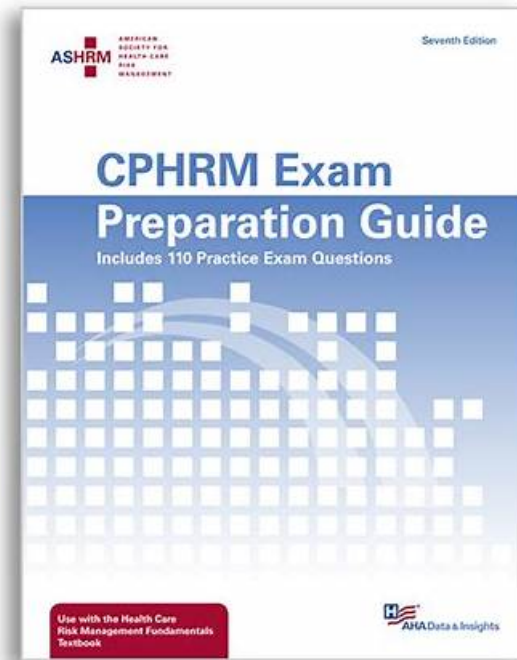


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## ASHRM CPHRM Exam Syllabus Topics:

Topic	Details

Topic 1	<ul style="list-style-type: none"> <li>• <b>Legal and Regulatory:</b> This domain focuses on ensuring compliance with healthcare laws and regulations, protecting patient information, managing reporting requirements, and supporting accreditation and regulatory responses.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>• <b>Claims and Litigation:</b> This domain focuses on handling potential claims and legal cases, including claim reporting, litigation support, legal documentation management, and analyzing claims data to understand risk exposure.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>• <b>Risk Financing:</b> This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• <b>Clinical</b></li> <li>• <b>Patient Safety:</b> This domain focuses on improving patient safety by promoting a safety culture, managing incident reporting, educating staff and patients, addressing ethical concerns, and implementing corrective actions to reduce risks and prevent harm.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>• <b>Healthcare Operations:</b> This domain involves managing operational risk activities such as conducting risk assessments, developing policies, coordinating risk programs, supervising staff, and supporting patient safety initiatives.</li> </ul>

## ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q28-Q33):

### NEW QUESTION # 28

An organization's chief of orthopedics has scheduled an implant of a new artificial hip for the next day. The chief developed the artificial hip while working as a consultant for a medical device company. The device has not yet been approved by the FDA or the Institutional Review Board. The risk manager's best immediate course of action is to

- **A. call the chief of surgery to discuss canceling the procedure.**
- B. call a special meeting of the Institutional Review Board.
- C. verify the informed consent for the procedure.
- D. contact the FDA to clarify the status of the device.

**Answer: A**

Explanation:

Under Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, the implantation of a medical device that lacks FDA approval and Institutional Review Board oversight presents significant legal and regulatory violations. Use of an unapproved device outside of an approved investigational protocol may violate federal regulations governing human subject research and medical device approval processes.

The risk manager's primary responsibility is to immediately mitigate regulatory and liability exposure.

Because the procedure is scheduled for the next day, urgent intervention is required. Contacting the FDA would not resolve the immediate risk. Verifying informed consent is insufficient, as patient consent cannot legitimize use of an unapproved device outside regulatory pathways. Calling a special IRB meeting would not retroactively authorize an unapproved device without appropriate investigational device exemption processes.

Escalating the issue to the chief of surgery to halt or cancel the procedure is the most appropriate immediate step. This ensures that organizational leadership addresses the compliance violation before patient harm occurs. Risk management objectives emphasize proactive prevention of regulatory breaches, protection of patient safety, and preservation of institutional integrity. Therefore, stopping the procedure is the correct and immediate action.

### NEW QUESTION # 29

A sentinel event is a patient safety event that reaches the patient and results in which of the following?

