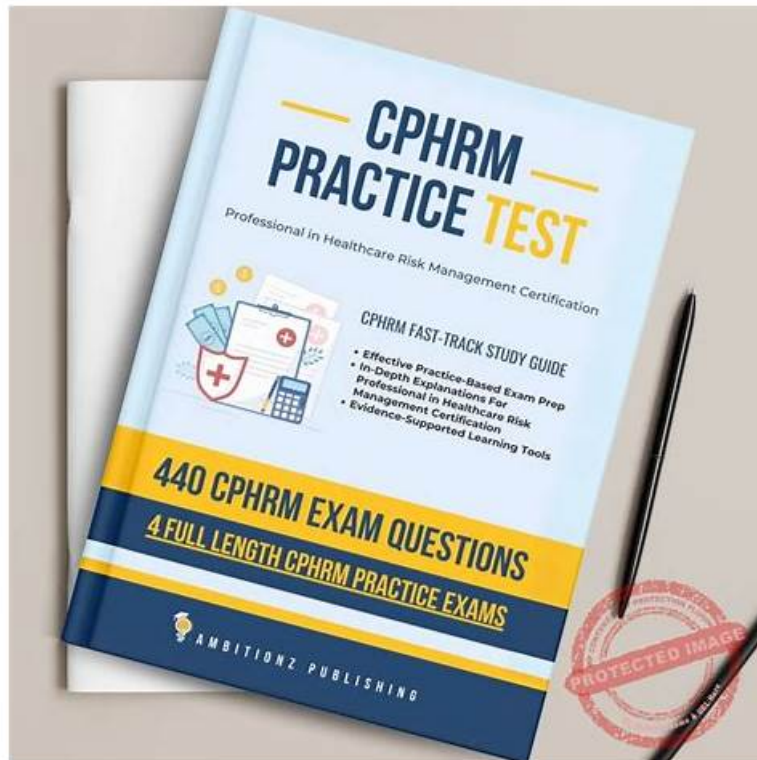


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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q75-Q80):

NEW QUESTION # 75

The risk manager is called by an administrator and told that a member of the pharmacy staff was arrested last night for illegal distribution of controlled substances. Which of the following recommendations should the risk manager make to administration?

- * Verify the pre-employment background check.
- * Inventory controlled drug stock.
- * Interview other pharmacy staff.
- * Notify the National Practitioner Data Bank.

- A. 1, 2, and 4 only
- **B. 1, 2, and 3 only**
- C. 2, 3, and 4 only
- D. 1, 3, and 4 only

Answer: B

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, when a pharmacy staff member is arrested for illegal distribution of controlled substances, the organization must focus on immediate operational and patient safety concerns.

Verifying the pre-employment background check ensures compliance with hiring policies and identifies whether due diligence was properly conducted.

An immediate inventory of controlled drug stock is essential to detect diversion, identify discrepancies, and comply with DEA requirements for controlled substance accountability. Prompt reconciliation of medication records protects patient safety and mitigates regulatory exposure.

Interviewing other pharmacy staff supports investigation of potential diversion patterns, internal control weaknesses, and workflow vulnerabilities. This step aligns with system-based risk management and prevention of further loss.

Notification to the National Practitioner Data Bank is not automatically required based solely on an arrest.

NPDB reporting typically involves certain professional review actions, licensure restrictions, or clinical privilege actions, not merely criminal charges unless formal disciplinary action occurs.

Health Care Operations objectives emphasize safeguarding controlled substances, regulatory compliance, and internal investigation. Therefore, verifying background checks, inventorying stock, and interviewing staff are appropriate recommendations.

NEW QUESTION # 76

What factors are included in a calculation of Risk Priority Number (RPN) in FMEA?

- A. Cost, staff satisfaction, marketing risk
- B. Insurance premiums, deductibles, coinsurance
- C. Legal privilege, media attention, reputation
- **D. Severity, occurrence (probability), detection**

Answer: D

Explanation:

In Failure Modes and Effects Analysis (FMEA), the Risk Priority Number (RPN) is commonly calculated as the product of three ratings: Severity (S) of impact, Occurrence (O) likelihood/probability, and Detection (D) ability to detect the failure before it causes harm (lower detectability increases risk). This structured scoring helps teams prioritize which failure modes deserve immediate mitigation. Risk management objectives include proactively identifying high-risk process steps (medication administration, specimen labeling, surgery scheduling), designing controls (standard work, forcing functions, redundancy), and tracking residual risk after changes. While cost and feasibility may influence selection of mitigations, they are not the core RPN elements. Using S-O-D improves transparency in prioritization, supports interdisciplinary alignment, and provides a defensible rationale for resource allocation toward patient safety improvements.

