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## ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	<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>
Topic 2	<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 3	<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 4	<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 5	<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>

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## ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q122-Q127):

### NEW QUESTION # 122

A clear directive to a nurse is:

- A. "Monitor the infusion pump's operation at defined intervals and document checks."
- B. "Do your best."
- C. "If you have time, look at it."
- D. "Be careful."

**Answer: A**

Explanation:

Clear directives are specific, measurable, and time-bound-reducing ambiguity and variability that drive frontline error. "Monitor every so often" becomes safer when translated into a defined interval (e.g., every 15 minutes for the first hour, then hourly), with documentation requirements and escalation triggers. Risk management objectives emphasize standard work and reliable monitoring for high-risk equipment such as infusion pumps because device malfunction or programming errors can rapidly cause harm. Clear directives also support accountability and defensibility: they demonstrate the organization defined expectations and trained staff accordingly. Vague instructions ("be careful") do not reliably change behavior or outcomes. In high-reliability care, clarity is a safety barrier: it reduces cognitive load, prevents missed steps, and improves handoffs between staff by making the plan visible and verifiable.

### NEW QUESTION # 123

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

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

**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 # 124

A 78-year-old patient in the ICU is unable to speak or swallow. The physician states that she is terminally ill and believes she lacks decision-making capacity. As such, he has deferred to her properly executed advance directive that clearly outlines her wishes for no life-prolonging treatment. The patient's three sons know of the directive, but insist that a PEG tube be placed to assist with feeding. The physician is opposed to placing the tube. The nurse calls the risk manager for advice. Which of the following should the risk manager advise?

- A. More facts are needed; decision making capacity must be determined before moving forward.
- B. The family will outlive the patient, and they have the right to sue; support the family.
- C. More facts are needed; request an ethics consultation.
- D. The patient has the right to autonomy, and the advance directive is proper; support the physician.

**Answer: D**

**Explanation:**

Under Health Care Risk Management principles recognized by ASHRM and the American Hospital Association Certification Center, a properly executed advance directive carries legal authority when a patient lacks decision-making capacity. The physician has assessed that the patient is terminally ill and lacks capacity, triggering activation of the advance directive. If the directive clearly states refusal of life-prolonging treatment, including artificial nutrition and hydration, those wishes must be honored in accordance with state law and the Patient Self-Determination Act framework.

Patient autonomy is a foundational ethical and legal principle in health care. Once capacity is lost, previously expressed wishes through a valid advance directive govern care decisions. Family members do not have authority to override a valid directive unless legal defects or ambiguity exist. Their disagreement does not negate the patient's documented preferences.

Although ethics consultation can be helpful in managing conflict, the directive here is described as properly executed and clear.

Additional determination of capacity is unnecessary because the physician has already made that assessment.

Risk management objectives emphasize compliance with advance directive statutes, respect for patient autonomy, and reduction of liability through adherence to documented patient wishes. Therefore, the appropriate advice is to support the physician in honoring the advance directive.

**NEW QUESTION # 125**

For a risk management program to be effective, it needs:

- A. Only a policy manual
- B. Only incident reporting software
- C. Only insurance coverage
- **D. Organizational commitment, visibility/access, and physician engagement**

**Answer: D**

**Explanation:**

Effective risk management requires more than tools-it needs organizational commitment (tone at the top), operational visibility (access to events, leaders, data), and physician engagement because many high-severity risks involve medical decision-making and clinical leadership. Risk management objectives include preventing harm (patient safety), reducing financial loss (claims and insurance costs), ensuring compliance, and building a learning culture. Without executive and board support, corrective actions stall; without visibility, emerging risks are missed; without physician buy-in, clinical process redesign fails. Successful programs integrate with quality, patient safety, compliance, legal, and operations, and they use structured methods (RCA/FMEA, audits, claims trend analysis) to drive measurable improvement. This also strengthens defensibility: it shows governance, action, and continuous improvement-key elements in regulatory review and litigation.

**NEW QUESTION # 126**

Per The Joint Commission and CMS patient visitation standards, a hospital may restrict an individual's ability to visit a patient if the visitor

- A. is known to be a drug seeker in the community.
- B. is not the patient's immediate family member.
- C. is not the patient's designated healthcare surrogate.
- **D. administered the patient an unknown drug via IV.**

**Answer: D**

**Explanation:**

According to Health Care Risk Management standards supported by ASHRM, CMS Conditions of Participation, and The Joint Commission patient visitation standards, hospitals must have written visitation policies that respect patient rights. Patients generally have the right to designate visitors of their choosing, including individuals who are not immediate family members. Visitation cannot be restricted based on non-clinical factors such as relationship status or surrogate designation.

However, facilities may impose clinically reasonable or safety-based restrictions. If a visitor administers an unknown drug intravenously to a patient, this presents a clear and immediate threat to patient safety. Such conduct justifies restricting visitation to protect the patient from harm, maintain clinical control of treatment, and prevent unsafe interference with care.

Being known as a drug seeker in the community, without evidence of disruptive or harmful behavior during the visit, does not alone justify restriction under patient rights standards. Similarly, visitation cannot be denied solely because the individual is not the designated healthcare surrogate.

