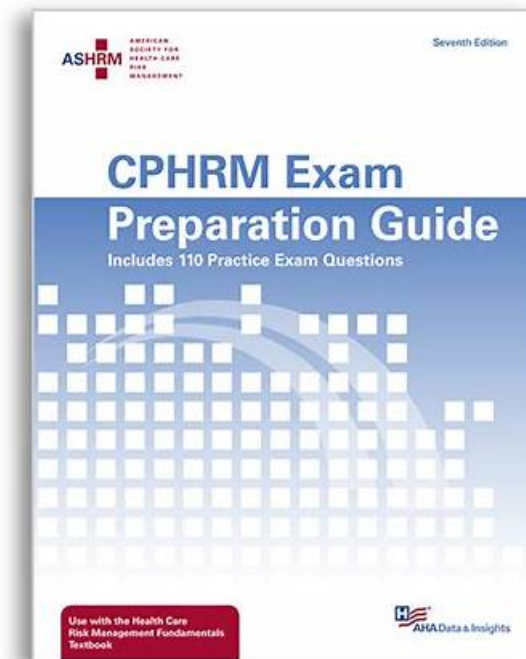


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## ASHRM CPHRM Exam Syllabus Topics:

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

## ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q113-Q118):

### NEW QUESTION # 113

What is the difference between a deductible and a self-insured retention?

- A. A deductible is subtracted from any amounts paid by a commercial carrier.
- B. A deductible has to be paid before coverage is available.
- C. A self-insured retention pays after carrier limits are exhausted.
- D. A self-insured retention is paid from operational fund.

**Answer: A**

Explanation:

According to Health Care Risk Management principles outlined by ASHRM and the American Hospital Association Certification Center, both deductibles and self-insured retentions are mechanisms used in risk financing to allocate a portion of loss to the insured organization. However, they function differently in relation to the insurer's obligation.

A deductible is typically subtracted from the amount paid by the commercial carrier. In many policies, the insurer may pay the full claim amount and then seek reimbursement of the deductible from the insured, or the insured may pay the deductible portion while the insurer handles defense and indemnity payments above that amount. The key distinction is that coverage attaches immediately, but the insured ultimately bears the deductible portion.

A self-insured retention differs in that the insured must satisfy the retention amount before the insurer's coverage is triggered. Until the retention is exhausted, the insured is responsible for payment and often for defense management.

Option B incorrectly describes a deductible as operating like a self-insured retention. Option C does not distinguish between the two mechanisms. Option D is incorrect because self-insured retention applies before, not after, carrier limits.

Therefore, the correct distinction is that a deductible is subtracted from amounts paid by the commercial carrier.

### NEW QUESTION # 114

What is the voluntary relinquishment by the insurer or self-insurer of the right to recover from a third party?

- A. Experience rating
- B. Underwriting
- C. Waiver of subrogation

- D. Coinsurance

**Answer: C**

Explanation:

Subrogation is the insurer's right to seek recovery from a responsible third party after paying a loss. A waiver of subrogation clause means the insurer (or self-insured entity) gives up that recovery right, usually to support business relationships and reduce litigation between contracting parties. Risk financing objectives include understanding when waivers are acceptable (balanced against increased retained loss), ensuring the waiver aligns with insurance policy endorsements, and preventing unintended coverage gaps. Poorly managed waivers can shift costs back onto the organization and complicate recovery efforts. Contracts should be reviewed to ensure the waiver is mutual when appropriate and consistent with the organization's risk appetite and insurance program.

#### NEW QUESTION # 115

A patient has been declared brain dead as a result of injuries sustained during a criminal act. His driver's license states that he is an organ donor. The attending physician is planning to remove the life-support equipment. A risk manager should recommend

- A. determining the family's wishes regarding organ donation.
- **B. notifying authorities to determine if an autopsy is required.**
- C. coordinating the organ retrieval.
- D. following the patient's wishes and notify the organ retrieval team.

**Answer: B**

Explanation:

According to Health Care Risk Management standards established by ASHRM and the American Hospital Association Certification Center, deaths resulting from criminal acts fall under medico-legal jurisdiction and are typically subject to coroner or medical examiner review. Even when a patient is a documented organ donor, as indicated on a driver's license under the Uniform Anatomical Gift Act framework, the circumstances of death may require legal investigation.

When a death is associated with trauma from a criminal act, it is generally considered a reportable death. The medical examiner or coroner has statutory authority to determine whether an autopsy is required and to ensure preservation of forensic evidence. Organ procurement activities must not interfere with legal investigation obligations. Therefore, prior to organ retrieval or withdrawal of life support, the appropriate legal authorities must be notified.

While honoring the patient's documented donation wishes is important, compliance with state statutes governing reportable deaths and forensic investigations takes precedence. The family's wishes do not override a valid donor designation, but coordination must occur within the legal framework.

Thus, the most appropriate action for the risk manager is to ensure that authorities are notified to determine autopsy requirements before proceeding.

#### NEW QUESTION # 116

When conducting an investigation of a liability claim, which of the following steps should be included?

- \* providing the RCA to the insurance company
- \* determining the applicable standard of care
- \* assessing the applicable legal principles
- \* obtaining an incident report from the claimant

- **A. 2 and 3 only**
- B. 1 and 4 only
- C. 3 and 4 only
- D. 1 and 2 only

**Answer: A**

Explanation:

According to Health Care Risk Management standards established by ASHRM and the American Hospital Association Certification Center, investigation of a liability claim requires careful evaluation of both clinical and legal components. Determining the applicable standard of care is essential to assess whether the provider's actions met accepted professional practice. This typically involves review of medical records, consultation with clinical experts, and comparison to established guidelines or customary practices within the specialty.

Assessing applicable legal principles is also critical. This includes analysis of duty, breach, causation, and damages, as well as



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