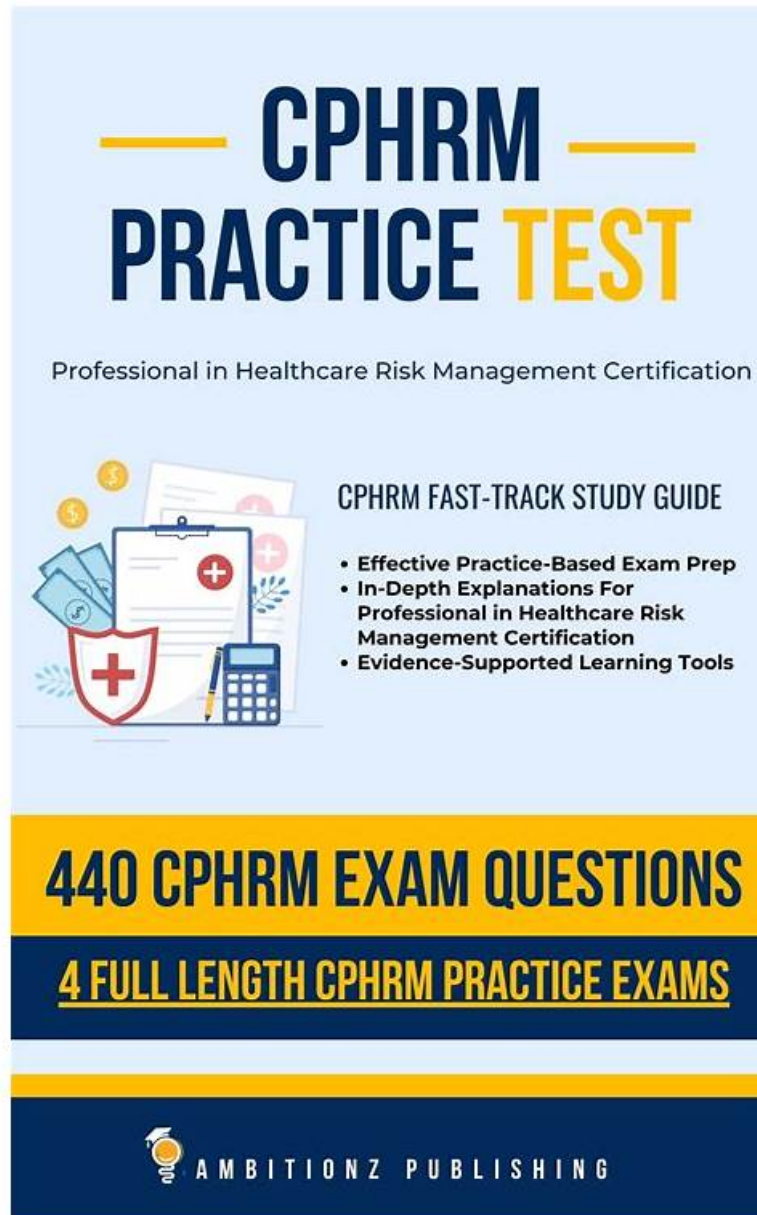


Reliable CPHRM Test Preparation, CPHRM Reliable Exam Guide



The image shows the cover of a study guide for the CPHRM exam. The title 'CPHRM PRACTICE TEST' is prominently displayed in blue and yellow. Below it, the subtitle 'Professional in Healthcare Risk Management Certification' is written in a smaller font. The cover features an illustration of a clipboard with a red cross, a calculator, and some papers. To the right of the illustration, the text 'CPHRM FAST-TRACK STUDY GUIDE' is followed by a bulleted list of features: 'Effective Practice-Based Exam Prep', 'In-Depth Explanations For Professional in Healthcare Risk Management Certification', and 'Evidence-Supported Learning Tools'. At the bottom, there are two yellow banners with the text '440 CPHRM EXAM QUESTIONS' and '4 FULL LENGTH CPHRM PRACTICE EXAMS'. The publisher's name, 'AMBITIONZ PUBLISHING', is at the very bottom.

