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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q94-Q99):

NEW QUESTION # 94
Which of the following is a health problem that is NOT associated with poor ergonomics?

- A. Restless Leg Syndrome.
- B. Computer Vision Syndrome.
- C. Repetitive Stress Injury.
- 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 # 95
The ability to examine data from various sources and provide information on trends, risks, and financial progress is called

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

Answer: A

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 D) 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 # 96
What type of diagram illustrates how artifacts in a database are associated with one another?

- A. Entity relationship.
- B. Fishbone.
- C. Data flow.
- D. Pareto.

Answer: A

Explanation:
An Entity Relationship (ER) diagram illustrates how data elements (entities) within a database relate to one another. In healthcare information and management systems, ER diagrams are foundational tools used during system design, data modeling, and database development. They visually represent entities (such as Patient, Encounter, Provider, Order, or Medication), their attributes (e.g., patient ID, date of birth), and the relationships between them (such as one-to-many or many-to-many relationships).
For example, a Patient entity may have a one-to-many relationship with Encounters, and an Encounter may have a one-to-many relationship with Orders. These structured relationships ensure data integrity, minimize redundancy, and support accurate reporting and interoperability across healthcare systems. ER diagrams are critical when designing EHR databases, analytics repositories, and integration architectures because they clarify how information is logically structured and linked.

The other options serve different purposes. A Pareto diagram is used in quality improvement to prioritize issues based on frequency or impact. A data flow diagram (DFD) illustrates how data moves between processes and systems, not how data is relationally structured in a database. A fishbone diagram (Ishikawa) supports root cause analysis. Therefore, the correct answer is Entity relationship , as it specifically describes associations between database artifacts.

NEW QUESTION # 97
A project manager in a healthcare organization has been asked by the project team to solicit involvement of a physician in the next phase of a clinical systems implementation. Which of the following is the first step for the project manager to accomplish this?

- A. Ask the Chief Medical Officer for candidate recommendations.
- B. Send an email throughout the organization to recruit volunteers.
- C. Request volunteers at the next medical staff meeting.
- D. Develop an incentive to attract candidates.

Answer: A

Explanation:
The first step should be to ask the Chief Medical Officer (CMO) for candidate recommendations because physician participation in clinical systems implementation is most effective when it is leadership-supported, appropriately vetted, and aligned with medical staff governance . The CMO (or equivalent physician executive leadership) understands physician leadership structures, department dynamics, credibility considerations, and who has the influence, availability, and interest to serve as a physician champion, subject matter expert, or governance representative. This approach also reinforces shared accountability: clinical transformation is not "an IT project," and engaging physician leadership early helps secure buy-in, clarify expectations for time commitment, and ensure representation reflects organizational priorities and patient safety needs.
The other options are less effective as a first action. A mass email (A) may produce volunteers, but not necessarily the right physician leader or specialty representation, and it can bypass medical staff leadership norms. Requesting volunteers at a medical staff meeting (C) is public and time-bound, and still may not yield a suitable, supported candidate. Developing incentives (B) may be helpful later for protected time or compensation, but selecting the right physician partner and sponsorship structure comes first. Therefore, engaging the CMO for recommendations is the best initial step.

NEW QUESTION # 98
Patient safety is best promoted when

- A. prescriptions for scheduled medications are written electronically.
- B. traditional standards are implemented.
- C. physician input is sought after workflows are designed, built, and tested.
- D. vendor agreements are in place.

Answer: B

Explanation:
Patient safety is best promoted when traditional standards are implemented because standards create consistent, evidence-based expectations for how care and supporting information systems should function. In clinical informatics, "standards" include established clinical and safety practices (e.g., medication safety processes, verification steps, standardized order sets), as well as consistent documentation and workflow rules that reduce unwanted variation. When standards are embedded into clinical operations and health IT (such as standardized clinical protocols, medication administration safeguards, and consistent data definitions), they reduce preventable errors, improve reliability of care, and support measurable quality improvement.
Option B (vendor agreements) is important for governance and accountability, but contractual arrangements do not inherently improve bedside safety unless translated into operational controls and effective system design. Option C is explicitly late involvement of physicians; engaging clinicians only after workflows are designed and built is a common cause of poor usability and workarounds, which can increase safety risk.
Option D (electronic prescribing for scheduled medications) can improve security and reduce certain prescribing errors, but it is a narrower intervention than implementing broad safety standards across clinical practice and system workflows. Therefore, implementing traditional standards is the most comprehensive and foundational approach to promoting patient safety.

NEW QUESTION # 99
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