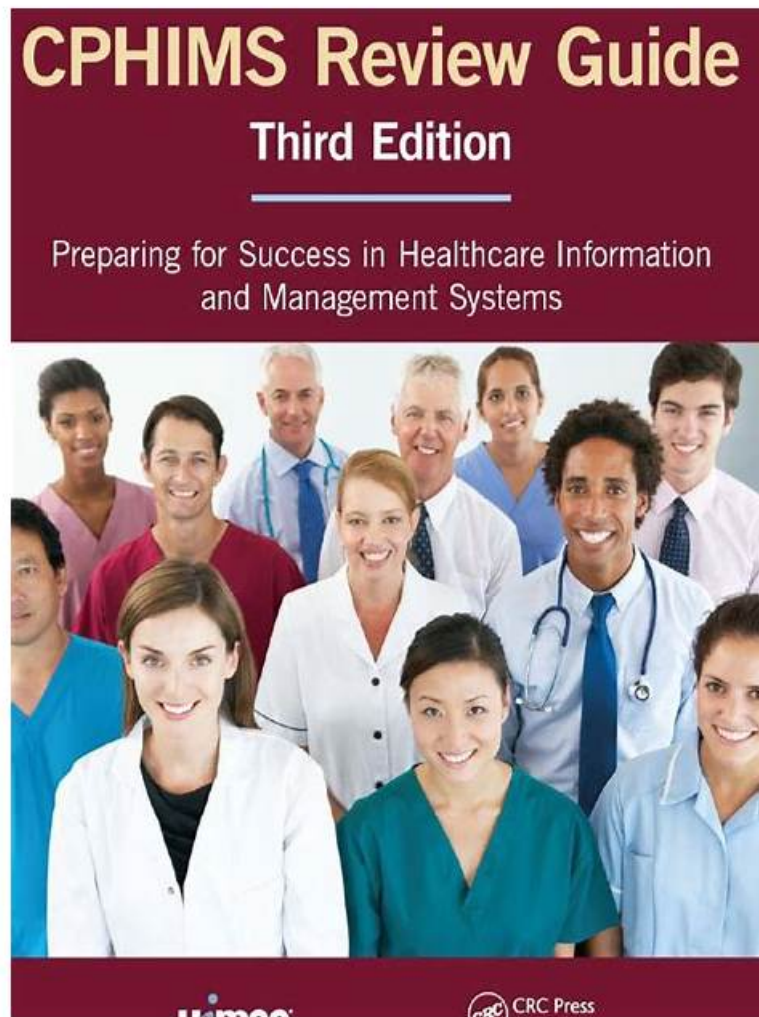


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## HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q33-Q38):

### NEW QUESTION # 33

Which of the following scenarios is MOST likely to violate the business ethics of a not-for-profit healthcare organization?

- A. A collection firm, with whom the organization does business, sends a holiday gift basket valued at USD 1,000. The gift basket is shared among 200 business office staff.
- B. A software vendor pays the travel expenses of the Chief Information Officer to speak at a users' conference.
- C. An employee's sibling owns a software firm that has submitted a proposal. The employee is not directly involved in the decision to award the contract.
- **D. A vendor pays for the Chief Information Officer to fly to a premier sporting event. The vendor is a corporate sponsor of the event.**

**Answer: D**

Explanation:

Option B is most likely to violate business ethics because it represents a personal benefit provided by a vendor that is unrelated to legitimate business or educational purposes. Paying for a CIO to attend a premier sporting event creates the appearance of undue influence, conflict of interest, or inducement in vendor selection or contract management decisions. Not-for-profit healthcare organizations are held to high standards of fiduciary responsibility, transparency, and stewardship of public trust. Accepting entertainment or luxury travel from a vendor can compromise-or appear to compromise-objective decision-making. Option A may be permissible if the travel is directly related to professional speaking engagement and complies with organizational conflict-of-interest policies and disclosure requirements. Option C involves a shared nominal-value gift distributed broadly, which may fall within allowable gift policy thresholds depending on institutional rules. Option D describes a potential conflict of interest; however, if the employee is fully disclosed and recused from the decision-making process, governance controls can mitigate ethical risk.

In healthcare leadership and information systems management, maintaining vendor neutrality, transparency, and strict adherence to conflict-of-interest policies is essential to uphold ethical standards and organizational integrity.

