

Latest Updated Exam CPHRM Prep - ASHRM Certified Professional in Health Care Risk Management (CPHRM) Braindumps



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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"> • 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 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"> • 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 (Q108-Q113):

NEW QUESTION # 108

Supervisors who conduct job interviews may ask which of the following questions?

- A. Do you plan to have children?
- B. Are you a citizen of the United States?
- C. Can you meet the organization's attendance requirement?
- D. Are you currently taking a prescription medication?

Answer: C

Explanation:

Under Health Care Risk Management standards aligned with ASHRM and the American Hospital Association Certification Center, employment interview questions must comply with federal and state anti-discrimination laws, including the Americans with Disabilities Act ADA, Title VII of the Civil Rights Act, the Pregnancy Discrimination Act, and the Immigration Reform and Control Act.

Questions about prescription medications may violate ADA provisions by eliciting information about potential disabilities prior to a conditional offer of employment. Asking whether a candidate plans to have children may constitute unlawful discrimination based on sex or family status. Inquiring directly about citizenship may violate federal employment eligibility standards; employers may instead ask whether the applicant is legally authorized to work in the United States.

In contrast, asking whether a candidate can meet the organization's attendance requirements is permissible because it relates directly to essential job functions and business necessity. Employers may inquire about the ability to perform job-related duties, provided questions are applied consistently to all applicants and are not designed to screen out protected classes.

Legal and regulatory objectives emphasize nondiscriminatory hiring practices and adherence to equal employment laws. Therefore, questions regarding attendance requirements are appropriate in a job interview setting.

NEW QUESTION # 109

An emergency department physician has evaluated and stabilized a patient who needs a sign language interpreter. The on-call physician is consulted for admission. Which of the following regulatory laws are most relevant?

- A. HCQIA and ADA
- B. ADA and EMTALA/COBRA
- C. EMTALA/COBRA and HIPAA
- D. HIPAA and HCQIA

Answer: B

Explanation:

Under Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, two federal laws are most directly implicated in this scenario: the Americans with Disabilities Act ADA and the Emergency Medical Treatment and Labor Act EMTALA, formerly enacted under COBRA.

EMTALA requires hospitals with emergency departments to provide an appropriate medical screening examination, stabilization of emergency medical conditions, and appropriate transfer or admission regardless of ability to pay. Since the emergency physician has evaluated and stabilized the patient and the on-call physician is being consulted for admission, EMTALA obligations remain central to ensuring compliant continuation of care.

The ADA is also directly relevant because it mandates that health care organizations provide reasonable accommodations to individuals with disabilities, including effective communication. For a patient requiring a sign language interpreter, the hospital must provide appropriate auxiliary aids and services to ensure meaningful access to care.

HIPAA relates primarily to privacy and protected health information, while HCQIA addresses peer review immunity and credentialing matters. Therefore, ADA and EMTALA are the most relevant regulatory frameworks in this case.

NEW QUESTION # 110

According to The Joint Commission, which of the following should be done to patient-owned electrical devices entering the facility?

- A. tag by biomedical engineering
- B. inventory with patient belongings
- C. sequester the electrical device
- D. conduct an electrical safety inspection

Answer: D

NEW QUESTION # 111

Which of the following is the MOST likely root cause of medication errors in healthcare entities?

- A. manual medication delivery systems
- B. look-alike, sound-alike drugs
- C. illegible physician handwriting
- D. system or process failure

Answer: D

Explanation:

According to Health Care Risk Management standards supported by ASHRM and patient safety principles endorsed by The Joint Commission, the most likely root cause of medication errors is system or process failure. Modern patient safety frameworks emphasize that errors rarely result from isolated individual mistakes. Instead, they typically arise from weaknesses in processes, workflow design, communication systems, technology integration, or inadequate safeguards.

Illegible handwriting, manual systems, and look-alike or sound-alike drugs are recognized contributing factors. However, these elements represent components within a broader system. For example, illegible handwriting becomes problematic when standardized order entry systems are lacking. Look-alike medications pose risks when storage, labeling, or verification processes are insufficient. Manual medication delivery systems increase risk when redundancy and double-check mechanisms are absent.

Root cause analysis methodologies consistently demonstrate that unsafe system design, poor communication processes, lack of standardized procedures, and inadequate training contribute to medication errors. A systems-based approach aligns with just culture principles and focuses on improving processes rather than assigning individual blame.

Clinical and patient safety objectives emphasize system redesign, standardization, and continuous quality improvement. Therefore, system or process failure is the most likely root cause of medication errors.

NEW QUESTION # 112

A risk manager is reviewing the professional liability insurance policy for the limits of liability. Which of the following should the risk manager review FIRST?

- A. exclusions
- B. conditions
- C. declaration
- D. insuring agreement

Answer: C

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, the declarations page is the first section a risk manager should review when assessing limits of liability in a professional liability insurance policy. The declarations page summarizes key policy information, including named insureds, policy period, coverage types, limits of liability per occurrence and aggregate, deductibles or self-insured retentions, endorsements, and premium details.

Because the question focuses specifically on limits of liability, the declarations page provides the most direct and concise statement of coverage limits. It serves as the policy's summary and reference point for determining financial exposure and coverage structure. The insuring agreement defines the scope of coverage and triggers for defense and indemnity obligations but does not list specific limit amounts. Exclusions outline what is not covered, and conditions specify policyholder responsibilities such as notice and cooperation requirements. While all sections are important for comprehensive review, the declarations page is the appropriate

