



주제	소개
주제 1	<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>
주제 2	<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>
주제 3	<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>
주제 4	<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>
주제 5	<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>

## 최신 Advancing Health Care Risk Management CPHRM 무료샘플문제 (Q86-Q91):

### 질문 # 86

Which of the following documents will an insurance underwriter use to provide an insurance quote?

- A. application
- B. certificate of need
- C. certificate of insurance
- D. declaration page

정답: A

### 설명:

Under Health Care Risk Management principles supported by ASHRM and the American Hospital Association Certification Center, the insurance application is the primary document used by an underwriter to evaluate risk and generate a premium quote. The application provides detailed information about the organization's operations, services, patient volume, claims history, risk control measures, governance structure, and prior insurance coverage. This information enables the underwriter to assess exposure, determine eligibility, and calculate appropriate pricing and coverage terms.

A certificate of insurance is issued after a policy is in force to verify coverage to third parties and does not serve as a quoting document. The declaration page is part of an existing insurance policy and summarizes coverage limits, deductibles, and endorsements; it reflects finalized terms rather than information used to generate a quote. A certificate of need is a regulatory document related to state approval of healthcare facilities or services and is unrelated to underwriting.

Risk financing objectives emphasize accurate disclosure and thorough completion of insurance applications, as misrepresentation or omission may affect coverage validity. Therefore, the application is the document used by an underwriter to provide an insurance quote.

### 질문 # 87

Who are most likely to report errors in typical incident reporting systems?

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

**정답: B**

**설명:**

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.

**질문 # 88**

Which of the following can be considered evidence in a malpractice claim?

- \* photographs of injuries
- \* thank you note from the patient to the physician
- \* patient journal of the hospital stay
- \* gift from the patient to a volunteer

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

**정답: A**

**설명:**

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, evidence in a malpractice claim includes any relevant material that may help establish facts related to duty, breach, causation, or damages. Photographs of injuries are routinely admissible as demonstrative or documentary evidence to illustrate the nature and extent of harm. A thank you note from a patient to a physician may be introduced to reflect the patient's contemporaneous perception of care, credibility, or satisfaction at a particular time, depending on context. A patient's personal journal documenting experiences during hospitalization may also be considered evidence, particularly if it describes symptoms, interactions, or emotional distress relevant to damages.

A gift from a patient to a volunteer, however, is generally not probative of negligence or injury unless directly tied to issues of undue influence or misconduct. In typical malpractice litigation, such a gift does not establish standard of care, breach, or damages and would not ordinarily be considered relevant evidence.

Claims and litigation objectives emphasize careful documentation, preservation of relevant materials, and coordination with counsel regarding evidentiary matters. Therefore, photographs, written communications, and patient journals may be considered evidence in a malpractice claim.

**질문 # 89**

What is a best-practice early objective in a disclosure-and-resolution conversation after an adverse event?

- A. Delay communication until legal discovery is complete
- B. Provide no information to avoid lawsuits
- C. Blame an individual staff member immediately
- D. Provide timely explanation of what is known, express empathy/apology, and commit to prevention steps

**정답: D**

**설명:**

Modern communication-and-resolution programs emphasize early, honest communication with patients /families after harm, including a timely explanation of what is known, an authentic expression of empathy and apology, and a commitment to investigate and prevent recurrence. This approach supports core risk management objectives: preserve trust, reduce emotional harm, strengthen transparency, and improve learning. Evidence-based disclosure models link timely communication and apology with improved patient experience and, in some programs, fewer claims and lower litigation costs-especially when paired with strong investigation and corrective action. Importantly, organizations should coordinate disclosure through trained coaches and follow local policy and state apology protections. The purpose is not to "admit fault prematurely," but to communicate responsibly,

support patients, and demonstrate accountability and improvement.

### 질문 # 90

Which of the following risk management documents in a policy and procedure manual should be approved by an organization's board of directors?

- A. risk management department's annual budget
- B. risk analysis
- C. philosophy regarding medical error management
- D. departmental personnel job descriptions

정답: C

### 설명:

According to Health Care Risk Management standards outlined by ASHRM and the American Hospital Association Certification Center, the governing board has ultimate responsibility for organizational oversight, quality of care, and patient safety. As part of its fiduciary and governance duties, the board approves high-level policies that establish the organization's philosophy, strategic direction, and commitment to safety and risk management.

A philosophy regarding medical error management reflects the organization's approach to disclosure, reporting, just culture principles, accountability, and system improvement. Because this philosophy sets the tone for organizational culture and impacts patient safety, legal exposure, and regulatory compliance, it requires board-level approval to ensure alignment with governance expectations and accreditation standards.

In contrast, the risk management department's annual budget is typically approved through financial governance processes rather than as a policy document. Risk analyses are operational tools conducted by management and do not require board approval. Departmental personnel job descriptions are administrative documents managed at the executive or human resources level. Health Care Operations objectives emphasize board engagement in safety culture and oversight of enterprise risk management. Therefore, the philosophy regarding medical error management should be approved by the organization's board of directors.

### 질문 # 91

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다른 방식으로 같은 목적을 이룰 수 있다는 점 아세요? 여러분께서는 어떤 방식, 어느 길을 선택하시겠습니까? 많은 분들은 ASHRM인증CPHRM시험패스로 자기 일에서 생활에서 한층 업그레이드 되기를 바랍니다. 하지만 모두 다 알고계시는 그대로 ASHRM인증CPHRM시험은 간단하게 패스할 수 있는 시험이 아닙니다. 많은 분들이 ASHRM인증CPHRM시험을 위하여 많은 시간과 정신력을 투자하고 있습니다. 하지만 성공하는 분들은 적습니다.

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무료 다운로드 받기CPHRM자격증공부자료

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