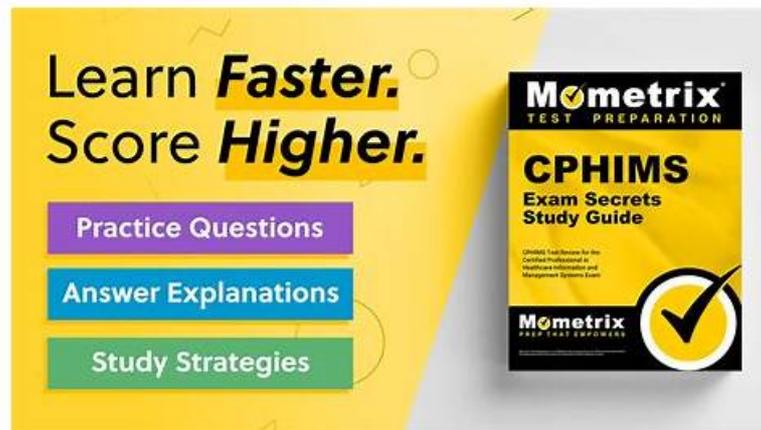


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## HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q67-Q72):

### NEW QUESTION # 67

A software program that converts audio analog to a digital signal for dictation is:

- A. Voice response system software.
- B. Text to speech software.
- C. Virtual reality software.
- D. Voice recognition software.

**Answer: D**

Explanation:

Voice recognition software (also called speech recognition) is used in clinical documentation workflows to capture spoken dictation and convert it into a digital form that the system can process—typically producing text and/or a digital dictation file that can be stored, edited, and routed within the EHR or transcription workflow. In healthcare settings, clinicians often dictate notes, operative reports, and discharge summaries.

Voice recognition technology digitizes the spoken input and applies recognition algorithms to transform speech into structured text, supporting faster documentation turnaround and improved availability of clinical notes.

By contrast, text-to-speech converts written text into spoken audio output (the reverse direction). A voice response system (interactive voice response/IVR) is primarily used for telephone-based automated menus and information capture (e.g., appointment

reminders or patient self-service), not clinician dictation. Virtual reality software supports immersive simulation or training environments and is unrelated to converting dictation audio for documentation.

From a clinical informatics perspective, voice recognition is important because it can reduce reliance on manual transcription, speed documentation completion, and support more timely information availability for care teams-provided it is implemented with quality controls to manage recognition errors and maintain documentation accuracy.

#### NEW QUESTION # 68

How can training staff's effectiveness be best improved?

- A. Train the trainers on the system functions.
- B. Provide the design and solution documents to the training team immediately after the contract is executed.
- C. Empower trainers to participate in design and user acceptance testing and develop the curriculum in the process.
- D. Provide training before go-live, once testing is completed and the product is ready to ship.

**Answer: C**

Explanation:

Training staff are most effective when they are integrated early into the implementation lifecycle- particularly during design and user acceptance testing (UAT) -because this gives them deep, practical understanding of the new workflows, decisions, and real-world usability issues that end users will face. By participating in design sessions, trainers learn the intended future-state processes, policy choices (e.g., documentation standards, order set governance), and role-based responsibilities. Through UAT involvement, trainers observe where users struggle, what steps are error-prone, which screens are confusing, and which workflow workarounds emerge. That insight allows trainers to build targeted curriculum, scenarios, and tip sheets that directly address high-risk tasks and common points of failure-improving adoption, reducing errors, and shortening the productivity dip at go-live.

Option B delays trainer readiness until late, limiting time to develop scenario-based training and incorporate UAT lessons learned.

Option C (receiving documents) helps but is insufficient because documents rarely capture the nuanced, operational "how work really happens" details. Option D (training trainers on functions) is necessary but not sufficient; effective healthcare IT training must be workflow- and role-based, not only feature-based. Hence, early empowerment and participation (A) best improves training effectiveness.

#### NEW QUESTION # 69

Strategic plans include

- A. policies and procedures.
- B. budget requests.
- C. operational plans.
- D. financial projections.

**Answer: C**

#### NEW QUESTION # 70

A department has provided a list of suggested enhancements to its primary system. Which of the following is the BEST method to prioritize these enhancements?

- A. Group enhancements into major categories.
- B. Conduct a cost/benefit analysis of enhancement options.
- C. Organize the list of enhancements based on IT resource requirements.
- D. Identify frequency of problems from a service desk log review.

**Answer: B**

Explanation:

The best method to prioritize enhancement requests is to conduct a cost/benefit analysis because it provides an objective, decision-oriented way to compare competing options using consistent criteria. In healthcare information systems management, enhancements compete for limited analyst time, testing capacity, training bandwidth, and change windows-so prioritization must consider not only effort but also measurable value.

A cost/benefit analysis evaluates expected benefits such as improved patient safety, reduced clinical risk, compliance impact, productivity gains, reduced turnaround time, better charge capture, lower support burden, and improved user satisfaction, then

weighs them against costs such as implementation effort, licensing, interface work, workflow redesign, training time, downtime risk, and ongoing maintenance. This approach supports governance transparency and aligns investment with organizational strategy and outcomes.

The other options can inform prioritization but are not sufficient alone. Organizing by IT resource requirements (A) risks prioritizing what is easiest rather than what delivers the greatest value or risk reduction. Service desk frequency (B) highlights pain points, but high-frequency issues may be low impact, while low-frequency issues can be high severity (e.g., safety or regulatory). Grouping into categories (C) helps organize discussion but does not rank options. Therefore, cost/benefit analysis is the strongest method for rational, defensible prioritization.

#### NEW QUESTION # 71

What does Logical Observation Identifiers Names and Codes (LOINC) represent?

- A. The universal standard for identifying radiology test orders for the exchange of clinical health information.
- B. The universal standard to display lab results on the patient portal.
- C. The universal standard for laboratory and clinical observations in the exchange of clinical health information.
- D. The universal standard for clinical information exchange authorization.

**Answer: C**

Explanation:

LOINC (Logical Observation Identifiers Names and Codes) is a standardized terminology used to identify laboratory tests, clinical measurements, and other observations in a consistent, interoperable way. Its primary purpose is to ensure that when clinical data is exchanged between systems—such as hospitals, laboratories, public health agencies, and EHRs—the receiving system can correctly understand what observation was performed (e.g., hemoglobin in blood, SARS-CoV-2 PCR result, blood pressure, vital signs, survey instruments). This makes option C correct because LOINC is widely used to code laboratory and clinical observations for health information exchange, analytics, and longitudinal patient records.

Option A is too narrow: while LOINC-coded results can be displayed on portals, LOINC is not a "display standard"; it is an observation identification vocabulary. Option B is incorrect because authorization is handled by security/access control frameworks, not clinical terminologies. Option D is also not the best match: radiology uses multiple standards; orders and imaging procedures are often represented with other vocabularies (and imaging content uses standards like DICOM). LOINC may represent some imaging-related observations (e.g., certain reportable results), but its core identity is coding observations and results to support semantic interoperability.

#### NEW QUESTION # 72

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