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CPHIMS 2022 TEST PRACTICE QUESTIONS AND ANSWERS

Issues facing healthcare providers (7) - Answer -Costs Rising

- Quality variations in clinical care
- safety (patient)
- evidence decision making
- administrative process complexity
- consumerish/heightened expectations
- research & tech advances

Providers of care (7) - Answer -Hospitals

- Ambulatory centers/clinics
- Long term care providers (30+ days)
- Public health agencies
- Community health programs
- physician practices
- pharmacies

Hospital characteristics (5) - Answer -Level of care provided (primary, secondary, tertiary, sub-acute)

- Ownership (profit / non)
- Geographic location (urban/metropolitan MSA 50k+ / rural)
- Payor mix (Govt, private)
- Teaching status (teaching hosp, academic med cntr, non-teaching hosp)

Ambulatory centers/clinics - Answer Services withOUT overnight stay

Long Term Care Services (4) - Answer 30+ days

- Nursing Home
- Rehab
- Mental Health

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HIMSS CPHIMS Exam Syllabus Topics:

Section	Objectives
Topic 1: Healthcare Environment	- Healthcare policy, regulations, and standards - Healthcare delivery systems and stakeholders
Topic 2: Information Technology	- Data management and interoperability - IT infrastructure and architecture
Topic 3: Privacy, Security, and Data Governance	- Data privacy and confidentiality - Cybersecurity principles in healthcare systems
Topic 4: Health Information Systems	- System lifecycle and implementation - System selection and evaluation

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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q37-Q42):

NEW QUESTION # 37

The ability to examine data from various sources and provide information on trends, risks, and financial progress is called

- A. data harvesting.
- B. data warehousing.
- C. decision support.
- D. Enterprise Transformation Language (ETL).

Answer: C

Explanation:

The correct answer is decision support because it refers to the capability to analyze data from multiple sources and transform it into meaningful information that supports informed decision-making. In healthcare information and management systems, decision support tools aggregate clinical, operational, and financial data to identify trends, assess risk, monitor quality indicators, and evaluate financial performance. These systems help leadership and clinicians make evidence-based decisions by providing dashboards, predictive analytics, performance metrics, and alerts.

While data warehousing (Option D) involves collecting and storing large volumes of structured data from different source systems into a centralized repository, it primarily supports storage and organization rather than direct analysis and interpretation. ETL (Extract, Transform, Load) processes are technical mechanisms used to move and prepare data for storage in a warehouse but do not themselves provide analytical insight.

Data harvesting generally refers to collecting data, often from external sources, and does not inherently include analytical interpretation.

In healthcare environments, decision support systems (DSS) are essential for quality improvement, risk management, population health initiatives, regulatory reporting, and financial oversight. By synthesizing multi-source data into actionable intelligence, decision support fulfills the function described in the question.

NEW QUESTION # 38

What key management practice BEST ensures the ongoing value of an IT project?

- A. Organizational change management.
- B. Alignment of project purpose with the organization's strategy.
- C. Identification of investment risks.
- D. Attention to costs and project completion timeframes.

Answer: A

Explanation:

Organizational change management (OCM) best ensures the ongoing value of an IT project because value in healthcare IT is realized only when the solution is adopted, used correctly, and sustained in daily operations. Even if a project is strategically aligned, delivered on time, and within budget, it can fail to produce lasting benefits if clinicians and staff do not change workflows, follow standardized processes, and consistently use the system as intended. OCM addresses the human and operational side of transformation:

stakeholder engagement, communication, role-based training, readiness assessment, super-user networks, leadership sponsorship, workflow redesign, and reinforcement after go-live. These elements reduce resistance, improve competency, and support stabilization and optimization-where many long-term benefits (quality, safety, efficiency, data integrity) are actually achieved.

Option B (strategic alignment) is essential for selecting the right project, but it does not guarantee continued performance once implemented. Option C focuses on project management constraints (time/cost) and is necessary for delivery, not sustained value.

Option D strengthens governance by anticipating risks, but risk identification alone does not drive adoption or behavior change. OCM is therefore the most direct practice for ensuring that an IT investment delivers and maintains measurable benefits over time.

NEW QUESTION # 39

Effective health information exchange requires:

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

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 # 40

An approach that is based on well-designed studies is referred to as

- **A. evidence-based practice.**
- B. beta testing.
- C. best practice.
- D. the Pareto principle.

Answer: A

Explanation:

Evidence-based practice (EBP) is the approach to care and decision-making that relies on the best available scientific evidence—typically derived from well-designed research studies—combined with clinical expertise and patient preferences. In clinical informatics, EBP is foundational because many informatics tools (such as clinical decision support, order sets, care pathways, and alerts) should be designed and optimized using evidence that demonstrates improved outcomes, reduced risk, or enhanced efficiency. When clinical workflows are digitized, informatics teams translate research findings into standardized, measurable interventions within the clinical information system, ensuring that the system promotes safe and effective care.

The other options do not match the definition. The Pareto principle (80/20 rule) is a prioritization concept used in quality improvement and management, not a research-based clinical approach. Beta testing is a software testing phase conducted before full release to identify defects and usability issues. Best practice is a broader term that may describe commonly accepted methods, but it does not necessarily indicate that the approach is grounded in rigorous, well-designed studies—best practices can emerge from expert consensus, experience, or local success without strong research evidence. Because the question explicitly emphasizes "well-designed studies," evidence-based practice is the most accurate term.

NEW QUESTION # 41

The executive responsible for overseeing people, processes, and technologies within a company's IT organization to ensure they deliver outcomes that support the goals of the business—playing a key role in the critical strategic, technical, and management initiatives that mitigate threats and drive business growth—is the:

- A. Chief Technology Officer (CTO).
- B. Chief Medical Information Officer (CMIO).
- C. Chief Nursing Informatics Officer (CNIO).
- **D. Chief Information Officer (CIO).**

Answer: D

Explanation:

The Chief Information Officer (CIO) is the executive accountable for the overall leadership and performance of the IT organization, ensuring that technology, people, and processes deliver measurable value aligned with enterprise goals. In healthcare environments, this includes setting IT strategy, governing major portfolios (EHR, infrastructure, cybersecurity, interoperability, analytics), ensuring regulatory and privacy compliance, and managing budgets, vendor relationships, and service delivery. The CIO's scope is enterprise-wide: translating organizational objectives into technology roadmaps, prioritizing investments based on value and risk, and ensuring operational reliability and resilience (uptime, disaster recovery, incident response). This directly relates to "mitigating threats and driving business growth," because the CIO is responsible for managing technology risk (e.g., cybersecurity, downtime, data integrity) while enabling growth through scalable platforms, digital transformation initiatives, and workforce enablement.

A CTO typically focuses more narrowly on technology architecture, engineering, and innovation execution, often reporting into or partnering with the CIO. CNIO and CMIO are clinical informatics leaders-critical for adoption and clinical alignment-but they do not usually own the entire IT organization across people, processes, and enterprise technology governance.

NEW QUESTION # 42

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