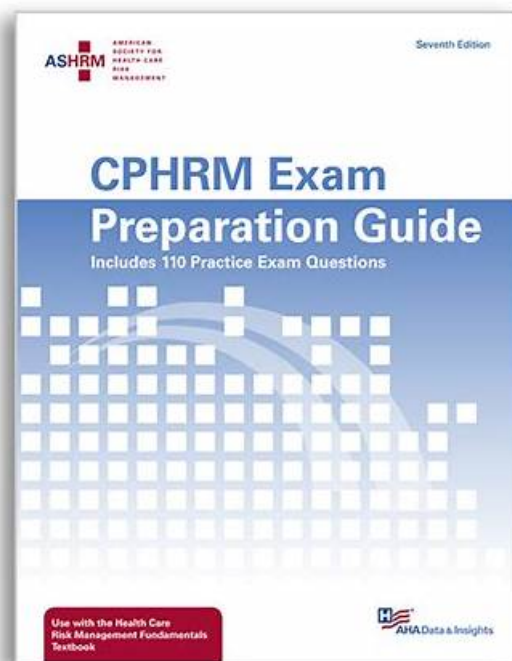


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ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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 4	<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 5	<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.
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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q61-Q66):

NEW QUESTION # 61

Which of the following concerns meets the CMS Hospital Conditions of Participation 42 CFR §482.12 classification as a grievance?

- A. a verbal complaint that cannot be solved by current staff, and the resolution of which is postponed for later
- B. information obtained with a patient satisfaction survey
- C. post-hospital verbal communication regarding a care issue that could have been handled by the staff during visit but was not reported
- D. a patient calling regarding a billing issue requesting for adjustment to the charges

Answer: A

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, the CMS Hospital Conditions of Participation define a grievance as a formal or informal written or verbal complaint made by a patient or representative regarding care, abuse, neglect, compliance with regulations, or patient rights that is not resolved at the time of the complaint by staff present.

A verbal complaint that cannot be resolved immediately by current staff and whose resolution is postponed qualifies as a grievance under 42 CFR §482.12. Such grievances require formal investigation, documentation, and written response within established timeframes.

Billing issues generally fall outside the grievance definition unless they involve quality of care or patient rights concerns. Information from patient satisfaction surveys is not automatically classified as a grievance unless the patient specifically requests investigation or follow-up. Post-discharge verbal concerns may constitute grievances depending on context, but the key CMS criterion is whether the complaint could not be resolved at the time it was expressed.

Legal and regulatory objectives emphasize proper classification, timely response, documentation, and board oversight of grievance processes. Therefore, a verbal complaint that cannot be resolved immediately and is deferred meets CMS grievance criteria.

NEW QUESTION # 62

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

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

Answer: B

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 # 63

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 clear dose (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 # 64

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

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

Answer: A

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 # 65

The set of values, norms, guiding beliefs, and understandings that is shared by members of a healthcare organization and is taught to new members is

- A. strategic mission.
- B. corporate vision.
- C. managerial ethics.
- **D. organizational culture.**

Answer: D

Explanation:

Within Health Care Risk Management frameworks identified by ASHRM and the American Hospital Association Certification Center, organizational culture refers to the collective values, shared norms, guiding beliefs, and behavioral expectations that shape how members of a healthcare organization function. It influences decision-making, communication patterns, leadership styles, and responses to risk and safety concerns. Culture is transmitted formally through policies and training, and informally through leadership behavior, peer interactions, and organizational traditions.

Organizational culture plays a critical role in patient safety, compliance, and ethical conduct. A strong culture of safety encourages reporting of adverse events, supports transparency, and promotes continuous improvement. Conversely, a punitive or hierarchical culture may suppress reporting and increase liability exposure.

Corporate vision describes the aspirational future state of the organization. A strategic mission outlines the organization's purpose and objectives. Managerial ethics refers to principles guiding leadership conduct.

While these elements contribute to the broader organizational framework, they do not encompass the shared and socially transmitted system of norms and beliefs that define culture.

Therefore, the correct term describing shared and taught values and norms within a healthcare organization is organizational culture.

NEW QUESTION # 66

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