Canadian Health Information Management Association Practice Exam (Sample)

Study Guide

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Questions

1. What is the HL7 standard that specifies the structure of clinical documents for electronic exchange?

A. CDA.

B. CPOE.

C. ICD.

D. RFID.

2. Which case demonstrated that the health record belongs to the hospital or health care provider that created it?

A. Halls v. Mitchell

B. Lamothe v. Mokleby

C. McInerney v. MacDonald

D. Mammone v. Bakan

3. A computer system customized for a specific application and ready to use is known as a/n:

A. Deterministic system.

B. EHR system.

C. Non deterministic system.

D. Turnkey system.

4. A nurse entering a temperature of 134 degrees and being rejected by the system is an example of what?

A. Data collection

B. Data reliability

C. Edit check

D. Hot spot

5. What is the length of stay (LOS) for a patient admitted and discharged on the same day after 12 hours?

A. 0 days.

B. 1 day.

C. 12 hours.

D. 13 hours.

6. When are quality assurance goals and performance targets developed?

A. Concurrently

B. Continuously

C. Prospectively

D. Retrospectively

7. What is a formal representation of a set of concepts within a domain and the relationships between those concepts?

A. Hierarchy

B. Nomenclature

C. Ontology

D. Terminology

8. Which of the following is NOT a systemic manifestation of inflammation?

A. Fatigue.

B. Malaise.

C. Pyrexia.

D. Redness of inflamed area.

9. The effectiveness of a medical treatment is often evaluated by determining its:

A. Cost-effectiveness.

B. Efficacy.

C. Comparative effectiveness.

D. Clinical utility.

10. Julius's plan to create a Patient Educator position likely depicts what type of organizational relationship?

A. Box line

B. Dotted line

C. Solid line

D. Wavy line

Answers

1. A
2. B
3. D
4. C
5. C
6. C
7. C
8. D
9. C
10. B

Explanations

1. What is the HL7 standard that specifies the structure of clinical documents for electronic exchange?

A. CDA.

B. CPOE.

C. ICD.

D. RFID.

The HL7 standard that specifies the structure of clinical documents for electronic exchange is the Clinical Document Architecture (CDA). CDA provides a framework that allows the encoding of documents such as discharge summaries, progress notes, and other clinical documents in a standardized format. This standard is essential for ensuring that electronic health records (EHRs) can share and interpret clinical documents effectively across different health information systems. CDA documents encapsulate both the content and the structure, facilitating interoperability, which means that different systems can understand and use the information contained within the documents regardless of the source. This standard plays a crucial role in health information exchange by providing a common understanding of clinical document elements such as patient information, author details, and relevant clinical data. In contrast, the other options serve different functions: CPOE (Computerized Provider Order Entry) refers to systems that enable health care providers to enter and manage orders for care electronically; ICD (International Classification of Diseases) is a classification system for diseases and health conditions that is used for coding diagnoses; RFID (Radio Frequency Identification) refers to technology used for tracking items or individuals, not for document structure. This differentiation highlights why CDA is the appropriate choice when discussing standards for electronic document exchange in healthcare.

2. Which case demonstrated that the health record belongs to the hospital or health care provider that created it?

A. Halls v. Mitchell

B. Lamothe v. Mokleby

C. McInerney v. MacDonald

D. Mammone v. Bakan

The case that illustrated that the health record belongs to the hospital or health care provider that created it is Lamothe v. Mokleby. This case has set a significant precedent in health information management, underscoring the concept of ownership of health records. It emphasized that while patients have rights to access their records and request corrections, the physical documents or electronic records themselves are owned by the institutions or professionals that generated them. This ownership model is crucial for understanding the relationship between healthcare providers and the records they maintain. It delineates responsibilities regarding the management, retention, and disclosure of health information, aligning with legal frameworks and regulations. In Lamothe v. Mokleby, the court affirmed that the health care provider had the right to control the health record, which includes decisions about access and sharing of information. This context reinforces why ownership issues surrounding health records are essential in health information management, influencing policies and practices in health care facilities.

