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CPHIMS Exam Questions and Answers With Explanations (2023 – 2024) 100% Correct

Which of the following functions are typically performed by a health information management professional?

1. Diagnosis and procedure coding
2. System implementation
3. Content retention
4. record administration - ANSWER: 1, 3, and 4 only

Item #3, system implementation, typically involves hardware, software, network and training. This would not be performed by a health information management professional.

A CIO is hearing from staff members that the team needs additional resources to be successful with maintaining all of the organization's current systems. The MOST appropriate first step for the CIO would be to:

- A. poll each member to understand their thoughts on what skill sets and abilities are needed from the new hires.
- B. review performance indicators and service metrics along with organizational perception of the team's effectiveness
- C. adjust the departmental budget to allow for the h - ANSWER: B. review performance indicators and service metrics along with organizational perception of the team's effectiveness.

The review of performance indicators, service metrics, and customer satisfaction validates the staff's concerns.

At which of the following care settings should a large, orthopedic healthcare organization anticipate the highest volume of postoperative patient services?

1. urgent care
 2. rehabilitation
 3. assisted-living
 4. home health
- A. 1 and 3 only
 - B. 1 and 4 only
 - C. 2 and 3 only
 - D. 2 and 4 only - ANSWER: D. 2 and 4 only

A rehabilitation center's (#2) primary service is therapies designed to restore functioning to patients following orthopedic surgery which means a large number of

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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q45-Q50):

NEW QUESTION # 45

A system selection committee devised a methodology for assigning priorities to requirements as follows:

- * Priority requirements: 5 points
- * Desired requirements: 3 points
- * Optional requirements: 1 point

Four vendor responses to the request for proposal are summarized in the table. Which vendor should be selected?

- **A. Vendor 1.**
- B. Vendor 2.
- C. Vendor 3.
- D. Vendor 4.

Answer: A

Explanation:

To determine the correct vendor, a weighted scoring methodology must be applied based on the assigned point values. The requirements and vendor responses can be calculated as follows:

* Requirement 1 (Optional - 1 point): Vendor 1 = Present (1), Vendor 2 = 0, Vendor 3 = 1, Vendor 4 = 1

* Requirement 2 (Optional - 1 point): Vendor 1 = 0, Vendor 2 = 1, Vendor 3 = 0, Vendor 4 = 1

* Requirement 3 (Priority - 5 points): Vendor 1 = 5, Vendor 2 = 0, Vendor 3 = 0, Vendor 4 = 0

* Requirement 4 (Desired - 3 points): Vendor 1 = 0, Vendor 2 = 3, Vendor 3 = 3, Vendor 4 = 3 Now summing totals:

* Vendor 1: $1 + 0 + 5 + 0 = 6$ points

* Vendor 2: $0 + 1 + 0 + 3 = 4$ points

* Vendor 3: $1 + 0 + 0 + 3 = 4$ points

* Vendor 4: $1 + 1 + 0 + 3 = 5$ points

Vendor 1 receives the highest total score. Importantly, Vendor 1 is the only vendor meeting the priority requirement, which carries the greatest weight (5 points). In structured healthcare IT procurement and system selection processes, weighted scoring models ensure that critical requirements drive objective vendor evaluation. Therefore, based on the defined scoring methodology, Vendor 1 should be selected.

NEW QUESTION # 46

The quickest approach to activating a new Electronic Health Record (EHR) system across a healthcare organization is the

- A. Phased Approach.
- B. Pilot Group Approach.
- **C. Big Bang Approach.**
- D. Routine Operations Approach.

Answer: C

Explanation:

The Big Bang approach is the quickest method to activate a new EHR across an organization because it involves a single, organization-wide go-live at one point in time. Rather than deploying the system unit-by-unit or site-by-site, the organization switches from the legacy environment to the new EHR simultaneously.

From a healthcare information systems management perspective, this compresses the implementation timeline and eliminates prolonged periods of dual workflows (old and new systems running in parallel across different areas). It can also simplify integration planning because all departments move to the same platform and standardized processes at once.

However, "quickest" does not mean "lowest risk." Big Bang go-lives demand intensive readiness work:

enterprise training completion, workflow redesign, data conversion validation, downtime/contingency planning, command center staffing, and rapid issue escalation. In contrast, a phased approach spreads activation over time to reduce disruption but is slower overall. A pilot group approach limits initial activation to a controlled area first (also slower than Big Bang for enterprise completion). "Routine operations" is not a standard EHR activation strategy and implies normal running rather than conversion. Therefore, the

fastest activation approach is Big Bang .

