

DUMPS ARENA

HIMSS Certified Professional in Healthcare Information and Management Systems

HIMSS CPHIMS

Version Demo

Total Demo Questions: 12

Total Premium Questions: 120

Buy Premium PDF

<https://dumpsarena.co>

sales@dumpsarena.co

sales@dumpsarena.co
dumpsarena.co

Topic Break Down

Topic	No. of Questions
Topic 1, Healthcare and Technology Environments	45
Topic 2, Technology Management	3
Topic 3, Systems Analysis	5
Topic 4, Systems Design	1
Topic 5, Systems Selection, Implementation, and Support	19
Topic 6, Testing and Evaluation	13
Topic 7, Privacy and Security	9
Topic 8, Leadership and Management	25
Total	120

QUESTION NO: 1

A clinician is looking to retrieve a CT image from the patient's current visit. In which system does it reside?

- A. Health information exchange.
- B. Data warehouse.
- C. HL7.
- D. PACS.

ANSWER: D

Explanation:

PACS. is the correct answer because a Picture Archiving and Communication System is the operational system designed to receive, store, index, manage, and retrieve diagnostic imaging studies, including CT images. A CT modality creates images and associated study information using the DICOM standard, then sends those objects to PACS for durable storage and clinical access. PACS organizes the images with patient, encounter, order, and study metadata so an authorized clinician can locate the current-visit examination and display it through a radiology workstation or an enterprise imaging viewer integrated with the EHR.

Although the EHR may present a link to the images or embed a viewer, the image objects themselves are typically retained in PACS or an enterprise imaging archive managed through PACS workflows. This architecture supports timely diagnostic interpretation, comparison with prior examinations, and controlled access to complete image series rather than only a text report. DICOM describes the standard used for communication and management of medical imaging information, while PACS provides the practical imaging repository and retrieval capabilities needed in clinical operations. See the [DICOM Standard](#) and the [RadiologyInfo overview of PACS](#).

QUESTION NO: 2

Which of the following, if used properly, will reduce medical errors and improve patient safety?

- A. CPOE.
- B. CIS.
- C. CMV.
- D. CQM.

ANSWER: A

Explanation:

CPOE is correct because it enables clinicians to enter medication, laboratory, diagnostic, and other care orders electronically at the point of care, replacing potentially illegible handwritten orders and reducing errors associated with verbal communication and transcription. Its patient-safety value is greatest when it is integrated into the clinical workflow with clinical decision support. At the time an order is entered, the system can present actionable checks for patient allergies, drug–drug interactions, duplicate therapy, contraindications, excessive or insufficient doses, and relevant laboratory values or renal function. This allows a potential error to be identified before the order reaches downstream dispensing, administration, or testing processes.

Proper implementation also includes well-designed order sets, appropriate alert governance to limit alert fatigue, user training, and ongoing monitoring of workflow and safety outcomes. These practices help ensure that electronic ordering supports, rather than disrupts, safe clinical decisions. The Agency for Healthcare Research and Quality describes computerized provider order entry as a patient-safety practice that can reduce medication errors, particularly when paired with decision support. See the [AHRQ PSNet primer on computerized provider order entry](#) and the [AHRQ CPOE resource page](#).

QUESTION NO: 3

The **BEST** format for reporting overall enterprise performance, grouped in major dimensions, to hospital leadership is a:

- A. Pareto analysis.
- B. Gantt chart.
- C. Balanced scorecard.
- D. Pie chart.

ANSWER: C

Explanation:

Balanced scorecard is the best format because it presents enterprise performance through a small, strategically linked set of measures grouped into major dimensions rather than as isolated operational statistics. The classic balanced-scorecard framework organizes measures across financial results, customer or patient perspective, internal processes, and learning and growth. In a hospital, these dimensions can be adapted to show the relationships among financial stewardship, clinical quality and patient experience, operational performance, workforce capability, and organizational improvement priorities.

