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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q58-Q63):

NEW QUESTION # 58

The enterprise risk management process extends beyond clinical risk management by

- A. maintaining risks in silos as the best risk management approach.
- **B. ensuring its strategic priority at the senior leadership and governance levels.**
- C. comparing the organization's internal and external environment for efficacy.
- D. analyzing the organization's medication administration program.

Answer: B

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, enterprise risk management ERM expands traditional clinical risk management to include strategic, financial, operational, regulatory, and reputational risks across the entire organization. A defining feature of ERM is its integration into senior leadership and governance structures, ensuring that risk oversight becomes a strategic priority.

ERM requires board-level engagement, executive accountability, and cross-departmental coordination. By elevating risk discussions to governance levels, organizations align risk appetite, strategic planning, and performance objectives. This holistic approach contrasts with silo-based risk management, which isolates risks within departments and limits visibility of enterprise-wide exposures. Maintaining risks in silos contradicts ERM principles. Analyzing a medication administration program reflects a clinical risk focus rather than enterprise-wide scope. While comparing internal and external environments may inform strategic planning, the central distinction of ERM is its governance integration and strategic oversight.

Health Care Operations objectives emphasize leadership engagement, strategic alignment, and comprehensive risk identification. Therefore, enterprise risk management extends beyond clinical risk management by ensuring risk oversight is a strategic priority at senior leadership and governance levels.

NEW QUESTION # 59

Which of the following analyses is required as part of the sentinel event process of The Joint Commission?

- A. fishbone diagram of the causal factors
- B. flow chart listing the responsibilities for each of the departments involved
- C. Pareto chart outlining the problems identified and the priorities for improvement
- D. action plan listing the steps for improvement and the dates of implementation for each step

Answer: D

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, The Joint Commission's sentinel event process requires completion of a thorough root cause analysis and development of a corrective action plan. While various analytical tools such as fishbone diagrams, flowcharts, or Pareto charts may be used to assist in identifying contributing factors, these specific tools are not mandated.

The essential required component is a written action plan that identifies specific improvement steps, assigns responsibility, and includes measurable outcomes and timelines for implementation. The action plan must address root causes and system vulnerabilities, not merely individual performance issues. It should demonstrate how corrective actions will reduce the likelihood of recurrence and include monitoring mechanisms to evaluate effectiveness.

Fishbone diagrams and Pareto charts are optional tools used during analysis but are not explicitly required elements. Similarly, departmental flowcharts may support understanding of processes but are not mandated by The Joint Commission.

Clinical and patient safety objectives emphasize systematic investigation, leadership oversight, and documented improvement efforts following sentinel events. Therefore, a detailed action plan with implementation dates is the required analysis component within the sentinel event process.

NEW QUESTION # 60

A physician dies upon arrival to the emergency department from her home following a gunshot wound to the chest. The police report a history of domestic violence. The organization is required to notify the

- A. Office of the Medical Examiner.
- B. Department of Health and Family Services.
- C. organization's public relations department.
- D. state Board of Medicine.

Answer: A

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, deaths resulting from violent, traumatic, or suspicious circumstances are legally reportable to the appropriate medico-legal authority, typically the Office of the Medical Examiner or Coroner. A gunshot wound constitutes a violent and potentially criminal cause of death, triggering statutory reporting requirements.

When a patient is pronounced dead on arrival due to trauma, particularly with a history suggestive of domestic violence, the death falls within the jurisdiction of the medical examiner. The medical examiner has authority to determine cause and manner of death, order autopsy if indicated, and coordinate with law enforcement to preserve forensic evidence. Hospitals are required by state law to notify this office promptly.

The state Board of Medicine oversees professional licensure and discipline, not death investigation. The Department of Health and Family Services may have reporting roles for public health matters, but traumatic deaths are typically handled by the medical examiner. The public relations department may manage communications but is not a regulatory notification requirement. Legal and regulatory objectives emphasize compliance with mandatory reporting statutes and preservation of evidence. Therefore, the appropriate entity to notify is the Office of the Medical Examiner.

NEW QUESTION # 61

The set of values, norms, guiding beliefs, and understandings that is shared by members of a healthcare organization and is taught to new members is

- A. organizational culture.
- B. managerial ethics.
- C. strategic mission.
- D. corporate vision.

Answer: A

Explanation:

Within Health Care Risk Management frameworks identified by ASHRM and the American Hospital Association Certification Center, organizational culture refers to the collective values, shared norms, guiding beliefs, and behavioral expectations that shape how members of a healthcare organization function. It influences decision-making, communication patterns, leadership styles, and responses to risk and safety concerns. Culture is transmitted formally through policies and training, and informally through leadership behavior, peer interactions, and organizational traditions.

Organizational culture plays a critical role in patient safety, compliance, and ethical conduct. A strong culture of safety encourages reporting of adverse events, supports transparency, and promotes continuous improvement. Conversely, a punitive or hierarchical culture may suppress reporting and increase liability exposure.

Corporate vision describes the aspirational future state of the organization. A strategic mission outlines the organization's purpose and objectives. Managerial ethics refers to principles guiding leadership conduct.

While these elements contribute to the broader organizational framework, they do not encompass the shared and socially transmitted system of norms and beliefs that define culture.

Therefore, the correct term describing shared and taught values and norms within a healthcare organization is organizational culture.

NEW QUESTION # 62

Which of the following are common techniques used to include patients and families in programs to educate patients about their safety?

- * lay persons on select committees
- * patient education opportunities
- * patient events referred for peer review
- * event reporting by patients and families

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

Answer: B

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, patient and family engagement is a critical element of patient safety programs. Including lay persons on select committees, such as patient safety or quality committees, allows patients and families to contribute perspectives that enhance transparency and system improvement.

Structured patient education opportunities empower individuals to understand their care, ask questions, and actively participate in safety practices, such as medication verification and infection prevention.

Event reporting by patients and families is another proactive strategy that promotes open communication and early identification of safety concerns. Encouraging patients to report perceived errors or near misses supports a culture of safety and partnership.

Referring patient events for peer review is an internal professional evaluation process focused on provider performance and quality improvement. While important for clinical oversight, it is not a technique designed to directly include patients and families in educational safety programs.

Clinical and patient safety objectives emphasize collaboration, transparency, and patient-centered care. Therefore, inclusion of lay persons on committees, patient education initiatives, and patient or family event reporting are appropriate techniques for involving patients in safety programs.

NEW QUESTION # 63

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