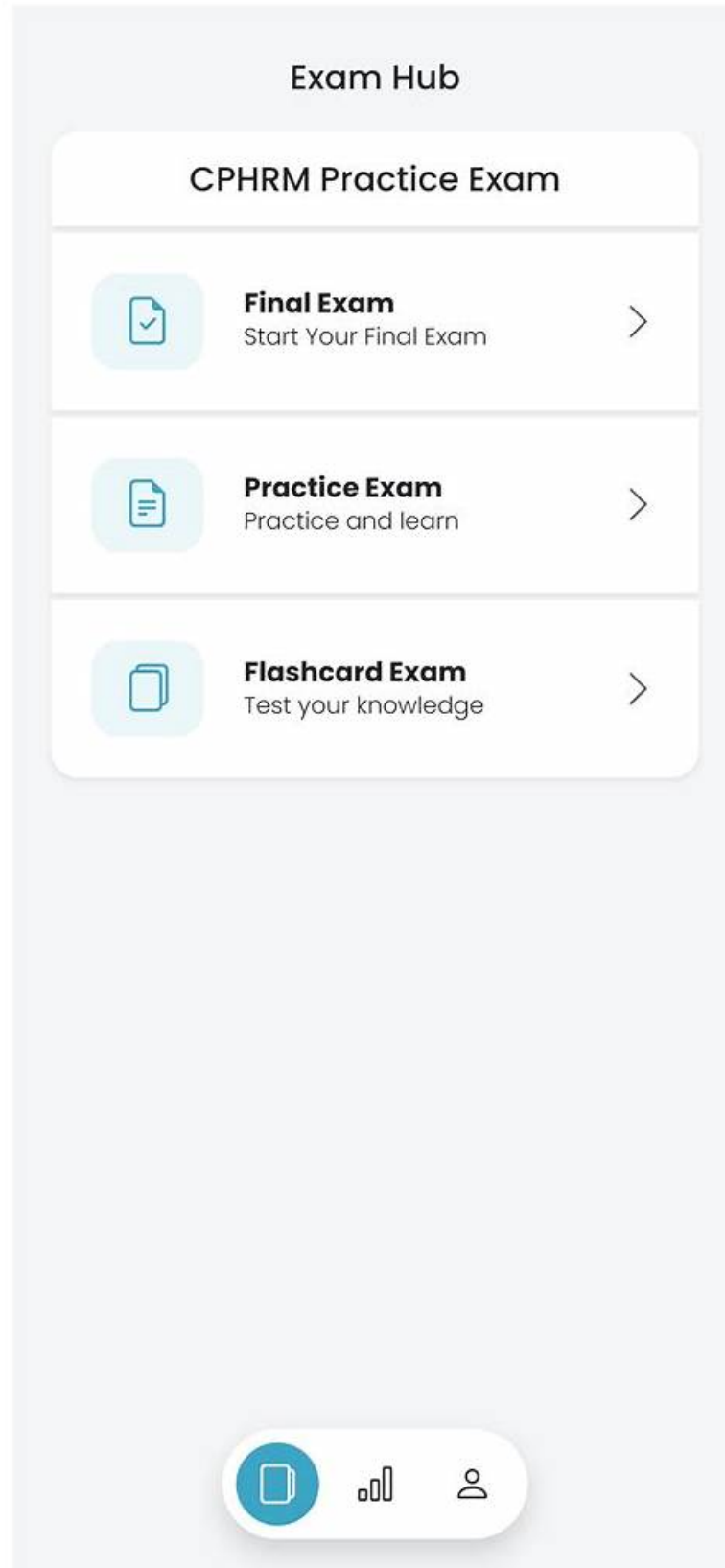


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ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">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.
Topic 2	<ul style="list-style-type: none">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.
Topic 3	<ul style="list-style-type: none">ClinicalPatient 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.
Topic 4	<ul style="list-style-type: none">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.
Topic 5	<ul style="list-style-type: none">Risk Financing: This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.

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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q64-Q69):

NEW QUESTION # 64

If there is no OSHA standard for a given potential health hazard, OSHA may:

- A. Ignore it if it is expensive
- B. Have no authority at all
- C. Transfer it to the FDA
- D. Govern it under the General Duty Clause

Answer: D

Explanation:

OSHA can cite employers under the General Duty Clause when a recognized serious hazard exists and no specific standard applies. Risk management objectives require proactive hazard identification and controls even when regulations are not prescriptive: risk

assessments, engineering controls where feasible, administrative controls (policies, training), and PPE as a final layer. In healthcare, this is relevant for emerging hazards (novel chemical exposures, workplace violence risks, certain ergonomic hazards) where specific standards may be limited. Maintaining documentation of hazard recognition and mitigation is essential for defensibility during inspections and for staff safety outcomes.

