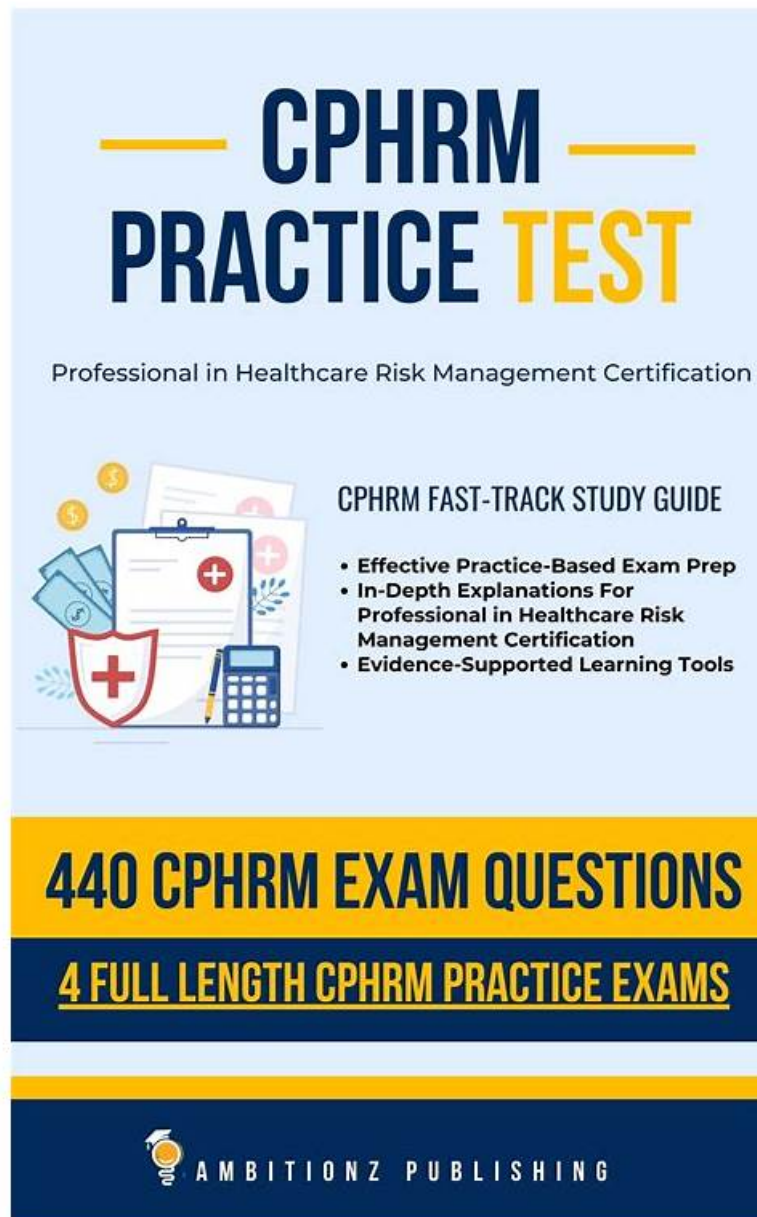


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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q92-Q97):

NEW QUESTION # 92

Which of the following is the BEST reason for the selection of defense counsel?

- A. fee schedule
- B. percentage of defense verdicts
- C. area of expertise
- D. proximity to the facility

Answer: C

Explanation:

According to Health Care Risk Management standards outlined by ASHRM and the American Hospital Association Certification Center, the selection of defense counsel should be based primarily on demonstrated expertise in the relevant area of law. Medical malpractice litigation involves complex clinical issues, evolving standards of care, expert witness coordination, and familiarity with healthcare regulations. Counsel with specialized experience in healthcare liability defense is better equipped to manage case strategy, assess exposure, and navigate jurisdiction-specific procedural rules.

Proximity to the facility may offer logistical convenience but does not ensure competency in complex medical litigation. Percentage of defense verdicts can be misleading, as case mix, settlement strategy, and jurisdictional tendencies influence outcomes. A high defense verdict rate does not necessarily reflect effective risk management or cost control. Fee schedule is an important financial consideration; however, cost alone should not override qualifications and experience.

Claims and litigation objectives emphasize effective case management, accurate evaluation of liability exposure, and protection of organizational reputation. Selecting counsel based on specialized expertise supports stronger legal defense, strategic settlement evaluation, and improved coordination with clinical experts. Therefore, area of expertise is the best reason for selecting defense counsel.

NEW QUESTION # 93

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

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

Answer: B

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 # 94

A clear directive to a nurse is:

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

Answer: D

Explanation:

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.

NEW QUESTION # 95

The enterprise risk management process extends beyond clinical risk management by

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

Answer: A

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 # 96

A risk manager is reviewing the professional liability insurance policy for the limits of liability. Which of the following should the risk manager review FIRST?

- A. insuring agreement
- B. declaration
- C. conditions
- D. exclusions

Answer: B

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, the declarations page is the first section a risk manager should review when assessing limits of liability in a professional

liability insurance policy. The declarations page summarizes key policy information, including named insureds, policy period, coverage types, limits of liability per occurrence and aggregate, deductibles or self-insured retentions, endorsements, and premium details.

Because the question focuses specifically on limits of liability, the declarations page provides the most direct and concise statement of coverage limits. It serves as the policy's summary and reference point for determining financial exposure and coverage structure. The insuring agreement defines the scope of coverage and triggers for defense and indemnity obligations but does not list specific limit amounts. Exclusions outline what is not covered, and conditions specify policyholder responsibilities such as notice and cooperation requirements. While all sections are important for comprehensive review, the declarations page is the appropriate starting point when verifying coverage limits.

Risk financing objectives emphasize careful policy analysis to ensure alignment between coverage limits and organizational risk exposure. Therefore, the declarations page should be reviewed first when assessing limits of liability.

NEW QUESTION # 97

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