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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q16-Q21):

NEW QUESTION # 16

Which of the following should be the primary consideration when designing a new risk management program for a facility?

- A. size of the facility
- B. history of the facility
- C. type of insurance the facility carries
- D. mission and vision of the facility

Answer: D

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, the primary consideration in designing a risk management program is alignment with the organization's mission and vision. A risk management program must support the strategic goals, values, and patient care objectives of the facility. This ensures that risk identification, mitigation strategies, and reporting structures are integrated into the broader organizational framework.

While facility size, insurance structure, and historical claims experience are important operational factors, they are secondary to strategic alignment. The mission and vision guide priorities such as patient safety, quality improvement, regulatory compliance, and financial stewardship. Risk management activities should be structured to advance these priorities, reinforce leadership commitment,

and support governance oversight.

An effective program reflects organizational culture, scope of services, and community role. It establishes reporting mechanisms to leadership, integrates enterprise risk management principles, and promotes collaboration across departments.

Health Care Operations objectives emphasize governance integration, strategic alignment, and organizational accountability.

Therefore, the mission and vision of the facility should be the primary consideration when designing a new risk management program.

NEW QUESTION # 17

Who are most likely not to report errors in typical incident reporting systems?

- A. Risk managers
- B. Pharmacists
- C. Physicians (compared with nurses/other staff)
- D. Quality officers

Answer: C

Explanation:

Multiple studies show physicians report fewer incidents than nurses and other hospital staff in many voluntary reporting systems, influenced by cultural norms, fear of blame, time constraints, and preference to manage issues "in-house." This matters because underreporting distorts risk signals: leadership may miss trends in diagnostic delays, handoff failures, and near-misses that physicians uniquely observe. Risk management objectives therefore focus on reducing barriers: simplifying reporting, enabling quick mobile submissions, emphasizing psychological safety, and providing credible feedback that reporting leads to improvement (not punishment). Another proven strategy is integrating reporting into professional practice expectations and aligning medical leadership with "just culture" principles. Increasing physician reporting improves system learning, strengthens peer review insight, and supports defensibility by showing hazards were identified and addressed.

NEW QUESTION # 18

An indemnification clause in a contract is designed to

- A. hold the other party responsible for fulfilling the terms of the contract.
- B. defer all legal costs to the other party in the case of harm, liability, or loss.
- C. clarify commitments to compensate the other party for harm, liability, or loss.
- D. create a forum to resolve contract disputes related to fulfillment of the contract terms.

Answer: C

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, an indemnification clause is a contractual provision in which one party agrees to compensate or reimburse another party for specified losses, damages, liabilities, or claims arising out of defined circumstances. The purpose is to allocate risk between contracting parties and clarify financial responsibility if harm occurs.

Indemnification provisions often address responsibility for defense costs, settlements, judgments, and related expenses resulting from negligence, breach of contract, or other agreed-upon risks. The clause may include duty to defend language, limits on liability, or conditions triggering indemnification. Properly drafted indemnification language helps manage exposure and supports risk transfer strategies within contractual relationships.

Creating a forum for dispute resolution is addressed by arbitration or venue clauses, not indemnification.

Holding a party responsible for fulfilling contract terms relates to performance obligations, not indemnity.

Deferring all legal costs automatically is inaccurate, as indemnification depends on specific triggering conditions and negotiated language.

Legal and regulatory objectives emphasize careful contract review and risk allocation. Therefore, an indemnification clause clarifies commitments to compensate the other party for harm, liability, or loss.

NEW QUESTION # 19

Ultimately, the accountability for the risk management program belongs to:

- A. The gift shop manager
- B. A single bedside nurse

- C. The parking contractor
- **D. The board**

Answer: D

Explanation:

Boards are ultimately accountable for oversight of organizational risk, including patient safety, quality, compliance, and financial sustainability. While executives and risk leaders manage day-to-day operations, board governance sets expectations, ensures resources, monitors performance, and holds leadership accountable for corrective action. Risk management objectives at the governance level include approving risk appetite, reviewing top enterprise risks, ensuring systems exist for event reporting and learning, and verifying that mitigation plans are implemented and effective. In litigation and regulatory scrutiny, board oversight can be a critical factor: a board that demands transparency, tracks harm signals, and supports safety investment strengthens the organization's defensibility and reduces preventable harm.

NEW QUESTION # 20

Which of the following is not one of the patient rights enumerated in the Patient Self-Determination Act (PSDA)?

- A. The right to refuse treatment through an advance directive (where applicable)
- B. The right to receive information about advance directives
- **C. The right to select any medication the patient wants**
- D. The right to participate in decisions about medical care

Answer: C

Explanation:

The PSDA focuses on patient autonomy and informed decision-making, especially around advance directives. It requires certain healthcare organizations to inform patients of their rights under state law to make decisions about medical care, ask whether the patient has an advance directive, document it, and avoid discrimination based on whether an advance directive exists. The Act does not create a right for patients to select any medication they want irrespective of clinical appropriateness, prescribing laws, formularies, allergies, contraindications, or standards of care. Risk management objectives here include: ensuring compliant admission workflows (education + documentation), reducing disputes through early clarification of preferences, and preventing ethical/legal breakdowns during incapacity. Operationally, PSDA compliance improves care planning, reduces unwanted treatment, and lowers complaint/litigation risk by showing the organization respected patient rights and followed required processes.

NEW QUESTION # 21

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