This format is especially useful for hospital leadership because it translates the organization's strategy into measurable objectives and gives executives a concise view of progress across the enterprise. A leadership scorecard can combine lagging outcome measures, such as financial or quality results, with leading indicators, such as staff development, process reliability, or implementation milestones. Linking measures to strategic objectives supports governance, prioritization, accountability, and corrective action while avoiding an overly narrow focus on any single performance domain. The Balanced Scorecard Institute describes the approach as a strategic planning and management system that aligns business activities with organizational vision and strategy; the original framework is described by Harvard Business Review as a balanced view of organizational performance. See [Balanced Scorecard Institute: BSC Basics](#) and [Harvard Business Review: The Balanced Scorecard](#).

QUESTION NO: 4

A consulting firm was hired to discover causes of medication errors for a healthcare facility. Data was collected and analyzed within a 3-month period. Which of the following is the **BEST** way to display the results of the analysis?

- A. Control chart.
- B. Flowchart.
- C. Pareto chart.
- D. Histogram.

ANSWER: C

Explanation:

Pareto chart. is the best display because the analysis is intended to identify and communicate the causes of medication errors that occur most often. A Pareto chart organizes categorical data—such as wrong dose, omitted medication, patient-identification error, or transcription issue—in descending order of frequency. Its cumulative-percentage line then shows how much of the total problem is represented by the most frequent categories. This makes the findings immediately actionable: clinical and operational leaders can focus limited improvement resources on the relatively small number of causes contributing the greatest share of errors.

The three-month collection period defines the dataset being summarized; it does not change the fundamental need to prioritize categories of causes. In healthcare quality improvement, Pareto analysis is commonly used to select high-yield targets for root-cause investigation and interventions, such as workflow redesign, barcode-medication-administration improvements, staff education, or clinical decision-support adjustments. The American Society for Quality describes a Pareto chart as a bar graph that ranks categories by frequency and is used to identify the most significant contributors to a problem.

QUESTION NO: 5

A healthcare entity provides care on an at-risk basis. Which of the following is an appropriate use of quality-related data?

- A. Determine reimbursement opportunities.
- B. Develop a research study for a new clinical compound.
- C. Identify opportunities for clinical care improvement.
- D. Target network security weakness.

ANSWER: C

Explanation:

Identify opportunities for clinical care improvement is the appropriate use of quality-related data in an at-risk care model. Under at-risk or value-based arrangements, the healthcare entity bears accountability for both the quality and cost of care delivered to a defined population. Quality data—including outcome measures, readmissions, complications, preventive-service completion, adherence to evidence-based care, patient experience, and disparities—helps teams detect variation in performance and gaps in care. Leaders and clinicians can use those findings to prioritize targeted interventions, redesign workflows, strengthen care coordination, improve clinical decision support, and monitor whether changes produce better outcomes.

This use is central to continuous quality improvement: data are transformed into actionable information that supports safer, more effective, equitable, patient-centered, timely, and efficient care. In an at-risk environment, these improvements also help the organization manage total cost of care by preventing avoidable harm, unnecessary utilization, and missed opportunities for proactive treatment. The Centers for Medicare & Medicaid Services describes value-based care as rewarding providers for quality and outcomes rather than volume, reinforcing the importance of using performance data to improve care delivery. See [CMS: Value-Based Care](#) and [AHRQ: Quality Improvement and Data Use](#).

QUESTION NO: 6

Digital health apps and fitness tracking devices can add patients' health data to their Electronic Health Records (EHR) by using a(n):

- A. Controlled Unclassified Information (CUI).
- B. Application Programming Interface (API).
- C. Electronic Data Interchange (EDI).
- D. Virtual Desktop Machine (VDM).

ANSWER: B

Explanation:

Application Programming Interface (API) is correct because it provides the defined, secure software-to-software connection through which a digital health application or fitness device platform can exchange patient-generated health data with an EHR. An API specifies how an authorized application requests, sends, and receives data, including the formats, endpoints, authentication, and permissions involved. In contemporary U.S. healthcare interoperability, standards-based APIs commonly use HL7® FHIR® resources and authorization approaches such as OAuth 2.0. This allows data such as activity, heart rate, sleep, home blood pressure, or glucose measurements to be transmitted in a structured form that an EHR can associate with the appropriate patient and present to the care team for review. API-based exchange also supports patient access and control by allowing patients to authorize apps to retrieve or contribute data within applicable organizational workflows and

privacy safeguards. The Office of the National Coordinator for Health IT describes standardized APIs as a core mechanism for interoperable health-information exchange and for patient-facing applications. HL7 FHIR is the widely adopted standard that defines the health-data resources and exchange patterns these APIs commonly use. See the [ONC Interoperability Standards Advisory](#) and [HL7 FHIR overview](#).