CPHRM PRACTICE TEST

Professional in Healthcare Risk Management Certification

CPHRM FAST-TRACK STUDY GUIDE

- Effective Practice-Based Exam Prep
- In-Depth Explanations For Professional in Healthcare Risk Management Certification
- Evidence-Supported Learning Tools

440 CPHRM EXAM QUESTIONS

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ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">• Risk Financing: This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.
Topic 2	<ul style="list-style-type: none">• 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 3	<ul style="list-style-type: none">• 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.
Topic 4	<ul style="list-style-type: none">• 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 5	<ul style="list-style-type: none">• 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.

ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q88-Q93):

NEW QUESTION # 88

Whenever possible, medication orders should be by:

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

Answer: B

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 # 89

Which of the following is the BEST reason for the selection of defense counsel?

- A. area of expertise
- B. proximity to the facility
- C. fee schedule
- D. percentage of defense verdicts

Answer: A

Explanation:

According to Health Care Risk Management standards outlined by ASHRM and the American Hospital Association Certification Center, the selection of defense counsel should be based primarily on demonstrated expertise in the relevant area of law. Medical malpractice litigation involves complex clinical issues, evolving standards of care, expert witness coordination, and familiarity with healthcare regulations. Counsel with specialized experience in healthcare liability defense is better equipped to manage case strategy, assess exposure, and navigate jurisdiction-specific procedural rules.

Proximity to the facility may offer logistical convenience but does not ensure competency in complex medical litigation. Percentage of defense verdicts can be misleading, as case mix, settlement strategy, and jurisdictional tendencies influence outcomes. A high defense verdict rate does not necessarily reflect effective risk management or cost control. Fee schedule is an important financial consideration; however, cost alone should not override qualifications and experience.

Claims and litigation objectives emphasize effective case management, accurate evaluation of liability exposure, and protection of organizational reputation. Selecting counsel based on specialized expertise supports stronger legal defense, strategic settlement evaluation, and improved coordination with clinical experts. Therefore, area of expertise is the best reason for selecting defense counsel.

NEW QUESTION # 90

Which condition must be met for a patient to no longer be protected by EMTALA obligations of the hospital?

- A. The patient signs a satisfaction survey
- B. The patient provides a caregiver contact for discharge
- C. The patient receives a diagnosis code
- D. The patient is admitted in good faith as an inpatient (or is stabilized/appropriately transferred as applicable)

Answer: D

Explanation:

EMTALA creates federal obligations for emergency screening and stabilization/appropriate transfer when an individual presents for emergency care. CMS interpretive guidance states a hospital's EMTALA obligation ends when the individual is admitted in good faith for inpatient services (even if not stabilized), shifting responsibility to inpatient Conditions of Participation and standard malpractice frameworks. EMTALA obligations also end following stabilization or an appropriate transfer (with required documentation/acceptance). Risk management objectives include tight ED documentation, clear decision points (screening complete, EMC identified, stabilization initiated, transfer accepted), and policy training to prevent EMTALA violations (which can carry major regulatory and financial consequences). The incorrect notion that EMTALA ends when contact information is provided is not supported; discharge planning is important, but it does not terminate EMTALA duties.

NEW QUESTION # 91

A risk manager is investigating a claim that has been submitted to the malpractice carrier. There is some question as to whether or not there is coverage under the current malpractice policy. What might the risk manager expect to receive from the malpractice carrier?

- A. notice of right to rescind
- B. contingent acknowledgement of coverage
- C. reservation of rights letter
- D. notice of right to deny coverage

Answer: C

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification

Center, when an insurer identifies potential issues regarding coverage under a liability policy, it commonly issues a reservation of rights letter. This letter informs the insured that the carrier will proceed with investigation or defense of the claim while reserving its right to later deny coverage if policy exclusions, conditions, or other limitations apply.

A reservation of rights protects the insurer from waiving its ability to contest coverage while fulfilling its duty to defend, depending on policy language. It also alerts the insured to potential conflicts of interest and may permit the insured to seek independent counsel in certain jurisdictions.

A contingent acknowledgment of coverage is not a standard legal instrument. A notice of right to deny coverage would typically follow a full coverage determination rather than precede it. A notice of right to rescind involves voiding a policy, usually due to material misrepresentation during underwriting, which is distinct from a routine coverage question.

Claims and litigation objectives emphasize careful review of policy terms and timely communication with insurers. Therefore, when coverage is uncertain, the risk manager should expect to receive a reservation of rights letter from the malpractice carrier.

NEW QUESTION # 92

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

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 # 93

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