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## ASHRM CPHRM 考試大綱:

主題	簡介
主題 1	<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>
主題 2	<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>
主題 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>
主題 4	<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>
主題 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>

>> CPHRM最新考古題 <<

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## 最新的 Advancing Health Care Risk Management CPHRM 免費考試真題

## (Q21-Q26):

### 問題 #21

An unstable patient in the emergency department needs transfer to another hospital. Which of the following statements is true regarding the refusal of an on-call physician to treat this patient?

- A. The on-call physician is relieved of duty only if unavailable because of caring for another patient, or because of other circumstances outside the physician's control.
- B. The on-call physician is never relieved of duty to accept a patient needing specialized services.
- C. The on-call physician may refuse to participate in the care of a patient, as long as that refusal is not based on insurance status or other financial concerns.
- D. The on-call physician may refuse to participate in the care of any patient, for any reason.

答案： A

#### 解題說明：

Under Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, obligations under the Emergency Medical Treatment and Labor Act EMTALA govern on-call physician responsibilities. When a hospital maintains an on-call roster to provide specialty services for emergency department patients, physicians listed on call are required to respond and participate in the evaluation and stabilization of patients with emergency medical conditions.

An on-call physician may only be relieved of duty if legitimately unavailable due to circumstances beyond their control, such as actively caring for another patient or being otherwise unable to respond in accordance with hospital policy. Refusal to treat for convenience or non-clinical reasons may constitute an EMTALA violation and expose both the hospital and physician to regulatory penalties.

A blanket right to refuse care is inconsistent with EMTALA requirements. While financial discrimination is prohibited, refusal for other non-justifiable reasons may still violate federal law. Conversely, stating that a physician is never relieved of duty is inaccurate, as legitimate unavailability may excuse performance under specific circumstances.

Legal and regulatory objectives emphasize compliance with EMTALA, proper on-call coverage policies, and documentation of availability. Therefore, the correct statement is that relief occurs only when the physician is unavailable due to circumstances outside their control.

### 問題 #22

An emergency department physician has evaluated and stabilized a patient who needs a sign language interpreter. The on-call physician is consulted for admission. Which of the following regulatory laws are most relevant?

- A. ADA and EMTALA/COBRA
- B. HCQIA and ADA
- C. EMTALA/COBRA and HIPAA
- D. HIPAA and HCQIA

答案： A

#### 解題說明：

Under Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, two federal laws are most directly implicated in this scenario: the Americans with Disabilities Act ADA and the Emergency Medical Treatment and Labor Act EMTALA, formerly enacted under COBRA.

EMTALA requires hospitals with emergency departments to provide an appropriate medical screening examination, stabilization of emergency medical conditions, and appropriate transfer or admission regardless of ability to pay. Since the emergency physician has evaluated and stabilized the patient and the on-call physician is being consulted for admission, EMTALA obligations remain central to ensuring compliant continuation of care.

The ADA is also directly relevant because it mandates that health care organizations provide reasonable accommodations to individuals with disabilities, including effective communication. For a patient requiring a sign language interpreter, the hospital must provide appropriate auxiliary aids and services to ensure meaningful access to care.

HIPAA relates primarily to privacy and protected health information, while HCQIA addresses peer review immunity and credentialing matters. Therefore, ADA and EMTALA are the most relevant regulatory frameworks in this case.

### 問題 #23

Which of the following best describes the appropriate scope of a risk manager's involvement in community disaster preparedness?

- A. Quantify risk exposures associated with implementing the disaster plan.
- B. Incorporate emergency management into a comprehensive enterprise risk management plan designed to conserve and protect organizational assets.
- C. Analyze liability risks arising from patient harm sustained due to strained or inadequate resources during a mass-casualty event.
- D. Calculate the value of human resources, equipment, and supplies consumed, with reimbursement to be obtained from FEMA.

答案： B

解題說明：

According to Health Care Risk Management standards endorsed by ASHRM and the American Hospital Association Certification Center, a risk manager's role in community disaster preparedness extends beyond narrow liability analysis. The appropriate scope involves integration of emergency management into the organization's broader enterprise risk management framework.

Enterprise risk management ERM is a structured, organization-wide approach to identifying, assessing, and managing risks that may affect strategic objectives, operations, financial stability, and reputation. Disaster preparedness is a critical operational risk that must be aligned with governance, compliance, continuity planning, and asset protection strategies. By incorporating emergency management into ERM, the risk manager ensures coordination across clinical services, facilities, supply chain, communications, and leadership structures.

Option A focuses only on post-event liability. Option C limits involvement to quantification without strategic integration. Option D addresses reimbursement processes rather than preparedness strategy.

Health Care Operations objectives emphasize collaboration with emergency management teams, regulatory compliance with preparedness standards, and resilience planning to protect patients, staff, and assets.

Therefore, integrating emergency management into a comprehensive enterprise risk management plan best defines the risk manager's appropriate scope of involvement.

問題 #24

Which of the following are proactive elements of a workplace violence prevention program?

- A. pre-employment background screening, training, rounding, and active shooter drills
- B. medical record documentation of events and emergency command center activation
- C. notification to Drug Enforcement Agency of drug theft and crisis intervention
- D. de-escalation, law enforcement notification, restraining order, and victim support

答案： A

解題說明：

According to Health Care Risk Management standards outlined by ASHRM and the American Hospital Association Certification Center, proactive workplace violence prevention focuses on measures implemented before an incident occurs. These strategies aim to identify risks, strengthen preparedness, and reduce the likelihood or severity of violent events.

Pre-employment background screening helps identify applicants with histories that may pose safety concerns, consistent with legal hiring standards. Ongoing staff training enhances awareness of warning signs, communication skills, and reporting procedures.

Leadership rounding increases visibility, supports early identification of environmental or behavioral risks, and reinforces safety culture. Active shooter drills and emergency preparedness exercises ensure that staff understand response protocols and can act effectively under stress.

Options B, C, and D primarily describe reactive or post-incident measures. Law enforcement notification, restraining orders, crisis intervention, DEA notification, documentation, and emergency command activation occur after an event has taken place or when an immediate threat is present.

Health Care Operations objectives emphasize prevention, preparedness, environmental assessment, and workforce education as foundational elements of a workplace violence program. Therefore, pre-employment screening, training, rounding, and drills represent proactive components of an effective prevention strategy.

問題 #25

The source of many medication errors is:

- A. Verbal/telephone orders (when avoidable and not properly verified)
- B. Elevator delays
- C. Patient wristbands
- D. Radiology scheduling

答案： A

解題說明：

Verbal/telephone orders are widely recognized as error-prone because they can be misheard, misunderstood, or transcribed incorrectly—especially with sound-alike drug names, confusing numerals (15 vs 50), background noise, accents, and interruptions. ISMP and patient safety advisories recommend minimizing verbal orders whenever possible and using safeguards such as read-back/confirm-back, spelling drug names, stating digits individually, and documenting promptly. Risk management objectives include reducing reliance on memory and imperfect communication by prioritizing written or electronic orders (CPOE), standardizing when verbal orders are permitted (true emergencies), and auditing compliance to prevent unsafe normalization. Because medication errors can cause severe harm, controlling verbal order risk is a high-yield safety intervention and improves legal defensibility by aligning practice with recognized safety recommendations.

## 問題 #26

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