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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q69-Q74):

NEW QUESTION # 69

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

Answer: A

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 # 70

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

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

Answer: D

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 # 71

An MPI system assigns each patient a

- A. medical provider identifier.
- B. unique prescription number.
- C. master population index.
- **D. unique person identifier.**

Answer: D

Explanation:

A Master Patient Index (MPI) is a core health information management function that supports accurate patient identity matching across an organization's clinical and administrative systems. Its central purpose is to ensure that each patient's records-encounters, lab results, imaging, medications, allergies, and billing information- are correctly linked to the right individual, even when the patient receives care at multiple locations or has multiple registrations. To accomplish this, an MPI assigns (and maintains) a unique person identifier for each patient. This identifier serves as the consistent "key" used to connect records from different systems and prevent duplicate charts or overlay errors (where one patient's information is mistakenly filed under another's record).

The other choices do not align with what an MPI does. A prescription number relates to a medication order /dispense transaction, not a person. "Master population index" is not something that is "assigned" to the patient; it is the system/process itself (sometimes called an enterprise master patient index). A medical provider identifier applies to clinicians, not patients. In practice, MPI integrity is supported by demographic attributes (name, DOB, address, phone), matching algorithms, and governance processes for duplicate resolution-built around the patient's unique person identifier .

NEW QUESTION # 72

How can training staff's effectiveness be best improved?

- **A. Empower trainers to participate in design and user acceptance testing and develop the curriculum in the process.**
- B. Train the trainers on the system functions.
- C. Provide the design and solution documents to the training team immediately after the contract is executed.
- D. Provide training before go-live, once testing is completed and the product is ready to ship.

Answer: A

Explanation:

Training staff are most effective when they are integrated early into the implementation lifecycle- particularly during design and user acceptance testing (UAT) -because this gives them deep, practical understanding of the new workflows, decisions, and real-world usability issues that end users will face. By participating in design sessions, trainers learn the intended future-state processes, policy choices (e.g., documentation standards, order set governance), and role-based responsibilities. Through UAT involvement, trainers observe where users struggle, what steps are error-prone, which screens are confusing, and which workflow workarounds emerge. That insight allows trainers to build targeted curriculum, scenarios, and tip sheets that directly address high-risk tasks and common points of failure-improving adoption, reducing errors, and shortening the productivity dip at go-live.

Option B delays trainer readiness until late, limiting time to develop scenario-based training and incorporate UAT lessons learned. Option C (receiving documents) helps but is insufficient because documents rarely capture the nuanced, operational "how work really happens" details. Option D (training trainers on functions) is necessary but not sufficient; effective healthcare IT training must be workflow- and role-based , not only feature-based. Hence, early empowerment and participation (A) best improves training effectiveness.

NEW QUESTION # 73

Leaders often say that they do not get enough credit for the IT initiatives their team has delivered successfully for the organization. A possible solution would include enhanced effort on which of the following?

- **A. Project communication.**
- B. CRM enhancement.
- C. Sales promotion.
- D. Brand marketing.

Answer: A

Explanation:

In healthcare IT leadership, "not getting enough credit" is most often a visibility and stakeholder-alignment problem, not a lack of achievement. The most direct, sustainable solution is stronger project communication -a structured approach to ensuring the right audiences understand what was delivered, why it matters, how it supports clinical and organizational goals, and what outcomes were achieved. Effective project communication includes stakeholder mapping, regular executive updates, clear status reporting, benefit realization summaries, and storytelling that connects technical work to patient safety, workflow improvement, clinician experience, compliance, and financial stewardship. It also involves proactive change-management messaging: what is changing, who is impacted, what training/support exists, and how success will be measured. Brand marketing and sales promotion are external-facing and do not directly address internal governance, adoption, and executive perception of IT value. CRM enhancement focuses on customer relationship technology and may be part of a specific initiative, but it is not the core remedy for recognition of IT contributions across a portfolio. By formalizing communication-before, during, and after delivery-leaders create transparency, build trust, improve adoption, and make outcomes visible, which naturally increases organizational recognition of IT success.

NEW QUESTION # 74

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