NEW QUESTION # 77

A hospital risk manager has been called to the Neonatal Intensive Care Unit to discuss a 25-week premature infant whose parents are refusing a planned blood transfusion due to their religious beliefs. After gathering information on the infant's condition and hearing the parents and the healthcare professionals disagree on the best interests of the infant, the risk manager should

- A. advise the care team to proceed with the blood transfusion.
- B. prohibit the blood transfusion, respecting the parents' rights as substitute decision-makers for the infant.
- **C. contact legal counsel to arrange for an emergency court hearing to obtain a court order from the state to intervene.**
- D. arrange for an ethics committee consultation to meet the parents and discuss the issue.

Answer: C

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, while parents generally serve as surrogate decision-makers for minors, their authority is not absolute. When refusal of treatment places a child at significant risk of serious harm or death, healthcare providers have an ethical and legal obligation to act in the best interests of the child.

In cases involving life-sustaining treatment for a premature infant, refusal of a medically necessary blood transfusion may constitute potential medical neglect if it threatens the infant's survival. When disagreement persists after appropriate communication and ethics consultation, and the infant's life is at risk, the appropriate step is to seek judicial intervention. Contacting legal counsel to obtain an emergency court order allows the state to exercise its *parens patriae* authority to protect the child's welfare.

An ethics consultation may help clarify values and promote dialogue but does not override urgent medical necessity. Simply prohibiting or proceeding without legal authority exposes the organization to liability.

Legal and regulatory objectives emphasize protecting vulnerable patients while respecting due process.

Therefore, seeking an emergency court order through legal counsel is the appropriate action.

NEW QUESTION # 78

A risk manager is reviewing the hospital's incident reporting system and notices that very few medication errors are being reported despite known high volumes of medication administration. Which of the following is the MOST appropriate action?

- A. Discipline staff members for failure to report errors.
- B. Notify the liability insurer immediately.
- C. Conduct a root cause analysis on the reporting system.
- **D. Assess the organizational culture and barriers to reporting.**

Answer: D

Explanation:

Within Health Care Risk Management frameworks supported by ASHRM and the American Hospital Association Certification Center, effective incident reporting systems depend heavily on organizational culture. When underreporting is identified, the most appropriate first step is to evaluate whether a just culture exists and whether staff perceive reporting as safe, nonpunitive, and constructive. Fear of retaliation, lack of feedback, time constraints, and unclear reporting procedures are common barriers that suppress reporting rates.

A punitive response such as disciplining staff may further discourage transparency and undermine patient safety initiatives.

Conducting a root cause analysis may be appropriate if a specific adverse event occurred, but in this scenario the systemic issue is underreporting itself, which is primarily cultural and operational in nature. Immediate notification of the liability insurer would not address the underlying safety system weakness.

Health care operations objectives emphasize creating a culture of safety that encourages voluntary reporting, learning, and system improvement. By assessing and strengthening reporting culture, leadership can improve data accuracy, enhance early risk identification, and support proactive patient safety management.

NEW QUESTION # 79

Which of the following items should be part of a claim file?

- * peer review reports or data
- * correspondence with attorneys and investigators
- * literature search
- * verification of settlement authority

- A. 1, 2, and 4 only
- B. 1, 2, and 3 only
- **C. 2, 3, and 4 only**
- D. 1, 3, and 4 only

Answer: C

Explanation:

According to Health Care Risk Management standards outlined by ASHRM and the American Hospital Association Certification Center, claim files must be carefully structured to preserve confidentiality, protect privilege, and support effective defense strategy. A claim file typically includes correspondence with attorneys and investigators, as this documentation reflects legal strategy,

communications, and case development. Literature searches relevant to standards of care may also be included to assist counsel in evaluating clinical issues and expert testimony preparation. Verification of settlement authority is essential documentation to confirm that appropriate approvals were obtained before resolving a claim.

Peer review reports or data, however, should not be included in the claim file. Peer review materials are generally protected under state peer review statutes and federal patient safety privilege provisions.

Commingling peer review documents within the claims file may jeopardize privilege protections and increase the risk of discoverability in litigation. Maintaining separation between peer review files and claim files is a critical risk management practice. Claims and litigation objectives emphasize preservation of privilege, organized documentation, and compliance with legal standards. Therefore, correspondence, literature searches, and settlement authority verification belong in the claim file, while peer review reports should be maintained separately.

NEW QUESTION # 80

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