QUESTION NO: 7

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

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

ANSWER: B

Explanation:

HL7 is the correct answer because Health Level Seven develops widely used healthcare interoperability standards that enable information systems to exchange clinical and administrative data with consistent structure and meaning. In healthcare, semantic interoperability means that the receiving system can interpret exchanged information in a clinically meaningful and computable way, rather than merely receive a message or document. HL7 standards support this objective by defining data elements, message structures, vocabularies, resources, and exchange rules used among electronic health records, laboratory information systems, pharmacy systems, billing applications, and health information exchanges.

Its standards portfolio includes HL7 Version 2 messaging, Clinical Document Architecture, and Fast Healthcare Interoperability Resources. FHIR, for example, represents health information through reusable resources and supports modern API-based exchange, while retaining defined data semantics needed for reliable interoperability. These standards are central to practical health-information exchange because they provide a common framework that allows independently developed systems to communicate and use the information they share. HL7's role and standards portfolio are described by [HL7 International](#), and HIMSS discusses the importance of interoperability in healthcare delivery at [HIMSS Interoperability in Healthcare](#).

QUESTION NO: 8

Vendor finalists perform demonstrations based on selected scripted user specifications from the

- A. Statement of Work (SOW).
- B. Request for Quotation (RFQ).
- C. Request for Proposal (RFP).
- D. Request for Information (RFI).

ANSWER: C

Explanation:

Request for Proposal (RFP). is correct because the RFP is the procurement document that translates the organization's business, clinical, technical, interoperability, security, implementation, and support needs into requirements for prospective vendors. During evaluation, the selection team can convert high-priority RFP requirements into standardized, scripted user scenarios. These scripts ask each finalist to demonstrate how its product supports the same representative workflows, such as documenting care, exchanging information, managing orders, producing reports, or applying access controls.

Using scripts derived from the RFP creates a consistent and defensible evaluation process. It links the live demonstration directly to requirements that were communicated to all bidders, permits scoring against predefined criteria, and helps stakeholders assess not only whether a feature exists but also how effectively it fits the organization's real workflows. This

approach supports comparative evaluation across clinical, operational, financial, and technical perspectives before a final selection is made. The U.S. General Services Administration describes an RFP as a solicitation used when an agency needs vendors to propose a solution meeting stated requirements; its evaluation framework supports this requirements-based approach. See the [GSA guidance on requests for proposals](#) and HIMSS's [healthcare procurement resources](#).

QUESTION NO: 9

Data mining

- A. creates a simulation model of a working process or function.
- B. enables the storage of vast amounts of dissimilar data.
- C. uses the scientific method to predict future outcomes.
- D. reveals trends, patterns, and relationships that might otherwise have gone undetected.

ANSWER: D

Explanation:

“reveals trends, patterns, and relationships that might otherwise have gone undetected” correctly describes data mining. Data mining is the process of examining large data sets with analytical, statistical, and computational techniques to discover meaningful patterns, associations, correlations, anomalies, and other insights that are not readily apparent through routine reporting or simple queries. In healthcare information management, it can be applied to clinical, operational, financial, and population-health data to identify such findings as utilization patterns, risk indicators, disease correlations, care gaps, or factors associated with outcomes. The purpose is knowledge discovery: transforming stored data into information that can support evidence-based decisions, quality improvement, planning, and predictive analytics. A mined pattern must subsequently be interpreted, validated, and assessed in its clinical and operational context before it is used for decision-making; however, the defining capability is the discovery of previously obscured relationships and trends. The U.S. National Library of Medicine describes data mining as extracting useful information from large data sets, while the National Institute of Standards and Technology discusses the use of data-mining methods to identify patterns and relationships in data. See the [National Library of Medicine MeSH entry for Data Mining](#) and [NIST's healthcare data-mining resource](#).

