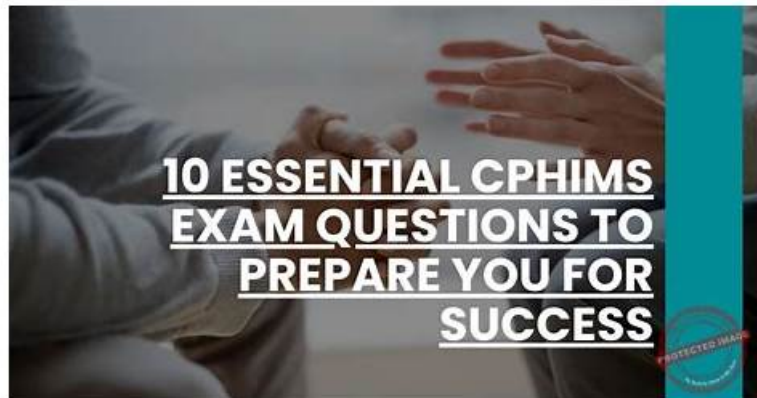


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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q91-Q96):

NEW QUESTION # 91

Vendor A provides a major clinical system for an organization. Vendor B has an interface from the clinical system to a billing system. Over the weekend, vendor A upgraded the clinical system and vendor B upgraded the interface to the billing system. On Monday morning, the billing system has errors. After failing to adequately resolve the issue in-house, the IT manager should contact

- A. vendor B.
- B. vendor A.
- C. legal and contracting.
- D. vendors A and B.

Answer: D

Explanation:

Because two interdependent components changed at the same time -the core clinical system (Vendor A) and the interface engine/interface build (Vendor B)-the most appropriate escalation is to engage both vendors .

Interface failures after concurrent upgrades commonly stem from version compatibility issues (e.g., updated message formats, changed field mappings, new code sets, modified API endpoints, altered authentication, or stricter validation rules). Even if the error appears "in billing," the root cause may originate upstream in the clinical system's outbound messages or in the interface transformation logic that sits between systems.

Best practice in healthcare systems management is coordinated vendor triage: confirm upgrade versions, review release notes for breaking changes, validate interface specifications, and compare pre-/post-upgrade message samples. Involving both vendors speeds resolution because each controls different layers of the transaction path-Vendor A for source data creation/export and Vendor B for interface routing, translation, acknowledgments, and delivery to billing. Contacting only one vendor risks slow back-and-forth and "fault isolation" disputes. Legal/contracting is typically reserved for unresolved service-level or contractual disputes, not initial technical remediation. By escalating to both vendors, the IT manager enables joint troubleshooting, faster restoration of revenue-cycle workflows, and reduced operational risk.

NEW QUESTION # 92

The MOST significant outcome of achieving interoperability of medical devices is

- A. optimal workflow.
- B. reduced data errors.
- C. patient safety.
- D. regulatory compliance.

Answer: C

Explanation:

The most significant outcome of achieving interoperability of medical devices is patient safety . When devices such as infusion pumps, ventilators, cardiac monitors, and anesthesia machines are interoperable with clinical information systems (e.g., EHRs), data flows automatically and accurately between systems. This reduces the need for manual transcription of vital signs, medication rates, and device settings-thereby minimizing transcription errors, omissions, and delays in documentation.

While reduced data errors (option B) is a direct and measurable benefit, it ultimately supports the broader and more critical goal of protecting patients from harm. For example, real-time device integration allows clinicians to see accurate, up-to-date physiologic data, supports clinical decision support alerts (e.g., unsafe infusion parameters), and improves alarm management. These capabilities directly influence timely interventions and prevention of adverse events.

Optimal workflow (option A) is also improved through automation, and regulatory compliance (option C) may be facilitated through accurate documentation and audit trails; however, these are secondary benefits. In healthcare technology strategy and informatics practice, improvements are evaluated primarily by their impact on safety and quality of care. Therefore, patient safety is the most significant outcome of medical device interoperability.

NEW QUESTION # 93

How are clinicians positively impacted by integration and interoperability?

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

Answer: C

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 # 94

The ability to examine data from various sources and provide information on trends, risks, and financial progress is called

- A. data harvesting.
- B. Enterprise Transformation Language (ETL).
- C. data warehousing.
- D. decision support.

Answer: D

Explanation:

The correct answer is decision support because it refers to the capability to analyze data from multiple sources and transform it into meaningful information that supports informed decision-making. In healthcare information and management systems, decision support tools aggregate clinical, operational, and financial data to identify trends, assess risk, monitor quality indicators, and evaluate financial performance. These systems help leadership and clinicians make evidence-based decisions by providing dashboards, predictive analytics, performance metrics, and alerts.

While data warehousing (Option C) involves collecting and storing large volumes of structured data from different source systems into a centralized repository, it primarily supports storage and organization rather than direct analysis and interpretation. ETL (Extract, Transform, Load) processes are technical mechanisms used to move and prepare data for storage in a warehouse but do not themselves provide analytical insight.

Data harvesting generally refers to collecting data, often from external sources, and does not inherently include analytical interpretation.

In healthcare environments, decision support systems (DSS) are essential for quality improvement, risk management, population health initiatives, regulatory reporting, and financial oversight. By synthesizing multi-source data into actionable intelligence, decision support fulfills the function described in the question.

NEW QUESTION # 95

Which of the following technologies directly reduces adverse medication events through the use of additional checks and balances in the clinical information system?

- A. Medication diversion management.
- B. Wearable devices.
- C. Bar coded medication administration (BCMA).
- D. Electronic Medical Record (EMR).

Answer: C

Explanation:

Bar coded medication administration (BCMA) is specifically designed to reduce medication administration errors by adding real-time, system-enforced verification steps at the point of care. In a typical BCMA workflow, clinicians scan the patient's identification band and the medication barcode; the clinical information system then confirms whether the medication aligns with the active order and key safety checks (commonly framed as the "five rights": right patient, drug, dose, route, and time). If there is a mismatch- wrong patient, wrong medication, wrong dose, or wrong timing- the system can generate an alert and block or discourage administration until the discrepancy is resolved. This creates the "additional checks and balances" referenced in the question and is a hallmark of closed-loop medication administration processes.

By contrast, wearable devices primarily support monitoring and patient-generated data, medication diversion management focuses on controlled-substance oversight and security, and an EMR is a broad platform that may enable safety tools but does not inherently provide bedside barcode verification unless paired with BCMA functionality. HIMSS informatics guidance explicitly describes BCMA as hardware/software used to electronically verify these "five rights," directly supporting reduction of medication-related errors at administration.

NEW QUESTION # 96

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