### NEW QUESTION # 34

A CIO is challenged with project requests exceeding the IT department's capability to execute. Which of the following approaches would BEST help stakeholders understand opportunities and limitations?

- A. Initiate new charge-back cost allocation models.
- **B. Implement customer-led governance and prioritization processes.**
- C. Provide monthly briefings on high priority projects.
- D. Prepare monthly technology briefings on emerging technologies.

**Answer: B**

Explanation:

When demand exceeds delivery capacity, the most effective leadership response is to create a transparent, stakeholder-driven governance and prioritization process. Implementing customer-led governance (e.g., an executive steering committee with clinical, operational, financial, and IT representation) establishes a shared method to evaluate requests against agreed criteria such as patient safety, regulatory need, strategic alignment, ROI/value, risk reduction, operational impact, and resource requirements. This helps stakeholders clearly see why some projects proceed while others are deferred, and it makes IT constraints (staffing, budget, vendor dependencies, change windows) visible and understood.

Monthly briefings on high-priority projects (B) improve communication but do not resolve the root problem- too many competing requests and no agreed mechanism to choose among them. Technology briefings (C) can educate leaders, yet they don't address capacity management or tradeoffs. Charge-back models (D) may influence demand by making costs explicit, but without governance they can create conflict, incentivize siloed decision-making, and still fail to align the portfolio with enterprise strategy and safety priorities.

Customer-led governance is therefore the best approach because it institutionalizes decision rights, prioritization discipline, and

accountability , enabling stakeholders to understand both opportunities and limitations in a fair and consistent way.

### NEW QUESTION # 35

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

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

**Answer: C**

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 # 36

A data breach has occurred and personally identifiable information has become exposed. The security officer has been notified and has started an investigation. The most appropriate NEXT action is to notify

- A. senior management immediately.
- B. senior management once the investigation is completed.
- C. all affected individuals within 30 days.
- D. affected individuals within 5 business days.

**Answer: A**

Explanation:

The most appropriate next action is to notify senior management immediately because an incident involving exposed personally identifiable information requires rapid organizational escalation for governance, legal, operational, and communications decisions. Once the security officer initiates the investigation, executive leadership must be engaged right away to activate the incident response structure, allocate resources, approve containment actions that may affect clinical operations (e.g., taking systems offline), and ensure required stakeholders are involved (legal counsel, privacy officer, compliance, risk management, public relations, and clinical leadership). Early senior leadership notification supports timely decision-making and preserves evidence, while ensuring consistent internal and external messaging.

Waiting until the investigation is completed (option B) risks delays in containment, reporting decisions, and organizational coordination. Options C and D focus on notifying affected individuals within a specific timeframe; however, individual notification requirements vary by jurisdiction and circumstance, and generally depend on confirming the scope, impacted individuals, and whether the incident meets the definition of a reportable breach. Those steps come after leadership is engaged and the response process is coordinated.

Therefore, immediate senior management notification is the best next step to manage risk, compliance, and patient trust effectively.

### NEW QUESTION # 37

What coding system is used to identify a patient's diagnosis in an electronic health record?

- A. LOINC.

- B. ICD.
- C. DRG.
- D. CPT.

**Answer: B**

Explanation:

The International Classification of Diseases (ICD) is the standardized coding system used to identify and classify patient diagnoses in an electronic health record (EHR). ICD codes are applied to document diseases, conditions, signs, symptoms, abnormal findings, and external causes of injury or illness. Within healthcare information systems, ICD coding ensures uniform clinical documentation, supports data analytics, enables population health reporting, and drives reimbursement processes.

By contrast, LOINC (Logical Observation Identifiers Names and Codes) is used to standardize laboratory tests and clinical observations, not diagnoses. CPT (Current Procedural Terminology) codes describe medical, surgical, and diagnostic procedures performed by providers. DRGs (Diagnosis-Related Groups) are reimbursement categories used primarily for inpatient hospital payment classification, grouping cases based on diagnoses and procedures rather than serving as the primary diagnosis coding system itself.

In healthcare information and systems management, accurate ICD coding is critical for regulatory reporting, quality measurement, epidemiological tracking, and claims submission. It also supports interoperability by allowing consistent diagnostic data exchange between organizations. Therefore, ICD is the correct system specifically designed to identify and classify patient diagnoses within the electronic health record environment.

## NEW QUESTION # 38

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