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What are the four elements of the SBAR situational briefing model? - ✓✓Situation, background, assessment, recommendation

Which of the following is not one of the patient rights enumerated in the Patient Self Determination Act? - ✓✓Patients have the right to select their medication.

What is one advantage of a voluntary error reporting system over a mandatory error reporting system? - ✓✓Voluntary systems elicit more reports from frontline practitioners.

What in particular is the process chain in a laboratory subject to? - ✓✓Variability.

A root cause analysis of inpatient suicides would be most likely to discover problems with - ✓✓The physical environment.

What are the types of quality problems identified by the Institute of Medicine's Roundtable on Health Care Quality? - ✓✓Misuse, Abuse, and Overuse.

Which of the following conditions must be met for a patient to no longer be deserving of service under the Emergency Medical Treatment and Active Labor Act? - ✓✓The patient must have provided the contact information of a person who can care for him upon discharge.

Who are most likely not to report errors? - ✓✓Primary care physicians.

When Computerized Provider Order Entry (CPOE) is implemented, that is almost always a decline in - ✓✓Medication Errors.

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ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	• Risk Financing: This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.
Topic 2	• 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.

Topic 3	• Clinical • 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.
Topic 4	• 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.
Topic 5	• 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.

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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q95-Q100):

NEW QUESTION # 95

What is responsible for many HIPAA privacy violations in practice?

- A. Proper encryption practices
- B. De-identification
- C. Correctly authorized disclosures
- **D. Impermissible access/disclosure (including "snooping" without a job-related need)**

Answer: D

Explanation:

A frequent HIPAA Privacy Rule violation is impermissible access or disclosure of protected health information—commonly including employee "snooping" (accessing records of family, friends, coworkers, or celebrities without a work-related need) and other unauthorized disclosures. Risk management objectives focus on preventing these events through role-based access, audit logs with active monitoring, sanctions policies consistently enforced, workforce training, and a culture that treats privacy as patient safety. Even when disclosures are not malicious, "minimum necessary" failures, misdirected faxes/emails, and unsecured devices can create reportable breaches. Effective prevention is layered: technical controls (access restrictions), administrative controls (policies, training), and detection/response (auditing, rapid mitigation). Privacy violations are high-risk because they harm patients, trigger regulatory action, and damage trust and reputation.

NEW QUESTION # 96

What are the four elements of the SBAR situational briefing model?

- A. Situation, Behavior, Action, Result
- B. Scene, Background, Assessment, Response
- **C. Situation, Background, Assessment, Recommendation**
- D. Summary, Background, Action, Review

Answer: C

Explanation:

SBAR is a standardized communication framework used to reduce preventable harm caused by incomplete, unclear, or delayed clinical communication-especially during handoffs, escalations, and urgent updates. The four elements are Situation (what is happening now), Background (clinical context and relevant history), Assessment (what you think the problem is based on data), and Recommendation (what you need/request as the next step). By forcing concise structure, SBAR improves shared situational awareness, supports early recognition of deterioration, and reduces ambiguity ("hinting and hoping"). From a risk management standpoint, SBAR strengthens frontline reliability, decreases communication-related sentinel events, and supports defensible care by demonstrating a consistent escalation process. It also aligns with patient safety objectives: clearer teamwork, faster response to clinical changes, and fewer omissions during transitions of care.

NEW QUESTION # 97

Standardization of abbreviations, acronyms, and symbols used throughout the organization will likely result in improvement related to which of the following Joint Commission National Patient Safety Goals?

- A. safety of using high-alert medications
- **B. effectiveness of communication among caregivers**
- C. accuracy of patient identification
- D. medication reconciliation

Answer: B

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, standardization of abbreviations, acronyms, and symbols directly supports the Joint Commission National Patient Safety Goal focused on improving the effectiveness of communication among caregivers. Inconsistent or ambiguous abbreviations can lead to misinterpretation of orders, delays in treatment, medication errors, and breakdowns in interdisciplinary communication.

The Joint Commission has historically emphasized the elimination of dangerous or error-prone abbreviations as part of its efforts to enhance clarity in documentation and verbal communication. By standardizing terminology and limiting the use of unapproved abbreviations, healthcare organizations reduce variability and promote accurate transfer of information during handoffs, documentation, and order entry.

While standardized terminology may indirectly support medication safety and reconciliation processes, its primary impact is on communication effectiveness. Accurate communication among caregivers is foundational to patient safety and reduces preventable adverse events resulting from misunderstanding or incomplete information.

Clinical and patient safety objectives emphasize clear, consistent documentation and communication practices. Therefore, standardizing abbreviations and symbols most directly improves the effectiveness of communication among caregivers.

NEW QUESTION # 98

When a hospital notes that most errors are occurring at the "sharp end," what does that mean?

- A. Errors are exclusively leadership decisions
- **B. Errors occur during direct caregiver-patient interaction (frontline care)**
- C. Errors occur only in device manufacturing
- D. Errors are occurring in billing and contracting

Answer: B

Explanation:

The "sharp end" refers to the point in a system where clinicians directly interact with patients and deliver care-nurses administering medications, physicians performing procedures, therapists mobilizing patients, and so on. Errors at the sharp end are typically active failures that are immediately visible, but they are often shaped by "blunt end" factors-staffing levels, training, equipment design, policies, and workflow constraints. Risk management objectives discourage blaming the sharp end alone; instead, they use incident analysis (RCA) to identify latent system conditions that make frontline errors more likely. Improving sharp-end safety includes standardization, teamwork tools (SBAR/TeamSTEPPS), human factors engineering, and reducing hazardous variability in processes. This systems approach helps prevent repeat events and supports a just culture where learning is prioritized while accountability is preserved for reckless conduct.

NEW QUESTION # 99

The following is a table of expense and indemnity figures for an organization's last 6 years.

Year	Expense Reserves	Expense Paid	Indemnity Reserves	Indemnity Paid
1	\$15,000	\$10,000	\$125,000	\$100,000
2	\$35,000	\$35,000	\$175,000	\$125,000
3	\$10,000	\$45,000	\$100,000	\$80,000
4	\$25,000	\$15,000	\$150,000	\$75,000
5	\$32,000	\$12,000	\$200,000	\$19,000
6	\$50,000	\$14,000	\$250,000	\$15,000

What is the ratio of total incurred expense to total incurred indemnity for Year 4?

- A. 0.15
- B. 0.18
- **C. 0.20**
- D. 3.23

Answer: C

Explanation:

According to Health Care Risk Management principles supported by ASHRM and the American Hospital Association Certification Center, total incurred amounts include both paid amounts and reserves. Incurred expense equals expense paid plus expense reserves. Incurred indemnity equals indemnity paid plus indemnity reserves.

For Year 4:

Total incurred expense = \$25,000 reserves + \$15,000 paid = \$40,000.

Total incurred indemnity = \$150,000 reserves + \$75,000 paid = \$225,000.

The ratio of total incurred expense to total incurred indemnity is calculated as:

$\$40,000 \div \$225,000 = 0.1778$, which rounds to approximately 0.18.

However, among the answer options provided, the closest value is 0.20 only if rounded broadly. Since precise calculation yields approximately 0.18, the mathematically correct ratio is approximately 0.18.

In risk financing analysis, expense-to-indemnity ratios help evaluate claims handling efficiency and cost allocation. Monitoring this ratio assists in forecasting defense costs, evaluating litigation management strategies, and supporting actuarial review. Accurate calculation of incurred values is essential for financial planning and reserve adequacy assessment.

NEW QUESTION # 100

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