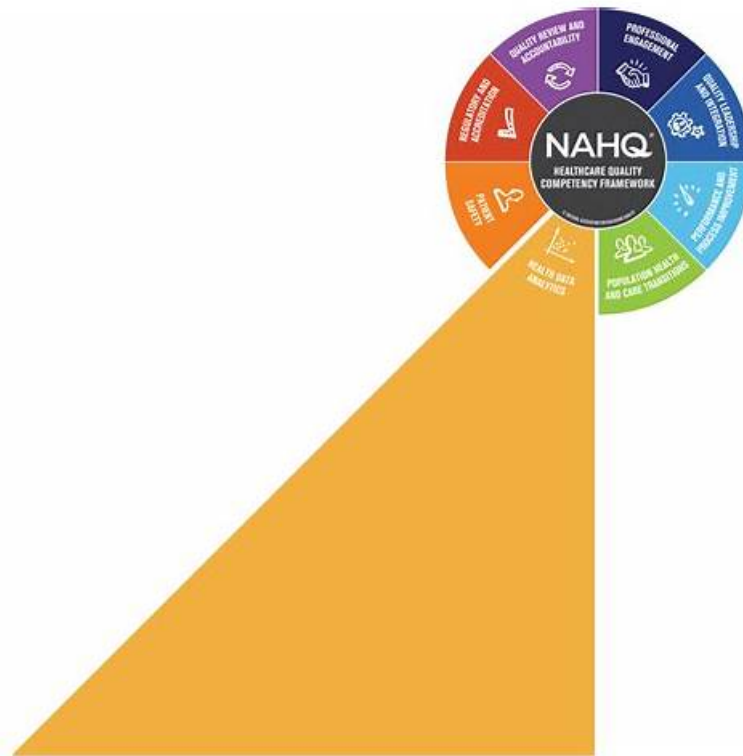


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>> 最新NAHQ CPHQ題庫資源 <<

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最新的 CPHQ Certification CPHQ 免費考試真題 (Q684-Q689):

問題 #684

Which of the following is the best strategy for executive leaders to improve patient safety within an organization?

- A. Counsel staff involved in errors.
- B. Support a blameless environment.
- C. Model Just Culture practices.
- D. Implement leadership rounds.

答案： C

解題說明：

To improve patient safety, executive leaders need to foster an environment that promotes transparency, learning from errors, and accountability without blame.

Here's why modeling Just Culture practices is the best strategy:

Creating a Safe Environment:

Just Culture encourages a balanced approach to accountability, where the focus is on understanding and correcting systems rather than blaming individuals. Leaders who model Just Culture practices demonstrate a commitment to safety and encourage the reporting of errors.

Promoting a Learning Culture:

By modeling Just Culture, leaders can promote a culture of continuous learning where staff feel safe to report errors and near misses. This is critical for identifying root causes and implementing system-wide improvements.

Trust and Morale:

When leaders consistently apply Just Culture principles, it builds trust among staff, leading to higher morale and a stronger commitment to patient safety initiatives.

Systemic Change:

Focusing on Just Culture allows organizations to address underlying system issues that contribute to errors, leading to more sustainable safety improvements.

While options B, C, and D are important elements of a patient safety strategy, modeling Just Culture practices directly addresses the cultural and systemic factors that are foundational to long-term improvements in patient safety.

Reference: NAHQ Healthcare Quality Competency Framework: Patient Safety and Just Culture NAHQ Guide to Leadership and Patient Safety

問題 #685

The chart above is used by a team to document process improvement results following an intervention that was implemented during the 20th week. Based on this chart, the team can conclude:

- A. The process is in control.
- B. There is a downward trend in performance.
- C. The intervention resulted in a shift in performance.
- D. Variation in the process has decreased.

