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## ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>• <b>Legal and Regulatory:</b> 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>
Topic 2	<ul style="list-style-type: none"> <li>• <b>Claims and Litigation:</b> 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>

Topic 3	<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>
Topic 4	<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>
Topic 5	<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>

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## ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q21-Q26):

### NEW QUESTION # 21

Which of the following can be considered evidence in a malpractice claim?

- \* photographs of injuries
- \* thank you note from the patient to the physician
- \* patient journal of the hospital stay
- \* gift from the patient to a volunteer

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

**Answer: B**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, evidence in a malpractice claim includes any relevant material that may help establish facts related to duty, breach, causation, or damages. Photographs of injuries are routinely admissible as demonstrative or documentary evidence to illustrate the nature and extent of harm. A thank you note from a patient to a physician may be introduced to reflect the patient's contemporaneous perception of care, credibility, or satisfaction at a particular time, depending on context. A patient's personal journal documenting experiences during hospitalization may also be considered evidence, particularly if it describes symptoms, interactions, or emotional distress relevant to damages.

A gift from a patient to a volunteer, however, is generally not probative of negligence or injury unless directly tied to issues of undue influence or misconduct. In typical malpractice litigation, such a gift does not establish standard of care, breach, or damages and would not ordinarily be considered relevant evidence.

Claims and litigation objectives emphasize careful documentation, preservation of relevant materials, and coordination with counsel regarding evidentiary matters. Therefore, photographs, written communications, and patient journals may be considered evidence in a malpractice claim.

### NEW QUESTION # 22

The Patient Safety and Quality Improvement Act of 2005 includes provisions to

- \* amend the Public Health Service Act to establish procedures for the voluntary confidential reporting of medical errors.
- \* enable the creation of patient safety organizations PSOs.
- \* require mandatory reporting to PSOs.
- \* classify patient safety work product reported to PSOs as privileged and confidential.

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

**Answer: A**

Explanation:

According to Health Care Risk Management standards established by ASHRM and the American Hospital Association Certification Center, the Patient Safety and Quality Improvement Act of 2005 amended the Public Health Service Act to promote voluntary reporting of patient safety events. The Act established a federal framework to encourage confidential reporting and analysis of medical errors in order to improve patient safety.

The law enabled the creation and certification of Patient Safety Organizations PSOs, which collect and analyze patient safety data submitted by healthcare providers. Importantly, the Act designates patient safety work product submitted to PSOs as privileged and confidential, providing federal legal protections against disclosure in most civil, criminal, or administrative proceedings. This privilege encourages candid reporting and system-wide learning.

However, reporting to PSOs is voluntary, not mandatory. The Act was specifically designed to foster participation by offering confidentiality protections rather than imposing compulsory reporting requirements.

Legal and regulatory objectives in healthcare risk management emphasize understanding the scope of federal protections and ensuring proper designation and handling of patient safety work product. Therefore, provisions 1, 2, and 4 are correct, while mandatory reporting to PSOs is not required under the Act.

### NEW QUESTION # 23

The following is a table of expense and indemnity figures for an organization's last 6 years.

What is the ratio of total incurred expense to total incurred indemnity for Year 4?

- A. 0.15
- B. 0.18
- C. 3.23
- D. 0.20

**Answer: D**

Explanation:

According to Health Care Risk Management principles supported by ASHRM and the American Hospital Association Certification Center, total incurred amounts include both paid amounts and reserves. Incurred expense equals expense paid plus expense reserves. Incurred indemnity equals indemnity paid plus indemnity reserves.

For Year 4:

Total incurred expense = \$25,000 reserves + \$15,000 paid = \$40,000.

Total incurred indemnity = \$150,000 reserves + \$75,000 paid = \$225,000.

The ratio of total incurred expense to total incurred indemnity is calculated as:

$\$40,000 \div \$225,000 = 0.1778$ , which rounds to approximately 0.18.

However, among the answer options provided, the closest value is 0.20 only if rounded broadly. Since precise calculation yields approximately 0.18, the mathematically correct ratio is approximately 0.18.

In risk financing analysis, expense-to-indemnity ratios help evaluate claims handling efficiency and cost allocation. Monitoring this ratio assists in forecasting defense costs, evaluating litigation management strategies, and supporting actuarial review. Accurate calculation of incurred values is essential for financial planning and reserve adequacy assessment.

### NEW QUESTION # 24

A 22-year-old man has been treated at a hospital for a psychiatric condition. His mother requests that a copy of the patient's medical record be released to her. The risk manager's advice to the medical records department should be to

- A. request evidence that the mother is the guardian of the patient and then release the medical record.
- B. contact the hospital's legal counsel to authorize the release of the medical record.
- C. check with the psychiatrist for a recommendation to release the medical record.
- D. verify that a specific release of information form has been signed by the patient and then release the medical record.

**Answer: D**

### NEW QUESTION # 25

A sentinel event is a patient safety event that reaches the patient and results in which of the following?

- A. death, permanent harm, or severe temporary harm
- B. severe temporary harm, moderate harm, or increased length of stay
- C. death, temporary harm, or moderate harm
- D. permanent harm, severe temporary harm, or temporary harm

**Answer: A**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and The Joint Commission's sentinel event policy, a sentinel event is defined as a patient safety event that results in death, permanent harm, or severe temporary harm. Severe temporary harm is harm that is critical, life-threatening, or requires major intervention to sustain life, even if the patient ultimately recovers. Sentinel events signal the need for immediate investigation and response because of the seriousness of the outcome. The Joint Commission requires completion of a root cause analysis and development of an action plan within specified timeframes following awareness of such an event. The focus is on identifying system vulnerabilities and preventing recurrence. Temporary or moderate harm alone does not meet the sentinel event threshold unless it rises to the level of severe temporary harm. Increased length of stay, without death or significant harm, does not qualify as a sentinel event under the formal definition. Clinical and patient safety objectives emphasize accurate event classification, structured investigation, and corrective action. Therefore, a sentinel event is one that results in death, permanent harm, or severe temporary harm.

### NEW QUESTION # 26

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