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## HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q25-Q30):

### NEW QUESTION # 25

In reviewing audit logs an analyst finds that a charge nurse, not assigned to a celebrity patient, is reviewing that patient's medical record. Which of the following should the analyst do first?

- A. Delete the security logs.
- B. Notify the risk manager.
- C. Continue monitoring the situation.
- **D. Archive the security logs.**

**Answer: D**

Explanation:

When an audit log review suggests potential inappropriate access to a patient's record, the first priority is to preserve evidence and maintain an accurate chain of custody. Archiving the security logs ensures the organization retains an immutable snapshot of the access event details—who accessed the chart, timestamps, workstation/device identifiers, actions performed, and any related system context. This preservation step is essential because logs can rotate, be overwritten, or be altered through routine system processes. Without secured logs, a later investigation may be unable to confirm what happened, determine scope, or support corrective and disciplinary actions.

Continuing to monitor (option B) delays response and increases risk of additional improper access. Notifying the risk manager (option C) is an important escalation step, but it should occur after the analyst has ensured the evidence is protected so the investigation can proceed effectively and defensibly. Deleting the logs (option D) is never appropriate; it destroys evidence, undermines compliance obligations, and can create significant legal and regulatory exposure.

In healthcare privacy and security management, suspected inappropriate access is handled through incident response procedures that begin with evidence preservation, then escalation to privacy, compliance, risk management, and HR as required.

### NEW QUESTION # 26

A balanced scorecard is used to provide visual representation of

- A. opportunities and limitations.
- **B. goals and performance.**
- C. monitoring and assessment.
- D. organizational perception and values.

**Answer: B**

Explanation:

A balanced scorecard is a strategic management and performance measurement framework that visually represents an organization's goals and performance across multiple perspectives. Traditionally, it includes four domains: financial, customer (or patient), internal processes, and learning and growth. Rather than focusing solely on financial results, the balanced scorecard links strategic objectives to measurable indicators, allowing leaders to track whether operational activities align with long-term strategy.

In healthcare organizations, this might include measures such as patient satisfaction scores, clinical quality indicators, operational efficiency metrics, workforce development benchmarks, and financial sustainability targets. The balanced scorecard translates mission and vision into specific, quantifiable objectives and displays them in dashboards or scorecards that allow executives and managers to monitor progress at a glance.

Option A (monitoring and assessment) is partially true but too narrow; the balanced scorecard is broader than simple monitoring—it connects strategy to measurable outcomes. Option B resembles SWOT analysis (strengths, weaknesses, opportunities, threats). Option C relates more to organizational culture and values statements.

Therefore, the balanced scorecard's primary purpose is to provide a structured, visual representation of strategic goals and organizational performance, making D the correct answer.

### NEW QUESTION # 27

Which of the following systems supports all five rights of medication administration?

- A. MAR.
- B. DSS.
- **C. BCMA.**
- D. CPOE.

**Answer: C**

Explanation:

Bar coded medication administration (BCMA) is the system specifically designed to support the "five rights" of medication administration- right patient, right drug, right dose, right route, and right time -by adding point-of-care barcode scanning and electronic verification within the medication-use workflow. In practice, BCMA requires the clinician to scan identifiers (commonly the patient wristband and the medication barcode). The clinical system then cross-checks the scanned medication against the active medication order and administration schedule, helping to prevent wrong-patient, wrong-drug, wrong-dose, wrong-route, and wrong-time errors before the medication is actually given. This direct bedside validation is what makes BCMA uniquely aligned with the five rights.

By comparison, CPOE primarily improves safety earlier in the process (ordering/prescribing) through legibility, standardization, and decision support, but it does not by itself verify the medication at bedside administration. A MAR/eMAR documents what is scheduled and what was administered; it supports documentation and scheduling but does not inherently enforce barcode-based identity and medication matching. A DSS can provide alerts and guidance, yet it is not a dedicated administration verification mechanism. Therefore, BCMA is the best answer because it directly operationalizes the five rights during medication administration.

#### **NEW QUESTION # 28**

Which of the following is the INITIAL step to achieve successful implementation of a new system?

- A. Evaluate the technical environment.
- **B. Identify common goals and expectations.**
- C. Conduct site visits at successful implementations.
- D. Allocate budget and staff for the new system.

**Answer: B**

Explanation:

The initial step in a successful system implementation is to identify common goals and expectations because this establishes the shared purpose, scope, and outcomes that will guide every later decision. Before an organization evaluates infrastructure, visits peer sites, or commits resources, leadership and key stakeholders must agree on what problem the new system is solving, what success looks like (clinical, operational, financial, compliance), who the primary users are, and what constraints exist (time, risk tolerance, regulatory requirements, workflow priorities). This early alignment reduces downstream conflict, prevents scope creep, and ensures that technical and budgeting choices are tied to business and clinical objectives rather than vendor features.

Only after goals and expectations are clarified does it make sense to evaluate the technical environment (to confirm readiness and integration needs), conduct site visits (to validate workflows and lessons learned against the organization's own objectives), and allocate budget and staff (to resource a plan that is clearly defined). In health IT management, starting with shared goals is a foundational governance practice because it supports stakeholder buy-in, defines measurable outcomes for adoption and value, and creates a clear basis for change management, training, and post-go-live optimization.

#### **NEW QUESTION # 29**

What public health benefit can be derived from data collected from social media and internet search engines?

- **A. The revelation of associations and patterns.**
- B. Improved statistical analysis.
- C. The discovery of semi-structured and structured data types.
- D. Increased data visualization.

**Answer: A**

Explanation:

Data from social media and internet search engines can provide a public health benefit through the revelation of associations and patterns (Option D). These data sources are often high-volume, rapidly generated, and reflective of real-time behaviors-such as

symptom searching, discussions of illness, medication side effects, or concerns about local outbreaks. When analyzed appropriately, they can help identify emerging trends, detect unusual clusters of symptoms, and signal potential outbreaks earlier than traditional reporting pathways that depend on clinical visits, laboratory confirmation, and formal case reporting. Pattern and association discovery is a core capability of analytics and informatics: mining large datasets to find relationships (e.g., increases in searches for "fever and cough" correlated with rising influenza-like illness) and temporal/geographic trends that support situational awareness and targeted interventions.

The other options are less directly tied to a public health "benefit." Data visualization (A) and statistical analysis (B) are methods that can be applied to many datasets but do not describe the specific actionable value derived from these unconventional sources. Discovering data types (C) is a technical characterization and not a direct public health outcome. In contrast, identifying patterns and associations can inform earlier surveillance, resource planning, risk communication, and focused prevention strategies-making D the best answer.

## NEW QUESTION # 30

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