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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q27-Q32):

NEW QUESTION # 27

If an at-risk patient is left unattended and has an adverse response to medication, this is best classified as:

- A. A financial risk transfer
- **B. An active error at the sharp end (frontline lapse)**
- C. A harmless variance
- D. A marketing defect

Answer: B

Explanation:

Leaving an at-risk patient unattended during/after medication administration is typically an active failure occurring at the sharp end—the point of direct care delivery. Active errors are the observable actions/omissions by frontline personnel that can immediately contribute to harm (e.g., failure to monitor sedation, failure to reassess after opioids). Risk management objectives, however, require looking beyond the individual act: Was staffing insufficient? Was monitoring policy unclear? Were alarms ineffective? Was there inadequate training or workload overload? Those "blunt end" conditions create latent risk that increases the likelihood of sharp-end failures. Proper classification helps organizations respond with systems fixes (monitoring standards, escalation triggers, staffing acuity tools, continuous pulse oximetry/capnography policies where appropriate) rather than blaming individuals alone.

NEW QUESTION # 28

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 is paid from operational fund.
- C. A deductible has to be paid before coverage is available.
- D. A self-insured retention pays after carrier limits are exhausted.

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 # 29

A hospital has opted to open an anticoagulation clinic. As this is a high-risk medication, a risk manager wants to conduct a risk assessment before opening the clinic. The BEST tool to use would be a

- A. root cause analysis RCA.
- B. cause and effect diagram.
- C. failure mode and effects analysis FMEA.
- D. scatter diagram.

Answer: C

Explanation:

Failure Mode and Effects Analysis FMEA is the most appropriate tool in this scenario because it is a proactive risk assessment methodology designed to identify and mitigate potential failures before harm occurs. According to Health Care Risk Management principles outlined by ASHRM and the American Hospital Association Certification Center, FMEA is specifically used when introducing new processes, services, or high-risk clinical operations, such as an anticoagulation clinic involving medications with narrow therapeutic indices and significant bleeding risks.

FMEA systematically evaluates each step in a proposed process, identifies possible failure modes, analyzes their causes and effects, and prioritizes risks using severity, occurrence, and detectability scoring. This structured approach aligns with patient safety objectives by reducing preventable adverse events before implementation.

In contrast, Root Cause Analysis RCA is a retrospective tool used after an adverse event has occurred. A cause and effect diagram is a component often used within RCA or FMEA but is not a comprehensive risk assessment tool on its own. A scatter diagram is primarily used for statistical correlation analysis and does not evaluate process failures.

Therefore, for proactive risk identification and mitigation prior to clinic opening, FMEA is the best and most appropriate tool.

NEW QUESTION # 30

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. inventory with patient belongings
- C. tag by biomedical engineering
- D. sequester the electrical device

Answer: A

NEW QUESTION # 31

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

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

Answer: C

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 # 32

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