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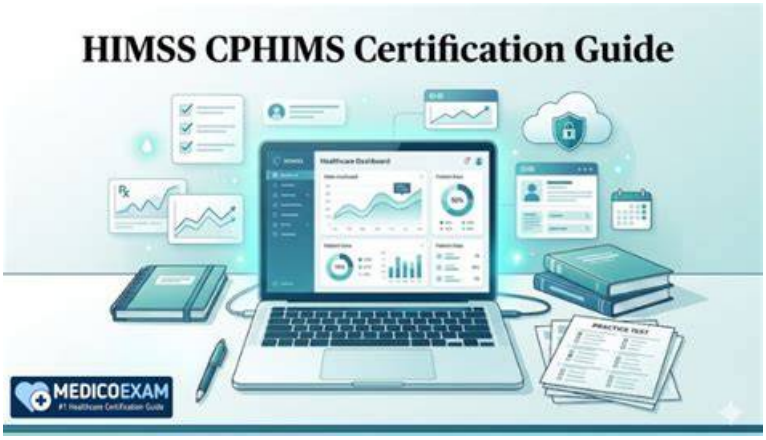

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HIMSS CPHIMS Exam Syllabus Topics:

Section	Weight	Objectives
Topic 1: Healthcare Environment	26%	- Healthcare Data and Information • 1. Health record content and documentation standards • 2. Data types and quality • 3. Health information exchange - Healthcare Organization and Delivery • 1. Organization structure, governance, and regulatory requirements • 2. Workflow and care processes • 3. Healthcare settings (acute care, ambulatory, LTC, home care) - Clinical and Business Terminology • 1. Clinical concepts and workflows • 2. Revenue cycle and healthcare financial terms • 3. Clinical terminology (SNOMED CT, ICD-10, CPT)

Topic 2: Systems Management	27%	- Systems Analysis and Design • 1. System selection and evaluation • 2. Requirements analysis • 3. Process modeling and design - Governance and Management • 1. Risk management and security • 2. Policy development and compliance • 3. IT governance frameworks - Systems Implementation and Support • 1. Change management • 2. System support and optimization • 3. Testing, training, and deployment • 4. Project management methodologies
Topic 3: Technology Environment	27%	- IT Infrastructure • 1. Hardware, networks, and telecommunications • 2. Operating systems and platforms • 3. System integration and interfaces - Data and Information Management • 1. Database concepts and data warehousing • 2. Data analytics and business intelligence • 3. Health information exchanges (HIE) - Applications and Software • 1. Administrative and financial systems • 2. Clinical information systems (EMR, CPOE, CDSS) • 3. Mobile health and consumer health technologies
Topic 4: Related Topics	20%	- Healthcare Reform and Trends • 1. Privacy and security regulations (HIPAA) • 2. Meaningful use and quality reporting • 3. Value-based care - Management and Leadership • 1. Team building and workforce development • 2. Budget and resource management • 3. Vendor management • 4. Strategic planning

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CPHIMS Question Explanations - CPHIMS Reliable Dumps Ppt

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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q53-Q58):

NEW QUESTION # 53
A survey of the client community, sponsored by the IT department, reported a significant decline in overall satisfaction with the IT service provided. Which of the following is the FIRST step the Chief Information Officer should take?

- A. Evaluate the survey results to better understand the reported decline.
- B. Engage an external consultant for a departmental effectiveness review.
- C. Convene an all-staff meeting to discuss the results with the IT department.
- D. Send out a follow-up survey to the client community to get more detail.

Answer: A

Explanation:
The CIO's first step should be to evaluate the survey results to understand what is actually driving the decline and how credible and actionable the findings are. In IT service management and leadership practice, survey outcomes are an initial signal-not a diagnosis. The CIO should review response rates, sampling (which departments responded), trends by service line, and segmentation (e.g., clinical vs. administrative users, inpatient vs. ambulatory). They should also analyze which dimensions dropped (incident response time, communication, downtime experience, training, EHR support, project delivery) and whether the decline correlates with recent events such as system outages, major upgrades, staffing changes, or backlog increases.
This assessment establishes a fact base and prevents premature actions that may miss the real issues.
A follow-up survey (B) may be useful later, but only after determining what gaps already exist in the data and what additional detail is needed. Convening an all-staff meeting (C) is also premature without a clear problem statement; it risks turning into speculation rather than focused improvement planning. Hiring an external consultant (D) can be appropriate for complex or persistent issues, but it is not the first move when internal data has not yet been analyzed.

