

# ASHRM CPHRM Exam Questions—Secret To Pass On First Attempt



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## ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"><li>• Legal and Regulatory: 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>• Healthcare Operations: 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>
Topic 3	<ul style="list-style-type: none"><li>• Clinical</li><li>• Patient Safety: 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 4	<ul style="list-style-type: none"> <li>• Risk Financing: This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>• Claims and Litigation: 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>

## ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q38-Q43):

### NEW QUESTION # 38

Whenever possible, medication orders should be by:

- A. Dose (explicit numeric dose and units)
- B. Verbal shorthand
- C. Brand name
- D. Color coding

**Answer: A**

Explanation:

Ordering by cleardose (with units, route, frequency, and indication when needed) reduces ambiguity and prevents common medication errors such as wrong concentration, wrong formulation, or misunderstood shorthand. Risk management objectives emphasize "closed-loop" medication communication: standardized ordering, read-back for limited verbal orders, and minimizing abbreviations that cause confusion (sound-alike drug names, numeric mishearing like 15 vs 50). Patient safety frameworks consistently identify unclear orders as a high-frequency contributor to adverse drug events; therefore, explicit dosing is a core reliability practice.

When dose is specified precisely and entered via CPOE (preferred), organizations reduce transcription errors, improve pharmacy verification, and enable automated safety checks. Clear dosing also supports legal defensibility by documenting rational prescribing aligned with standards of care.

### NEW QUESTION # 39

An organization's CEO has requested that the risk manager develop policies and procedures for the risk management department. The risk manager should consider developing policies for all of the following EXCEPT

- A. risk management reporting process to the governing body.
- B. responses to freedom of information requests.
- C. departmental accountability for occurrence reporting.
- D. coordination of responses to subpoenas.

**Answer: B**

Explanation:

According to Health Care Risk Management standards outlined by ASHRM and the American Hospital Association Certification Center, the risk management department should establish formal policies addressing core operational responsibilities. Coordination of responses to subpoenas is a critical function involving legal compliance, protection of privileged information, and collaboration with counsel. Departmental accountability for occurrence reporting is essential to ensure proper event identification, investigation, and trending.

Additionally, defining the risk management reporting process to the governing body supports board oversight and enterprise risk management responsibilities.

Responses to freedom of information requests, however, are generally governed by legal, compliance, or public information offices, particularly in public institutions subject to open records laws. While risk management may provide input if records involve claims or adverse events, primary responsibility for handling such requests typically resides outside the risk management department.

Health Care Operations objectives emphasize clearly defined departmental scope, structured reporting relationships, and alignment with governance responsibilities. Therefore, while subpoena coordination, occurrence reporting, and board reporting are appropriate policy areas for risk management, responses to freedom of information requests fall outside its primary policy development scope.

### NEW QUESTION # 40

Whenever possible, medication orders should be by:

- A. Dose (explicit numeric dose and units)
- B. Verbal shorthand
- C. Brand name
- D. Color coding

**Answer: A**

Explanation:

Ordering by cleardose (with units, route, frequency, and indication when needed) reduces ambiguity and prevents common medication errors such as wrong concentration, wrong formulation, or misunderstood shorthand. Risk management objectives emphasize "closed-loop" medication communication: standardized ordering, read-back for limited verbal orders, and minimizing abbreviations that cause confusion (sound-alike drug names, numeric mishearing like 15 vs 50). Patient safety frameworks consistently identify unclear orders as a high-frequency contributor to adverse drug events; therefore, explicit dosing is a core reliability practice.

When dose is specified precisely and entered via CPOE (preferred), organizations reduce transcription errors, improve pharmacy verification, and enable automated safety checks. Clear dosing also supports legal defensibility by documenting rational prescribing aligned with standards of care.

### NEW QUESTION # 41

When an FDA inspector comes to a facility, the risk manager should:

- A. Send the inspector to public relations only
- B. Accompany the inspector and verify credentials
- C. Tell staff to hide documents
- D. Deny entry automatically

**Answer: B**

Explanation:

Regulatory inspections must be handled professionally with controlled communication and documentation practices. Verifying credentials ensures the inspection is legitimate. Accompanying the inspector supports accurate information exchange, maintains chain-of-custody for requested materials, and helps ensure staff do not speculate or provide inconsistent answers. Risk management objectives include ensuring compliance, protecting patient safety, reducing regulatory penalties, and documenting interactions for follow-up. Facilities should have an inspection readiness plan: designated escorts, document control, subject matter expert availability, and a process to log requests and responses. This approach reduces operational disruption, supports transparency, and demonstrates a mature compliance culture.

### NEW QUESTION # 42

If an at-risk patient is left unattended and has an adverse response to medication, this is best classified as:

- A. An active error at the sharp end (frontline lapse)
- B. A marketing defect
- C. A harmless variance
- D. A financial risk transfer

**Answer: A**

Explanation:

Leaving an at-risk patient unattended during/after medication administration is typically an active failure occurring at the sharp end—the point of direct care delivery. Active errors are the observable actions/omissions by frontline personnel that can immediately contribute to harm (e.g., failure to monitor sedation, failure to reassess after opioids). Risk management objectives, however, require looking beyond the individual act: Was staffing insufficient? Was monitoring policy unclear? Were alarms ineffective? Was there inadequate training or workload overload? Those "blunt end" conditions create latent risk that increases the likelihood of sharp-end failures. Proper classification helps organizations respond with systems fixes (monitoring standards, escalation triggers, staffing acuity tools, continuous pulse oximetry/capnography policies where appropriate) rather than blaming individuals alone.

## NEW QUESTION # 43

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