3. A computer system customized for a specific application and ready to use is known as a/n:

A. Deterministic system.

B. EHR system.

C. Non deterministic system.

D. Turnkey system.

A turnkey system is a type of computer system that is designed, built, and configured for a specific application, so it is ready for immediate use upon installation. This system requires minimal setup and is typically comprehensive, encompassing all necessary hardware and software components tailored to meet the needs of the user or organization from the outset. By contrast, deterministic and non-deterministic systems refer to the predictability of their outputs based on initial conditions or inputs, lacking the direct relationship to application readiness or customization in a practical use case. An EHR (Electronic Health Record) system is a specific type of application focused on managing patient records and health information, which may or may not be turnkey depending on its implementation. Thus, the definition and context of a turnkey system align perfectly with the concept of an immediate, application-specific solution requiring little to no additional configuration or input from the end user.

4. A nurse entering a temperature of 134 degrees and being rejected by the system is an example of what?

A. Data collection

B. Data reliability

C. Edit check

D. Hot spot

A nurse entering a temperature of 134 degrees being rejected by the system exemplifies an edit check. This process is a validation mechanism used in health information systems to ensure that the data being entered meets certain predefined criteria or ranges. In this scenario, the system likely has an established threshold for normal body temperatures, typically ranging from around 95°F to 105°F (35°C to 40°C) for humans. A reading of 134 degrees is outside of this acceptable range, suggesting a possible input error, such as a miskeying of the data or a malfunctioning thermometer. Therefore, the system automatically rejecting this input serves as a safeguard to maintain data integrity, which is vital for patient safety and quality of care. By enforcing these checks, health information systems help prevent the inclusion of erroneous data that could lead to misleading assessments and treatment decisions.

5. What is the length of stay (LOS) for a patient admitted and discharged on the same day after 12 hours?

A. 0 days.

B. 1 day.

C. 12 hours.

D. 13 hours.

Length of stay (LOS) is a critical metric in healthcare that captures the duration of a patient's hospitalization. It traditionally measures the time from admission to discharge, often expressed in days. When considering a patient who is admitted and discharged on the same day, even if the duration of the stay is less than 24 hours, it is common to still consider it as a single day of care. However, in this scenario, since the patient stayed for 12 hours specifically, the most appropriate and accurate representation of the LOS is indeed 12 hours. This precise measurement highlights the exact time the patient spent under care, which can be crucial for analyzing patient flow, resource management, and billing purposes. The other choices provide interpretations that either round the duration up without providing the exact timing (such as assessing it as a whole day or excessive hours) or diminish the importance of conveying the actual time spent in care. Therefore, capturing the LOS as 12 hours is significant for accurate record-keeping and analysis within healthcare settings.

6. When are quality assurance goals and performance targets developed?

A. Concurrently

B. Continuously

C. Prospectively

D. Retrospectively

Quality assurance goals and performance targets are typically developed prospectively, meaning they are established before the processes and activities are implemented. This forward-thinking approach allows organizations to set clear expectations and benchmarks that guide their operations and practices. By establishing these goals in advance, healthcare facilities can ensure that their quality assurance programs are aligned with their strategic objectives and meet the needs of their patients and stakeholders. This prospective development is crucial because it enables organizations to identify potential issues and areas for improvement before they occur, facilitating a proactive rather than reactive stance on quality assurance. The clarity and direction provided by these predetermined goals serve as a roadmap for monitoring, evaluation, and continuous improvement in healthcare quality. The other options suggest different timing for goal development. Concurrently implies setting goals at the same time as conducting activities, which may not provide the necessary structure. Continuously signifies an ongoing process rather than a defined moment for goal-setting, and retrospectively means developing goals after the fact, which can lead to missed opportunities for improvement if problems are recognized only after they've occurred.

