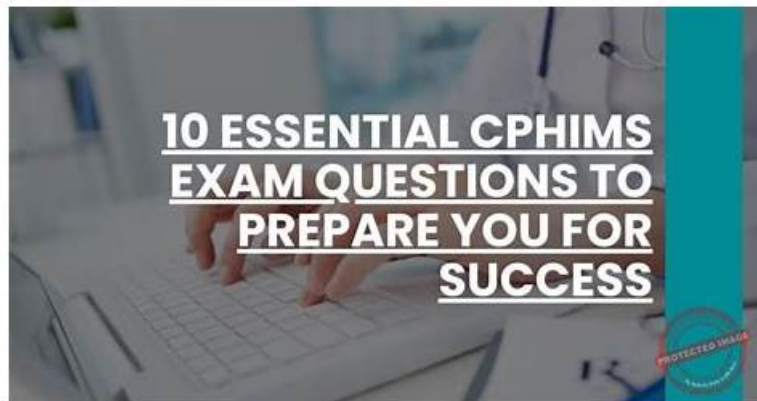


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## HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q72-Q77):

### NEW QUESTION # 72

How are clinicians positively impacted by integration and interoperability?

- A. Automates audit trails, improves data accuracy, and highlights risk management strategies.
- **B. Reduces redundant effort, improves validity of clinical decision support, and allows for tracking clinical outcomes.**
- C. Promotes use of standardized terminologies such as SNOMED-CT, LOINC, and NANDA.
- D. Decreases ambiguity of concepts and documentation, increases accuracy of clinical concepts, and increases collaboration with multidisciplinary team.

**Answer: B**

Explanation:

Integration and interoperability most positively impact clinicians by reducing redundant work, strengthening clinical decision support (CDS), and enabling outcomes tracking across settings-making D the best answer. When systems interoperate, clinicians can access relevant patient information (problems, medications, allergies, labs, imaging summaries, discharge plans) without re-entering or re-requesting the same data. This reduces duplicate documentation, repeated tests, and time-consuming reconciliation tasks, freeing clinician time for direct patient care and improving workflow efficiency.

Interoperability also improves the validity and usefulness of CDS because decision support depends on complete, timely, and accurate data. If key data are missing-outside medications, recent lab results, or diagnoses from another facility-alerts and

recommendations may be inappropriate, leading to alert fatigue or unsafe decisions. Better data integration increases CDS reliability and relevance.

Finally, interoperable data supports tracking clinical outcomes over time and across care transitions (inpatient, outpatient, specialty, community services). This helps clinicians monitor disease control, follow-up completion, readmissions, and adherence to evidence-based care, which supports quality improvement and value-based care goals. While standardized terminologies (A) and clearer documentation (C) contribute, the most direct clinician-facing benefits are captured in option D.

#### NEW QUESTION # 73

Strategic plans include

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

**Answer: A**

#### NEW QUESTION # 74

How is system performance testing defined?

- A. System performance in accordance with defined system load performance standards.
- B. System performance during heavy system load and network traffic.
- C. System performance in a production environment.
- D. System performance in accordance with end user requirements.

**Answer: A**

Explanation:

System performance testing is the structured evaluation of how well an application or infrastructure performs against predefined, measurable performance criteria under specified workload conditions. In healthcare technology environments, these criteria typically include response time, throughput (transactions per second), concurrent user capacity, CPU/memory utilization, database performance, and interface/message processing times-benchmarked against agreed standards such as "95% of chart lookups complete within X seconds with Y concurrent users." That is why the best definition is performance "in accordance with defined system load performance standards." Option A describes stress testing more specifically, which focuses on behavior under extreme or peak loads (often beyond expected capacity) to identify breaking points and failure modes. Option C aligns with user acceptance testing (UAT), which validates the solution meets workflow and functional expectations from end users, not necessarily technical performance benchmarks. Option D suggests testing in production, which may occur as monitoring or controlled validation, but performance testing is typically executed in a dedicated test environment that mirrors production so results are repeatable and risk is minimized. For EHRs and clinical systems, proper performance testing is essential to prevent delays that can disrupt care delivery and patient safety.

#### NEW QUESTION # 75

A survey of the client community, sponsored by the IT department, reported a significant decline in overall satisfaction with the IT service provided. Which of the following is the FIRST step the Chief Information Officer should take?

- A. Convene an all-staff meeting to discuss the results with the IT department.
- B. Engage an external consultant for a departmental effectiveness review.
- C. Evaluate the survey results to better understand the reported decline.
- D. Send out a follow-up survey to the client community to get more detail.

**Answer: C**

Explanation:

The CIO's first step should be to evaluate the survey results to understand what is actually driving the decline and how credible and actionable the findings are. In IT service management and leadership practice, survey outcomes are an initial signal-not a diagnosis. The CIO should review response rates, sampling (which departments responded), trends by service line, and segmentation (e.g., clinical vs. administrative users, inpatient vs. ambulatory). They should also analyze which dimensions dropped (incident response time, communication, downtime experience, training, EHR support, project delivery) and whether the decline correlates with recent

events such as system outages, major upgrades, staffing changes, or backlog increases.

This assessment establishes a fact base and prevents premature actions that may miss the real issues.

A follow-up survey (B) may be useful later, but only after determining what gaps already exist in the data and what additional detail is needed. Convening an all-staff meeting (C) is also premature without a clear problem statement; it risks turning into speculation rather than focused improvement planning. Hiring an external consultant (D) can be appropriate for complex or persistent issues, but it is not the first move when internal data has not yet been analyzed.

#### NEW QUESTION # 76

Which of the following is an example of EHR training that integrates workflow?

- A. Radiologist reviewing error messages received when viewing x-rays.
- B. Privacy Officer determining appropriate access related to patient confidentiality.
- C. Pharmacist evaluating medication errors.
- **D. Intensive Care Unit nurse reviewing Emergency Department patient handover reports.**

**Answer: D**

Explanation:

EHR training that integrates workflow is role-based and scenario-driven, meaning it teaches end users how to perform their real clinical tasks in the system in the same sequence, context, and timing they experience in practice. This approach emphasizes end-to-end processes (handoffs, ordering, documentation, medication administration, discharge) rather than isolated features or generic navigation. The example that best reflects workflow-integrated training is the ICU nurse reviewing Emergency Department patient handover reports, because it mirrors a common, time-sensitive clinical transition of care. In this scenario, the nurse must locate the correct patient, review ED documentation, reconcile current status and interventions, confirm orders, and prepare for ongoing ICU management-steps that directly match actual bedside workflow and support safe continuity of care.

Option A focuses on troubleshooting system error messages, which is more technical than workflow training.

Option B relates to governance and access control decision-making, not frontline EHR workflow use. Option D (evaluating medication errors) is primarily a quality/safety analysis activity; while important, it does not clearly represent a hands-on EHR workflow task sequence for routine care delivery. Workflow-integrated training improves adoption, efficiency, and patient safety because users practice exactly how the EHR supports their daily work.

#### NEW QUESTION # 77

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