

NAHQ CPHQ過去問題、CPHQ専門トレーニング

NAHQ Practice CPHQ Questions with Verified Answers

1- In evaluating "long waiting times," a healthcare quality professional best demonstrates components related to staffing, methods, measures, materials, and equipment utilizing

- A. a run chart.
- B. a histogram.
- C. a pie chart.
- D. an Ishikawa diagram.

- EXPLANATIONS:

- A. Run charts are used to track data over time.
- B. Histograms and bar charts are used to show distribution.
- C. Pie charts are used to compare parts of a whole.
- D. An Ishikawa (cause and effect) diagram helps to analyze potential causes.

2- Which of the following are the primary reasons for developing drug formularies?

- A. manage pharmacy costs, promote patient safety
- B. reduce medication errors, educate physicians
- C. encourage the appropriate use of medications, educate physicians
- D. decrease food and drug interactions, promote patient safety

- EXPLANATIONS:

- A. A drug formulary is an approved list of medications, clinical indications, and doses that helps manage pharmacy costs and patient safety.
- B. Reduced medication errors may result from having a drug formulary, but is not the primary reason for having one. It is also not intended to educate physicians.
- C. A formulary may encourage the appropriate use of medications, but it is not intended to educate physicians.
- D. A formulary is intended to promote patient safety, but the primary purpose is not intended to decrease food and drug interactions.

3- Management using quality improvement principles should emphasize the importance of

- A. staff orientation.
- B. customers' expectations.
- C. quarterly statistical reports.
- D. team selection.

- EXPLANATIONS:

- A. Staff orientation is only one component of quality improvement principles.
- B. The basis of quality improvement is knowing what the customer needs and wants.
- C. Quarterly statistical reports are only one component of quality improvement principles.
- D. Team selection is only one component of quality improvement principles.

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>> NAHQ CPHQ過去問題 <<

CPHQ専門トレーニング、CPHQシミュレーション問題

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NAHQ Certified Professional in Healthcare Quality Examination 認定 CPHQ 試験問題 (Q90-Q95):

質問 #90

The creation of an information technology infrastructure to analyze the performance of all physicians in a healthcare system can be useful in:

- A. Organizations can develop clinical pathways
- **B. Physician report cards can be issued**
- C. Identifying the disease the hospital, physician, or physical group treats most
- D. Clinical issues can be sorted out

正解: B

質問 #91

The ultimate responsibility for ensuring and maintaining patient safety in a healthcare organization lies with the:

- **A. Governing Body**
- B. Patient Safety Officer
- C. CEO
- D. Vice President of Quality

正解: A

解説:

The governing body holds the ultimate accountability for patient safety and quality of care within a healthcare organization. They are responsible for setting policies, ensuring compliance with regulations, and overseeing the organization's overall performance in these areas.

Reference: The Joint Commission A Trusted Partner in Patient Care

質問 #92

Education sessions were held to improve bar code medication administration (BCMA) performance. Six months after completion of education, an analysis showed continued BCMA improvement. What is the key to sustaining this improvement?

- A. Revise the policy and procedures
- B. Request patient input on the process
- **C. Monitor for continuous compliance**
- D. Provide ongoing feedback to staff

正解: C

解説:

Detailed Explanation:

Monitoring for continuous compliance is essential for sustaining improvement, as it ensures that performance is consistently tracked and deviations are promptly addressed.

Option C: Monitor for continuous compliance

Ongoing monitoring helps maintain high performance and catch any lapses in compliance early.

References:

CPHQ resources highlight continuous monitoring as a best practice in maintaining and sustaining quality improvements.

質問 # 93

The culture of safety survey data below is collected from perioperative services. Which action should the healthcare quality professional recommend?

Survey Item	Score
The actions of hospital management show that patient safety is a top priority.	4
I can report patient safety mistakes without fear or punishment.	4.83
In my work unit, we discuss ways to prevent errors from happening again.	4.67
The exchange of information between departments occurs smoothly.	4.24

- A. Develop a team-based communication training for perioperative staff.
- B. Implement a leadership training series on Just Culture principles.
- C. Educate perioperative staff on how to submit incident reports.
- D. Establish a process for executive walk-arounds in the perioperative departments.

正解: D

解説:

The culture of safety survey data provides insights into the perceptions of perioperative staff regarding patient safety practices, scored on a scale (typically 1 to 5, where 5 is the highest). The scores are as follows: hospital management's prioritization of safety (4), reporting mistakes without fear (4.83), discussing error prevention (4.67), and interdepartmental information exchange (4.24). The lowest score is 4 for the item "The actions of hospital management show that patient safety is a top priority," indicating a relative weakness in visible leadership commitment to safety, which is a critical component of a strong safety culture.

According to NAHQ CPHQ study materials, a key principle of a culture of safety is the visible commitment of leadership to patient safety, as it sets the tone for the organization and influences staff behavior. The score of 4 suggests that while staff perceive some prioritization, there is room for improvement in how management demonstrates this commitment. Establishing a process for executive walk-arounds in the perioperative departments (B) directly addresses this gap by increasing leadership visibility, fostering open communication, and demonstrating that patient safety is a priority. Walk-arounds allow leaders to engage with staff, observe processes, and address safety concerns in real-time, which can improve perceptions of leadership commitment.

Implementing a leadership training series on Just Culture principles (A) is relevant for the high score of 4.83 in reporting without fear, but this area is already strong, and the survey does not indicate a punitive culture needing immediate focus. Developing team-based communication training (C) could address the score of 4.24 for interdepartmental information exchange, but this is not the lowest-scoring item, and communication issues are secondary to leadership visibility in this context. Educating staff on incident reporting (D) is unnecessary given the high score of 4.83 for reporting without fear, indicating staff are already comfortable with reporting. NAHQ emphasizes addressing the weakest areas of a safety culture first, making leadership visibility the priority here, thus option B is the recommended action.

Reference: NAHQ CPHQ Study Guide, Patient Safety Section, "Culture of Safety and Leadership Engagement"; NAHQ CPHQ Practice Exam, Safety Culture Assessment and Interventions.

質問 # 94

The term _____ brings in mind that indicator panel on an automobile, which is most useful when the car is moving as a way for the driver to monitor key performance metrics such as speed, fuel level, engine performance, temperature and direction from digital display units.

- A. Scoreboard
- B. Charts
- C. Scanners
- D. Dashboard