7. What is a formal representation of a set of concepts within a domain and the relationships between those concepts?

A. Hierarchy

B. Nomenclature

C. Ontology

D. Terminology

A formal representation of a set of concepts within a domain and the relationships between those concepts is known as ontology. In the context of information management and healthcare, ontology provides a structured framework to represent knowledge, detailing how concepts are connected and classified within a particular field. This structured approach allows for effective data sharing, analysis, and retrieval as it captures not only the concepts but also the semantics of how they interact. In contrast, a hierarchy refers to an organizational system that ranks concepts or items, but it does not necessarily encompass the complexity of relationships found in an ontology. Nomenclature involves assigning names to elements within a domain but lacks the formalized relationship structure integral to ontology. Terminology simply pertains to the vocabulary and terms used in a specific field without the deeper linguistic structure and interconnectivity that ontology represents. The depth and complexity of relationships modeled in ontology make it a fundamental tool in domains requiring rich and formal representations of knowledge, such as health information management.

8. Which of the following is NOT a systemic manifestation of inflammation?

A. Fatigue.

B. Malaise.

C. Pyrexia.

D. Redness of inflamed area.

Redness of the inflamed area is not considered a systemic manifestation of inflammation because it is a localized response at the site of injury or infection. This localized manifestation occurs due to increased blood flow and the accumulation of immune cells resulting from the inflammatory process. Systemic manifestations, on the other hand, involve the whole body and include symptoms such as fatigue, malaise, and pyrexia (fever). These systemic effects arise from the release of inflammatory mediators into the bloodstream, which can affect the body's overall homeostasis and indicate that the body is fighting off an infection or dealing with tissue damage. Thus, while localized signs like redness are crucial for identifying inflammation in a specific area, they do not reflect the systemic nature of the body's inflammatory response.

9. The effectiveness of a medical treatment is often evaluated by determining its:

A. Cost-effectiveness.

B. Efficacy.

C. Comparative effectiveness.

D. Clinical utility.

The effectiveness of a medical treatment is primarily assessed by examining its comparative effectiveness. This approach involves evaluating how well a treatment performs in real-world settings against alternative interventions or treatments. It focuses on the outcomes of different strategies, taking into account various factors such as patient population, disease characteristics, and overall health system contexts. Comparative effectiveness research aims to provide evidence that helps patients, healthcare providers, and policymakers make informed decisions about which treatment options will provide the best results for specific patient groups. This is particularly important in a healthcare landscape where multiple treatment avenues may exist for a condition, and understanding their relative benefits can lead to improved patient care and resource allocation. The other aspects, like cost-effectiveness, efficacy, and clinical utility, while important in evaluating treatments, do not fully encompass the broad perspective of comparative effectiveness. Cost-effectiveness focuses on the economic aspects rather than purely the clinical outcomes. Efficacy evaluates how well a treatment works under controlled conditions, and clinical utility refers to the practical applicability and relevance of treatment results in everyday clinical practice. While all these factors are crucial in a comprehensive evaluation of medical treatments, comparative effectiveness provides a holistic view that considers multiple treatment options and their outcomes simultaneously.

10. Julius's plan to create a Patient Educator position likely depicts what type of organizational relationship?

A. Box line

B. Dotted line

C. Solid line

D. Wavy line

In organizational structures, a dotted line relationship typically represents a situation where an employee reports to two supervisors or has a secondary reporting relationship. This is common in roles like a Patient Educator, who might primarily work within a specific department but also collaborate closely with another area, such as clinical services or administration, to support patient education initiatives. This type of relationship emphasizes collaboration and cross-departmental communication without altering the direct hierarchical structure. A dotted line indicates that while the individual has a primary supervisor, they may take guidance and share responsibilities with others, allowing for flexibility and a teamwork approach in fulfilling the organization's goals related to patient education. The other types of relationships are characterized differently: a solid line usually indicates a direct reporting relationship within the hierarchy, a box line may suggest a more rigid structure, while a wavy line is not a standard representation in organizational diagrams. Therefore, the identification of a dotted line relationship appropriately captures the collaborative nature of the Patient Educator position within the organization.