NEW QUESTION # 47

**A project manager follows a project communication plan that includes:

Weekly team meetings

Bi-weekly sponsor meetings

Weekly status reports

Executive sponsor meetings as needed

On the ninth week of this 12-week project, the manager identifies a critical scope issue with the project. The BEST way to resolve this is to**

- A. include it as an agenda item for the next team meeting.
- B. delay the go-live to include an expanded scope.
- C. schedule an immediate executive sponsor meeting.
- D. highlight it as a risk item on the weekly status report.

Answer: C

Explanation:

A critical scope issue late in a project (week 9 of 12) is a governance and decision-rights matter that typically requires immediate escalation to the executive sponsor . The executive sponsor owns accountability for aligning the project with organizational priorities, approving major trade-offs, and authorizing changes that affect the "triple constraint" (scope, time, cost) and risk exposure.

Scheduling an immediate executive sponsor meeting (C) enables timely decisions such as: whether to defer the scope item to a later phase, adjust requirements, approve additional resources, change timeline, or accept residual risk. This prevents uncontrolled scope creep and protects project outcomes.

Merely highlighting the issue on a weekly status report (A) increases visibility but does not ensure a timely decision, especially when the issue is critical and time-sensitive. Adding it to the next team meeting (B) is insufficient because the team may not have authority to change scope or timeline. Automatically delaying go- live to expand scope (D) is premature and may be inappropriate without sponsor approval and impact analysis. Because the communication plan explicitly includes executive sponsor meetings as needed , a critical scope issue is exactly the trigger for immediate sponsor engagement.

NEW QUESTION # 48

Which of the following is a health problem that is NOT associated with poor ergonomics?

- A. Restless Leg Syndrome.
- B. Repetitive Stress Injury.
- C. Computer Vision Syndrome.
- D. Alert Fatigue.

Answer: A

Explanation:

Poor ergonomics in healthcare technology environments is commonly associated with musculoskeletal strain, visual discomfort, and cognitive overload resulting from poorly designed workstations and systems.

Repetitive Stress Injury (RSI) is directly linked to improper keyboard positioning, repetitive mouse use, awkward wrist angles, and prolonged data entry-common issues in clinical documentation workflows.

Computer Vision Syndrome is also ergonomics-related and results from extended screen time, glare, improper monitor height, and inadequate lighting, leading to eye strain, headaches, and blurred vision. Alert fatigue , while more cognitive than physical, is associated with human-computer interaction and system design; excessive or poorly configured clinical decision support alerts can overwhelm clinicians and reduce responsiveness, making it a recognized health IT usability concern.

In contrast, Restless Leg Syndrome (RLS) is a neurological condition characterized by uncomfortable sensations in the legs and an urge to move them, typically unrelated to workstation setup, repetitive motion, or display ergonomics. It is a medical condition not caused by poor ergonomic design in technology environments.

Therefore, among the listed options, Restless Leg Syndrome is not associated with poor ergonomics, making option D the correct answer.

NEW QUESTION # 49

The infection control report indicates that the number of bloodstream infections this month has decreased. This information is best displayed using a

- A. Spider chart.
- **B. Control chart.**
- C. PERT chart.
- D. Flow chart.

Answer: B

Explanation:

A control chart is the best display for showing that bloodstream infections have decreased because it is designed to track a measure over time and distinguish normal process variation from meaningful change. In infection prevention and quality management, bloodstream infection counts or rates are monitored monthly to determine whether improvement interventions (e.g., central-line bundles, hand hygiene reinforcement, standardized insertion checklists) are producing a sustained effect. A control chart plots the data sequentially and adds a center line (process average) along with statistically derived upper and lower control limits. This structure helps leaders and clinical teams see whether the observed decrease represents special-cause variation (a real shift in performance) versus random fluctuation that can occur in any process.

A PERT chart is used for project scheduling and task dependencies, not for outcome trends. A spider (radar) chart compares multiple dimensions at one time point and is not optimal for time-series infection surveillance.

A flow chart maps process steps (e.g., line insertion workflow) and is useful for understanding how work occurs, but it does not display performance trends. Therefore, when the goal is to communicate a reduction in infections and assess whether the change is stable and significant, the control chart is the most appropriate tool.

NEW QUESTION # 50

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