QUESTION NO: 10

Which of the following is a health problem that is NOT associated with poor ergonomics?

- A. Repetitive Stress Injury.
- B. Computer Vision Syndrome.
- C. Alert Fatigue.
- D. Restless Leg Syndrome.

ANSWER: C

Explanation:

Alert Fatigue is the health and safety issue not associated with poor ergonomics. It occurs when clinicians are exposed to a high volume of electronic alerts, reminders, and warnings—particularly in clinical decision support systems—and begin to override, ignore, or respond less effectively to them. The central cause is the design, prioritization, specificity, and workflow fit of alerts, rather than the physical setup of a workstation, body posture, monitor placement, keyboard use, or repetitive movement.

Ergonomics addresses the fit among people, tasks, tools, and physical work environments. In health IT settings, ergonomic practices include arranging displays and input devices appropriately, supporting neutral posture, reducing physical strain, and managing visual demands during computer work. These practices are important for a safe and sustainable work environment, but they do not resolve the excessive or low-value alert burden that produces alert fatigue. Effective alert-

fatigue management instead requires human-centered clinical decision-support governance, including limiting interruptive alerts to high-priority situations, improving alert relevance, and monitoring override patterns. The Office of the National Coordinator for Health IT describes alert fatigue as an important clinical decision-support usability and safety concern: <https://www.healthit.gov/topic/safety/clinical-decision-support>. Ergonomic principles and their focus on work-system design are further described by the International Ergonomics Association: <https://iea.cc/what-is-ergonomics/>.

QUESTION NO: 11

A committee is assessing whether the currently installed products and services are available as cloud-based product offerings. Which of the following should the committee pursue FIRST?

- A. Vendor demonstration.
- B. Request for Proposal.
- C. Request for Information.
- D. End-user focus group.

ANSWER: C

Explanation:

Request for Information. is the appropriate first action because the committee is conducting early market discovery, rather than selecting a supplier or soliciting a solution against finalized requirements. An RFI provides a structured way to ask current and prospective vendors whether equivalent cloud offerings exist and to gather comparable information about service models, deployment and hosting arrangements, interoperability, security and privacy controls, compliance attestations, data residency, implementation approach, support, pricing constructs, and product roadmaps. This information enables the organization to understand the feasible cloud marketplace and identify constraints before defining a procurement scope or evaluation criteria.

For healthcare organizations, this exploratory work should also establish whether a potential cloud service can support the organization's responsibilities for protecting electronic protected health information, including the vendor's willingness and ability to enter into an appropriate business associate agreement when required. HHS explains that covered entities must obtain satisfactory assurances from business associates that they will appropriately safeguard protected health information. The resulting RFI findings can inform governance discussions, risk assessment, migration planning, and the requirements that may later be incorporated into a formal solicitation. See the [HHS guidance on business associates](#) and the [Federal Acquisition Regulation discussion of exchanges and requests for information](#).

QUESTION NO: 12

A risk response plan includes swapping desktops for laptops for physicians to eliminate the risk of physicians failing to adopt a new Electronic Health Record (EHR). This is an example of

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

ANSWER: B

Explanation:

risk avoidance. is correct because the response changes the project's planned technology and workflow environment specifically to remove the identified threat to successful EHR adoption. Risk avoidance is a proactive threat-response strategy in which the project approach is altered so the risk no longer applies, or its cause is eliminated. In this situation, the organization has identified that fixed desktop access could create a practical barrier for physicians who need mobility while

delivering care. Replacing desktops with laptops modifies the implementation approach to eliminate that adoption barrier rather than proceeding with the original workstation design.

This is consistent with project risk-management practice: avoidance may involve changing scope, technical design, delivery methods, or operational processes to eliminate exposure to a threat. For an EHR implementation, designing technology access around clinician workflow is also an important usability and adoption consideration. The response is therefore not merely an acknowledgment of the risk; it is a deliberate redesign intended to prevent the threatened outcome from occurring. See the [Project Management Institute's discussion of project risk-management practices](#) and the [HealthIT.gov overview of health IT usability](#) for related guidance.