

CPHQテスト資料 & CPHQ模擬体験



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>> CPHQテスト資料 <<

CPHQ模擬体験 & CPHQ日本語関連対策

質の良いNAHQのCPHQ試験トレーニング資料が見つけれられないので、まだ悩んでいますか。JpexamのNAHQのCPHQ試験トレーニング資料は豊富な経験を持っているIT専門家が研究したもので、問題と解答が緊密に結んでいるものです。他のサイトの資料はそれと比べることすらできません。その正確性も言うまでもありません。Jpexamを選ぶのは成功を選ぶのに等しいと言えます。

NAHQ Certified Professional in Healthcare Quality Examination 認定 CPHQ 試験問題 (Q157-Q162):

質問 # 157

Data from an Incident reporting system compares Incident rates for one facility to similar facilities:

After reviewing the graph, which of the following should be done first?

- A. perform additional analysis on falls data.
- B. Review medication processes.
- C. Research best practices.
- D. Share data with the governing body.

正解: A

解説:

* Incident reporting systems are tools to collect and analyze data on patient safety incidents, such as medication errors, falls, infections, and adverse events12.

* Incident reporting systems can help identify patterns, trends, and areas of improvement for patient safety and quality of care123.

* The graph shows the incident rates for one facility compared to similar facilities in four categories: medication, falls, infection, and adverse events. The graph indicates that the facility has a higher incident rate for falls than the average of similar facilities, while the other categories are comparable or lower⁴.

* Therefore, the first step after reviewing the graph should be to perform additional analysis on falls data, such as the types, causes, consequences, and contributing factors of falls incidents, and compare them with the best practices and standards for falls prevention and management^{5,6,7}.

* This will help the facility to understand the root causes of the high falls incident rate, and to develop and implement appropriate interventions to reduce the risk and harm of falls for patients^{5,6,7}.

* Reviewing medication processes, researching best practices, and sharing data with the governing body are also important steps, but they should be done after the additional analysis on falls data, as they are more general and less specific to the problem identified by the graph⁴. References: 1: Patient Safety Incident Reporting and Learning Systems | WHO 2: Incident Reporting: Key to Successful Healthcare Organizations | SafeQual 3: Report a patient safety incident | NHS England 4: Data from an Incident reporting system compares Incident rates for one facility to similar facilities | User-uploaded image 5: Falls Prevention and Management | NAHQ 6: Preventing Falls in Hospitals | Agency for Healthcare Research and Quality 7: Falls Prevention and Management | Institute for Healthcare Improvement

質問 # 158

Which organization accredits opioid treatment programs?

- A. Commission on Accreditation of Rehabilitation Facilities (CARF)
- B. National Committee for Quality Assurance (NCQA)
- C. American Medical Association (AMA)
- D. Community Health Accreditation Partner (CHAP)

正解: A

解説:

Within the Organizational Leadership domain, NAHQ expects quality professionals to understand the roles of accrediting and certifying bodies. The Commission on Accreditation of Rehabilitation Facilities (CARF) is a nationally recognized accrediting organization that accredits opioid treatment programs (OTPs), among other behavioral health and rehabilitation services. CHAP focuses primarily on home health, hospice, and community-based services. The AMA develops clinical guidance and policy but does not accredit organizations. NCQA accredits health plans, population health programs, and patient-centered medical homes, not opioid treatment programs. Therefore, CARF is the correct accrediting body, making Option A correct.

質問 # 159

The primary benefit of adopting a countrywide or global uniform set of discharge data is to:

- A. Facilitate collection of comparable health information.
- B. Facilitate computerization of data.
- C. Assist medical records personnel in collecting internal data.
- D. Validate data being collected from other sources.

正解: A

質問 # 160

Six months after implementing a new cardiac rehabilitation program, an organization notes many patients that meet criteria are not enrolled. Which of the following is the most effective strategy to increase the enrollment rate?

- A. Train staff on providing optimal care following a cardiac event.
- B. Encourage caregiver involvement in the program.
- C. Launch a marketing campaign to promote the program.
- D. Standardize the program referral process.

正解: D

解説:

Comprehensive and Detailed Explanation From Exact Extract:

In the Performance and Process Improvement domain, low enrollment in an eligible population typically reflects a process failure, not

lack of awareness.

Standardizing the referral process ensures consistent identification and referral of eligible patients, reducing variability and improving enrollment.

Marketing and education are secondary actions, but process standardization directly addresses the root cause

- inconsistent workflow or referral steps.

References:

NAHQ CPHQ Content Outline - Performance and Process Improvement: Process Standardization and Workflow Redesign

NAHQ Healthcare Quality Competency Framework - Performance Improvement: Reducing Variation and Ensuring Consistency

質問 # 161

The main purpose of conducting tracers as a part of continuous readiness is to

- A. minimize the number of recommendations for Improvement during an actual survey.
- B. teach quality Improvement professionals how to prepare for accreditation surveys.
- C. prepare staff to be able to speak to the surveyors in a comfortable and easy manner.
- D. identify current gaps in processes of quality and patient safety that need correcting.

正解: D

解説:

Tracers are a method of assessing the quality and safety of care, treatment, or services by following the experience of a patient or a process through the entire health care delivery system¹.

Tracers are used by The Joint Commission and other accreditation bodies to evaluate the compliance of health care organizations with the standards and requirements for accreditation¹.

Tracers can help identify the strengths and weaknesses of an organization's processes and practices, as well as the risks and opportunities for improvement²³.

Tracers can also help engage staff and stakeholders in continuous improvement activities and foster a culture of quality and safety²⁴. Therefore, the main purpose of conducting tracers as a part of continuous readiness is to identify current gaps in processes of quality and patient safety that need correcting, as this will help the organization achieve better outcomes and meet the expectations of accreditation¹²³⁴.

Reference: 1: Tracer Methodology Fact Sheet | The Joint Commission 2: How tracer rounds can support effective continuous improvement in healthcare 3: Unlocking QTRACER's secret to ensure continuous improvement in healthcare 4: Continuous Service Readiness | Joint Commission Resources

質問 # 162

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CPHQ模擬体験: https://www.jpexam.com/CPHQ_exam.html

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無料PDFNAHQ CPHQテスト資料 インタラクティブテストエンジンを

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