- A. permanent harm, severe temporary harm, or temporary harm
- B. death, temporary harm, or moderate harm
- **C. death, permanent harm, or severe temporary harm**
- D. severe temporary harm, moderate harm, or increased length of stay

**Answer: C**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and The Joint Commission's sentinel event policy, a sentinel event is defined as a patient safety event that results in death, permanent harm, or severe temporary harm. Severe temporary harm is harm that is critical, life-threatening, or requires major intervention to sustain life, even if the patient ultimately recovers.

Sentinel events signal the need for immediate investigation and response because of the seriousness of the outcome. The Joint Commission requires completion of a root cause analysis and development of an action plan within specified timeframes following awareness of such an event. The focus is on identifying system vulnerabilities and preventing recurrence.

Temporary or moderate harm alone does not meet the sentinel event threshold unless it rises to the level of severe temporary harm.

Increased length of stay, without death or significant harm, does not qualify as a sentinel event under the formal definition.

Clinical and patient safety objectives emphasize accurate event classification, structured investigation, and corrective action.

Therefore, a sentinel event is one that results in death, permanent harm, or severe temporary harm.

### NEW QUESTION # 30

A hospital's blood transfusions are 99.7% error-free. Which function best estimates how many transfusions are likely before an error occurs?

- **A. Geometric distribution (time until first failure)**
- B. Multinomial distribution
- C. Linear regression
- D. Chi-square test

**Answer: A**

Explanation:

If each transfusion has an independent probability of error, the number of transfusions until the first error is modeled by the geometric distribution, which describes "trials until first failure." The expected number of transfusions before an error is approximately, so. Risk management objectives use this type of reliability thinking to convert percentages into operational intuition: "Even a 0.3% error rate becomes a predictable event in high-volume processes." That insight supports prioritizing controls (barcoding, two-person verification, bedside ID checks, standardized labeling, transfusion time-outs) because rare-event rates still produce real harm over time. Interpreting reliability this way also helps boards and leaders understand that "99.x%" can be unsafe in critical processes and that system redesign is often necessary to reach high reliability.

### NEW QUESTION # 31

When CPOE is implemented, there is almost always a decline in:

- A. The need for clinical decision-making
- **B. Medication errors related to prescribing/transcription**
- C. Patient acuity
- D. Nurse staffing requirements

**Answer: B**

Explanation:

Computerized Provider Order Entry (CPOE) reduces medication errors primarily by eliminating illegible handwriting, standardizing order fields, and enabling decision support (allergy checks, dosing ranges, interactions). Evidence indicates CPOE can significantly reduce prescribing errors and improve patient safety, though it can also introduce new error types (selection errors, alert fatigue), requiring careful design and monitoring. From a risk management perspective, CPOE is a high-impact control that strengthens medication safety defenses at the "front end" of the medication-use process. Risk objectives include governance for order sets, usability testing, monitoring override patterns, and continuous training to prevent workarounds. Properly implemented, CPOE supports safer, more reliable care and reduces preventable adverse drug events, aligning with enterprise safety goals and regulatory expectations for medication management.

### NEW QUESTION # 32

If there is no OSHA standard for a given potential health hazard, OSHA may:

- A. Transfer it to the FDA

- B. Govern it under the General Duty Clause
- C. Ignore it if it is expensive
- D. Have no authority at all

**Answer: B**

Explanation:

OSHA can cite employers under the General Duty Clause when a recognized serious hazard exists and no specific standard applies. Risk management objectives require proactive hazard identification and controls even when regulations are not prescriptive: risk assessments, engineering controls where feasible, administrative controls (policies, training), and PPE as a final layer. In healthcare, this is relevant for emerging hazards (novel chemical exposures, workplace violence risks, certain ergonomic hazards) where specific standards may be limited. Maintaining documentation of hazard recognition and mitigation is essential for defensibility during inspections and for staff safety outcomes.

### NEW QUESTION # 33

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