最新のCPHIMS専門知識訓練 &合格スムーズCPHIMS問題トレーリング |便利なCPHIMS日本語版トレーリング

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>> CPHIMS専門知識訓練 <<

CPHIMS問題トレーリング & CPHIMS日本語版トレーリング

我々の目標はCPHIMS試験を準備するあなたにヘルプを提供してあなたに試験に合格させることです。この目標を達成するために、我々は時間とともに迅速に発展しています。だからこそ、我々の専門家たちの研究と分析によって開発されたCPHIMS問題集は高質量で的中率が高いですから、我々はあなたのCPHIMS試験に一発合格できるのを保証しています。

HIMSS Certified Professional in Healthcare Information and Management Systems 認定 CPHIMS 試験問題 (Q30-Q35):

質問 # 30
How are clinicians positively impacted by integration and interoperability?

- A. Decreases ambiguity of concepts and documentation, increases accuracy of clinical concepts, and increases collaboration with multidisciplinary team.
- B. Reduces redundant effort, improves validity of clinical decision support, and allows for tracking clinical outcomes.
- C. Automates audit trails, improves data accuracy, and highlights risk management strategies.
- D. Promotes use of standardized terminologies such as SNOMED-CT, LOINC, and NANDA.

正解：B

解説：
Integration and interoperability most positively impact clinicians by reducing redundant work , strengthening clinical decision support (CDS) , and enabling outcomes tracking across settings-making D the best answer. When systems interoperate, clinicians can access relevant patient information (problems, medications, allergies, labs, imaging summaries, discharge plans) without re-entering

or re-requesting the same data. This reduces duplicate documentation, repeated tests, and time-consuming reconciliation tasks, freeing clinician time for direct patient care and improving workflow efficiency.
Interoperability also improves the validity and usefulness of CDS because decision support depends on complete, timely, and accurate data. If key data are missing-outside medications, recent lab results, or diagnoses from another facility-alerts and recommendations may be inappropriate, leading to alert fatigue or unsafe decisions. Better data integration increases CDS reliability and relevance.
Finally, interoperable data supports tracking clinical outcomes over time and across care transitions (inpatient, outpatient, specialty, community services). This helps clinicians monitor disease control, follow-up completion, readmissions, and adherence to evidence-based care, which supports quality improvement and value-based care goals. While standardized terminologies (A) and clearer documentation (C) contribute, the most direct clinician-facing benefits are captured in option D .

質問 # 31
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. Benchmarking.
- C. Time study.
- D. Workflow analysis.

正解：D

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 # 32
Which of the following is the INITIAL step to achieve successful implementation of a new system?

- A. Allocate budget and staff for the new system.
- B. Evaluate the technical environment.
- C. Identify common goals and expectations.
- D. Conduct site visits at successful implementations.

正解：C

解説：
The initial step in a successful system implementation is to identify common goals and expectations because this establishes the shared purpose, scope, and outcomes that will guide every later decision. Before an organization evaluates infrastructure, visits peer sites, or commits resources, leadership and key stakeholders must agree on what problem the new system is solving, what success looks like (clinical, operational, financial, compliance), who the primary users are, and what constraints exist (time, risk tolerance, regulatory requirements, workflow priorities). This early alignment reduces downstream conflict, prevents scope creep, and ensures that technical and budgeting choices are tied to business and clinical objectives rather than vendor features.
Only after goals and expectations are clarified does it make sense to evaluate the technical environment (to confirm readiness and integration needs), conduct site visits (to validate workflows and lessons learned against the organization's own objectives), and allocate budget and staff (to resource a plan that is clearly defined). In health IT management, starting with shared goals is a foundational governance practice because it supports stakeholder buy-in, defines measurable outcomes for adoption and value, and creates a clear basis for change management, training, and post-go-live optimization.

質問 # 33
Which of the following is an example of EHR training that integrates workflow?

- A. Radiologist reviewing error messages received when viewing x-rays.
- B. Privacy Officer determining appropriate access related to patient confidentiality.
- C. Intensive Care Unit nurse reviewing Emergency Department patient handover reports.
- D. Pharmacist evaluating medication errors.

正解：C

解説：
EHR training that integrates workflow is role-based and scenario-driven , meaning it teaches end users how to perform their real clinical tasks in the system in the same sequence, context, and timing they experience in practice. This approach emphasizes end-to-end processes (handoffs, ordering, documentation, medication administration, discharge) rather than isolated features or generic navigation. The example that best reflects workflow-integrated training is the ICU nurse reviewing Emergency Department patient handover reports , because it mirrors a common, time-sensitive clinical transition of care. In this scenario, the nurse must locate the correct patient, review ED documentation, reconcile current status and interventions, confirm orders, and prepare for ongoing ICU management-steps that directly match actual bedside workflow and support safe continuity of care.
Option A focuses on troubleshooting system error messages, which is more technical than workflow training.
Option B relates to governance and access control decision-making, not frontline EHR workflow use. Option D (evaluating medication errors) is primarily a quality/safety analysis activity; while important, it does not clearly represent a hands-on EHR workflow task sequence for routine care delivery. Workflow-integrated training improves adoption, efficiency, and patient safety because users practice exactly how the EHR supports their daily work.

質問 # 34
Effective health information exchange requires:

- A. Clinical decision support.
- B. Remote patient monitoring.
- C. Master Patient Index accuracy.
- D. Transcription software efficiency.

正解：C

解説：
Effective health information exchange (HIE) fundamentally depends on accurate patient identification , which is achieved through a reliable Master Patient Index (MPI) . An MPI is a core component of interoperability infrastructure that maintains unique identifiers for patients across different systems and organizations. When health data is exchanged between hospitals, clinics, laboratories, and other entities, the receiving system must correctly match the incoming data to the appropriate patient record. Without accurate patient matching, there is significant risk of duplicate records, overlay errors (information assigned to the wrong patient), incomplete clinical histories, and potential patient safety events.
Remote patient monitoring and clinical decision support are valuable digital health capabilities, but they are not foundational requirements for HIE functionality. Transcription software efficiency relates to documentation workflow and does not directly impact cross-organizational data exchange. In contrast, MPI accuracy ensures that demographic data elements-such as name, date of birth, address, and other identifiers-are properly reconciled to support safe and reliable interoperability.
Within healthcare information systems management, strong MPI governance, standardized demographic data capture, and ongoing data quality monitoring are essential best practices. Therefore, Master Patient Index accuracy is the critical requirement for effective health information exchange.

質問 # 35
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CPHIMS試験実践ガイドを繰り返し練習します。

CPHIMS問題トレーリング: https://www.certshiken.com/CPHIMS-shiken.html

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実際的なCPHIMS専門知識訓練試験-試験の準備方法-高品質なCPHIMS問題トレーリング

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