NEW QUESTION # 65

Which condition must be met for a patient to no longer be protected by EMTALA obligations of the hospital?

- A. The patient receives a diagnosis code
- B. The patient signs a satisfaction survey
- C. The patient provides a caregiver contact for discharge
- **D. The patient is admitted in good faith as an inpatient (or is stabilized/appropriately transferred as applicable)**

Answer: D

Explanation:

EMTALA creates federal obligations for emergency screening and stabilization/appropriate transfer when an individual presents for emergency care. CMS interpretive guidance states a hospital's EMTALA obligation ends when the individual is admitted in good faith for inpatient services (even if not stabilized), shifting responsibility to inpatient Conditions of Participation and standard malpractice frameworks. EMTALA obligations also end following stabilization or an appropriate transfer (with required documentation/acceptance). Risk management objectives include tight ED documentation, clear decision points (screening complete, EMC identified, stabilization initiated, transfer accepted), and policy training to prevent EMTALA violations (which can carry major regulatory and financial consequences). The incorrect notion that EMTALA ends when contact information is provided is not supported; discharge planning is important, but it does not terminate EMTALA duties.

NEW QUESTION # 66

If no specific OSHA standard applies to a given potential health hazard, then

- A. OSHA has no authority to govern the hazard.
- B. the appropriate state agency may govern the hazard without OSHA consultation.
- **C. OSHA has the authority to govern the hazard under the general duty clause.**
- D. the appropriate state agency must consult with OSHA in governance of the hazard.

Answer: C

Explanation:

According to Health Care Risk Management standards outlined by ASHRM and the American Hospital Association Certification Center, the Occupational Safety and Health Act includes a provision known as the General Duty Clause. This clause requires employers to furnish a workplace free from recognized hazards that are causing or are likely to cause death or serious physical harm, even when no specific OSHA standard addresses the hazard.

The General Duty Clause grants OSHA authority to cite employers for unsafe conditions not explicitly covered by a detailed regulation. To issue a citation under this clause, OSHA must demonstrate that a recognized hazard exists, that the hazard poses a risk of serious harm, and that feasible methods exist to correct or mitigate the hazard.

Therefore, OSHA retains enforcement authority even in the absence of a specific standard. The agency's jurisdiction does not disappear simply because no detailed regulation addresses the particular risk.

Legal and regulatory objectives in healthcare risk management emphasize maintaining compliance with federal occupational safety laws and proactively identifying workplace hazards. Accordingly, OSHA may govern the hazard under the General Duty Clause when no specific standard applies.

NEW QUESTION # 67

What is one advantage of a voluntary error reporting system over a mandatory error reporting system?

- A. Voluntary systems replace peer review and credentialing
- B. Voluntary systems eliminate the need for root cause analysis
- C. Voluntary systems guarantee legal privilege in all states
- **D. Voluntary systems typically elicit more frontline reports and near-misses**

Answer: D

Explanation:

Voluntary reporting systems often generate more reports, especially of near-misses and low-harm events, because staff perceive less punitive risk and greater learning value. This is crucial for proactive risk management: near-misses expose weak signals and system vulnerabilities before a patient is harmed. A robust voluntary culture supports a "just culture" approach—encouraging reporting while still holding people accountable for reckless behavior. Compared with mandatory systems (typically limited to defined serious events), voluntary systems improve the organization's ability to identify patterns (communication failures, workflow traps, labeling issues, staffing risks), prioritize interventions, and measure improvement over time.

Risk management objectives include earlier hazard detection, better trend analysis, and stronger safety culture. To maximize effectiveness, leadership must provide feedback loops ("you reported, we improved"), protect confidentiality where permitted, and couple reporting with structured analysis (RCA/FMEA). While voluntary reporting does not automatically confer legal privilege, it is a foundational learning system in high-reliability healthcare operations.

NEW QUESTION # 68

Information from the Data Bank (NPDB; includes former HIPDB content) can be requested by:

- A. Social media investigators
- **B. Professional societies with formal peer review (as permitted)**
- C. Patients requesting a clinician's full file
- D. Any member of the public

Answer: B

Explanation:

Access to NPDB information is restricted to authorized entities for credentialing, privileging, and oversight— not public browsing. HRSA's NPDB rules identify who can query and report; professional societies with formal peer review are listed among entities that may query under certain circumstances. This limited-access model supports patient safety objectives by enabling credentialing bodies to identify adverse licensure actions, certain negative clinical privilege actions, and other reportable events, while protecting due process and confidentiality. From a risk management perspective, proper querying supports defensible credentialing and reduces negligent credentialing exposure. Equally important: organizations must maintain secure handling of NPDB responses and follow permitted-use rules to avoid compliance violations.

NEW QUESTION # 69

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