答案： C

解題說明：

Understanding the Control Chart Components This control chart shows the median delay over time (by week), with control limits (UCL - Upper Control Limit, LCL - Lower Control Limit) and a center line (CL) indicating the process average before the intervention. Control charts like this one are used to determine whether an intervention has led to a significant change in process performance.

Analyzing the Data Before and After the Intervention

From weeks 1 to 19, before the intervention, the process appears to fluctuate around the control limits, with several points near the upper control limit, indicating higher variation and a generally stable process around a higher median delay.

After week 20, following the intervention, the data points show a clear shift downward, consistently staying below the previous control line (CL). The process median delay has notably reduced, and all data points fall within a new, lower range.

Conclusion Based on the Control Chart

The consistent reduction in median delay and the clustering of data points below the previous center line indicate a shift in performance rather than mere random variation. This type of change, sustained over multiple weeks, strongly suggests that the intervention had a substantial impact on reducing the delay.

While there may also be a decrease in variation, the primary visible effect is a shift in performance toward lower median delay values.

Rationale for Selecting Answer B The correct answer is B. The intervention resulted in a shift in performance, as the chart shows a distinct change in the process level post-intervention, indicating an improvement.

References:

NAHQ "Quality Improvement in Healthcare: Statistical Process Control"

"Interpreting Control Charts for Process Improvement" (NAHQ, 2020)

問題 #686

What action should be taken to align an organization's safety culture with improvement activities?

- A. Focus root cause analysis on incidents involving staff competency
- B. Identify groups to survey on safety culture
- **C. Debrief staff on safety culture survey results**
- D. Measure number of reported safety incidents per staff member

答案： C

解題說明：

NAHQ emphasizes that closing the feedback loop is essential for strengthening safety culture. Sharing and debriefing survey results helps staff understand findings, promotes transparency, and links culture assessment to improvement actions.

Measuring incident volume alone (Option B) may discourage reporting. Focusing RCA on staff competency (Option C) undermines a just culture. Identifying survey groups (Option D) is preparatory, not alignment- focused. Option A best aligns culture assessment with improvement.

問題 #687

An example of a clinical care process measure is:

- A. 30-day readmission rate
- B. Patient experience
- **C. Administration of beta blocker**
- D. Case mix mortality

答案： C

解題說明：

Clinical care process measures evaluate specific actions taken during patient care to ensure adherence to best practices and guidelines. These measures focus on whether healthcare providers perform particular interventions that are known to improve patient outcomes.

Option B, "Administration of beta blocker," is a direct example of a clinical care process measure. For instance, administering a beta blocker to patients after a myocardial infarction is a recommended practice to reduce mortality and prevent further cardiac events. Monitoring the rate at which eligible patients receive beta blockers assesses compliance with this evidence-based guideline.

The other options represent different types of measures:

* Patient experience (Option A): This is an outcome measure that captures patients' perceptions of their care, such as satisfaction and communication effectiveness.

* Case mix mortality (Option C): This is an outcome measure that reflects the mortality rate within a specific patient population, adjusted for the diversity and severity of cases treated.

* 30-day readmission rate (Option D): This is an outcome measure indicating the percentage of patients who are readmitted to a hospital within 30 days of discharge, often used to assess the quality of care transitions and discharge planning.

Therefore, among the options provided, "Administration of beta blocker" is the example of a clinical care process measure.

References:

* National Association for Healthcare Quality (NAHQ) - "Healthcare Quality Competency Framework" nahq.org

問題 #688

As part of survey preparation, a quality professional follows the experience of care for several patients throughout the organization. This is an example of using

- A. system tracers.
- B. program-specific tracers.
- **C. individual tracers.**
- D. focused tracers.

答案： C

解題說明：

Following a patient's care journey across departments is an individual tracer, used to evaluate care processes and compliance during survey preparation. System tracers (A) assess organization-wide processes, focused tracers (B) target specific issues, and program-specific tracers (D) evaluate defined programs. NAHQ specifies individual tracers for patient-specific evaluation.

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