

# CPHRM合格問題 & CPHRM日本語対策問題集



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>> CPHRM合格問題 <<

## 真実的なCPHRM合格問題 & 合格スムーズCPHRM日本語対策問題集 | 正確的なCPHRM試験時間

あなたはもうASHRM CPHRM資格認定試験を申し込んでいましたか。いまのあなたは山となるCPHRM復習教材と練習問題に面して頭が痛いと感じますか。Fast2testは絶対にあなたに信頼できるウェブサイトなので、あなたの問題を解決するFast2testをお勧めいたします。役立つかどうかの資料にあまり多い時間をかけるより、早くFast2testのサービスを体験してください。躊躇わなく、行動しましょう。

## ASHRM Certified Professional in Health Care Risk Management (CPHRM) 認定 CPHRM 試験問題 (Q92-Q97):

### 質問 #92

Which of the following concerns meets the CMS Hospital Conditions of Participation 42 CFR §482.12 classification as a grievance?

- A. a verbal complaint that cannot be solved by current staff, and the resolution of which is postponed for later
- B. post-hospital verbal communication regarding a care issue that could have been handled by the staff during visit but was not reported
- C. a patient calling regarding a billing issue requesting for adjustment to the charges
- D. information obtained with a patient satisfaction survey

正解: A

解説:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, the CMS Hospital Conditions of Participation define a grievance as a formal or informal written or verbal complaint made by a patient or representative regarding care, abuse, neglect, compliance with regulations, or patient rights that is not resolved at the time of the complaint by staff present.

A verbal complaint that cannot be resolved immediately by current staff and whose resolution is postponed qualifies as a grievance under 42 CFR §482.12. Such grievances require formal investigation, documentation, and written response within established timeframes.

Billing issues generally fall outside the grievance definition unless they involve quality of care or patient rights concerns. Information from patient satisfaction surveys is not automatically classified as a grievance unless the patient specifically requests investigation or follow-up. Post-discharge verbal concerns may constitute grievances depending on context, but the key CMS criterion is whether the complaint could not be resolved at the time it was expressed.

Legal and regulatory objectives emphasize proper classification, timely response, documentation, and board oversight of grievance processes. Therefore, a verbal complaint that cannot be resolved immediately and is deferred meets CMS grievance criteria.

### 質問 # 93

A clear directive to a nurse is:

- A. "Do your best."
- B. "Monitor the infusion pump's operation at defined intervals and document checks."
- C. "Be careful."
- D. "If you have time, look at it."

正解: B

解説:

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.

### 質問 # 94

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 any patient, for any reason.
- D. 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.

正解: A

解説:

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.

### 質問 # 95

The enterprise risk management process extends beyond clinical risk management by

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

正解: C

解説:

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.

### 質問 # 96

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. Reduce HVAC maintenance
- C. Put a "No trespassing" sign only
- D. Paint the intake vents a different color

正解: A

解説:

Air intake protection is a facility security and safety engineering control to reduce vulnerability to intentional contamination. Elevating intakes reduces easy access; security zones create stand-off distance; lighting and surveillance deter and improve detection. Risk management objectives emphasize layered physical security:

access control, environmental design, monitoring, and emergency response planning. In healthcare operations, these measures support resilience and continuity of care, reducing risk of mass exposure events that can overwhelm clinical capacity and cause severe harm.

### 質問 # 97

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CPHRM日本語対策問題集: <https://jp.fast2test.com/CPHRM-premium-file.html>

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