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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 (Q94-Q99):

NEW QUESTION # 94

Which of the following is a set of semantic standards for exchanging data between healthcare information systems?

- A. ASTM.
- **B. HL7.**
- C. WHO.
- D. ISO.

Answer: B

Explanation:

HL7 (Health Level Seven) is a globally recognized standards development organization that creates frameworks and specifications for the exchange, integration, sharing, and retrieval of electronic health information. HL7 standards define both the structure and meaning (semantics) of health data exchanged between systems such as EHRs, laboratory systems, pharmacy systems, billing systems, and health information exchanges (HIEs). Examples include HL7 Version 2 messaging standards, HL7 Version 3, CDA (Clinical Document Architecture), and FHIR (Fast Healthcare Interoperability Resources). These standards enable disparate systems to interpret shared data consistently, supporting interoperability across organizational and vendor boundaries.

Option A, WHO (World Health Organization), is a global public health agency and does not create messaging standards for system interoperability. Option C, ASTM International, develops technical standards in many industries, including healthcare, but it is not primarily known for comprehensive health data exchange messaging standards. Option D, ISO (International Organization for Standardization), develops broad international standards across industries, including health informatics, but it does not specifically define the widely adopted healthcare messaging framework used for clinical system interoperability.

Therefore, HL7 is the correct answer as the established set of semantic and messaging standards used for healthcare information exchange.

NEW QUESTION # 95

When initiating clinical practice guidelines into an EHR, which of the following has the LEAST impact on patient care?

- **A. Randomized clinical trials.**
- B. Frequently occurring health conditions.
- C. Infrequent but high-risk health conditions.
- D. Variations in care compared to evidence-based practices.

Answer: A

Explanation:

The correct answer is D. Randomized clinical trials because, while they are foundational sources of clinical evidence, they do not directly represent a patient care condition or operational factor within the EHR environment. When initiating clinical practice guidelines into an EHR—often through clinical decision support (CDS) tools—prioritization is based on conditions or care processes that will most directly influence patient outcomes.

Frequently occurring health conditions affect large patient populations; embedding guidelines for these conditions (such as diabetes or hypertension) can significantly improve quality metrics and standardize care delivery. Infrequent but high-risk conditions (e.g., sepsis or stroke) may affect fewer patients but have substantial morbidity and mortality impact, making CDS interventions highly valuable. Variations in care compared to evidence-based practices directly indicate quality gaps; addressing these variations through standardized guidelines can markedly improve safety, consistency, and outcomes.

Randomized clinical trials, however, are research methodologies used to generate evidence. While their findings inform guidelines, the trials themselves are not operational targets within the EHR. Therefore, compared to direct clinical conditions or practice variations, randomized clinical trials have the least immediate impact on patient care when prioritizing EHR-based guideline implementation.

NEW QUESTION # 96

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

- **A. A vendor pays for the Chief Information Officer to fly to a premier sporting event. The vendor is a corporate sponsor of the event.**

- 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 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.

Answer: A

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 # 97

How are clinicians positively impacted by integration and interoperability?

- **A. Reduces redundant effort, improves validity of clinical decision support, and allows for tracking clinical outcomes.**
- B. Automates audit trails, improves data accuracy, and highlights risk management strategies.
- C. Decreases ambiguity of concepts and documentation, increases accuracy of clinical concepts, and increases collaboration with multidisciplinary team.
- D. Promotes use of standardized terminologies such as SNOMED-CT, LOINC, and NANDA.

Answer: A

Explanation:

Integration and interoperability most positively impact clinicians by reducing redundant work, strengthening clinical decision support (CDS), and enabling outcomes tracking across settings—making D the best answer. When systems interoperate, clinicians can access relevant patient information (problems, medications, allergies, labs, imaging summaries, discharge plans) without re-entering or re-requesting the same data. This reduces duplicate documentation, repeated tests, and time-consuming reconciliation tasks, freeing clinician time for direct patient care and improving workflow efficiency.

Interoperability also improves the validity and usefulness of CDS because decision support depends on complete, timely, and accurate data. If key data are missing—outside medications, recent lab results, or diagnoses from another facility—alerts and recommendations may be inappropriate, leading to alert fatigue or unsafe decisions. Better data integration increases CDS reliability and relevance.

Finally, interoperable data supports tracking clinical outcomes over time and across care transitions (inpatient, outpatient, specialty, community services). This helps clinicians monitor disease control, follow-up completion, readmissions, and adherence to evidence-based care, which supports quality improvement and value-based care goals. While standardized terminologies (A) and clearer documentation (C) contribute, the most direct clinician-facing benefits are captured in option D.

NEW QUESTION # 98

Which of the following ensures enhanced health care for the individual, improved health for the community population, and reduced per-capita cost?

- A. Population health.
- B. Home health care.
- **C. Triple aim.**
- D. Tertiary care.

Answer: C

Explanation:

The Triple Aim is the recognized strategic framework that explicitly targets three linked goals: (1) improving the individual experience of care (quality, safety, and satisfaction), (2) improving the health of populations, and (3) reducing the per-capita cost of healthcare. These three aims are designed to be pursued together because progress in one area can be undermined if the others are ignored—for example, improving patient experience without controlling cost may be unsustainable, while cost cutting that harms outcomes or experience fails the overall purpose of healthcare.

"Population health" (option B) is one component of the Triple Aim, but by itself it does not inherently ensure the other two aims (experience and per-capita cost). "Home health care" (option C) is a care setting/service model that may contribute to better outcomes and lower cost for certain groups, but it is not a comprehensive system-wide framework. "Tertiary care" (option D) refers to specialized, high-complexity services and likewise does not define a three-part improvement strategy. Therefore, the option that best matches the combined goals in the question is Triple Aim.

NEW QUESTION # 99

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