NEW QUESTION # 54
The MOST significant outcome of achieving interoperability of medical devices is

- A. regulatory compliance.
- B. patient safety.
- C. optimal workflow.
- D. reduced data errors.

Answer: B

Explanation:
The most significant outcome of achieving interoperability of medical devices is patient safety . When devices such as infusion pumps, ventilators, cardiac monitors, and anesthesia machines are interoperable with clinical information systems (e.g., EHRs), data flows automatically and accurately between systems. This reduces the need for manual transcription of vital signs, medication rates, and device settings-thereby minimizing transcription errors, omissions, and delays in documentation.
While reduced data errors (option B) is a direct and measurable benefit, it ultimately supports the broader and more critical goal of protecting patients from harm. For example, real-time device integration allows clinicians to see accurate, up-to-date physiologic data, supports clinical decision support alerts (e.g., unsafe infusion parameters), and improves alarm management. These capabilities directly influence timely interventions and prevention of adverse events.
Optimal workflow (option A) is also improved through automation, and regulatory compliance (option C) may be facilitated through accurate documentation and audit trails; however, these are secondary benefits. In healthcare technology strategy and informatics practice, improvements are evaluated primarily by their impact on safety and quality of care. Therefore, patient safety is the most significant outcome of medical device interoperability.

NEW QUESTION # 55
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. review performance indicators and service metrics along with organizational perception of the team's effectiveness.
- 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. poll each member to understand their thoughts on what skill sets and abilities are needed from the new hires.

Answer: A

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 # 56
Effective health information exchange requires:

- A. Clinical decision support.
- B. Master Patient Index accuracy.
- C. Remote patient monitoring.
- D. Transcription software efficiency.

Answer: B

Explanation:
Effective health information exchange (HIE) fundamentally depends on accurate patient identification , which is achieved through a reliable Master Patient Index (MPI) . An MPI is a core component of interoperability infrastructure that maintains unique identifiers for patients across different systems and organizations. When health data is exchanged between hospitals, clinics, laboratories, and other entities, the receiving system must correctly match the incoming data to the appropriate patient record. Without accurate patient matching, there is significant risk of duplicate records, overlay errors (information assigned to the wrong patient), incomplete clinical histories, and potential patient safety events.
Remote patient monitoring and clinical decision support are valuable digital health capabilities, but they are not foundational requirements for HIE functionality. Transcription software efficiency relates to documentation workflow and does not directly impact cross-organizational data exchange. In contrast, MPI accuracy ensures that demographic data elements-such as name, date of birth, address, and other identifiers-are properly reconciled to support safe and reliable interoperability.
Within healthcare information systems management, strong MPI governance, standardized demographic data capture, and ongoing data quality monitoring are essential best practices. Therefore, Master Patient Index accuracy is the critical requirement for effective health information exchange.

NEW QUESTION # 57
After a new pharmacy dispensing system is implemented, issues are reported regarding pharmacies not being able to process prescriptions that were received before the cutover to the new system. Which testing phase could have identified this issue?

- A. Unit testing.
- B. Acceptance testing.
- C. Regression testing.
- D. System integration testing.

Answer: B

Explanation:
Acceptance testing (User Acceptance Testing/UAT) is the testing phase most likely to identify an inability to process prescriptions that existed before cutover , because UAT validates that the solution supports real operational workflows and business requirements under conditions that mirror production use. A key go-live risk in pharmacy system replacement is data conversion and continuity of

care : prescriptions entered in the legacy system prior to cutover must be accessible and actionable in the new environment (e.g., visible in work queues, eligible for verification, dispensing, labeling, adjudication, and documentation). In well-designed acceptance testing, users execute scripted scenarios that include "pre-cutover" items-converted orders, historical prescriptions, and in-flight work-specifically to confirm that the new system can safely continue processing without interruption.
By comparison, unit testing focuses on individual components and would not validate end-to-end prescription processing across converted legacy data. System integration testing emphasizes interfaces between systems (e.
g., EHR-to-pharmacy, claims, automation) but may not adequately validate business readiness with converted pre-cutover prescriptions unless explicitly included. Regression testing checks that changes did not break previously working functions, but it is not the primary phase for validating cutover continuity. Therefore, acceptance testing is the best answer.

NEW QUESTION # 58

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