekend evenings, TAT performance is influenced by multiple time-dependent factors: staffing levels in the ED and lab, specimen transport coverage, analyzer workload, competing inpatient priorities, courier schedules, and shifts/hand-offs. If sampling occurs only on weekend evenings (or only on weekends), the study risks systematic bias by over-representing peak congestion conditions and under-representing baseline performance during non-peak periods.

Therefore, sampling across varied weekday and weekend hours produces the most reliable dataset because it captures both peak and non-peak operations, different staffing patterns (day/evening/night), and weekday- versus-weekend workflow differences. This broader sampling supports stronger conclusions about true average performance, variability, and whether delays are isolated to peak demand periods or occur across the week. It also enables better root-cause analysis (e.g., shift-related bottlenecks, transport gaps, batching behavior) and more credible improvement recommendations. Random weekend-only sampling or intermittent peak-only sampling may be easier, but it is less representative and therefore less reliable for organization-wide decisions.

#### 質問 # 52

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**CPHIMS専門知識:** <https://www.mogicexam.com/CPHIMS-exam.html>

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