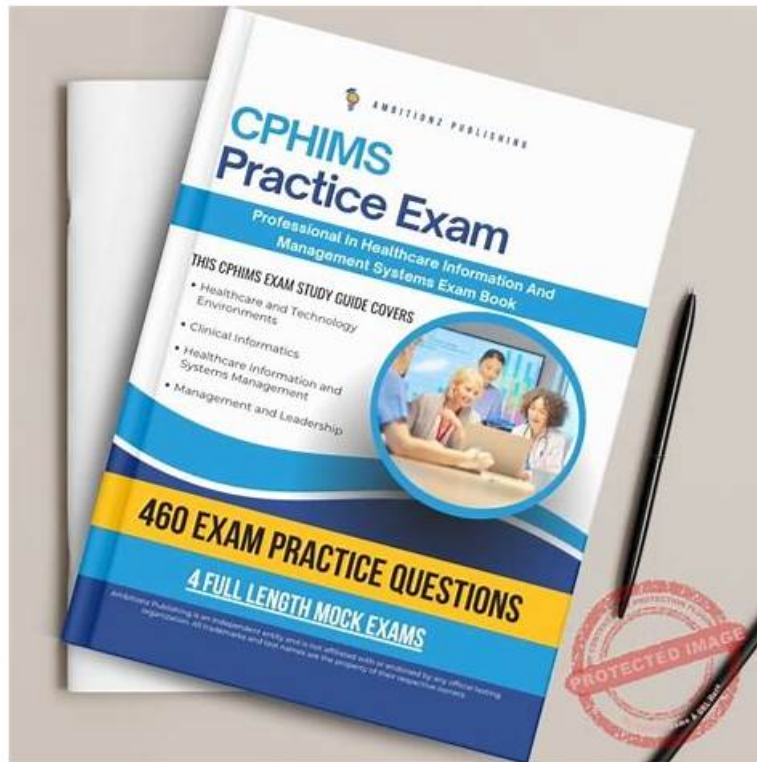


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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q65-Q70):

NEW QUESTION # 65

The executive responsible for overseeing people, processes, and technologies within a company's IT organization to ensure they deliver outcomes that support the goals of the business—playing a key role in the critical strategic, technical, and management initiatives that mitigate threats and drive business growth—is the:

- A. Chief Technology Officer (CTO).
- **B. Chief Information Officer (CIO).**
- C. Chief Nursing Informatics Officer (CNIO).
- D. Chief Medical Information Officer (CMIO).

Answer: B

Explanation:

The Chief Information Officer (CIO) is the executive accountable for the overall leadership and performance of the IT organization, ensuring that technology, people, and processes deliver measurable value aligned with enterprise goals. In healthcare environments, this includes setting IT strategy, governing major portfolios (EHR, infrastructure, cybersecurity, interoperability, analytics), ensuring regulatory and privacy compliance, and managing budgets, vendor relationships, and service delivery. The CIO's scope is enterprise-wide: translating organizational objectives into technology roadmaps, prioritizing investments based on value and risk, and ensuring operational reliability and resilience (uptime, disaster recovery, incident response). This directly relates to "mitigating threats and driving business growth," because the CIO is responsible for managing technology risk (e.g., cybersecurity, downtime, data integrity) while enabling growth through scalable platforms, digital transformation initiatives, and workforce enablement.

A CTO typically focuses more narrowly on technology architecture, engineering, and innovation execution, often reporting into or partnering with the CIO. CNIO and CMIO are clinical informatics leaders—critical for adoption and clinical alignment—but they do not usually own the entire IT organization across people, processes, and enterprise technology governance.

NEW QUESTION # 66

Which of the following systems supports all five rights of medication administration?

- **A. BCMA.**
- B. MAR.
- C. CPOE.
- D. DSS.

Answer: A

Explanation:

Bar coded medication administration (BCMA) is the system specifically designed to support the "five rights" of medication administration—right patient, right drug, right dose, right route, and right time—by adding point-of-care barcode scanning and electronic verification within the medication-use workflow. In practice, BCMA requires the clinician to scan identifiers (commonly the patient wristband and the medication barcode). The clinical system then cross-checks the scanned medication against the active medication order and administration schedule, helping to prevent wrong-patient, wrong-drug, wrong-dose, wrong-route, and wrong-time errors before the medication is actually given. This direct bedside validation is what makes BCMA uniquely aligned with the five rights.

By comparison, CPOE primarily improves safety earlier in the process (ordering/prescribing) through legibility, standardization, and decision support, but it does not by itself verify the medication at bedside administration. A MAR/eMAR documents what is scheduled and what was administered; it supports documentation and scheduling but does not inherently enforce barcode-based identity and medication matching. A DSS can provide alerts and guidance, yet it is not a dedicated administration verification mechanism. Therefore, BCMA is the best answer because it directly operationalizes the five rights during medication administration.

NEW QUESTION # 67

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.

Answer: C

Explanation:

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.

NEW QUESTION # 68

Which of the following is a benefit of Telehealth?

- A. Fosters collaboration.
- B. Improves decision making.
- C. Increases reimbursement.
- **D. Removes geographic barriers.**

Answer: D

Explanation:

A primary, well-established benefit of telehealth is that it removes geographic barriers by enabling patients and clinicians to connect without needing to be in the same physical location. This expands access to care for people in rural or underserved areas, those with limited transportation, mobility challenges, or time constraints, and patients who need specialty services not available locally. Telehealth supports care delivery across distance for activities such as follow-up visits, chronic disease check-ins, behavioral health sessions, medication management, and post-discharge monitoring, helping patients receive timely care and reducing missed appointments.

While telehealth can also support collaboration (for example, specialist consults with local teams) and may contribute to better clinical decisions when it increases access to expertise or patient data, those outcomes are not as universally direct as the core access advantage. "Increases reimbursement" is not an inherent benefit of telehealth because reimbursement depends on payer policies, regulations, service type, and documentation requirements; in some contexts reimbursement may be equal, lower, or subject to restrictions. Therefore, the most consistently correct benefit among the options is the reduction of geographic barriers to healthcare access.

NEW QUESTION # 69

Which of the following represents challenges in data quality in today's healthcare environment?

- A. Lack of patient portals.
- B. A variety of data dimensions.
- C. Lack of system interoperability.
- **D. The significant amount of data generated.**

Answer: D

Explanation:

One of the most significant challenges affecting data quality in today's healthcare environment is the sheer volume of data generated. Modern healthcare systems produce massive amounts of information from EHRs, laboratory systems, imaging systems, wearable devices, remote monitoring tools, billing systems, and health information exchanges. As data volume increases, maintaining accuracy, completeness, consistency, timeliness, and integrity becomes more complex. Large datasets increase the likelihood of duplicate records, missing values, inconsistent coding, delayed documentation, and data entry errors. Additionally, high data volume places strain on governance processes, validation controls, and analytic oversight.

Option B (lack of patient portals) relates more to patient engagement than to intrinsic data quality challenges.

Option C (a variety of data dimensions) reflects complexity but does not directly define a core data quality problem; dimensional diversity can be managed through proper data modeling. Option D (lack of system interoperability) is primarily an exchange and

integration issue rather than a direct data quality characteristic, although it can indirectly impact data consistency. In healthcare information management frameworks, data quality challenges are often associated with the "3 Vs" of big data-volume, velocity, and variety-with volume being a primary driver of quality management complexity.

NEW QUESTION # 70

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