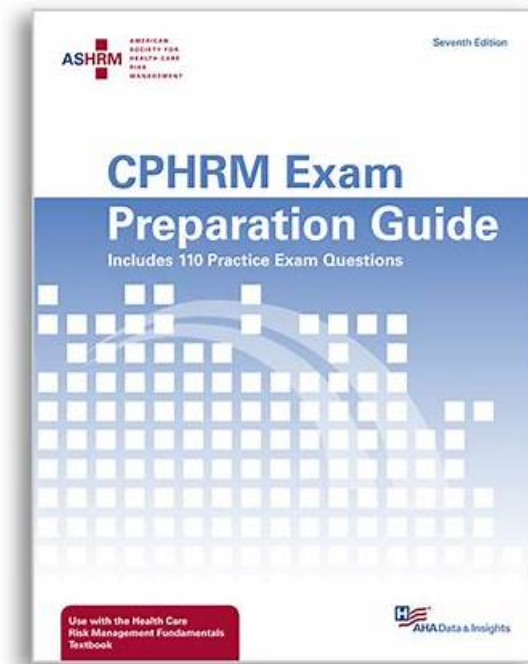


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ASHRM CPHRM Exam Syllabus Topics:

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"> • 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 3	<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 4	<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.

- Risk Financing: This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.

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Learning CPHRM Mode | CPHRM Latest Exam Question

Our Certified Professional in Health Care Risk Management (CPHRM) (CPHRM) exam dumps are top-notch and designed to help students pass the Certified Professional in Health Care Risk Management (CPHRM) (CPHRM) test on the first try. Pass4suresVCE offers three formats of preparation material for the CPHRM exam: ASHRM CPHRM Pdf Dumps format, desktop-based CPHRM practice exam software, and web-based Certified Professional in Health Care Risk Management (CPHRM) (CPHRM) practice test. These CPHRM exam dumps formats are designed to suit the needs of different types of students.

ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q39-Q44):

NEW QUESTION # 39

Which of the following are essential elements of a standard loss run?

- A. date, expense, and indemnity
- B. date, frequency, and severity
- C. common law, case law, and analysis
- D. date, location, and root cause analysis

Answer: A

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, a standard loss run is a report generated by an insurer or third-party administrator summarizing claims activity for a specific period. Loss runs are critical tools in risk financing, underwriting review, actuarial analysis, and budgeting for self-insured retentions. Essential elements of a standard loss run include the date of loss, indemnity payments, and expense payments.

Indemnity reflects amounts paid or reserved for compensation to claimants, while expense represents allocated loss adjustment expenses such as defense costs, expert witness fees, and investigation costs. These data elements allow the organization to evaluate financial exposure, trends in claim development, and adequacy of reserves.

While frequency and severity are important analytical concepts derived from loss data, they are not typically listed as standalone fields within the basic loss run report. Legal analysis, case law references, and root cause analyses are not standard components of loss run documentation.

Risk financing objectives emphasize accurate tracking of financial exposure and informed forecasting. Therefore, date, expense, and indemnity are essential elements of a standard loss run report.

NEW QUESTION # 40

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 self-insured retention pays after carrier limits are exhausted.
- C. A deductible has to be paid before coverage is available.
- 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 # 41

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 # 42

Which of the following concepts is integral to supporting a Safety Culture in a healthcare organization?

- A. trending occurrences
- B. assigning blame
- C. speaking up
- D. disciplining an employee

Answer: C

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, a culture of safety is grounded in open communication, transparency, and shared accountability. An essential element of safety culture is the expectation that all staff members feel empowered and psychologically safe to speak up about concerns, near misses, unsafe conditions, or potential errors without fear of retaliation.

Speaking up supports early identification of risks and fosters continuous improvement. It aligns with just culture principles, which distinguish between human error, at-risk behavior, and reckless conduct, promoting learning rather than automatic punishment. Encouraging staff to voice concerns strengthens teamwork, situational awareness, and patient-centered care.

While trending occurrences is an important analytical tool for quality improvement, it is a process measure rather than a core cultural principle. Disciplining employees and assigning blame, when applied indiscriminately, undermine trust and discourage reporting, thereby weakening safety culture.

Clinical and patient safety objectives emphasize communication, accountability, and nonpunitive reporting environments. Therefore, speaking up is integral to supporting and sustaining a safety culture within a healthcare organization.

NEW QUESTION # 43

Protecting outdoor air intakes can mitigate the risk of terrorists introducing airborne agents. Steps include:

- A. Relocate intakes higher; establish a security zone; add lighting and surveillance
- B. Put a "No trespassing" sign only

