

CPHIMS Valid Test Sims | Exam CPHIMS Exercise

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 (Q99-Q104):

NEW QUESTION # 99

A consultant has been tasked to evaluate the intake process of the emergency department. Which of the following should the consultant do FIRST?

- A. Benchmarking
- B. Time study.
- C. Workflow analysis.
- D. Simulation.

Answer: C

Explanation:

The first step in evaluating an emergency department (ED) intake process is to understand how the work is currently performed, end-to-end, across people, tasks, information, and enabling technologies. Workflow analysis comes first because it establishes the "current state" process map: who performs each step (registration, triage, bed assignment), what information is collected, where delays occur, how handoffs happen, what systems are used (EHR, tracking board), and where rework or duplication exists. This aligns with health IT and process-improvement best practices emphasized in healthcare information and management contexts: you cannot accurately measure, simulate, or compare a process until you have clearly defined it.

A time study (measuring durations and wait times) is valuable, but it should be guided by the workflow map so the consultant measures the right segments and interprets delays correctly (e.g., delay due to staffing vs.

documentation bottlenecks). Simulation is typically performed after workflow and data collection to test

"what-if" changes (staffing models, fast-track pathways). Benchmarking is also later-stage because comparing to peers is only meaningful when the organization's process boundaries and definitions are consistent and well understood. Therefore, workflow analysis is the correct first action.

NEW QUESTION # 100

Which is an example of scope creep in an EHR implementation?

- A. The hospital administration requests that additional facilities be included in the system.
- B. The IT team has found that additional servers are required for the system to operate.
- C. The pharmacy system fails to print medication labels when ordered from the Operating Room.
- D. The respiratory therapists require additional training.

Answer: A

Explanation:

Scope creep is the uncontrolled expansion of a project's scope after the scope baseline has been approved- typically through adding new requirements, sites, departments, features, or deliverables without corresponding adjustments to time, budget, resources, and formal change control. In an EHR implementation, the original scope usually defines which entities (hospitals, clinics, departments), which modules (CPOE, eMAR, results review), and which interfaces or conversions will be delivered by a target go-live date.

Option A is a classic example of scope creep because adding additional facilities expands the project boundaries and increases complexity (build, training, workflow alignment, data conversion, integration testing, support staffing, and cutover planning). If this addition is requested midstream and not handled through a structured governance and change management process, it can derail timelines, increase costs, and introduce risk to patient care operations at go-live.

By contrast, option B is a technical capacity discovery (resource planning), option C is a training/readiness need, and option D is a defect or integration issue that must be fixed to meet existing requirements- none of which inherently expands scope. Therefore, A is the best example of scope creep.

NEW QUESTION # 101

Healthcare organization executives can be held accountable for losses that result from computer system breaches if the healthcare organization fails to

- A. follow due process to prosecute the intruder.

- B. rapidly identify the unauthorized user.
- C. insure computing resources against loss.
- D. exercise due care protecting computing resources.

Answer: D

Explanation:

Executives can be held accountable for breach-related losses if the organization fails to exercise due care in protecting computing resources. "Due care" refers to the legal and managerial obligation to take reasonable and appropriate steps to safeguard information assets from foreseeable harm. In healthcare environments, this includes implementing administrative, technical, and physical safeguards such as risk assessments, access controls, encryption, audit logging, workforce training, incident response planning, and ongoing monitoring.

Leadership is responsible for ensuring that these controls are established, maintained, and periodically evaluated.

If an organization cannot demonstrate that it exercised due care—meaning it failed to act responsibly or ignored known risks—executives may face regulatory penalties, civil liability, reputational damage, or contractual consequences. Accountability is not dependent on whether the organization purchased insurance (A), successfully prosecuted the intruder (B), or immediately identified the unauthorized user (C). While those actions may mitigate impact, they do not substitute for proactive governance and risk management.

In healthcare information management, exercising due care reflects executive-level responsibility for security oversight, policy enforcement, compliance monitoring, and continuous improvement of cybersecurity posture.

NEW QUESTION # 102

The risk response plan identifies that during the first two weeks of a new clinic EHR implementation, patient appointments will be reduced by 50% to allow additional time for staff to adjust to the new technology and workflows. This is an example of:

- A. Risk mitigation.
- B. Risk acceptance.
- C. Risk avoidance.
- D. Risk transference.

Answer: A

Explanation:

Reducing patient appointments by 50% during the first two weeks of an EHR implementation is an example of risk mitigation because the organization is taking proactive steps to reduce the likelihood and impact of anticipated risks. In health IT implementations, common risks include workflow disruption, user errors, decreased productivity, patient dissatisfaction, and potential safety events. By temporarily decreasing patient volume, leadership lowers time pressure on clinicians and staff, allowing them to adapt to new workflows, documentation requirements, and system navigation. This controlled adjustment reduces the probability of errors and minimizes operational disruption.

This is not risk avoidance, because the organization is not eliminating the project or abandoning the EHR implementation altogether. It is not risk transference, since the organization is not shifting responsibility to another party (such as through insurance or outsourcing). It is also not risk acceptance, which would mean proceeding without any intervention or adjustment despite known risks.

Within healthcare information systems management, mitigation strategies like phased rollouts, reduced scheduling, additional training, and on-site support are standard best practices. These measures help maintain patient safety, support change management, and protect clinical quality during major technology transitions.

NEW QUESTION # 103

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

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

Answer: D

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 # 104

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