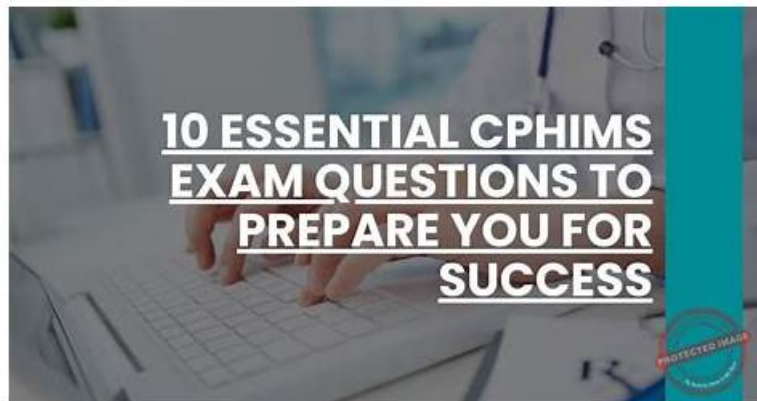


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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q94-Q99):

NEW QUESTION # 94

Which of the following quality assurance (QA) processes can help prevent data-entry errors?

- A. Performing data quality audits.
- B. Defining characteristics of data in a data dictionary.
- C. Correcting flawed data collection protocols and procedures.
- **D. Performing automatic data checks.**

Answer: D

Explanation:

Performing automatic data checks is the QA process that most directly prevents data-entry errors because it applies validation at the moment data is captured. In healthcare information systems, automatic checks are implemented as input controls such as required fields, format validation (e.g., date formats), range checks (e.g., physiologic plausibility for vitals), logic checks (e.g., discharge date cannot precede admit date), code-set validation (e.g., selecting from standardized lists), and duplicate detection (e.g., preventing duplicate orders or records). These controls stop

incorrect, incomplete, or inconsistent entries before they become part of the record, which is critical because downstream reporting, clinical decision support, billing, and quality measures all depend on accurate source data. By comparison, data quality audits primarily detect errors after entry by reviewing records and identifying discrepancies for correction; they are essential for monitoring but are not preventive at the point of entry. Defining characteristics of data in a data dictionary improves consistency and supports correct mapping and interpretation, but it does not by itself block user keystroke mistakes unless translated into system validation rules. Correcting flawed protocols improves processes, yet errors can still occur without real-time system checks. Therefore, automatic data checks are the best preventive QA mechanism for data-entry errors.

NEW QUESTION # 95

Which of the following represents challenges in data quality in today's healthcare environment?

- A. The significant amount of data generated.
- B. A variety of data dimensions.
- C. Lack of patient portals.
- D. Lack of system interoperability.

Answer: A

Explanation:

One of the most significant challenges affecting data quality in today's healthcare environment is the sheer volume of data generated. Modern healthcare systems produce massive amounts of information from EHRs, laboratory systems, imaging systems, wearable devices, remote monitoring tools, billing systems, and health information exchanges. As data volume increases, maintaining accuracy, completeness, consistency, timeliness, and integrity becomes more complex. Large datasets increase the likelihood of duplicate records, missing values, inconsistent coding, delayed documentation, and data entry errors. Additionally, high data volume places strain on governance processes, validation controls, and analytic oversight.

Option B (lack of patient portals) relates more to patient engagement than to intrinsic data quality challenges.

Option C (a variety of data dimensions) reflects complexity but does not directly define a core data quality problem; dimensional diversity can be managed through proper data modeling. Option D (lack of system interoperability) is primarily an exchange and integration issue rather than a direct data quality characteristic, although it can indirectly impact data consistency.

In healthcare information management frameworks, data quality challenges are often associated with the "3 Vs" of big data-volume, velocity, and variety-with volume being a primary driver of quality management complexity.

NEW QUESTION # 96

Allocation of resource hours for a new software implementation should be included in the

- A. project management plan.
- B. stakeholder agreement.
- C. product roadmap.
- D. implementation plan.

Answer: A

Explanation:

Allocation of resource hours belongs in the project management plan because this document defines how the project will be executed, monitored, and controlled. A core component of project management is resource planning, which specifies staffing requirements, role assignments, time commitments, effort estimates, and workload distribution across project phases (e.g., design, build, testing, training, go-live, and stabilization).

The project management plan integrates scope, schedule, cost, risk, communications, and resource management into a structured framework that ensures the project remains within constraints.

While an implementation plan outlines the sequence of activities and tasks needed to deploy the software, it does not typically detail comprehensive resource allocation governance. A stakeholder agreement documents roles, responsibilities, and high-level commitments but does not function as the operational resource tracking document. A product roadmap is a strategic planning artifact that shows future enhancements and milestones over time; it is not designed to manage detailed labor allocation.

In healthcare IT implementations-where clinician time, IT analysts, trainers, interface specialists, and support staff must be carefully coordinated-clear documentation of allocated hours in the project management plan is essential to control scope, prevent burnout, and ensure accountability.

NEW QUESTION # 97

An approach that is based on well-designed studies is referred to as

- A. best practice.
- B. beta testing.
- C. the Pareto principle.
- **D. evidence-based practice.**

Answer: D

Explanation:

Evidence-based practice (EBP) is the approach to care and decision-making that relies on the best available scientific evidence—typically derived from well-designed research studies—combined with clinical expertise and patient preferences. In clinical informatics, EBP is foundational because many informatics tools (such as clinical decision support, order sets, care pathways, and alerts) should be designed and optimized using evidence that demonstrates improved outcomes, reduced risk, or enhanced efficiency. When clinical workflows are digitized, informatics teams translate research findings into standardized, measurable interventions within the clinical information system, ensuring that the system promotes safe and effective care.

The other options do not match the definition. The Pareto principle (80/20 rule) is a prioritization concept used in quality improvement and management, not a research-based clinical approach. Beta testing is a software testing phase conducted before full release to identify defects and usability issues. Best practice is a broader term that may describe commonly accepted methods, but it does not necessarily indicate that the approach is grounded in rigorous, well-designed studies—best practices can emerge from expert consensus, experience, or local success without strong research evidence. Because the question explicitly emphasizes "well-designed studies," evidence-based practice is the most accurate term.

NEW QUESTION # 98

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. adjust the departmental budget to allow for the hiring of additional staff members.
- C. review process improvement opportunities and develop a plan to implement the changes.
- **D. review performance indicators and service metrics along with organizational perception of the team's effectiveness.**

Answer: D

Explanation:

The most appropriate first step is to establish an objective, evidence-based baseline of operational performance and customer experience. In health IT management practice, staffing assertions must be validated against measurable service performance (e.g., ticket volumes, backlog aging, mean time to resolve, change success rate, system uptime/availability, on-call burden, cybersecurity response times) and against how well IT services are meeting clinical and business expectations (e.g., clinician satisfaction, recurring downtime complaints, escalation frequency). This aligns with foundational governance and service management principles emphasized in healthcare information systems leadership: decisions about resourcing should be driven by data, risk, and service obligations to patient care—not by anecdote alone.

Option A (polling) can be useful later, but it is subjective and may reflect local pain points rather than enterprise priorities. Option C (budget adjustment) presumes the solution (more headcount) before diagnosing whether the issue is demand, process, tooling, skill mix, or governance. Option D (process improvement) also jumps to intervention without first confirming where performance gaps exist and how severe they are. By starting with metrics and stakeholder perception, the CIO can perform a defensible gap analysis and then determine whether the right remedy is additional FTEs, reallocation, automation, vendor support, training, or process redesign.

NEW QUESTION # 99

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