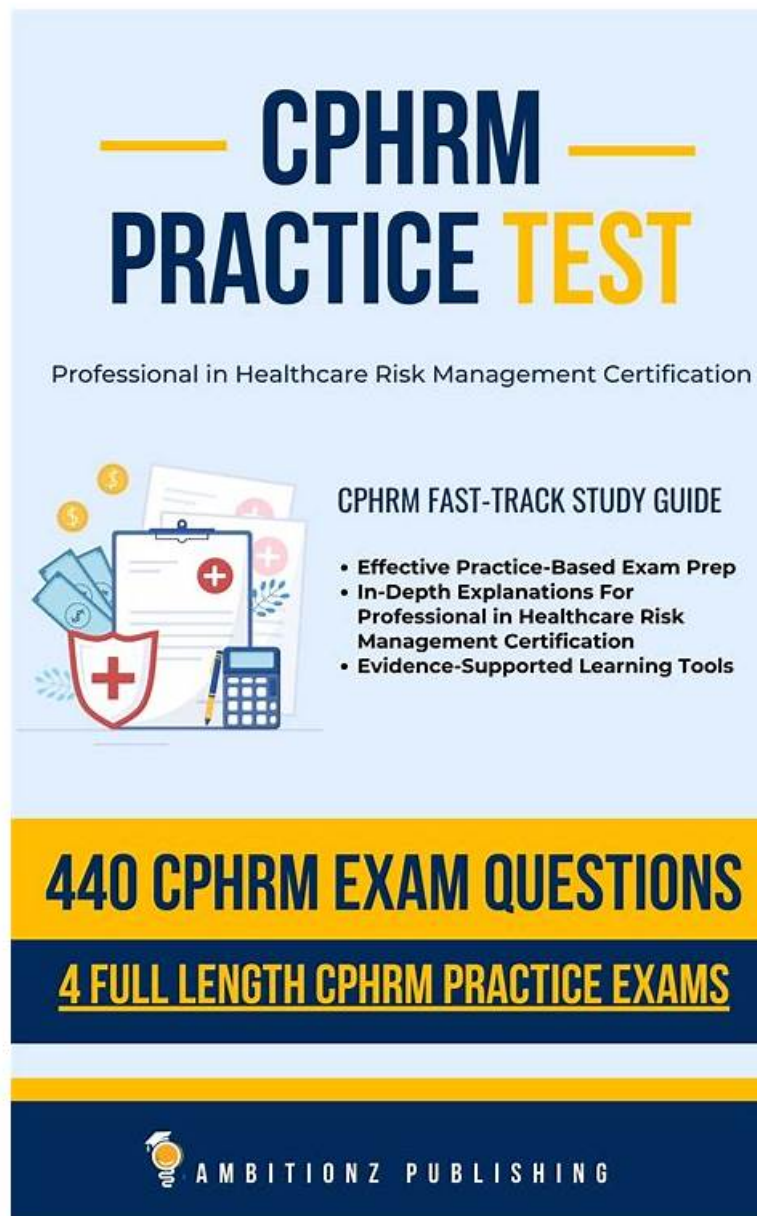


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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q51-Q56):

NEW QUESTION # 51

Which of the following items should be part of a claim file?

- * peer review reports or data
 - * correspondence with attorneys and investigators
 - * literature search
 - * verification of settlement authority
-
- A. 2, 3, and 4 only
 - B. 1, 2, and 3 only
 - C. 1, 2, and 4 only
 - D. 1, 3, and 4 only

Answer: A

Explanation:

According to Health Care Risk Management standards outlined by ASHRM and the American Hospital Association Certification Center, claim files must be carefully structured to preserve confidentiality, protect privilege, and support effective defense strategy. A claim file typically includes correspondence with attorneys and investigators, as this documentation reflects legal strategy, communications, and case development. Literature searches relevant to standards of care may also be included to assist counsel in evaluating clinical issues and expert testimony preparation. Verification of settlement authority is essential documentation to confirm that appropriate approvals were obtained before resolving a claim.

Peer review reports or data, however, should not be included in the claim file. Peer review materials are generally protected under state peer review statutes and federal patient safety privilege provisions.

Commingling peer review documents within the claims file may jeopardize privilege protections and increase the risk of discoverability in litigation. Maintaining separation between peer review files and claim files is a critical risk management practice. Claims and litigation objectives emphasize preservation of privilege, organized documentation, and compliance with legal standards. Therefore, correspondence, literature searches, and settlement authority verification belong in the claim file, while peer review reports should be maintained separately.

NEW QUESTION # 52

People make fewer errors when:

- A. Errors are hidden to protect reputations
- B. Speed is prioritized over verification
- C. Staff work as a coordinated team with shared communication tools
- D. Individuals work alone to avoid distraction

Answer: C

Explanation:

Team-based care reduces errors by improving communication, cross-monitoring, workload distribution, and escalation when risk increases. TeamSTEPPS and related patient safety evidence show teamwork training can improve safety culture and reduce clinical error rates by creating predictable behaviors—briefs, huddles, check-backs, and mutual support. From a risk management standpoint, teamwork is a high-leverage control because many serious adverse events involve coordination failures (handoffs, unclear ownership, missed deterioration). Effective teams also reduce "single-point-of-failure" risk; when one clinician misses something, another can catch it. Organizations operationalize this through standardized communication (SBAR), structured handoffs, simulation, and leadership support for psychological safety so staff speak up.

Team functioning is therefore not "soft skill"—it is a measurable safety barrier that reduces preventable harm and strengthens reliability in complex, high-acuity environments.

NEW QUESTION # 53

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

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

Answer: A

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 # 54

Which of the following should be included in a risk management plan?

- * purpose of the program
- * budget for the department
- * process of risk management activities
- * structure of the program

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

Answer: A

Explanation:

According to Health Care Risk Management standards defined by ASHRM and the American Hospital Association Certification Center, a formal risk management plan is a governance document that outlines the framework, scope, and operational processes of the program. It is intended to define how risk management activities support organizational objectives and regulatory compliance. The plan should clearly state the purpose of the program, establishing its mission, goals, and alignment with patient safety and enterprise risk management strategies. It must also describe the structure of the program, including reporting relationships, committee oversight, leadership roles, and accountability mechanisms.

Additionally, the process of risk management activities should be detailed, including event reporting, investigation procedures, claims management, education initiatives, and performance evaluation methods.

While financial planning is important for departmental operations, the budget for the department is typically addressed in administrative or financial planning documents rather than the risk management plan itself. The plan focuses on governance, structure, and operational processes rather than line-item budgeting.

Therefore, inclusion of the program's purpose, structural framework, and operational processes appropriately defines a comprehensive risk management plan.

NEW QUESTION # 55

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

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

Answer: A

NEW QUESTION # 56

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